Observe the people in your waiting room. Most likely the faces you see reflect America’s diversity trend. (If your client makeup doesn’t reflect the changing face of your area, you may be missing out on an important and growing market share within growing diverse population segments.) A closer look reveals that the demographics of modern day America are vastly different than what our grandparents and even parents knew. So, it is vital to your practice to become acquainted with particular characteristics of groups in the entire community in which you practice.

According to the 2010 U.S. Census, since 2000 the population in the U.S. has increased 27.3 million people, or about 10%, for a total of 308.7 million people. The majority of this growth stemmed from people who reported their race(s) as something other than White alone. All major race groups reported population increases in this time period. The White alone population saw the slowest growth rate though it represented the largest group in terms of numbers.

Cultural awareness and competency in healthcare makes sense not only to grow your business financially but also to effectively serve the community through better healthcare. Patients, whether it is via race, culture, language or gender, tend to respond better to healthcare professionals with whom they have a rapport. These patients are more inclined to ask questions and adhere to treatments resulting in improved health outcomes.

Maria Adcock, MBA

Maria Adcock, MBA, is founder and editor of Bicultural Mama, a parenting and culture website that celebrates the best of both words in bicultural families. She is a former marketing executive in the publishing industry who switched careers to pursue freelance writing. Find Bicultural Mama at www.BiculturalMama.com and BiculturalMama@gmail.com.

Take the CE quiz on page 56!
Harnessing the power of diversity requires understanding what culture is and why it is important. The Merriam-Webster dictionary defines culture as “the beliefs, customs, arts, etc., of a particular society, group, place, or time.” Every racial or ethnic culture holds beliefs about the causes of illness, when to seek medical care, how to treat ailments and who to involve regarding healthcare decisions. Issues can arise when healthcare professionals expect all patients to conform to their Western mainstream values. This limited perspective, in addition to differences in language and other cultural factors, can create roadblocks regarding a patient’s reception of information and willingness to use it.

Delving deeper into the three largest populations after White alone, as well as the multiracial population, provides revealing insights.

**Hispanics**

The U.S. Census defines race categories as racial and national origin or sociocultural groups rather than biologically, anthropologically or genetically. As such, people who identify their origin as Hispanic, Latino, or Spanish are referring to ethnic or cultural affiliation and may be of any race. Between 2000 and 2010, the Hispanic population increased by over 15 million people, representing more than half of the growth of the U.S. total population. Healthcare providers are seeing an increased number of Hispanic patients in their waiting rooms, which makes the need to understand cultural factors influencing this group vital to their practices.

Note that not all cultural factors mentioned in this piece may apply to everyone in a specific population. Many of these elements hold various levels of influence depending on one’s country of origin (Mexico, Central America, South America, and the Caribbean region such as Cuba, Dominican Republic or Puerto Rico). Healthcare providers must take caution not to assume that a patient speaking Spanish or coming from a Spanish-speaking country will hold the same beliefs as everyone else from other countries.

**Family Influences**

Hispanic families typically consult elder members regarding health and illness matters. Women tend to play the family caretaker role and may determine when someone needs medical care. However the father or eldest male relative grants the permission to seek care, and so women may need to persuade them. Healthcare professionals who understand these dynamics will realize that medical discussions should be addressed to both the patriarch and matriarch of the family to better ensure understanding and compliance.

**Language Barriers**

The 2010 U.S. Census revealed that 37 million U.S. residents age 5 and older speak Spanish at home, up from 17 million in 1990. Language barriers can impede a willingness to receive healthcare and adherence to medical protocol. Dr. Jessica, a Florida physician of Latin origin or background, notes, “I believe being able to interact in one’s native tongue is very important when it comes to issues of healthcare in expressing concerns or understanding treatment plans. Many subtleties and details can be lost without the benefit of conversing in a fluent language.” If a healthcare facility has no Spanish-speaking professionals on the premises, they should ensure services exist – such as translators – to overcome language barriers.

