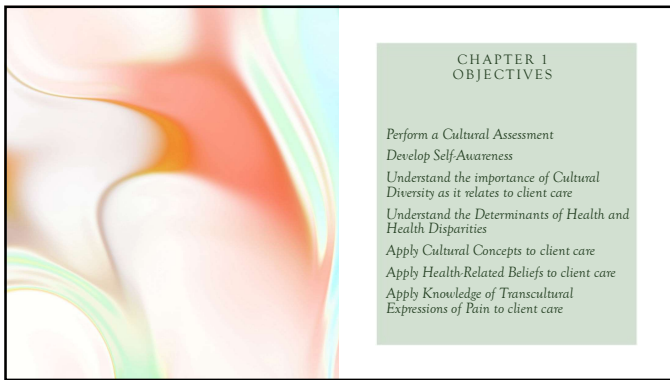
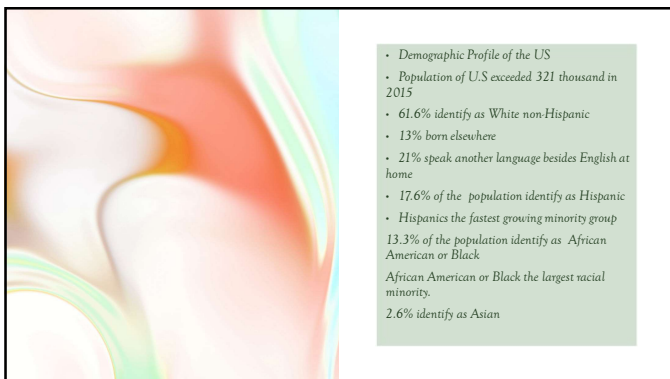


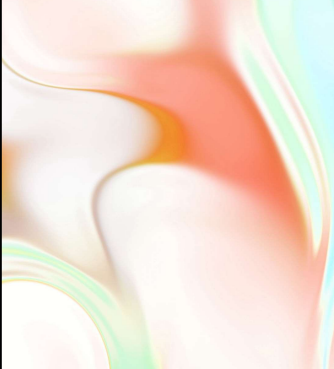
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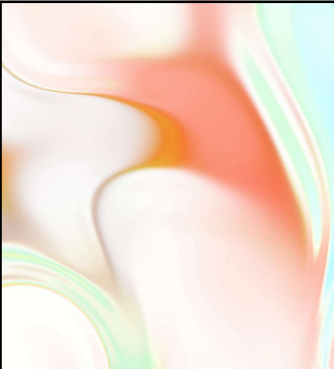


3



- *Demographic Profile of the US*
- *Demographic differences include age, poverty level, and household composition*
- *Number of relatives living in the household is higher for all racial and ethnic minorities compare to whites.*
- *African Americans, American Indians, & Alaska native likely to have grandparents who are responsible for the care of grandchildren.*
- *Asians & Whites have the highest median income*
- *All racial and minority groups have poverty rates exceeding the national average of 14.8%*
- *Contributing to rates of poverty are low educational attainment.*

4



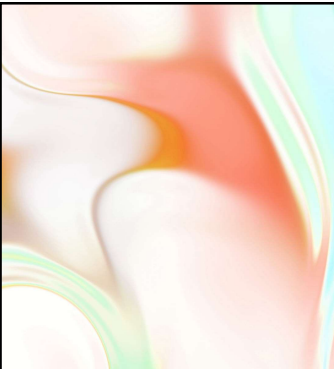
- *Immigration*
- *Immigrants- People who are not US citizens by birth*

Many new immigrants have

- *Minimal understanding of the modern health care delivery system*
- *Modern medical and nursing practices.*
- *Do not know how to navigate the health care system.*
- *May not speak or understand English*
- *May not be literate in the language of their country of origin.*

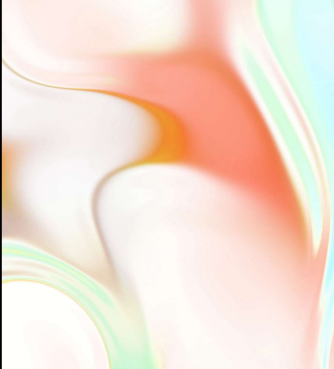
It is imperative that health care address the needs of this growing population

