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**Fact Sheet: Culturally Competent Patient Care:  
Cross-cultural Education for Health Care Providers  
Key to Improving Quality of Care for All Americans**

**What is Culturally Competent Care?**

Culturally competent care brings together a combination of attitudes, skills and knowledge that allows health care providers to better understand and take care of patients whose cultural backgrounds, religious beliefs or gender are different from their own.

Learning how to effectively speak to, and hear the concerns of, the individual patient is an essential skill in the world of health care. It has been shown to help physicians and other health care workers build trust and improve diagnoses, increase patient cooperation and improve treatment outcomes.

Recent legislative action across the U.S. underscores the need for culturally competent care. New Jersey was the first state to pass a law that ties cultural competence education to medical licensure. California and New Mexico have enacted similar legislation, Illinois has legislation pending and other states are following suit.

The American Academy of Orthopaedic Surgeons (AAOS) has created a culturally competent care program to familiarize orthopaedic surgeons with specific beliefs, customs, ethnic, racial and gender-based differences, so they can better understand and meet the needs of patients with diverse backgrounds.

**Why Culturally Competent Care?**

The demographics of America's patient population are shifting. The majority population of English-speaking whites is giving way to a new influx of immigrants from other countries with many different cultures. As a result, the cultural competence of our physicians is becoming more critical than ever to ensure positive outcomes for an increasingly diverse patient population.

- More than 13 percent of the U.S. population is African-American, and that number is expected to rise to 15 percent by 2050.

- Currently the largest minority group in the U.S., Hispanics/Latin Americans/Latinos represent 14 percent of the population, and is expected to reach 25 percent in the next decade.
- There are approximately 14 million Americans of Asian descent, which represents almost 5 percent of the U.S. population. The American Indian/Native American population includes people from more than 500 recognized tribes across the U.S.
- There is greater variety in the U.S. when it comes to religious groups than in any other country.
- Whites are now in the minority in nearly one in 10 U.S. counties.
- Nationally, the number of minorities topped 100 million for the first time in 2006, about a third of the population. By 2050, minorities will account for half of U.S. residents, according to Census Bureau projections.

Many patients have limited health literacy, so it is important that physicians tailor their communication skills for better results. Unfortunately, there is continued evidence of unequal access to quality healthcare, and a dearth of clear healthcare information designed for minority populations and women – especially those whose first language is not English.

### **Overcoming Disparities in Health Care**

Recent studies have documented many areas in which minority populations in the U.S. have worse health outcomes than those in the majority, including cardiovascular disease, diabetes, cancer, asthma, orthopaedics and HIV/AIDS.

- Compared to those in the majority, minority patients typically wait longer for diagnoses, receive less aggressive treatment and are under-treated for pain.
- Poor communication is a major cause of these disparities. It may be helpful for physicians to become familiar with the specific beliefs, customs, or histories of particular cultures.
- Many patients feel most comfortable with physicians who share their racial or ethnic background and/or language.

### **The Role of the Patient in Culturally Competent Care**

Patients should voice their concerns and any specific needs, and speak up to ensure they fully understand their diagnosis and treatment options. It is most important that patients know that it is ok to ask questions and make their needs known. They should also:

- Discuss religious, dietary or privacy requirements with the doctor.

- Ask for a translator if necessary.
- Express any fears or conflicts they may have with Western Medicine.
- Discuss any herbal or traditional remedies they currently use.
- Come prepared with lists of all the medications they are taking, their surgical history with dates, their family medical history and any questions they want answered.

### **African-American Patients**

- African-American patients can often carry with them a long-standing distrust of the health care system in the U.S. The notorious Tuskegee study, in which treatment was withheld deliberately from black men in the name of research, is well known within the African-American community.
- Showing empathy, engaging patients in discussion, and showing a respect for privacy will help ensure more satisfied patients and better treatment outcomes.

