

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

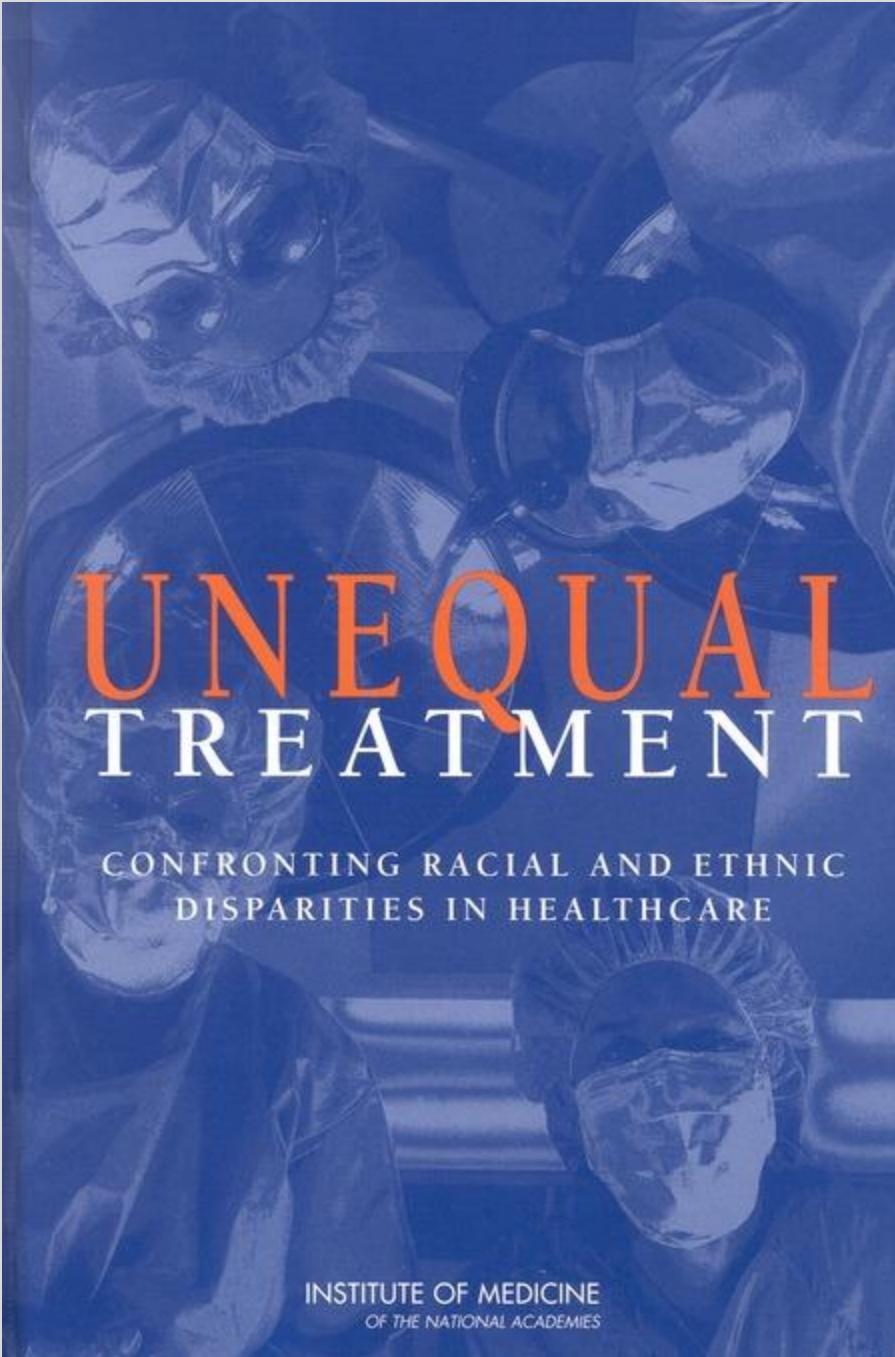
Impetus for Research on Health and Race/Ethnicity

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Patterns of racial/ethnic inequities in health and why need to learn more

- Rates of disease and death elevated for historically marginalized racial group, blacks, Native American, Native Hawaiians other Pacific Islanders
- Persistent of racial difference in health even after adjustment for socio economic status
- Research indicates that across virtually every type of diagnostic and treatment intervention blacks and other minorities receive fewer procedures and poorer-quality medical care than do whites



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Institute of Medicine. 2003. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12875>.

