My cancer center in Gallup, New Mexico is no ordinary clinic. Gallup is known as the heart of Native American country, with nearly half of the city’s population coming from Native American roots. The cultures of groups such as the Navajo, Zuni and Hopi are part of the fabric of Gallup, and this was important for us to consider when establishing the Gallup center.

We know that culture affects how people communicate with, understand and respond to their physicians about health care. This means it is crucial for physicians to be culturally competent—recognize the beliefs, languages, traditions and health practices of our patients, and apply that knowledge to give the best care.

So when we started the cancer center in Gallup, we were committed to providing culturally appropriate care. The center has been blessed by a Navajo medicine man and features an onsite hogan—a sacred dwelling for the Navajo people—for patients and community members to use. In addition, we must be respectful of local taboos, such as discussing death. In a city where a huge portion of the population is Native American, making these considerations in providing care are crucial to success.

Statistics show that Native American communities continue to lag behind other communities in basic resources and services, meaning these groups are more vulnerable to health risks. Like other minority groups, Native Americans experience racial and ethnic disparities in chronic diseases and health care. For example, American Indians/Alaska Natives are twice as likely to be told by a physician that they have diabetes as their non-Hispanic white counterparts. They are also almost twice as likely to die from diabetes as non-Hispanic whites, according to the U.S. Department of Health and Human Services. Kidney disease is much more common, making it harder for us to treat cancer. These issues are especially important as we approach National Minority Health Month in April.

We’re working to better understand and address these disparities in ambulatory clinical practices through the Commission to End Health Care Disparities, which met this past weekend in Chicago.
The commission is determining better ways to collect and use patient-level data, including patient race, ethnicity, preferred language and LGBT status, which will be helpful in improving the quality of care we provide for all patients. In addition to this, the commission also works to reduce racial and ethnic disparities in prevention of type 2 diabetes by advocating for support universal coverage of diabetes prevention programs recognized by the Centers for Disease Control and Prevention, and promoting increased racial and ethnic diversity in the health care workforce.

At the meeting, stakeholders discussed challenges and solutions to implementation of best practices for race and ethnicity data collection using electronic health records. They also discussed the elements needed for an effective communication intervention to reduce health disparities, such as storytelling. Story telling is a technique I use to discuss end of life issues without offending my patients. The commission has resources for physicians to learn more about health care disparities.

It’s easy to feel overwhelmed by the need for cultural competence to reduce health care disparities—but there are things we’re doing to make progress towards more equitable care. Physicians should be aware that racial and ethnic disparities exist, and that we can support policy and advocacy efforts aimed at eliminating these disparities while preserving the culture.

Through the AMA’s Accelerating Change in Medical Education initiative, medical schools are incorporating teachings about disparities that exist, and ways to counteract these disparities, into curricula. The AMA is involved in ongoing efforts to increase the number of minority physicians so as to reflect the diversity of the U.S. population. We’ve partnered with the AMA Foundation to help physicians become aware of and appropriately manage low health literacy among patients. Our AMA Minority Affairs Section is comprised of physicians and medical students who seek to address minority issues and eliminate racial and ethnic health disparities.

I have learned so much from my Native American patients—I feel my life has been enriched by the experiences. We all benefit when we reach across cultures to meet person-to-person. Only being a physician would have given me that opportunity, and I have loved it.