Health Inequalities

- Despite decades of promoting culturally competent care and the Bill of Rights of the Patient, disparities in health care persist.
- Vulnerable populations continue to experience increased prevalence and burden of disease, as well as problems in accessing quality health care.
- In 2003, the Institute of Medicine (IOM) published Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, sharing evidence that "biases, prejudices, and stereotypes on the part of health care providers can contribute to disparities in care."

The health care system in the United States was shaped by the values and beliefs of the white mainstream culture and was originally designed to serve primarily English-speaking patients with financial resources.

- **Additionally, most health care professionals in the United States are members of a white culture, and medical treatments tend to arise from this perspective.**
- **The term health disparities describes differences in health outcomes that result from the social determinants of health.**
- **Social determinants of health are conditions in the environment where people are born, live, learn, work, play, worship, and age that influence a wide range of health outcomes, functioning, and quality of life.**
- **Resources that improve quality of life can have a significant impact on population health outcomes. Examples of resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.**

Providing culturally responsive care is a key strategy for reducing health disparities.

- While there are many determinants that contribute to a person's health, nurses play an important role in reducing health disparities by providing a culturally sensitive environment, conducting a cultural assessment, and providing culturally responsive care.
- These interventions will be discussed further in the following sections. In turn, the lack of culturally responsive care potentially contributes to miscommunication between the patient and the nurse.
- The patient may experience distress or loss of trust in the nurse or the health care system as a whole and may not adhere to prescribed treatments.
- Nurses are in a unique position to directly impact patient outcomes as we become more aware of unacceptable health disparities and work together to overcome them.

Culturally sensitive care

- Providing culturally responsive care integrates an individual's cultural beliefs into their health care. Start by communicating cultural sensitivity to patients and their family members with these suggestions:
- Set the stage by introducing yourself by name and role when you first meet the patient and their family. Until you know otherwise, address the patient formally using their title and last name.
- Ask the patient how they prefer to be called and note this in the patient's chart. Respectfully thank any family members and visitors at the patient's bedside.
- Start by standing or sitting at least an arm's length from the patient.
- Observe the patient and family members for eye contact, orientation in space, touch, and other nonverbal communication behaviors, and follow their lead.

- Note the patient's preferred language and document this in the patient's chart. If English is not the patient's primary language, determine if a medical interpreter is required before proceeding with the interview questions. See the box below for guidance on using a medical interpreter.
- Use inclusive language that is culturally sensitive and appropriate. For example, do not refer to someone as "wheelchair bound"; instead, say "a person who uses a wheelchair."
- Be open and honest about your level of knowledge of their culture. It is acceptable to politely ask questions about their beliefs and seek clarification to avoid misunderstandings.
- Adopt a non-judgmental approach and show respect for the patient's cultural beliefs, values, and practices. You may not agree with a patient's cultural expressions, but it is imperative that the patient's rights are upheld. If the expressions are not unsafe for the patient or others, the nurse should try to integrate them into their care.
- Reassure the patient that their cultural considerations are a priority in their care.

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Guidelines for Using a Medical Interpreter

- Healthcare facilities are mandated by the Joint Commission to provide qualified medical interpreters. The use of a trained medical interpreter is associated with fewer communication errors, shorter hospital stays, reduced 30-day readmission rates, and improved patient satisfaction.
- Refrain from asking a family member to act as an interpreter.
- The patient may withhold sensitive information from them, or family members may modify or alter the information provided.
- Ignorance of medical terminology can also cause misunderstandings and errors.
- When caring for a patient whose primary language is not English and they have a limited ability to speak, read, write, or understand English, seek the services of a trained medical interpreter.

- Medical interpreters may be on-site or available by videoconference or telephone.

- The nurse should also consider coordinating patient and family conversations with other members of the health care team to improve communication, being aware of cultural implications, such as who can discuss which health care topics and who makes decisions.

- When possible, have a medical interpreter of the same gender as the patient to prevent potential embarrassment if a sensitive issue is being discussed.

- Guidelines for working with a medical interpreter:
  Allow extra time for the interview or conversation with the patient.
  Whenever possible, meet with the interpreter in advance to provide information.

- Document the name of the medical interpreter on the progress note.
- Always face and address the patient directly, using a normal tone of voice. Do not direct questions or conversation to the interpreter.
- Speak in the first person (using “I”).
  Avoid using idioms, such as, “Are you feeling bad today?”
- Avoid abbreviations, jargon, jokes, and slang.
- Speak in short paragraphs or sentences. Ask only one question at a time.
- Allow sufficient time for the interpreter to complete the interpretation before starting another statement or topic.
- Ask the patient to repeat any instructions and explanations given to verify understanding.

Cultural Assessment

- There are many assessment guides used for patient interviews that are adaptable to a variety of healthcare settings and are designed to facilitate understanding and communication.

- The Four Cs of Culture Model is an example of a quick cultural assessment tool that asks questions about what the patient considers a problem, the cause of the problem, how they are coping with the problem, and how concerned they are about the problem.

- See the box below for examples of sample responses for the Four Cs assessment.

The Four C-s of Culture

- 1. What do you think is wrong?
  - What is bothering you? (In other words, find out what the patient considers the problem and what they call it.)
  - A patient diagnosed with pneumonia believes that his body is "unbalanced.“
- 2. What do you think caused this problem? How did this happen?

• The patient believes that this illness is punishment for a wrongdoing.

• The patient avoids eating certain foods to treat the illness, while also using home remedies such as herbal teas.

- 3. How serious is this problem for you? How worried are you?

• A patient sees the illness as "God's will" and says, "It's in God's hands."

- **Sample Cultural Assessment Interview (Adapted from Spector's Heritage Assessment Tool)**
- Where were you born? Where were your parents born?
- What pronouns do you use (he, she, they)?
- Which language do you feel most comfortable speaking and reading in?
- Did you grow up in a city, a town, or a rural setting?
- When you were growing up, who lived with you and your family?
- Are your friends from the same cultural background as you?
- What is your religious preference?
- Do you have any dietary preferences that are related to your religious or cultural beliefs?
- In your culture, how do you celebrate the birth of a baby? A wedding?
- When a woman is pregnant, are there any special customs she should follow? Any special foods?

- When someone in your family is sick, who takes care of them?
- What foods are prepared? Is there anything the sick person should avoid or not do?
- What home remedies can be used if someone is sick?
- As a family member approaches death, what actions do you find comforting?
- After a loved one dies, what rituals are performed?
- What do you think a nurse should know about your culture if a family member is hospitalized?
- Who makes decisions in your family?
- How are the elderly viewed in your culture?
- Are there any beliefs about organ donation or blood transfusions held in your culture?
- Is your culture known for any customs (e.g., funeral rites, foods, holidays, etc.)?