

America has long been known as the world's melting pot, welcoming visitors—and ultimately citizens—from points around the globe. In welcoming other cultures into ours, however, we bear some responsibility to understand the differences among us. When we ignore our diversity, instead of embracing it, we lose the very thing that draws others to us.

The differences among us are evident in nearly every interaction. However, understanding is especially crucial when dealing with and treating illness. Our care is incomplete if it fails to treat patients in a way that is understandable and comfortable to them.

In an effort to encourage culturally sensitive care, the Kansas Foundation for Medical Care, Inc. has reproduced this guide for your office's use. Children's Mercy Hospital and Family Health Partners compiled this guide to offer a glimpse of the various cultures from which your patients may originate.

The facts included herein are generalities only. They will not apply across the board to everyone of the same nationality. Cultures vary as other factors—such as religion, education, income and gender—come into play. The most accurate source of information will always be the patients themselves. Just as they best know their own physical symptoms, they are also most familiar with aspects of their culture that could affect their care.

We hope this guide proves to be both educational and useful. Our intent is that it not be the last word, but a starting point instead, leading you and your patients to better communication and better care.

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African-American

African-Americans are one of the largest minority populations in the U.S. They regularly deal with issues such as police brutality, employment discrimination and educational discrimination. One-third of all African-Americans live in poverty. More than half live in urban areas surrounded by symptoms of poverty, including crowded and inadequate housing, poor schools, high crime and unemployment rates, high incidence of teen pregnancy and many fatherless households. They are a very spiritual culture.

Health Beliefs and Practices

African-Americans view health care as a family responsibility. There may be an initial distrust of white health care providers. Limited understanding of resources in some young parents may lead them to have their children seen in the Emergency Department rather than in clinics. While they are usually open and accepting of new health information, there may be a delayed acceptance of mental health and other forms of therapy.

Communication Style

Many African-Americans prefer to keep an arms length distance between themselves and others. They tend to be verbal and speak their mind. Maintaining eye contact shows respect and establishes trust, while silence may indicate a lack of trust. They may listen and observe carefully for implications of racism. In addressing African-Americans, it is important to give a full, proper name, placing Mr., Mrs. or Ms. before their given and last name.

Language

English. Black English, an expressive dialect with a strong emphasis on slang, is spoken mainly by inner city youth.

Religions

Christianity (Baptist, Christian Methodist Episcopal, Roman Catholic) with a mixture of ancestral belief systems; and Islamic. Church and prayer are important to African-Americans.

Family Structure

The extended family plays an important role in the African-American's social and economic network. Families are very affectionate, which is demonstrated through touching and hugging. The elderly are respected. Family dynamics, such as number of children, employment issues and lack of family or financial support may play a role in whether or not appointments are kept.

Food Practices/Diet

Three meals daily. Meals are hearty with meat, fish, greens, rice/potatoes and other starches. Cooked foods are preferred. Greens are often seen as essential to good health.

Children's Issues

The extended family plays a part in African-American child-rearing. Child-rearing patterns often emphasize uniqueness, assertiveness and early independence. Children are expected to help with chores and attend and complete schooling. Discipline and appropriate behavior are emphasized.

American Indian

Each nation is diverse, with its own language, traditions, values and beliefs. American Indians often face problems of alienation, poverty, unemployment and extremely poor health. Many have left reservations (and families) to make a better life for themselves. American Indians demonstrate a cooperative spirit; property is shared. They have respect for tradition and the natural world, as well as for individual rights. The spirit world is an integral part of their universe.

Health Beliefs and Practices

Traditional medicine may be used before or in combination with Western biomedicine. The preference for Western medicine varies with disease and individual lifestyle. Roots and herbs may be used for common symptoms, such as coughs and stomachaches. Pain is generally undertreated. Complaints will usually be general, such as “I don’t feel so good” or “something isn’t right.”

Communication Style

Intense eye contact is considered disrespectful. Respect is communicated by avoiding eye contact. Silence is valued, so most American Indians aren’t verbally direct or outspoken. Long pauses are a regular part of conversation. It is important not to interrupt the speaker and to keep a respectful distance. Some nations encourage showing emotion, while it is discouraged by others. Anecdotes and metaphors are often used to discuss situations.

Language

Most speak English. If needed, the interpreter should be a mature person of the same gender.

Religions

Varies with tribes; usually Christian or traditional (concept of the Spirit in and beyond the physical world). Traditional religion may not be openly discussed due to a legislative ban over certain practices during the last century.

