

Russians in Minnesota

Increasing the cultural competence of health care providers serving diverse populations

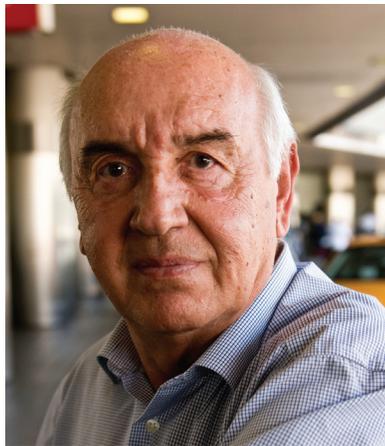
In order to provide equitable and effective health care, clinicians need to be able to function effectively within the context of the cultural beliefs, behaviors, and needs of consumers and their communities. According to the 2002 Institute of Medicine report *Unequal Treatment: Confronting Racial and 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.

In the U.S. the Russian population is estimated to be 3.13 million, with the largest populations scattered across New York state, North Dakota, and Virginia. Although difficult to determine the exact number of recent Russian immigrants, as well as second- and third-generation Russians living in Minnesota today, the population is estimated to be nearly 14,000.

The first wave of Russians coming to the U.S. took place between 1880 and 1917, when millions left Russia for political or economic reasons, including Russian Jews who were escaping religious persecution. They settled primarily throughout New York state, and in California, Virginia, Oregon, Pennsylvania, and North Dakota. Russians continued to immigrate to the U.S. throughout the 20th century. Since the fall of communism, people from Belarus, Ukraine, and other former Soviet Republics also have immigrated to Minnesota. Jewish Russian refugees initially settled in St. Louis Park, Minneapolis, and the Highland Park area of St. Paul.^{1,2,3}

The following cultural patterns may represent many immigrants from Russia and Eastern Europe, but do not represent all people in a community.

Social Structure. The family is a source of stability for Russian Americans. Elders are expected to help raise their grandchildren if both parents are working and children are expected to care for their elders in old age. Children are expected to be respectful of their elders, addressing them as Mr., Mrs., Uncle, or Aunt. The strongest personality in a Russian family (mother, father, eldest son, or eldest daughter) is usually the spokesperson and decision-maker for the family. Family members have strong kinship bonds, provide support for each other during a crisis, and are often consulted during health care



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

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planning, especially when consents for release of information are required.

Compared with other major immigrant populations in Minnesota, Russians are generally older (83 percent are age 50 or older), have fewer children, and are more educated. Nearly 95 percent of Russians in Minnesota have at least a high school diploma. Most speak Russian in addition to the languages of their native republics (e.g., Belorussian, Ukrainian, and Uzbek). Native languages of Yiddish and Ladino are also spoken at home, although typically only the oldest generation of Russian Jews can still understand and speak these older languages. Many Russians hold professional positions as physicians, engineers, and teachers, although many encounter difficulties pursuing careers in the U.S. due to certification or licensing requirements. The most recent arrivals to the U.S. tend to be less educated than earlier immigrants. They are often employed in manufacturing, trade, and service industries, and many have launched successful businesses.

Diet. Russians often maintain a diet high in fat, carbohydrates, and sodium, contributing to health problems that include Type 2 diabetes, hypertension, and coronary and gastrointestinal diseases. During the early years of communism and food shortages in Russia, the main concern was eating enough calories to stay alive. Meals were heavy, fatty, and salty, though otherwise bland. The ideal meal for a working peasant included boiled buckwheat with lard and a fermented drink made from dense, sour, black bread—food that would “hold you to the earth” and last a full working day. Conventional wisdom dictated that the richer and more fatty the food, the harder one would work. Traditional meals eaten by Russians today include pickled and dried meats, fish, bread, potatoes, dumplings, porridge, cabbage and beet soup, and vegetables.

Religion. Most Russians practice Judaism or Eastern Orthodox Christianity, Russia’s traditional and largest religion. The Eastern Orthodox church is widely respected by both believers and nonbelievers, who see it as a symbol of Russian heritage and culture. Smaller numbers of Russians are Roman Catholics, attend the Armenian Gregorian church, or follow other Christian religions. As products of the anti-religion policy of the former Soviet Union established in the early 1900s, many Russian Americans are atheists.

