

# Vietnamese in Minnesota

## Increasing the cultural competence of health care providers serving diverse populations

In order to provide equitable and effective health care, clinicians need to be able to function effectively within the context of the cultural beliefs, behaviors, and needs of consumers and their communities. According to the 2002 Institute of Medicine report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, racial and ethnic minorities tend to receive lower quality health care than non-minorities even when access to insurance and income is accounted for. Failing to support and foster culturally competent health care for racial and ethnic minorities can increase costs for individuals and society through increased hospitalizations and complications.

According to the 2006 American Community Survey, the Vietnamese American population in the US grew from 245,025 in 1980 to 1,599,394 in 2006, representing the second largest Southeast Asian American group, with the largest populations living in California and Texas. In 2006, Minnesota had a Vietnamese population of 23,563.

Mass immigration to the US began in 1975 at the end of the Vietnam War with the fall of Saigon. More than 125,000 Vietnamese who had ties with the government or Americans escaped from invading communists. In 1977, a second wave of refugees began fleeing Vietnam as a result of the new communist policies of re-education, torture, and forced relocation. More than two million Vietnamese, who came to be known as “boat people,” fled in small, overcrowded boats to other southeast Asian countries for asylum.

The following cultural patterns may represent many immigrants from Vietnam, but do not represent all people in a community.

**Social Structure.** The traditional Vietnamese family is patriarchal, with two to four generations and extended family often living in the same home. Family members are expected to work and behave for the good of the group. Traditionally, the father has ultimate responsibility and acts as leader, although due to Western influence household structures and gender roles now vary greatly. In the US, arranged marriages are declining. Parents today take more of an advisory role in the choice of a child’s mate. Divorce is uncommon and is considered shameful within this population, especially for women. Vietnamese people use the family name first, then the middle name, with the first name



Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works with the health care community as a quality improvement expert, educational consultant, convenor, facilitator, and data resource.

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last. Most names often have a specific meaning and can be used for either gender.

**Diet.** A typical Vietnamese diet is generally healthy, with rice or noodles, fresh vegetables, and fish or meat. However, the diet also can be high in sodium from fish sauce and MSG, and low in fiber from lack of whole grains. Dairy and soy products are not part of a typical Vietnamese diet, although most children drink milk. Many adults are lactose intolerant and lack calcium. Women generally believe that formula is more nutritious than nursing for their infants.

Some Vietnamese people do not understand that rice and traditional desserts high in sugar and saturated fats from coconut milk and oil cause weight gain and high blood sugar. In Vietnamese culture, chubby children are considered healthy and a sign of prosperity. This population may be susceptible to weight gain, high cholesterol, and diabetes.

**Religion.** Vietnamese people follow a variety of religions. Prior to the Vietnam War (often referred to as the American War by Vietnamese), Buddhism was practiced by 90 percent of the population in Vietnam. Many Vietnamese are Roman Catholics, a remnant of Vietnam's occupation by the French, Portuguese, and Spanish. They also may worship spirits and natural forces, or practice ancestor worship or astrology. Confucianism and Taoism have strongly influenced Vietnamese cultural traditions. Many customs are rooted in both the Confucian respect for education, family, and elders, and the Taoist desire to avoid conflict. Stoicism is a highly respected trait.

**Medical Care.** Vietnamese Americans are at risk of poor health due to language barriers, lack of financial resources, inexperience with American culture, and under utilization of health care services. Many Vietnamese had severe health problems on arrival in the US from poor living conditions, starvation, and abuse during the Vietnam War and in refugee camps. Medical problems seen in this population include TB, hepatitis B, malaria, malnutrition, trichinosis, anemia, leprosy, and intestinal parasites. The most common cancers seen are prostate, breast, lung, and colorectal. Because of exposure to Agent Orange during the war, older Vietnamese immigrants are potentially at risk for cancers, immune deficiency, endocrine disruption, and neurological damage.

Rates of smoking among Vietnamese men are very high with smoking-related cancer endemic in this population. Providers are encouraged to screen especially for cancers of

infectious origins, smoking, and exposure to second hand smoke.

Many Vietnamese believe that Asian people are different physiologically than white people. Western medicines are thought of as “hot” and too potent for their physiology. As a result, they may not take medicines as prescribed. Many people attribute symptoms to a physical weakness; for example, a weak heart is expressed by panic, palpitations, and dizziness; a weak kidney is expressed by impotence; a weak stomach or liver is expressed by indigestion; and a weak nervous system is expressed by headache or lack of concentration.

