Unit 3-Part 2: Cultural Influences on Health Literacy

Slide 2 Unit 3 Part 2 Objectives

Following successful completion of this unit, learners will be able to

Objective 1: define cultural competency.

Objective 2: describe the social determinants of health and health disparities of their communities.

Slide 3 Glossary

Cultural competency: The ability to recognize the cultural beliefs, values, attitudes, traditions, language preferences, and health practices of diverse populations, and to use that knowledge to produce a positive health outcome.

Culture: The intimate components to everyday life that are passed on from one generation to another and are shared in a common geographical location. It is where we live and the way we celebrate and relate to life through traditional songs, personal family stories, figures of speech, jokes, family handed-down recipes and traditional foods, traditional festivals and carnivals, special ways of speaking, religious beliefs, traditional arts and crafts. It is the way we express ourselves through interactions within the community, geographical region, ethnic group, religious congregation, and occupational group. Culture creates and forms our values and beliefs.

Slide 3 Continued Glossary

Health disparities: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Social determinants of health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

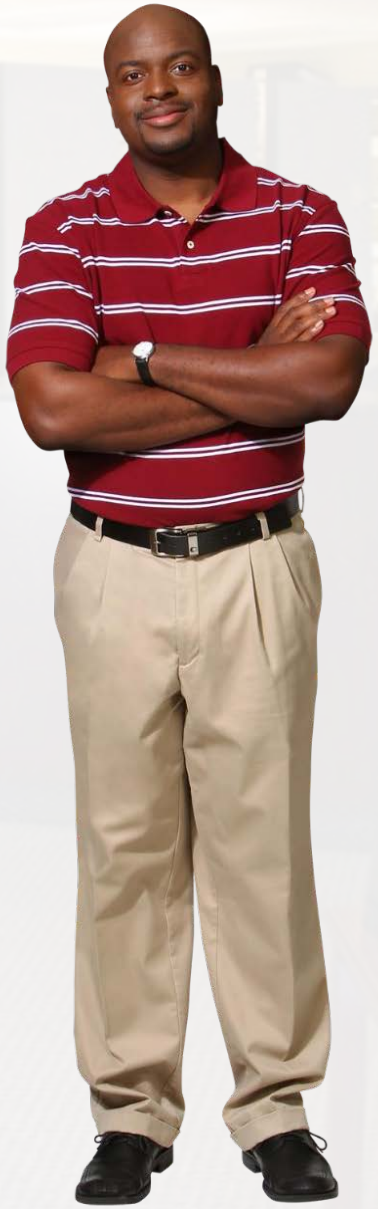
Culture affects how people communicate, understand, and respond to health information. **Cultural competency** is the ability to recognize the cultural beliefs, values, attitudes, traditions, language preferences, and health practices of diverse populations, and to use that knowledge to produce a positive health outcome. Culture, language, education, access to resources and age are all factors that affect a person's health literacy skills.[3]

In addition, community health workers should have an understanding of the **social determinants of health** and **health disparities** of the populations they serve which are influenced by cultural factors.

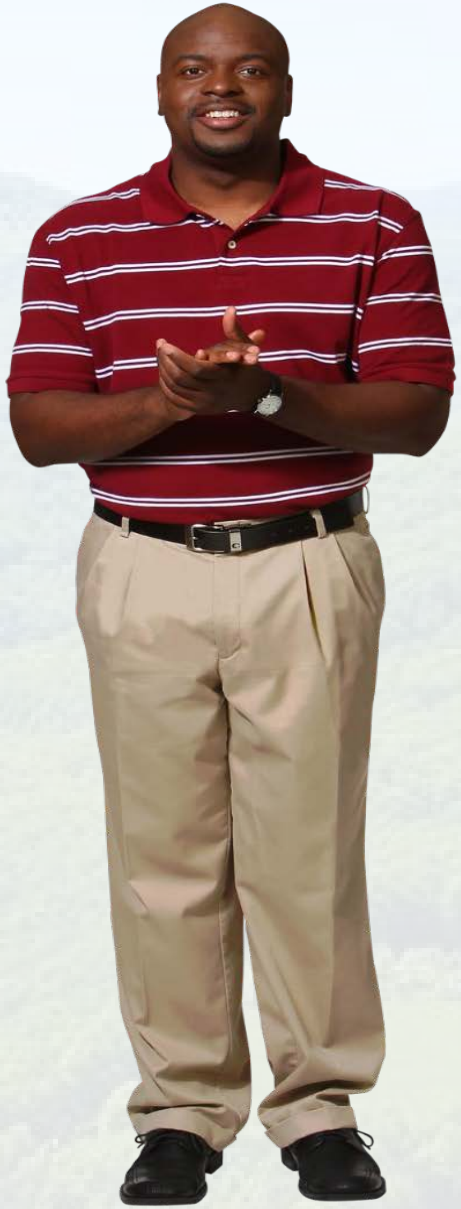
Social determinants of health (SDOH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[14]

