

## **Title: Cultural Competence and Diabetes Management**

### **Abstract**

**Background:** Health disparities among racial-ethnic minorities including African Americans are well described in the literature. However, one racial-ethnic classification does not adequately address significant ethnic differences within one classification. There is scant information about African Immigrants, especially Nigerian Americans living with diabetes because they tend to be categorized as African American or Black, disguising any cultural subtleties that exist. Despite efforts to bridge care gaps, members of many racial and ethnic groups experience worse diabetes health outcomes compared to their white counterparts. These inequalities are rooted in social determinants such as culture and other psychosocial factors that are deeply embedded in systems and norms of society. The goals of this integrative review are to present a brief overview of racial and ethnic disparities in health and the potential causes of these differences, primarily related to culture, insufficient culturally competent health care providers (HCPs), religion, and health care structures. In addition, this review will explore the fundamental bases and the evidence about the potential ways by which increasing cultural competency training might decrease disparities.

**Methods:** Literature published in English between 2002 and 2021 was reviewed. Database search was conducted in Cumulated Index to Nursing and Allied Health Literature, PubMed, Embase, Web of science, and hand search from google scholar. The articles were reviewed according to ti/ab, and articles deemed relevant were retained for full-text evaluation and appraisal. The predominant theme was diabetes, self-management, cultural competence, provider competence, socio-cultural factor, health care providers, communication, and language.

**Result:** The most prevalent themes from the analysis were the importance of culture, lack of culturally competent HCP, and provider training in cultural competence. Other emerging themes are lack of patient

trust in providers, semantic differences, religion/spirituality, health, and illness beliefs of ethnic minorities.

**Conclusion:** Proponents of cultural competency training among healthcare providers have since linked positive health outcomes to its practice. It is yet to be seen if the research will replicate the same result in Nigerian immigrants.

**Keywords:** Diabetes, Diabetes mellitus, Management, Self-Management, African immigrants, Ethnic minority, Cultural competence, Provider competence