

Cultural Diversity in Healthcare I

Course

Principles of Health Science

Unit XVI

Cultural Diversity

Essential Question

How does one's culture influence healthcare decisions?

TEKS

*130.202 (c)
1P, 1Q
2B
9E*

Prior Student Learning

N/A

Estimated time

2-3 hours

Rationale

Delivering quality treatment depends upon understanding how one's culture may influence healthcare decisions.

Objectives

Upon completion of this lesson, the student will be able to:

- identify the major ethnic groups in the United States; and
- examine the interrelationships of culture, religion, and ethnicity relative to health and illness beliefs and practices.

Engage

Discuss the following questions with the class:

- Ask the students to think of what kinds of medicines, home remedies, or other treatments they have used that were thought to help treat various ailments, illnesses, or injuries.
- Ask the students if they have ever eaten, drank, or avoided certain foods or drinks due to their cultural beliefs.
- Ask the students if their culture seeks advice and/or treatment from alternative medicine professionals? If so what kinds?
- Ask the students if they personally believe in what their family culture beliefs are? If not, ask them how they think that will affect the future cultural generations.

Key Points**I. Culture**

- A. A set of values, beliefs, attitudes, languages, symbols, rituals, behaviors, and customs of a group of people
- B. Learned, shared, and social
- C. Dynamic and changing

II. Ethnicity

- A. Classification of people based on their national origin or culture
- B. Examples
 1. African American
 2. Asian American
 3. European American

4. Hispanic American
5. Middle Eastern, Arabic American
6. Native American

III. Race

- A. Classification of people based on their physical or biological characteristics
- B. Involves multiple cultures and ethnic groups

IV. Cultural Diversity

- A. Differences based on cultural, ethnic, and racial factors
- B. “Melting Pot” or “Salad Bowl”
- C. Must be considered when providing healthcare
- D. Healthcare providers must have sensitivity, and the ability to recognize and appreciate the characteristics of all clients or patients
- E. Holistic care must be developed to include the cultural diversity of America
- F. Holistic care addresses the 3 aspects of well-being:
 1. Mental or emotional
 2. Physical
 3. Social
- G. Areas of cultural diversity
 1. Family organization
 2. Language
 3. Personal space
 4. Eye contact
 5. Gestures
 6. Healthcare beliefs
 7. Spirituality
 8. Religion
- H. Impacts beliefs about birth, death, health, illness, and healthcare

V. Health

- A. According to the World Health Organization, health can be defined as a state of complete physical, mental, and social well-being, and not merely the absence of disease
- B. Definitions from different cultures
 1. South African – harmony with nature; harmony of mind, body, and spirit
 2. Asian – physical and spiritual harmony with nature; balance of yin and yang
 3. European – personal responsibility for diet, rest, exercise,

and prevention

4. Hispanic – good luck; reward from God; balance between hot and cold forces
5. Middle Eastern– spiritual causes; cleanliness
6. Native American – harmony between man and nature; balance between body, mind, and spirit; spiritual powers

C. Healthful hints from long ago (Cultural Diversity in Health and Illness)

1. “A sassafras root carried in the pocket guards against illness” (superstition of Old Saint Simons)
2. “Asafetida worn on a string around the neck protects a child from many diseases; and a buckeye carried in the pocket protects against rheumatism” (Blue Ridge and Great Smokey Mountains)
3. “A single, pierced nutmeg, worn around the neck on a string, will protect you from boils, croup, body lice, and various lung diseases” (New England)
4. “A well-ventilated bedroom will prevent morning headaches and lassitude” (1914 Almanac)

VI. Illness

- A. Abnormal functioning of a body's system or systems
- B. Beliefs concerning causes vary based on cultural or ethnic background
- C. Examples (Diversified Health Occupations)
 1. South African – spirits/demons; conflicts in life; God's punishment
 2. Asian – imbalance in yin and yang; supernatural forces; unhealthy environment
 3. European – sin; outside sources (microorganisms or toxins)
 4. Hispanic – sins, fright, evil eye, envy; imbalance between hot and cold
 5. Middle Eastern – sins, evil eye; spiritual causes
 6. Native American – supernatural forces' violation of a taboo; imbalance between man and nature