5



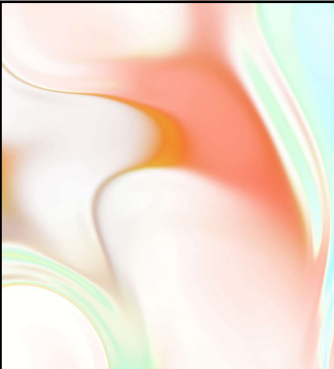
- *Determinants of Health & Health Disparities*
- *Health status is influenced by a many factors know as the social determinants of health (SDOH)*
- *SDOH include:*
 - *Economic stability*
 - *Education*
 - *Social and community context*
 - *Neighborhood & built environment*
 - *Health & health care.*
- *SDOH are interconnected & affect a person's health.*
- *Poverty has the greatest influence on health status*

6



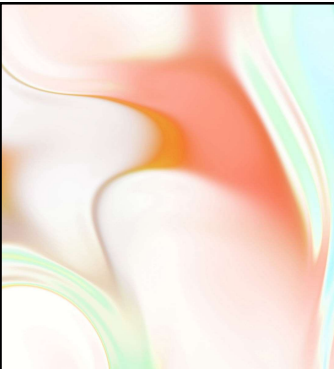
- *Determinants of Health & Health Disparities*
- *Health Disparities- is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.*
- *Health disparities affect who have systematically experienced obstacles to health.*
- *Health care delivery frameworks must provide social and physical environments that promote a quality of life, free from preventable illness, disability, and premature death.*

7



- *Health Care Disparities*
- *Health disparities affect people who experience social, economic, and or environmental disadvantage.*
- *Vulnerable population- include ethnic and racial minorities, people with disabilities, and the LGBT community*
- *Health care disparities ,measured by comparing, the percent of difference from one group to the best group rate for a disease.*

8

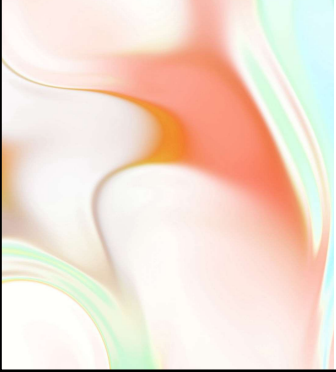


- *National Cultural & Linguistic Standards*
- *Language barriers have a negative impact on the quality of care provided.*
- *Clients with language barriers have increased risk of noncompliance to treatment regimens.*
- *the Office of Minority Health published the National Standards for Culturally and Linguistically Appropriate Services in Health Care.*

Set of 15 standards provides a blueprint to improve quality of care and eliminate health disparities for culturally diverse populations.

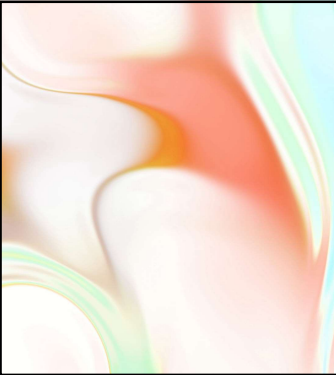
Health disparities affect the health of individuals and communities, making this a major public health concern in the United States.⁴²

9



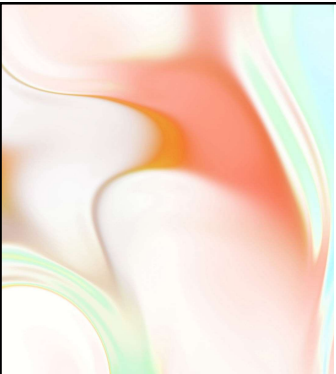
- *Linguistic Competence*
- Under the provisions of Title VI of the Civil Rights Act of 1964, when people with LEP seek health care in settings such as hospitals, nursing homes, clinics, daycare centers, and mental health centers, services cannot be denied to them.
- English is the predominant language of the United States.
- Among people who speak a language other than English at home, nearly 42% reported that they did not speak English "very well."²⁸

10



- *Linguistic Competence*
- When people with LEP seek health care, they are frequently faced with receptionists, nurses, and physicians who speak English only.
- The language barrier may lead to a decreased quality of care due to limited understanding of patient needs.
- To prevent serious adverse health outcomes for LEP persons, it is imperative that health care professionals communicate effectively and utilize resources such as interpreter services.

11

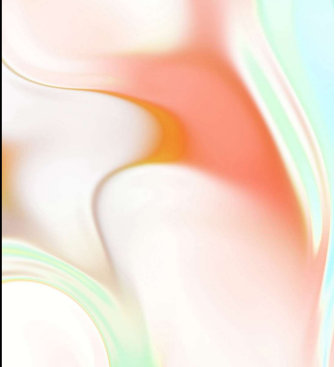


Culture is...

