1.8 Aspects of U.S. Health Care Culture

The following statements reflect generally held beliefs about U.S. health care culture and the U.S. health care system. Becoming familiar with these precepts up front can prepare teachers to understand students’ questions and concerns as they arise. Many of the features listed differentiate the U.S. approach to care from approaches used in ELLs’ countries of origin. This list draws from literature on culture and health care; observations by participants in health literacy trainings in the medical, social work, and adult education fields; and the author’s own experience working in health care social work. These features are seldom overtly taught to health care system users, either by families of origin or in formal educational settings. Nevertheless, understanding them is key to knowing how to communicate in and manage one’s own health care.

- U.S. health care follows a biomedical/disease model to understand health.
- It emphasizes technology.
- There is a focus on preventive care.
- The system is a complex bureaucracy.
- Roles, rights, and responsibilities of patients and providers may differ from those in other cultures. (Clarification of all of these can sometimes be hard to find within the U.S. system, even for native speakers of English.)
- There are different levels of care.
- Time is important, and provider time and patient time are valued differently.
- The system is characterized by compartmentalization – of the human body, of information access and sharing, and of the health care system itself.
- Health insurance companies and pharmaceutical companies wield strong influence in the system.
- The system uses a low context communication style. The information being conveyed is viewed as more important than the process of communicating it and the relationship between those communicating.
- Health care decisions are ultimately the individual patient’s, rather than the result of collective family or community decision-making.
- Costs are high.
- It uses medical, ethical, and legal constructs such as treatment compliance/adherence, informed consent, and HIPAA.
- It is number-intensive.
- There is an increasingly diverse hierarchy of provider types.
- It is OK to question providers and to ask for a second opinion.
• There are confusing mixed messages inherent in the system. For example:
  o While insurance is desirable, going through insurance can sometimes decrease the time and access you have with your care providers and decrease the individual patient’s influence and input in health communication and decisions on care options.
  o Providers want patients to ask questions but sufficient time is often not provided for questions.
  o Providers want educated patients but sometimes don’t want patients to diagnose themselves or seek information on the Internet.

Resources

Agency for Healthcare Research and Quality: Consumers and Patients
http://www.ahrq.gov/consumer/index.html

What Doctors Wish their Patients Knew: Surprising Results from our Survey of 660 Primary-care Physicians
Consumer Reports compiled survey data into this 2011 article.

Caring for Patients from Other Cultures
This 2008 book by Geri-Ann Galanti is published by the University of Pennsylvania Press.

Transcultural Nursing: Assessment and Intervention, 5th Edition
This 2008 textbook by Joyce Newman Giger and Ruth Elaine Davidhizer is published by Mosby/Elsevier of St. Louis.

Your Medical Mind: How to Decide What is Right for You

Unaccountable: What Hospitals Won’t Tell You and How Transparency Can Revolutionize Health Care
This 2012 book by Marty Makary is published by Bloomsbury Press in New York.

Transcultural Health Care: A Culturally Competent Approach
This 2008 textbook by Larry D. Purnell and Betty Paulanka is published by F.A. Davis in Philadelphia.