



Fund of Knowledge

http://geriatrics.stanford.edu/culturemed/overview/knowledge_fund/



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DESCRIPTION

This module focuses on background information all providers caring for older adults and their families should have in order to be able to provide effective care for persons from diverse cultural backgrounds.

The learner is introduced to the importance of knowledge of:

1. Major systems of health beliefs including the use of traditional culturally-based medicine and health practices.
2. Major historical events experienced by cohorts of elders in the U.S. from diverse ethnic backgrounds.

Information in the content section is based on evidence from research, and citations to the published studies are included.

Knowledge of the range of culturally-based beliefs and values in health practice provides a broad background for assessing and understanding individual elders' explanatory models regarding an illness and adherence to recommended health treatment or management strategies.

Knowledge of historical experiences of the various cohorts also gives providers a context for medical histories and insight into the response to the clinical situation and prescribed plan of care by elders.

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MODULE CHARACTERISTICS



Time to Complete: 40 mins



Intended Audience: Doctors, Nurses, Social Workers, Psychologists, Chaplains, Pharmacists, OT, PT, MT, MFT and all other clinicians caring for older adults.



Peer-Reviewed: Yes

LEARNING OBJECTIVES

After completion of this module, learners will be able to:



1. Define major systems of culturally-based health beliefs, values, attitudes, and behaviors.
2. Recognize indicators of conflicting expectations and responses to conflicting values and beliefs.
3. List health beliefs that might affect adherence to recommended treatment or care plan.
4. Describe the model of cohort analysis as a way to understand the historical experiences of various cohorts of elders from diverse ethnic backgrounds.
5. Use a cohort analysis of a selected ethnic group to discuss possible implications in the clinical setting (e.g. trust of providers, acceptance of treatment, follow-up).
6. Identify resources for information on historical experiences of various ethnic cohorts helpful to clinicians.

CULTURALLY-BASED HEALTH BELIEFS

Overview

A significant proportion (30-41%) of older Americans has been found to use complementary and alternative medicine (CAM), including 38-50% of ethnic minority elders (Astin et al., 2000; Eisenberg et al., 1998).

Although these data include more than culturally-based practices, many elders who have immigrated from Asian and Latino countries use herbal or other culturally-based remedies, frequently without telling their American providers (Cohen, Ek, & Pan, 2002; Dole et al., 2000; Tanaka et al., 2008).

All health belief systems are culturally-based in that they are learned within the context of the culture's values, knowledge system, and health care roles and organizations (e.g., the germ theory as a reflection of the value of science).

Major Systems of Culturally-Based Health Beliefs

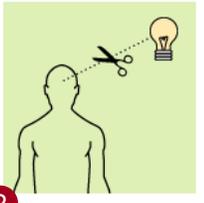
BIOMEDICAL MODEL (WESTERN ALLOPATHIC)

Based on scientific reductionism, the biomedical model of medicine and nursing is the **primary healing system of the dominant culture/group in the United States.**

CHARACTERISTICS



1 Mechanistic model of the human body



2 Separation of mind & body

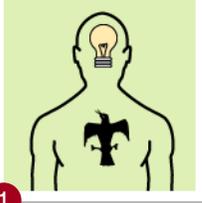


3 Discounting of spirit or soul

TRADITIONS FROM AMERICAN INDIAN NATIONS

Health beliefs and views of death predate European immigration and vary by tribe.

CHARACTERISTICS OF MANY TRIBES



1 Mind-body-spirit integration



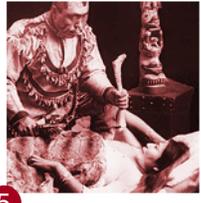
2 Spiritual healing



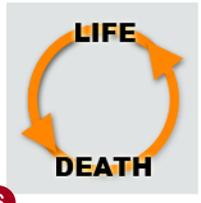
3 Use of herbs from native plants



4 Harmony with natural environment (e.g., animals, plants, sky, and earth) is important for health



5 Illness is sometimes seen as a result of an individual's offenses, to be treated by a ritual purification ceremony or a ceremony by a medicine person



6 In many tribes, life and death are viewed in a circular pattern rather than linear as in European traditions

(CULTURALLY-BASED HEALTH BELIEFS CONT'D)

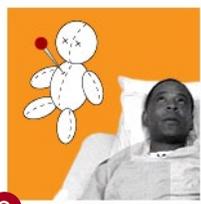
TRADITIONS FROM AFRICA AND EARLY AFRICAN AMERICAN HERITAGE

Various African traditions frequently integrated with American Indian, Christian, and other European traditions.