- A pattern of shared
- Attitudes
- Beliefs
- Self-definition
- Norms
- Roles
- Values

Among those who speak a particular language or live in a defined geographic region.

12



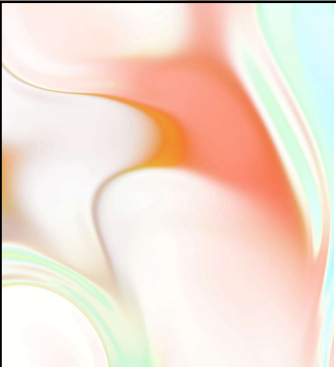
- Culture is...
- A complex whole
- A web of communication

Much of culture is transmitted nonverbally.

Socialization or enculturation

- Process of being raised within a culture and acquiring the norms, values and behaviors of that group.

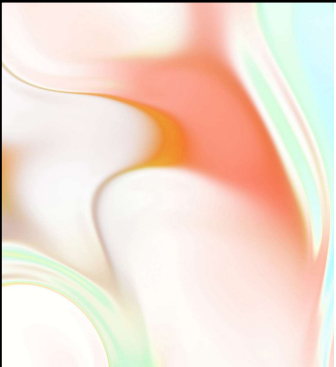
13



Culture has four basic characteristics:

- (1) *learned* from birth through the processes of language acquisition and socialization
- (2) *shared* by all members of the same cultural group
- (3) *adapted* to specific conditions related to environmental and technical factors and to the availability of natural resources
- (4) *dynamic* and ever changing

14

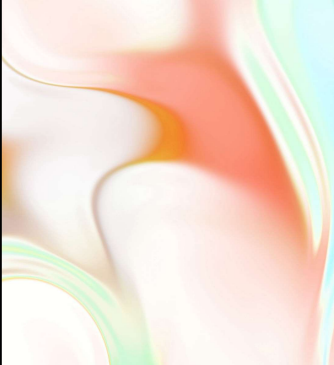


Culture is...
Universal phenomenon

Culture that develops
in a given society is specific and distinctive

Encompassing all the
Knowledge
Beliefs
Customs
Skills

15



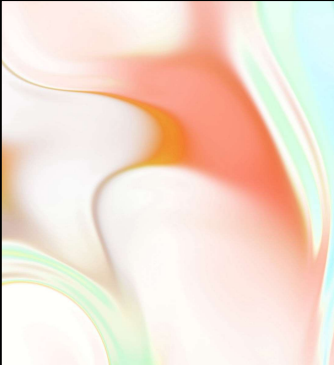
Cultural differences occur because of

- Ethnicity
- Religion
- Education
- Occupation
- Age
- Gender

When such groups function within a large culture, they are referred to as subcultural groups.

Race reflects self identification by people according to race or races with which they closely identify.

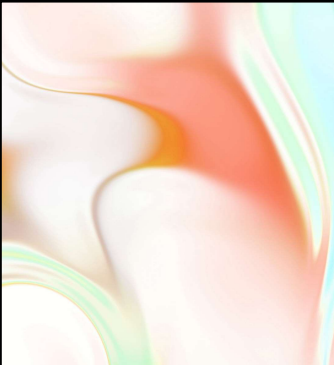
16



Ethnicity

Ethnicity pertains to a social group within the social system that claims to possess variable traits such as a common geographic origin, migratory status, religion, race, language, shared values, traditions, or symbols and food preferences.

17

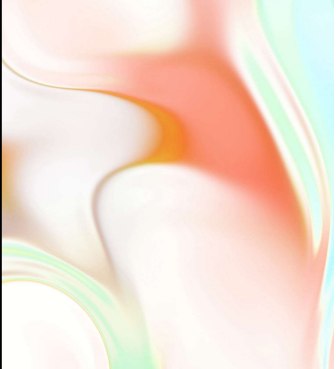


Acculturation is the process of adopting the culture and behavior of the majority culture.

During the late 1800s and early part of the 1900s the expectation was that immigrants would take on the characteristics of the dominant culture, known as *assimilation*.

Immigrants were discouraged from having a unique ethnic identity in favor of the nationalist identity.

