

Cultural Identities and Perceptions of Health among Health Care Providers and Older American Indians

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2006.

Abstract

BACKGROUND: Differences in provider-patient health perceptions have been associated with poor patient outcomes, but little is known about how patients' cultural identities may be related to discordant perceptions.

OBJECTIVE: To examine whether health care providers and American-Indian patients disagreed on patient health status ratings, and how differences related to these patients' strength of affiliation with American-Indian and white-American cultural identities.

DESIGN: Survey of patients and providers following primary care office visits.

PARTICIPANTS: One hundred and fifteen patients ≥ 50 years and 7 health care providers at a Cherokee Nation clinic. All patients were of American-Indian race, but varied in strength of affiliation with separate measures of American-Indian and white-American cultural identities.

MEASUREMENTS: Self-reported sociodemographic and cultural characteristics, and a 5-point rating of patient's health completed by both patients and providers. Fixed-effects regression modeling examined the relationships of patients' cultural identities with differences in provider-patient health rating.

RESULTS: In 40% of medical visits, providers and patients rated health differently, with providers typically judging patients healthier than patients' self-rating. Provider-patient differences were greater for patients affiliating weakly with white cultural identity than for those affiliating strongly (adjusted mean difference=0.70 vs 0.12, $P=.01$). Differences in ratings were not associated with the separate measure of affiliation with American-Indian identity.

CONCLUSIONS: American-Indian patients, especially those who affiliate weakly with white-American cultural identity, often perceive health status differently from their providers. Future research should explore sources of discordant perceptions.