

## Cultural Competence in Healthcare—Getting It Fast, Getting It Right

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When a couple of Arabic descent recently visited St. Francis Hospital in Greenvale, S.C., the attending physician noticed the woman kept her head down and remained silent while her husband answered all the medical questions for her. The staff initially was concerned that this was a sign of a troubled relationship; however, after consulting CultureVision™, a new online service that provides insight into various racial and ethnic groups, the staff learned this was normal behavior in that culture.

CultureVision™ was developed by Cook Ross, a Maryland-based corporate consulting and training-services company, in conjunction with Bon Secours Health System, through a 12-year research process that consisted of gathering information on ethnic beliefs and issues pertaining to healthcare.

The subscriber-based Web site, <http://www.crculturevision.com>, lists potential questions for physicians or nurses to ask that take into account that not all patients hold the same beliefs and practices about healthcare. For example, a recent immigrant is more likely to be attracted to the cultural guidelines for health from their native country. However, doctors are not always familiar with the various cultural practices and beliefs of immigrant populations, which can lead to a feeling of mistrust or resentment on the patient's part. By combining mainstream treatment methods and cultural information gained from CultureVision™, doctors can better relate to their patients and increase the likelihood that a patient will follow doctor's instructions.

"This is a new approach to healthcare," said Howard Ross, president of Cook Ross. "This is a database that puts volumes of information in an easy-to-use format for doctors and nurses who do not have time to pour over textbooks to find the proper way to treat an illness for a Vietnamese immigrant, for example, or how to best approach a person who may have once been tortured and [is] petrified of being in a medical facility." CultureVision™ also provides information about the prevalence of diseases within certain

populations as well as insight that can better prepare physicians to have conversations with patients that integrate the cultural aspects of patients' lives.

"It is very user-friendly. It is easy to use because it is easily available as a quick reference, as compared to thumbing through a textbook," says Jackie Fernandes, diversity coordinator for St. Francis Hospital.

Currently, the unique online service breaks down information on commonly encountered ethnicities by religion and geographic area as well as gender. Cook Ross already is looking to expand the service to include more religions and a GLBT section.

Although the Web site just launched in December 2004, CultureVision™ already is being used by the 27 hospitals and clinics in the Bon Secours Health Systems throughout the United States and has been well received. The service also is being marketed to approximately 15 different providers other than those in the Bon Secours system. The cost for the service ranges from \$1.95 per person per year to \$9.95 per person per year, depending upon the size of the organization.

"Some staff members who have gone on the Net to use this tool have been able to better relate to people, and that's very important to us in healthcare. In this industry, it's the small things that make a big difference to patients as the mission of Bon Secours is to bring compassionate care and good help to all."

Rod Rutledge, senior vice president of Community Health at Bon Secours, says he's received positive feedback from patients, nurses and physicians, and although the service still is in its infancy, he says it has great potential.

"This service has really made users more sensitive to real-life issues related to races, ethnicities and their views on healthcare, particularly in our acute-care hospitals and assisted-living facilities," says Rutledge.

An unexpected benefit Ross has noticed is that CultureVision™ has not only helped improve relationships between doctors and patients but also between workers.

"People become more aware of their differences and learn to be more understanding of each other. The information provided is meant to be used to foster this kind of enhanced understanding and respect for cultural differences," says Ross. "So far we have had nothing but great feedback from everyone using the service. It's quick and it's simple for anyone in a hurry to use, which is key in the healthcare industry."

Tawara D. Goode, the director of the National Center for Cultural Competence, however, said there are some possible downsides to this service. Although it was created with the best of intentions,

doctors should be conscious to not overgeneralize their patients. Patients from various ethnicities may not all share the same beliefs, and different generations may adhere to certain traditions. What should be the foremost concern is the needs of the patient, she said.

"We are pleased to see new tools and resources that will assist healthcare providers in their journey toward achieving cultural and linguistic competency," said Goode. "But what we also need to keep in mind is that providers are only one aspect of the healthcare delivery system. There also needs to be a concerted effort to add organizational capacity for cultural and linguistic competency."

