Pathways to Wellness through Promoting a Culture of Health

Communities are powerful influencers of health. Community can describe people living in a specific place — like a neighborhood, zip code, county, or state. It can also describe a group of people who have shared attitudes, interests, or goals. Examples include connections through schools and religious institutions and social identities like gender, race, or political affiliation. These places and groups shape the ways in which people think and communicate about health.

Culture refers to the values, customs, behaviors, and patterns of thinking a community shares. Culture influ-

Figure 1. Cultural influences on health are like an iceberg: Some factors are easier to see than others.

The influence of community and culture on health and well-being Food and beverage choices Health care delivery **Coping strategies** Stress management Living conditions Leisure activities **Physical activity Transportation** Cooking **Movies** Media Beliefs about health and disease **Communication style** Social group identities **Health literacy Attitudes Education** Values **Norms**

Adapted from Centre for Innovation & Excellence in Child & Family Centered Care at SickKids Hospital

ences ideas about health and well-being, including action to prevent, diagnose, treat, or manage illness. Some elements of culture are easier to see than others (Figure 1). For example, it is easier to see and learn from cultural symbols, such as books, media, movies, clothes, language, and food. It's harder to see factors driving decisions and actions related to health. These harder-to-see factors include values, ethics, and attitudes. Each community has its own culture that evolves as it passes on to the next generation. Cultural ideas may conflict or complement one another. For this reason, it is unlikely

people in the same community will have the same life experiences or views about health and well-being.

University of Kentucky

How Community and Culture Influence Health and Well-being

Culture affects ideas of what health is and the value placed on it. Culture also affects how people talk about health and with whom they share personal health information. Culture also shapes a community's priorities, which affects health-related services and resources. Figure 2 shows how community and culture fit into the bigger picture of factors that influence health.

Concept of health. People have different views on what health and well-being means. The culture of the group guides thoughts and feelings about health, wellness, illness, and prevention. Culture shapes beliefs about the causes of disease, the acceptance of a diagnosis, who should know about a diagnosis, and when and from whom to seek care. It also influences the types of treatment thought to be acceptable, beliefs about whether actions make a difference, and ultimately whether or how to act on lifestyle recommendations. Culture shapes willingness to take preventive actions, such as getting vaccinations or screening tests to detect disease. It also guides choices about traditional or alternative medicine approaches to manage disease.

Communication. Cultures differ in styles of communication, the meaning of words

Figure 2. Placing the influence of community and culture on health and well-being within the multiple levels of influence on health.



Adapted from Dahlgren and Whitehead, 1991

and gestures, and the kind of topics that can be discussed. For example, when a celebrity shares a personal experience about a health issue, people may be more willing to talk about similar topics. In one-on-one conversations, differences in culture can influence outcomes. In many cultures, not making eye contact is a sign of respect. If health-care providers misread body language, they provide lower quality of care. All these factors affect how people find, process, share, understand, and act on information needed to make health-related decisions.

Mass media, which includes television, radio, print media, social media, and movies, is a top source of health information. Some health-related messages and campaigns are informational. Others are targeted marketing. Regardless, media affects attitudes, beliefs, and perceived norms of health and related behaviors. The ways in which companies frame their messages and images have great power over views on health. It also affects attitudes about specific groups of people and health-related behaviors. For example, the lack of representation of older adults in advertisements or other media implies a greater value for youth. Only showing the middle section of a larger-bodied individual during news segments promotes stigma for body size.

Stigma, bias, and discrimination. Stigma, bias, and discrimination are terms that describe oppression or unfair

treatment (Table 1). Oppression occurs when a dominant group or person exercises an unjust or even cruel authority of power over another person or groups. Culture influences what social groups and health conditions are oppressed. Many groups of people are targeted by social stigma centering around their race or ethnicity, gender, sexual orientation, age, and disabilities to name a few. Additionally, people often stigmatize body size, smoking, substance use, and mental illness. People who identify in these groups are more likely to perceive and experience bias, prejudice, and discrimination. People often identify with or belong to multiple groups, which can lead to further experiences of discrimination.

Discrimination can occur on an individual or structural level. Individual discrimination refers to interactions between people, like a health-care provider and a patient or store clerk and customer. Individual discrimination, according to Healthy People 2020, results in someone "being treated with less courtesy or respect, threatened, or harassed." Structural discrimination refers to policy- and system-level conditions that "limit opportunities, resources, and well-being," says Healthy People 2020. Examples include banks unfairly denying a loan or rules preventing a family from moving into a neighborhood based on their skin color. Experiences of stigma, bias, and discrimination cause physical stress responses like anxiety, heartburn, and irregular heartbeat. Over

Table 1. Definitions of stigma, bias, and discrimination.

Stigma	Bias	Discrimination
Disapproval of a person or group based on perceived social characteristics.	, , ,	Unfair or unjustified actions based on social characteristics that are harmful to a person or group.

time, the chronic stress takes a toll on the body and negatively impacts longer-term physical and mental health.

