



Culture and Health

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The topic in this module is culture and health. Dr. Elaine Prewitt who is faculty in our Department of Health Policy and Management in the College of Public Health has done this lecture in the past for us and was very gracious to allow us to use her material, in a somewhat abbreviated way, to complete this set of slides. We appreciate that from her.



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References



- ▶ Page JB. The concept of culture: a core issue in health disparities. *Journal of Urban Health* 2005;85:iii35-iii43.
- ▶ Dilworth-Anderson P, Pierre G, Hilliard TS. Social justice, health disparities, and culture in the care of the elderly. *Journal of Law Medicine and Ethics* 2012;40(1):26-32.



Some Definitions: Culture

Culture is one of those things that you sort of assume that you know what people are talking about when they talk about culture but being scientists we want to be fairly specific about our definitions. So let's talk about some.

Defining Culture



- ▶ 'Culture is something Western societies have not clearly understood, so challenges they face in an increasingly multicultural world are particularly difficult to manage. Understanding culture is not only a Western problem, but a universal problem as well.'

(Montovani, 2000)

Social determinants, as we have discussed before, draws on a lot of different disciplines. Culture is a construct that we've taken from the Anthropology and Sociology literature and way of thinking about things. It is something that in Western society we have really not clearly understood. Although it is something that we deal with every single day, defining it is a bit of a challenge. It gets defined in multiple different ways.

Definitions of Culture



- ▶ **Structure/Patterns:** Whole way of life; total accumulation of lifestyle; cognitive structure of behavior; structures of significance; relational structure social organization
- ▶ **Functions:** Guides to and process of learning, adaptation to the world, survival;
- ▶ **Process:** Practice; differentiating one group from another; dealing with the social world;
- ▶ **Product:** Of meaningful activity—art, architecture, artifacts
- ▶ **Refinement:** Individual or group cultivation to higher intellect or morality
- ▶ **Power or ideology:** Group based power, ideological dominance
- ▶ **Group Membership:** Country, social variations in pluralistic society; identity

Baldwin, 2006

Culture has been defined in a variety of ways including focusing on its structure and patterns, its functions, its processes, its power, or its group membership. All of these different ways have been used to define culture.

Culture



- ▶ A style or set of skills or habits or repertoires that individuals readily have at their disposal in varying configurations to solve different kinds of problems.
- ▶ Provides socially meaningful resources that individuals use to construct 'strategies of action'.

Probably the most efficient definitions I have ever seen are that culture is a style or set of skills or habits that people have at their disposal to solve different kinds of problems in their lives. It is how we learn to interact within our environment. It provides those socially meaningful resources that we use to develop action strategies for everyday life.

Culture



- ▶ **Rules** that organize a society and the specific ways the rules are transmitted from one generation to the next
- ▶ A **lens** through which the individual perceives and understands the world and learns how to live in it
- ▶ Set of shared **symbols, beliefs and customs** that shape behavior
- ▶ Integrated patterns of human behavior
- ▶ Explicit and implicit guidelines that individuals inherit as members of a particular society that tells them
 - ▶ How to view the world
 - ▶ How to experience it emotionally
 - ▶ How to behave relative to other people, supernatural forces, etc.

Culture, Health & Illness, 2000.

Thought about differently, culture is those rules that organize society and the way that we learn those rules and transmit them from one generation to the next. It's the lens through which you perceive and learn about the world and develop behaviors for dealing with your world and interacting with other people in your world. It's a set of shared beliefs, symbols, and customs, which is what we mostly think about when we think about culture. But it's those implicit and explicit guidelines that we learn from others. They're generational. We pass them on from generation to generation about how to view the world, how to experience it, how to behave relative to other people, and our environment.

