



Why Cultural Competence in Health Care?

The Cultural Competence model is a set of congruent behaviors, attitudes and policies that come together in a system, agency or amongst professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations.

Culture implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group.

Competency implies having the capacity to function effectively.

(Cross TL, et al. Towards a Culturally Competent System of Care. A Monograph of Effective Services for Minority Children Who are Severely Emotionally Disturbed. Georgetown University Child Development Center: 1-75(1) 1989.)

1. Improved health outcomes

Limited English Proficient (LEP) patients in the U.S. are less likely to receive appropriate care, less likely to understand care instructions, less likely to have increased risk of medical errors, more likely to have reduced quality of care, more likely to have risk of unethical care and less likely to be less satisfied with their care than their English-speaking and Caucasian counterparts.

(Agger-Gupta, Niels, Miya Iwataki, Karin Wang (Eds.). "Cultural and Linguistic Competency Standards" (Los Angeles: Department of Health Services, County of Los Angeles): 5-6.2003.)

2. Reduced medical costs and error

A study by the National Health Law Program and the Henry J. Kaiser Family Foundation has found that language barriers can cause doctors to rely on **extensive, costly, often unnecessary tests, causing treatments to take 25-50% longer than treatment for English-speaking patients.**

The US Office of Management and Budget benefit-cost report on Executive Order 13166 that medical errors cost an estimated **\$17 to 29 billion annually**, some of which could be reduced by improving communication.²

3. It's the Law!

Title VI of the Civil Rights Act of 1964:

"No person in the United States shall, on the grounds of race, color or national origin (including language), be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Executive Order 13166 (2000):

Tasks all federal departments with establishing Language Plans and complying with Title VI.

2001 OMH Culturally and Linguistically Appropriate Services (CLAS) Standards for Healthcare

DHHS Office of Minority Health establishes 14 national standards for federally-funded healthcare organizations. **Standards 4-7** require HC organizations to provide free language interpretation for all LEP clients, to provide notification of free language services in commonly encountered languages, to ensure quality of language services and to translate "vital documents" into commonly encountered languages (www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15)

JCAHO (2006): Requires all accredited health organizations to record patient language needs and to develop language plans that comply with the 2001 CLAS Standards (see above).

Act 290 (2006): Hawaii State Law requires state-funded entities to free provide language services.