

Guidelines for Culturally Competent Health Care

Physician Assistants for Global Health

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Introduction

The need for knowledge and awareness of how culture affects our quality of health care arises from the increasing diverse patient population and healthcare disparities. Illness has been defined as a relationship between culture and biology.¹ Health care provider cultural competency has been identified as an important component of effective care and decreasing disparities.²

One useful approach to understanding cultural competence is summarized by 'A Crash Course in Cultural Competence' with the suitable mnemonic CRASH. To begin, we should have a common definition of Culture which is defined by the California endowment as the integrated pattern of learned core beliefs, norms, behaviors and customs shared by a group of people including both visible and nonvisible aspects of culture. Respect is not only being tolerant of respecting differences in the abstract but rather is actively acknowledging that each patient has the right to respect of in the way the individual perceives as respectful. Studies have shown that most patients regardless of ethnicity think that health professionals do not respect them. Assessing and taking a cultural history directly from the patient is preferred instead of relying on assumptions. Affirmation is to recognize each individual's expertise on their own experience. Sensitivity is to develop an awareness of specific values, beliefs, and perceptions within cultures that may affect a patient's healthcare decisions. Finally, as healthcare providers we must show *Humility* by realizing our potential biases and be quick to apologize or accept responsibility for unintentional cultural mistakes.³

This guideline intends to serve as an aid to create a greater understanding of holistic care as we approach each visit with our diverse patients including Hispanics, African Americans, South Asians, East Asians and Middle Easterners. The information provided includes the population definitions, useful greetings, points on etiquette during a patient encounter, common beliefs and traditional remedies, and leading causes of death and disparities to be mindful of. The presented information provides general guidance and cannot apply to all individuals of the stated ethnic group.

HISPANIC AMERICANS

Hispanic refers to any person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race. In the U.S. Mexicans comprise of 64% of the Hispanic population.⁴ 35% are bilingual and 41% are Spanish language dominant which indicates the large portion needing interpretation.⁵

- The largest ethnic minority with a population of 54 million in the United States as of July 2013.⁶
- More the 25% of Hispanic adults lack a usual health care provider.⁵
- 29.1% lack health insurance.⁵

Greetings/phrases⁷

- Good morning/good afternoon.....Buenos dias, Buenas tardes
- I am sorry, I do not speak Spanish.....Perdone, no hablo espanol
- We are waiting for an interpreter.....Estamos esperando un interprete

Etiquette

- A greeting from a health care provider is not only an introduction to a Hispanic patient but also a sign of respect. Greeting a patient by the first name only may be seen as disrespectful and it is recommended to use the title and full name.⁸
- Caregivers are expected to show concern and warmth to patients. A provider should be attentive and sit down when speaking to the patient. Warmth may be displayed by asking how the family is doing before going straight to business and purpose of the visit.⁸
- In the Hispanic community, family values and kinship is strongly upheld. Many Mexican families follow a patriarchal structure but the mother is generally in charge of health care and health decisions are made as a family. A provider should address the entire family present in the exam room and not only focus on the patient.⁹
- Hispanic patients often have greater trust and respect for providers who display confidence.⁹

Common Beliefs

- Religion and spiritual values can contribute to disease perception and management in the Hispanic culture. Catholicism is the predominant religion among Hispanics. In multiple surveys, 55-80% of Hispanic patients believed they had diabetes because it was God's will or their priests helped to control the diabetes.¹⁰
- Hispanic folk medicine is based on the principle that disease is an imbalance between hot and cold. Cold disease is associated with vasoconstriction and low metabolic rate and hot disease with vasodilation and high metabolic rate. Examples of cold diseases include coryza, menstrual cramps and pneumonia. Hot diseases include hypertension, diabetes, acid reflux and pregnancy.¹¹

- To restore the balance, hot diseases are treated with cold remedies and cold disease with hot remedies. As a hot disease, hypertension is thought to be caused by anger or fear or 'thick blood'. Cold remedies as bananas, lemon juice, garlic and passion flower teas are used.¹¹

Traditional remedies

- For simple symptoms or minor injuries, Hispanic patients may attempt to control the symptoms with the following home remedies:

Minor burns – cold water, apply pork lard or butter, aloe vera, raw onions, toothpaste, egg white or cooked beans

