In the last 50 years nearly 40 million immigrants have migrated to the US. By 2055, researchers predict that over half the American population will hail from non-American descent. And every single individual no matter where they come from or where they go, has the right to belong here.

Over the last decade, leaders in the medical and public health fields have pushed for the integration of cultural competence into standard curriculums. They understand that competent care is a crucial step to reduce health inequities in our communities. However, teaching cultural competence in a classroom is not enough. Studies show that professionals struggle to apply the competence in context with their patients and clients. This weakness leads to members of our communities feeling unwelcome. Patients then have lowered adherence to treatment, increasing health care costs and hospital readmissions, bringing them back into contact with incompetent care.

So how do we stop this cycle? We teach our future generations to use intersectionality and the socioeconomic model to create sustainable solutions. We teach ourselves to look at our neighbors in a way that respects their identities.
We must better equip ourselves to think like the communities we serve. Because together we represent the diverse microcosms of our world. Cultural competence should be a standard in the work we do. Our communities need it because no matter where you’re from when you here, you belong.