

# Communicating with Your African-American Patient

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Adapted from *Culture Clues™*, University of Washington Medical Center, November 1, 2007;  
<http://depts.washington.edu/pfes/cultureclues.html>.

*Culture Clues™* was designed by the University of Washington Medical Center to help increase awareness about concepts and preferences of patients from diverse cultures. *Culture Clues™* is to be used along with information from the patient and family to guide your communication and your patient care.

**Remember — every person is unique; always consider the individual's beliefs, needs, and concerns.**

Be aware that there is variability in this ethnic group in their health care seeking and health promotion behaviors. There are differences based on age, education, and place of birth. Sources of these varying beliefs may include: beliefs brought from Africa which survived the slave trade, carryovers of western explanations of illness current during slavery, and modern medical theories and practices.



## How does the African-American culture deal with illness?

### Explaining the cause of illness

- Your patients may believe illness is 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.
- You may be surprised about how long it takes before your patients seek health care. Some patients may prefer self-treatment as giving God a chance to heal.
- Some of your older patients may seek care from folk healers, 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. Look for ways to combine folk remedies with western medicine by encouraging treatment that promotes self-care. Determine when the remedies are beneficial, neutral, or harmful. Incorporate beneficial and neutral remedies into the plan of care. Consider potential drug interactions.



## How are medical decisions made in the African-American culture?

### Making decisions about health care

- Your patients' decision process to seek health care often has three phases:

1. Wait and see how illness/symptoms progress while coping using available home or folk remedies;
2. Discuss treatment alternatives and plans with key people within their family, community, or church;
3. Seek medical care from a doctor or health care provider.

### **Participation in clinical trials**

- Your patients may have a significant mistrust or fear about entering clinical trials because of notable historical injustices in medical care research.

### **Managing medical news**

- Assess and acknowledge the significance of spirituality; avoid dominating the content of the discussion, and offer choices for treatment options.
- Spend time with your patients and ask about their health beliefs.
- Be available to consult with your patients' family, minister, and/or friends in cases of serious or terminal illness, especially at the time the illness is being explained.
- Determine if there is a match between your explanation of the causes and likely course of the illness and that of your patients. If there is a mismatch, many patients from this culture will rely on their own explanations before those of medical professionals.
- Even during adversity, many African-Americans find solace in a good laugh or playful kidding. Occasional bursts of laughter may seem out of character to the severity of the situation if you are not used to African-American culture.

### **Understanding relationships**

- Show respectful behavior (as understood within African-American culture) towards your patients.
- Your patients 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.

### **Improving communication with your African-American patients**

- To improve communication, which enhances the building of a trusting relationship, acknowledge and respect your patients' meaning for their illness. Listen carefully.
- Making one medically neutral suggestion that fits your patients' belief system builds rapport quickly.
- Include your patients in the decision making process. Answer your patients' questions and concerns about diagnosis and treatment plans.
- Enlarge the decision making process to include social decisions.
- Some patients may call diabetes mellitus "sugar" or "sugar diabetes," pain may be called "miserias," 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."



## What are the African-American culture's norms about touch?

### Explaining touching

- Before touching your patients, always explain what will be done and why.
- Your gender as the 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 of the other gender leave the room.

### Understanding concerns about hygiene and health

- Hair care products used by many African-Americans leave their hair oily to the touch.



## What is unique about this patient and family that you will not learn from tips or information about their culture?

- 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.