Family Structure

Parenthood is a shared responsibility, with the father playing a strong disciplinarian role. Respect for elders is important.

Food Practices/Diet

The number of meals varies with social and other activities, with three being the norm. Patients may wish to share food with visiting family and friends.

Children’s Issues

Children and grandchildren often serve as caregivers for elders. Children are expected to respect elders, take pride in their Indian culture and develop natural talents. Children are not encouraged to seek help outside of their family.

Asian Indian

The Asian Indian community is ethnically diverse with subgroups tracing their roots to different regions or states within India. Each subgroup has its own language, foods and distinct customs. The country of India has as many as six different racial strains and at least 300 languages, but most people will also know the national language, Hindi.

Health Beliefs and Practices

Most Asian Indians accept the role of modern medicine and pay attention to health matters. Ayurvedic (ah-yoor-vay-dic) medicine has a big following. It emphasizes spiritual healing as an essential part of physical healing. It uses herbs and natural ingredients as a basis for curing illnesses. They are less likely to seek help for mental illnesses than physical illnesses. Modesty is highly valued and patients are more comfortable with same-sex providers.

Communication Style

Men may shake hands with men, but not with women. A slight bow is used instead. No expression for 'thanks' exists and the motions of the head for 'yes' and 'no' are opposite those in the United States.

Language

Primarily Hindi and English.

Religions

Hinduism, Muslim and Christian.

Family Structure

Families strive to preserve traditional Indian values and transmit them to children. Extended family members usually live together. Sibling relationships tend to be close. Family issues, including health care, are frequently discussed within the immediate family before seeking outside help. Women are more passive and manage the home; men are the breadwinners.

Food Practices/Diet

Indian cooking revolves around the use of aromatic spices. Hindu and Muslim religions greatly influence Indian food practices. Rice is standard for every meal. Indians eat two or three meals a day, with the biggest meal at lunch. Overeating is discouraged.

Children's Issues

Children are raised by the whole family. Children often sleep with parents through early childhood. Respect is highly valued and children are taught to be respectful of elders. Discipline of children is thought to come naturally; constant reminders are not given. Children are given responsibilities, but not as punishment. They believe children with adult responsibilities will mature quickly. Children are encouraged to excel, sometimes beyond their capabilities.

Bosnian

The dissolution of the Soviet Union led to the creation or re-creation of several eastern European states, including Bosnia. When borders and populations changed, conflict arose over such things as past history, religious differences and nationalism. The Bosnian population (including Serb and Croatian) is more mixed than other Balkan countries. Conflict in the early 1990s led to approximately 250,000 civilian casualties.

Health Beliefs and Practices

Bosnian health care is similar in many respects to that of the United States. However, a greater emphasis is placed on basic care, as many sophisticated tests and procedures aren't available. There is an awareness of health issues, but they are often not implemented in lifestyle. Traditional healing with teas, herbs, grasses and ointments is used. Sick people are encouraged to communicate about suffering. Tooth decay may be seen due to a lack of flouride in water and pain-free dental procedures. There may be uncertainty about a quick release from the hospital after surgery or childbirth.

Communication Style

There may also be a lack of trust for interpreters. Lots of questions, notetaking and form-filling may add to their anxiety. Some have difficulty with question formation.

Language

Serbo-Croatian (now referred to as Bosnian). Many also speak German, English or another second language.

Religions

Muslim and some Catholic and Greek Orthodox.

Family Structure

Most Bosnians live with just their immediate family and have a history of both men and women working outside of the home. Men usually have greater authority than women.

Food Practices/Diet

Lunch is the most substantial meal of the day. Dinner is usually lighter and eaten after 8 pm. Muslims may follow Islamic rules of food consumption, including no pork or alcohol.

Children's Issues

Children are given food supplements at three months of age, such as carrots or potatoes with milk. Toilet training may begin as early as six months.

Caucasian

Caucasians make up the largest ethnic grouping in the contiguous 48 states. They are typically thought of as those who immigrated from the later part of the 19th to the early 20th century, with the majority coming from the European continent. Caucasians are represented across a wide gamut of income levels.

Health Beliefs and Practices

Caucasians have helped shape the health care system we have today. Health insurance coverage is viewed as an employee benefit with the option of including family members at a higher cost. Caucasians have high expectation that their provider will cure their illness. They often see the relationship to their doctor as linear and not requiring a personal commitment to make lifestyle changes to improve wellness. Smoking, drinking and obesity patterns point in this direction.