Characteristics of Culture:	Elements of Culture: 
<ul style="list-style-type: none">▶ Symbolic▶ Learned▶ Adaptive, dynamic▶ Shared▶ Variety of cultures & subcultures within a population	<ul style="list-style-type: none">▶ Language▶ Values, Beliefs▶ Norms▶ Folklore▶ Ideology/thoughts▶ Religion▶ Communications▶ Actions▶ Customs▶ Institutions of racial, ethnic, religious or social groups

This slide summarizes the characteristics and elements of culture. The elements are fairly straight forward. It is our language, our values, beliefs, norms, religion, actions, customs, institutions. Characteristics, however, we might not have thought about so much. Culture is symbolic. It is learned. It is adaptive and dynamic. Culture changes over time. It is definitely shared -- and within any given population there are a variety of cultures and subcultures. So even within, for example, the African American population, there are subcultures. Within the lesbian, gay, bisexual, transgender population, there are subcultures. Within the white population, there are subcultures. I am focusing there on racial/ethnic groups, but in any population or culture you can identify subcultures.

Definitions....



- ▶ Ethnicity
 - ▶ Social construct
 - ▶ A subcultural group of a multicultural society
 - ▶ Usually based on a common national or tribal heritage.
 - ▶ Social connections based in geography, shared norms, prejudices, values, daily activities, history rituals—that bind individuals together

Source: Heurtin-Roberts, NCI, Cancer Control and Population Sciences, National Committee on Health and Vital Statistics, 2004, Wash., DC;

Brown, T., et. Al, Handbook of Sociology of Mental Health, 1999.

Ethnicity is also a social construct and is really a subcultural group in a multicultural society. Ethnicity is usually based on a common national or tribal heritage. The easiest example is to think about Hispanic/Latinos. We used to clump them in with racial categories but they are really not a race. They are an ethnicity. They are a subcultural group in a multicultural society that share a common national or tribal heritage and their social connections are based in geography, language, shared norms, prejudices, activities, and history -- things that bind people together.

Definitions....



▶ Race

- ▶ Social category based on physical appearance, due to particular historical, social and political forces
- ▶ Not genetically defined, no racial genotypes to delineate boundaries among races
- ▶ No clearly agreed upon phenotypical criteria to delineate boundaries among groups

▶ Federal classifications

- ▶ African Americans (blacks)
- ▶ American Indians and Alaska Natives
- ▶ Asian Americans and Pacific Islanders
- ▶ White Americans (whites)

Source: Heurtin-Roberts, NCI, Cancer Control and Population Sciences, National Committee on Health and Vital Statistics, 2004, Wash., DC

We are not really going to talk about race much here because we are going to talk about that in an upcoming lecture as a separate and total topic. But I do want to make the point that race is different than culture. Race is a social category based on physical appearance because of particular historical, social, and political forces. It is not genetically defined. If you look at any racial group, the differences within the group are greater than the differences that you would find between that group and a different one. So, for example, if you are looking at African Americans, the genetic differences within the group are greater than the genetic differences that you find between whites and blacks. There really are no racial genotypes that delineate boundaries among races.

We have classified race federally and in other ways. In many ways, the federal classifications for the census purposes have driven our classifications of this category. But the point I want to make here and, we will talk more about race in a later module, is that race is a social construct based on physical appearance and it probably has more to do with those social, political forces than it does anything else. As a concept in terms of understanding differences in health outcomes, health behaviors, or health anything, it is probably more relevant and more productive to think in terms of cultures that are associated with those different racial categories than the actual race label itself.

Ethnicity and Race..



- ▶ The term 'ethnicity' derives from the Greek *ethnos*, meaning *nation*
- ▶ 'Ethnicity' is often used instead of 'race', recognizing that different 'races' may share a similar culture.
- ▶ Ethnic groups share a common origin and important aspects of their way of living.
- ▶ *In general, it refers to a psychological sense of belonging that will often be cemented by similar physical appearance or social similarities.*

- ▶ Culture and health,
- ▶ www.media.wiley.com/product-data/excerpt/40...0470847340.pdf
- ▶ 6/10/2011

I don't think I'm going to say much about this slide. You can read it. It's pretty self-explanatory.



Rationale: Why Examine Culture and Health?

So why examine culture and health? Let's make a case for why this is important to do.

Why Examine Culture and Health?