18

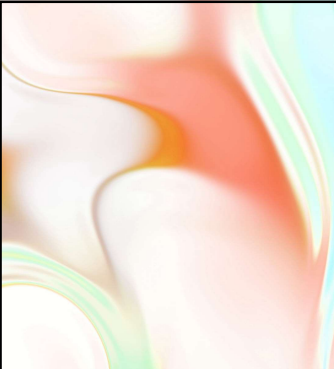


Assimilation
 Immigrants who take on the characteristics of the dominant culture
 Unidirectional
 One-dimensional
 Linear
 From unacculturated to acculturated

Biculturalism and integration
 New immigrants develop new means of forging identities between the countries of origin and their host country.
 Bidirectional
 Bidimensional
 Inducing reciprocal changes
 Maintaining aspects of the original culture in one's ethnic identity

Acculturative stress
 The losses and changes that occur when adjusting to or integrating a new system of beliefs, routines and social roles
 Important implications for health and illness

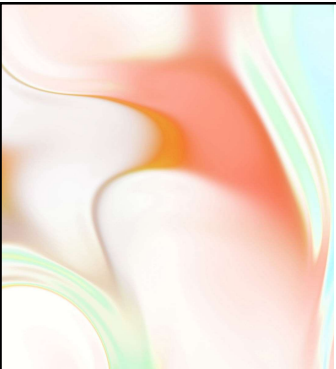
19



Spirituality is a broader term focused on a connection to something larger than oneself and a belief in transcendence.

Religion refers to an organized system of beliefs concerning the cause, nature, and purpose of the universe, as well as the attendance of regular services.¹

20

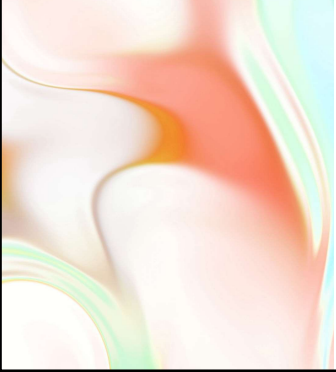


Spirituality

Spirituality may be seen as focusing more on the self and includes belief systems other than religion.

Spirituality is borne out of each person's unique life experience and his or her personal effort to find purpose and meaning in life.

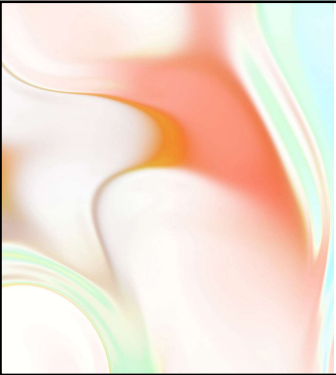
21



Religion

- An organized system of beliefs
- Concerning the cause, nature, and purpose of the universe
- Belief in a divine or superhuman power or powers to be obeyed
- Worshipped as the creator(s) and ruler(s) or the universe
- Shared experience of
 - Spirituality
 - Values
 - Beliefs
 - Practices
- Born into
- Adopt

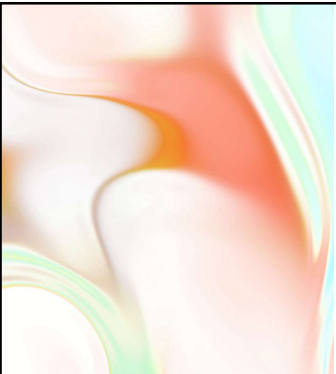
22



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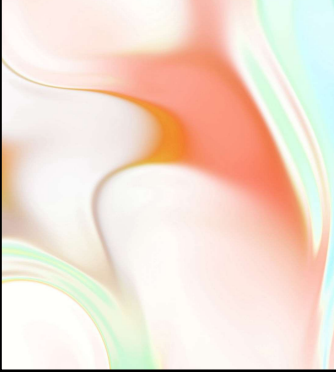
23



Three ways in which religion influences the health practices of people:

1. Religious affiliation and membership benefit health by promoting health behavior and lifestyles.
2. Regular religious fellowship benefits health by offering social support that buffers and affects stress and isolation.
3. Faith benefits health by leading to thoughts of hope, optimism, and positive expectation.

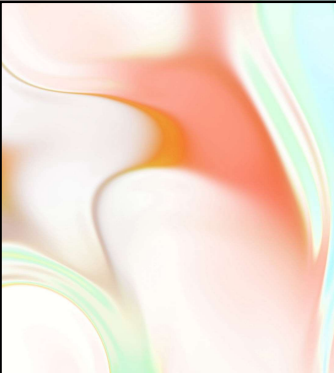
24



In times of crisis and impending death, religion may be a source of consolation.

