

Appendix C: Strategies to provide culturally safe care

Using the Arksey and O'Malley framework (186), a scoping review was conducted to explore the current evidence on culturally safe strategies that can be used in the care of persons with diabetes or at risk of or living with DFUs and their care partners. For a detailed description of the steps taken to conduct the scoping review, refer to supplementary materials under the “methodology documents” tab on the BPG [webpage](#).

In total, 117 articles were included in the review. The five most frequent types of studies were quantitative studies (n=49), literature reviews or discussion papers (n=20), qualitative studies (n=12), systematic reviews and/or meta-analyses (n=8) and mixed-methods studies (n=9). The articles were from 38 countries. The top five countries that reported on this topic area were the United States (n=55), India (n=35), Australia (n=11), China (n=8) and Sweden (n=6). There were three articles from Canada. The articles focused on persons living with diabetes and their care partners.

In the included articles, a wide range of culturally safe strategies were provided to, or used by, persons living with diabetes in different health-care settings. The articles highlighted the importance of health providers becoming familiar with the alternative methods used by persons, or preferred by persons, inquiring about their use and understanding their potential impact on diabetes care. Topics included: traditional medicines, complementary and alternative medicines, healthy food choices tailored to cultural preferences, language modifications of educational content, inclusion of care partners, religion and spirituality, and health provider education and behaviour. Cultural safety involves acknowledging complementary and alternative medicine as well as traditional medicines that may be used for medicinal, spiritual, sacred and ceremonial purposes to promote healing. It is important to understand that people can be dissatisfied with the Western-medicine management of their diabetes and may turn to **complementary and alternative medicine**^G (CAM) (187). Therefore, health providers are to assess what kinds of traditional medicines or CAMs are utilized and discuss with the person any potential interactions between Western and traditional medicines or CAMs.

The chart below provides a detailed description of the culturally safe strategies found in the literature. This table does not provide information about the effects of each strategy as systematic reviews were not conducted to determine this. RNAO is not recommending a certain strategy over another strategy.

TYPES OF CULTURALLY SAFE STRATEGIES	DESCRIPTION	REFERENCE
TRADITIONAL MEDICINE		
Medicinal plants and traditional medicines	<p>Health providers are to be aware that in multiple cultures, medicinal plants and traditional medicines are used as an adjunct method of treating diabetes. There are multiple types of plants utilized such as cinnamon, fenugreek, garlic, aloe vera, black seed, and more.</p> <p>Note: Many Indigenous Peoples refer to traditional medicine as knowledge and practices that promote health and well-being. The knowledge that informs traditional medicines is often imparted through multiple methods such as herbal medicines, dances, ceremonies and counselling (188). For more information, refer to the Religion and spirituality section below.</p>	(189–204)
COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)		
Mind–body interventions	<p>Mind–body interventions that focus on the interaction among thoughts, feelings, body and behaviour have been gaining popularity in recent years due to their potential to be adapted as healthy lifestyle behaviours for diabetes management. The most described mind–body interventions are yoga, progressive muscle relaxation and mindfulness meditation.</p> <ul style="list-style-type: none"> ■ Yoga is a wholistic intervention that includes positive affirmations, asanas (physical postures), pranayama (breathing) and meditation (dyhana) (753). ■ Progressive muscle relaxation includes systematic voluntary contraction and then the relaxation of particular muscle groups and deep breathing, which causes a feeling of calmness and enables participants to achieve a deep state of relaxation (574). ■ Mindfulness meditation focuses on developing an intentional, moment-to-moment, nonjudgmental awareness of experience. It helps in enhanced attention to the experiences of the present moment, including thoughts, feelings, breathing and physical sensations (574). 	(192,198–200,205–237)

TYPES OF CULTURALLY SAFE STRATEGIES	DESCRIPTION	REFERENCE
Other types of CAM	Other frequent CAM modalities include the following: multivitamins/ supplements, culturally-appropriate nature analogies (e.g., tide changes and effects on glucose readings), homeopathy, naturopathy, massage, acupuncture, chiropractic care, ayurveda, hypnosis, energy healing, Reiki therapy, chelation and biofeedback.	(192,193,198, 199,225, 238–243)
HEALTHY FOOD CHOICES TAILORED TO CULTURE		
Culturally specific food	<p>Food is an important part of every culture and many cultures have preferred foods. Tailoring a diabetic diet to fit a person’s culture can assist with self-management. Culturally safe strategies include the following:</p> <ul style="list-style-type: none"> ■ custom meal planning based on the person’s preferences; ■ cooking classes specific to the person’s culture and that are suitable for diabetic diets; ■ use of international nutrition guidelines or food guides; ■ guidance on what to do when fasting for a religious event or how to handle social gatherings and eating out; ■ providing suggestions on local and community resources to improve food choices; ■ being aware of food insecurity and potential unavailability of nutritious food; ■ using technology applications that can track cultural foods and blood glucose; and ■ having a registered dietitian who is familiar with the person’s cultural and linguistic background conduct a culturally oriented nutrition evaluation. 	(192,195,197–199,202,214, 223,238,240–242,244–270)
PHYSICAL ACTIVITY		
Physical activity	Exercise plans can be culturally adapted. Gender differences and cultural barriers to physical activity can be discussed between health providers and persons living with diabetes. E.g., if people enjoy cultural dancing, dancing can be used as a method of physical activity.	(202,204,214, 223,240,241, 245,247,248, 251,260)

