AMERICAN MEDICAL STUDENT ASSOCIATION
HOUSE OF DELEGATES 2013
RESOLUTION: B-7

INTRODUCED BY:	Kaveri Korgavkar
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SUBJECT:	Principles Regarding Health Disparities
TYPE:	Resolution of Principles

WHEREAS AMSA encourages incorporation of health disparities and cultural competency into medical student education; and

WHEREAS AMSA more specifically encourages understanding of the patient-physician relationship, patient beliefs, provider biases, and understanding of culture-specific illnesses and culture-specific treatments; and

WHEREAS cultural competency helps health care professionals address health disparities[1]; and

WHEREAS it has been shown specifically that cultural competency addresses health disparities in that hospitals with greater cultural competency have improved communication, especially for minorities[2]; and

WHEREAS the most effective curricula for teaching cultural competence has been difficult to define and implement[3,4]; and

WHEREAS there is a clear need for specific direction on implementation of cultural competency education in medical school curricula;

THEREFORE BE IT RESOLVED that the Principles Regarding Health Disparities (pg. 141) be AMENDED TO READ:

PRINCIPLES REGARDING HEALTH DISPARITIES
The American Medical Student Association:

…
2. URGES all medical schools to incorporate health disparities and cultural competency education into the curriculum, including but not limited to:
a. knowledge of disparities in healthcare access, treatment, outcomes, and health status on the basis of race, ethnicity, sex, sexual orientation, gender identity, religion, socioeconomic status, incarceration status, immigration status, disabilities and other groups facing societal discrimination; (2009)
b. the patient-physician relationship; (2009)
c. the health care delivery system; (2009)

d. limited English proficiency populations; (2009)
e. understanding of culture-specific illnesses and culture-specific treatments; (2009)
f. patient beliefs; provider biases and stereotyping. (2009)
g. culturally appropriate assessment tools of health literacy (2010)
3. ENCOURAGES medical schools to design a specific curriculum for the above, including but not limited to: developing methods for education of cultural competency; establishing methods for implementation of skills learned; and subsequent testing of efficacy with evaluation of cultural competency.
…

FISCAL NOTE: None

REFERENCES:

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1. Brusin JH. How cultural competency can help reduce health disparities. Radiologic technology 2012;84:129-47; quiz 48-52.
2. Weech-Maldonado R, Elliott M, Pradhan R, Schiller C, Hall A, Hays RD. Can hospital cultural competency reduce disparities in patient experiences with care? Medical care 2012;50 Suppl:S48-55.
3. Carrillo JE, Green AR, Betancourt JR. Cross-cultural primary care: a patient-based approach. Annals of internal medicine 1999;130:829-34.
4. Kleinman A, Benson P. Anthropology in the clinic: the problem of cultural competency and how to fix it. PLoS medicine 2006;3:e294.