Dimensions of Culture Newsletter

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Cross-Cultural Communications for Health Care Professionals

Health Care for African American Patients/Families

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The following cultural patterns may represent many African Americans, but do not represent all people in a community. Families that have immigrated recently from Africa have very different cultures compared to families that have been in the US for many generations. Get to know your patient and their families on an individual level. Not all patients from diverse populations conform to commonly known culture-specific behaviors, beliefs, and actions. Participation in cultural practices is a more useful indicator of health beliefs and behaviors than assumptions made about group affiliation.

The Diversity of "Black" Experience

It's helpful to make a distinction in terminology – "blacks" can be defined as all persons of African descent, whose genealogical connection is to Africa, and in particular West Africa. However, because skin color and culture are not the same thing, when discussing cultural beliefs and practices among this group, the term African American best refers to "blacks" in the United States, people whose sociocultural roots are in the North American experience, but who are of African descent. When applying this definition, it should become obvious that skin color is not the best indicator; people of African descent can have very light complexions. Many are of combined heritages. It is particularly important not to generalize about the African American experience when meeting with patients and families. Seeing the individual in each encounter is, as always, most important.

Social Structure

Many aspects of African American culture today reflect the culture of the general US population. However, the structure in African American families is often extended to include non-related “family” members or "fictive kin." The family may be matriarchal, although father or mother may take on the decision-making role. For African Americans, women more than men tend to remain unmarried, and more women have been educated at the college level.

Respect for Elders

In general, the older generation is more conservative, may have a more traditional view of gender roles, and may shun interracial dating

and marriage. Elders are respected and often provide care for their grandchildren. Institutionalization of elders has historically been avoided, with sons and daughters taking on the family caretaker role.

Diet & Health Disparities

Studies in health disparities show residents of disadvantaged neighborhoods often have little to no environmental support for healthy behaviors which increases their risk for health disparities. For most African Americans and others residing in low-income neighborhoods, the abundance of fast food chains (fast foot companies have specifically targeted African American communities as a growing market for their products), high-priced food marts, and a lack of access to healthy affordable foods contributes to the prevalence of obesity and chronic illness. Convenience and cost have an especially strong influence on low-income individuals' likelihood of adopting healthy dietary behaviors; fresh fruits and vegetables and lean meat are more expensive that packaged processed foods. Similarly, lack of transportation can be a pressing problem for low-income families, something middle class Americans of all ethnic groups are spared. If you have to take a bus to do real grocery shopping, it is more likely you will rely on the corner 7-11 for convenience food.

Obesity, especially in children, is an enormous problem across America. National programs to improve diet quality and the overall health, especially among African Americans and other minority groups, have been initiated. *Body and Soul: A Celebration of Healthy Eating and Living for African Americans* offers information targeted to African Americans on eating a healthy diet rich in fruits and vegetables. (See online version of this newsletter for link to Body & Soul PDF. Body and Soul was a collaborative effort among two research universities, a national voluntary agency, the American Cancer Society, and the National Institutes of Health to disseminate and evaluate under real-world conditions the impact of previously developed dietary interventions for African Americans.)

Religion

African Americans often have strong religious affiliations, especially with Christian denominations—notably Baptist and Church of God in Christ. However, many follow Islam. Maintaining good health is often correlated with good religious practice. Many churches maintain a health ministry through which congregations and parish nurses support good health with flu shots, blood pressure checks, and health education.[1] Research has shown that the affluent among all social groups tend to move away from their communities of origin, and to become less traditional, whereas the poor are more likely to follow traditional cultural and religious practices. [2,3]

Asking About Religion and Spiritual Matters

According to Dr. Terri Richards, keynote speaker at a recent noon conference for medical residents at the Department of Community Pediatrics at the University of Colorado School of Medicine, it can be very important to find out about a patient's religion or faith. However, asking your patient directly "What religion do you practice?" or "What is the faith you follow?" is not as effective as asking more indirectly about where an individual turns for support in difficult times. Often times, the answer to this question among African Americans will be church. "I go to church every Sunday" or "My child wasn't feeling well enough to make it to church on Sunday." Encourage the patient to elaborate. This opens up an avenue for further exploration of how a person's faith informs their health beliefs and behaviors. Also, because our formative experiences are so long-lasting, it may be helpful to learn not just what the patient's religious and cultural affiliation is now, but what the beliefs of the family of origin were.

Trust & Medical Care

African Americans are becoming increasingly health conscious, seeking health screenings and treatments, although health literacy in this population tends to vary by generation. Older African Americans may be suspicious of clinicians, because of experiences of past generations of African Americans with health care. Even African American parents today have heard about the Tuskegee experiments on African Americans, so they may be a little reserved or suspicious until it is apparent that their health care provider is friendly, wants to listen, and is interested in them. There may be reluctance to share personal or family issues, so building a trusting relationship is absolutely crucial.

Child Rearing

African Americans describe their approach to child rearing as being less permissive than Americans of European descent. For example, telling a child that he is "in time out" may not seem as effective as giving a spanking, and culturally spanking is not frowned upon. The American Academy of Pediatrics suggests that parents be encouraged to develop methods other than spanking for managing undesirable behavior in their children. However, among African Americans studies show a preference for using "harsh" or "authoritarian" forms of discipline that include physical punishment. This does not mean to suggest that abuse is considered acceptable among African Americans. Culture must be taken into account in childrearing. "Because parenting occurs in a socio-cultural context, recommendations about what constitutes an effective approach to discipline may not be generalizable to all populations among or between similar cultures. [4,5]

Death and Dying

When considering the ways different cultures respond to death and dying, it is important to look at three variables: heritage consistency (the extent to which a person's lifestyle identifies with traditional cultural values an reflects their cultural roots), social class, and spirituality. Generally speaking, in the African American experience, spirituality is a fundamental part of how many people process and reconcile the experience of death.

African Americans tend to believe in the sanctity of life and rely on a strong sense of community and family at times of loss. Family-centered consensus is valued in decision-making and there's often a strong need for extended family to gather at a time of death; the family should be informed of an impending death so that extended family members who live out of state can be notified.

Many African Americans have a holistic view of death and dying so that birth and death are understood to be part of a cycle or continuum. At the same time, many older African Americans, who believe that death is God's will, may also tend to believe that life support should be continued as long as necessary. Cremation is generally avoided in this community and organ donation may be viewed by some as a desecration of the body. [6]

In medical settings, the spiritual aspects of caring for people who are dying have often been neglected. So much emphasis is placed on the physical care of the dying that spirituality is often overlooked, and health care providers do not always recognize that this should be an integral part of the continuum of care. In hospital settings, one way to accomplish this is to ***offer*** the support of the hospital chaplain. Naturally, it would be ideal to involve clergy from a person's own faith community, but if that is not possible, then certainly make sure that the hospital chaplain is available as an integral part of the care team.

Conclusions

Understanding a patient's practice of cultural norms can allow providers to more quickly build rapport and ensure effective patient-provider

communication. Efforts to reduce health disparities among African Americans must be holistic, addressing the physical, emotional, and spiritual health of individuals and families. Also important is making connections with community members and recognizing conditions in the community. Again, get to know your patients on an individual level. Generalizations in this material may not apply to your patients. Not all patients from diverse populations conform to commonly known culture-specific behaviors, beliefs, and actions.

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