ACCOUNTING FOR CULTURE AND ACCULTURATION WHEN WRITING CARE PLANS

Before developing a student’s care plan, consider the level of acculturation of the child and his family to the dominant culture and assess the cultural beliefs of a child and his family. Once this information is gathered, ensure the care plan is written in a culturally competent manner. Examples of possible cultural modifications include the following:

Assessment
• What languages do the parents and child speak? What language is spoken in the home? What language is the choice for reading material? In what language(s) does the child (and parents) usually think? In what language(s) does the child usually speak with friends? In what language do they receive e-mail or text messages? Will parents understand English or will they need a translator?
  • Make note of this information in the care plan. If a translator is needed, a quick reference list of possible translators could be included with the care plan for easy access.
• Does the child speak English? Will she understand you? If not, make note of this in the care plan. This is especially important to share with other involved school personnel (such as a teacher, dietary personnel, and administration) who may also communicate with the child, especially during an emergency.
• Assess cultural communication practices
  • Include relevant cultural information regarding eye contact or silence, which may be interpreted incorrectly. For example, some cultures believe it is a sign of respect to remain silent or indicate they understand or agree, even if they do not. This could be detrimental in health-related situations.
  • Who is the decision-maker for the family? This may need to be noted as well, if culturally significant.

Goal
• Does the goal or outcome of the care plan acknowledge any cultural beliefs? For example, obesity among Pacific Islanders is more accepted. Is the weight goal realistic for this population?

Interventions
• Are modifications needed to respect cultural practices or beliefs?

Dietary Modifications
• Are certain foods forbidden to eat? For example, are the foods outlined to be given if a child is hypoglycemic culturally appropriate? (Must foods be prepared a certain way?) Even though it may be an emergency and seen as an exception to you, it may be interpreted differently by the child and parents. Possible questions include:
  • Are there foods you do not eat or are not allowed to eat?
  • When your child’s blood sugar is low, what foods do you usually give him?
  • At school, we like to have an emergency food kit and teach key people what to do. You are welcome to supply food for these kits (depends on district/school). Could we also give these foods, if needed? (this way you also learn about food familiar to the child, etc.)
• When conducting health education, be sure to use foods familiar to the students. For example, when teaching a Hispanic child who has diabetes about carbohydrate counting, be sure to include foods she eats, such as beans and tortillas. Using only examples from the American diet may give the impression that other foods (the ones more often eaten by the child) do not need to be counted or should be eliminated from the diet. Be sure to review these cultural adaptations with teachers and others.

Medication Administration
• Questions to ask the child and parents:
  • What medications do you use at home?
  • What other treatments do you do to help with the condition? (Probe for use of herbs or alternative therapies that may be used.)

(continued)
• How will the child’s biological race impact medication absorption or side effects? This may affect the monitoring of signs and symptoms.

• Are certain medications forbidden? For example, Muslims do not use pork-based or beef (non-halal) insulin.

• Are various medical supplies unacceptable because of forbidden ingredients? If so, exclude them from the care plan and include appropriate treatments (make a note as well indicating they are not acceptable alternatives).

• Are alternative or complementary therapies being practiced at home? For example, various herbs such as mullein (Gordo lobo) and eucalyptus (Eucalipto) are used in the Hispanic culture.

Other Considerations

• Are there cultural traditions or holidays that may have an impact on a child’s health? For example, Ramadan is a month-long fast during daylight hours. The fasting includes refraining from food, liquids, and medications. Children usually do not participate in Ramadan, but adolescent youth do. Exceptions can be given to those who are ill, but studies have shown that adolescents who have type 1 diabetes may participate in Ramadan, but they must be closely monitored (Benaji et al., 2009; Qureshi, 2002). School nurses should work with families and their care providers to determine how to best comply with such special occasions.

Evaluations

• Are cultural differences accounted for when evaluating the Individualized Healthcare Plan (IHP)?

Additional Considerations

• Does a copy of the IHP need to be in another language?

• Are there culturally competent healthcare providers in the community who would best fit the needs of the family?

• What is the role of traditional health healers in the care of the child? What traditional remedies are being used and how might this impact treatment?

• How will cultural beliefs affect compliance with treatment?