Minor wounds – clean with lemon juice

Conjunctivitis – chamomile drops, breast milk drops

Skin rash – apply cornstarch, alcohol rub, frequent daily baths

Cough – herbal teas with oregano, cinnamon, eucalyptus and chamomile⁸

Leading causes of death and disparities

- | | |
|---------------------------|--------------------------------------|
| 1. Cancer | 6. Chronic Liver Disease |
| 2. Heart Disease | 7. Chronic Lower Respiratory Disease |
| 3. Unintentional Injuries | 8. Alzheimer's Disease |
| 4. Strokes | 9. Renal Disease |
| 5. Diabetes | 10. Influenza ¹² |
- The two top leading causes of death are the same as for non-Hispanic whites which include cardiovascular disease and malignant neoplasms. Some mortality differences to highlight include chronic liver disease as a leading cause of death for Hispanics and not for non-Hispanic whites.
 - Although diabetes mellitus is prevalent among both Hispanics and non-Hispanics, it causes greater deaths in Hispanics.
 - HIV infection contributes to greater mortality among Hispanics aged 1-4 and 15-24 years old and is not a leading cause of death among these age groups of non-Hispanic whites.¹³

AFRICAN AMERICANS

African American or Black refers to those with family origins from or immigrants from Africa, the Caribbean, or the West Indies. 55% of the African American population live in the South.¹⁴

Etiquette

- From the initial greeting to discussion of the treatment plan, developing trust between the patient and provider is vital.
- As an authority figure, health care providers may be immediately mistrusted. Mistrust and hostility toward Western traditional health care are engrained in the African American culture because of years of discrimination and unethical research practices.¹⁵
- During the physical examination of African American patients, one should be aware of the great variation in skin color. For example when examining for jaundice, the sclera and soles of the feet should be checked for yellow discoloration.¹⁶
- Paying attention to nonverbal communication throughout the encounter is also important. Eye movement, facial gestures, hand and body language are all frequently used by African Americans and should not be misinterpreted by the provider as a sign of aggression or exaggeration.¹⁶

- The second largest minority population in the U.S.
- Consist of 45 million people, 15.2% of the national population
- 17% are uninsured¹⁴

Common Beliefs

- Mistrust for Western medicine stems from those years of wrongful practice. The most notable example is the Tuskegee Syphilis Study from 1932 to 1972, in which the US Public Health Service intentionally withheld treatment from 400 African American men with syphilis. This study then shaped suspicion and mistrust by the Black community toward medical providers and later became the basis of questioning the HIV pandemic as a deliberate infection of African Americans.¹⁵
- Kinship is highly valued in the African American community. Stories and lessons, as of the Tuskegee study, are passed from generation to generation. This family network expands to blood relatives, close neighbors, and faith groups which all play a role in supporting the health of the community.¹⁵
- Religion is viewed as a source of emotional support that often correlates with improved health outcomes. In the African American culture, pain is often seen as inevitable and illness resulting from natural causes of uncontrollable forces as a punishment from God.¹⁶

Traditional remedies

- Many types of healers are found within the traditional African American community including herbalists and spiritual healers. Herbalists and medical physicians are of the lowest status as

they are considered to have learned the healing trade. Spiritual healers are of a higher status having thought to be granted a healing power by God.¹⁶

Leading causes of death and disparities

1. Heart Disease
 2. Cancer
 3. Stroke
 4. Diabetes
 5. Unintentional Injuries
 6. Kidney Disease
 7. Chronic Lower Respiratory Disease
 8. Homicide
 9. Septicemia
 10. Alzheimer's Disease¹⁴
- Of all the population groups in the U.S. African Americans experience more inequalities in overall cancer incidence and mortality.¹⁶ Breast cancer is the second leading cause of deaths of women in the US. Black women are disproportionally affected as they are 40% more likely to die of breast cancer than white women. This is partly due to delayed follow-up care and treatment which can be improved by primary care providers. Follow-up after an abnormal mammogram screening occurs after 60 days for 20% of black women and 12% of white women.¹⁷
 - Although African Americans consist of only 13% of the U.S. population, they accounted from 47% of the HIV/AIDS cases in 2006.¹⁴ The most effective method of preventing new infections is to control high risk behavior.¹⁵ Practitioners aware of prevention methods are able to help guide their patients and screen for such risks.
 - In 2010, the prevalence of diabetes among African American adults was nearly twice as great as the among white adults.¹⁴

EAST ASIAN AMERICANS

East Asian Americans include those originating from several countries from the Far East and Southeast Asia. The largest groups in the U.S. are Chinese, Filipino, Vietnamese and Korean.¹⁸ Nearly 75% of this population speaks a language other than English.¹⁹

