



At A Glance

Cultural background—customs, beliefs, values, and institutions for racial and ethnic groups—can influence health. Cultural competency in health care is the ability to deliver the best health care based on understanding of and respect for patients' cultural backgrounds. The Colorado Black Health Collaborative (CBHC) assessed the cultural competency of medical staff at six Federally Qualified Health Centers in Aurora and Denver that serve 45,000 African Americans and African immigrants. All six committed to offering ongoing competency training.

By Thelma Craig

Public Health Challenge

Some chronic health conditions are more common and severe in African Americans than in other racial and ethnic groups. African Americans are 40% more likely than whites to have high blood pressure and less likely to have it under control, according to the Centers for Disease Control and Prevention (CDC). The rate of diagnosed diabetes is 77% higher among African Americans than whites. When providers do not work together to provide culturally competent care, patients are at higher risk of complications, poor quality of care, or being unhappy with the care they receive. Even in Colorado, which is consistently ranked one of the healthiest states in the nation, high blood pressure and diabetes are more common among African Americans than whites, according to 2015 Behavioral Risk Factor Surveillance System data.

Approach

To explore reducing health disparities in Colorado, CBHC formed the Cultural Competency Committee (CCC). Members included community leaders, researchers, and public health practitioners. CCC designed a cultural competency assessment to measure how well doctors, nurses, and medical staff at six Colorado Federally Qualified Health Centers work with African Americans and African immigrants. CCC then met with staff to share the survey results, answer questions, and make recommendations on how to improve culturally competent care. CBHC provided trainings on culturally competent health care to all six Federally Qualified Health Centers.

The Family Block Party—that was really fun! Opportunities like these are a great way to connect with our patients outside the clinic setting and can be invaluable.

- Dr. Eric Peterson

Results

The assessment showed the need for workforce diversity, clearly defined benefits for culturally competent care, and improvements in patient experiences, such as fostering a closer connection with the community outside of the clinic at block parties or other events. As a result, all six Federally Qualified Health Centers committed to ongoing cultural competency training for staff to improve patient engagement. CBHC trained clinic leaders, who now train other medical staff. In the trainings, staff learn how to listen, understand patient backgrounds, practice empathy when discussing medical history, and address unconscious or implicit bias. Trainings also help staff refer and connect African American and African immigrant patients with local resources—such as stress management and exercise classes—to help manage chronic diseases.

What's Next

The clinics are now addressing findings from their follow-up self-assessments. With technical assistance from the CCC, clinics are working to increase staff knowledge of the community, improve communication with patients, increase workforce diversity, and expand community involvement. Making changes recommended by CBHC will ensure culturally competent care for as many as 45,000 African American and African immigrant patients in Denver and Aurora. CBHC plans to explore partnership opportunities with universities, other local community health centers, and private practices to expand their network reach to community-based clinics in the Denver metro area.

Find Out More

Connecting with the community is key to ensuring culturally competent care and building trust. This project is supported by CDC's Racial and Ethnic Approaches to Community Health. CDC provides tools for improving health literacy and communication.

For more information, visit

<https://www.cdc.gov/healthliteracy/culture.html>

and

<https://www.cdc.gov/chronicdisease/resources/publications/aag/reach.html>.

Contact

Thelma Craig

Colorado Black Health Collaborative
3025 South Parker Road

Denver, DC 80014

Phone: 720-579-2126

Centers for Disease Control and Prevention

Web site

<http://nccd.cdc.gov/nccdsuccessstories/>

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<https://wwwn.cdc.gov/dcs/ContactUs/Form>

The findings and conclusions in this success story are those of the author(s) and do not necessarily represent the official position of the funding agencies or the Centers for Disease Control and Prevention (CDC).

