Ethnic Diversity and Cultural Competency in Cancer Care

by Yvette Colón, PhD, MSW

According to the 2000 Census, one in four people living in the United States reports being members of ethnic or racial groups.[1] Providing cancer care to members of different racial or ethnic groups and disadvantaged persons can pose tremendous challenges to healthcare providers. Members of the cancer care team must respect and be sensitive to issues related to a patient's culture, race, gender, sexual orientation, and socioeconomic status while providing optimal cancer care.

Defining Culturally Competent Care

Many professional associations have emphasized the need to provide culturally competent care; many have developed standards or guidelines for delivering culturally competent services to increasingly diverse patients and families. The National Association of Social Workers defines cultural competence as "the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the words of individuals, families and communities and protects and preserves the dignity of each."[2]

Culture influences what is viewed as a health problem, and also how symptoms are expressed and discussed, how healthcare information is received, what type of care should be given, and how rights and protections are exercised.[3] Additionally, healthcare decision-making is influenced by demographic factors such as level of education, other socioeconomic status factors, geographic region (urban, rural), and time spent in the United States.

Effective cancer care is no longer possible without a working knowledge and understanding of a person's or group's culture and background. A good starting place can be conducting a cultural self-assessment using a tool such as Georgetown University's Cultural Competence Health Practitioner Assessment (CCHPA). When completing the CCHPA, individuals should focus on one particular ethnic, cultural, or racial group to whom their cancer program provides services. If the cancer program has a diverse patient population, individuals may consider completing the CCHPA for each distinct group. The CCHPA takes approximately 20 minutes to complete and can be done online at: *www11.georgetown. edu/ research/gucchd/ nccc/features/CCHPA.html.*

Communication is Key

Communication between healthcare providers and patients is vitally important to effective cancer care. Patients' understanding of their cancer diagnosis and treatment affects the course of their care. Healthcare professionals must be aware of subtle cultural variations in language, verbal and nonverbal communication, and expressions of distress.[4] Clinicians must be able to comprehend the effects of ethnicity and spiritual beliefs on the daily lives of their patients and families.

To provide culturally competent cancer care, healthcare providers must value diversity, recognize the dynamics of cultural interactions, and consider solutions that take those diverse interactions into consideration. Knowing the history, culture, and experiences of specific populations is helpful, but even more important are the ability to listen, awareness of one's own biases, and willingness to learn in a respectful and non-judgmental way.

Communication and language barriers may affect the relationship patients and families have with providers. A cultural mismatch between patient and provider may exist, or subtle practitioner bias may occur. Patients who are uninsured or underinsured may be distrustful of the health system due to the absence of the continuity of healthcare relationships.[5]

In addition, several areas of potential conflict between providers and patients may occur. Past experiences or injustices may cause minority patients to distrust their providers. For example, the use of the negative and pejorative term "illegal alien" may enforce suspicion and fear. The term "illegal alien" has been considered to be a negative term that stigmatizes the individual rather than describes their residential status in the United States.[6]

The patient's interpretations of illness and treatment will likely be different than those of the healthcare team. Some cultures believe that the "illness" is spiritual rather than physical or that cancer itself is a punishment for past sins, a different explanatory model than that of Western medicine. Concepts of family structure often extend beyond the definition of the traditional nuclear family. Because patient decision-making may include members of the patient's extended family and community, healthcare providers should consider familial influence on treatment decisions.

A Word on Interpreters

As needed, use trained interpreters or services. Be cautious about using a patient's family members as interpreters; family members may alter translation due to their own limited understanding of the illness and treatment or their need to protect the patient from bad news. As much as possible, avoid using hospital personnel lacking training as an interpreter. If no trained interpreter or interpreting services are available, it is acceptable to use a bilingual volunteer with medical proficiency in cancer-related information. Encourage the interpreter to translate the client's own words and

Ethnic Diversity and Cultural Competency: Case Studies

Case Study #1

Noemi, a Puerto Rican woman, was 35 years old when she was diagnosed with breast cancer. Ten years earlier, her mother had died of breast cancer. Both women believed that their cancers were a punishment from God.

Noemi came to a cancer agency for supportive services and was seen first by a social work intern for several months, then by a bilingual and bicultural staff social worker. Although Noemi had a history of depression, exacerbated by her cancer diagnosis, she had declined all offers of mental health services and psychiatric consultations. She was suspicious of Western medicine and preferred support and education groups along with complementary treatment modalities such as relaxation and meditation. She worked well with both her English-speaking and Spanish-speaking social workers, who were open to discussing her beliefs about why she and her mother had been diagnosed with cancer and to helping her work through her spiritual crisis.

These culturally sensitive support services helped Noemi to rely on her cancer care providers more effectively and complete her treatment.