VII. Folk Remedies

- A. Socialization practices are similar among similar ethnic groups
- B. Religion plays a role in the perception of, interpretation of, and behavior toward health and illness
- C. Women, especially mothers and grandmothers, are prime caregivers
- D. Can create a delay in seeking professional healthcare
- E. Examples (Cultural Diversity in Health and Illness)
 1. Asian
 - a. Prevention – Health is a state of physical and spiritual

- harmony with nature; balance of the two forces yin (cold) and yang (hot)
- b. Home treatment
 - 1) Cold remedies if yang is overpowering and hot remedies if yin is overpowering
 - 2) Herbal remedies
 - 3) Acupuncture and acupressure
 - 4) Energy to restore balance between yin and yang
- 2. Jewish
 - a. Prevention – camphor around the neck (in winter) in a small cloth bag to prevent measles and scarlet fever
 - b. Home treatments
 - 1) Sore throat – go to the village store, find a salted herring, wrap it in a towel, put it around the neck, let it stay there overnight, gargle with salt water
 - 2) Boils – fry chopped onions, make a compress, and apply to the infections
- 3. Native American
 - a. Prevention – keep everything clean and sterile; stay away from people who are sick; regular checkups; blackstrap molasses
 - b. Home treatments
 - 1) Bloody nose – place keys on a chain around the neck
 - 2) Sore throat – suck yolks out of egg shells; honey and lemon; baking soda, salt, warm water; onions around the neck; salt water to gargle
- 4. Ethiopian
 - a. Prevention – eat hot food such as peppers, fresh garlic, and lemon
 - b. Home treatments
 - 1) Eat hot and sour foods, such as lemons, fresh garlic, hot mustard, and red peppers
 - 2) Make a kind of medicine from the leaves and roots of plants mixed together
 - 3) Evil eye – light some kind of plant root on fire, make the man who has the evil eye smile, and the man talks about his illness
- 5. German
 - a. Prevention – no sweets at meals; a glass of water at meals; cod liver oil; plenty of milk; spring tonic (sulfured molasses)
 - b. Home treatments
 - 1) Coughs – honey and vinegar; hot water and Vicks; boiled onion water, honey, and lemon
 - 2) Earache – a few drops of warm milk in the ear; laxatives when needed
 - 3) Swollen glands or mumps – put pepper on salt

- pork and tie it around the neck
- 4) Constipation – Ivory soap suppositories
- 5) Sore throat – salt water gargle
- 6) Sore back – hot mustard plaster
- 7) Sty – cold tea-leaf compresses
- 8) Fever – mix whiskey, water, and lemon juice to drink before bed; causes the person to sweat and break the fever
- 9) Headache – boil a beef bone, break up toast in the broth, and drink it

6. Hispanic

- a. Prevention – good health is a reward from God; health is good luck
- b. Home treatments
 - 1) Hot and cold remedies to restore balance
 - 2) Prayers, medals, candles, and religious rituals
 - 3) Herbal remedies – especially teas
 - 4) Massage
 - 5) Anointing with oil
 - 6) An Azabache (black stone) to ward off the evil eye

7. Irish

- a. Prevention
 - 1) Clean out bowels with senna for eight days
 - 2) Every spring, drink a mixture of sulfur and molasses to clean the blood
 - 3) Avoid sick people
 - 4) Onions under the bed to keep nasal passages clear
 - 5) During flu season, tie a bag of camphor around the neck
 - 6) Never go to bed with wet hair
 - 7) Eat lots of oily food
- b. Home treatment
 - 1) See a doctor only in emergency
 - 2) Fever – spirits of niter on a dry sugar cube, or mix them with water; cold baths or alcohol rubdowns
 - 3) Earache – heat salt and put it in a stocking behind the ear
 - 4) Colds – tea and toast; chest rub; vaporizer; hot lemonade and a tablespoon of whiskey; mustard plasters; Vicks on chest or in nostrils; hot milk with butter, soups, honey, hot toddies, lemon juice, and egg whites; ipecac
 - 5) Coughs – honey and whisky; onion syrup cough medicine; linseed poultice on the chest; flaxseed poultice on the back; red flannel cloth soaked in hot water and placed on the chest all night

