Editorial

Achievement of Cultural Competency</br>is an Ongoing Process

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This edition of the journal focuses on cultural and linguistic competency and diversity. Healthcare educators have long recognized the importance of this topic. Understanding cultural competency concepts along with demographics and racial/ethnic diversity in the United States can be helpful to educators in preparing students for current and future optometric practice.

Betancourt has defined cultural competence as the ability of providers and organizations to effectively deliver healthcare services that meet the social, cultural and linguistic needs of patients.[1] Betancourt defines culture as “an integrated pattern of learned beliefs and behaviors that can be shared among groups and includes thoughts, styles of communicating, ways of interacting, views of roles and relationships, values, practices, and customs.”[2] Betancourt further states that both patients and practitioners are influenced by multiple cultures.[2] Campinha-Bacote describes cultural competency as a continuum, which implies continual growth and development.[3] Cultural competency implies tolerance, defined by the Webster’s dictionary as “recognizing and respecting others’ beliefs and practices without sharing in them.”[4]

By the Numbers

The population of the United States is constantly in a state of growth and movement. The Census Bureau reports that as of July 2016, the U.S. population was estimated to be 323,127,513 people.[5] This represents an increase of 4.6% since July 2010.[5] The Millennial generation (ages 18 to 35) is the largest living generation, estimated at 79.8 million people. In comparison, it is estimated that there are 74.1 million Baby Boomers (ages 52 to 70).[6,7] The Millennial generation is racially and ethnically diverse with 43% reporting to be non-white.[6] Additionally, this generation tends to be the most-educated generation.[7] In 2016, 40% of employed Millennials ages 25-29 had at least a bachelor’s degree.[8] In comparison, in the same age range, 32% of Gen Xers, 26% of Boomers and 16% of Silents held bachelor’s degrees.[8] In the overall population, from 2011-2015, 86.7% of the population had graduated from high school and 29.8% had earned a bachelor’s degree.[5] In 2015, the median household income (in 2015 dollars) was $53,889 with 12.7% of persons living in poverty.[5] In 2015, 49.2 % of the population was male and 50.8% was female.[5] From 2011 to 2015, there were 20,108, 332 veterans and approximately 10% were female.[5]

The U.S. Census Bureau also states that in 2016, 61.3% of the population was reported as white alone, 13.3% as black or African American, 5.7% as Asian and 17.8% as Hispanic or Latino.[5] In the future, immigration will play a large role in the changing demographics. In 2010, it was projected that over the next 40 years, whites will no longer be in the majority and the minority population will exceed 50%.[9] New Asian and Hispanic immigrants will support the changes, with Asian immigrants as the largest new group of immigrants.[7]

Staying the Course Toward Cultural Competency

Although cultural competency concepts and teachings have been discussed and implemented for years, it is still important to be attentive to current attitudes and policies. For example, despite gains made with the Affordable Care Act (ACA), disparities in health care still exist for most racial and ethical groups as well as low-income groups.[10,11] These disparities include "access to and utilization of care, health status and health outcomes, and health coverage."[11] With the population becoming more diverse, it is essential to bridge the gaps in healthcare equality. Providing culturally and linguistically competent health care may improve quality of care and outcomes and decrease disparities. If disparities are not addressed, in the future we will be caring for a larger number of patients who are sicker with poorer prognoses.

The current political landscape has potential to influence future trends in cultural competency. Recent changes in immigration policies and challenges to the ACA and deferred action for childhood arrivals (DACA) policy, along with what I have observed to be a growing intolerance of those who may be different, have significant potential to influence society's views on tolerance. Culturally competent care involves identifying and putting aside our inherent biases and treating all patients with dignity and respect. As educators and healthcare providers we should all strive to be tolerant and move on the continuum for cultural competency.

In This Edition of the Journal

Among the resources in this edition of the journal is a chronicle of the activities of the ASCO Diversity and Cultural Competency Committee in its role and efforts towards improving diversity and cultural and linguistic competency in the schools and colleges of optometry. Also, Guilherme Albieri, PhD, in his paper "Cognitive Strategies to Improve Patient Care in Cross-Cultural Settings," provides tools for regulating a provider's emotional responses, which can influence the care he or she provides. And Navjit Sanghera OD, FAAO, in "Developing Military Cultural Competency to Better Serve Those Who Have Served Us," gives insight into the culture of the military and how to deliver culturally competent care to veterans.

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