ACUPUNCTURE Today

PRACTICE & PROFESSION

Steps Toward Cultural Competency

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"*How much do you feel discrimination affects your life?*" Nearly 50 percent of the 2,744 respondents from the acupuncture community and its stakeholders indicated that discrimination affects their lives, based on a survey conducted by the NCCAOM and ASA Acupuncture Medicine Cultural Competency Task Force (AMCCTF) in August 2020. The AMCCTF was formed to help guide acupuncture medicine stakeholders (institutions, organizations, teachers, practitioners, students, vendors, and others with a role in our profession) to identify and address racism, discrimination and biases within our profession. These issues are transformative.

Getting the Ball Rolling

Cultural competency in health care refers to the "ability of practitioners and institutions to provide care to patients with diverse language, thoughts, communications, actions, customs, beliefs, values, abilities from diverse racial, ethnic, religious, or social groups."[1]

This process began in June with an informal survey to obtain a snapshot of where our profession was with respect to diversity / equity / inclusion / racism / bias. Since then, the task force has hosted several events: Conversations around Racism, Bias, Equity & the Acupuncture Profession; and Acupuncture Medicine Day: A Celebration of Diversity & Community in Acupuncture.

The AMCCTF hopes to provide resources and background information to start a conversation, create opportunities for self-assessment and reflection, and provide a catalyst for our profession. Although the task force has and will continue to share resources, *each person and institution* must do their own work on this journey toward cultural competency. We must become more effective and compassionate practitioners, more respectful peers, and more inclusive institutions and organizations.

Cultural Competence in the Practice Setting

Being culturally competent requires behaviors, attitudes and policies that support effective interactions in cross-cultural situations.[2] The need for cultural competency, the elimination of bias, and the promotion of *health equity* (accessibility and more equitable treatment) are essential to eradicate health care disparities in the United States. The COVID-19 pandemic has demonstrated how the effects of racism, discrimination and bias have disproportionately affected black, brown and indigenous communities with deadly outcomes.

The ability of a practitioner to effectively communicate with a patient is directly tied to both safety and efficacy of treatment. A practitioner who is knowingly or unwittingly ignorant can and often will make errors or create circumstances in which a patient's needs are not met. This can be ignorance of religious customs (e.g., a diabetic patient who is Muslim during Ramadan will need different recommendations for maintenance of blood sugar) or ignorance as to a lack of available resources (e.g., the prevalence of "food deserts" in cities).

Specifically, in the arena of pain management, recent research also reveals that "a substantial number of white laypeople, medical students and residents hold false beliefs about biological differences between blacks and whites and this demonstrates that these beliefs predict racial bias in pain perception and treatment recommendation accuracy."[3]

Implicit / unconscious biases and microaggressions are common, pervasive and insidious occurrences in the medical profession, including this profession. Patient safety events that can result from the failure to address culture, language and health literacy include diagnostics errors, unexpected negative responses to medication, harmful treatment interactions from simultaneous use of traditional medicines, inappropriate care transitions, and inadequate patient adherence to provider recommendations and follow-up visits.[2]

One example of cultural competency was demonstrated on Sept. 17, 2020, when the U.S. House of Representatives passed Resolution 908[4] to denounce anti-Asian sentiments that have been prevalent since the beginning of the COVID-19 outbreak. This resolution, sponsored by U.S. Rep. Grace Meng (D-N.Y.), states that the House of Representatives condemns all manifestations of expressions of racism, xenophobia, discrimination, anti-Asian sentiment, scapegoating, and ethnic or religious intolerance.

Practical Takeaway

Systemic problems require individual and collective actions – individual practitioners and the institutions and organizations that train and support them working actively to eradicate any behavior that further perpetuates ongoing health care disparities. We hope each of you will use the Task Force's Resource List and Self-Assessment as an opportunity to grow and evolve.

Editor's Note: The AMCCTF can be reached with questions and comments at culturalcompetency@thenccaom.org.

References

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