

# Better care from doctors who are culturally aware

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HIV patients from ethnic minorities receive better quality of care from doctors and other primary healthcare professionals who are the most competent at caring for patients from diverse backgrounds – those who are "culturally competent." These patients also tend to manage both their treatment and condition better, according to a new study by Somnath Saha from Portland VA Medical Center, and the Oregon Health & Science University in the US, and colleagues. Their findings appear in the *Journal of General Internal Medicine*.

The authors explored whether cultural competence – a combination of awareness, attitudes, skills and behaviors related to [doctors'](#) ability to care for diverse patient groups – can result in more equitable care, with a focus on [HIV patients](#) specifically. HIV infection is a leading contributor to racial inequalities in both health and life expectancy in the US. This is due in part to the fact that minority individuals with HIV/AIDS are less likely than whites to receive antiretroviral (ARV) therapy, and to stick to their ARV regimens once prescribed. These differences in treatment inevitably lead to disparities in health outcomes for these patients, including viral suppression, progression to AIDS and death.

There has been a push by healthcare professional organizations to increase the cultural competence of their members, i.e. the effectiveness with which they deal with patients from diverse backgrounds. Saha and team's study assesses whether cultural competence does indeed lead to better treatment and outcomes for minority HIV patients.

The researchers surveyed 45 providers and 437 patients at four urban HIV clinics (Baltimore, Detroit, New York, and Portland) who took part in the Enhancing Communication and [HIV](#) Outcomes (ECHO) study. The medical professionals rated their own cultural competence on a 20-item questionnaire. The researchers measured patients' outcomes, including whether or not they were on ARV therapy, how well they adhered to their regimen and whether or not their viral load was suppressed.

Overall, minority patients treated by providers with medium or high cultural competence were more likely to be on ARVs, to better self-manage their condition and to adhere to their prescription, than were those treated by doctors scoring low on cultural competence. There were also racial disparities in viral suppression among those patients treated by less culturally competent providers. In this group, non-white patients were less likely to be on ARV therapy, to manage their medication well, and to have a suppressed viral load, compared to whites. Among those treated by more culturally competent providers, treatment and outcomes were similar for white and non-white [patients](#).

The authors conclude: "Our findings suggest that, through either training interventions or through efforts to diversify the healthcare workforce, increasing healthcare provider cultural competence holds the potential to reduce racial disparities in both the quality of health care, and the health of diverse patient populations."

**More information:** Saha S et al (2012). Primary care provider cultural competence and racial disparities in HIV care and outcomes. *Journal of General Internal Medicine*. [DOI 10.1007/s11606-012-2298-8](https://doi.org/10.1007/s11606-012-2298-8)

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