Communication Style

Because Caucasians represent such a varied group of citizens, it is best to ask how the patient wants to receive care. Informality is the norm.

Language

English

Religions

Varied

Family Structure

Second, third and fourth generations are less likely to live with their parents. Families are often spread out across the country. A high degree of independence and individualism are evidenced in this population.

Food Practices/Diet

Caucasians are the creators of a “fast food” culture. This has led to an alarming rate of obesity at all age levels. Meals are often not family events. Diet foods are ever plentiful and diet books, programs and pills are a fast-growing market.

Children’s Issues

Some members of this group, in comparison to newer immigrants, are found to be less engaged in their child’s life, or in other cases overly engaged. Along with the parent, the child should be engaged in the provider/patient conversation. Children’s health care has become increasingly child-centered with lots of attention to reducing pain, discomfort and the unknown. Sex education is not always incorporated into the daily child-rearing practices.

Chinese

The Chinese American population grew rapidly during the latter part of the 20th century. Missionaries and political reformers have formed schools and newspapers which have played a key role in perpetuating the Chinese culture.

Health Beliefs and Practices

Chinese medicine is one of oldest types of medicine in world. Traditional health care includes herbal medicine, acupuncture and moxibustion (which is similar to acupuncture, but uses heat instead of mechanical stimulus). The Chinese feel that illnesses are the result of imbalance between Yin and Yang (e.g., hot and cold) in body. Mental illness is thought to be due to lack of harmony in emotions. Genetic defects are usually blamed on something the mother did or ate. Home remedies are often used to treat minor ailments, such as colds and skin diseases. Many are fearful of having blood drawn and avoid surgery due to their belief that the body needs to be kept intact.

Communication Style

Eye contact is avoided with authority figures to show respect. Direct eye contact is used with elders. Keep a respectful distance. Asking questions may be seen as disrespectful; silence may be a sign of respect. Using first names could be viewed as disrespectful. The Chinese may not like to be touched by strangers, so introductions elicit a nod or slight bow.

Language

Cantonese and Mandarin are most common. Many speak English as well.

Religions

Christians of all denominations, Buddhists, Taoists and Confucianists.

Family Structure

The traditional role of woman is to be subservient to her husband. Two or three generations often live in the same household, with the oldest male usually making decisions. It is common for a lot of family members and friends to visit when someone is sick or hospitalized. Fathers are less involved in child-rearing than mothers and the mother/son relationship is close and long-lived.

Food Practices/Diet

Chinese usually eat three meals a day with the evening meal being the largest. Food is seen as a way to keep balance between hot and cold in the body. Certain foods may be refused due to beliefs about which foods should treat illnesses. Encourage families to bring food from home, when and if possible. Rice and noodles are important staples; meat is not eaten in large quantities. Their diet tends to be low in fat and concentrated sugars and high in sodium. Hot beverages are preferred when ill.

Children's Issues

The Chinese have high educational standards. Once their education is complete, children are not free to choose their profession, but are placed where the government feels it is best. Children are expected to control their emotions and repress aggressive behavior. Child abuse is rare. Children are expected to respect their elders.

Croatian

Most Croatians have come to the United States seeking economic opportunities or to escape political persecution in their homeland. Many Croatian patients will have health problems associated with refugee status. These include low immunization rates, malnutrition, high lead levels, intestinal parasites and tooth decay.

Health Beliefs and Practices

Patients are encouraged to communicate about their illness, so that relatives can give moral and physical support. High significance is expected to be given to discussions of symptoms and complaints. Patients will likely want detailed explanations of tests and procedures. Treatment is often not considered complete without medication. Awareness of health issues may be high, but often not implemented in lifestyle. Exercise is uncommon. Traditional healing with teas, herbs, grasses and ointments is often practiced.

Communication Style

There may be a general distrust of doctors and interpreters.

Language

Croatian

Religions

Majority Roman Catholic. Some Greek Orthodox.

Family Structure

Family honor is important.

Food Practices/Diet

Food is seen as important to health and a good appetite is considered healthy. Bread is a dietary staple. Relatives may bring food from home, when possible, to supplement hospital food.

Children's Issues

Food supplements are given as early as three months of age (such as carrots or potatoes with milk); toilet training may begin as early as six months. Children are not pampered; sons are given preference over daughters.