1. Changing demographic patterns: The U.S. population is becoming more diverse by race and Hispanic origin

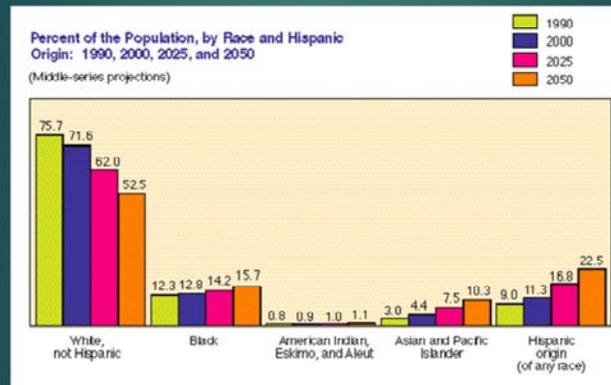
- ▶ As the Black; Asian and Pacific Islander; American Indian, Eskimo, and Aleut; and Hispanic-origin populations increase their proportions of the total population, the non-Hispanic White population proportion will decrease.

Tervalon, Acad. Med., 2003

There are four or five good reasons to examine culture and health and the first one is that we are in an incredibly diverse country. We're a diverse population and the U.S. population is becoming more diverse by the year. Our demographic populations are changing. Blacks, Asian-Pacific Islanders, other kinds of Native Americans, and Hispanic origin populations are increasing their proportions in the total population -- in some areas very dramatically.

In Arkansas, over the past ten years, the proportion of Hispanic/Latinos in the population has tripled, proportionally, from about 2% to almost 6.5% or 7% over a span of ten years. And that 7% is probably a strong underestimate of the percentage of people who are really here. The Mexican consul estimates that the true percentage is probably more like 12 or 15% and in some counties in the state it can be as much as 20%. So it's a single pie and as those ethnic minority groups take their bigger slices of the pie, the proportion of our U.S. citizens and our Arkansas citizens who are white becomes smaller and smaller.

Why Examine Culture and Health? The changing demographic patterns...



Source: U.S. Census Bureau, Population Division: Population Profile of the US
<http://www.census.gov/population/www/pop-profile/natproj.html>

This slide is a graphic representation of that, looking at where we were in 1990 and 2000 and projecting where we expect to be in 2025 and 2050. You can see the proportion for white/not-Hispanics is going down and the proportions for blacks, Asian and Pacific Islanders, and Hispanic origins of any race are going up. As a country we are changing demographically – and that is a good thing. It is an interesting and important public health phenomenon in this country.

Proliferation of language and culture in the United States



..... Residents of the U.S. speak no less than 329 languages with 32 million people speaking a language other than English at home....

Major demographic shifts in racial, ethnic groups requires an 'informed' public health response

Anderson, 2004

With that increasing diversity comes a proliferation of languages and cultures in the United States. It has been estimated that there are about 330 different languages being spoken in this country and that more than 30 million people speak a language other than English at home. I worked with a school district in California one time that had 137 languages represented in its student body population. Many of those were students who did not speak English as a second language, so you can imagine the challenges for education in that district. This major demographic shift really will require, as this slide suggests, an informed public health response. We need to think about how our public health practice is changing and needs to change to respond to all of these different languages and cultures and the influences that they bring in terms of health and health care.

Why Examine Culture and Health?



- ▶ 2. Evidence showing negative health consequences when culture is ignored
- ▶ 3. Increasing use of non-traditional health care systems by significant proportion of Americans

National Center for Complementary and Alternative Medicine
([NCCAM], 2007)

The second reason to examine culture and health is that there is growing body of evidence to suggest that negative health consequences can occur when culture is ignored. For example, there is an example of a physician who told his patient, a Spanish-speaking individual, to take this medication once a day. The patient thought he understood, went home, read the label on the bottle, saw the word “once,” which in Spanish is o-n-c-e which means eleven, and proceeded to take the medication eleven times a day. You can imagine the side effects and the complications that occurred when that big of dosage of the medication was consumed. The physician just didn’t take into consideration that there was a cultural difference here.

