Cultural competency embraces the notion that every person has a “culture” that he or she brings with them to the medical encounter. While particular ethnic, religious or other sociological groups may have beliefs and practices in common, it is also true that any individual within a particular group may deviate from these common traditions or norms. Non-judgmental, open dialogue remains the most important tool a physician has to understand their patient’s frame of reference relative to creating an acceptable treatment plan for the patient.

With this overarching principle in mind, this fact sheet was developed to provide an understanding of the traditional Asian cultural perspective regarding diabetes. This information does not assume that all patients ascribe to these beliefs and practices. It is intended only as a guide to initiate open discussion that may help your Asian-American patients.

Important Things to Know about Your Asian-American Patient
Asian-Americans are a diverse population, comprised of individuals who are of Chinese (24%), Filipino (18%), Asian Indian (16%), Vietnamese (11%), Korean (11%), Japanese (8%), and other Asian ancestry (13%). It is important to remember that when getting to know your Asian-American patient their beliefs, traditions, and practices vary among Asian cultures. It is important to assess each Asian patient as an individual possessing individual health needs, and concerns.

The adherence to traditional Asian practices varies depending upon length of time the patient has lived in the U.S. With each generation of Asian-Americans living in the U.S. there appears to be more adoption of U.S. lifestyle practices then to native Asian practices. For example, the food choices of some Asians have changed due to their immigration to the United States. Instead of their traditional plant and fish based diets, they are choosing foods with more animal protein, animal fats and processed carbohydrates. They are also less physically active. With these two major lifestyle changes their chances of developing diabetes has greatly increased.

Traditional Asian Definitions of the Causes of Illness
Health is considered to be related to harmony in and between the body, mind, soul and universe. The idea of harmony is most commonly expressed as a balance of “hot” and “cold” elements or states, so that illnesses or states of health may be seen as hot or cold. These terms are not necessarily temperatures but are rather body states leading to or caused by illness or other changes such as childbirth. In some Asian beliefs, diagnosis of illness is considered supernatural or spiritual, where illness can be brought on by a curse or sorcery or nonobservance of a religious ethic. Illness overall is seen as one’s own fate and hospitalization may be seen as a sign of impending death.

Asian Health Care Practices
The Asian health care practices parallel the beliefs of “hot” and “cold” states. Treatment is typically with opposite medicines or foods. For example, the postpartum period is considered a cold state where hot foods or medicines are taken. Many Asian health care practices involve spiritual or supernatural traditions. The following are types of practices and medications used to treat illness:

- **Coining** – a coin dipped in mentholated oil is vigorously rubbed across the skin causing a mild dermabrasion. This is believed to release the excess force “wind” from the body and hence restores balance.
- **Cupping** – a series of small, heated glasses are placed on the skin, forming a suction that leaves a red circular mark, drawing out the bad force.
- **Steaming** – A mixture of medicinal herbs is boiled, the steam is inhaled and the body bathed.
- **Herbs** – Various medicinal herbs are boiled in water in specific proportions or mixed with “wine” and consumed. Again this is done to restore balance.
- **Chinese Medical Practices** – acupuncture and acupressure (massage) are used to restore balance.
Helping Your Patient Take an Active Role in Care and Recovery
Asian Americans may see their diabetes as fateful. As discussed in the section pertaining to “Health Care Practices”, Asian Americans may deny any symptoms or problems as part of a cultural belief or practice. Asian American patients are reluctant to volunteer information. Such reluctance follows the principle of privacy in personal matters especially related to family, sexual and illness issues. It may take a much longer period of time for Asian Americans to trust their health care provider than other populations. This usually will not happen in one or two visits. It is very possible that Asian Americans will use family, community and spiritual resources before seeking health care from clinics or hospitals. Physicians have great status, and health care providers may note that older patients will listen to a physician more than a younger family member.

Cultural Considerations
Cultural beliefs and practices may hinder Asian Americans from seeking Western medical treatment. Here are a few reasons for delaying healthcare:

• Acceptance of the illness or discomfort
• Difficulty accessing public or private health care providers
• Difficulty navigating the healthcare system (especially with aspects of eligibility, appointments, prescription refills, etc.)
• Great difficulty in negotiating business aspects of the health care system

Communication
Communication within Asian cultures is based on respect. It is culturally unacceptable and disrespectful to assume familiarity between acquaintances too soon and to address others by their first names unless the person is a family member or well-established friend. Interactions between social equals tend to be characterized by politeness and concern for the other person. Another important aspect of Asian communication is the use of nonverbal communication. A common characteristic of Korean-Americans is a reluctance to make eye contact. This is especially true between people of different genders, ages, and social status. However, among familiar people, eye contact and speaking in the first person may feel more comfortable. Communication of feelings through facial expressions is uncommon. Smiling and joking are activities that are acceptable only in certain situations under certain conditions. Otherwise these types of expressions demonstrate a lack of intelligence and respect. The traditional means of greeting involves placing one’s hands together as if praying and inclining the head. The height at which the hands are held depends on the social or spiritual status of the person being greeted, with the hands held higher for persons of greater status. Western greetings are well accepted, except that many women are not comfortable shaking hands with men.

Norms about Touch
The head of an adult or child in the Asian culture is considered the highest part of the body and should not be touched by another person. Exceptions to this belief are made for medical examination. The shoulder is also considered a high body part and should not be touched except as part of a medical examination.

Body Language
Modesty is highly valued. It was a practice among some Asian cultures for women to be covered from their waists to their knees. However, this is not a common practice among Asian-Americans who have lived in the U.S. over a long period of time. It is considered impolite to point one’s foot at another or sit with one leg crossed over so that the bottom of the foot or toe is pointed toward another.

Adapted from….
• Cambodian Refugees & Health Care in the Inner-City web site  www.3.baylor.edu/~Charles_Kemp/cambodian_health.html
• Korean-American Health Care Beliefs and Practices web site  www.3.baylor.edu/~Charles_Kemp/korean.html
• Burmese: Culture health refugees immigrants website  www.3.baylor.edu/~Charles_Kemp/burman.html
• Laotians: Culture health refugees immigrants website  www.3.baylor.edu/~Charles_Kemp/laotian_health.html
• Vietnamese: Culture health refugees immigrants website  www.3.baylor.edu/~Charles_Kemp/vietnamese_health.html
• Type 2 Diabetes Prevalence in Asian Americans: Diabetes Care, Volume 27, Number 1, January 2004