- 6) Menstrual cramps – hot milk sprinkled with ginger; shot of whiskey; glass of warm wine; warm teas; hot water bottle on the stomach
- 7) Splinters – flaxseed poultice
- 8) Sunburn – apply vinegar; put milk on a cloth and apply it to the burn; cold, wet teabag on small areas
- 9) Nausea – hot teas; castor oil; hot ginger ale; bay leaf; cup of hot boiled water; potato; baking soda
- 10) Sore throat – paint the throat with iodine, honey and lemon; Karo syrup; paint with kerosene oil and a rag, and tie a sock around the neck; paint with iodine or Mercurochrome, and gargle with salt and water; honey melted Vicks

8. Italian

a. Prevention

- 1) Garlic cloves strung on a piece of string around the neck of infants and children to prevent colds and “evil” stares from other people (which cause headaches and pain or stiffness in the back or neck); red ribbon or cloth on and infant did the same
- 2) Keep warm in cold weather; keep the feet warm
- 3) Never wash the hair or bathe during menstruation
- 4) Never wash hair before going outdoors or at night
- 5) Stay out of drafts
- 6) To prevent “evil” in the newborn, a scissor was kept open under the mattress of the crib
- 7) To prevent bowlegs and keep the ankles straight, up to the age of 6-8 months, a bandage was wrapped around the baby from the waist to the feet
- 8) If infants got their nights and days mixed up, they were tied upside down and turned all the way around

b. Home treatment

- 1) Chicken soup for everything from colds to having a baby
- 2) Boils – cooked oatmeal wrapped in a cloth (steaming hot) and applied to drain the pus
- 3) Headache – kerchief with ice in it is wrapped around the head; mint tea
- 4) Upset stomach – herb tea made with Italian herbs
- 5) Sore throat – honey; apply Vicks to the throat at bedtime and wrap up the throat
- 6) Sprains – beat egg whites, apply to the sprain, and wrap it up

9. Middle Eastern

- a. Prevention – health is determined by spiritual causes; cleanliness is essential for health; male individuals make decisions on healthcare
- b. Home treatment
 - 1) Meditation
 - 2) Charms and amulets
- c. Male health professionals are prohibited from touching or examining female patients

VIII. Healing

A. Religion and Healing

- 1. Vital role in the perception of health and illness
- 2. Rites surrounding birth and death
 - a. 3rd, 7th, 8th, and 40th days after birth are critical for the newborn and the mother – most rituals are observed on these days
 - b. Cutting a lock of hair and animal sacrifice
 - c. Giving silver to the poor
 - d. Circumcision
 - e. Baptism
 - f. Rites to protect the dying and dead person, and the remaining family
- 3. Diet

B. Traditional Etiology: Evil Eye

- 1. Power of the eye strikes the victim
- 2. Injury, illness, or misfortune is sudden
- 3. Person inflicted with the evil eye may not be aware of it
- 4. Victim may not know the source of the evil eye
- 5. Prevented or cured by rituals or symbols
- 6. Explains sickness and misfortune
- 7. Prevention and cure involve removal of the spell or evil agents

C. Traditional Methods of Prevention

- 1. Use of protective objects
 - a. Amulets
 - b. Bangles
 - c. Talismans
- 2. Use of substances ingested or eliminated from surroundings, or worn or hung in the home
 - a. Garlic
 - b. Onions
 - c. Chachayotel
 - d. 1000-year-old eggs
 - e. Kosher foods
 - f. Balance of “hot” and “cold” food
 - g. Balance of yin and yang foods
- 3. Religious practices such as burning candles, rituals of redemption, and prayer

- a. Social, moral, and dietary practices
 - b. Blessing of the Throats on Saint Blaise Day
 - c. Virgin of Guadalupe
 - d. St. Anthony of Padua → barren women
 - e. St. Odilia → blindness
 - f. Our Lady of Lourdes → bodily ills
- D. Beliefs Affecting Therapy
- 1. Use of healers with divine powers
 - 2. Natural products; i.e., herbs and berries
 - 3. Purgatives
 - 4. Blood-letting
 - 5. Removal of the person with the evil eye
 - 6. Avoidance of the provocation of envy
- E. Other Forms of Healing
- 1. Spiritual healing
 - 2. Inner healing
 - 3. Physical healing
 - 4. Deliverance or exorcism
 - 5. Auric healing
 - 6. Pilgrimages
- F. Healthcare providers must be aware of the multitude of sources outside of mainstream medicine available to the patients.