Cuban

Cubans who fled to the United States during the Castro takeover left families behind and have limited contact with them. Cuban American immigrants from this time were typically from the upper and middle class. They tend to enjoy greater economic security than other Hispanic groups.

Health Beliefs and Practices

Doctor recommendations are usually followed, due to the importance of doctors in Cuban culture. Health promotion and illness prevention is a core part of the Cuban primary care system. Cubans feel that overweight and rosy-cheeked people are healthy and that thin or skinny people are sickly.

Communication Style

Cubans are typically outgoing and direct. Close contact and touching are acceptable signs of affection among family and friends. Direct eye contact is expected during conversation; looking away shows lack of respect or dishonesty. Hand gestures are often used to add emphasis or drama when talking. Commands or requests are often direct and/or forceful, which may make conversation seem hostile and aggressive.

Language

Spanish, although most are bilingual (Spanish and English).

Religions

Large majority are Roman Catholic; some Protestant. Santaria, a blend of African and Catholic religions, is practiced by some Cubans. Spells, magic, animal sacrifices and the wearing of amulets are common to this practice.

Family Structure

Cubans are family-oriented, with extended family being important. Cubans may be quick to show anger and behavior that may be viewed as aggressive. Men are expected to make decisions and protect the family while women usually fill a more submissive, supportive role.

Food Practices/Diet

Cubans usually eat three meals a day. Meat is an important part of most meals. Rice and beans are common with lunch and dinner. The adult diet tends to be high in fat, cholesterol, sugar and fried foods and low in vegetables and fiber.

Children's Issues

There is a strong emphasis on and respect for children. Male children are taught to be competitive, in control and to protect the family interest. Female children are taught to be submissive, supportive and caring. Crying is undesirable behavior; a happy, content child is seen as a quiet one. Physical punishment is common. Toilet training is done early.

Filipino

Every state in the nation has a Filipino population. Filipinos have been considered part of the Asian population, but they are very different ethnically and culturally from their Asian counterparts.

Health Beliefs and Practices

Filipinos believe that good health is related to maintaining balance. Being overweight is not a concern, but seen as sign of good standing and contentment. Exercise is not a regular part of daily living. Mental illness is highly stigmatized.

Communication Style

Filipinos are sensitive to tone and manner of the speaker. They are typically shy and affectionate and feel awkward in unfamiliar surroundings. Handshakes are not commonly practiced. There will be little direct eye contact, especially with superiors and authority figures. Authority figures are respected and there will be little tendency to disagree.

Language

Filipino and English.

Religions

Roman Catholic, Islam and some Protestants. Religion is a central component of Filipino family and community life.

Family Structure

Filipinos are family-oriented. Women will serve as the primary bedside care providers.

Food Practices/Diet

Filipinos eat three meals a day at regular meal times. Rice is served with every meal. They enjoy fish, meat, vegetables and fried food. They prefer soft and warm food when ill and do not like ice in their drinks.

Children's Issues

Children are raised in a highly protective environment. A strong emphasis is placed on negative sanctions versus positive rewards to avoid possible misconduct. Filipino children are taught to be quiet, avoid direct confrontations about personal differences, contain emotions and be obedient, respectful and shy. A strong emphasis is placed on education.

Haitian

Haitians have a strong belief in the culture, traditions and customs of their homeland. Many have adopted American culture while retaining their distinctive Haitian lifestyle.

Health Beliefs and Practices

Haitians view eating well, good personal hygiene and keeping regular hours as qualities for maintaining good health. Some Haitians may use folk healers. They tend to believe anything that creates imbalance between 'hot' and 'cold' states may cause illness or discomfort. Blood is believed to control the hot or cold state of the body, so they may have strong beliefs about the effect of blood irregularities causing dangerous illnesses. Illness is perceived as punishment and considered an assault on the body. Prayer and good spiritual habits are important to achieving a healthy balance.

Communication Style

The Haitian culture is oral, rather than literate. The language is rich and expressive, with a long tradition of proverbs, jokes and stories reflecting on philosophical systems. Eighty percent (or more) of Haitians cannot read or write. They are affectionate and polite, but shy. Approval is shown by nodding. They smile a lot and avoid eye contact as much as possible, especially with authority figures. Haitians are composed and stern in formal situations and shake hands as a sign of greeting.

Language

Creole, French and English.

Religions

Roman Catholic, Protestant (Baptist, Methodist, Pentecostal), Haitian Voodoo (elements of Catholicism with diverse African beliefs).

