Chapter 9
Intercultural Rhetorical Dimensions of Health Literacy and Medicine

ABSTRACT

This chapter examines the relations between health/medicine and rhetoric across cultures, demonstrating the need to have culturally and linguistically appropriate health care communications. It compares the rhetorical strategies of two heart health manuals and informed consent, showing how culture is embedded in these documents and how to adapt them to target cultures.

INTRODUCTION

Now, it is widely recognized that medicine, health care and health communications are not universal but are intimately connected to local cultures and medical traditions (Purnell, 2009). Consequently, health and medical services are best delivered using the cultural and communication patterns of the patients (see, for example, Purnell, 2009; Tseng & Streltzer, 2008). The intercultural dimensions of health and medical treatment have undergone extensive research and practice, not only in the United States, but all around the world. Not surprisingly, much research has focused on improving health disparities or differences in health behaviors, based on cultural and ethnic groups, using culturally competent health care. This is especially true with Latinos or Hispanics (hablamosjuntos.org), which make up the largest U.S. minority. For example, new critical research has focused on the roles of Spanish translators and new multimedia forms to bridge cultural and linguistic differences for Hispanic populations (Angelelli & Jacobson, 2009).

This move towards “culturally competent health care” is so critical to reducing health disparities in the United States that it is mandated at the federal and many state levels (hrsagov/culturalcompetence). For example, the U.S. government has developed (and mandated) 14 dimensions of “culturally competent health care” for the four major U.S. minority groups (www.hrsa.gov/culturalcompetence). These 14 dimensions are titled National Standards on Culturally and Linguistically Appropriate Services and are listed in Table 1.

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The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). These 14 standards present a comprehensive approach to the cultural competence, but in practice, much of cultural competence is reduced to translation and understanding the medical traditions of the patients’ cultures, two critical components indeed, but far from true intercultural competence. Thus, the purpose of this chapter is not to review the body of literature and research on culturally competent health care; rather, this chapter demonstrates how to develop culturally competent health communications with each of the 14 standards. In addition, this chapter severely critiques many of the assumptions of these standards, including their definitions of
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