

# Cultural Competence Training Isn't Associated with Better Diabetes Outcomes

*Awareness of racial disparities didn't translate into better glucose, lipid, or blood pressure control.*

Clinician training in cultural competence sometimes is required by institutions, but evidence about whether such training improves patient outcomes is limited. In a randomized Massachusetts trial that involved 124 clinicians on 31 primary care teams, investigators evaluated how cultural competence training affected diabetes care disparities among 2699 black patients and 4858 white patients. Nurse practitioners and physician assistants received 2 days of training, and physicians joined on day 2. Training consisted of lectures, group discussions, and community engagement activities (including meetings with black patients).

At baseline, processes of care were similar for black and white patients (examination of glycosylated hemoglobin [HbA<sub>1c</sub>], LDL cholesterol, and blood pressure levels), but good control of these measures was less common among black patients. After 1 year, intervention was not associated with significant differences in disease control among white and black patients.

**Comment:** At baseline, most clinicians were not very optimistic that cultural competence training would lessen racial disparities in care, and this attitude might have influenced the intervention results. However, the training might not have been sufficient to improve outcomes because processes of care were already similar for black and white patients. This study's lesson is not that cultural competence training doesn't help but, rather, that the reasons for disparities are complex; eliminating them will require efforts in many areas by clinicians, patients, and communities.

— [Richard Saitz, MD, MPH, FACP, FASAM](#)

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