

# European-Americans 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 2010 U.S. Census, white Americans descended from European ancestors accounted for 85.3 percent of Minnesota's population, compared with 72.4 percent of the nation's population.

That figure is projected to fall to 75 percent by 2035. Although Minnesota is considerably less diverse than some states, populations of color are growing at a significantly faster rate in Minnesota than the white population. In Minnesota, the white population grew at a rate of only 2.8 percent in the last 10 years, while the Hispanic/Latino population increased by 74.5 percent; the African American population increased by 59.8 percent, and the Asian American population increased by 50.9 percent.<sup>1,2,3</sup>



**Social Structure.** The largest reported ancestries of European-Americans in Minnesota are German (38 percent), Norwegian (17 percent), Irish (12 percent), and Swedish (10 percent)—groups that settled in Minnesota during the mid-1800s. In 2007, more than 90 percent of all Minnesotans spoke only English at home.<sup>1</sup>

According to George Marker in *The Myth of White Culture*, “European-Americans have never experienced a truly cohesive experience. Instead of one culture and people . . . Caucasian America is simply a loosely associated series of subcultures and non-cultures.” In contrast, African-Americans, Hispanics/Latinos, and other non-white populations have built strong cultural identities in America.<sup>2</sup> In spite of the variety of European-American subcultures across the U.S., some generalizations can be made about this population. More so than many other cultures, European-Americans tend to value individualism and independence. They believe in responsibility for self—that individuals, not fate, control their destinies. European-Americans in general have a logical, problem solving learning style. For example, if a political system or educational system is not working, they analyze the problems and take steps to solve them—and they don't hesitate to challenge authority to overcome barriers.<sup>4</sup>



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, convener, facilitator, and data resource.

Populations of color are growing at a significantly faster rate in Minnesota than the white population.

In Minnesota, the white population grew at a rate of only 2.8 percent in the last 10 years, while the Hispanic/Latino population increased by 74.5 percent; the African-American population increased by 59.8 percent, and the Asian-American population increased by 50.9 percent.

In *Understanding Your Own Culture and Cultural Adjustment* (Babson College), European-Americans are described as being future-oriented—believing the future will bring happiness. They see change as natural and positive, leading to improvement and progress—in contrast with cultures that view change as disruptive to their history, traditions, and continuity. European-Americans tend to value practicality and efficiency. They often attach significance to taking the initiative and place importance on promptness. Generally, they respect equality, fairness, and gender equity.

Minnesotans of European descent have a no-nonsense attitude toward work and tend to respect the dignity and intrinsic value of work. Many are identified by their professions and believe they will be rewarded based on individual achievement. They believe in competition and in the idea that free enterprise brings out the best in the individual.

In this population, the nuclear family is respected even though family members may be separated by distance. In 2007, 54 percent of all Minnesotans were married, although that percentage is shrinking. With the majority of mothers working outside the home, children are often cared for in homes or schools that provide day care.

Outdoor activities are a major part of the lives of many Minnesotans, including hockey, skiing, snowmobiling, hunting, and fishing. Ice fishing, popular with Minnesota's early Scandinavian immigrants, is a favorite winter pastime. Families frequently own or share cabin getaways in central and northern Minnesota.<sup>5,6</sup>

**Diet.** Many European-Americans in Minnesota and the nation follow the Western Pattern Diet (or Standard American Diet), characterized by high consumption of red meat, high-fat salty foods, processed foods, sugary desserts, and often alcohol. According to the *Journal of Food Composition and Analysis*, one-third of an American's daily calories comes from fast foods and other junk foods. This diet is low in the fiber, complex carbohydrates, plant-based foods, vitamins, and minerals provided by fresh fruits, vegetables, whole-grain foods, and fish.<sup>6,7</sup>

In spite of this pattern, Minnesota is recognized as a leader in health care and health prevention. In the last decade, great progress has been made in improving the diet of the general population. For example, several organizations across the state are participating in Healthy Eating Minnesota, a Blue Cross Blue Shield of Minnesota-funded initiative to make it easier for Minnesotans to eat healthy foods, especially fruits and vegetables. Prevention strategies

include community initiatives to create sustainable changes in schools, neighborhoods, and worksites to increase access to and consumption of affordable healthy foods. These efforts also are increasing consumer demand for local produce, thereby supporting local communities, businesses, and growers.

European-Americans often celebrate their heritage by preparing traditional ancestral dishes on holidays and special occasions, such as stollen (German), lutefisk and lefse (Scandinavian), and corned beef and cabbage or soda bread (Irish).