The third reason is that with many of these cultures comes a use of or a proliferation of non-traditional health care systems. In the U.S., we’re pretty used to our own health care system. We’re pretty used to having our medicines prescribed by physicians and picked up at the pharmacy. We are used to the cultural context of when you are sick you go to the doctor and that is where you get your health care. It is not that way in all cultures. Many cultures use what we would think of as complementary or alternative medicines or medical strategies for dealing with their health.



▶ **Complementary and Alternative Medicine**

- ▶ Herbs
- ▶ Removing a root, hex, or spell
- ▶ Chiropractic treatments
- ▶ Spiritual or faith healing
- ▶ Meditation and mental imagery
- ▶ Prayer
- ▶ Faith in God

Some of the things that get captured in that complementary and alternative medicine category are things like using herbs; removing roots, hexes, or spells; chiropractic treatments; spiritual or faith healing; meditation and mental imagery; prayer; and using your faith in God instead of more traditional medical treatments. All these things can complement traditional medical practices but they may also be used by many cultures instead of traditional medical practices. Our health care system needs to be able to understand these things and work with them and around them.



- ▶ CAM literature shows cultural beliefs often are cited as barriers to obtaining adequate access and appropriate health care
- ▶ Other literature shows cultural beliefs are important in adhering to traditional health therapies.

(DeLisser, 2000; Galanter, 1997; McIntosh, Kojetin, & Spilka, 1985; Pargament & Park, 1995);

The literature around complementary and alternative medicine suggests that cultural beliefs are often cited as the reasons for failure to obtain adequate and appropriate health care or they are cited as barriers to obtaining care. People do not want to go into the traditional health care system because it is either contradictory to their beliefs or they feel that the health care system does not understand their cultural beliefs and is not willing to work with them.

Why Examine Culture and Health?



- ▶ 4. Increasing professional education about culture and health can help reduce racial and ethnic disparities in health
- ▶ 5. Legislative and regulatory policies, accreditation standards requiring professional education about culture and health/health care delivery

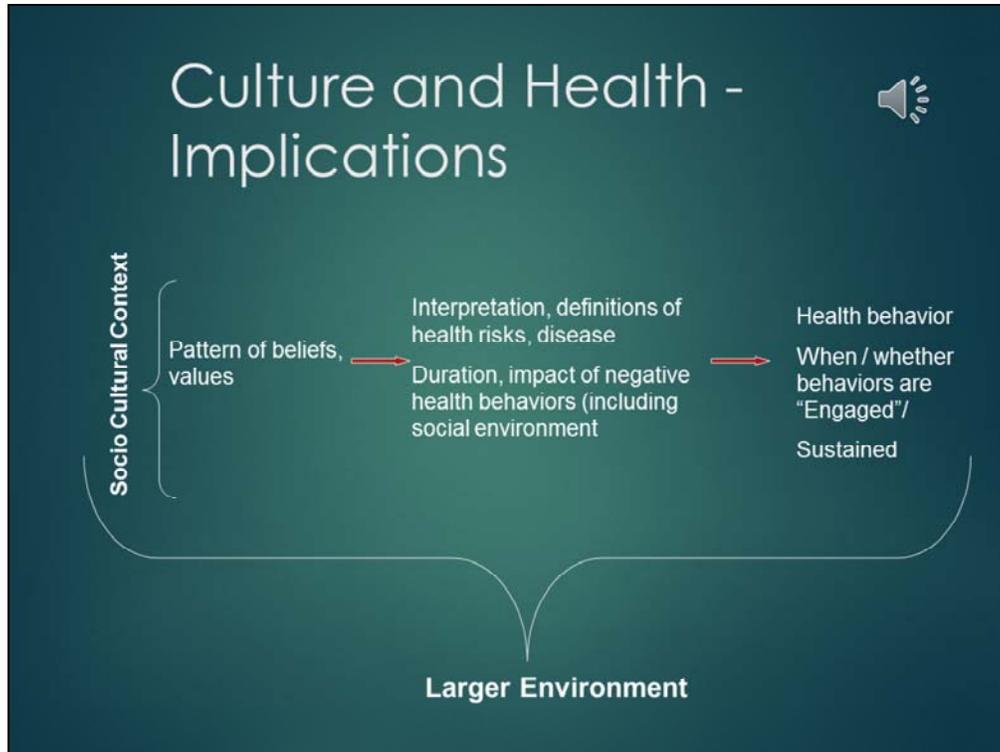
And these are the two final reasons for examining culture and health. One is that the more we learn about culture and health, the better able we are to reduce racial and ethnic disparities in health - to turn that knowledge and understanding of culture into productive and effective health promotion policies and practices. The fifth and, sometimes, the least important reason is that we have a number of legislative and regulatory policies, and accreditation standards that requiring professional education about culture, health, and health care delivery. So to meet some of our accreditation standards, we include some of this information. We include it in this course because we think that it is incredibly important in terms of appropriate health promotion programs.