**Withholding Fatal Diagnosis**

Hispanic populations hold much faith in a “higher power.” They believe this power may control one’s destiny and is “God’s Will.” Many have familial desires to withhold fatal diagnoses from the ill family member. Dr. Jessica explains, “Physicians are very conflicted with this request as our training emphasizes the need to actively involve the patient in all healthcare decisions. Indeed, this is often viewed as a moral and ethical
obligation of the physician. I believe some other cultures share this with the Latino/Hispanic populations. I have also noted that this has started to dissipate with the younger generations.”

**Home Remedies**
Some Hispanics may use traditional healthcare practices, Western medicine or a combination of both. Older generations may prefer to use traditional practices. These include the use of home remedies such as drinking herbal or spiced teas, seeking care from relatives, neighbors, and community members or consulting with a folk healer known as a curandero. Healthcare professionals should inquire about the patient’s health treatment beliefs to determine any risks from combining home remedies with other medications.

**Personal Relationship with Healthcare Professionals**
Hispanic cultures value a personal relationship with healthcare professionals in terms of politeness, respect, and communication. Many patients prefer to view their healthcare provider as a “friend” or “like family.” Establishing a professional yet warm rapport can lead to better adherence and open disclosure of issues and concerns.

**Machismo Culture**
The traditional patriarchal structure lends itself to a machismo culture. Men may prove reluctant to seek medical care until they can no longer ignore symptoms. They may also appear less open-minded about healthcare recommendations if they believe they can “tough it out.” Healthcare messages should target men in addition to women to encourage preventative care as well as the importance of seeking medical help when necessary.

**Asians**
The Asian population experienced the fastest rate of growth at 43 percent versus any other population between 2000 and 2010. The Asian alone population saw the second largest numeric change, bringing the total number to 14.7 million in 2010.

**Family Influences**
In Asian culture the extended family holds considerable influence regarding decisions. The eldest male often makes the final decision and acts as the family spokesperson. This patriarchal culture may also influence gender perceptions, such as males feeling wary of female healthcare professionals. Healthcare providers in this situation will need to exercise patience and understanding to make the patient feel as comfortable as possible.

Angie, a Korean-American, knows this well. She rushed her father to the emergency room after he lost much blood from his rectum. Angie recalls her father’s reaction at the sight of a female doctor: “[He] quietly told me he was feeling fine, that it was probably hemorrhoids and could we leave? I assured him she was a professional, but my father was not to be persuaded. The doctor asked a few questions. I translated, my father answered, I translated…it was the ultimate game of international telephone. Left with no choice, my father submitted [to the examination]. Two weeks later and after a colonoscopy, we found out he had Stage 2 colorectal cancer.”

**Language Barriers**
According to a 2010 report from the Office of Minority Health, 77 percent of Asian Americans spoke a language other than English at home. A language barrier in the healthcare setting can impede understanding of issues and treatments.

Priscilla Huang, Policy Director of the Asian & Pacific Islander American Health Forum, explains, “As our communities become more diverse, patients are speaking more and more languages and there simply are not enough professionals with these language capabilities to meet the growing needs. If we look only at people of Asian and Pacific Islander descent, more than 100 languages are spoken. When it comes to medical care, oftentimes children as young as four or five, other relatives or neighbors, serve as translators. Can you comprehend what it’s like for a child or a neighbor to try to communicate sensitive medical information? It’s quite uncomfortable and as you can imagine, poor communication can result in costly errors or even deadly consequences. Also,
it has been shown that patients who have difficulty speaking English are less likely to receive good quality care, including preventative measures and counseling, because they are not able to communicate their symptoms or needs effectively.”

Distrust of Western Medicine
In many Asian cultures, those feeling unwell may use traditional or home remedies such as herbs or certain foods. A distrust of Western medicine may preside. Many view traditional Eastern health practices as treating the source of illness and balancing the body as a whole, whereas they see Western medicine as addressing the symptoms rather than taking a holistic approach.

