

Dysphagia Management in Culturally–Linguistically Diverse Populations

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EXECUTIVE SUMMARY

Culturally competent management of adults with swallowing disorders involves more than simply including ethnically appropriate foods in dysphagia therapy. It requires an understanding of the client's health beliefs, challenges, and unique cultural perspective regarding all aspects of food to ensure unbiased and culturally appropriate services are provided. This chapter begins with an overview of dysphagia management followed by a closer look at cultural beliefs regarding food and ethical conflicts that may arise. The strategies for shared decision-making presented help create a culturally sensitive dynamic between the clinician and the patient/family that positively influence therapy outcomes. The chapter concludes with a case study that highlights the importance of ethnographic interviewing needed to establish understanding and trust between the clinician and an elderly Mexican woman and her family. The strategies and techniques presented here can be applied across all cultures to achieve successful management of dysphagia.

INTRODUCTION

The collective practices, rituals, and traditions surrounding food make it clear that eating is deeply rooted in culture. Eating food is much more than the physiologic process of breaking down a bolus that can be safely and efficiently swallowed so that nutrients can be consumed. It is an essential aspect of human social life. When swallowing is impaired, the health, psychosocial well-being, and quality of life (QOL) of an individual is threatened (Kenny, 2015). Approximately one in 25 adults are diagnosed with dysphagia each year (Bhattacharyya, 2014). Although the prevalence of dysphagia in adult populations is not fully known and often underestimated (ASHA, n.d.), even less is known about the prevalence of dysphagia across racial/ethnic groups. In one of the few studies, González-Fernández, Kuhlemeirer, and Palmer

(2008) reported that the incidence of poststroke dysphagia was higher in minority groups, particularly Asians, as compared to Caucasians. Similarly, Brussel and González-Fernández (2011) found evidence of increased odds for dysphagia in racial/ethnic minority groups following stroke. Given the presence of racial disparities in general health care (Feldman, McDonald, Eimicke, & Teresi (2019), and the link between dysphagia and common stroke (Bhattacharyya, 2014), it is likely that dysphagia is impacted by such disparities as well.

Hispanics, particularly Mexican Americans, have a higher risk of stroke than non-Hispanics (Lisbeth et al., 2014). According to the U.S. Census Bureau (2016), the terms *Hispanic or Latino* refer to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. Hispanics represent that largest minority group in the U.S. Considering that all minority groups are rapidly growing in the U.S. (U.S. Census Bureau, 2016), SLPs can expect to see growing numbers of culturally-linguistically diverse patients (CLD) with dysphagia on their caseloads and the likelihood that they will be Hispanic is high.

The SLP treating patients with dysphagia from CLD groups must have a firm understanding of the role that culture plays in dysphagia management. This chapter presents an overview of food and culture. Next, strategies and suggestions to promote cultural competence are presented. This chapter focuses on the Hispanic culture and strategies to achieve culturally competent care. However, these strategies can be adapted for use with any patient, regardless of cultural background, and are the first steps toward cultural competence. It is important to realize though, that cultural competence is not limited to text-book knowledge of the customs, beliefs, language, and food preferences of culturally and linguistically diverse groups. Rather, cultural competence encompasses a much broader ability to evaluate one's own culture, including one's inherent biases and values, to better engage with persons from any culture, including one's own (Riquelme & Rosa, 2013).

Food and Culture

The simple act of choosing and eating food has meaning that extends beyond personal choice or survival; it is a socio-cultural road map of one's identity. Food provides an essential connection with others. It is the center piece of family gatherings, religious practices, and social occasions (Padilla, Palmer, & Rodriguez, 2019). In short, safe and efficient swallowing skills are necessary not only for meeting nutritional needs, but for maintaining overall QOL that is so deeply rooted in cultural norms (Maloney & Walsh, 2019).

Culture plays an important role in shaping a patient's beliefs regarding food and health which in turn may impact dysphagia management (Davis-McFarland, 2008). All aspects of cultural food rules (what, where, when, and how) are important variables to consider. For example, beef, pork, horse, dog, guinea pig, and insects all good sources of protein. However, what is considered appropriate, or even a delicacy in one culture, might be inedible or even forbidden in another. There are clear and definite sociocultural rules that influence all aspects of the food experience. This is why it is important that the SLP prepare for working with a CLD patient by reviewing the food preferences of their culture. For example, an internet search for 'cultural foods of Mexico' across multiple sites shows that the staples in a traditional Mexican diet include beans, corn, chilis, rice, chicken, pork, and beef. These are just general guidelines and do not necessarily apply to all Mexican Americans. However, gathering this kind of general background knowledge may prove useful in preparing the SLP to work with a patient who recently immigrated from Mexico.

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