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.[15]

In this section of Unit 3, we'll look closer at different types of cultures and how each can contribute to and influence health literacy.

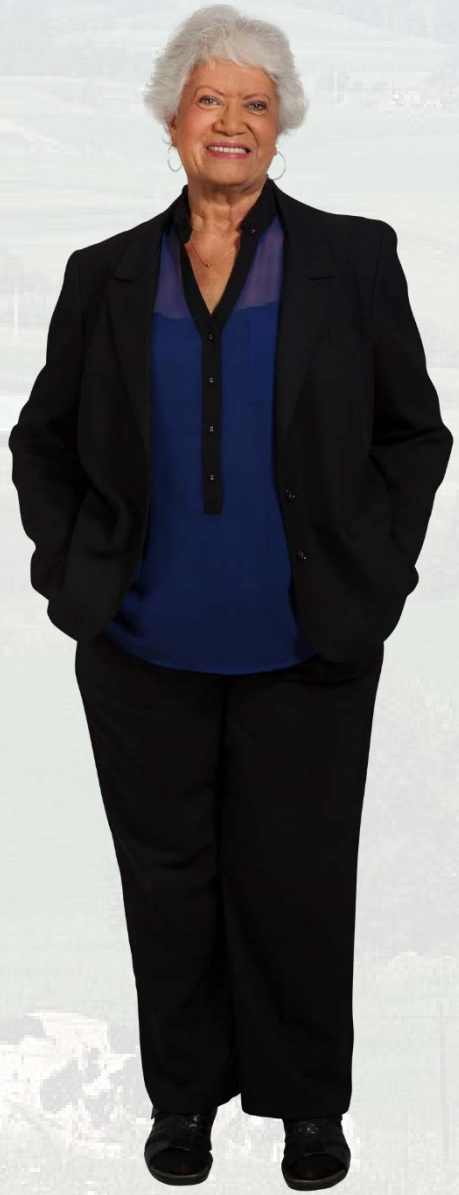


Rural/Appalachian culture: Rural and Appalachian communities have specific characteristics that influence beliefs about health. Most of these beliefs are handed down from generation to generation and what was accepted in the past still holds true for the present. You may have heard someone say, “We’ve always drank whole cow’s milk, why should we change to low-fat milk now?”

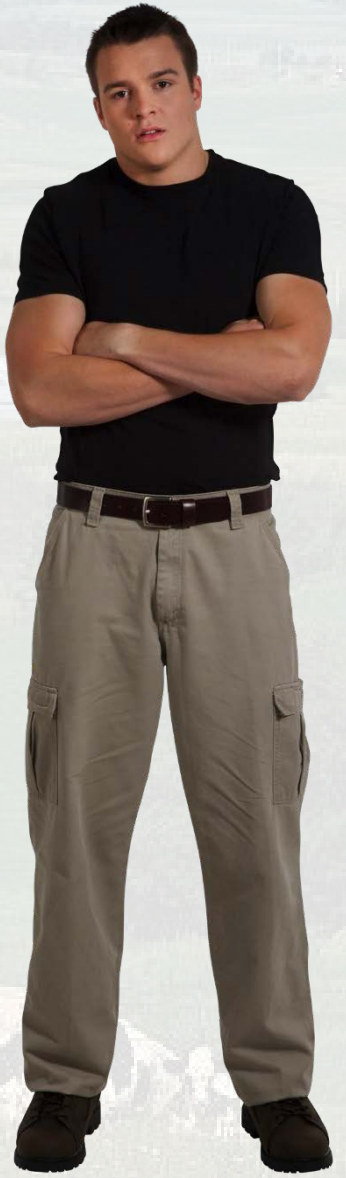


In general, rural populations believe that they are healthier than they actually are.[4] They believe health is the ability to perform what they need to do without letting illness affect them. “If I don’t feel sick, then I’m not sick.” Strong Appalachian people believe they don’t need to visit the doctor because they are not sick, showing no signs nor symptoms of illness. Because of this belief, they fail to see the value in prevention. Therefore, preventive medicine can become a challenge with early diagnoses and maintaining optimal health for rural Appalachians.