Pooja Dutta recalls her mother’s ovarian cancer diagnosis. “In addition to trying to fight her cancer, my mother was devastated to find that her doctor did not really take the time to explain the treatment process or what was happening in her body. Every visit to the doctor simply involved either a test or a prescription of invasive medications, and she was perplexed and skeptical as to whether she would get better. Back in India, where my mother is originally from, her doctors took the time to comprehensively understand patients. She used to tell me that she felt that the doctors in India truly put the patient first, and that they would ask broader questions to get a better idea of the patient. They did not just focus on the symptoms. Some would also recommend alternative therapies such as homeopathic medicine which was very helpful. Her American doctor didn’t really take into consideration my mother’s health as a whole. My mother was not accustomed to the lack of a holistic approach and failed to connect with her doctor, further hindering the treatment process.”

Deepak Kothavade also experienced a cultural disconnect with his healthcare provider. “I have experienced a lack of understanding by healthcare providers regarding the use of home remedies. In our [East Indian] culture it’s quite common to use herbs or roots with known medicinal value to treat minor ailments. These home remedies are very safe and are not known to have any side effects. However, the few times when I’ve mentioned the use of such home remedies prior to seeking medical help, the clinical staff disapproved of it without really knowing the benefits of these remedies. I took that as a lack of cultural understanding, though I think almost all traditional cultures have a history of using homemade or grandma’s remedies.”

Many dangers exist when healthcare providers do not understand cultural influences. If patients believe the healthcare provider may object to traditional remedies, they may not reveal their use of these treatments which could lead to harmful interactions with prescribed medications. Patients who believe that Western medicine is too potent may reduce their dosages or shorten the course of treatment without informing their healthcare providers. A healthcare professional with awareness of Asian culture will be better able to address these concerns.

Harmony and Conflict Avoidance
A prevalent theme in Asian culture is harmony and the avoidance of conflict or confrontation. “The nail that sticks out gets hammered down,” demonstrates an Asian proverb representing this concept. A strong respect for authority figures – whether elder family members or health professionals – means that patients may not question them even if disagreement exists. For example, a patient may nod her head out of politeness during a discussion about treatments but may not have true intentions of following the recommendations. Healthcare professionals aware of this will find it helpful to encourage patients to voice their opinions, such as by asking if any concerns exist and explaining the risks of non-adherence of treatment plans.

Saving Face
The concept of “saving face” is equivalent to maintaining the honor, dignity, respect, and influence as seen by others. In a culture where the individual affects the reputation of the family, anything causing a family to “lose face” is frowned upon. This may translate to misinformed views or denial of
health issues that patients may believe expose “shameful” or “embarrassing” weaknesses. Patients may instead hide symptoms or downplay health issues.

Another concern exists when patients do not communicate health issues with family members in an attempt to keep them “free of worry” and to preserve an image of strong health. Angie came home from college and noticed a scar on her mother’s abdomen. Her mother admitted she had a hysterectomy but had not wanted to worry her daughter, shrugging, “Besides, you were there, and we were here. What could you do?” Her mother, a native Korean, had experienced language communication issues with her doctor, and as a result did not really know why she needed the surgery. Angie recalls, “All Mom knew was that she was supposed to take ‘these’ (estrogen pills) and that she had to take ‘these, too’ (Glucophage and Metformin).”

Black Americans
The Black alone population grew slower in terms of percentage versus other major race groups, though numerically this group experienced the third-largest increase between 2000 and 2010 behind the White alone and Asian alone populations. The Black alone population grew to 38.9 million in 2010, representing 13 percent of the total U.S. population.

Mistrust
Mistrust represents one of the most significant factors affecting patient honesty and adherence for Blacks. The impact of historical experiences clouds their trust with healthcare providers. The Black community remembers the 40-year Tuskegee Experiment in 1932 which recruited impoverished Black men with syphilis for a research project. The patients were promised care but never provided treatment. This incident, along with a history of discrimination in the U.S., contributes to why Blacks may feel suspicious of healthcare providers especially if experimental treatment or research is recommended. Seta Majkia, founder of The Kwanzaa Project in New York, points out, “The damage of institutional racism has deep roots. We have not recovered from it as Americans, and the roots are spreading. There is something that takes place in America that is unique to African Americans and is denied by many.”

