

# Addressing Cultural Differences in Health Care

## Cultural Competence Pointers

Robert C. Like, MD, MS, Director of the Center for Healthy Families and Cultural Diversity, Department of Family Medicine, UMDNJ-Robert Wood Johnson Medical School, reminds readers that ...

- As clinicians, we need to “check our own pulse” and become aware of personal attitudes, beliefs, biases, and behaviors that may influence (consciously or unconsciously) our care of patients as well as our interactions with professional colleagues and staff from diverse racial, ethnic, and sociocultural backgrounds.
  - Every clinical encounter is cross-cultural. Developing partnerships with our patients and maintaining “cultural humility” can help us to learn and better understand the historical, familial, community, occupational, and environmental contexts in which our patients live.
  - It should be understood that there is no “one” way to treat any racial and ethnic group, given the great sociocultural diversity within these broad classifications. We need instead to have a framework of interventions that can be individualized and applied in a patient- and family-centered fashion.
  - Clinical and preventive care needs to be evidence-based, flexible, authentic, and ethical. We need to appropriately tailor our interventions to patients, families, and communities.
  - Cookbook approaches about working with patients from diverse sociocultural backgrounds are not useful and instead risk potentially dangerous stereotyping and overgeneralization. Important intergenerational differences exist, and diversity is often greater within groups than between them.
  - It is important to understand not only patient and community barriers to care, but physician and health care system barriers to care. To eliminate racial and ethnic disparity, health care providers and organizations need to become more culturally and linguistically competent.
  - We need to challenge and confront racism, sexism, classism, and other forms of prejudice and discrimination that occur in clinical encounters as well as in the society-at-large.
- Through collaboration and achieving a better understanding and appreciation of our commonalities and differences, patients and physicians can become empowered to work together with others to help eliminate racial and ethnic disparities in health care. (Betancourt and Like, 2000)

## QUALITY AND CULTURE QUIZ

You can examine your own cultural competence by taking the Quality and Culture Quiz. Please note that this quiz is not a “test!” Your answers will not be shared with anyone. It is also important to note that cultural competence is a process and not an endpoint. A high score on this quiz does not “certify” or qualify you as a culturally competent provider! Rather, the purpose of this quiz is to stimulate your thinking about cultural competence and help you to reflect on your experience, knowledge, and attitudes regarding culturally diverse populations.

The quiz takes about ten minutes - there are 23 multiple choice and true/false questions. Once you complete the quiz, you can choose to learn more about any of the topics by exploring in-depth readings and following suggested activities.

Management Sciences for Health

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E-Learning Products

The Providers Guide to Quality & Culture

*Quality and Culture Quiz*

## INDIVIDUALIZE TREATMENT



While there is a need to individualize treatment, there is evidence that different groups metabolize drugs for diabetes, depression, and hypertension differently. One has to be careful, however, not to generalize these trends and to pay particular attention to individual needs. For example, some people of African-American, Asian, and Hispanic descent metabolize some psychotropic drugs more slowly than the majority US population. Variations in side effects can also be marked. Another example is the beta blocker used to treat hypertension, angina, heart attacks, and migraine headaches. Some Chinese eliminate the beta blocker from their bodies at twice the rate of the majority population. At the same time, some Chinese require only half the blood level of this medication as compared with the majority population to achieve the desired therapeutic effect. The general guidance is to refrain from stereotyping by focusing on individualized treatment. For more information on reactions to standard treatments among different racial and ethnic groups, please visit <http://patientcareonline.com> and the May 15, 2000 issue of Patient Care, entitled “Caring for Diverse Populations.”