

Addressing the Cultural Competency of Health Care Providers Serving Diverse Residents of the ASEAN Economic Community

Alicia K. Matthews, PhD¹

In 2015 the launching of the ASEAN Economic Community (AEC) will present unprecedented opportunities and challenges for the health care systems of each of the 10 participating regional countries. The theoretical benefits of the economic integration of ASEAN countries on health care are substantial including new funding to expand and improve existing services, cost savings associated with shared resources, and creation of innovative solutions to some of the region's most pressing health and health care concerns. Despite the opportunities offered by the creation of the AEC, challenges in the provision of culturally appropriate health care services in response to the diverse sociocultural experiences, religious ideologies, and health beliefs of patients from member states should be anticipated and addressed proactively. For example, immigrant status and the process of acculturation are unique sources of stress among immigrant populations and may markedly shape the experiences of migrants from AEC countries. In addition, experiences of discrimination based on membership in a stigmatized minority group (e.g., based on gender, sexual orientation, religion or country of origin) may have implications for the health and health outcomes among members of ASEAN communities who elect to live and work outside of their countries of origin.

In the United States (U.S.), stigma due to membership in a marginalized social group has been shown to directly impact physical health outcomes.¹⁻² One mechanism by which stigma impacts health outcomes is via the quality of the patient-provider relationship.³ The hypothesized mechanism for this

connection between patient-provider relationship variables and health outcomes is thought to stem from the links between positive patient-provider interactions, increased patient satisfaction and enhanced adherence to recommended treatments.⁴ Research suggests that health care providers who are more informative, give more explanations, show more sensitivity to the patient's concerns, and offer more support, tend to have improved patient outcomes including satisfaction with care, better knowledge about their health, and more commitment to treatment recommendations.⁵

In order to enhance the quality of the patient-provider relationship and health care services received, it is important to identify factors that have negatively influence them. In the U.S., demographic characteristics (e.g., age, race, gender, education level) have been shown to correlate with health and health care experiences. A major report issued from the U.S. Institute of Medicine, "Unequal Treatment", determined that bias – intentional and unintentional – among health care providers is prevalent and plays a significant role in the quality and appropriateness of health care services received.⁶ For example, Johnson and colleagues⁷ conducted a study to examine the association between patient race/ethnicity and patient-physician communication during medical visits. The results showed that physicians behaved more verbally dominant and offered less patient-centered communication with African American patients than with White patients. Problems within the patient-provider relationship attributed to bias and discrimination contribute to a reduction in treatment

seeking⁸ engagement in health care,⁹ perceptions of the quality of health services received,¹⁰ as well as treatment satisfaction and emotional adjustment to illness.¹¹ Combined, the above data suggests that problems within the patient-provider relationship may act as formidable barriers to the receipt of culturally appropriate and high quality health care for individuals from marginalized social groups.

In order to decrease health disparities, the U.S. federal government has called on health care facilities to offer cultural competence training to all health care providers. For example, the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the U.S. Department of Health and Human Services Office of Minority Health aims to improve health care quality and advance health equity by establishing a framework for organizations to use to guide the provision of health care services for diverse communities (<http://minorityhealth.hhs.gov/omh>). The CLAS standards include a set of guidelines to guide best practices associated with providing culturally appropriate health care services. A guiding principle of the CLAS standards is to “provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.” These sets of guidelines may help to facilitate discussions among health care policy makers from each of the AEC communities to develop policies, best practices, and training components that seek to ensure access to culturally and linguistically appropriate health care services regardless of the treating hospital. Proactively addressing the need to establish culturally appropriate and acceptable health care services for AEC patients coming from a range of diverse linguistic, religious, social, and geographical regions will help to overcome many of the well-known barriers to appropriate health care services observed in the U.S. and other countries.

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