Religious dogma and spiritual leaders may exert considerable influence on the person's decision making

25



Health is

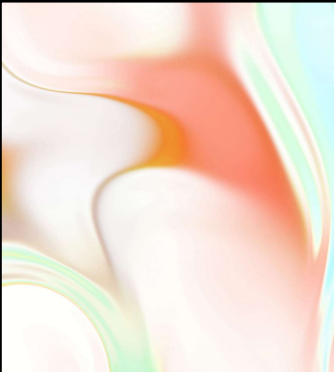
The balance of the person, both within one's being and in the outside world.

Complex interrelated phenomenon

Wide cultural variation exists in the manner in which certain symptoms and disease conditions are perceived, diagnosed, labeled and treated.

Bodily symptoms are perceived and reported in a variety of ways.

26



Those that maintain traditional beliefs would define health in terms of balance and a loss of this balance.

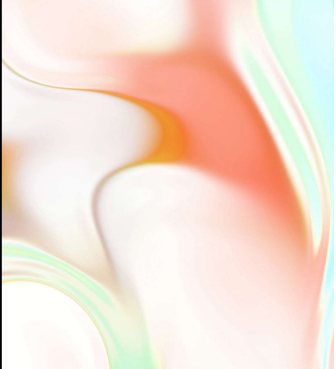
Balance includes

- Mind*
- Body*
- Spirit*

Disease causation may be viewed in three major ways:

- Biomedical or scientific*
- A naturalistic or holistic*
- Magicoreligious*

27



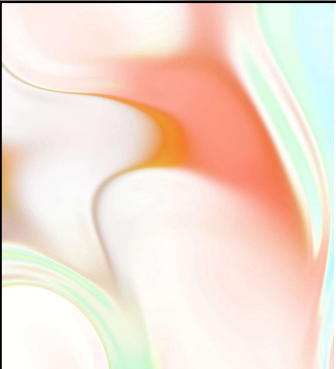
Biomedical

Theory of illness causation

Based on the assumption that all events in life have a cause and effect, that the human body functions more or less mechanically, that all life can be reduced or divided into smaller parts and that all of reality can be observed and measured.

The explanation of disease is the germ theory, which posits that microscopic organisms such as bacteria and viruses are responsible for specific disease conditions.

28

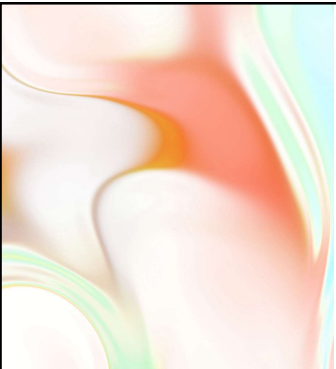


Naturalistic or holistic perspective

Found most frequently among American Indians, Asians, and others who believe that human life is only one aspect of nature and a part of the general order of the cosmos.

The people may believe that the forces of nature must be kept in natural balance or harmony.

29

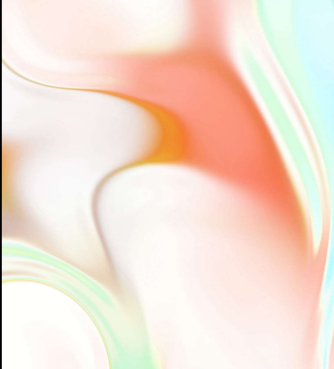


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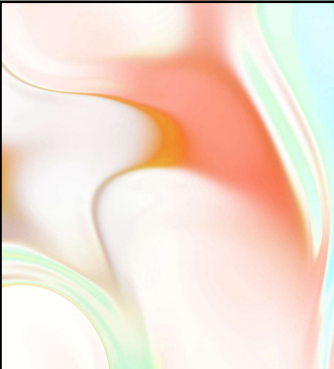
Yin/Yang theory
 Held by some Asians
 Health exists when all aspects of the person are in perfect balance.

Yin
 Female
 Negative forces
 Emptiness
 Darkness
 Cold

Yang
 Male
 Positive forces
 Emitting warmth
 Fullness

Foods classified as hot and cold

31



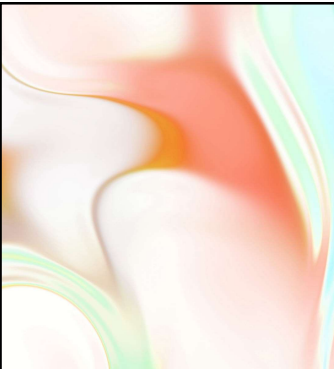
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 Fullness

Foods classified as hot and cold

32



► The perspective posits that the laws of nature create imbalances, chaos, and disease.