Greetings/phrases (phonetic spelling of Mandarin terms)

Mandarin is the largest dialect Chinese group.⁷

- Hello.....Nì hao
- I am.....Wo shì
- An interpreter has been called.....Yi jing jiao fan yì le

- Asian Americans represent both extremes of health outcomes.
- Asian American women have the greatest life expectancy of any minority group in the U.S.
- Korean children are four times more likely to like health insurance and Filipino children twice as likely not to have recently seen a provider.¹⁹

Etiquette

- Elders are greatly respected in East Asian societies and it is important to greet them first. Chinese, Japanese and Koreans generally address each other by surname.
- Body language is also a sign of respect. A provider should avoid sitting with the legs crossed, leaning on a table or pointing to something with one's foot.²⁰

Common beliefs

- The Eastern approach to medicine views the body as whole with interconnected and dependent parts. The organs are thought to each serve a mental and physical function.
- The goal of traditional Chinese medicine is to create harmony between opposite principles yin and yang. Yin represents negative energy and yang represents positive energy. These concepts are related to foods and are incorporated into the Chinese diet. Chinese patients may be concerned with what foods they may consume during an illness.²¹

Traditional remedies

- Herbal medicines are important in traditional Chinese medicine as they are used to regulate balance of the body.
- Acupuncture involves the process of inserting needles into allocated points of the body related to energy channels. It is often used to treat muscular pain, headaches, asthma, digestive problems as well as anxiety and depression.
- Cupping is another form of traditional Chinese medicine but also found in other Asian countries. The process involves placing hot cup of plastic or glass onto the skin. This treatment may be used for respiratory disease and musculoskeletal pain.²²

Leading causes of death and disparities

1. Cancer
 2. Heart Disease
 3. Stroke
 4. Unintentional Injuries
 5. Diabetes
 6. Influenza and Pneumonia
 7. Chronic Lower Respiratory Disease
 8. Kidney Disease
 9. Alzheimer's Disease
 10. Suicide¹⁸
- Among females aged 15-24 years, Asian Americans and Pacific Islanders have the highest suicide death rate and yet mental health is still often ignored in the Asian American community. Studies have shown that the greatest challenge related to mental health is the taboo to discuss these issues within Asian cultures. Therefore, youth tend to hide and deny their symptoms or refuse to seek help. The most common mental health conditions are stress, depression and anxiety. For youth, the parental pressure to succeed and difficulty of balancing two cultures and communicating with parents were sources of stress. With strong family values and respect for one's parents, Asian American youth avoid worrying their parents with their problems. Finally, the lack of mental health professional who can provide linguistically and culturally appropriate care is limited and could improve mental health intervention if more accessible.²³

SOUTH ASIAN AMERICANS

South Asian Americans refers to those who originate from the India, Pakistan, Bangladesh, Sri Lanka, and Nepal. India is the most frequent country of origin for recent immigrants.²⁴

Greetings/phrases (phonetic spelling of Hindi terms)

There are more than three hundred languages and dialects spoken in India and Hindi is the national language.²⁶

- The South Asian population in the U.S. consists of 2.2 million people.²⁴
- South Asians in the U.S. have premature heart disease at 3-4 times the rate of other Americans.²⁵

- Hello/common salutation.....Namaste (Hindu greeting)
- My name is.....Mera naam_____ hai
- We are waiting for an interpreter.....Hum dubhashiya ka intezaar kar rahein hain

Etiquette

- A provider should be aware of nonverbal communication differences. For example, South Asians are often taught to shake hands softly rather than firmly as Americans do. Also shaking or nodding of the head may simply indicate the patient listening yet not understanding or agreeing.
- Indirect eye contact may be preferred to direct eye contact as a sign of respect.
- Addressing all family members is important to acknowledge the family value with South Asians. Interpersonal and extended family relationships are emphasized in the culture.²⁷

Common Beliefs

- Religions vary in the Indian subcontinent. Hinduism is the predominant religion in India, Islam in Bangladesh and Pakistan and Buddhism in Sri Lanka.
- South Asians believe that encouraging hope is a key component of survival. Therefore withholding disclosure of a terminal illness diagnosis from the patient is often acceptable and encouraged among South Asians. For a health care provider in the U.S., this would conflict with the issue of privacy and confidentiality. It is recommended to request a patient's wishes of privacy and the extent to involve family prior to sensitive discussion.
- As with other Asian cultures, in the South Asian culture mental illness has a strong negative connotation leading to progression of severe symptoms prior to initial care. Younger individuals are faced with challenges of assimilating into the American culture. As mental illnesses are believed to run in families, younger individuals may hide or deny their feelings as well as their parents' to avoid challenges getting married. Older individuals often immigrate to the U.S. to join their children and may develop depression having to adapt to the differences of environment, culture and language of their home countries.²⁷
- In Hinduism, illness is often believed to be caused by 'karma,' the concept that actions and behaviors of one's past life affects the circumstances to which one is born in the next life.²⁶