### **Hispanic/Latino Patients**

- Latino patients may have particular fears and attitudes about physical ailments and medical procedures. For example, Latino patients with a disability may fear loss of livelihood.
- It is important that physicians make themselves aware of traditional gender roles in mainstream Latino culture: men are generally the authority figures in Latino households, while women are the homemakers.
- An interpreter should be used if necessary, but it is not advisable to use a family member to translate.

### **Asian-American Patients**

- The Asian-American population is diverse and represents people from a variety of countries and cultures. Recent immigrants represent the highest foreign-born percentage among all racial and ethnic groups in America, Language and cultural barriers are issues for many of them.
- Adjusting for language and socioeconomic factors, patients of Asian descent have the lowest healthcare satisfaction rate of any other group.
- Patients of Asian descent tend to be more comfortable with a physician who shares their language and culture, perhaps because they believe that their doctor won't completely dismiss traditional Asian practices and "home remedies."

## **American Indian/Native-American Patients**

- A majority of Native Americans live on reservations. This highly diverse population boasts a host of linguistic, tribal, cultural and racial characteristics. Many live in poverty and depend on the Indian Health Service - a federal public health service program.
- Traditional healing practices may vary, depending on the patient's tribal affiliation. Physicians should respect the patient's traditions and ask about herbal remedies, or other alternative treatments, that may conflict with prescribed medications.

## **Gender-Based Issues**

- Recent research has demonstrated gender-based differences on the causes, incidence and presentation of a variety of musculoskeletal conditions. These differences are not only the result of the physical impact of various hormones on the body, but also reflect other basic gender-based biological differences.
- With regard to suspected spousal or partner abuse, physicians should keep the victim's safety foremost in mind, and have information on hand for immediate use.

## **Faith-Based Issues**

- For many patients religious and spiritual beliefs can often outweigh the advice of their doctor.
- Key religious differences when it comes to medical treatment include the following:
  - Jehovah's witnesses are forbidden to use blood, blood products or blood transfusions.
  - Many Muslims and Jews are restricted from taking medicines that contain pig by-products, unless they are used in a life-and-death situation.
  - Devout Hindus are required to cleanse daily, preferably in the morning, and never after eating. This means hospitals must sometimes accommodate for this schedule.

## **Test Your Cultural Competency**

Developed by the American Academy of Orthopaedic Surgeons' (AAOS) Diversity Advisory Board, the "Cultural Competency Challenge" provides a fun and educational way to test your cultural competency at serving a diverse patient population. Funded in part by a charitable contribution from Zimmer, Inc., which has provided ongoing funding for the AAOS cultural competency initiative, the interactive CD showcases 18 diverse patient cases. The goal of the AAOS program is to minimize disparities in treatment across various patient populations that might arise from cultural misunderstandings. To take the "Challenge," visit [orthoinfo.org/diversity](http://orthoinfo.org/diversity).

*Disclaimer:* The culturally competent care information in this document is offered from the American Academy of Orthopaedic Surgeons (AAOS) in the form of guidelines, recommendations and tips. This information is general in nature, and not meant to be all-encompassing. It is suggested as a starting point to

raise physicians' awareness of patients' needs and preferences. AAOS does not assume that an individual from a particular ethnic or cultural group necessarily shares the traits of that ethnicity or culture.

### **The American Academy of Orthopaedic Surgeons**

With more than 30,000 members, the American Academy of Orthopaedic Surgeons ([www.aaos.org](http://www.aaos.org)) or ([www.orthoinfo.org](http://www.orthoinfo.org)) is a not-for-profit organization that advocates improved patient care, and provides education programs for orthopaedic surgeons, allied health professionals and the public.

### **AAOS Diversity Advisory Board**

The AAOS Diversity Advisory Board is charged with integrating the values of diversity throughout the Academy's activities, initiatives, and membership. Fostering diversity is one of the Academy's strategic goals designed to advance its mission of serving the profession, championing the interests of patients, and advancing the highest quality musculoskeletal health.

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