

Myths about Multicultural Patients ...and Their Implications for Healthcare

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According to the 2000 U.S. census, members of minority groups now represent one-third of the American population and the University of Georgia's Selig Center estimates their spending at over \$2 trillion every year on a wide range of goods and services including healthcare. This constitutes a huge market for the providers of healthcare products and services... if they know how to meet the unique needs of people from the Hispanic, African American, Asian, and Middle Eastern cultures.

As the U.S. population has become more racially and ethnically diverse, healthcare organizations are beginning to appreciate the importance of ethnic and minority marketing. However, since health marketers are only now refining their skills in marketing to mainstream consumers, redirecting their attention to the nation's various racial, ethnic and national subgroups represents a considerable challenge.

All industries face challenges and barriers in marketing to multicultural populations, but the significance of this challenge is undoubtedly greater in healthcare than in other industries. The stakes are greater here, because of the growing competitiveness of the healthcare market but, more importantly, in the healthcare environment the patient's health and even life is at stake, there is no margin for error in marketing communications.

Effective marketing to multicultural groups on the part of healthcare organizations is often hindered by a lack of knowledge about the target groups. Further, there are a number of myths that cause many marketers to develop an inaccurate perception of the populations they are cultivating. Some beliefs held about patients from diverse cultures may actually be true and also serve to inform the marketer. Some of these understandings—and their implications for healthcare—are presented below.

People from other cultures only want to do business with someone of their own culture.

In most industries, nothing could be further from the truth. True, if there is a language barrier, members of many groups may, of necessity, seek out fellow

countrymen for their services. Indeed, it is more likely that European-American medical professionals are less comfortable dealing with those from other cultures than are the ethnic minorities themselves.

In fact, members from many cultural groups prefer to obtain services from outside their own culture. The reason is that some groups are very private about their personal affairs and may be concerned that their private information may be disclosed to their community through someone from their culture.

In any case, this is not often an issue in healthcare, since few physicians from racial and minority groups are in practice. According to the American Medical Association only 2.6% of doctors are African American and 3.5% are Hispanic. As a result, members of ethnic and minority groups must, of necessity, must seek out practitioners from other backgrounds. In addition, Nursing Management reports that less than two percent of health care executives are non-white. Healthcare marketers should make an effort to develop the skills for attracting these customers and assure that the environment in which they are treated is sensitive to their cultural background.

Multicultural people have superstitions and beliefs that are incomprehensible to Americans.

We must be remembered that all cultures have beliefs and customs that seem strange to those in other cultures. People in the United States have beliefs that often baffle outsiders, such as our fears of black cats crossing our paths, walking under ladders, and the number thirteen.

Many cultural beliefs have direct or indirect implications for healthcare. The manner in which services are packaged and promoted may or the terms used or notions conveyed in promotional materials may create problems in cross-cultural communication. As an example, many Asians believe that the number four is unlucky because when pronounced in Japanese or Chinese it sounds very similar to those cultures' word for "death". Thus, items arranged in groups of four, such as pills or syringes can symbolize bad luck for those people who believe in numerology. Just as there are very few hospitals or hotels in

America with a thirteenth floor, the same is true for buildings in Asia where they scrupulously avoid numbering the fourth floor

Also, beliefs around healthcare can vary widely between cultures. For instance, *cupping* is very common among Hispanics and Asians which is placing a cup on the body with a candle inside that form a vacuum when the burns out so that bad spirits are drawn out. Many physicians were calling child protective services when they saw circular bruising on youngsters from cultures that follow this belief. Many cultures use a wide range of herbal remedies to treat a variety of maladies and this should be ascertained at the first visit otherwise medications could react with these with deadly results.

It's impossible to get accurate personal information from multicultural people because they're so secretive.

This is one of the beliefs about minorities that is not a myth. Many people who are new to this country are extremely private about their medical and other personal data. They may be unfamiliar with the healthcare system in America and may be distrustful of such organizations because of past experiences in their home country. Healthcare organizations are receiving a great deal of publicity lately for their zeal in collecting personal information about patients.