Activity

- I. Read “Sneetches” by Dr. Seuss (or view the video, which can be viewed on YouTube), and complete the “Sneetches” worksheet and discuss.

Assessment

Quiz – Quality and Culture

Materials

Cultural Diversity in Health and Illness, Second Edition, Rachel Spector
Book or video, “Sneetches and Other Stories”

Diversified Health Occupations, 6E Student Edition, Thomson Delmar
Learning.

The Providers Guide to Quality and Culture:

<http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English>

Accommodations for Learning Differences

For reinforcement, students will create a chart comparing their cultural beliefs concerning healthcare with another culture represented in the community.

For enrichment, students will complete the Cultural Awareness Project.

National and State Education Standards

National Health Science Cluster Standards

HLC08.02 Ethics and Legal Responsibilities

Healthcare workers will understand accepted ethical practices with respect to cultural, social, and ethnic differences within the healthcare environment. They will perform quality healthcare delivery.

TEKS

130.202(c)(1)(P) identify diverse and cultural influences that have impacted contemporary aspects of health care delivery;

130.202(c)(1)(Q) compare and contrast practices used by various cultures and societies to solve problems related to health;

130.202(c)(2)(B) demonstrate effective communication skills for responding to the needs of individuals in a diverse society;

130.202(c)(9)(E) recognize diversity and cultural practices influencing contemporary aspects of health care

Texas College and Career Readiness Standards

English/Language Arts Standards

II Reading

B. Understand new vocabulary and concepts and use them accurately in reading, speaking and writing

III Speaking

A. Understand the elements of communication both in informal group discussions and formal presentations (e.g. accuracy, relevance, rhetorical features, and organization of information)

B. Develop effective speaking styles for both group and one-on-one situations

IV. Apply listening skills as an individual and as a member of a group in a variety of settings (e.g. lectures, discussions, conversations, team projects, presentations, interviews)

Social Studies

I. F. 1. Use a variety of research and analytical tools to explore questions or issues thoroughly and fairly.

I. F. 2. Analyze ethical issues in historical, cultural, and social contexts.

Cross-Disciplinary

I. C. 1. Analyze a situation to identify a problem to be solved.

I. C. 3. Collect evidence and data systematically and directly relate to solving a problem

QUALITY & CULTURE QUIZ 

The purpose of this quiz is to stimulate your thinking about cultural competence and help you to reflect on your experience, knowledge, and attitudes regarding culturally diverse populations. This is not a quiz to assess expertise in this content area, but rather a way to make you aware of how culture influences medical decisions and care. This quiz was provided by Management Sciences for Health.

1. **Cross-cultural misunderstandings between providers and patients can lead to mistrust and frustration, but are unlikely to have an impact on objectively measured clinical outcomes.**
 - a. True
 - b. False

2. **When the patient and provider come from different cultural backgrounds, the medical history obtained may not be accurate.**
 - a. True
 - b. False

3. **When a provider expects that a patient will understand a condition and follow a regimen, the patient is more likely to do so than if the provider has doubts about the patient.**
 - a. True
 - b. False

4. **A really conscientious health provider can eliminate his or her own prejudices or negative assumptions about certain types of patients.**
 - a. True
 - b. False

5. **When taking a medical history from a patient with a limited ability to speak English, which of the following is LEAST useful?**
 - a. Asking questions that require the patient to give a simple “yes” or “no” answer, such as “Do you have trouble breathing?” or “Does your knee hurt?”
 - b. Encouraging the patient to give a description of her/his medical situation, and beliefs about health and illness.
 - c. Asking the patient whether he or she would like to have a qualified interpreter for the medical visit.
 - d. Asking the patient questions such as “How has your condition changed over the past two days?” or “What makes your condition get better or worse?”

6. **During a medical interview with a patient from a different cultural background, which is the LEAST useful technique?**
 - a. Asking questions about what the patient believes about her or his illness - what caused the illness, how severe it is, and what type of treatment is needed.
 - b. Gently explaining which beliefs about the illness are not correct.
 - c. Explain the “Western” or “American” beliefs about the patient’s illness.
 - d. Discussing differences in beliefs without being judgmental.