Racial Bias Among Healthcare Providers

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- A systematic review of 15 studies measuring implicit bias and health outcomes confirmed that **healthcare professionals hold the same level of implicit bias** against Black, Latinx, and dark-skinned people as the general population, and that “implicit bias was significantly related to patient–provider interactions, treatment decisions, treatment adherence, and patient health outcomes” (Hall et al., 2015)
- A systematic review of 37 studies confirmed the substantial evidence of “pro-White or light-skin/anti-Black, Hispanic, American Indian or dark-skin bias” among a variety of healthcare professionals across multiple levels of training and disciplines (Maina et al. 2017)

Negative Patient Descriptors: Documenting Racial Bias in the Electronic Health Record

(Sun et al., 2022)

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- Researchers analyzed a sample of 40,113 history and physical notes (January 2019– October 2020) from 18,459 patients for sentences containing a negative descriptor (for example, resistant or noncompliant) of the patient or the patient's behavior.
- Sought to determine the odds of finding at least one negative descriptor as a function of the patient's race or ethnicity, controlling for sociodemographic and health characteristics [e.g., "refused," "(not) adherent," "(not) compliant," "agitated"].
- Compared with White patients, Black patients had 2.54 times the odds of having at least one negative descriptor in the history and physical notes.
- "Our findings raise concerns about stigmatizing language in the EHR and its potential to exacerbate racial and ethnic health care disparities."

Defining Culture

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- Culture is considered a central concept in anthropology and sociology
 - encompassing the range of phenomena that are transmitted through social learning in human societies
- **Reflects the whole of human behavior**, including ideas, attitudes; ways to relate with one another, manners of speaking or expression
- **Systems of belief, etiquette, law, morals, entertainment, and education commonly shared among members of a particular group**
- Any individual can identify with one or more culture
- Culture is **NOT** synonymous with race

Cultural Competence

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- **Understanding, adapting, and being responsive** to individuals from other cultures with different belief systems than own
- The ability of health professionals to communicate and effectively provide high quality care to patients from diverse sociocultural backgrounds

Cultural Awareness

- Self examination
- In depth exploration of one owns cultural/professional background
- Recognition of biases/prejudices/assumptions

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Cultural Knowledge

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Clinician must integrate

- Health related beliefs/cultural values
- Disease incidence/prevalence
 - Lack of epidemiological data will negatively affect care
- Treatment efficacy

Culture and Health

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- Culture matters in health care
- You may not learn about every culture,
**but you should understand how
culture affects communication and
health outcomes**

Cultures' effects on Health

- Culture

- Influence how people make judgement or sense about the world and decisions about behavior
- Defines: “good , bad, health, unhealthy”
 - Large body type in some cultures signifies wealth and well being
- Affects daily habits of life
 - Food choice of people groups from the Mediterranean

- Religion may influence
 - Attitudes in social practices
 - Sexual practices
 - Food
 - Alcohol: part of religion or prohibited
 - Tobacco
 - Response to symptoms
 - Example: people groups may not prescribe to traditional western medical care as a response to symptoms

Consideration of Culture and Health

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- Religion/Faith/Spirituality may influence
 - Types of interventions that are acceptable
 - Blood transfusion
 - Attitudes toward stem cell research
 - Attitudes toward contraception/abortion
 - Certain aspects of end of life treatment
 - Response to disease
 - Role of prayer as an intervention to alter outcome

Cultural Proficiency Continuum

- 1. Cultural Destructiveness**
- 2. Cultural Incapacity**
- 3. Cultural Blindness**
- 4. Cultural Pre-competence**
- 5. Cultural Competence**
- 6. Cultural Proficiency**

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Cultural Proficiency Continuum (continued)

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4. Cultural Pre-competence. See the differences, respond inadequately.

An awareness of limitation in cross cultural communication and outreach.

Individuals or organizations desire to provide fair and equitable treatment with appropriate cultural sensitivity without knowing what is possible or how to proceed

5. Competence. See the difference, understand the difference. There is acceptance and respect for difference, continuous expansion of cultural knowledge and resources and variety of adaptations to belief systems, polices, and practices that make it possible to be effective in many cultural contexts.

6. Cultural Proficiency. See the difference and respond. Holding culture in high esteem. Seeking to add to the knowledge base of cultural competent practice by conducting research, developing new approaches based on culture and formally and informally increasing the knowledge of others about culture and the dynamic of difference. Advocating for and championing cultural competent practices in all arenas.