Blacks may also face discrimination from doctors who they believe offer them substandard interactions and services. Majkia shares his experience of when his primary care doctor referred him to a “great urologist” upon finding a urinary blockage. The urologist, who appeared distant and annoyed during Majkia’s visit, asked about his symptoms and sexual history. To Majkia’s consternation, the urologist told Majkia he required surgery. Majkia asked questions, and “to my horror the urologist became annoyed and blurted out that my symptoms could only be due to a venereal disease.” This shocking declaration did not make sense to Majkia as he only had two partners in his life, both of whom he married and knew of their sexual histories.

Majkia contacted his primary physician to see if he could take action on his behalf. Majkia asserts, “To my surprise, my doctor seemed very indifferent to my plight. In fact he only listened in silence as I spoke and offered no reassuring words. He acted as if he was not advocating for me, he was tolerating me. As soon as I registered a complaint… silence. He concluded his conversation by giving me the name of another urologist.”

Majkia visited the second urologist who determined that while venereal disease could signify one cause, another reason could be blunt trauma. Majkia recalled an injury suffered years back, and it was determined this was the true origin of his blockage. He pondered, “Why would the first urologist assume that the cause of my issue was a sexually transmitted disease? And why was my primary doctor not concerned about this matter? My confidence was shaken.” Majkia dropped both doctors and found healthcare elsewhere. He observes, “The human body has the same parts no matter what race or culture you are. There are differences that are unique to each group, but to act with indifference or hostility shows that the one engaging in such behavior is not a healer.”

Respect
Black families tend to respect elders who often are the ones providing care for extended families. Due to historical

continued on page 14
experiences such as the Tuskegee Experiment and discrimination through segregated healthcare and social services, healthcare providers should make efforts to build positive relationships. Simply addressing patients with titles such as Mr. or Mrs. can demonstrate respect. Chaton T. Turner, Esq. explains, “Sometimes physicians call [my elderly relatives] by their first name when they would prefer to be addressed as ‘Mr.’ or ‘Mrs.’ That’s a major cultural issue for many African-Americans because of the history where they would not receive that respect.”

Family and Religious Influences
Black culture focuses on the importance of family where kinship includes not only extended relatives but also neighbors and friends. Though patients may consult an elder relative on health issues, all members of their social support network may influence decisions. Another cultural influence is the role of the church as a support system. Many turn to trusted church-based community programs that provide health services such as medical screenings, immunizations, health education, and home care services.

Multiracial
With the increase in all non-White populations since 2000, it is no surprise that the Two or More Races population also grew. The U.S. Census shows that this population represented one of the fastest-growing groups with about a one-third increase between 2000 and 2010. In multicultural families, members may not always “match” in looks, and surnames may not always “fit” with preconceived assumptions. For example, some black mothers with light-skinned children have experienced people assume they were the nanny or a friend of the “real” child’s parent. Conversely, they might assume that a child is a nonrelated care-giver of an elderly client coming in to a hearing aid specialist office.

With surnames, looks may prove deceiving here as well. Marie, an Asian-American, took her husband’s Irish last name when they married. While in a doctor’s waiting room, a nurse asked for O’Brien. Marie walked towards the nurse who glanced up but continued searching the room, again calling out, “O’Brien?” Marie, now in front of the nurse, said, “Yes, I’m here.” The nurse, quizzically repeated, “O’Brien?” to which Marie again provided confirmation. The experience made Marie question the cultural competency of this healthcare provider.

Why Diversification is Good for Business
Diversification of healthcare staff and clientele is not only good for the community but also for business. Healthcare professionals who understand patients’ cultural backgrounds can influence a patient’s compliance. Healthy, satisfied patients can lead to recommendations to friends and family.

Vera, an Asian-American working for a New York hospital, notes, “I think it’s vital for healthcare professionals to be sensitive to other cultures and embrace diversity. It helps to maintain a level of trust that’s key to a healthy relationship between the patient and provider. If there is no trust, there is no business!”