Case Study #2

Victor, a soft-spoken young man from the Dominican Republic, was diagnosed with lymphoma. He spoke limited English, worked full-time as a handyman, and delayed seeking care because he "didn't like doctors." He seemed in agreement with the proposed plan of care, but began missing appointments as he was preparing to begin chemotherapy. On one of his clinic visits, his nurse noted that he appeared anxious and withdrawn. With the services of an interpreter, the nurse was able to find out that Victor was alone in the United States, had not told his family or fiancé of his diagnosis, and was most concerned about his ability to have children in the future. The nurse arranged for a translator to attend meetings with Victor's physician to discuss fertility options and for the hospital social worker to talk with Victor about how he might tell his family so that they could be supportive to him. Victor decided to bank his sperm, and his mother came to the U.S. to help care for him during his treatment. His anxiety lessened and he was able to begin chemotherapy.

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care

In 2002 the Institute of Medicine (IOM) released this report, which found disparities consistently across disease areas, clinical services, and clinical settings. The focus of the IOM report was on conscious and unconscious discrimination or bias and its effect on healthcare delivery. The report found evidence that healthcare is less accessible to the disadvantaged, including people of color, immigrants, children, women, and the poor and uninsured and that minorities tended to receive lower-quality health care than whites, even when factors such as insurance status, income, age, and severity of the illness were comparable.

The IOM's general recommendation was to increase awareness of disparities among the general public, key stakeholders, and healthcare providers. Specific recommendations for critical areas included patient education and empowerment; cross-cultural education in health professions; legal, regulatory and policy interventions; and health system interventions. You can read the report online or purchase a hard copy at the National Academies Press website: *www.nap.edu/catalog/10260.html.*

to refrain from inserting his or her (i.e., the interpreter's) own thoughts. Assess understanding by asking the patient to repeat instructions or information. Above all, look and speak directly to the patient.

Putting it Into Practice

Cancer care providers typically work in teams:

- Educating the patient and family about expected symptoms and their management
- Clarifying information about medications and medical procedures
- Facilitating patient and family communications with the team
- Helping patients and families make decisions about practical and financial changes in the family structure
- Normalizing their patient's emotional experiences
- Teaching effective coping skills.

Making cultural competency work requires a heightened awareness and sensitivity of cultural diversity. Valuing diversity, considering differences as strengths, and being conscious of interpersonal dynamics when people from different cultures interact are vitally important in working toward cultural competency. And beyond provider-patient interactions, the importance of cultural knowledge and institutionalizing it in the cancer care setting's policies and practices will more effectively meet the needs of diverse cancer patients and their families.

Practical interventions can be simple. They may include asking a patient what language is most comfortable to use when discussing his or her cancer diagnosis and treatment or asking a patient and family for help in understanding their beliefs and practices that influence their cancer experience. Patients and families can be encouraged to integrate cultural, religious, and healing practices into their cancer care plan. Learning the core cultural values of the primary populations cared for in a particular setting and using good cultural competency resources can make the difference in providing quality cancer care for all.

Yvette Colón, PhD, MSW, is director of education and Internet services for the American Pain Foundation.

Ethnic Diversity and Cultural Competency **Resources**

American Medical Association

As part of its Cultural Competence Initiative, AMA has published the *Cultural Competence Compendium*, a collection of resources for physicians and the public. AMA is also committed to addressing racial and ethnic healthcare disparities through its Minority Affairs Consortium, its Health Care Disparities Program, and other initiatives. AMA's Health Disparities website (*www.ama-assn.org/go/healthdisparities*) includes information on AMA policy related to health disparities, resource links, and information on partnerships and activities that are part of the national effort to eliminate health disparities.

American Nursing Association

Knowledge of cultural diversity is vital at all levels of nursing practice. Effective in 1991, ANA's Board of Directors adopted *Ethics and Human Rights Position Statements: Cultural Diversity in Nursing Practice*. ANA also offers online CE modules, such as "Disparities in Health and Health Care: Focusing Efforts to Eliminate Unequal Burdens," "Framework, Concepts, and Methods of the Competency Outcomes and Performance Assessment," and "Rural Nursing: Practice and Issues." Visit ANA's website for more: *http://nursingworld.org*.

Association of Oncology Social Work

AOSW's Diversity Special Interest Group (SIG) promotes knowledge and understanding of diversity issues related to culture, race, age, gender, and religion as they affect oncology patients and professionals. Visit *www.aosw.org* to learn more.

Cross-Cultural Healthcare Program

Each year CCHCP provides training in linguistic and cultural competency in numerous health and social service settings around the country. These training sessions target three crucial areas of the healthcare system: the staff that provides care, the administrators who coordinate the delivery of care, and the policy-makers who regulate the form and manner of how care is delivered. CCHCP also maintains a comprehensive library of literature about cross-cultural healthcare. The library has information on immigrant communities, reference materials, and current government publications relating to health care of diverse communities. Learn more at: *www.xculture.org/*.

