

## **CULTURAL COMPETENCE IN HEALTH CARE**

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Cultural competence in health care implies to the understanding of set of behaviors, attitudes, policies that work well together in enhancing communication, understanding individual's cultural background in order to make realistic and appropriate health care decisions on the patient's best interest. It is patient-centered and promotes the goal of achieving high quality of care and unites the collaboration of other health care providers for efficient diagnose, treatment, education, and follow up.

It is imperative for health care providers to understand the unique needs of cultural differences among their patients. In order to provide comprehensive and effective medical care, one must realize how people make decisions and choices about their health care needs based on their cultural background and beliefs. For instance, Botanical medicine vs. Western medicine, many new immigrants come to the United States continued practicing their culture costumes and beliefs, but also make medical care follow up and treatment decisions based on those same set of principles. According to a community-based survey conducted by the Epilepsy Foundation of Metropolitan New York in 2007 and 2008, about 40% of Hispanic adults male and female stated that they believe Epilepsy was contagious, their parents and grandparents had told them not to approach or touch someone having a "fit" because if the foam coming out of their mouth touch them, they would "catch it." Another example of cultural belief is that of someone that has epilepsy (seizures disorders) it is believed that a person with convulsions (seizure disorders) is being possessed by an "evil spirit."

Studies among Hispanic, Asians, and African American showed a similarity in cultural beliefs when it came to epilepsy the "possession of evil spirits" We must be very careful in addressing these beliefs with people; medical care providers need to understand that in many cases these cultural beliefs are rooted in the individual's spiritual and religious teachings.

The AES Annual Meeting Conference that took place in Boston Massachusetts, December 2009, presented a panel of experts whose focus was to improve the acceptability, treatment, and services among communities for people with epilepsy. The point is that globally, there are international movements addressing cultural competence in health care, demonstration projects can be followed in order to learn, tests, and implement changes in the way medical professionals provide services and patients accessing such services.

Understanding a person's cultural beliefs is critical because it can reduce; avoid misunderstanding between medical professionals and patients, for example; a family in Africa would bring their young child to the emergency room at a local hospital somewhat often for injuries. Doctors started documenting the child's injuries such as bruises, broken arm, broken leg, and eventually a social worker got involved in the case. Parents and relatives were questioned about the child's injuries, but the responses were not clear and social workers as well as health workers could not get a clear answer on the child's injuries. One day, the child was brought to the emergency room again with a bloody lip; and mother was questioned again about the injuries. While at the hospital, the child has what parents

eventually described as a “fit” (a seizure), at that moment all the questions of this child’s injuries were answered. Finally, family could no longer hide this child’s seizures and told the medical staff that there was no cure or hope for this child, she ought to be sick and died young. The family and the village doctor believed that nothing could be done for this child.

I illustrate this story because there are so many like this one, not just about seizures, but also mental illness, and other conditions that have a strong stigma attached. It is our duty to make sure we understand and know our patients, their culture, how they make health care decisions based on their beliefs.

I would encourage health care providers to make cultural competence a critical and necessary element of their practice. Here is an assessment that can help your practice be culturally competent and patient-centered:

(Cultural assessment card)

1. Ethnicity
2. Nationality
3. # of years in the USA
4. Language spoken
5. Religion
6. Education level
7. Employed: Yes or No
8. Type of Health Insurance

Observations during visits:

- Family’s dynamics (father/mother or grandparents)
- Decision maker (elders or patient if younger)
- Medical appointments follow-up
- Medication administration follow up

If medical providers start using simple cultural assessments, it may help them begin learning and understanding their patient’s cultural beliefs and customs, you are to start somewhere.

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