Population by Hispanic or Latino Origin and by Race for the United States: 2000 and 2010

<table>
<thead>
<tr>
<th>Hispanic or Latino Origin and Race</th>
<th>2000</th>
<th>2010</th>
<th>Change from 2000 to 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>HISPANIC OR LATINO ORIGIN AND RACE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Population</td>
<td>281,421,906</td>
<td>308,745,538</td>
<td>27,323,632</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>35,305,818</td>
<td>50,477,594</td>
<td>15,171,776</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>246,116,088</td>
<td>258,267,944</td>
<td>12,151,856</td>
</tr>
<tr>
<td>White Alone</td>
<td>194,552,774</td>
<td>196,817,552</td>
<td>2,264,778</td>
</tr>
<tr>
<td>RACE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Population</td>
<td>281,421,906</td>
<td>308,745,538</td>
<td>27,323,632</td>
</tr>
<tr>
<td>One Race</td>
<td>274,595,678</td>
<td>299,736,465</td>
<td>25,140,787</td>
</tr>
<tr>
<td>White</td>
<td>211,460,626</td>
<td>223,553,265</td>
<td>12,092,639</td>
</tr>
<tr>
<td>Black or African American</td>
<td>34,681,190</td>
<td>38,929,219</td>
<td>4,248,029</td>
</tr>
<tr>
<td>Asian</td>
<td>10,242,998</td>
<td>14,674,252</td>
<td>4,431,254</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>2,475,956</td>
<td>2,932,248</td>
<td>456,292</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>398,835</td>
<td>540,013</td>
<td>141,178</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>15,359,073</td>
<td>19,107,368</td>
<td>3,748,295</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>6,826,228</td>
<td>9,069,073</td>
<td>2,242,845</td>
</tr>
</tbody>
</table>

Source: U.S. Census 2010
Diversification of Staff
Hiring diverse staff can provide an inherent understanding of cultures. Patients will feel more at ease if they know their cultural views are valued. For example, healthcare professionals who speak in the same language as the patient can ensure better understanding of issues and treatments that may otherwise be confused or missed.

Priscilla Huang states, “Regardless of your background, whether native or foreign-born, many people fear going to the doctor. But many people would also say that seeing a healthcare professional with the same background or who is familiar with your background, especially in emergency situations, is very beneficial. Not only does this create a more comfortable environment for the patient, but it also helps establish patient-doctor trust and better communication which is key to health professionals delivering quality care. Unfortunately, in our bolstering diverse communities it is becoming increasingly challenging to staff workforces to meet the needs of our multicultural population. But when it comes to health, we have to find ways to provide culturally appropriate care to improve access to care and ensure better health outcomes for everyone.” So, if your practice is in a culturally-diverse area, you may want to add cultural questions to a pre-visit questionnaire that you supply to your first-time clients.

Suzanne Chan, a New York City nurse, says, “I work in a hospital with a diverse population. We do a lot of educating on cultural sensitivity, and one of the questions we always ask in Admissions is how we can be culturally sensitive to their needs and desires. I love having diverse professionals side by side with me. I am learning so much about the beauty in each culture, and it makes me more culturally sensitive and aware.”

Diverse staff – or, if not available, at least culturally competent staff – may also be more likely to identify health issues commonly found in specific populations. Jannelle Brown, an African-American woman, says, “It is important for doctors to relate to their patients and be sensitive to what they may be experiencing. If I had a condition specific to my race, like lupus, then I may prefer to seek a professional of my race because they may be more familiar with the problem.”

Amy, an Asian-American health professional, disagrees, “I don’t care for any kind of racial profiling. It would be unfair to assume things about others only based on race. Medical racial profiling may cause healthcare providers to miss a problem. Will a test not be considered just because a health problem is not common in Asian women? We should treat people as individuals and diagnose the same way.”

The healthcare professional must ultimately decide who requires tests, looking not only at the likelihood of issues based on race, but also independent symptoms displayed by the patient.

Diversification of Clientele
Based on U.S. population trends, healthcare providers can expect their communities will reflect an increased number of minorities. The U.S. Census indicates that the minority population grew in all 50 states between 2000 and 2010. Almost half of the West’s population was minority with the most growth seen in this region as well as in the South.

Five areas feature “majority-minority” populations where over 50 percent consist of minorities: California, District of Columbia, Hawaii, New Mexico and Texas. Other areas are likely to follow this trend. For healthcare providers, the financial aspect of these population changes is significant. Word of mouth recommendations are very important in many cultures, especially if an inherent distrust of the health system or Western medicine exists. Expanding clientele to include a wider population not only can lead to a community’s improved health and higher patient satisfaction, but may also enhance the healthcare provider’s public image and reputation, thereby impacting business growth.

