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**Lack of Cultural Competency Increases Disparities in Cancer Care for Racial/Ethnic Patients and the Poor**  
*New "Pocket Guide" Shows Healthcare Professionals How to Deliver Culturally-Centered Cancer Care*

March 1, 2007 (Nashville, Tenn.) -- At a time when changing demographics requires clinicians to speak in a new language when interacting with patients and family members, the Intercultural Cancer Council (ICC) is joining forces with Meharry Medical College to improve the cultural competency of those health professionals who provide cancer care to the nation's racial/ethnic minorities and the rural poor.

At a "teach-in" for medical students which will be held Thursday, March 1, 2007 at 10:00am on the campus of Meharry Medical College, the organizations will unveil a new "Pocket Guide"-- *Cultural Competence in Cancer Care: A Health Care Professional's Passport* -- giving health care professionals a systematic approach for interacting with multicultural and economically disadvantaged cancer patients and their families. This 121-page guide is an enhancement of the first edition released in 2004 and highlights the influences of culture, geography, socioeconomic status and geography on the health behaviors of the rural poor and the five largest racial/ethnic groups in the U.S.: African Americans, Latinos/Hispanics, American Indians and Alaskan Natives, Asians and Asian Americans, and Native Hawaiian and other Pacific Island Populations. Of special significance, this latest edition adds information on the Appalachia populations, providing recommendations on how to interact with patients from rural America.

Intended to improve the ability of physicians, nurses and other health professionals to communicate with medically underserved patients about all aspects of cancer care, the new guide also documents the consequences of not delivering culturally competent cancer care at the community level. Specifically, the guide reveals major disparities in access to quality cancer care at all points in the process -- from screenings and diagnosis to access to state-of-the-art cancer therapies and end-of-life palliative care. Some of the findings cited in the guide include:

- African Americans have the highest death rate from colon and rectal cancer of any racial and ethnic group in the U.S. and when it is detected at a localized stage, the survival rate is 84 percent. However, only 33 percent of these cancers are detected at a localized stage.
- Latinos/Hispanics have higher incidence and death rates of stomach cancer compared to non-Hispanic Whites.

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- Cancer is becoming the leading cause of death for Alaska Native women and is the second leading cause of death among all other Native men and women.
- Chinese Americans experience the highest mortality rate for liver cancer.
- The incidence and mortality from thyroid cancer are higher among Filipinos than any other ethnic group.
- Cervical cancer incidence rates among Vietnamese women are more than 2 ½ times higher than rates for any other ethnic group.
- Native Hawaiians have the highest mortality rates in the nation for cancers of the corpus uteri and stomach.
- The Appalachian region has a higher mortality rate for all cancers than the U.S. as a whole.

“The lack of cultural competency is a serious problem that results in greater suffering and higher death rates from cancer for multicultural patients compared to the White population as a whole,” said Dr. Patricia Matthews-Juarez, associate vice-president of Faculty and Development at Meharry Medical College and one of the guide’s authors. “All patients deserve the same access to quality cancer care and this starts with a recognition that culture counts.”

To improve the cultural competency of physicians and other health professionals, the guide provides a primer on the culturally appropriate behaviors and attitudes toward cancer prevention and control that differ by multicultural and socio-economic status of patients. This includes common verbal and nonverbal communications, such as shaking hands, looking the patient in the eye, how far to sit or stand from the patient and the use of touch. Some of the insights described in the primer are:

- Health care professionals should begin clinical visits by addressing the adult patient by titles such as Mr. Mrs. or Ms. Calling an adult patient by his or her first name demonstrates lack of respect and is demeaning.
- “Faith in God” is a strong predictor of how African American patients handle the understanding and diagnosis of cancer.
- When communicating with Latino/Hispanic families, “respecto” (respect) must be conveyed at first to the father, then to the mother, then to the other older adults and finally to the older and younger children. Informal use of language will also increase the level of suspicion and sharpen defenses.
- Because doctors, nurses and other health professionals represent sources of authority for Latinos/Hispanics, the clinician should allow the patient to avoid eye contact as a way of showing respect. Pacific Islanders, who consider direct eye contact with authority figures as rude, share this form of nonverbal communication.
- Out of a sense of “respecto,” many Latino/Hispanic patients will avoid disagreeing or even asking the simplest questions.
- Most indigenous languages do not include a word for “cancer.” Thus, when discussing prevention and early detection, specialists advise replacing the word “cancer” with “health,” such as “breast health screening.”
- Some Asian American patients and their families embrace the holistic approach to health. The use of tonics and herbs to strengthen resistance to disease and to improve overall health may be a barrier to cancer prevention and screening activities.
- Among the disadvantaged, such as the rural poor living in Appalachia, educational attainment, literacy and functional literacy are often barriers to cancer care. Not understanding what the health care professional is talking about during a clinic visit may

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contribute to some patients feeling ashamed about their literacy level and therefore, not admitting that they do not understand what is being said or what is in print. Accordingly, specialists recommend using plain language, defining the terms used in cancer care, and employing educational tools such as videos and DVDs to facilitate patient understanding among this population group.

“By improving the cultural competency of health professionals, we can improve how communities deliver cancer care to the most vulnerable citizens,” said Armin D. Weinberg, PhD, another of the guide’s authors, who is also the Director of Chronic Disease Prevention and Control Research Center at Baylor College of Medicine and the co-founder of the ICC. “This information, combined with an ongoing dialogue between clinicians, patients and their family members will enable more Americans to the receive quality cancer care to which they are entitled.”

To develop the new “Pocket Guide,” the Intercultural Cancer Council organized the information around critical concepts found in the literature on culture and cultural competence and then enlisted a panel of experts to review this information. The expert panel was comprised of M. Alfred Haynes, MD, Past Director of the Drew-Meharry-Morehouse Cancer Center and Chair of the Institute of Medicine/Unequal Burden of Cancer study on minorities and cancer; Neil A. Palafox, MD, Professor and Chair, Department of Family Medicine and Community Health at the University of Hawaii; and Harold P. Freeman, MD, former Director of the Center to Reduce Health Disparities at the National Cancer Institute. In addition, an advisory committee of more than 30 specialists focusing on the medically underserved reviewed and vetted the information.

The guide can be purchased for \$6.00 per copy plus shipping charges by contacting 1.877.243.6642 or [www.iccnetwork.org/news/Pocket\\_Guide\\_Order\\_Form.pdf](http://www.iccnetwork.org/news/Pocket_Guide_Order_Form.pdf). All proceeds from sales of the guide will be used to further the activities of the Intercultural Cancer Council.

The Intercultural Cancer Council operates under the auspices of Baylor College of Medicine, Houston, Texas, and is an advocacy organization whose mission is to advance policies, programs, partnerships and research to eliminate the unequal burden of cancer among racial and ethnic minorities and medically underserved populations. For more information, visit [www.iccnetwork.org](http://www.iccnetwork.org).

Meharry Medical College, located in Nashville, Tennessee, is the largest private, comprehensive historically black institution for educating health professionals including dentists and scientists in the United States. It exists to improve the health and health care of minority and underserved communities by offering excellent education and training programs in the health sciences; placing special emphasis on providing opportunities to people of color and individuals from disadvantaged backgrounds, regardless of race or ethnicity; delivering high quality health services; and conducting research that foster the elimination of health disparities.

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