Culture and Health: Implications

So let's talk a little bit about the implications for culture and health.

Culture and Health - Implications



If you think about it, a health behavior occurs within a larger environment. It is associated with the interpretation of definitions of health, how people perceive their health risk, disease occurrence, and duration and impact of negative health behaviors, including the social environment. But even before that, there is a pattern of beliefs and values that is fully imbedded in the sociocultural context. All of this works together to influence health behavior which in turn then influences health outcomes.

Culture and Health Behaviors: Implications for Chronic Disease

Optimizing behaviors that simultaneously control multiple risk factors:

- *physical activity
 - *healthy eating
 - smoking cessation
- 

*Each heavily influenced by personal, cultural as well as socioeconomic factors—including access to healthy foods and active living spaces

Let's focus in and get a little more specific. You think about chronic diseases, which are the major causes of death and disability in this country now, and the behaviors that if you could change them would simultaneously have an impact on multiple diseases and risk factors. Those three things are basically physical activity, healthy eating, and smoking cessation. Let's focus in on physical activity and healthy eating in particular because each of these are heavily influenced by personal and cultural, as well as, socioeconomic factors, those big macro social determinants of health, if you will.

Culture and Health—Some Examples



▶ *Childhood Obesity*

'Understanding sociocultural roots of childhood obesity: Food practices among Latino Families of Bushwick, Brooklyn
Kaufman & Karpati, Soc. Sci. Med., 2007.

▶ *Asthma*

The Latino Paradox in Neighborhood Context: The Case of Asthma and Other Respiratory Conditions
Cagney, & Browning, Am. J. Pub. Hlth, 2007

▶ *Hypertension*

Feasibility of implementing a dietary sodium reduction intervention among free-living normotensive individuals in south west Nigeria
Adeyemo, Prewitt, 2002.

There are lots of examples in the literature of how culture influences health and these are three of them. I'm going to talk about the first one in a little bit more detail here in a minute.

Example -- Childhood Obesity



Kaufman, et al.

Background

- ▶ Obesity linked to poverty—for adults and children.
- ▶ Among children, racial and ethnic minority groups experience higher rates than their counterparts.

Goal: to generate deeper understanding of childhood obesity—sociocultural, and contextual issues that influence childhood obesity in Latino children.

Methods

- ▶ Ethnographic Approach—individual and group interviews; life histories and participant observations;
- ▶ 60 residents—mothers, fathers, kin, 12 families,

Kaufman and colleagues looked at cultural influences on childhood obesity, recognizing that obesity is linked to poverty and that children of racial and ethnic minority groups experience higher rates of obesity than their counterparts. The authors' goal was to understand more fully the sociocultural and contextual issues that might influence childhood obesity, in this case, in Latino children. They used an ethnographic approach. They did a lot of interviews, both individual and group. They got a lot of information about life histories and the perceptions and observations of the participants. In total, they interviewed 60 people who were spread out over 12 families.