Policies of communities. Social norms and values of a community guide policy decisions that dictate priorities for how time and money are spent. Policies and practices can positively influence the health of a community. Policies can create job opportunities or a built environment that supports healthy living. Policies can also ensure equal access to affordable food, high-quality child care and education, health care, and safe housing. Decisions and practices have long-term consequences regarding feelings of safety and the accessibility of resources and services to promote health for all.

Ways to Support a Culture of Health

Promote cultural safety. Cultural safety is the creation of an environment that is physically, emotionally, socially, and spiritually safe. Cultural safety is inclusive of an individual's identity and is aware of and challenges unequal power relations at all levels, whether between individuals or within families, community, and society.

Identifying what makes someone else different is easier than understanding the influence our own culture has on how we think, feel, and behave. Several strategies may enhance the ability to promote cultural safety, including:

- Examining our own culture, attitudes, and beliefs about others
- Being open-minded and flexible in attitudes toward people from cultures other than our own
- Developing trust
- Participating in dialogue that consists of respectful communication and ongoing learning together

Respect for other cultures helps us navigate cultural differences and improve communication. Learning about other cultures is an ongoing process of self-reflection and discovery to recognize our biases, learn from others, and build honest and trustworthy relationships. Recognizing and, where appropriate, challenging unequal power relations will help people feel respected, included, and protected in terms of their cultural identity and ultimately influence power dynamics that impact health.

Get involved with the community. Civic engagement, whether by a person or group of people, can stimulate change in a community. Shifts to a culture of health can be achieved by making small changes with the people in the places in which we live, learn, work, play, and pray. What are the expectations about the types of food or drink served? What types of physical activities are supported? What are local policies regarding smoke-free or tobacco-free places? What kind of behaviors are modeled regarding stress reduction and management? Informal discussions or formal changes to policies and procedures can help make a healthy choice an easier choice.

Shifts to a culture of health can also be achieved through supporting policies and programs that reach the broader community.

- Learn about current or proposed policies that influence education, housing, and food retail, such as farmers' markets or food trucks, parks and recreation, and more.
- Share opinions with local officials or decision makers about whether policies promote equity in livability for a healthy, vibrant community.
- Volunteer to work with local leaders or organizations, which can strengthen relationships and make it easier for communities to promote change.
- Share time, talent, and other resources. Having a more diverse group at the table when setting goals and planning and implementing programs will better meet the needs of the community. Your local Extension office can link you with groups working to promote health in the community.

Conclusion

The culture of the communities to which we belong affect health and well-being. Respect for other cultures will help us navigate differences and improve communication. Getting involved in small or big ways can support a shift in norms, policies, and environments. Together, these actions can lessen health disparities and improve health for all people.

References

- Dahlgren, G., & Whitehead, M. (1991). Policies and strategies to promote social equity in health. Stockholm, Sweden: Institute for Futures Studies.
- Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved January 7, 2021, from: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/discrimination.
- Healthy People 2030 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved January 8, 2021, from: https://health.gov/healthypeople/objectives-and-data/social-determinants-health.
- Institute of Medicine (US) Committee on Health Literacy. (2004) Nielsen-Bohlman L., Panzer A.M.
- Kindig D. A., editors. Washington, DC: National Academies Press. Available at: https://www.ncbi.nlm.nih.gov/books/NBK216037/.
- Morris, J. (2010). In-between, across, and within difference: An examination of "cultural competence". International Journal of Child, Youth and Family Studies, 1(3/4), 315-325. Available at: https://doi.org/10.18357/ij-cyfs13/420102092.
- Paradies, Y., Bastos, J. L., & Priest, N. (2016). Prejudice, Stigma, Bias, Discrimination, and Health. In The Cambridge Handbook of the Psychology of Prejudice (pp. 559–581). Cambridge University Press. Available at: https://doi.org/10.1017/9781316161579.025.
- Plough, A. L., & Chandra, A. (2015). From vision to action: A framework and measures to mobilize a culture of health. Princeton, NJ: Robert Wood Johnson Foundation. Available at: https://www.rwjf.org/content/dam/files/rwjf-web-files/Research/2015/From_Vision_to_Action_RWJF2015.pdf.
- Williams, R. (1999). Cultural safety What does it mean for our work practice? Australian and New Zealand Journal of Public Health, 23(2), 213-214.

Authors

Courtney Luecking, Dietetics and Human Nutrition
Natalie Jones, Family and Consumer Sciences
Amy F. Kostelic, Associate Extension Professor of
Adult Development and Aging
Leslie Workman, Family and Consumer Sciences
Angela Baldauff, Nutrition Education Program
Sarah Congleton, Family and Consumer Sciences
Karli Giles, Family and Consumer Sciences