Many Hispanic, Arab, Black, and Asian groups embrace the hot/cold theory

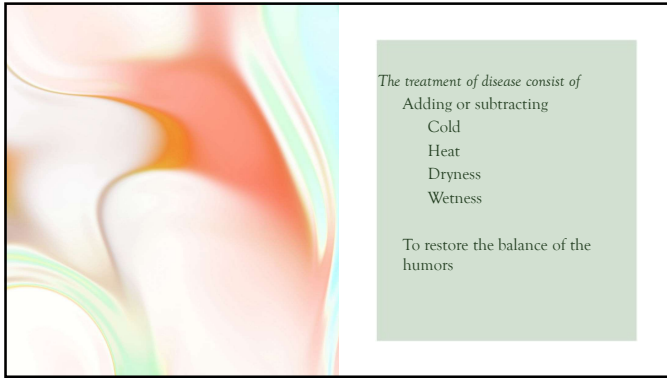
The four humors of the body

The perspective posits that the laws of nature create imbalances, chaos, and disease.

- Blood
- Phlegm
- Black bile
- Yellow bile

Regulate basic bodily functions and are described in terms of temperature, dryness, and moisture.

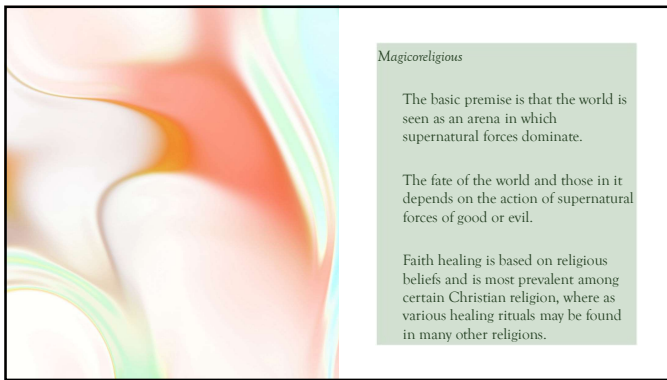
33



The treatment of disease consist of
Adding or subtracting
Cold
Heat
Dryness
Wetness

To restore the balance of the humors

34



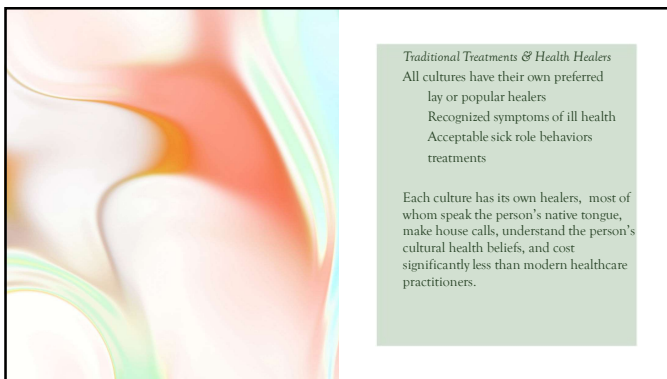
Magicoreligious

The basic premise is that the world is seen as an arena in which supernatural forces dominate.

The fate of the world and those in it depends on the action of supernatural forces of good or evil.

Faith healing is based on religious beliefs and is most prevalent among certain Christian religion, where as various healing rituals may be found in many other religions.

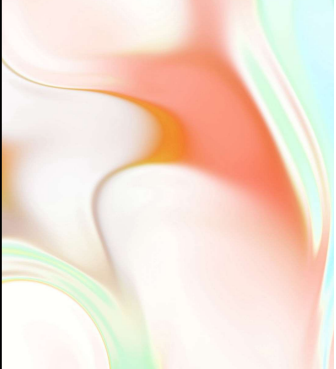
35



Traditional Treatments & Health Healers
All cultures have their own preferred lay or popular healers
Recognized symptoms of ill health
Acceptable sick role behaviors
treatments

Each culture has its own healers, most of whom speak the person's native tongue, make house calls, understand the person's cultural health beliefs, and cost significantly less than modern healthcare practitioners.

36



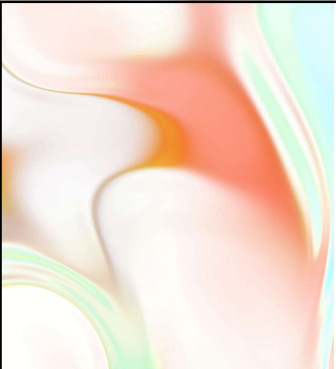
Amulets

Objects such as charms worn on a string or chain around the neck, wrist, or waist protect the wearer from the "evil eye" or the "evil spirit" could be transmitted from one person to another

May be hung in the home, car or workplace

Natural folk medicine uses remedies from the natural environment.