Findings



- ▶ Overweight 'normalized' by family members
- ▶ Neighborhood food environment—constrained access to healthy food options
- ▶ Increasing calorie content via adding sweeteners to milk—accommodating requests as expression of affection
- ▶ Monthly food cycle— Food assistance programs
the 'poverty and obesity paradox'
- ▶ Bodegas—providing credit, social connections and food when financial resources are low
- ▶ Sharing food during scarcity—a social process that supports social relationships.
- ▶ **Conclusions:** Holistic approach is warranted to understand and address the complex interplay of family, neighborhood and structural factors that influence childhood obesity; cultural context must be considered

Most of their findings are not real “Aha” moments. Most of them are not terribly surprising, but it is interesting to see them in context. For example, overweight in children was considered normal by many of the family members. That chubby baby or chubby child was actually considered healthy and normal. We know that is not uncommon. There are a number of cultures that equate overweight in children and adults with affluence. You are overweight because you have the money and the resources to have plenty of food for your family and so being overweight was a good thing. We know, of course, that it has negative health consequences but that is a different thing.

They found that the neighborhood food environments that many of these families lived in were constrained with regards to access to healthy foods. They did not have a lot available to them. They really had to work at it to get healthy food options. There was a pattern of behavior related to an increase in calorie content for children and infants by adding sweeteners to milk. They equated accommodating food requests or beverage requests as an expression of affection. You do not want to deny your child anything so, because you love them, you give them what they ask for, even if it is food or beverage and maybe something that is not as healthy

These families talked a bit about the monthly food cycle. Many of them were dependent on food assistance programs, and there were parts of the month when there was plenty of food and plenty to eat. And there were other parts of the month when not so much and so you ate it when you had it -- and you ate a lot of it because you had to carry yourself, sort of the famine approach to eating. They talked about the social aspects of food -- going to the

bodega (the corner store) brought social connections and food even when financial resources were low. They shared food during scarcity – a good example of social support.

Overall, the authors concluded that we need to take a more holistic approach to understand and address the complex relationships between family, neighborhood, and structural factors that work together to influence the occurrence of childhood obesity. The cultural context within which eating and physical activity behaviors occur must be considered if we are to understand and address the issue most effectively.

Potential Ways Cultural Factors Contribute to Disparities in Childhood Obesity



- ▶ **Shared understandings of how healthy food is defined**
 - ▶ Means of expressing/preserving cultural identity—Hmong immigrants
- ▶ **Levels of exposure to nutritional marketing**
 - ▶ Targeting ethnic minority children—fast food most frequently marketed to African American children
- ▶ **Body Image development**
 - ▶ Racial and ethnic groups differ in shared understanding about attractive
- ▶ **Child feeding practices**
 - ▶ Beliefs and values, perceived healthfulness;
 - ▶ Dietary acculturation
- ▶ **Cultural preferences for engaging in physical activity**
 - ▶ Children model patterns of parents

So how might cultural factors influence disparities in childhood obesity? One way is through shared understandings of how healthy food is defined --what is healthy within a culture and what is normal to eat within a culture. Food has cultural identity to it.

Another potential contributor is levels of exposure to nutritional marketing. Within both the food industry and the smoking/tobacco industry there is frequent marketing or targeting of ethnic, minority children. Other factors might include body image development – to the extent that racial or ethnic groups have a shared understanding of what is attractive and acceptable – and child feeding practices, which we have already mentioned. There may also be cultural preferences for engaging in physical activity. Children model the patterns of parents. People do what is typical in their culture, so if sweating is not a culturally acceptable thing for women, you do not do it.

Acculturation and Obesity



▶ Globalization:

- ▶ A social process where geographical constraints to social and cultural arrangements diminish and can impact obesity through
 - ▶ Population migration—rural to urban environments
 - ▶ Trade
 - ▶ Communication (food marketing)

▶ Acculturation

- ▶ Changes of original cultural patterns of one or more groups due to their continuous contact with one another, and can impact obesity through
 - ▶ Abandoning traditional behaviors and beliefs that minimize risk of overweight; adoption of those that increase risk of overweight

Both associated with changes in preferences for certain foods and forms of leisure physical activity, educational and economic access

Another thing to consider is the trend toward globalization. It is so much easier for us to interact with people around the globe. We are so much more mobile as a society --traveling in Europe, traveling in other continents, and engaging with other cultures. Cultures are having a greater impact on each other than they used to. It can be as simple as moving from rural to urban environments but it is also a function of trade and communication. All the technology that we have now really facilitates the interaction of various cultures.