Family Structure

Haitians have tightly knit families. They are a matriarchal society, but men are allowed to believe they are head of household. Men are supposed to project strength and not display emotion. Women assume the nurturing responsibilities.

Food Practices/Diet

Haitians eat their largest meal at lunch time. They are not explorers when it comes to food and may prefer fasting to eating non-Haitian food. Being plump is considered healthy.

Children's Issues

Children are expected to be respectful, caring and obedient. They are cared for by both parents in a highly protective, secure environment. They are expected to be high achievers, especially in education, and to respect and care for their elders. They are to be quiet when adults are speaking. Children are treated in a strict manner and corporal punishment is commonly used. Early independence is promoted.

Japanese

Japanese Americans have demonstrated ability to acculturate on many levels while maintaining their sense of ethnic community and identity. Recent immigrants tend to be well educated and settle in large metropolitan areas with a significant Japanese/Japanese American community.

Health Beliefs and Practices

Japanese believe that good health is related to taking care of oneself and is associated with being able to maintain independence and live disease-free. Their health care practices tend to be magico-religious. They may consult with priests to seek luck and avoid evil before important decisions or activities. However, Western beliefs in health promotion are becoming more accepted. Health procedures should be thoroughly explained. They may have difficulty providing information related to a screening if issues are sensitive, but will disclose information out of respect for health care professionals.

Communication Style

Japanese appear reserved and formal in new situations. They are very controlled and touching is uncommon. There will be little eye contact, especially to superiors. Nodding does not necessarily mean agreement or understanding. A smile and slight bow may be used for acknowledgement. Speak softly. Handshake is acceptable. They may not ask questions about treatment or care. It is best to ask questions that require more than a yes or no answer. Self-disclosure will only occur if trust is established.

Language

Japanese.

Religions

Buddhist, Shinto and Christian. Japanese are dependent on religious beliefs.

Family Structure

Japanese are family-oriented. The emphasis is on family and home as opposed to the individual. Self-care is not an important concept. They are a hierarchical society, with the father serving as the head of household and primary authority. Women were traditionally considered subordinate in traditional families and are passive and domesticated. Japanese values include the importance of family as unit, one's duty, responsibility, obligation and the maintenance of harmony. There is respect for age and authority.

Food Practices/Diet

Japanese eat three meals a day. Rice is served with most meals, especially dinner. Their diet is low in fat, animal protein, cholesterol and sugar and high in salt content. Many are lactose-intolerant. They often use chopsticks for eating.

Children's Issues

Children are taught to be polite, quiet, shy, humble and submissive to elders. Emphasis is placed on conforming to expectations. Emotional outbursts are discouraged. Positive reinforcement and discussing one's own achievements are unusual. The mother-child relationship is strong. Boys may be socialized to be assertive and successful in their achievements. Girls are taught to enjoy life and suppress ideas.

Korean

The Korean culture is maintained within communities through church organizations, Korean schools and Korean culture-camps. Korean Americans hold a prominent position in the field of medical science. However, new immigrants and the elderly often don't have access to medical care because of language barriers.

Health Beliefs and Practices

Many Koreans were raised to view illness as result of bad luck or misfortune, so being healthy is seen as having harmony or balance between soul and physical being. Korean men may be stoic about pain, but it is also not unusual for them to be dramatic about illness. Pain medication is not frequently used. A bedpan may be preferred to toilet. Doctors are well respected in the Korean community.

Communication Style

Many Koreans understand more English than they speak. Touching, except for during examinations, is considered disrespectful. It is considered rude to direct the sole of your foot or shoe at another person (as when crossing your legs). Direct eye contact is not common. They often give 'yes' answers, regardless of the truth, as 'no' might upset another person.

Language

Korean.

Religions

Shamanism (worship of nature), Buddhism and Christianity. Immigrants are predominately Christian.

Family Structure

The family is important to Koreans. Self-esteem is gained through family identification, holding honor and approval from other groups. Korean life goals are focused on fulfilling family roles and obligations. Cohesion, interdependence, relations in order of hierarchy and harmony are considered important factors in successful family. Love is expressed indirectly. Women serve as the caretakers. Father-son relationships are more highly regarded than husband-wife relationships.