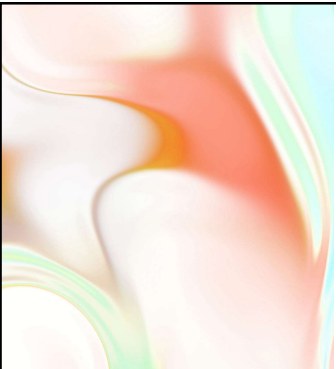
37



38% of adults use some form of complementary therapy including:

- Acupuncture
- Ayurveda
- Biofeedback
- Chiropractic
- Osteopathic manipulation
- Deep-breathing exercises
- Guided imagery
- Diet-based therapies
- Homeopathy
- Hypnosis
- Meditation
- Tai-Chi
- Yoga
- Traditional folk healers

38

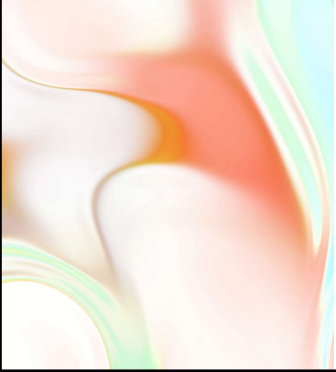


After a symptom is identified, the first effort at treatment is often self-care.

Home treatments are attractive for their accessibility, especially compared with the inconvenience associated with traveling to a health care practitioner.

Home treatments may mobilize the person's social support network and provide the sick person with a caring environment in which to convalesce.

39

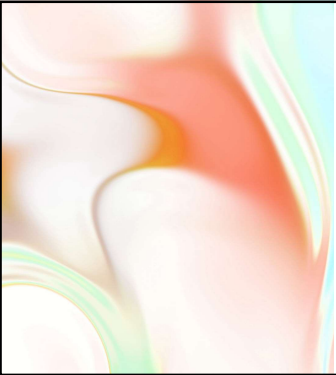


Older persons may develop their own means of coping with illness through self-care, assistance from family members and support from social groups

Some cultures have attitudes and specific behaviors and special family responsibilities for older adults.

Older immigrants may not be aware of health care alternatives, preventive programs, health care benefits, and screening programs for which they are eligible.

40



Pain

Is a universally recognized phenomenon

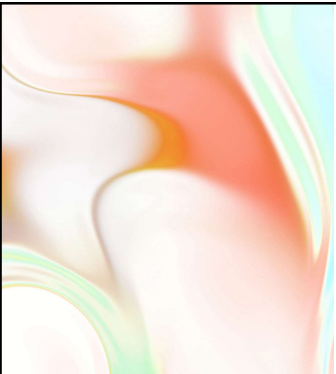
Is very private, subjective experience that is greatly influenced by cultural heritage.

Expectations, manifestations, and management of pain are all embedded in a cultural context.

The definition of pain is culturally determined.

The meaning of painful stimuli, the way people define their situation, and the impact of personal experience all help determine the experience of pain.

41



Pain

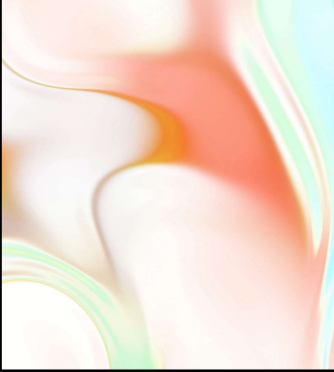
Expect variations in pain perception and tolerance

Expect variations in the expression of pain

People turn to their social environment for validation and comparison

The first important comparison group is the family.

42

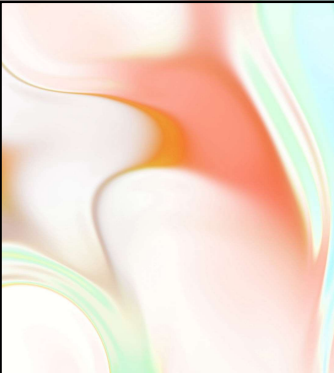


Pain
Unpleasant sensory and emotional experience associated with actual or potential tissue damage

Always subjective

Subjective report
Most valuable indicator

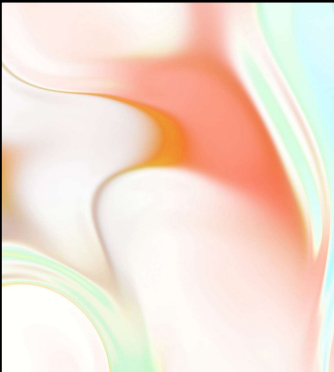
43



Pain Assessment

Do you have pain?
Where is your pain?
When did your pain start?
What does your pain feel like?
How much pain do you have now?
What makes your pain better or worse?
How does pain limit your function or activities?
How do you usually react when you are in pain?
What does this pain mean to you?