Many elders do not trust western medicine and use it only as a last resort. They use traditional remedies as well as western medicines but may not reveal this to a provider. Vietnamese patients often resist invasive procedures and immunizations, and see a provider who does not intrude on the body as the best healer. Some patients believe a physician should be able to diagnose a problem by looking at them and feeling their pulse.

Vietnamese people also believe in the medicinal properties of specific foods, such as mung beans, green beans, and bitter melon, which is believed to help control high blood pressure. Acupuncture is used widely for arthritis pain, stroke, visual problems, and other ailments.

Health care providers should be aware of dermabrasive procedures used by Vietnamese patients that leave marks on the skin—and not misinterpret the marks as a sign of physical abuse. Dermabrasive procedures based on the Chinese philosophy of hot/cold physiology are often used to treat headache, cough, nausea, and other maladies. Cutaneous hematomas are made on the face and trunk by pinching and pulling the skin to release excessive air, by rubbing oiled skin with a coin or spoon, or by cupping—heating air in a cup with a flame, then placing the cup on the skin. As the air cools, it contracts and pulls on the skin, leaving a purple mark. Moxibustion, often combined with acupuncture, is the process of making circular superficial burns on the skin with ignited incense or other material placed directly on the skin.

In Vietnam, elders were afforded great respect and roles of authority, but have since lost this special status in the US, leaving many feeling depressed and lonely. However, because many traditional Vietnamese believe that emotional pain is a physical symptom, they avoid referrals to mental health clinics. Mental illness is traditionally considered

a shameful thing, often feared or denied. In Vietnam, the mentally ill were hidden away. Although many older refugees may suffer from post traumatic stress disorder, anxiety, and depression, they may not wish to discuss these disorders.

Vietnamese patients may smile easily and often, regardless of underlying emotions in situations other cultures find inappropriate. Because Vietnamese people value politeness and respect for authority, patients may not ask providers questions or voice concerns. If they disagree or do not understand, they may simply listen and answer yes, then not comply with recommendations or return for further care. They may not take appointment times literally, arriving late so as not to appear overly enthusiastic.

**Death and Dying.** Many Vietnamese people believe medicine is connected to religion and that suffering and illness are an unavoidable part of life. They feel that the length of one's life is predetermined, and that prolonging life is futile. When a person is dying, family members take turns at the bedside and attend the body after death. Buddhists may ask a monk or elderly person to pray at the bedside to make the person happy before they die. The family may object to autopsy and organ donation.

Arranging a proper funeral for a loved one is one of the most important things a person can do and helps the living grieve and go on with life. Death rituals in the Vietnamese community provide the bereaved a chance to fulfill obligations and complete unfinished business with the deceased. The elaborate details of Vietnamese death rituals require extensive involvement of the family and entire community over a period of two to three years. Death rituals communicate communal responsibilities and can also recreate social order by communicating who will take the place of the deceased.

Sources:

2005 American Community Survey, <http://www.hmongstudies.org/SEA2006ACS.html>, viewed September 2009

American Immigration Law Foundation, [http://www.aifl.org/awards/benefit2005/vietnamese\\_essay.shtml](http://www.aifl.org/awards/benefit2005/vietnamese_essay.shtml), viewed September 2009

Ethnomed [http://ethnomed.org/cultures/vietnamese/vietnamese\\_cp.html](http://ethnomed.org/cultures/vietnamese/vietnamese_cp.html), [http://ethnomed.org/ethnomed/cultures/vietnamese/vietnamese\\_cp.html#western](http://ethnomed.org/ethnomed/cultures/vietnamese/vietnamese_cp.html#western), viewed September 2009

Stratis Health has a long record of success in reducing health disparities among communities of color and underserved populations. Our efforts to reduce health disparities include increasing the cultural competence and effectiveness of providers serving culturally diverse populations, improving health literacy in the community, and working with specific populations on targeted clinical conditions.

Culture is essential in assessing a person's health and well-being. Understanding a patient's practice of cultural norms can allow providers to quickly build rapport and ensure effective patient-provider communication. Efforts to reduce health disparities must be holistic, addressing the physical, emotional, and spiritual health of individuals and families. Also important is making connections with community members and recognizing conditions in the community.

Get to know your patients on an individual level. Not all patients from diverse populations conform to commonly known culture-specific behaviors, beliefs, and actions. Generalizations in this material may not apply to your patients.

## WWW.CULTURECARECONNECTION.ORG

Culture Care Connection is an online learning and resource center dedicated to supporting Minnesota's health care organizations in their ongoing efforts to provide culturally competent care. Funding to support Culture Care Connection has been provided by UCare.

Contact us for assistance with your quality improvement and patient safety needs related to reducing health care disparities.



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