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Providing Culturally Competent Care for African Americans

Reducing health disparities is an important initiative to improve outcomes for patients from diverse backgrounds. According to the United States Census Bureau, the projected estimate of total African Americans in 2015 was 46.3 million, a 1.3 percent increase from 2014.¹ A report released from the Centers for Disease Control and Prevention noted a reduction in mortality rates among African Americans aged 65 and older.² Younger African Americans are living with or dying of chronic diseases that are typically diagnosed in older Caucasians.² It is important for CRNAs to continue providing culturally competent care to reduce the persistent health disparities that affect our diverse population.

Health disparities are commonly seen among individuals from low socioeconomic statuses. Disparities such as cardiovascular disease, stroke, diabetes, and cancer burden the African American population. Studies have shown they are more than likely to refuse bypass surgery, avoid invasive procedures due to fear and religious and cultural beliefs. According to the American Heart Association,^{3,4} African Americans have a higher mortality rate of heart disease and stroke than all other minorities combined.

Many African Americans experience healthcare disparities that result in limited access to healthcare, the underutilization of healthcare services, quality of care received, and having inadequate health insurance coverage. When individuals have these limitations, it is important to be culturally sensitive and competent to ensure the patient receives the best quality of care. When a patient has a positive experience, he or she is more likely to engage in their own healthcare in the future.

Religious and cultural beliefs in African American culture are important to understand.^{5,6} Some considerations include:

- Lack of trust in the healthcare providers and the system.
- Fear that surgery may cause cancer to spread.

- Apprehension in using opioids for pain management for fear of addiction.
- Religious restrictions may prevent becoming an organ donor.
- Older adults may seek treatment from home remedies, prayer, spiritual healers, and advice from family and friends.
- A lack of spiritual imbalance may be seen as any physical, mental, acute, or chronic disease.

Another area of opportunity to reduce healthcare disparities is to encourage African Americans to participate in clinical trials for cancer.^{7,8} The African American participation rate in clinical cancer research is statistically low. This presents a challenge for researchers, who are unable to assess new approaches to safety and effectiveness of cancer care, investigate waste resources, and develop follow-up studies.⁷ Low participation reduces the ability for clinical research to translate into evidence-based practice.

When patients actively engage in their own care, this advantage reduces anxiety, increases knowledge, and motivates them to ask specific perioperative questions. Awareness, knowledge, communication, and training may reduce negative behavior or bias and encourage patient participation. Patient-provider communication is essential to the development of a trusting relationship for best possible outcomes. As a compassionate and dedicated CRNA, cultural awareness and cultural competency is one of many pathways protecting and advocating for one patient at a time.

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