TYPES OF CULTURALLY SAFE STRATEGIES	DESCRIPTION	REFERENCE
LANGUAGE AND LEARNING STYLE		
Interpreters	The use of professional interpreters to translate written or oral content on diabetes is often preferred, compared to lay interpreters (such as family members or health providers who do not speak the person’s language fluently).	(192,223,247, 250,257, 262,271)
Bilingual health providers	Bilingual health providers who speak the person’s native language can make education material more accessible and understandable.	(192,199,224, 245,246,249, 251,255,256, 259,260,262, 263,269, 271–277)
Written/oral materials	<p>Translating written and oral materials into the person’s native language ensures the person can understand the information provided to them about their health and make informed decisions about their care.</p> <p>Suggestions include the following:</p> <ul style="list-style-type: none"> ■ Using specific colours, graphics, fonts and images from the person’s culture where applicable as sociocultural strategies apply a group’s cultural values, beliefs, and behaviours to provide context and meaning to information and messages. ■ Using declarative titles, stories, analogies from the person’s culture. ■ Tailoring materials to cultural values, preferred terminologies and inclusive language practices. For example, in one article written in Spain, the term diet (<i>dieta</i>) was removed and replaced with the term for food (<i>alimentación</i>) as dieting was understood to have a negative connotation implying overly restrictive eating patterns. ■ Considering the person’s health literacy levels. 	(192,199,200, 202,224,229, 238,240,242, 245,246,250, 252,253,257, 258,260,262, 263,265,267, 268,271,272, 274,278–291, 291–294)

TYPES OF CULTURALLY SAFE STRATEGIES	DESCRIPTION	REFERENCE
<p>Learning styles</p>	<p>Persons and care partners have individual learning styles that may be influenced by their culture. Health providers can tailor diabetic education to suit the person’s learning style. For example:</p> <ul style="list-style-type: none"> ■ In one study, Chinese learners appreciated the inclusion of homework and found that an examination of knowledge during the final session helped to consolidate their understanding. ■ Feltman, a colourful life-sized felt body, has been used to depict the organs impacted by diabetes. In one study, Indigenous people in Australia appreciated the visual and interactive nature of Feltman. 	<p>(278,295)</p>
<p>INCLUSION OF CARE PARTNERS OR COMMUNITY</p>		
<p>Inclusion of care partners</p>	<p>Some cultures place a strong emphasis on including care partners when delivering health care to help provide psychological and emotional support with self-management. If the person consents, include care partners when providing diabetes education or care.</p>	<p>(202,204,223, 224,241,242, 245,255,257, 260,263,269, 273,274,278, 279,281,291, 294,296,297)</p>
<p>Inclusion of community</p>	<p>Some cultures prefer to include community members and meet to share information, provide social support and solve community issues. For example, in one article, Indigenous people met together in talking circles to discuss diabetes care.</p>	<p>(280,298,299)</p>

TYPES OF CULTURALLY SAFE STRATEGIES	DESCRIPTION	REFERENCE
RELIGION AND SPIRITUALITY		
Religion and spirituality	<p>Religion and faith may influence diabetes care. Sometimes, persons may feel guilty for having diabetes and potentially believe the disease is a punishment for what they have done in their lives. Supporting persons to accept the disease and understand the nature of the condition is important. Discussing religion and faith may not be natural for some health providers. However, it is important to understand that health-related behaviours may derive from religious practices. Health providers can ask persons if they practise any religion or spirituality and whether it influences their diabetes related self-care behaviours (651). Some cultural safety strategies include the following:</p> <ul style="list-style-type: none"> ■ prayer; ■ reciting verses from holy books; ■ use of holy water; ■ spiritual audio therapy; ■ ceremonies, drumming, incense, sweat lodges, dancing; ■ spiritual healing; ■ providing spiritual care training to health providers; and ■ providing diabetic care in places of worship if persons feel more comfortable there. 	(192,193, 197–199,204, 223–225,242, 252,280,294, 296,300)

TYPES OF CULTURALLY SAFE STRATEGIES	DESCRIPTION	REFERENCE
HEALTH PROVIDER STRATEGIES		
Education and behaviours	<p>There are multiple ways health providers can learn about and utilize culturally safe strategies. Examples include the following:</p> <ul style="list-style-type: none"> ■ Health providers and people collaborating and co-designing a plan of care together. However, in certain cultures, people may prefer that health providers make decisions for them. ■ Health providers making efforts to identify implicit or unconscious bias that may influence or affect their perception of a person’s use of CAM or other self-management strategies. ■ Health providers discussing common cultural misconceptions regarding diabetes with persons and their care partners. ■ Health providers discussing stress management, mental health and psychosocial well-being with persons based on the person’s comfort discussing mental health concerns. Some cultures may avoid discussing mental health issues. ■ Health providers building on cultural strengths/resources to motivate health behaviour change. For example, in Hispanic populations, a high value is placed on family and other interpersonal relationships. ■ Health providers utilizing communication tools to help them initiate conversations and aid persons in understanding how to better manage sociocultural issues related to diabetes. ■ Health providers considering each culture’s orientation to time. Some cultures may have a relaxed attitude towards time. Being flexible on appointment times is a way of being culturally sensitive. ■ Health service organizations inviting persons with diabetes and care partners to participate in program planning for diabetes education. ■ Health service organizations providing cultural safety training to health providers. ■ Health service organizations training health providers in relevant cultural and regional clinical nutrition guidelines. 	(192,199,214, 224,241,253, 256,257,259, 260,269,280, 284,287, 294,301)