



In the Literature

CULTURAL COMPETENCE AND HEALTH CARE DISPARITIES: KEY PERSPECTIVES AND TRENDS

Joseph R. Betancourt, M.D., M.P.H.
Alexander R. Green, M.D.
J. Emilio Carrillo, M.D., M.P.H.
Elyse R. Park, Ph.D.

Health Affairs
March/April 2005
24 (2): 499–505

The abstract is available at:
[http://content.healthaffairs.org/
cgi/content/abstract/24/2/499](http://content.healthaffairs.org/cgi/content/abstract/24/2/499)

For more information about
this study, contact:

Joseph R. Betancourt, M.D.
Senior Scientist
Institute for Health Policy
Massachusetts General
Hospital
TEL 617-724-9713
E-MAIL jbetancourt@pol.net

or

Mary Mahon
Public Information Officer
The Commonwealth Fund
TEL 212-606-3853
E-MAIL mm@cmwf.org

Commonwealth Fund Pub. #821
April 2005

In the Literature presents brief
summaries of Commonwealth Fund-
supported research recently pub-
lished in professional journals. To
read or learn more about new pub-
lications as soon as they become
available, visit www.cmwf.org and
[register to receive Commonwealth
Fund e-mail alerts.](#)

THE COMMONWEALTH FUND
ONE EAST 75TH STREET
NEW YORK, NY 10021-2692
TEL 212.606.3800
FAX 212.606.3500
E-MAIL cmwf@cmwf.org
<http://www.cmwf.org>

Culturally competent health care—broadly defined as services that are respectful of and responsive to the cultural and linguistic needs of patients—is gaining attention not only as a strategy to reduce racial and ethnic disparities, but as a means of improving health care quality. According to a *Health Affairs* study, cultural competence initiatives may even help control costs, by making care more efficient and effective.

This is one of the findings reported in “[Cultural Competence and Health Care Disparities: Key Perspectives and Trends](#)” (*Health Affairs*, March/April 2005), a study led by Joseph R. Betancourt, M.D., M.P.H., senior scientist at the Institute for Health Policy at Massachusetts General Hospital. In interviewing 37 cultural competence experts from managed care, academia, and government, Betancourt and colleagues Alexander R. Green, M.D., J. Emilio Carrillo, M.D., M.P.H., and Elyse R. Park, Ph.D., found that while perspectives and approaches vary, “many synergies exist that should allow for the continuing development of cultural competence in health care.”

Perspectives and Trends

Managed Care

The managed care experts interviewed see cultural competence as driven by both quality and business imperatives. Managed care can continue to advance the cause, they feel, by embedding cultural competence strategies into quality improvement initiatives. By making care more efficient and effective, cultural competence could both improve outcomes and help control costs, these experts say.

Their perspectives are borne out by recent trends in the managed care field, the study authors write. While resistance remains, there have been major advances. Aetna, for example, is collecting data on race and ethnicity, developing culturally competent disease management

programs, and mandating training for medical directors, nurses, and case managers.

Academia

Experts from academia agreed that cultural competency education is crucial for preparing future health care workers to care for a diverse patient population. However, they also noted inconsistency in the availability and quality of current offerings. Standardization of educational programs is needed, as is increased training for faculty members.

Respondents cited accreditation pressures as well as increasing diversity among patients, students, and faculty as key drivers of change, with many institutions beginning to respond to demands. According to the authors, 50.7 percent of graduate medical educational programs offered cultural competency training in 2003–04, up from 35.7 percent in 2000–01.

Government

The government officials interviewed consider cultural competence as a method of increasing access to quality care for all patients. The aim, they say, should be to change a one-size-fits-all system into one more responsive to diverse populations. Diversity among staff and providers, data collection capacities, effective interpreter services, and cultural competence education will be necessary components to achieving this goal, the respondents said.

Conclusions

Despite differing perspectives, all the experts agreed that a clear link exists between cultural competence, improving quality, and eliminating racial and ethnic disparities in health care. Indeed, given the number of collaborative efforts now under way, the authors say that “cultural competence seems to be evolving from a marginal to a mainstream health care policy issue and as a potential strategy to improve quality and address disparities.”