

# HEALTH AND HUMAN SERVICES (HHS)

Resolution HHS-22-19

## CULTURAL AWARENESS TO IMPROVING HEALTHCARE OUTCOMES

WHEREAS, the Nation Black Caucus of State Legislators believes that the increasing diversity of the nation brings opportunities and challenges for health care providers, health care systems, and policy makers to create and deliver culturally competent services and increase the standard of care;

WHEREAS, cultural competence training for health care professionals focuses on acquiring the knowledge and skills that value diversity and respond to cultural differences;

WHEREAS, the goal of culturally competent health care services is to provide the highest quality of care to every patient, regardless of race, ethnicity, cultural background, language proficiency or literacy;

WHEREAS, differences between healthcare providers and patients can affect communication, and in turn this can, in turn, impact both clinicians' and patients' decisions with regard to treatment;

WHEREAS, according to the Center for Disease Control (CDC), data on race and ethnicity for more than 90% of the people who died from COVID-19 reveals that the percent of Hispanic or Latino, non-Hispanic black, and non-Hispanic American Indian or Alaska Native people who have died from COVID-19 is higher than the percent of these racial and ethnic groups among the total U.S. population;

WHEREAS, according to Tulane University's School of Public health and Tropical Medicine, when healthcare providers fail to recognize the differences between them and their patients, they may inadvertently deliver lower-quality care;

WHEREAS, language and communication problems may also lead to patient dissatisfaction, poor comprehension and adherence, and lower quality of care;

WHEREAS, according to the Center on an Aging Society, of the more than 37 million adults in the U.S. who speak a language other than English, over 18 million people, 48 percent, report that they speak English less than "very well, thus language and communication barriers can affect the amount and quality of health care received;

WHEREAS, if the providers, organizations, and systems are not working together to provide culturally competent care, patients are at higher risk of having negative health consequences, receiving poor quality care, or being dissatisfied with their care;

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WHEREAS, African Americans and other ethnic minorities typically report less partnership with physicians, less participation in medical decisions, and lower levels of satisfaction with care;

WHEREAS, as noted in the American Journal of Public Health, the quality of patient- physician interactions are lower among non-White patients, particularly Latinos and Asian Americans, and lower quality patient-physician interactions are associated with lower overall satisfaction with health care;

WHEREAS, patients whose providers completed cultural competence training report better opinions of their clinicians or participate longer in mental health counseling than patients whose providers did not; and

WHEREAS, cultural competence trainings can provide facts about patient cultures or include more complex interventions such as intercultural communication skills training, exploration of potential barriers to care, and institution of policies that are sensitive to the needs of patients from culturally and linguistically diverse backgrounds.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) urges legislators, health care providers and key stakeholders to achieve more fair, just, equitable and effective outcomes by embracing a cultural competency training programs;

BE IT FURTHER RESOLVED, that the NBCSL urges Congress to pass legislation and fund programs that will promote cultural competency training, thus helping to decrease the racial, ethnic, gender language, disability, and socio-economic disparities apparent today within health care; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials and agencies as appropriate.

**SPONSOR(S): Representative. Gregory Porter (IN), Representative Cherrish Pryor (IN), and Representative Robin Shackelford (IN)**

**Committee of Jurisdiction: Health and Human Services (HHS) Policy Committee**

**Ratified in Plenary Session: December 2, 2021**

**Ratification certified by: Representative Billy Mitchell (GA), NBCSL President**