



**WRITTEN TESTIMONY OF
CONNECTICUT PUBLIC HEALTH ASSOCIATION
REGARDING S.B. 655
AN ACT REQUIRING CULTURAL COMPETENCY
INSTRUCTION FOR PHYSICIANS**

Public Health Committee
February 20, 2009

The Connecticut Public Health Association (CPHA) would like to thank Senator Harp, Representative Geragosian and the distinguished members of the Appropriations Committee for their recognition of the important role that cultural competency training plays in a physician's ability to deliver quality medical care to everyone. CPHA is the state's professional organization that provides leadership for health promotion and prevention of disease among the people of Connecticut. CPHA supports the adoption and implementation of S.B. 655, An Act Requiring Cultural Competency Instruction for Physicians, which would establish requirements for (1) the development of a required cultural competency curriculum in all state medical schools, (2) continuing education requirements for physicians on cultural competency, and (3) relicensure requirements concerning cultural competency for physicians who did not receive the required training while in medical school.

A report by the U.S. Census Bureau projects that minority populations will account for 90% of the 131 million person population growth in the United States between 1995 and 2050. While Asians and Hispanics are the fastest growing groups, all racial and ethnic minority groups are expected to increase faster than non-Hispanic Whites.¹ Over 40% of general physician's patients will be from minority cultures.²

Growing diversity in the U.S. population contributes to differences in language, culture, family background, and life experiences between healthcare providers and their patients. These cultural differences compromise a physician's ability to communicate effectively with his patients, resulting in a lower quality of care and poorer health outcomes. African Americans, Hispanics and Native Americans have a decreased life expectancy, increased infant mortality and increased disease-specific mortality rates compared to non-Hispanic Whites.³ An Institute of Medicine report found that bias, prejudice and discrimination in the doctor-patient relationship were a major cause of unequal treatment leading to worse health outcomes among racial and ethnic minorities.⁴

¹ Minority Business Development Agency. U.S. Department of Commerce. "Dynamic Diversity: Projected changes in U.S. race and ethnic composition 1995 to 2050." Available: <http://www.mbda.gov/documents/unpubtext.pdf>

² Cross TL, Bazron BJ, Dennis KW, Isaacs MR. Towards a Culturally Competent System of Care: Volume I. CASSP Technical Assistance Center, Georgetown University Child Development Center. Washington, DC; 1989.

³ Institute of Medicine. "Unequal Treatment: Confronting Ethnic and Racial Disparities in Healthcare." 2002. Washington, DC. The National Academic Press.

⁴ Institute of Medicine. "In the Nation's Compelling Interest: Ensuring Diversity in the Health-Care Workforce." 2004. Washington, DC: The National Academy of Science.

Physician cultural competence has a large impact on quality of healthcare. Evidence suggests that racial perceptions and stereotypes help shape physicians diagnostic and treatment options and can lead to lower quality of care. Studies show that racial and ethnic minorities are more likely to receive lower quality of care than whites, especially when being treated for heart disease and cancer.⁵ Ethnic and racial minorities have lower enrollment in clinical trials, organ donation programs, and surgical interventions which contribute to their disproportionate mortality rates. Lower enrollment rates can be attributed in part to cultural gaps in physician-patient communication.⁶ Finally, mistrust in medical providers is significantly higher in racial minority groups as compared to Whites, even after controlling for age, education and socioeconomic status. Mistrust in medical providers can lead to poorer compliance with medication and treatment regimes.⁷

Increasing cultural and ethnic diversity poses a unique challenge to healthcare providers. Requiring cultural competency instruction for physicians can help prepare physicians-in-training to meet this challenge and ensure equal access and better quality of care. In addition, a culturally competent healthcare workforce will reduce the costs associated with ineffective communication, inefficient care, and lack of adherence to medication and treatment regimes.

The Connecticut Public Health Association wishes to thank the Committee for the opportunity to address this important public health issues. The Connecticut Public Health Association urges the committee to act favorably on S.B. 655. For additional information on CPHA's position on cultural competency instruction for physicians and other public health issues, contact CPHA's Advocacy Committee co-chairs Annamarie Beaulieu at annamarie.beaulieu@cpha.info or 860.301.8857, or Alyssa Norwood at Alyssa.norwood@gmail.com or 860.424.1345.

⁵ Richardson, L.D., Irvin, B.I, Tamayo-Sarver, J.H. "Racial and ethnic disparities in the clinical practice of emergency medicine." *Acad Emerg Med*. 2003. 10(11):1184-1188.

⁶ McCann, J, et al. "Evaluation of the Cause for Racial Disparities in Surgical Treatment of Early Stage Lung Disease." *Chest*, 2005. 128(5):3440-3447.

⁷ Brandon, D.T, Isaac, L.A., LaVeist, T.A. "The legacy of Tuskegee and trust in medical care: is Tuskegee responsible for race differences in mistrust of medical care?" *J Natl Med Assoc*. 2005. 97(7):951-956.