

Introduction

Every patient/client/resident deserves an individualized plan of care that incorporates their unique cultural values and beliefs. Cultural specific care is more than a checklist of ethnic differences but rather a set of skills that includes self-awareness, active listening, empathy, knowledge of power imbalances and cultural negotiation. It recognizes that there are cultural differences not only between groups but within them. This guideline is intended to identify culturally specific approaches that should be explored and considered when developing a heart failure plan of care. It should not be considered a fact file but a guide to enhance your understanding of the clients' personal values and beliefs regarding their cultural traditions.

Practice Tips

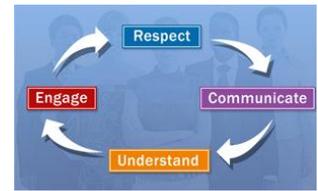
General Cultural Tips

In order to mitigate barriers to accessing appropriate health care and communication gaps, the Canadian Cardiovascular Society (CCS) Guideline for Heart Failure suggests that health care providers should:

- Ensure proper translation is available and the inclusion of family members in the overall management plan.
- Provide medical information or educational aids in a language understood by patients or their caregivers.
- Respect local traditions and not impose one's own values.
- Work in multidisciplinary teams.
- Include community health representatives, where appropriate (CCS, 2010)

Culturally Specific Care Planning Tips

- There is an increase in the uptake of "western lifestyle" with longer duration of living in Canada after emigrating from Asia. This increases their chances of developing western risk factors.
 - Asian individuals develop worsening cardiovascular health for each decade they live in Canada.
 - There may be a disproportionate lack of awareness of symptoms and risk factors for heart disease.
- Asian patients have a higher rate of hypertension as a cause for heart failure and control of blood pressure could be a high-benefit target in this population.
- It is important to ensure preventative care is provided as Asian patients tend to delay treatment seeking behaviours.
- It is important to the Asian patients with heart failure that you involve the family and or significant others in discussion and decisions about their health care.
- When exploring quality of life, the translated Minnesota Living with Heart failure quality of life tool should be used with Asian patients as it has been proven to have good reliability and validity when used on the Chinese patients with heart failure.
- Little is known about health literacy in the Asian population, however, assessment of health literacy and adapting recommendations and materials may confer similar benefits to other populations with heart failure.
- The use of traditional Chinese medicines is common place in Asian countries. Consideration of the Asian person's choice to utilize these therapies should be included in the discussion of treatment.
 - Health care providers should seek opportunities to familiarize themselves with traditional therapies for heart failure including risks and benefits (<http://www.bcheartfailure.ca/wp-content/uploads/downloads/2013/03/Final-Draft-Herbs-and-Herbal-Supplements-plain-lang-and-endorsed-by-RDWG-March-12-20131.pdf>).



Culturally Specific Care Management Considerations

- Chinese patients with heart failure tend to be older than their Caucasian counterparts.
- Cause of heart failure over time has shifted from primary rheumatic valvular disease to coronary artery disease.
- There is a risk of under diagnosed atherosclerosis in the immigrant population and consideration should be given to increased screening efforts.
- Hypertension is a prevalent problem in the Asian population; and given the association of hypertension and heart failure with preserved LV function; efforts to determine diastolic dysfunction should be made in Asian patients presenting with heart failure symptoms.
- Asian patients have a higher rate of hypertension as a cause for heart failure therefore it is of utmost importance to control their blood pressure and ensure they are on the most appropriate BP medication.
- Asian individuals may consume a diet lower in fruits and vegetables and higher in carbohydrate and this could be a target for dietary advice to reduce risk for cardiovascular disease and heart failure. Diets that focus on reduction of carbohydrate rather than reduction of dietary fat may be more effective in this population.
- There may be benefit in individualizing recommendations around sodium limitation
 - using sodium threshold testing,
 - conducting a detailed dietary history
 - tailoring dietary recommendations to the cultural diet of Asian individuals.
- Screening for depression and referral/treatment should be considered for all Asian individuals with heart failure. (However the literature review did not highlight an appropriate instrument for screening for depression in the Asian population.)
- Relaxation training was observed to have a positive effect in improving emotional health-related quality of life and a protective effect in helping to prevent deterioration of social health-related quality of life.
- Cardiac rehabilitation programs are beneficial in Asian persons. Low intensity program such as tai chi and progressive relaxation have demonstrated positive benefits.