**Religion.** In Minnesota, Christianity is the most common religion practiced by European-Americans. A 2010 survey by the Pew Forum on Religion and Public Life showed that 53 percent of Minnesotans were affiliated with Protestant churches (over 26 percent Lutheran) and 28 percent with Roman Catholic churches. Many Christians in Minnesota attend church or Sunday school regularly and on religious holidays, and many children attend private Protestant or Catholic schools. Minnesota also has an active Jewish population descended from European ancestors (1 percent of the population). Minnesota's first synagogue was established in St. Paul in 1856. The remaining 19 percent of the population practice other religions or follow no religious traditions.<sup>8</sup>

**Medical Care.** Traditional Western medicine is favored by most European-Americans in Minnesota. Western medicine is characterized by methods developed according to medical and scientific traditions and rigorous safety protocols with treatments and medications that must pass a strict review before they can be used for patient care. Its greatest strength is in trauma care and therapies for acute problems, such as surgery, medications, chemotherapy, radiation, and physical therapy.

Minnesotans, in general, practice preventive medicine, such as getting immunizations regularly and testing for high blood pressure, high cholesterol, diabetes, and cancer. Prevention addresses the growing rates of chronic diseases and preventable cancers, and the epidemic increase in obesity and diseases related to obesity, such as heart disease, high blood pressure, stroke, and type 2 diabetes.

Associated with the Western diet is epidemic obesity and chronic disease, resulting in illness and death from diabetes, heart disease, stroke, and cancer. In the 1800s and early 1900s when Minnesotans lived a primarily agricultural life, heart attacks were unheard of. By 1960, heart disease

accounted for more than 500,000 deaths per year nationally. By 2006, heart disease accounted for more than 631,636 deaths per year.

European-Americans in Minnesota are increasingly integrating the holistic approach of Eastern medicine into the traditional practice of Western medicine. Eastern medicine treats the whole person—mind, body, and spirit—not just the disease. Illnesses and conditions are uniquely treated according to the way a particular patient experiences a disease. For example, patients with fibromyalgia may use meditation or massage therapy to reduce stress and improve muscle function.

**■ End of Life.** As part of the Western model of health care, families often use palliative and hospice care services to manage advanced illness at end of life. Palliative and hospice care focus on relieving suffering and improving quality of life by customizing treatment to meet the needs of the individual, and by providing physical, emotional, and spiritual support. Hospice specializes in care for individuals in the last stages of a terminal illness and provides grief support for surviving loved ones. Hospice services are provided in the home or at a hospice or other health care facility. Services include therapies to relieve pain, care techniques, arrangements for equipment such as a hospital bed or oxygen, and coordination of other services.<sup>9</sup>

At end of life, patients may be visited by family, friends, and clergy, and be prayed for by members of a religious congregation. Family, friends, and community members support the bereaved. Funerals and memorial services may be religious or non-religious. Traditional cemetery burial and cremation are practiced equally by this population.

#### Sources

<sup>1</sup>2008 American Community Survey, [www.census.gov/acs](http://www.census.gov/acs), viewed 04/15/10

<sup>2</sup>Minnesota State Demographic Center, [www.demography.state.mn.us](http://www.demography.state.mn.us), viewed 04/21/10

<sup>3</sup>The Myth of White Culture, George Marker, [http://www.associatedcontent.com/article/178385/thy\\_myth\\_of\\_white\\_culture.html?cat=9](http://www.associatedcontent.com/article/178385/thy_myth_of_white_culture.html?cat=9), viewed 04/15/10

<sup>4</sup>Understanding Your Own Culture and Cultural Adjustment, <http://www3.babson.edu/Centers/Glavin/GPS/Academics/UG/upload/Cultural%20Adjustment.pdf>, viewed 04/15/10

<sup>5</sup>Cultural Norms, Gardenswartz and Rowe, [www.gardenswartzrowe.com](http://www.gardenswartzrowe.com), viewed 04/21/10

<sup>6</sup>Journal of Food Composition and Analysis, [http://www.elsevier.com/wps/find/journaldescription.cws\\_home/622878/description#description](http://www.elsevier.com/wps/find/journaldescription.cws_home/622878/description#description), viewed 04/20/10

<sup>7</sup>American Heart Association, [www.americanheartassociation.org](http://www.americanheartassociation.org), viewed 04/15/10

<sup>8</sup>Pew Forum on Religion and Public Life, [www.pewforum.org](http://www.pewforum.org), viewed 04/15/10

<sup>9</sup>Hospice Minnesota, [www.mnhospice.org](http://www.mnhospice.org), viewed 04/15/10

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.



2901 Metro Drive, Suite 400  
Bloomington, MN 55425-1525

(952) 854-3306 telephone

(952) 853-8503 fax

1-877-STRATIS (1-877-787-2847) toll-free

[info@stratishealth.org](mailto:info@stratishealth.org)

(01/12)