Medical Care. Common diseases seen in immigrants from Russian and Eastern Europe include diabetes, hypertension, coronary disease, gastrointestinal problems, tuberculosis, mental illness, and alcohol and substance abuse. Some Russian immigrants believe that disability or illness is caused by something the individual did not do right, such as not eating well or not dressing warmly enough. Good health is equated with absence of pain. Illnesses that do not cause pain often go undiagnosed and under-treated, such as Type 2 diabetes, hypertension, and high cholesterol. Mental illness is regarded as disgraceful in many Eastern European countries. Immigrants often do not disclose a family history of mental illness or past treatment.

Many Russian immigrants are unfamiliar with the cultural etiquette of American medicine and may expect more compassion and emotional closeness with their physician—seeking a professional, yet close, relationship with providers. In Russia, a patient can confess to a doctor as if speaking with a priest. Problems may arise in the health care setting directly from this cultural difference. Rather than appreciating the privacy and autonomy of the American medical culture, patients may complain about the quality of medical treatment they receive and question the physician’s ability to understand their problems. Practices associated with physical examinations in Eastern European countries are different from those in the American medical culture. In Russia, hospital gowns are not provided during examinations. Most patients are examined in their undergarments; nudity is not considered shameful.

Russian immigrants may be distrustful of physicians, and reject health recommendations, such as refusing to take medications as prescribed or combining medications and therapies with home remedies and treatments. Home remedies are often used prior to seeking medical attention, such as oil rubs, mud or steam baths, and exposure to fresh air and sunlight. The “bonki” is a cold and flu remedy where glass cups are pressed on a sick person’s back and shoulders to ease symptoms. The bonki often leaves bruises and welts, which may be misinterpreted as signs of physical abuse.

When a Russian person is ill, family members and friends are expected to visit in order to provide support to the individual and immediate family. Bad health news is not given to a person who is ill or disabled. The family does not want the person to become anxious. It is commonly believed that the individual needs to be at peace so physical and

emotional conditions do not worsen. The family prefers to receive the news first, then decides whether or not to tell the patient of the condition and prognosis.

Eastern European immigrants tend to appreciate the high quality medical care, equipment, and variety of medications available in America. They especially value the right to choose their own physician and receive follow-up care from that same physician. They appreciate having excellent medical services available, such as home health services, transportation services, programs like meals on wheels, and preventive check-ups covered by insurance.^{4,5}

Death and Dying. To ensure a more peaceful death, many families believe that a loved one should not know that death is imminent. The moment of death and the patient's last words are especially significant. In some cases, families prefer to care for the loved one at home rather than at a nursing home. They may ask a rabbi, priest, or others to pray for the patient.

Depending on the family religion, family members may wash and dress the body for burial. Jewish families never leave the body alone until after burial as a sign of respect. Because both Christians and Jews believe the body is sacred and should remain intact, autopsy and organ donation are uncommon.^{4,5}

Sources:

¹Yearbook of Immigration Statistics: 2009 - Supplemental Table 2, <http://www.dhs.gov/files/statistics/publications/LPR09.shtm>, viewed January 23, 2012

²Embassy of the Russian Federation to the United States, http://www.russianembassy.org/Embassy_eng///Embassy/rcc.html, viewed January 23, 2012

³Rediscovering Russian America, Institute of Modern Russia, <http://imrussia.org/>, viewed January 23, 2012

⁴Culture Clues, www.depts.washington.edu/pfes/pdf/RussianCultureClue4_07.pdf; www.depts.washington.edu/pfes/pdf/End%20of%20Life%20Care-Russian%20Culture4_07.pdf, viewed January 2008

⁵Elena Polukhin, MD, PhD, Russian American Medical Association, www.russiandoctors.org/blog/2006/07/culturally-sensitive-medicine.shtml, viewed January 2008

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.

The logo for UCare, featuring a stylized 'U' in blue and green, followed by the word 'Care' in a blue script font.The logo for StratisHealth, featuring the word 'StratisHealth' in a blue sans-serif font, with a blue circular graphic element behind the 'H'.

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