Providing Culturally Sensitive Dementia Care
Cultural Competency

The ability of an individual, organization or practitioner to recognize the cultural beliefs, attitudes and health practices of diverse populations and to apply that knowledge in every intervention; at the systems level or at the individual level, to produce a positive health outcome.
Five Elements of Cultural Competency

- Value Diversity
- Capacity for Cultural Self-Assessment
- Conscious of the Dynamics Inherent when Cultures Interact/Dynamics of Differences
- Knowledge of Client’s Culture
- Adaptation of Skills
Value Diversity

Understand the way the “person/client” defines health and family.
Self-Awareness

Understand how one’s own culture influences how one thinks and acts.
Dynamics of Differences

Two people may misjudge the other’s actions based on learned expectations. Both will bring culturally prescribed patterns of communication, etiquette and problem solving. Also both may bring stereotypes or underlying feelings about working with someone who is different. Without an understanding of their cultural differences, misinterpretations may occur.
Knowledge of Client’s Culture

Institutionalize cultural knowledge and become familiar with aspects of culture.
Adaptation of Skills

Develop programs and services that reflect an understanding of diversity between and within cultures and the helping approach to “fit” cultural differences and preferences.
Ten Steps to Providing Culturally Sensitive Dementia Care

- Consider each person as an individual, as well as a product of their country, religion, ethnic background, language, and family system.
- Understand the linguistic, economic and social barriers that individuals from different cultures face, preventing access to healthcare and social services. Try to provide services in a family’s native language.
- Understand that families from different cultures consider and use alternatives to Western healthcare philosophy and practice.
Ten Steps to Providing Culturally Sensitive Dementia Care

- Do not place everyone in a particular ethnic group into the same category, assuming that there is one approach for every person in the group.
- Respect cultural differences regarding physical distance and contact, appropriate eye contact, and rate and volume of voice.
- Cultivate relationships with families over time, not expecting immediate trust in and understanding of the Alzheimer’s Association.
- Consider the family’s background and experience in determining what services are appropriate.
Ten Steps to Providing Culturally Sensitive Dementia Care

- Consider the culture’s typical perception of aging, caring for elderly family members and memory impairment.
- Understand that a family’s culture impacts their choices regarding ethical issues, such as artificial nutrition, life support and autopsies.
- Regard the faith community for various cultures as a critical support system.
Culturally Sensitive Dementia Care

Alzheimer’s disease does not respect the boundaries of ethnicity or culture. Diverse ethnocultural groups adapt to the stresses of AD in their own unique fashion. As the attitudes, values, help-seeking and coping behaviors vary from one individual to another, variation also exist among diverse ethnocultural groups.
African Americans

- The single largest minority group over age 65 in the U.S.
- Tend to rely on sources of informal support and spirituality.
- Spirituality is the most common form of coping with the demands of caregiving.
- Few participate in research studies.
African Americans and Alzheimer’s Disease

- African Americans reports a higher percentage of vascular dementia than White Americans.
- A key contributing factor in vascular dementia may be the prevalence of hypertension.
- The prevalence rate of Alzheimer’s disease in African Americans may be 14-100% higher than in White Americans.
African Americans and Alzheimer’s Disease

Many members of the African American community:

- Contribute the symptoms of AD to normal aging.
- Do not seek outside services because they are unaware of the services or believe elders should be care for at home by family.
- Continue to face barriers to care.
Hispanic Americans

- There is great diversity in the Hispanic community. Hispanics can be of any race.
- According to the 2000 Census, Hispanics are now the largest ethnic group in the U.S.
- The largest Hispanic group in the U.S. is composed Mexicans followed by Puerto Ricans and Cuban Americans.
Hispanic Americans and Alzheimer’s Disease

Commonalities include:

- Limited knowledge of AD and other forms of dementia.
- Limited knowledge of available support services.
- Relatively few bilingual or bi-cultural service providers.
- Limited culturally sensitive educational materials to address the needs of Hispanic caregivers.
- Higher levels of burden and stress among Hispanic caregivers.
Hispanic Americans and Alzheimer’s Disease

Some caregivers attribute cognitive impairments to:

- The will of God
- Punishment for past sins and the caregiver must bear this cross
- The evil eye ("el mal de ojo") or nerves ("nervios")
- Normal aging
Hispanic Americans and Alzheimer’s Disease

Stigma of a cognitive impairment:

- Odd behaviors will be viewed as a result of “bad blood.”
- Family secrets become a mechanism to evade public shame and humiliation.
- Maintaining social appearance and respect in the Hispanic community is important.
- Caregiving becomes primarily a family activity.
Asian and Pacific Islander Americans - APIA

There are many ethnocultural groups which fall under APIA. They include Japanese, Chinese, Koreans, Filipinos, South Asians, Pacific Islanders and Southeast Asians as well as well Indonesians and Malaysians.
Asian and Pacific Islander Americans and Alzheimer’s Disease

Stigma of AD or cognitive impairment:

- Seen as a form of mental illness with shame attached. Shame extends beyond the diagnosed individual to the entire family.
- Natural consequence of aging.
- Symptoms perceived to be “exacerbated by migration and culture shock.”
Native Americans

Encompasses 275 federally recognized reservations, 550 federally recognized tribes and bands with an additional 100 non-recognized groups in the U.S. Native Americans make up less than 2 percent of the American population.
Native Americans and Alzheimer’s Disease

- Rate of dementia among elder Native Americans may be lower than that of ethnocultural groups.
- Symptoms attributed to normal aging.
- Some Native American groups identify the cause of these symptoms as “old timers” disease.
Assess your Organization’s Diversity –
Explore 6 Domains

- Mission
- Governance and Administration
- Personnel Practices
- Service Offerings and Approaches
- Targeting
- Marketing and Outreach
Diversity Assessments

- Build staff resources and capabilities.
- Identify voluntary change resources within your organization.
- Increase responsiveness to concerns of diverse groups.
- Observe how your organization takes on the challenges of diversity.
- Commit financial resources.
Closing Thoughts

- Examine the role cultural values and norms play in helping to define and give meaning to Alzheimer’s disease across various cultural groups.

- Examine how cultural values and norms influence help-seeking responses to Alzheimer’s disease.

- Examine the influence that cultural values and norms have on the physical and emotional health of caregivers and care recipients.