7. **When a patient is not adhering to a prescribed treatment after several visits, which of the following approaches is NOT likely to lead to adherence?**
- Involving family members.
 - Repeating the instructions very loudly and several times to emphasize the importance of the treatment.
 - Agreeing to a compromise in the timing or amount of treatment.
 - Spending time listening to discussions of folk or alternative remedies.
8. **When a patient who has not adhered to a treatment regimen states that s/he cannot afford the medications prescribed, it is appropriate to assume that financial factors are indeed the real reasons and not explore the situation further.**
- True
 - False
9. **Which of the following are the correct ways to communicate with a patient through an interpreter?**
- Making eye contact with the interpreter when you are speaking, then looking at the patient while the interpreter is telling the patient what you said.
 - Speaking slowly, pausing between words.
 - Asking the interpreter to further explain the patient's statement in order to get a more complete picture of the patient's condition.
 - None of the above.
10. **If a family member speaks English as well as the patient's native language, and is willing to act as interpreter, this is the best possible solution to the problem of interpreting.**
- True
 - False
11. **Which of the following statements is TRUE?**
- People who speak the same language have the same culture.
 - The people living on the African continent share the main features of African culture.
 - Cultural background, diet, religious, and health practices, as well as language, can differ widely within a given country or part of a country.
 - An alert provider can usually predict a patient's health behaviors by knowing what country s/he comes from.
12. **Which of the following statements is NOT TRUE?**
- Friendly (non-sexual) physical contact is an important part of communication for many Latin American people.
 - Many Asian people think it is disrespectful to ask questions of a health provider.
 - Most African people are either Christian or follow a traditional religion.
 - Eastern Europeans are highly diverse in terms of customs, language and religion.

13. **Which of the following statements is NOT TRUE?**
- a. The incidence of complications of diabetes, including lower-limb amputations and end-stage renal disease, among the African-American population is double that of European Americans.
 - b. Japanese men who migrate to the US retain their low susceptibility to coronary heart disease.
 - c. Hispanic women have a lower incidence of breast cancer than the majority population.
 - d. Some Native Americans/American Indians and Pacific Islanders have the highest rate of type II diabetes mellitus in the world.
14. **Because Hispanics have a lower incidence of certain cancers than the majority of the US population, their mortality rate from these diseases is correspondingly lower.**
- a. True
 - b. False
15. **Minority and immigrant patients in the US who go to traditional healers and use traditional medicines generally avoid conventional Western treatments.**
- a. True
 - b. False
16. **Providers whose patients are mostly European-American, U.S.-born, and middle-class still need to know about health practices from different world cultures.**
- a. True
 - b. False
17. **Which of the following is good advice for a provider attempting to use and interpret non-verbal communication?**
- a. The provider should recognize that a smile may express unhappiness or dissatisfaction in some cultures.
 - b. To express sympathy, a health care provider can lightly touch a patient's arm or pat the patient on the back.
 - c. If a patient will not make eye contact with a health care provider, it is likely that the patient is hiding the truth.
 - d. When there is a language barrier, the provider can use hand gestures to bridge the gap.
18. **Some symbols—a positive nod of the head, a pointing finger, a “thumbs-up” sign—are universal and can help bridge the language gap.**
- a. True
 - b. False
19. **Out of respect for a patient's privacy, the provider should always begin a relationship by seeing an adult patient alone and drawing the family in as needed.**
- a. True
 - b. False

20. **In some cultures, it may be appropriate for female relatives to ask the husband of a pregnant woman to sign consent forms or to explain to him the suggested treatment options if the patient agrees and this is legally permissible.**
- True
 - False
21. **Which of the following is NOT TRUE of an organization that values cultural competence:**
- The organization employs or has access to professional interpreters that speak all or at least most of the languages of its clients.
 - The organization posts signs in different languages and has patient education materials in different languages.
 - The organization tries to hire staff that mirror the ethnic and cultural mix of its clients.
 - The organization assumes that professional medical staff do not need to be reminded to treat all patients with respect.
22. **A female Muslim patient may avoid eye contact and/or physical contact because:**
- She doesn't want to spread germs.
 - Muslim women are taught to be submissive.
 - Modesty is very important in Islamic tradition.
 - She doesn't like the provider.
23. **Which of the following statements is NOT TRUE:**
- Diet is an important part of both Islam and Hinduism.
 - North African countries have health care systems that suffer because of political problems.
 - Arab people have not historically had an impact on the medical field.