PREDOMINANT VIEW OF ILLNESS



1 **A natural illness**, which is a result of a physical cause, such as infection, weather, and other environmental factors



2 **An occult illness**, which is a result of supernatural forces, such as evil spirits and their agents (e.g., conjurers)



3 **A spiritual illness**, which is a result of willful violation of sacred beliefs or of sin, such as adultery, theft, or murder

COMMON CHARACTERISTICS OF HEALING



1 Healing power of religion, Christian in some cases



2 Use of herbs, or "root working", which includes the belief in hexes that can be treated by a "root doctor".

CONTEMPORARY VIEWS

In some Caribbean Islands, African traditions evolved into strong beliefs in the power of spirits and the use of healers to maintain health and treat illnesses. However, those beliefs probably have a weak influence on most urban African Americans today, except for more recent immigrants from Haiti.

Many current African American elders, particularly those from the rural South, grew up using alternative practices of self-treatment, partly in response to lack of access to mainstream care during periods of segregation and discrimination. Experiences of segregation and memories of the Tuskegee Experiment (see below) may make the current cohort of older African Americans skeptical and distrustful of mainstream medicine, especially when making decisions about care at the end-of-life.

THE TUSKEGEE EXPERIMENT

In 1932, the U.S. Public Health Service began the Tuskegee Alabama Syphilis Experiment in which 599 black men with syphilis were studied. Although penicillin was discovered in the 1940s, the men were not treated until after the study ended in the 1970s.

(CULTURALLY-BASED HEALTH BELIEFS CONT'D)

TRADITIONS FROM LATIN AMERICA

Most Latino Americans practice the biomedical model, but among some elders there may be reminiscences of other beliefs. These beliefs are rooted in models developed from Native American, European, and African practices and form an intricate cultural blend in which religion is an important component of the folk healing systems. For example:

- Santeria from Cuba
- Espiritismo from Puerto Rico
- Curanderismo from Mexico

OTHER EUROPEAN AMERICAN SYSTEMS

Folk healing systems from European countries predating biomedicine, many of which include religious healing and use of herbs, may still be practiced in some areas of the U.S. Variations on the belief systems of allopathic medicine, or competing health philosophies, have emerged in the U.S. in the past century.



It is imperative not to assume, based on ethnic backgrounds, that any individual maintains traditional beliefs.



1 OSTEOPATHY: Similar to allopathic medicine, but deals with the “whole person” and emphasizes the interrelationship of the muscles and bones to all other body systems



2 HOMEOPATHY: Emphasizes the healing power of the body, and relies on the “law of similars” to choose drug therapy

MEDICAL PLURALISM IN THE U.S.

Range of Belief Systems

Elders from any one ethnic background may or may not know, or may not espouse, the health beliefs connected with their traditional heritage. It is important for providers to be familiar with the range of belief systems found in the U.S. Yet, it is imperative not to assume, based on ethnic backgrounds, that any individual maintains those beliefs. Practitioners should be aware of the distinct explanatory models of illness among elderly persons from all cultural backgrounds, and explore the meanings of illness, which may be unique to the individual. Causes of illness may be attributed to cultural constructions or idioms.

Interactive Nature

Health care can be viewed as a local system composed of three overlapping sectors. It is necessary to understand the interactive nature of these sectors, particularly for subgroups of older Americans who have affiliations with other cultural traditions of medicine.

Dominant

The dominant healing paradigm is considered to be the professional sector, including organized healing traditions. In the U.S., it is Western biomedicine.

Popular Sector vs. Folk Sector

The popular sector includes self-treatment, family care, and socially based networks of care.

