

Special Considerations for Work with Ethnic Minorities –

A. Knowledge

Effects of culture on childhood behavior and development

- different norms concerning: affect, motor skills, etc.

Effects of culture/ethnicity on family structure:

Extended vs. nuclear

Support system

Role of older children

Role of other family members re: child care

Interpersonal dynamics (behavioral taboos)

Intracultural diversity may be as varied as intercultural

(stress the importance of not stereotyping)

Sources of intracultural diversity include:

Level of acculturation

SES

Level of education

Effects of cultural beliefs on health and illness orientation:

Patient vs physician explanatory models of sickness

Difference between illness and disease

Specific areas where cultural beliefs and behaviors may affect health and health care:

Concept of the body and its function

Health maintenance

Nutrition

Concepts of disease and illness nosology

Illness behavior and "sick role"

What is normative for one cultural group may not be for another

Utilization of the health care system

Interactions with mainstream medical care providers

Folk illness, folk therapies and therapists

Illegal use of prescription drugs brought from other countries

Adherence with medical therapies (compliance issues)

Ethnic demographics of the local community/immigration patterns

Basic information about specific ethnic groups:

Geography

Language

Diet

Religious beliefs that may be pertinent

Disease entities specific to ethnic groups in the community (genetic disorders, infections, etc.)

B. Skills

Assessment of level of acculturation

Culturally sensitive behavioral/developmental assessment

Communication skills:

Verbal: learn some of the language

Non-verbal: learning culturally specific "meta communication"

Space

Eye contact

Body language

Physical contact

Correct utilization of interpreters:

Who is an appropriate interpreter

Guidelines for use of interpreters

Confidentiality issues

Special circumstances (codes, termination of life support)

Considering culture when taking a family/social history

Identifying physical signs of non-biomedical health

behaviors (i.e., coining), and their potential effects

Identifying objects (charms, bracelets, trinkets) that may have a significance in a particular culture

i.e., folk healing

Working with traditional healers and therapists

Incorporating folk beliefs and behaviors into the biomedical treatment plan so as to increase compliance

Writing prescriptions in the language of the patient

C. Attitudes

Acknowledgment of non-biomedical health beliefs and behaviors

Acceptance of religious or magical component of certain cultural health belief and behaviors (not necessary to agree with them)

Attempt to work "with" not "against"

Acceptance and acknowledgment that certain lifestyles and behaviors may make some biomedical therapeutic interventions difficult to accomplish (in other words, consider the treatment options within the cultural and environmental context)

Understand the need to maintain a therapeutic alliance
Acceptance of the fact that even in the bilingual client,
the preferred language of expression may not be English.
Learning how to deal with racist feelings, especially
latent feelings within the resident him/herself
Acceptance of cultural ambiguities/behavioral differences
in child rearing practices
Understanding that sometimes decisions need to be made
on non-medical factors (e.g. social admission, therapeutic
alternatives...), and that this is valid

D. Barriers

Linguistic

- Lack of trained interpreters
- Lack of minority physicians
- Lack of bilingual physicians

Non-cultural barriers

- Class/SES
- Education

Inability to utilize modalities which make health care and
follow up successful (example: telephone follow-up can't be
counted on in low SES areas; also, there may not be an English
speaking person at home)

Difficulty accessing a very bureaucratic system when you
are not fluent in the language

Racism - individual and systemic; overt and covert

E. Advocacy

Participation in professional interest group that focus on
problems of ethnic minorities

Participation in community interest groups

Leadership and teaching through example (especially with
peers, medical students, and other health care workers)

Insist on grand rounds, lectures, etc. on these topics

References

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