

Senate Resolution 681

By: Senators Stokes of the 43rd, Adelman of the 42nd, Tate of the 38th, Brown of the 26th, Henson of the 41st and others

A RESOLUTION

1 Creating the Joint Study Committee on Cultural Competency in Medical Schools; and for
2 other purposes.

3 WHEREAS, language barriers for patients with limited English proficiency and cultural
4 misconceptions often have a detrimental effect on the quality of health care; and

5 WHEREAS, language and culture play an important role in the reproductive health care
6 experiences of women; and

7 WHEREAS, language barriers can prevent women from obtaining needed health care when
8 health care providers misunderstand health care concerns or are unable to communicate
9 important health care information; and

10 WHEREAS, research has shown that interventions aimed at reducing the prevalence of
11 sexually transmitted diseases among minority women are more likely to be effective if they
12 are culturally relevant; and

13 WHEREAS, if health care professionals are aware of and sensitive to cultural differences,
14 they are more likely to succeed in improving the reproductive health of all women; and

15 WHEREAS, cultural competence can be defined as the ability of health care systems to
16 provide care to patients with diverse values, beliefs, and behaviors, including tailoring
17 delivery to meet patients' social, cultural, and linguistic needs; and

18 WHEREAS, despite the significance of culture in health care, medical schools do not
19 typically provide cultural competency training, and many practicing health care providers
20 lack information on how to handle these issues; and

1 WHEREAS, only 8 percent of American medical schools teach separate courses about
2 cultural issues; and

3 WHEREAS, over two-thirds of American medical schools do not provide instruction on
4 African American cultural issues, nearly 75 percent do not teach about Latino cultural issues,
5 and over 80 percent do not teach about Asian American or Native American cultural issues;
6 and

7 WHEREAS, currently there are no standardized guidelines for cultural competency curricula.

8 NOW, THEREFORE, BE IT RESOLVED BY THE GENERAL ASSEMBLY that there is
9 created the Joint Study Committee on Cultural Competency in Medical Schools to be
10 composed of five members of the House of Representatives to be appointed by the Speaker
11 of the House of Representatives and five members of the Senate to be appointed by the
12 Senate Committee on Assignments. The Speaker shall designate a member of the House and
13 the Senate Committee on Assignments shall designate a member of the Senate to be
14 chairpersons of the committee. The committee shall meet at the call of the co-chairpersons,
15 but no less than five times during 2004.

16 BE IT FURTHER RESOLVED THAT the committee shall undertake a study of medical
17 schools in the state to determine the existence or lack thereof of cultural competency
18 curricula and training programs. The study shall include recommendations for developing
19 a model cultural competency curriculum for state medical schools, as well as guidelines for
20 developing a pilot project to create and implement a cultural competency curriculum in at
21 least one medical school in the state. In fulfilling its duties, the committee shall consult with
22 such individuals and organizations as it deems appropriate, including, but not limited to,
23 medical school deans, the Georgia Medical Association, organizations committed to
24 increasing health care access for diverse populations, the American Medical Students
25 Association, the Society of Teachers of Family Medicine, and the U.S. Department of Health
26 and Human Services, Office of Minority Health. A study report, containing findings and
27 recommendations for improving cultural competency curricula in state medical schools,
28 including suggestions for proposed legislation, if any, as well as pilot project guidelines, shall
29 be issued within a year of enactment of this resolution.