The folk sector includes practitioners and healers who use alternative therapies based on paradigms outside of the dominant (e.g. biomedical) model.

COHORT ANALYSIS

Overview

Cohort analysis is a tool to understand the impact of historical experiences of various ethnic cohorts on the lives of elders. It includes major influences on the ethnic group during the lifetime of the current population of elders, such as periods of increased discrimination or immigration.

Influence of an event differs based on the age of the elder at the time. Not all individuals who identify themselves as members of the ethnic group will have been influenced by all events.

Use of Cohort Analysis in Clinical Care

- Taking relevant social histories.
- Understanding influences on elders' trust of providers and attitudes toward the health care system. For example, knowing that an African American elder grew up with segregated and severely disadvantaged health care, and is very aware of the abuse in the Tuskegee Experiment may help a provider understand the patient's insistence on not limiting health care, even at the end of life.

Cohort Experiences

Historical Experiences of Cohorts of Older Ethnic Populations

Timelines for older African American, American Indian, Chinese American, and Mexican American adults can be found at:



http://geriatrics.stanford.edu/culturemed/overview/knowledge_fund/cohort_experiences.html

The timelines are taken as examples from the SGEN Working Paper on cohort analysis of eight populations, which also includes text explaining the historical experiences in the charts. (Yeo, Hikoyeda, McBride, Chin, Edmonds, & Hendrix, 1998).

INSTRUCTIONAL STRATEGIES

The following are possible methods of instruction for this module:

A. Lectures and Reading

Lectures and reading assignments on variations in culturally-based health beliefs.

B. Discussion Sessions

Discussion sessions in which learners are asked to:

- Share the health beliefs of their own families based on cultural and religious backgrounds.
- Explore the similarities and differences.
- Respect the differing values and beliefs.

C. Interview

Inviting elders from diverse ethnic populations to:

- Discuss the important historical events in their lives and health beliefs that they and others of their ethnic group hold.
- See Interview Strategies for student assignments on interviewing members of older ethnic populations.

D. Application of Cohort Analysis

Viewing profiles of elders from films of various ethnic groups and asking learners to place the elder in a specific cohort and discuss the possible influences on their clinical care.

E. Biographies

Assigned reading of biographies of ethnic elders (e.g., *Having our Say* by Sarah and Elizabeth Delany; *Mankiller* by Wilma Mankiller).

F. Generational Comparison

Comparison of two generations of elders from the same ethnic population in terms of their responses to the health care system based on their historical experiences.

EVALUATION STRATEGIES

Evaluation of the learner's progress can be based on the following chart relating strategies to learning objectives.

Evaluation Strategies for Specific Learning Objectives	
Learning Objectives	Suggested Evaluation Strategies
Define major systems of culturally-based health beliefs, values, attitudes, and behaviors.	Multiple choice or essay questions identifying characteristics of major health belief systems.
Recognize indicators of conflicting expectations and responses to conflicting values and beliefs.	Multiple choice or essay questions identifying characteristics of major health belief systems that are potential sources of conflict between patient and provider. Project B
List health beliefs that might affect adherence to recommended treatment or care plan.	Assigned paper analyzing possible clinical implications of historical influences on different cohorts of elders from a locally relevant ethnic population. Reports Based on Projects B & C
Describe the model of cohort analysis as a way to understand the historical experiences of various cohorts of elders from diverse ethnic backgrounds.	Essay question. Reports from Projects C, D & E
Use cohort analysis of a selected ethnic group to discuss possible implications in the clinical setting (e.g. trust of providers, acceptance of treatment, follow-up).	Assigned paper analyzing possible clinical implications of historical influences on different cohorts of elders from a locally relevant ethnic population. Project F
Identify resources for information on historical experiences of various ethnic cohorts helpful to clinicians.	Essay question asking learners to write a rationale to persuade a clinic administrator to invest in print resources or inservice training on historical experiences of cohorts of elders from various ethnic backgrounds.

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LINKS

Diversity Rx



Promoting language and cultural competence to improve the quality of health care for minority, immigrant, and ethnically diverse communities.

www.diversityrx.org

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