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Answers

1. (**False:** Low levels of cultural competence can impede the process of making an accurate diagnosis, cause the provider to order contraindicated medication, and reduce patient adherence to recommended treatment.)
2. (**True:** Because of language and cultural barriers, the patient may not understand the questions or may be reluctant to report symptoms; in turn, the provider may misunderstand the patient's description of symptoms.)
3. (**True:** This is an adaptation of the "Pygmalion theory" which has proven that students generally live up—or down—to the expectations of their teachers. (Rosenthal and Jacobson 1968).)
4. (**False:** Most of us harbor some assumptions about patients, based on race, ethnicity, culture, age, social and language skills, educational and economic status, gender, sexual orientation, disability/ability, and a host of other characteristics. These assumptions are often unconscious and so deeply rooted that even when an individual patient behaves contrary to the assumptions, the provider views this as the exception to the rule. A conscientious provider will not allow prejudices to interfere with making an accurate diagnosis and designing an appropriate treatment plan.)
5. (**Answer: a.** While it may seem easier to ask questions that require a simple "yes" or "no" answer, this technique seriously limits the ability of the patient to communicate information that may be essential for an accurate history and diagnosis. The most effective way to put the patient at ease and to ensure that the patient provides essential information about his or her symptoms is to combine two types of questions: 1) open-ended questions such as "Tell me about the pain in your knee" and 2) more directed questions, such as "What makes the pain get better or worse?" Always get a qualified interpreter when possible.)
6. (**Answer: b.** Although the provider may be tempted to correct the patient's different beliefs about illness, this may lead the patient to simply withhold his/her thoughts in the future and interfere with building a trusting relationship. It is more effective to be nonjudgmental about differences in beliefs. The provider should keep in mind two goals: 1) the patient should reveal her/his medical history and symptoms to help the provider make an accurate diagnosis, and 2) the patient should develop trust in the provider's medical advice and be willing and able to adhere to that advice. To accomplish these goals, it is essential to treat the patient with respect, openly discussing differences in health beliefs without specifying "correctness" or "incorrectness."
7. (**Answer: b.** Non-adherence can be the result of many different factors that may require a variety of interventions. Simply repeating the instructions may not address the real issues that are keeping the patient from adhering to the regimen. In fact, repetition of instructions

may be inappropriate and quite offensive if the patient has a communication disability. Family members can provide valuable support. It may also be necessary to set small, realistic goals in order to achieve long-term behavioral change. Finally, an understanding of the patient's beliefs about other remedies may offer valuable clues to her/his reluctance to adhere to treatment.)

8. (**False:** In addition to exploring payment options with the patient, it is important for the provider to inquire about cultural and psychological factors that may impede adherence to the prescribed treatment regimen.)

9. (**Answer: d.** Although it may seem natural to look at the interpreter when you are speaking, you want the patient to feel that you are speaking to her/him, so you should look directly at her/him, just as you would if you were able to speak her/his language. It is best to speak in a normal tone of voice, at a normal pace, rather than pausing between words. Because of differences in grammar and syntax, the interpreter may have to wait until the end of your sentence before beginning to interpret. Do pause after one or two sentences to allow the interpreter to speak. When you need further information, or need to clarify what the patient has said, clearly tell the interpreter what you want asked of the patient. Although you may ask the interpreter to add his or her opinion of what the patient really meant, try to get as close as possible to the patient's actual words and intent.

10. (**False:** This is an inappropriate responsibility for families to take on and may actually place the provider in violation of the Civil Rights Act of 1964 and the August 30, 2000 [Office for Civil Rights \(OCR\) Policy Guidance](#). The rationale for using professional interpreters is clear. Professional interpreters have been trained to provide accurate, sensitive two-way communication and uncover areas of uncertainty or discomfort. Family members are often too emotionally involved to tell the patient's story fully and objectively, or lack the technical knowledge to convey the provider's message accurately.)