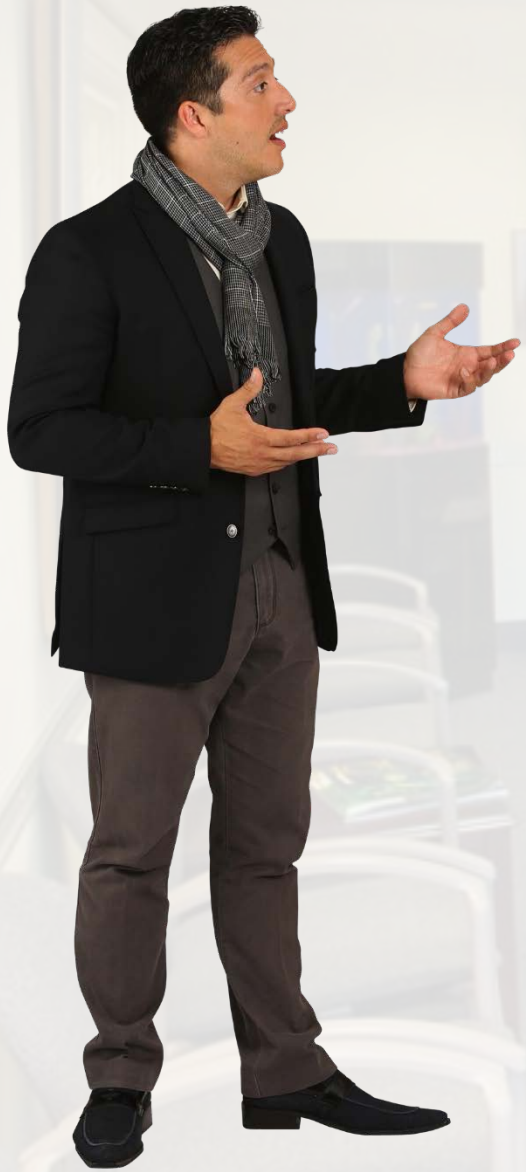
Rural populations tend to have moral and religious values that impact health, too. The belief that “It is in God’s hands” or “If God wants me to get better, I will”, can impact the decisions made for treatment of disease if the patient places more value to prayer and faith then traditional medicine and treatments.[16] This philosophy places less control and responsibility on the person while more emphasis is placed on something else controlling life and health.



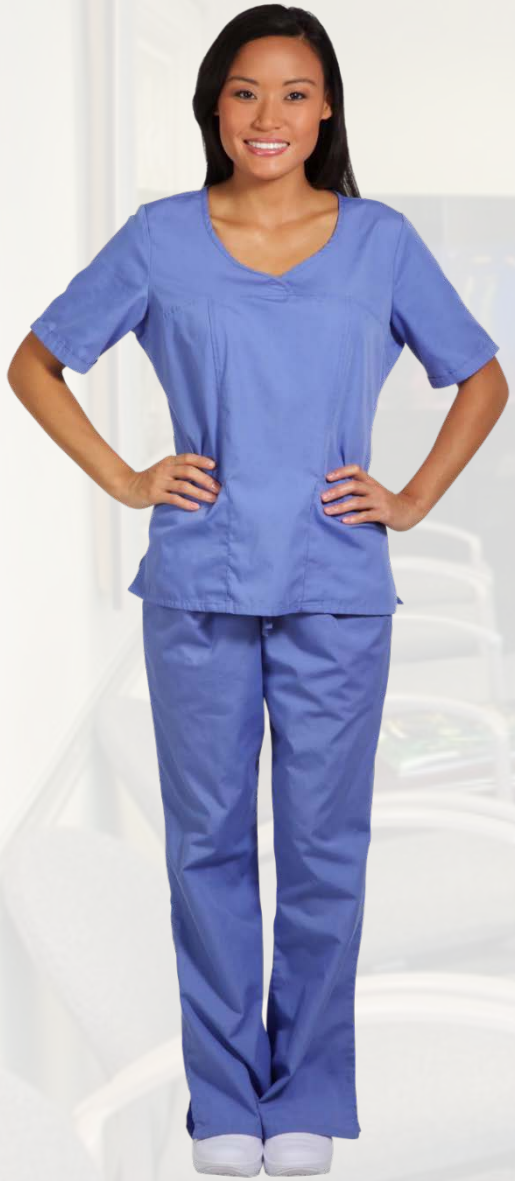
The lack of health resources and a shortage of health care professionals in rural and underserved areas also have a negative effect on health outcomes. In addition, the terrain of the mountains, long distances to travel to a health care facility are barriers that prohibit access to health care.