Even asking about the ability to pay for medical services may create an uncomfortable situation for the patient and his family. This is due to the fact that many new immigrants do not believe in banks and keep much of their money hidden as cash in their homes. They may feel that, to indicate what they have in the way of resources may make them the target of thieves. Asians and Hispanics are often victimized by these types of crimes because members of these groups are known to hide their money in their homes.

Members of certain ethnic groups may be willing and eager to pay cash for the services they receive. This is because some cultures believe it is unacceptable to owe money and many do not believe in borrowing to pay for purchases. The fact that the multicultural patient does not have insurance does not necessarily mean that they are not

paying customers.

People from outside this country insist on negotiating the price for services.

There are two types of countries in the world—negotiating and non-negotiating. The United States is a non-negotiating country where we generally pay the price asked by vendors without question. In most other countries around the world, people haggle on everything from groceries to clothing to homes. To expect someone from one of these places not to bargain is tantamount to asking them not to breathe. While few healthcare organizations will be willing or able to negotiate fees even if they wanted to, health professionals must be cognizant of the fact that the negotiation of fees is an important aspect of business protocol in many cultures. It should also be recognized that this is not simply a way of getting a better price, it is also a way to get to know those with whom one is doing business. Sometimes something as simple as giving a habitual negotiator a free sample can make them feel more comfortable with the relationship because they are used to getting something extra from a vendor with whom they plan to do business for a long period of time.

People from other cultures are just too much trouble to bother with.

While employees in other industries may be in a position to be choosy about their customers, health professionals do not have this luxury, nor should they. But just because sick people cannot be turned away, that doesn't mean that the attitudes of health professionals don't show through. Until recently, we practiced a one-size-fits-all medicine and it was up to the patient to adapt to that approach. Fortunately, today we realize that different people have different needs and expectations and that the system must adapt to this to the extent possible. The growing competitiveness of healthcare has heightened the sensitivity to this situation.

For the most part, multicultural customers are potentially more enjoyable to work with than many mainstream customers who have become jaded by the system. Multicultural patients are likely to place a lot of emphasis on personal interaction and to

develop a strong loyalty to a provider if it is earned. In addition, people from other cultures are very good about referring their friends and family if you serve them with sensitivity and patience. This also represents an opportunity for American practitioners to gain much needed insight into other perspectives.

It is important, however, to get some training on how to efficiently build relationships with people from diverse cultures without taking time away from other patients. Asking the right questions can go a long way towards showing people that you care about them.

People for other lands should do as Americans do when they're in this country.

When Americans visit foreign countries, we expect the “natives” to accommodate our whims. We demand that they speak English and provide the amenities that Americans are used to. Yet when confronted by multicultural patients who bring their own perceptions, values and behaviors from their home countries, we tend to be incensed that they can't adapt better to American ways of doing things. Just as it's difficult for us Americans to leave our 200-year-old culture at the gate when we travel abroad, it's even harder for those coming here from cultures that are thousands of years old to do as we do here. While all of the research indicates that immigrants do try to assimilate, it is not easy for many of them.

The healthcare system may be one of the biggest challenges for newcomers to adapt to. After all, native-born Americans have a very hard time understanding it. A little effort expended in accommodating the perspectives of multicultural customers will go a long way in winning their acceptance and loyalty.

It's too much trouble to customize my product or service for people from other cultures.

Making changes to accommodate the needs and perspectives of multicultural patients doesn't have to be hard. It does take some thought and an appreciation of the patients' expectations. A good place to start is with promotional brochures and patient forms.

They should be printed in the major languages of the patients who seek services with your organization. Avoid the mistake, however, of carrying out word-for-word translations from English, since many concepts and words in English do not convert easily to other languages. Marketing lore is replete with stories of gaffes in marketing campaigns that failed to appreciate linguistic and cultural distinctions.

