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

# Practice Guideline
# Providing Client-Centered Care
# Aboriginal client & family


## Introduction

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

- Incorporate the whole person including physical, emotional, intellectual, and spiritual dimensions.
- Recognize that adherence to western self-management behaviours has been shown to be lower with preferred adherence to traditional customs.
- Show respect for and incorporate traditional beliefs and healing practices (e.g. Natural herbs, healing circles, chanting and drumming).
- Involve family and local community health providers in care planning.
- Remember that bad news (i.e. diagnosis of heart failure or being asked to make end-of-life decisions etc), could in some Aboriginal people invoke reactions such as withdrawal, denial, avoidance, fear or even anger.
- The anger may be directed towards what is seen as institutionalized power and stem in part from past abuses of power by the educational, medical and justice systems of Canada (Adams 2007).

### Culturally Specific Care Management Considerations

- Local aboriginal health providers may be best positioned to support families in setting dietary and physical activity goals.
- If a death occurs in a hospital or hospice, flexibility in removing the body is required so relatives travelling can attend the body before it is removed (Kelly 2009).
- There is a paucity of research related to the aboriginal population with heart failure. General consensus is that aboriginal individuals should be provided guideline-based care for heart failure.
- Mortality rates from heart disease are higher among the aboriginal populations than non-aboriginal peoples.
- They are more likely to have high burden of cardiovascular risk factors (hypertension, Type II DM, obesity and dyslipidemia) therefore should be evaluated for heart failure in the presence of dyspnea and other HF symptoms.
- In contrast to Caucasian cultures, women have higher risk burden than men.
- Socio-economic factors could inhibit adherence to the treatment plan and/or access to care.