



Cultural Competence in Healthcare Delivery and its Influence on Health Disparities in North Carolina

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Inadequate education on ethics and social justice in nursing under-prepares students to tackle health disparities, emphasizing the need for integrated training in cultural competence and social justice.

The lack of culturally competent care is a leading cause of health disparities across the United States. Providers should seek to embody their mission of person-

centered care through their commitment to increasing their cultural competence to address the needs of a diverse nation. Cultural competence, a fairly new term, refers to respecting a patient's values, preferences, and expressed needs (Beach, Saha & Cooper, 2006). Furthermore, cultural competence seeks to eliminate cultural and linguistic barriers between consumers and providers. As confirmed by the literature, cultural competence is required when working with diverse people and has many benefits for healthcare systems, providers, and consumers (Alizadeh & Chavan, 2015).

The nation's population growth is correlated to the increase in racial and ethnic minorities (Frey, 2020). This discovery has created a more diverse nation than what was expected. Around four of 10 U.S. citizens identify as a racial or ethnic minority (Frey, 2020). Subsequently, this recent discovery raises challenges and opportunities for healthcare service delivery. There is a need to develop and implement culturally competent services. According to the Health Policy Institute at Georgetown University, cultural competence is "the ability of providers and systems to effectively deliver healthcare services that meet patients' social, cultural, and linguistic needs" (Georgetown University,

n.d.). There are many benefits to utilizing cultural competence in healthcare, such as: improving health outcomes for individuals from minoritized backgrounds and improving quality of care for individuals and communities, and it can contribute to eliminating racial and ethnic health disparities. The literature has highlighted that racial and ethnic minoritized communities are likelier to experience chronic illness than White individuals (Georgetown University).

A systematic review conducted by Alizadeh and Chavan (2015) identified that many scholars agree that cultural competence in healthcare consists of three components, cultural awareness, knowledge, and skills. Many scholars have recently tried to replace "cultural competence" with "cultural awareness." However, Stewart (2006) posits that cultural competence is a call to action and accountability and emphasizes that cultural competence is a two-way learning process between providers and patients. Furthermore, Stewart (2006) highlights the critical role of patients' culture in their responses to their health conditions. For example, a Chinese patient may prefer traditional Chinese medication over prescriptions designed to treat hypertension (Pearson, 2023). Moreover, cultural competence in health care seeks to understand the impact of cultural differences, increase cultural knowledge, modify treatment to meet the cultural needs of consumers, and have an awareness of the importance of competence as a means of eliminating racial and ethnic disparities in health care (Pearson, 2023).

According to the North Carolina Department of Health and Human Services (2018) health disparities "are measurable differences in health status between people that are related to social or demographic factors such as race, gender, income or geographic region." A 2018 North Carolina health equity report identified that African Americans, American Indians, and Hispanic/Latinx communities fare worse concerning social and economic well-being, maternal and child health, child and adolescent health, communicable diseases, and access to healthcare than White communities. Specifically, African Americans fare worse with cancer-related mortality than White, American Indian, and Hispanic/Latinx communities. It is important to note that the population distribution of North Carolina is 61% White, 19% Black, 10% Hispanic/Latinx, and 1% American Indian (Kaiser Family Foundation, 2021). Many other health disparities exist in North Carolina for racial and ethnic minorities, such as African American babies are likelier to die during childbirth than White and Hispanic babies, and Black mothers are more likely to die from childbirth than White mothers.

North Carolina has recently established a Cultural and Community Health Initiative within the Office of Minority Health and Health Disparities to promote good health among North Carolinians across race/ethnicity, gender and sexual orientation, disability, or socioeconomic status. The mission of the Office is to promote and advocate for eliminating health disparities among minority communities and other underserved

communities across the State. The office has adopted the term cultural humility, which refers to an individual's reflection process to create honest and trustworthy relationships. North Carolina is committed to categorizing health equity as social justice in health.

POLICY RECOMMENDATIONS

It is critical to begin the conversations of cultural competence during one's matriculation through higher education or training. Programs should seek to create spaces that encourage emerging healthcare professionals to focus on skills and knowledge that center on diversity and equips them with skills to understand and respond to cultural differences in patients. Adopting a social justice framework will prepare healthcare professionals and educators to embody this professional value. A qualitative study exploring social justice education in nursing curricula revealed a lack of educational content on ethical issues in nursing education, which under-prepares students to address local, national, and international health disparities (Habibzadeh et al., 2021). Findings from Habibzadeh et al. (2021) study revealed the importance of social justice in nursing, but students reported conversations about social justice in nursing were a rare occurrence and did not occur after graduate training. These findings suggest that there is a need for healthcare systems to create spaces to address how providers can address health disparities and social justice issues. Healthcare providers should assess their cultural competence to meet all client care components. State legislators should collaborate with accrediting and licensing bodies to ensure providers comply. An important role of cultural competence in reducing health disparities is creating resources to reduce linguistic barriers to services. Morris (2020) highlighted that many healthcare providers may provide interpretation services through informal or ad hoc means. However, there are many risks associated with taking this route. Hiring a qualified interpreter who is also skilled in medical terminology reduces the risk of emotional bias, trauma, and anxiety

about the situation at hand. Furthermore, it contributes to developing a rapport between consumers and providers. Funding is needed to expand telehealth services to increase access to medical interpreters for clients who may not speak English. If funding is granted for medical interpreters, it will reduce the risk of extended hospital stays and litigation and increase their technical skills (Morris, 2020).

State agencies must conduct annual evaluations to ensure that underserved groups are fairly represented in medical services. Furthermore, if state agencies take up the cause of engaging in evaluation, they will be able to capture patient satisfaction to ensure the delivery of culturally competent services. Underrepresented communities should be involved when state agencies plan, implement and evaluate service delivery. Health equity seeks to embrace fair opportunity and reduce obstacles to health and health care so that all individuals can achieve their highest level of health.

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Policy Considerations:

1. Incorporate cultural competence training in healthcare education: Implement programs that integrate cultural competence education and training into the curriculum of healthcare professionals during their higher education or training.
2. Embrace a social justice framework: Integrate a social justice framework into healthcare professional education to promote awareness and understanding of health disparities and social justice issues.
3. Ensure compliance with cultural competence standards: Collaborate with accrediting and licensing bodies to develop and enforce cultural competence standards for healthcare providers.
4. Improve language access services: Allocate funding to expand telehealth services and enhance access to qualified medical interpreters for patients with limited English proficiency.