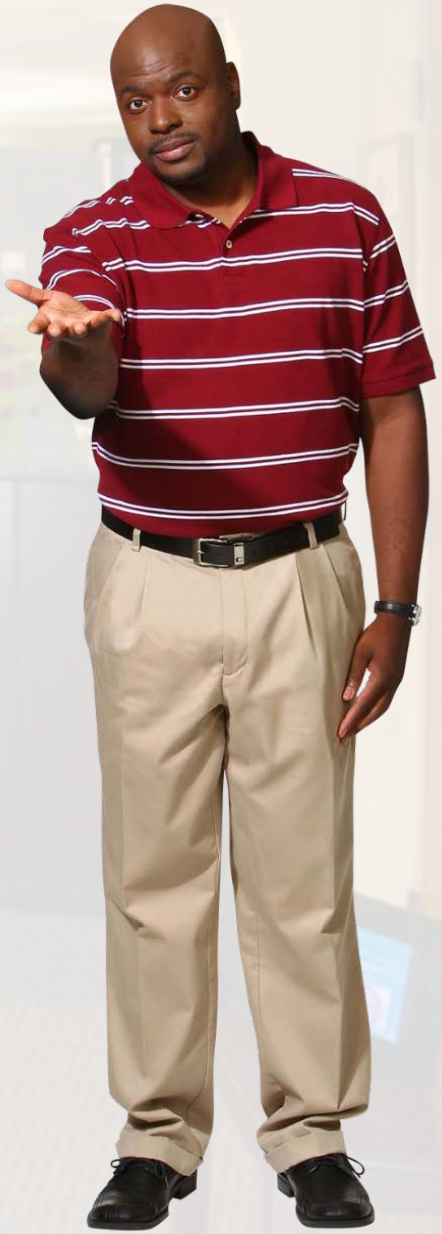
Rural communities differ from ***urban/inner city communities*** in many ways. When we speak of access to health care services, the city has mass transportation systems, such as subways, buses, and taxis. Urban mass transportation can assist in travel to and from health care facilities. In rural, more isolated geographical areas, transportation may be more difficult since there is no mass transportation and usually a greater distance to travel to and from a health care facility. However, there are similarities between rural and urban cultures as well. Poor inner city populations may have similar health care needs as poor rural communities due to socio-economic (low income, unemployed, and educationally disadvantaged) status in relation to availability of health care.



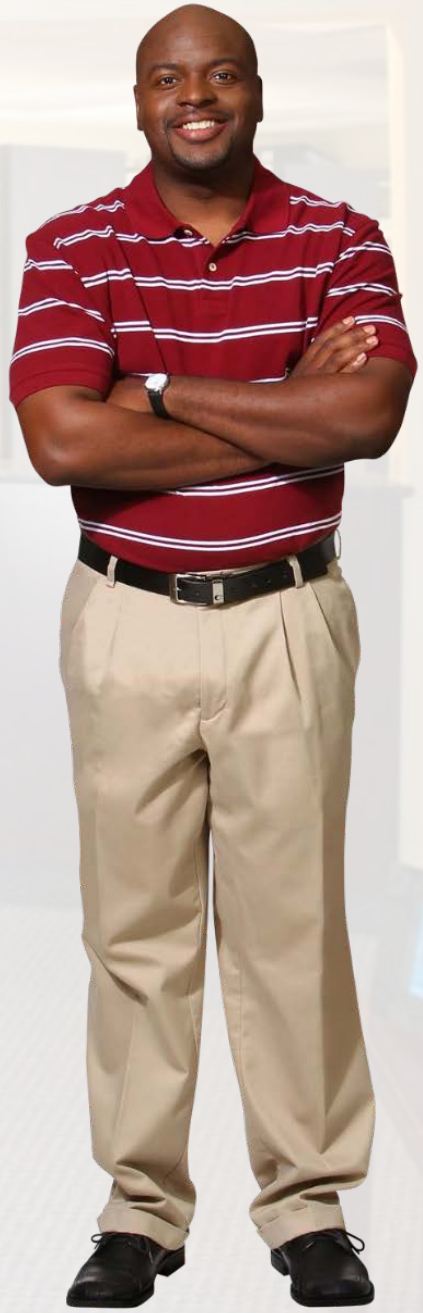
Bilingual culture: We know understanding medical information can be difficult even when speaking the same language. However, a language barrier is a significant factor that contributes to health literacy. If the health care professional's primary language is English but the patient's primary language is French, then the communication between the two may be challenging in general. When trying to communicate about health information, the use of different languages can become extremely difficult for the patient as well as the health care provider. This is the reason some health care facilities have foreign language medical interpreters to help address the language barrier challenges in the health care setting.