Traditional remedies

- The traditional Indian system of medicine is called Ayurvedic medicine. The root words of the term are 'ayu' meaning life and 'veda' meaning knowledge in the Sanskrit language. This system not only focuses on physical disease but instead encompasses the body as a whole similar to East Asian philosophy.²⁶

Leading causes of death and disparities

1. Cancer
 2. Heart Disease
 3. Stroke
 4. Unintentional Injuries
 5. Diabetes
 6. Influenza and Pneumonia
 7. Chronic Lower Respiratory Disease
 8. Kidney Disease
 9. Alzheimer's Disease
 10. Suicide¹⁸
- Cancer is one of the leading causes of death partly due to decreased screening such as with cervical cancer. South Asian women in the U.S. have lower rates of cervical cancer screening.²⁸
 - In India only one in 40 women gets breast cancer, but in United States one out of every eight Asian Indian women will get the disease, the highest incidence in the world.²⁶
 - Cardiovascular disease is often more common among South Asians worldwide than among other ethnic groups. Unlike other groups, rates CVD among South Asian women are as high as Sought Asian men.²⁵
 - South Asians living in the U.S. have a high prevalence of type 2 diabetes and gestational diabetes compared to the general U.S. population.²⁹

MIDDLE EASTERN AMERICANS

Middle Eastern Americans are ethnically diverse and include those who originate from the Arabian peninsula, North Africa and Southwestern Asia. Due to Middle Easterners being categorized as 'white' upon census, estimates and studies regarding this specific population is limited.³⁰

- The Middle Eastern population in the U.S. consists of about 1.9 million people.
- The Middle Eastern community represents more than 25 countries and several religions.³⁰

Greetings/phrases (phonetic spelling of Arabic terms)

- Good morning/good afternoon.....Sabah ul khayr/Masa al-khayr
- My name is.....Is-mee
- We are waiting for the interpreter..Nahnu fee intezaar al-mutarjim

Etiquette

- Personalizing the relationship with Middle Eastern patients by asking about their family or sharing information about oneself to the patient is key to the patient encounter. Trust is developed with this personalization.³¹
- Punctuality is not given as much importance in the Middle Eastern culture as it is in the American culture. Patients need to be reminded to be on time or early for their appointments.
- The concept of personal space and conversational distance also varies between Middle Eastern and American culture. An appropriate distance for Middle Easterners is two feet and five feet for Americans. Individuals of this community also often prefer a provider of the same sex. Health care providers should be mindful of their relative position in the examining room and patients should be offered to be seen by a provider of the same sex if available.³²

Common beliefs

- The predominant religion of the Middle Eastern community is Islam but there is a large number of those who practice Christianity and Judaism as well.
- During the lunar month of Ramadan, Muslims observe a daily fast from food, drink and sexual activity from dawn to dusk. Muslims are exempt from this fast when traveling or if one's health is compromised. Despite this exemption some Muslims may insist on fasting and healthcare providers should be aware of their diet to provide recommendations such as for diabetics.
- Both Muslims and Jews do not drink alcohol and only consume meat that is slaughtered by particular standards. This type of food is referred to as kosher in Judaism and halal in Islam.³³

Traditional remedies

- Middle Easterners greatly respect and seek out Western medicine but do also seek the balance of hot and cold as in Hispanic and East Asian cultures. Traditional Middle Eastern medicine followed the system of humoral pathology which categorizes the healing system into four humors: blood, phlegm, yellow bile and black bile. Blood is considered warm and moist, phlegm

cold and moist, yellow bile hot and dry, and black bile cold and dry. Traditional treatments seek a balance between the natures of temperature and moisture.³³

Leading causes of death and disparities

- | | |
|--------------------------------------|------------------------------|
| 1. Heart disease | 6. Alzheimer's Disease |
| 2. Cancer | 7. Diabetes |
| 3. Stroke | 8. Influenza and Pneumonia |
| 4. Chronic Lower Respiratory Disease | 9. Kidney Disease |
| 5. Unintentional injuries | 10. Septicemia ³⁴ |

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