<table>
<thead>
<tr>
<th>Region</th>
<th>Population (millions)</th>
<th>% of Regional Population</th>
<th>% Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>West</td>
<td>33.9</td>
<td>47%</td>
<td>29%</td>
</tr>
<tr>
<td>South</td>
<td>45.8</td>
<td>40%</td>
<td>34%</td>
</tr>
<tr>
<td>Northeast</td>
<td>17.3</td>
<td>31%</td>
<td>21%</td>
</tr>
<tr>
<td>Midwest</td>
<td>14.8</td>
<td>22%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Source: U.S. Census 2010

U.S. Regional Minority Populations

Source: U.S. Census 2010

continued on page 16
How to Diversify Your Business

Diversifying a business is attainable whether the healthcare provider is located in a highly concentrated minority population or an emerging one.

Hire Diverse Staff

Communicating with patients is critical for assessing healthcare issues and creating treatment plans. Hiring staff with cultural competency or foreign language abilities can prove beneficial. Human Resources can implement a proactive plan to recruit and retain diverse staff.

Strategies to incorporate diversity include:
- Reviewing staff to determine the current baseline of the organization’s diversification
- Assessing job descriptions and evaluating recruiting processes to ensure a diverse pool of candidates exists
- Including a diverse group to interview applicants
- Establishing a written diversity policy to communicate the organization’s goals
- Offering diversity training to new and existing employees
- Creating a Diversity Week and rewarding staff that demonstrate superb diversity awareness
- Launching a diversity committee to develop a plan for increasing employee awareness
- Including diversity as a performance measure on staff evaluations

Reach Out to Diverse Populations

If the healthcare provider resides in an area rich in diverse populations, consider custom publications in other languages. Doing so promotes awareness of services and conveys an organization’s value of diversity. Create marketing materials with images that reflect the populations targeted. Display in highly visible areas commonly accessed by these populations, such as churches and community outreach organizations. Within the healthcare facility, hang signs and posters as well as leave brochures and publications on tables. The result of these efforts can equate to increased business from diverse patients who will feel more comfortable visiting the healthcare provider, thereby increasing traffic in waiting rooms.

What if My Area Lacks Diverse Staff to Hire?

Depending on location or medical specialty, a healthcare provider may find it challenging to hire minority applicants. In these situations, organizations can still promote cultural competency in its staff through services and training. Chaton T. Turner, Esq. observes, “There are benefits from receiving care from people of the same cultural background. However, those benefits can be offset by good cultural competency training. At the end of the day, people want good care. Given there’s a shortage of minority physicians, most minorities are used to receiving care from providers who don’t look like them.”

If organizations find it difficult to find healthcare professionals with multiple language skills, they can use translation services to address the needs of patients who speak limited or no English. If even this option is not available, then having staff learn a few words of the patient’s language can prove helpful as it shows a good-faith effort on the organization’s part which may lead to trust.

Deepak Kothavade remarks, “While not every clinic or hospital site can hire a diverse staff to cater to a multitude of ethnic backgrounds, the healthcare delivery system can do a better job of leveraging existing social or community-based resources to assist patients from diverse backgrounds. A simple way, for instance, could be to provide appropriate contact information of a local community center which can help translate medical instructions into the patients’ native language. It will only help a healthcare provider to meet its mission of saving and improving the quality of life.”

Assess Patient’s Beliefs and Culture

Patients have a right to their cultural beliefs, values, and practices; and healthcare providers should seek to understand, respect, and consider these factors when providing culturally competent care. The first step is to determine the patient’s cultural viewpoint regarding health.

Questions to Ask:
- What do you think has caused your problem?
- Why do you think it started when it did?
- How severe is your illness? Will it have a long or short course?
- What kind of treatment do you think you should receive?
• What are the most important results you hope to get from this treatment?
• What are the chief problems your illness has caused for you?
• What do you fear most about your illness?


The next step is to learn how entrenched the patient is regarding his or her traditional culture.