CultureMed

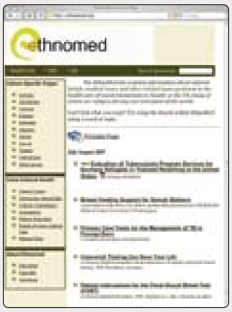
Part of the Peter J. Cayan Library at the State University of New York Institute of Technology (SUNYIT), this website is a resource center of print materials promoting culturally competent healthcare for refugees and immigrants. The project provides practical information regarding culture and healthcare from both viewpoints—clinician and patient. Bibliographies and links to relevant online resources are available for numerous ethnic groups, including Africans, Hispanics, Muslims, and Russians. Explore CultureMed at: *www.sunyit.edu/library/html/culturedmed/*.

Diversity Rx

This website is an online clearinghouse of information on how to meet the language and cultural needs of minorities, immigrants, refugees, and other diverse populations seeking healthcare. Visit *www.diversityrx.org/* to access a wide variety of tools, including models and strategies for overcoming linguistic and cultural barriers; federal and state laws and accreditation standards related to these issues; and model bilingual interpreter programs.

EthnoMed

Harborview Medical Center's online resource for information about cultural beliefs, medical issues, and other topics related to the healthcare of recent immigrants. Links to e-learning courses in cultural competency; patient education information in a variety of different languages; and culture specific resources can be found at: *http://ethnomed.org/*.



Intercultural Cancer Council

Part of Baylor College of Medicine, ICC has developed cancer fact sheets for

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different populations, as well as fact sheets for the rural poor and medically underserved with cancer. ICC also publishes *Cultural Competence in Cancer Care: A Health Care Professional's Passport*, a primer on the culturally appropriate behaviors and attitudes toward cancer prevention and control. The 121-page guide highlights the influences of culture, geography, socioeconomic status, and geography on the health behaviors of the rural poor and the five largest racial/ethnic groups in the United States: African Americans, Latinos/Hispanics, American Indians/Alaskan Natives, Asians/Asian Americans, and Native Hawaiian and other Pacific Island populations. Additional information on Appalachia provides recommendations on how to interact with patients from rural America. Learn more at: *www.iccnetwork.org/.*

Kaiser Family Foundation

KFF has developed a compendium of reports, resources, and information about efforts to reduce racial and ethnic disparities in healthcare access. Specific online resources include: *Key Facts: Race, Ethnicity and Medical Care, 2007 Update*; a bibliography of resources related to "Immigrants: Coverage and Access to Care"; and tutorials on "Race, Ethnicity and Health Care" and "Expanding Health Coverage to the Uninsured." See *www.kff.org* for additional resources.

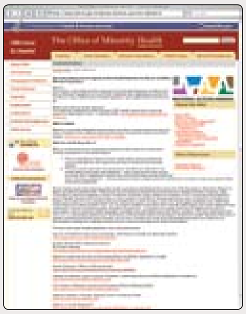
National Association of Social Workers

NASW's *Standards for Cultural Competence in Social Work Practice* is intended to help social workers improve services for diverse communities and clients. This publication is available online at: *www.socialworkers.org/practice/standards/NASWCulturalStandards.pdf.*

National Center for Cultural Competence

Part of the Georgetown Center for Child and Human Development, NCCC uses four major approaches: (1) web-based technical assistance, (2) knowledge development and dissemination, (3) supporting a "community of learners" and (4) collaboration and partnerships with diverse constituency groups. Tools include the cultural competence health practitioner assessment; the cultural and linguistic competence policy assessment; and a curricula enhancement module series. For more information, go to: *http://gucchd.georgetown.edu/nccc/.*

Office of Minority Health



Part of the U.S. Department of Health and Human Services, OMH has developed a *National Action Agenda to End Health Disparities for Racial and Ethnic Minority Populations.* OMH offers information on funding and grants; data and statistics; and cultural competency reports, policies, resources, and standards. For more, go to *www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=6.*

Oncology Nursing Society

ONS has developed a hands-on, problem-based learning kit to provide fundamental knowledge for providing culturally competent care to individuals, families, and communities from various ethnic, religious, cultural, or social settings. The Education section of the *Multicultural Toolkit* is divided into three parts: 1) considerations in developing a teaching plan, 2) suggested teaching and learning activities, and 3) suggested resources. The section on Nurses in Research offers principal investigators, clinical trial nurses, or students resources that are fundamental to conducting culturally competent research. The toolkit is available online at: *www.ons.org/clinical/special/toolkit.shtml.*

Robert Wood Johnson Foundation

RWJF supports training, education, research, and projects that demonstrate effective ways to deliver health services, especially for the disadvantaged. In 2006, the Foundation awarded 133 quality/equality grants for a total of $43.1 million to help communities set and achieve ambitious goals to improve the quality of healthcare in ways that matter to all patients and their families and, in particular, to patients from specific racial and ethnic backgrounds who often experience lower-quality care. Also in 2006, RWFJ funded 154 grants for a total of $83.7 million to vulnerable populations in support of promising new ideas to help overcome longstanding health challenges for those in society who bear an excess of the burden of disease. In addition, the Foundation offers data, research studies, and publications related to cultural disparity in vulnerable populations. Go to *www.rwjf.org* to learn more.

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