

# **Policy Concerns for Cultural Care: Cultural Competence in Nursing Education to Reduce Health Disparities, Save Money, and Increase Patient-Centered Care**

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## **Abstract**

*There is a growing focus on addressing the concepts of justice, equity, diversity, inclusion and the underlying element of cultural competence and cultural care in the health professions, specifically nursing. Fundamentally, there is a lack of support for strategic initiatives and programs to support cultural care and cultural competence in nursing education. This paper proposes an opportunity to address the systematic issues that contribute to poor healthcare outcomes by creating policies to support the necessary infrastructure to address the policy concerns that will empowering nursing education to reduce health disparities and be good stewards of the limited financial resources.*

**Keywords:** *culture, policy, health disparities, cultural competence*

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There is a growing concern regarding the increase in the minority population in the US, health disparities, and culturally competent health care (Kai et al., 2007). Cultural competence is a national concern that impacts health care providers, especially nurses (Betancourt, Green, Carrillo, & Park, 2005). There is not a national best practices education model for culturally competent health care curriculum for nursing (Expert Panel on Global Nursing and Health, 2010), and this paper aims to provide an introduction to the issue of cultural competence in pre-licensure nursing education.

## **I. Problem**

Health disparities are linked to racial and ethnic minorities, and the cost to the US is an estimated annual \$82.2 billion according to 2009 data (National Urban League Wire, 2012). This cost represents a significant burden on the US health care system that impacts efforts towards health promotion and improving the health of the nation (National Urban League Wire, 2012), and the cost is largely preventable through culturally competent health care (Betancourt et al., 2005). Racial and ethnic minorities often face barriers to health care that limits their access to health promotion activities (Department of Health and Human Services, n.d.). As a result, health care is not sought until it is considered “sick care” thus exponentially increasing the cost of care (Tripp-Reimer, Choi, Kelley, & Enslin, 2001). The provision of culturally competent health care reaches across cultural boundaries to reduce health care barriers, provide care in a manner that embraces the culturally diverse individual, and may contribute to an increased utilization of preventive health screenings (Betancourt et al., 2005).

The problem with providing culturally competent care is that there is not a national best practices model for nurses. As a profession, there are far more nurses than physicians or other allied health professionals (US Bureau of Labor Statistics, 2012). Combined, nurses spend more time with patients (Koven, 2012), and nurses are named as the most trusted profession (Laidman, 2012). The three aforementioned qualities position nurses as the ideal health care profession suited to form relationships that build trust with diverse patient populations and eliminate health disparities in minority populations. The nursing profession also has 100,000 pre-licensure nursing student graduates each year (Aiken, 2007), and a national best practice model for nursing education would address the call to provide culturally competent care to patients through the sheer volume of graduates. There is a need for federal funding related to the provision of cultural competency education for pre-licensure nursing students.

## **II. Background**

Health disparities are well documented (National Institutes of Health [NIH], n.d.). Research supports that culturally competent care may improve health in minorities by delivering health care that meets the needs of the patient (Vermerire, Hearnshaw, VanRoyen, & Denekens, 2001), and this is important to note as there are

many barriers to minorities seeking health care. Traditional barriers to accessing health care include trust, communication, and patient navigation issues (Coleman-Miller, 2000), and the barriers are exacerbated in culturally diverse patient groups. Culturally competent care aims at developing trust, aiding in communication between the patient and health care provider, and providing patient-care related to cultural needs (Saha, Beach, & Cooper, 2008).

Best practices models for cultural competency in medical education exist, including the Cultural Competence Curriculum Modules (CCCM) for family physicians directed through the Office of Minority Health (OMH) of the U.S. Department of Health and Human Services (DHHS). This builds on efforts of the Office of Minority Health directed through the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care (Federal Register 65 (247), 80865–80879). Nursing education has a variety of organizations, including the American Association of Colleges of Nursing (AACN), the National League of Nursing, and the Institute of Medicine's *The Future of Nursing* report (2011), that recommend cultural competence objectives for nursing curriculum, and the AACN (2008) published a recommendation to integrate cultural competency education into baccalaureate nursing curriculum. Because the federally funded national best practices model for cultural competency in medical education is successful (Office of Minority Health, 2007), there is a need for such a program in nursing. With a federally funded best practices model, nursing graduates will have the necessary training to provide patient-centered care that meets the needs of culturally diverse patients (US Health Resources Services Administration, 2008).

### **Issue Statement**

There is a lack of a national standardized cultural competency education model for pre-licensure nursing students, and there is a great need to provide pre-licensure nursing students with the necessary education to provide culturally competent care. Ameliorating the issue of providing a standardized cultural competency model to pre-licensure nursing students may reduce the cost related to health disparities.

### **Stakeholders**

There is a need for policy to focus on soliciting federal support for a national best-practices model for cultural competency education in pre-licensure nursing students. The stakeholders include, but are not limited to several public and private entities in the arena of licensing, practice, education, and health care consumers. Specific stakeholders include members of the American Nurses Association, legislators, and the general public.

### **Policy Objectives**

There is a need for policy to specifically address the funding, creation, and implementation of a national federally funded, best-practices model for nurses related to cultural competency education.

1. To fund the creation of a task force to develop a best-practices model
2. To fund research and develop a best-practice model
3. To fund the implementation of a culturally competent curriculum for pre-licensure education

The policy aims to specifically address the need for a national standardized pre-licensure cultural competency nursing education program. This policy objective should increase the cultural competency level in nursing graduates and significantly reduce health disparities related to racial and ethnic minorities across the US contributing to health care dollar savings.

In summary, there is a need to provide a national federally funded culturally competent health care education model to meet the health care needs of the increased US minority population and reduce health disparities. Cultural competence is under-represented in nursing education and does not mirror the national model used in medical education. The proposed policy addresses the provision of culturally competent health care curriculum for pre-licensure nursing education.

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## Appendix

Peruse the reading list. The information contained is a short reading list to help familiarize the reader with the policy issue.

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