Food Practices/Diet

Koreans may or may not eat three meals. They will snack, usually on fruit. Dinner serves as the main meal and they will eat until their hunger is satisfied. They usually eat using chopsticks and big soup spoons. Cold fluids are not usually welcome. Their diet tends to be high in fiber and spicy and consist of healthy foods (rice, vegetables, fruits, lean meats, bean curd, etc.). Their diet may also be high in sodium and many are lactose intolerant. Food and drink must be offered repeatedly before it will be accepted.

Children's Issues

Korean children are reared to be obedient and orderly, especially outside of the home environment. Independence is not promoted early. Infants are not allowed to cry for long and are breastfed (on demand) until they are approximately two years old. Children may sleep with their parents until age four. Education is a priority. Korean children belong to the husband's family.

Mexican

Many Mexicans are migrant workers that relocated to join their families or seek employment. Diversity within this population makes them difficult to generalize. There is great respect for life, the wisdom of elders, family structure, hard work, bodily integrity and healthy living.

Health Beliefs and Practices

Mexicans often underutilize medical services because of inadequate language skills, lack of transportation, inability to pay for services or fear of deportation. Illness is seen as a social crisis and an experience of the entire group. Mexicans focus on curative, rather than preventive care, so they don't often subscribe to health maintenance and illness prevention strategies (health screenings, check-ups).

Communication Style

Not maintaining direct eye contact with authority figures (such as health care providers) is considered rude, immodest or dangerous. Silence sometimes indicates a lack of agreement. Touch by strangers is generally unappreciated, although handshaking is welcome. When needed, adult interpreters should be used rather than bilingual children.

Language

Spanish. Many school-age children are bilingual (Spanish and English).

Religion

Catholic (75 percent or more).

Family Structure

Mexican families have a strong sense of loyalty, reciprocity and solidarity among them. There is belief that individual actions affect the reputation of the family. They are a patriarchal society, so male family members should be consulted before health care decisions are made. Women are respected for their cultural wisdom and life experience. Mothers, while publicly deferential to husbands and elders, have great influence over children throughout their lifespan.

Food Practices/Diet

One-third of all Mexican Americans are obese, which may result from poor eating habits or inadequate diet. They eat three meals a day, with lunch and dinner being bigger than breakfast. Mexicans prefer to eat their meals together. They traditionally use fresh, natural ingredients. The family should be encouraged to bring food from home if and when it's appropriate. Processed foods are discouraged and they are often lactose intolerant.

Children's Issues

Children are raised in a protective environment. They are expected to be obedient and respectful; hard work and achievement are encouraged. Children may be traumatized by separation from family members. They are often underimmunized.

Puerto Rican

Urban Puerto Rican societies often suffer from crime, drug use, poor educational opportunities, unemployment and the breakdown of a traditionally strong family structure. There is increased incidence of poverty-related health problems, such as alcoholism and drug dependency.

Health Beliefs and Practices

Good health is viewed as an absence of mental, spiritual or physical discomforts. Illness might be viewed as hereditary or a result of punishment, sin or lack of personal attention to health. Patients often assume a passive role. Not being too thin and being clean are perceived as being healthy.

Communication Style

Most Puerto Ricans are loving and affectionate, driven by a strong emphasis on meaningful interpersonal relationships. They often offer gifts as an expression of thanks. When this happens, it is considered insulting to refuse. Eye contact may be avoided as sign of respect. Providers should be sensitive to the language barrier when giving information and instructions.

Language

Spanish and English.

Religion

Roman Catholic (majority); Protestant.

Family Structure

All activities, decisions, social and cultural standards are conceived around the family. Adults and the elderly are sought to give consent in decisionmaking as a sign of respect and search for wisdom.

Food Practices/Diet

Puerto Ricans eat three full meals a day. Urban dwellers are likely to eat a more Anglo diet. Rice, beans, fried plantains and a type of French bread are eaten with practically all meals.

Children's Issues

Children are the center of Puerto Rican family life. A strong emphasis is placed on respect, education and religion. In many homes, the male is socialized in a more independent role, while girls are taught about home and family dynamics. Parents use both negative and positive rewards to encourage discipline, respect and submission. The mother cares for ill children.

Russian

For the most part, Russian immigrants and their descendants have succeeded in assimilating into mainstream American life. Many are gainfully employed and have health insurance.

Health Beliefs and Practices

Russians believe illness is caused by poor nutrition, not dressing warmly, family history, stress and/or a pregnant mother not taking care of herself or ingesting too much medication. Russians will treat themselves first before seeking medical attention and believe that excessive drug use can be harmful. Health promotion is important.