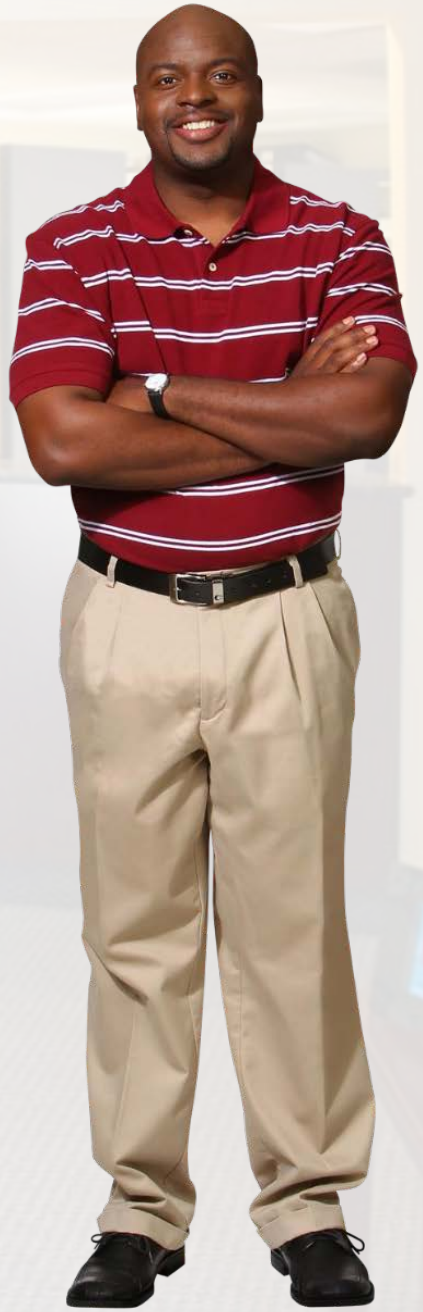
Ethnic culture: The term, ethnicity or ethnic group refers to people with common ancestry who share a distinctive culture and who come from a common geographical area, share common language, traditions, religious beliefs, and education. In society, we all have differences and similarities in our backgrounds. However, our way of life or ethnic culture can have an impact on the way we perceive health and interact within the health care system. Certain values of one's ethnic culture may have a great influence on the type of health care and treatment used. For example, a person from a nomadic tribe in Africa has a different culture and lives differently than an African-American from a city in the United States, and each will have different options for health care due to culture.