Acculturation is defined as the changes of cultural patterns in a group that occur because of their continuous contact with another group. So, for example, Mexican nationals who move from Mexico, come to this country, and get immersed in our culture, their patterns begin to change, their culture begins to change and their behaviors begin to change. Asians who are exposed in their culture and country to a particular way of eating, a particular diet, a particular physical activity pattern, an environment, neighborhoods, and living environments that facilitate certain kinds of behaviors, come to this country and what we find is they begin to adopt the behaviors and lifestyles of this culture and their health outcomes change. Their disease patterns change. That is acculturation, where one group's culture changes because of constant exposure to another culture. You can see how that acculturation might be occurring in this global environment and with increasing diversity in the country.

Cultural Tailoring



- ▶ Integrating contextual factors such as culture to enhance effectiveness of tailored health messages, could improve interventions designed to eliminate health disparities
- ▶ AND
- ▶ Expand our understanding of the role of culture in health behavior and health promotion.

So what do we do with all this information? I would hope that you would integrate cultural understanding into your public health practice, into your health promotion programs. This can be done through tailoring health messages and health promotion programs.

Culturally Relevant Tailoring and Behavioral Construct Tailoring



- ▶ Integrating culturally relevant factors can potentially enhance effectiveness of tailored messages.
- ▶ AA women receiving Behavioral Construct interventions with culturally relevant tailoring were more likely to report participating in mammograms and to increase fruit and vegetable consumption than those receiving either alone or controls.

*religiosity, collectivism,
racial pride and time orientation*

Kreuter, M., *Prev. Med.*, 2005.

Integrating culturally relevant factors can potentially enhance the effectiveness of tailored messages. If you are speaking to a group about things that matter to them, in ways that are relevant to them, then it is more likely that they will pay attention and be influenced by what it is that you have to say. This has been demonstrated over and over again in the literature. For example, Matthew Kreuter and colleagues in the middle 2000s published an article talking about African American women who received a tailored intervention with culturally relevant messaging. Kreuter and colleagues found that the women who received the tailored intervention were more likely to report participating in mammograms and increasing their fruit and vegetable consumption than those who did not receive tailored messages.

There is a difference between tailoring your message and tailoring to the behavioral construct. We will talk about that in a minute. But these messages that Kreuter used were tailored for religiosity, collectivism, racial pride, and time orientation. Big words – but the point is that tailoring is useful. It enhances the messages and the likelihood that the people you are trying to influence will actually be influenced.