Communication Style

Direct eye-to-eye contact is used. Russians are very respectful to elders. Touch is used freely with friends and family and nodding is used as a gesture of approval.

Language

Russian and English.

Religion

Orthodox Christian and Jewish.

Family Structure

Russian families are often extended with strong family bonds and great respect for elders. The father usually assumes the dominant role.

Food Practices/Diet

Three meals a day, with lunch being the largest. When ill, they prefer soft, warm or hot foods. Russian food is often high in starch, fat and salt. There may be food restrictions associated with the patient's religion. They prefer to have ice in drinks.

Children's Issues

Children are taught to be obedient, respectful to elders, study hard and obtain higher education. They are encouraged to focus on their mother and be dependent on their parents.

Samoa

Samoa is one of the world's least developed nations, according to the United Nations. Samoan people are conservative and take pride in maintaining the Samoan way of life.

Health Beliefs and Practices

Physical illness may, at times, be attributed to past misdeeds or conduct. The concept of health is attuned not only to obvious physical ailments, but also to relationships with others, the environment and the spiritual world. Preventive health is not a well-established concept in Samoa. Prayer is an important element of the healing process.

Communication Style

Samoans stress politeness and deference to those in perceived positions of authority, which takes the form of silence, agreement or attempted compliance (whether or not the request or orders were fully understood). Check constantly for understanding, especially if seeking informed consent. Physical space is important (especially the area in front of a person) and touching is seen as a sign of sincerity or intimacy. First name greetings are preferred. A handshake is the customary greeting.

Language

Samoan and English.

Religion

Christian, with the most common denominations being Congregational, Methodist, Catholic, Latter Day Saints, Seventh Day Adventist and Assembly of God.

Family Structure

Large, extended families are common. The family is the basis of the community. There is a strong commitment to mutual aid and support within the family and church. It is important to be hardworking, selfsufficient and loyal to the family. Modesty, politeness and humility are valued. Women have an active role in decision-making.

Food Practices/Diet

Samoans eat two main meals a day (three becoming more common) with large portions. Their diet is full of starch and some protein. A patient's family may want to bring in food from home.

Children's Issues

Children are valued, even when born out of wedlock. However, they are expected to be obedient, serve older family members and avoid direct confrontation with those in authority. Parents are indulgent with very young children. Older children are responsible for the care of younger siblings. A high degree of autonomy is expected at an early age.

Somalian

The societal structure of Somalia is membership in patrilineal clans (descent through male lines). There are a few main clans and multiple subclans. Much of the strife in Somalia centers on clan-disputes. Birthdays are not celebrated, so many may not know the exact date of their birth. Many Somalian patients will have health problems associated with refugee status. These include low immunization rates, malnutrition, high lead levels, intestinal parasites and tooth decay.

Health Beliefs and Practices

Use of traditional healers is widespread in Somalia. Self-medication, herbal medicines, religious acts and dances are traditional therapeutic procedures. Many Somalis believe in the “Evil Eye” and may react in fear if you compliment them or their children. Nurses, doctors and hospitals are not associated with preventive care. Health promotion practices, such as routine prenatal care and well-child care, are unfamiliar. Females may have been circumcised.

Communication Style

The handshake is a common greeting. Females will be more comfortable communicating with female nurses and doctors. Direct eye contact will be avoided. Using one finger to summon a Somali patient or family member is considered impolite. Use all four fingers or your whole hand.

Languages

Somali and Arabic.

Religion

Sunni Muslim.

Family Structure

Elders are respected. Families are typically large; seven or eight children is considered ideal. Females will consult with a male spouse or relative before any healthcare decisions are made.

Food Practices/Diet

The Somali diet is based on rice, pasta, bread or other carbohydrates. Meat is generally eaten at least once every day. Vegetables are used in sauces and tend to be well-cooked. Garlic and onion are very common.

Children’s Issues

Diapering is not practiced in Somalia. Children are periodically held over a pan while sitting in the mother’s lap. Breastfeeding is the main form of nutrition for children under the age of two. Parents will not have discussed sex and birth control issues with teen-age children. Premarital sex is prohibited.

Sudanese

Sudan is among the poorest countries and its citizens are among the least literate in the world. The largest number of Sudanese refugees in the United States are from Southern Sudan and are the various minority ethnic groups that fled religious and political persecution, warfare and starvation. Many Sudanese patients will have health problems associated with refugee status. These include low immunization rates, malnutrition, high lead levels, intestinal parasites and tooth decay.

