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To: The Ohio State Senate

Health, Human Services and Medicaid Committee

Senator Dave Burke, Chair

From: William J. Hicks, M.D.

**RE: Senate Bill 16 Cultural Competence for health care providers**

Senator Burke and the entire Health, Human Services and Medicaid Committee, thank you for the opportunity to provide written testimony concerning Senate Bill 16.

I have been a practicing oncologist in the state of Ohio since 1979, twenty-three years in private practice and twelve years at The Ohio State University James Cancer Hospital and Solove Research Institute as Professor of Clinical Medicine in the Department of Medical Oncology and Co-Director of the Diversity Enhancement Program. I retired in 2013 and upon request am currently practicing oncology

part-time on special assignment at the James Cancer Hospital.

Healthcare requires culturally competent providers in order to reduce the risk of implicit and explicit biases in care provided. In addition, in view of the fact that some medical conditions are more prevalent in certain racial, ethnic and cultural groups, health professionals must have an understanding of individuals and their norms and values in order to provide optimal care and achieve optimal outcomes.

Those of us who have lived in Ohio for the last 20 years or more recognize the significant increase in diversity of our citizens and thus the patients we serve. It is imperative that all health professionals receive and continually update our knowledge in cultural competence. This is important not only to improve and protect the health of individuals but also to reduce disparities, improve health for all populations and thus the state of Ohio.

My opinion concerning the need for health professionals to be culturally competent is validated by research. In 1999, the United States Congress commissioned the Institute of Medicine of the National Academies to conduct a study to assess disparities in the kinds and quality of healthcare received by U.S. racial and ethnic minorities and non-minorities. The findings from this study were released in 2003 in the seven hundred plus page publication entitled *Unequal Treatment, Confronting Racial and Ethnic Disparities in Healthcare*. In the Introduction and Literature Review section summary, the first sentence shares the overarching finding, “Racial and ethnic minority patients are found to receive a lower quality and intensity of healthcare and diagnostic services across a wide range of procedures and disease areas”. It goes on to include that “In studies where patients’ sociodemographic characteristics (e.g., education level, income), insurance status (e.g., public or privately funded insurance) and clinical factors (e.g., co-morbid illness, severity of disease) are controlled, these racial and ethnic difference are generally attenuated, but rarely disappear completely”.

Included in the findings from this study is that sociocultural differences between patient and providers influence communication and clinical decision-making. Included in the recommendations for addressing this finding is that cross-cultural education be integrated into the training of current and future health professionals, including as a strategy, the integration of this education into continuing education for health professionals.

Again, requiring that health professionals obtain instruction or continuing education in cultural competency in order to receive or renew a professional license is not only important in order to improve and protect the health of individuals but also to reduce disparities, improve health for all populations and thus the state of Ohio.

Thank you.