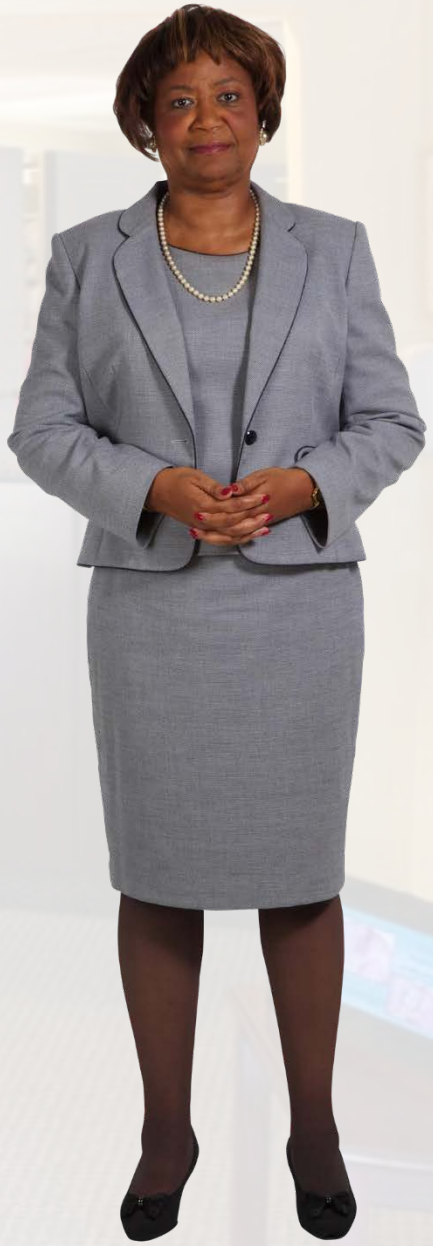
Race is also a part of the ethnicity of a person. Race generally relates to the biological factors or genes of the person, whereas ethnicity refers more to culture, language, and geography. Race and ethnicity are terms which have complex, interrelated meanings. Both race and ethnicity have historically been used to exclude some groups. In addition, there are disparities in resources based on racial and ethnic factors. Health disparities in relationship to race and ethnicity have been studied and found that some groups have better access to clean air, healthy foods, preventative health care, and other health-related services.[17-18]



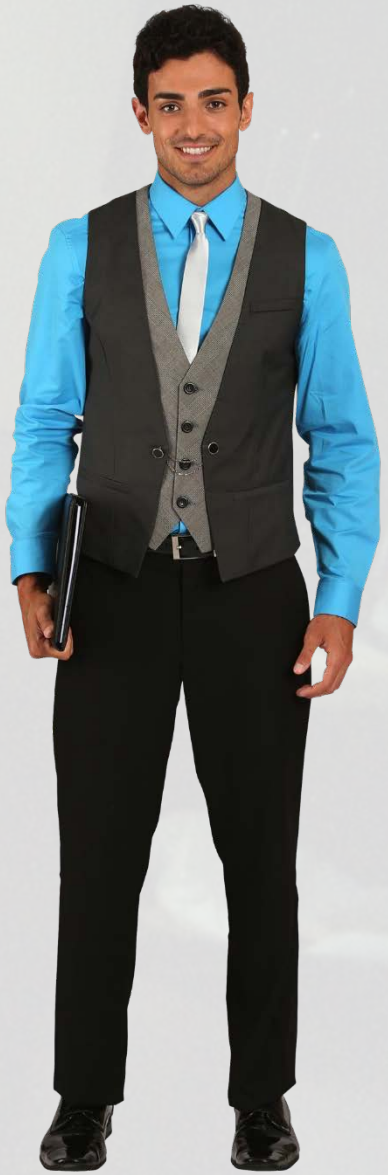
Certain diseases are more common in a specific race. For example, sickle-cell anemia is a disease more common in African-Americans than in populations of European descent. Therefore, an African-American would have a higher risk for sickle-cell anemia than a person of European descent.[19]