11. (**Answer: c.** The only assured similarity among people from around the world who come to you for care is the fact that they are your patients and they hope to be treated with respect and with concern for their individual health needs. As a health care practitioner, it is important to have a basic understanding of your patients' cultures—and to recognize the similarities and differences among people from the same region of the world and the same country. Differences in cultures within a region can be pronounced. Each patient is the product of many cultural forces. People from the same continent, the same country, the same part of the country, and even the same city, may have major differences in cultural heritage, traditions, and language, as well as differences in socioeconomic status, education, religion, and sexual orientation. It is the combination of all of these factors that make up a person's "culture.")

12. (**Answer: c.** A large percentage of Africans are Muslims, most of them living in North and West Africa, but there are also many Muslims in East Africa.)

13. (**Answer: b.** The longitudinal [NI-HON-SAN study and Honolulu Heart Program](#) showed that dietary changes contributed to a significant increase in coronary heart disease among Japanese men who migrated to Hawaii and California. It highlighted the role that

environmental factors can play in counteracting predispositions to disease.)

14. (**False:** Despite the lower rate of breast, oral cavity, colorectal, and urinary bladder cancers among Hispanics, their mortality rate from these cancers is just as high as that of the rest of the population.)

15. (**False:** In the US, some individuals from minority and immigrant groups use traditional treatments before turning to conventional Western medicine, or use both concurrently.)

16. (**True:** A growing number of people from majority U.S. cultures are turning to traditional medicines as part of their health care strategies. Providers should be aware of any such practices that may affect their patients' health.)

17. (**Answer: a.** Although smiling is an expression of happiness in most cultures, it can also signify other emotions. Some Chinese, for example, may smile when they are discussing something sad or uncomfortable. The other pieces of advice are incorrect. The use and interpretation of body language depends entirely on the patient's culture and personal preferences. What is appropriate in one culture may be embarrassing or offensive in another culture. Interpersonal greeting behaviors, for example, vary widely from one culture to another. Beliefs about touching are also highly variable, with some cultures placing a high value on physical contact, and others believing that physical contact of any kind is a sign of intimacy. Similarly, some cultures perceive direct eye contact as a sign of respect, while in other cultures, eye contact with elders and authority figures is to be avoided. Hand gestures in particular can lead to serious misunderstandings. For example, the "ok" sign, widely used in the US, is the symbol for coins or money in Japan. In several other cultures, the gesture represents a bodily orifice and is highly offensive.)

18. (**False:** Each of these symbols has a very different meaning in different cultures, and may be offensive.)

19. (**False:** In many of the world's cultures, an individual's health problems are also considered the family's problems, and it is considered threatening to exclude family members from any medical interaction. The provider should ask the patient whether she/he would prefer to be seen alone or with the family. It should be the provider's goal to help the patient to express her/his true preference about this - without offending any family members. The provider might ease any tension around this issue by assuring family members that they will be asked to return to the examining room in a short time.)

20. (**True:** In many cultures, men are not involved in the activities surrounding pregnancy or childbirth. Yet they maintain the responsibility for making decisions and giving permission for treatment, medication, and hospital stays. A female relative may have to intervene between the provider and the husband.)

21. (**Answer: d.** Even the most conscientious, committed staff who have been trained in cultural competence may need periodic reminders. In a busy practice, it is easy for providers to seek shortcuts, slipping into assumptions about the diverse populations they serve and failing to take the time needed to fully understand the health beliefs and values

of each patient.)

22. (Answer: c. Modesty is a very important aspect of a Muslim's life. Handshakes between unrelated men and women are inappropriate according to Islamic norms. In addition, eye contact will often be avoided, especially in mixed-gender situations.)

23. (Answer: c. Health and healing has been a part of Arab tradition since the earliest historical recordings. Not only has Arab medicine been in existence for over one thousand years, but Arab medical texts and practices were very influential in the development of Western medical tradition.)

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Cultural Awareness Project

Identify the cultural/ethnic/religious groups represented in your community. Research the following information concerning each of the groups identified:

- major health concepts
- beliefs in the causes of illness
- types of traditional healers utilized
- methods of treatment
- response to pain
- beliefs and practices surrounding births
- beliefs and practices surrounding deaths
- healthcare beliefs
- special symbols, books, and religious practices

Present your findings to the class.