Educational support materials for ABIM's *Care for the Underserved* Module

Module #3

The population of the United States is becoming increasingly diverse, with minority groups projected to comprise approximately 50% of the population by 2050. Culturally competent care, defined as demonstrating behaviors, attitudes, and policies that enable providers/ organizations to work effectively cross-culturally, has emerged as one approach to address increasing diversity and documented disparities.[1]

Early cultural competence education often emphasized cultural sensitivity and relied heavily on a categorical concepts placing patients into cultural groups and outlining their "characteristic" values, customs, and beliefs.[2] Although specific cultural knowledge can be helpful, applying this knowledge to all members of particular ethnic or racial groups may lead to stereotyping and oversimplification.[3,4] Knowing everything about all potential cultural influences relevant in medical encounters is not feasible. Furthermore, cultural groups are- heterogeneous, with differing beliefs, practices, and levels of acculturation.[5]

Likewise, transferring care to a race concordant provider may be similarly impractical and may or may not be desirable for an individual patient. Demographic trends among physicians have not mirrored that of the population more broadly. Minority physicians currently are more likely to care for minority, indigent, and sicker patients, but are significantly underrepresented in the physician workforce.[6] Research has shown greater patient satisfaction among race concordant relationships, however transferring patients to race concordant clinicians has not been studied.[7,8]

A more practical approach is to explore and understand how each patient's socio-cultural background affects his or her health beliefs and behaviors. Physicians should then individualize care that takes these issues into account.[9]

For further information, see the following:

1. Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). *Towards A Culturally Competent System of* Care, Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
2. Spector RE. Cultural Diversity in Health and Illness. 3d ed. Norwalk, CT: Appleton & Lange; 1992.
3. van Ryn M, Burke J. The effect of patient race and socio-economic status on physicians' perceptions of patients Social Science & Medicine, 2000; 50(6): 813-828
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This educational support material was created by the Society of General Internal Medicine's Disparities Task Force. For more information, visit www.sgim.org/go/disparities

4. Saha S, Beach MC, Cooper LA: Patient centeredness, cultural competence, and healthcare quality. J Natl Med Assoc 2008;100(11):1275-1285.
5. Carrillo J, Green AR, Betancourt JR. Cross-Cultural Primary Care: A Patient-Based Approach. Annals of Internal Medicine. 1999;130 (10): 829-834.
6. Moy E. Bartman BA. Physician race and care of minority and medically indigent patients. JAMA. 1995; 273(19):1515-20.
7. Cooper LA. Roter DL. Johnson RL. Ford DE. Steinwachs DM. Powe NR. Patient-centered communication, ratings of care, and concordance of patient and physician race. Annals of Internal Medicine. 2003; 139(11):907-15.
8. Chen FM. Fryer GE Jr. Phillips RL Jr. Wilson E. Pathman DE. Patients' beliefs about racism, preferences for physician race, and satisfaction with care. Annals of Family Medicine. 2005; 3(2):138-43.
9. Smith WR. Betancourt JR. Wynia MK. Bussey-Jones J. Stone VE. Phillips CO. Fernandez A. Jacobs E. Bowles J. Recommendations for teaching about racial and ethnic disparities in health and health care. Annals of Internal Medicine. 2007;147(9):654-65.