Characteristics of Cultural Embeddedness:
• How recently did the patient immigrate?
• Was the immigration voluntary or involuntary?
• Did the patient live in intermediate countries before coming to the United States?
• What country did the patient immigrate from and how different is that culture from U.S. culture?
• Who does the patient associate with?
• What type of neighborhood does the patient live in?
• Does the patient follow traditional dietary habits?
• Does the patient wear native dress?
• Does the patient leave his neighborhood to participate in the larger culture?
• Does the patient use folk medicine or use the practices of a native healer?
• Does the patient come from an urban or rural area in the native country?


Determine the patients’ cultural preference in terms of individual or group involvement by family members or friends. Inquire what gender roles their culture accepts and who should receive information. Ask open ended questions to acquire details on patients’ assumptions and expectations. Remain nonjudgmental if the patient provides answers the healthcare provider does not agree with, such as the use folk medicine and healers.

For patients with limited English skills, healthcare providers can assess patients’ understanding by requesting they show, draw, or communicate with body language what they are supposed to do. Ask patients to repeat the response if any hesitancy or body language indicates uncertainty. In some cultures, a request considered simple by Americans (like taking a prescription form to the pharmacy) may be foreign to patients whose native countries do not use the same methods for dispersing treatments.

In some cases, the patient may bring others along to translate. The healthcare professional may detect conflict between, for example, a culturally-assimilated offspring who may push Western medical treatments against a parent’s wishes. Healthcare providers should not insert themselves into the family situation, and instead respect the divergent perspectives while allowing the parties to resolve their disagreement.

The Power of Diversity
A diverse workforce or one with cultural competency will be able to provide culturally appropriate healthcare to America’s growing and changing multicultural population. Doing so leads to healthier populations by expanding access and opportunities to address the healthcare needs of those limited by language and other cultural challenges. Embracing the inevitable changing face of America is just good business not only for the community but also for expanding healthcare providers’ market share in the community.

Take the CE quiz on page 56!
1. The multi-racial population in the U. S.
   a. Experienced a 1/3 increase in the last ten years
   b. Is not expected to increase in the next ten years
   c. Is one of the slowest-growing population groups
   d. a and c

2. The “Black alone” population represents 20 percent of the U. S. population
   a. true
   b. false

3. Addressing elderly Black patients with titles such as Mr. or Mrs.
   a. creates a unfriendly first impression
   b. demonstrates disrespect
   c. is a good attempt at building a positive relationship
   d. none of the above

4. As a whole, people of Asian and Pacific Islander descent speak
   a. 50 different languages
   b. 75 different languages
   c. more than 100 different languages
   d. none of the above

5. The U. S. population increased ten percent in the last ten years to
   a. 273.3 million people
   b. 308.7 million people
   c. 373.3 million people
   d. none of the above

6. Cultural roadblocks can arise when healthcare professionals
   a. keep a focused perspective on Western mainstream values
   b. expect all clients to understand the English language
   c. disregard differences in cultural backgrounds
   d. all of the above

7. How many U. S. residents speak Spanish at home?
   a. 10 million
   b. 17 million
   c. 23 million
   d. 37 million

8. According to the U.S. census, race categories are determined by
   a. genetics
   b. sociocultural groups
   c. biology
   d. anthropological traits

9. Which population experienced the fastest rate of growth in the last ten years?
   a. Asian
   b. Black alone
   c. Hispanic
   d. Multiracial

10. Older members of the family often make the provisions and/or decisions regarding familial healthcare in this culture:
    a. Hispanic
    b. Black
    c. all of the above

For continuing education credit, complete this test and send the answer section on the next page to:

International Hearing Society • 16880 Middlebelt Rd., Ste. 4 • Livonia, MI 48154
   • After your test has been graded, you will receive a certificate of completion.
   • All questions regarding the examination must be in writing and directed to IHS.
   • Credit: IHS designates this professional development activity for one (1) continuing education credit.
   • Fees: $29.00 IHS member, $59.00 non-member. (Payment in U.S. funds only.)

**Answer Section**
(Circle the correct response from the test questions above.)

1. a b c d
2. a b
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c