Understanding Heritage Consistency in Cross-Cultural Patient Care

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Providing culturally-responsive care to patients from all cultural backgrounds depends on learning about the individual patient within the context of his or her family and community. This can especially important in pediatric medicine. The most responsive providers explore health within the full context of people’s lives, understanding the role of heritage consistency. In this article we will explore the concept of heritage consistency in-depth and suggest some key questions providers can use in communication with patients and families.

What is heritage consistency?

The term heritage consistency is used to describe how much or how little a person’s lifestyle reflects his or her traditional culture. If a person is very “consistent” with his or her cultural heritage, then he/she maintains more of the core values, beliefs, attitudes. If one is more “inconsistent,” then he or she deviates from that cultural heritage to a greater degree. Usually, the more one acculturates to American society, the less consistent he or she is with their original culture. However, one can't rely on time spent in the U.S. as a guaranteed indicator. Asking questions that reveal heritage consistency is an important means of zooming in on the individual patient’s experience. This is a must if we are to avoid stereotyping.

Three key factors to consider:

Especially when working with immigrants and refugees, it is important to determine three key factors related to heritage consistency: socialization, acculturation, and assimilation into the dominant U.S. culture. Though close in meaning, the three are distinct.
Socialization: The process of being raised within a culture and acquiring the characteristics of that group. Formal K-12 education in the U.S. is a key means of socializing children in our society.

Acculturation: This is the process of becoming a competent participant in the dominant culture. Acculturation is necessary to survival so it is involuntary. The degree to which one becomes acculturated and the speed of the process are affected by an individual’s circumstances and choices. Children, who can easily avail themselves of socialization via public schools, tend to acculturate quickly in the U.S. They have an easier time learning a new language. Grandparents, on the other hand, often acculturate slowly. They find adaptation more stressful and thus are often less willing to engage the dominant culture. They may seek the safety of their own close-knit ethnic communities, even resisting learning the language of their new country. Finally, literacy – in one’s native tongue as well as the language of the new country – affects the acculturation process.

Assimilation: Very much like acculturation, assimilation refers to the extent of identification with the dominant culture. Beyond becoming a competent participant in the dominant culture, an assimilated person chooses to identify with the members of the dominant culture. Behaviors that indicate this include marrying into the dominant culture, engaging in the civic activities of the dominant culture, living and working within dominant-culture communities, and so on. “The process of assimilation is complete when the “foreigner” is fully merged into the dominant cultural group.” (McLemore, 1980)

Many European Americans today – Irish Americans, Italian Americans, French Americans, etc. – are disconnected from their cultural heritage. Exploring the assimilation experience of one’s forebears can be very eye-opening. America’s history is truly a history of immigration, acculturation and assimilation (arguably with notable exceptions/variations).

What are key indicators of heritage consistency?

The following list of questions can help establish heritage consistency for a particular patient/family. Used skillfully, such questions reveal important family dynamics. These questions are only intended as suggestions, and providers will obviously pick and choose from the list based on the context of a specific interaction and find their own phrasing. The list is most helpful in exploring acculturation and assimilation in bi-cultural families where children sometimes struggle with identity confusion. And in adolescent medicine particularly, these questions open up conversation about straddling two cultures and the cross-generational conflicts that often occur between teens and family elders.

A skillful way to open the conversation that leads to the following questions is:

"Families are so important to children, and I really like learning about families. Can you tell me a little bit about yours."

• Did the patient's childhood development occur in the country of origin or in an immigrant neighborhood in the United States?

• Do extended family members encourage participation in traditional religious or cultural activities?

• Is the individual's family home within their ethnic community?
• Does an individual/family frequently visit the country of origin or return to the “old neighborhood” in the United States?

• Was/is the individual raised in an extended family setting?

• Has the individual’s name has been Americanized?

• Was the individual educated in a school with a religious or ethnic philosophy similar to the family’s background?

• Does the individual engage in social activities primarily with others of the same ethnic background?

• How fluent is the individual in the family’s language of origin?

• Does the individual possess personal pride about his/her cultural heritage?

(This list adapted from Cultural Diversity in Health and Illness, 7th Edition. See sources.)

Summary

Along with the socio-economic factors of poverty, literacy, and health literacy, culturally responsive care takes into account the heritage consistency of individual patients within the context of family dynamics. In an effort to avoid applying cultural generalizations too rigidly, providers explore the indicators of cultural consistency with their patients from different cultural backgrounds to understand how closely each individual adheres to the traditional culture in which they were raised. Deviations in attitudes and life experiences affect each person’s health beliefs and behaviors including their ability and/or willingness to comply with the treatment plan their doctor recommends.

Sources:


The 12 questions to use for indications of heritage consistency are adapted from the Cultural Diversity in Health and Illness by Rachel E. Spector. 7th Edition. Published by PH Professional Business. Copyright 2009.

Heritage consistency is a concept developed by Estes and Zitzow (1980) “The degree to which one’s lifestyle reflects his or her respective tribal culture.”

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