

Introduction

Every patient/client/resident deserves an individualized plan of care that incorporates their unique cultural values and beliefs. Culturally 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

- South Asian clients tend to involve and depend on family and/or community members in their medical decision making.
- Training of health care and support workers with regard to cultural and culinary traditions, providing education to South Asian individuals in their first language and community partnerships have demonstrated improved outcomes.
- Themes that are more evident in South Asian individuals include:
 1. Faith and coping: viewing illness and suffering as God's will and a test of faith, seeking God's approval through positive thinking and actions; and seeing despair and anger as spiritual deficits.
 2. A reluctance to discuss death and dying with family members.
 3. Culturally-inappropriate services: providers or institutions were not always able to meet basic needs for culturally appropriate foods/devices, which could be seen as racially motivated; feeling neglected when care providers step back because they are risking offence; conflict when family members act as interpreters.

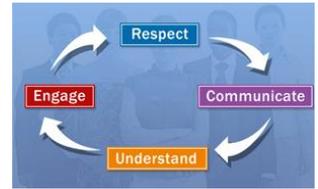
Culturally Specific Care Management Considerations

- Barriers that may exist for South Asian clients in changing diet include:
 1. Lack of familiarity with Canadian vegetables
 2. Unhealthy products in local grocery stores
 3. Having to cook different foods for family members with diabetes or cardiovascular disease
 4. Younger generation being more reliant on fast foods;
 5. Limited knowledge about healthy diet
 6. The belief held by some that being overweight is healthy



BC's HEART FAILURE NETWORK
Quality care for quality life.

Practice Guideline Providing Client-Centered Care South Asian Client & Family



- South Asian Canadians have been shown to be at risk of developing heart disease five to 10 years earlier than other ethnic groups therefore individuals may present with symptoms at younger age.
- Cardiovascular risk profile worsens for each decade a South Asian immigrant resides in Canada, independent of other factors.
- Higher rates of diabetes, hypertension and physical inactivity contribute to increased risk for heart disease in the South Asian population.
 - Screening for diabetes and ongoing maintenance is essential
 - Ensure blood pressure assessed at each visit and patient on the appropriate antihypertensive medication
 - Stress the importance of exercise and where appropriate referral to cardiac rehabilitation program
 - Barriers to exercise may include lack of time, money and knowledge about effective exercise, long working hours, language barriers and a shyness to exercise with others among women.