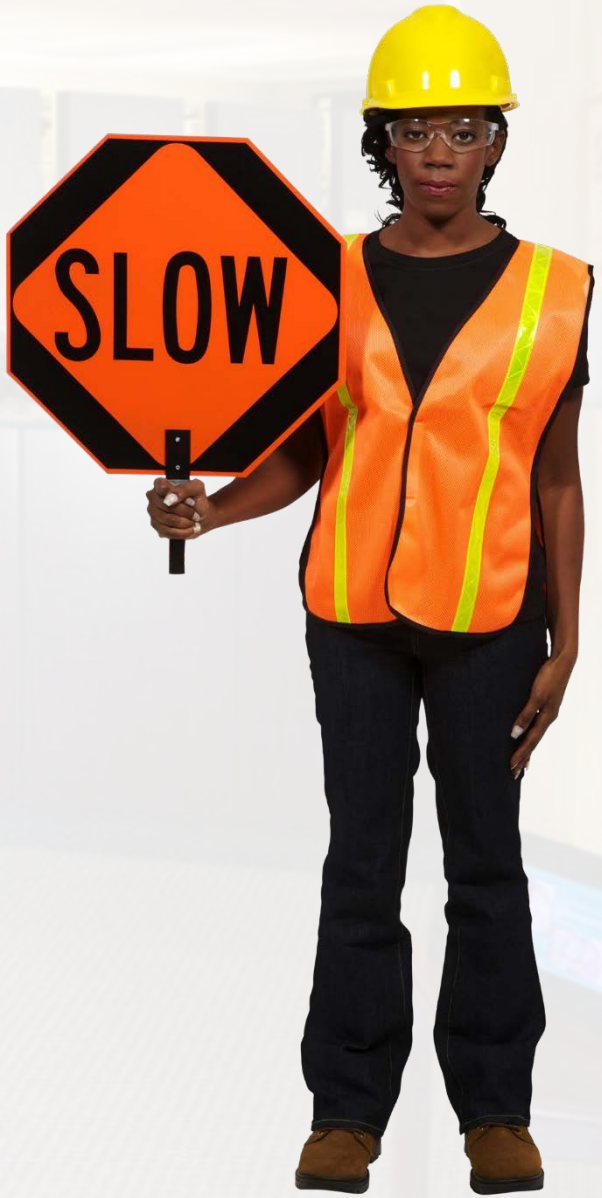
Gender – male vs. female: The gender of a person is also a factor in health care. When we consider risk factors for a particular disease, it may be more prevalent (common) in men than in women. In addition, men and women have different recommendations for prevention of disease. Let's use breast cancer as an example. Even though breast cancer can be found in both sexes, it is more prevalent in women than in men. Therefore, females have an increased risk for breast cancer than males. This is why the recommendations for screening women through mammograms are important to improve early detection of breast cancer. Other differences between men and women can be seen where there are some laboratory tests that have different normal values for men and women.

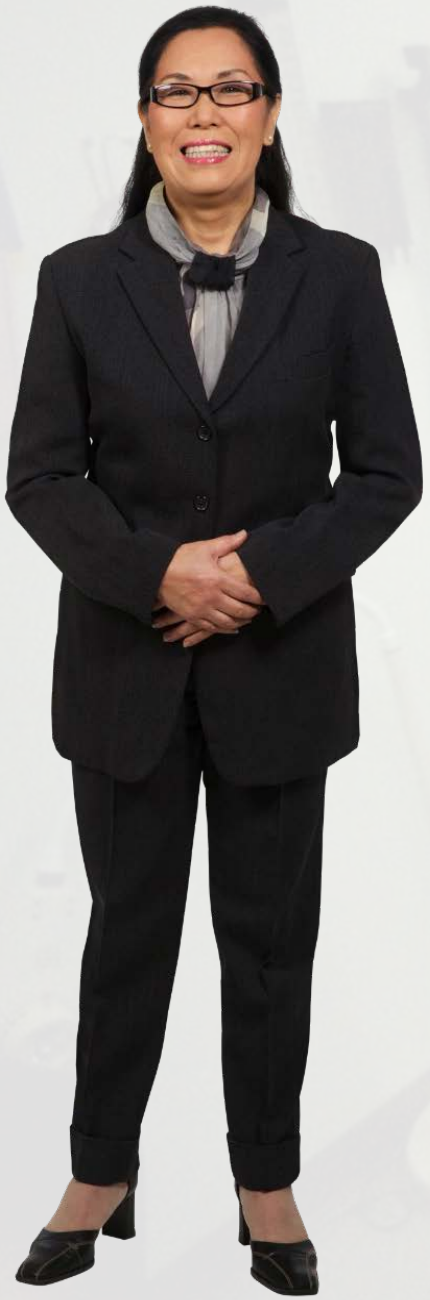


Socio-economic culture. Socio-economic culture is the way we work and play. This type of culture focuses on our work groups, for example, “blue collar vs. white collar” workforce. People with money can afford more educational and job opportunities than those that have less financial resources. Individuals that are considered “the working poor” may consider and believe going to work when ill is more important than seeking health care because they need the money and can’t miss work. They may also not seek health care or have their prescriptions filled due to a lack of money and do not know where to receive free or low-cost basic health services. They may feel powerless in decision-making and may have fewer choices for their health care needs.



Socio-economic culture also influences education. People with money can afford more educational and job opportunities than those who have less financial resources. For example, a teenager who comes from a family with low socio-economic status may drop out of school after eighth grade to work for basic survival of the family, and therefore may have limited reading skills. Socio-economic status can also influence acceptance of certain occupational health risks. Individuals of low socio-economic status may work with hazardous chemicals or in a dangerous work environment for a better paying job than someone with monetary wealth.





Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals are part of all communities, all races, ethnicities, religions, and societal classes. However, there are challenges with health disparities, discrimination, and gaps in health equity that currently exist for these individuals. Therefore, the work of a community health worker (CHW) can be an important factor in offering assistance and support for diverse populations to gain increased access to care and social services, to reduce healthcare costs, improve patient care, and support vulnerable populations in underserved rural and urban communities through advocacy and building connections to communities.[20]

Slide 20 LGBT Support

According to Healthy People 2020[20], efforts to improve LGBT population health include:

Support 1: Appropriately inquiring about and being supportive of an individual's sexual orientation and gender identity.

Support 2: Providing community member support that enhances patient-provider relationships and interactions to improve communication, care, increasing health literacy, and encouraging regular use of health care services.

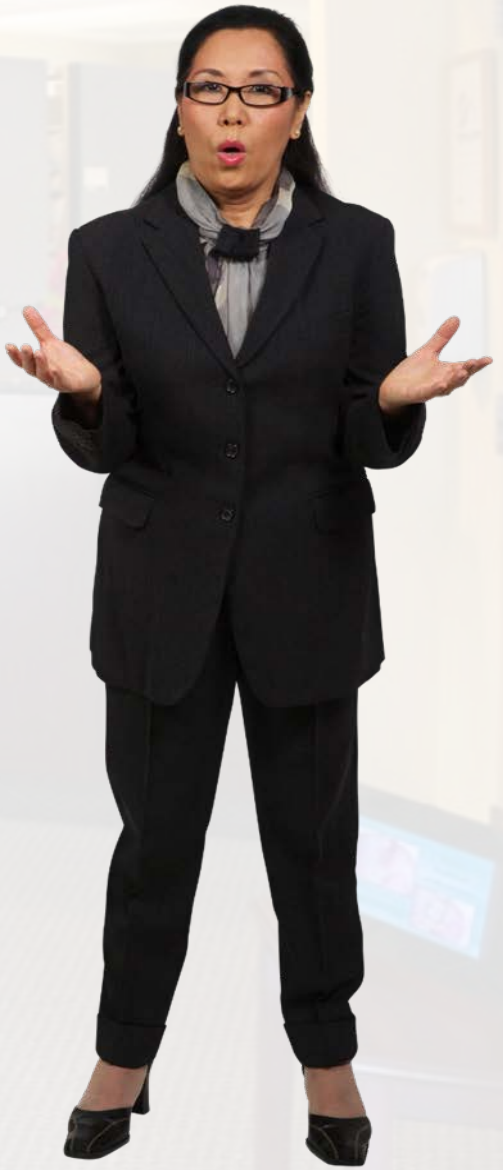
Slide 20 Continued LGBT Support

Support 3: Supporting anti-bullying policies and programs in schools and communities.

Support 4: Recognizing and helping the health care professional to address the unique health experiences and needs of the LGBT population.

Some of the greatest disparities in health literacy occur among racial and ethnic minority groups from different cultural backgrounds and those who do not speak English as a first or primary language.[21]

CHWs have a responsibility to offer ethical practice for those they serve to receive equal access to health care and social services. If you are unable to provide appropriate support services to a community member, remember the CHW code of ethics and refer the individual to a CHW or appropriate health care professional who will be able to offer impartial and unbiased services and support.






When working in a community, consider the cultural factors of the individual and respect cultural diversity with each community member. Do not discriminate against any person or group based on race, religion, ethnicity, gender, sexual orientation, education level, age, socio-economic status, or disability.






Slide 23 Knowledge Self Check

1. Personal medical beliefs are also rooted in culture. True or False?

2. Long distances to travel to a health care facility are NOT barriers that prohibit access to health care. True or False?

3. A language barrier is a significant factor that contributes to health literacy. True or False?

4. It is not true that certain diseases are more common in a specific race. True or False?

5. Men and women have the same recommendations for prevention of disease. True or False

Slide 23 Knowledge Self Check – Answers

1. Personal medical beliefs are also rooted in culture. True

2. Long distances to travel to a health care facility are NOT barriers that prohibit access to health care. False

3. A language barrier is a significant factor that contributes to health literacy. True

4. It is not true that certain diseases are more common in a specific race. False

5. Men and women have the same recommendations for prevention of disease. False

You have come to the end of this lesson. To advance to the next activity please click on the **Green Arrow** ▶ below at the bottom right of the screen or use the 

button to navigate within the course. Click on 

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