44

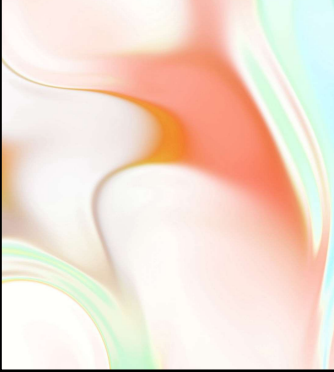


Pain Assessment

PQRST Method

- P=provocation/palliation
- Q=quality/quantity
- R=region/radiation
- S=severity scale
- T=timing

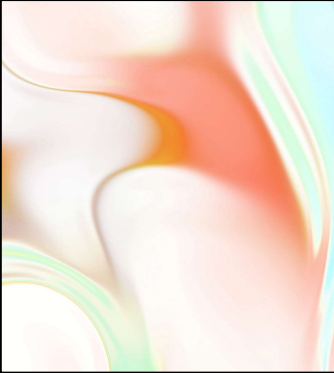
45



Pain

- Assessment tools
- The initial Pain Assessment
- The Brief Pain Inventory
- The short-form McGill Pain Questionnaire
- Pain-rating scale
- Numeric rating scale
- The Verbal Descriptor Scale
- The Visual Analogue Scale

46



Pain

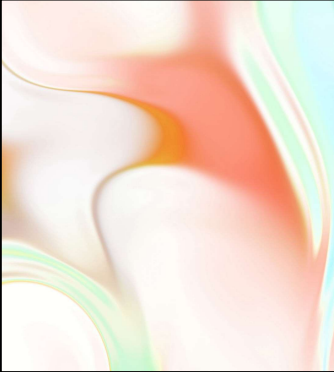
Objective Data

- Joints
- Muscle and skin
- Abdomen
- Wide variety of behaviors

Influenced by

- Acute vs chronic
- Age
- Culture
- Gender

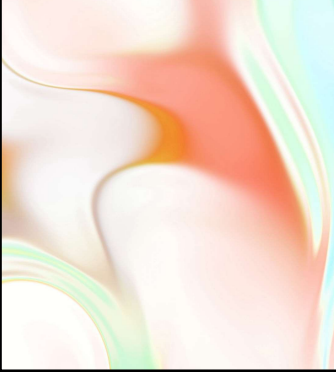
47



Acute Pain Behaviors

- Guarding
- Grimacing
- Vocalizations
- Moaning
- Agitation
- Restlessness
- Stillness
- Diaphoresis
- Change in Vital Signs

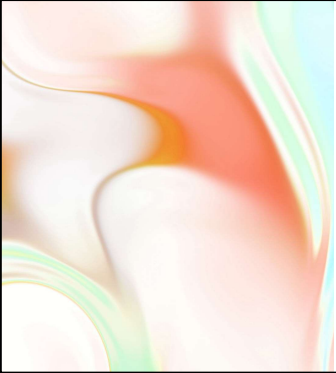
48



Chronic Pain Behaviors

- Bracing
- Rubbing
- Diminished activity
- Sighing
- Change in appetite
- Spending time with other people
- Movement
- Exercise
- Prayer
- Sleeping
- Inactivity

49



Cultural competency includes...

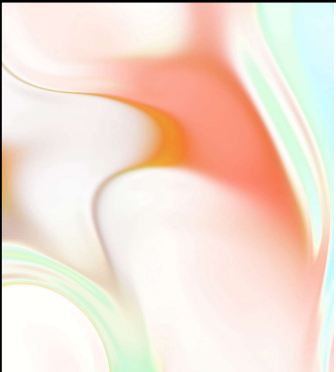
- Attitudes
- Knowledge
- Skills

Is NOT a one lesson program,
A lifelong journey of study and learning.

Understanding of poverty and
environmental health

Involves soul searching about one's own
culture and health

50



Professional health care should be

- Culturally sensitive
- Culturally appropriate
- Culturally competent

Cultural care

- Is the provision of healthcare across
cultural boundaries
- Considers the context in which
The patient lives
- The situations in which the patient's
health problems arise

51



52