Culturally appropriate materials are only the first step. The importance of communication for the patient experience cannot be overemphasized. Examples can be offered of cases where cultural miscommunication resulted in serious adverse effects and even death. Ideally, interpreters should be available to intercede in the face of language barriers, and many hospitals today access “language lines” if they don’t have interpreters on site. Obviously, not all potential languages can be anticipated or supported, so it is important that the organization make accommodations for the family or friends to accompany the patient for translation purposes.

The setting in which care is provided should be carefully considered. This may involve hiring a consultant who is familiar with the cultures being served. They may suggest an assessment of the office layout, examining room design, color scheme, signage, and other factors that may represent cultural barriers. Issues to consider include: "Feng Shui" (placement of objects for optimum energy flow); good and bad numerology; and the packaging of consumer health products.

Similar attention should be given to the processes that affect the patients. Health professionals need to be sensitive to issues of privacy, confidentiality of personal data, restrictions on male/female interaction and other cultural concerns that may come into play. While it is impossible to be aware of all of these issues, it is important to ask the patient about any restrictions during the intake process.

Everyone should be treated equally, regardless of his or her cultural background.

While this maxim should be more relevant in healthcare than in any other industry, it is a goal that we sometimes fail to achieve. In this context, it argues against providing special consideration to multicultural patients. Yet, the industry has not done a very good

job of even providing equal medical care to all patients. Recent research reveals that members of different racial and ethnic groups are often assigned different diagnoses despite having the same symptoms. Further, these patients are likely to be treated differently once diagnosed. This may range from providing limited treatment to members of some minority groups and extensive treatment to others or providing different therapeutic modalities to different groups despite a common diagnosis.

In actuality, the healthcare system has never treated members of different groups equally. The approach to care, the design of facilities, and the processes involved have been implicitly established to accommodate the needs of white, middle-class American patients to the exclusion of those who were “different”. Health professionals are beginning to realize this and efforts are being made to create culturally sensitive environments that accommodate patients from a variety of cultural backgrounds.

Don’t forget that we should not “lump” cultural groups together. In the Asian culture Chinese are different from Japanese who are different from Koreans and so on. They speak different languages, have unique beliefs and may even dislike each other for political, religious or other reasons. Likewise, Hispanics are not one homogeneous and you will see large variations among Mexicans, Puerto Ricans, Cubans, South and Central Americans, and others.

To appropriately treat any patient you must know *specifically* what cultural group he or she comes from. While it’s important to treat all patients fairly our goal should not to treat them equally. Otherwise you would find yourself handing a printed medical booklet to someone who came into your office with a seeing-eye dog and a white cane. We must customize our treatments to meet the unique needs of our unique patients.

People don't want to talk about their culture, they just want to be treated like everyone else.

This is probably the biggest myth when dealing with people from other cultures. Members of ethnic and minority groups know they are different. Unless culture is mentioned early in the relationship between a health professional and a multicultural

patient, it will always stand as a barrier to building true rapport. Health professionals should be open to talking about your own cultural background and history as a starting point. Admittedly, there is seldom enough time to delve into the details of a patient's background, but taking a sincere interest in their cultural backgrounds will go a long way toward developing a trusting relationship.

Even this process requires some cultural sensitivity, however. In everyday life, we find that multicultural people are asked about their cultural backgrounds in an accusatory way. ("Where are you from, anyway?") Thus, it is important that such information be obtained in an objective but personal manner. Knowing a word or two in the patient's language can go a long way toward building rapport.

In addition, it is crucial that healthcare professionals recognize that ethnicity can play an important role in treatment. For example, Latinos and African Americans have been found to have higher rates of hypertension, diabetes and asthma. Asian Americans face a much higher risk for cardiovascular disease, depression, cancer and diabetes.

Becoming *culturally competent* is essential to adequately serve all patients. For healthcare organizations to be truly successful with people from other cultures and advance the cause of "ethnic medicine", health professionals must be willing to meet multicultural patients half way. By opening up American culture to these patients and accepting aspects of their cultures, it is possible to develop a mutually beneficial relationship that has the potential to create a loyal lifetime customer.

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