Health Beliefs and Practices

Preventive health care is not common in Sudan so many will present with medical conditions of which they are unaware. Dental problems are common due to food habits that changed in the United States. Due to a lack of medication and care facilities, it is common for Sudanese to share medications with those with the same symptoms. They will not commonly complete a full course of treatment once symptoms subside.

Communication Style

Sudanese greetings are very polite. Friends will greet each other with smiles and gentle shoves to the shoulder. Shaking hands is acceptable.

Languages

Arabic and English.

Religions

Sunni Muslim and Christian.

Family Structure

Strong family ties are traditional and the extended family is of vital social and economic importance. Many Sudanese adults live with their parents.

Food Practices/Diet

Pork, carrion (dead flesh) and blood are forbidden. Food tends to be spicy.

Children's Issues

Childrearing and discipline are mainly the responsibility of women. Female children may be circumcised.

Vietnamese

Nearly one-quarter of all Vietnamese live below the poverty level. Maintaining traditions is a major concern, especially with older generations. The Vietnamese are a quiet culture and tend to remain as third parties in discussions pertaining to problems, as they do not wish to offend anyone. Many mannerisms—such as pointing or using the index finger to beckon someone—are viewed as insulting. Modesty is highly valued and older children and adults will be uncomfortable with the removal of clothing.

Health Beliefs and Practices

Because medical care is provided by the state in Vietnam, many immigrants haven't had to deal with health insurance. There may be a lack of trust in American medicine. The Vietnamese believe blood is sacred and may be frightened by the taking of blood samples. They may be stoic about pain. Being overweight is not a great concern, but a positive sign of good socioeconomic status and contentment.

Communication Style

Vietnamese show respect by avoiding eye contact with those of higher status. A slightly bowed head portrays respect. They keep a distant personal space and are soft-spoken.

Languages

Vietnamese, French, Chinese. Limited English.

Religions

Buddhism and Catholicism.

Family Structure

The Vietnamese are highly family-oriented. The men are supporters and decision makers for the family, while women prepare all the meals.

Food Practices/Diet

The Vietnamese eat three meals a day, with lunch and dinner being their main meals. They eat rice with every meal and minimal dairy products. They use chopsticks and avoid extremely cold drinks.

Children's Issues

Vietnamese children are often formula-fed until the age of two, with limited solid food. As a result, some infants may be underweight or malnourished. Children are well sheltered by their parents and expected to obey, honor their parents and respect their elders. They are taught to be honest, quiet and polite.

www.mhcs.health.nsw.gov.au/mhcs/languages

Excellent website offering over 450 healthcare publications and support tools in 88 languages to assist health professionals.

www.library.met.utah.edu/24languages

Consumer health brochures in multiple languages with access to over 200 health education brochures in 24 languages.

www.babel.altavista.com

A free translation website service capable of translating a block of text or web page in multiple languages. You can select several different languages to translate to OR from.

www.ucop.edu/cmhi

English/Spanish Dictionary of Health Related Terms – developed as an instrument for healthcare personnel and other professionals working with the Latino population in the U.S. The main purpose of the dictionary is to strengthen communication between Spanish-speaking populations and the health workers serving them, and to facilitate dialogue by reducing cultural and linguistic barriers.

www.massgeneral.org/interpreters/pointtalk.asp

Point-to-Talk booklets available in 19 languages, Bits of Culture Tab providing general cultural information on nearly every country in the world.

www4.umdj.edu/rwjcweb/docs/handbook/hbsect22.html

A compilation of words and phrases most commonly needed in eliciting a history from patients who speak Spanish. It is by no means meant to be a thorough and exhaustive treatment of what is necessary, but it is meant to assist you in those situations where a translator is not available.

www.erc.msh.org/mainpage.cfm

10 minute Quality and Culture Quiz to stimulate your thinking about cultural competence and help you to reflect on your experience, knowledge, and attitudes regarding culturally diverse populations.

www.minorityhealthks.org

Kansas Center for Health Disparities provides connections and information that will enhance the health of our culturally diverse populations and improve the health of all Kansans.

www.xculture.org/resource/library/index.cfm

Cross Cultural Health Care Program (CCHCP) serves as a bridge between communities and healthcare institutions by addressing broad cultural issues that impact the health of individuals and families in ethnic minority communities. The CCHCP library and online resource center provides current and often difficult to obtain resources on cross-cultural health care.

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