

The African-American Patient and Diabetes

Cultural competency embraces the notion that every person has a “culture” that he or she brings with them to the medical encounter. While particular ethnic, religious or other sociological groups may have beliefs and practices in common, it is also true that any individual within a particular group may deviate from these common traditions or norms. Individual differences are often determined by age, educational level, and place of birth. Non-judgmental, open dialogue remains the most important tool a physician has to understand their patient’s frame of reference relative to creating an acceptable treatment plan for the patient.

With this overarching principle in mind, this fact sheet was developed to provide an understanding of the traditional African-American cultural perspective regarding diabetes. This information does not assume that all patients ascribe to these beliefs and practices. It is intended only as a guide to initiate open discussion that may help you work more effectively with your African American patients.

While the incidence of type 2 diabetes in African-Americans is similar to other populations, it should be noted that African-Americans are disproportionately affected by diabetes complications. As African-Americans do have a higher incidence of hypertension than other groups (can exacerbate renal and cardiovascular disease), it is imperative to develop a relationship that encourages your patients to return for regular visits and obtain screenings and self-management education.

Lack of trust in medical establishment

The African-American experience in America has left many African Americans mistrustful of mainstream institutions and providers who are members of the dominant culture. To many African-Americans, the bad faith and abuses of the Tuskegee Syphilis Study are not isolated lessons learned in history books, but an example of the experiences African Americans endure in health care settings today.

Traditional African-American Definitions of the Causes of Illness

Your patient may see diabetes as a result of natural causes, improper diet and eating habits, exposure to cold air or wind, and the will of God for improper behavior. Religion, spirituality and kinship ties may have an important role in your patients’ understanding and treatment of illness. Any type of illness, physical or mental, may be seen as a lack of spiritual balance. Good health is a product of keeping spiritual harmony between mind, body and soul. Some delay in seeking health care can be attributed to allowing God a chance to heal. Asking a patient what they think caused their illness and what treatments they plan to or have already used can help with understanding their health beliefs and practices.

African-American Health Care Practices

Many types of healers are found in the African American communities. Some of your older patients may seek care in the form of lay advice, home remedies and prayer to treat illness as well as western medical treatments. Patients from southern states may also use spiritual elders, herbs, and rituals. While some healers limit themselves to a specific type of illness or problem, other healers’ intent is to heal every type of illness. Healers may refer to themselves as herb doctors, root doctors or root workers, readers, advisors, spiritualists, or conjurors. For fear of disapproval, many patients who use healers may not admit this to their healthcare provider. Asking about alternative therapies in a non-judgmental fashion will encourage honest response. Look for ways to combine alternate remedies with western medicine by encouraging treatment that promotes self-care. Determine whether the remedies are beneficial, neutral, or harmful. Incorporate beneficial and neutral remedies into the plan of care. This will encourage patients to share about all remedies. This will enable you to identify potentially harmful ones or ones that may cause drug interactions and advise accordingly.



Helping Your Patient Take An Active Role In Care And Recovery

Your patient may see diabetes as out of their control. Help your patient know what steps he or she can take to help recovery.

Is this your patient's first visit to your office? Keep in mind that patients who are new to the system of Medi-Cal may not be aware of the role the Primary Care Team or the process for getting a referral to a specialist.

Cultural Considerations

It is important for your African American patients to feel respected. Until invited to do otherwise, greet your patient by using formal titles, such as, Mr., Mrs. or Ms. Take special care to have congruent verbal and non-verbal patterns. Especially communicate that you are listening and paying full attention to what your patient may be telling you.

Your patient may include many people as part of their extended family, some related while the others may be friends of the family or part of the patients' wider social network.

Communication

To improve communication, which enhances the building of a trusting relationship, acknowledge and respect your patients' meaning for their illness. Listen carefully. Ask...

"What are the chief problems your illness has caused you? What do you fear most about your illness? What kind of treatment would you like to have?"

Some patients may call diabetes mellitus "sugar" or "sugar diabetes" pain may be called "miseries" and anemia may be referred to as "low blood" Be alert that there may be divergent meanings and expectation for treatment for such terms as "high blood pressure", "high blood" and "hypertension." Use open ended questions to ensure that you and your patient have a common meaning.

Making one medically neutral suggestion that fits your patients' belief system builds rapport fast. For example, you may ask your patients about religious beliefs and, as appropriate, encourage your patients to pray or read scripture.

Make sure to include your patients in the decision making process. Answer your patients' questions and concerns about diagnosis and treatment plans.

Norms About Touch

Explain to your patient what you are about to do and why before touching them. Your gender as a health care provider is not likely to be an issue for your patients. Female patients may prefer a female OB/GYN. Your patients may prefer that family members or the other gender leave the room. Ask your patients what they prefer.



Hair Care

African-Americans also have diversity with regards to hair styles, color, length, etc. The texture may or may not be course, but the use of ethnic hair care products with an oil or cream base is common practice. In addition, bi-weekly or less than daily shampooing may be observed. This has more to do with hair management or personal hair care needs. No inference should be made that any of these practices have to do with or is the result of poor hygiene.

Adapted from...

- Culture Clue: Communicating with your African-American Patient. University of Washington Medical Center
- Diabetes in African Americans. National Diabetes Information Clearinghouse