Behavioral Construct Tailoring

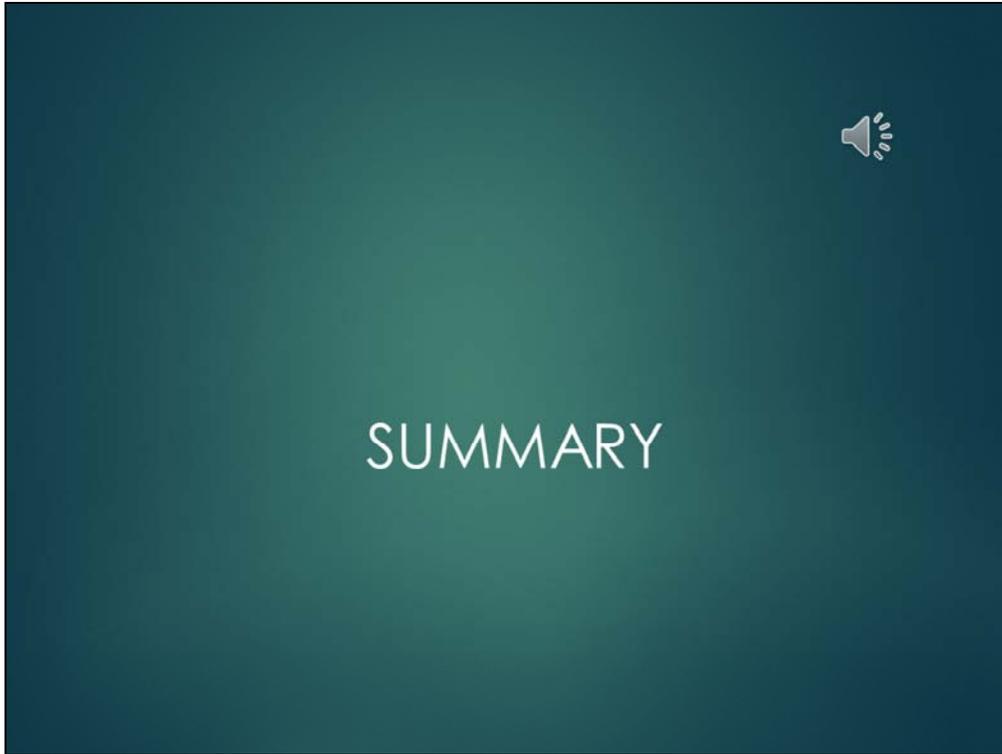


Health messages tailored to different individuals based on their response to measures of key constructs from theories and models of health behavior change (stage of readiness to change, self efficacy, perceived barriers/benefits).

- ▶ Assess which construct is most relevant to each individual for changing a given behavior
- ▶ Then select only those messages that address the person's unique combination of characteristics.

Behavioral construct tailoring is tailoring your health messages to different individuals based on where they are and on their response to measures of key constructs - for example, stage of readiness to change. Let's be specific. You have somebody who is smoking, and they are a diehard smoker and they really like to smoke and they really are not considering not smoking and you come in and tell them that they have to stop smoking and here is how they do it. They are less likely to listen to you than if you come in and tailor your messages to where they are. If you can get them to move from awareness to contemplation to planning, then you are moving them along the continuum and when they are ready to listen, you tell them how to quit smoking – then they will really be more likely to hear what you have to say. First you assess where they are in their stages of readiness to change and then you tailor your message to address that, to focus on where they are.

The same thing can be done with self-efficacy. If you are trying to get someone to exercise and they do not believe that they are capable, that they will be good at it or can stick to it, then they are less likely to engage with you or to listen to your message. If you first address their self-efficacy, then you can tailor the message to address the other behaviors. So you first assess where they are on the continuum and then meet them where they are and you help them move along until you get them to where you want them to be.



I think we've probably talked long enough about this. Let's do a couple summary slides and call it done.

Why Investigate Culture and Health?



Summary...

- ▶ Major demographic shifts in racial, ethnic groups requires an 'informed' public health response
- ▶ Cultural influences associated with differences in health risk, access and resources, potentially undergird health disparities
- ▶ Information regarding culture needed to inform policy
- ▶ Understanding culture broadens evidence regarding social and behavioral phenomenon related to health, health risks
- ▶ Provides basis for effective, evidence based interventions and their dissemination.

Just to summarize. Culture is important. We should study it because we're undergoing major demographic shifts. We need to be able to address the diversity in appropriate ways and have an informed public health response. We know that cultural influences are associated with differences in risk, access, and resources, probably are one of the most powerful characteristics or circumstances undergirding health disparities. We know that we don't know enough and we need more understanding about culture to inform policy and practice. And we know that having that understanding helps us do a better job of developing effective evidence based interventions and building that body of knowledge that shows that these social phenomena are related to health and health risks.

Summary (cont.)



- ▶ “.....Recognition of culture as an important factor in public health and health communication has potential to contribute to development of new and more effective strategies to help eliminate health disparities. Although the need for research on the role of culture in health communication is great, so is the opportunity.....”

Kreuter, 2003

So we'll close with this quote from Kreuter, "recognizing that culture is an incredibly important factor in public health and health communication." I actually believe that it's one of the most important factors and that we need to find ways to build on the strengths of culture and to adapt to cultural influences to make our public health programs stronger.

Thought questions



- ▶ What did you read or hear in this discussion that was new information for you?
- ▶ What surprised or challenged you?
- ▶ What did you agree with or disagree with and why?
- ▶ How does this information make sense in terms of your work in the field of public health?