

Appalachian Culture Module

WVU Center for Excellence in
Disabilities



Objectives

- Complete a pre-test on Appalachian culture and health care
- Present a general overview of Appalachia
- Present rural health care facts
- Discuss the views of Appalachian Americans that relate to delivery of health care services
- Complete a post-test on Appalachian culture and health care



Pre-test

- Please complete the pre-test on Appalachian culture and health care and email your answers to Diane Williams at awilliams@hsc.wvu.edu before completing this module.



Appalachia

- Appalachia is a region that extends from southern New York to northern Mississippi.
- 13 states and 406 counties are encompassed in this region.
- West Virginia is the only state that lies completely within the Appalachian region.
- Approximately 22 million people live in Appalachia.
- This region is 42% rural.



Appalachia

- Many negative stereotypes about Appalachia and its inhabitants are depicted in the media.
- Risk factors for Appalachians include heart disease, stroke, accidental injury, respiratory illness, and cancer.



Common Appalachian Values

- Loyalty to family
- Independence
- Self-reliance
- Modesty
- Pride
- Love of the home land
- Religion
- Dislike of assertiveness or aggressiveness
- Minding one's own business
- Equality
- Avoidance of disagreements



Rural Health Care Facts



Facts

- Rural areas have half as many physicians as urban areas to serve a given population base.
- Rural residents are less likely to have employer-provided health care and prescription drug coverage.
- Rural residents are twice as likely to die in motor vehicle accidents than urban residents.
- Rural residents tend to be poorer.
- A larger proportion of rural residents tend to be elderly.



Facts

- Alcohol abuse and the use of smokeless tobacco is a significant problem among rural youth.
- Rural Americans are less likely to receive routine dental care.
- There are fewer practicing mental health professionals in rural areas.
- Rural hospitals are half as likely to provide emergency medical care than urban hospitals.
- The suicide rate among rural men is significantly higher than in urban areas.



Facts

- Rural residents are more likely to describe their overall health status as fair/poor than urban residents.
- Chronic illnesses are more prevalent in rural areas.
- Medicare payments to rural hospitals and physicians are dramatically less than those to urban counterparts.
- The rural poor are less likely to be covered by Medicaid benefits than their urban counterparts.
- Rural residents have greater transportation difficulties reaching health care providers.



Appalachian American Views and Health Care



Time Orientation

- More present oriented
- However, the past and tradition have a strong influence on present values and beliefs.



Language

- Number of dialects spoken
- Health care providers should ask the meaning of words that are misunderstood rather than making assumptions.
- Continue to use the language of the person unless there is some strong reason to correct the person's language or to substitute scientific language.
- Clarify meanings of descriptions of health care problems during the assessment phase and discharge education.



Worldview/Religious Beliefs

- Major religious groups: Southern Baptist, Fundamentalist, and Methodist
 - One form of old-line Fundamentalism (a very small population of people) involves handling poisonous serpents, fire, and drinking poisonous solutions, such as strychnine, battery acid, or lye.
 - The few individuals who are injured during these services generally treat themselves and do not come to hospitals.



Worldview/Religious Beliefs

- Religious faith is seen as a major factor in helping to overcome illness.
- Very strong religious beliefs:
 - It is important to allow the patient to have a Bible close by, allow the “church family” to visit liberally, and allow privacy for prayer.
- May have a strong sense of spiritual connection to nature:
 - A patient room with a view of trees, flowers, etc. may be comforting.



Worldview/Religious Beliefs

- Health is a result of chance, sickness is God's will, and healing is a sign of forgiveness.
- Life and its events are predestined with the individual having little control over events in life.
 - Persons may not adhere to maintenance medications for conditions, such as diabetes or hypertension.



Health Beliefs/Practices

- Superstitions may influence beliefs about health.
- Folk medicine is often practiced, including herbal preparations, turpentine, kerosene, vinegar, honey, onions, baking soda, etc...
 - It is important to determine both prescription drugs taken and herbal preparations during the assessment phase.



Health Beliefs/Practices

- People are likely to try folk remedies and consult with family members or folk healers before visiting a formal medical setting for treatment.
- Hospitals may be feared and viewed as a place where one comes to die.
 - Persons may come to the hospital only when a health crisis occurs.



Health Beliefs/Practices

- A state of illness may only be perceived as an illness if the person subjectively *feels* ill.
- Mental illness may be seen as the person having a case of “nerves,” “odd-turned,” “acting peculiar,” or “just getting old.”
 - In some areas of Appalachia, mental illness is not acceptable and more acceptable terms are substituted.



Expression of Pain

- May appear stoic
- Often relies on health care provider to interpret nonverbal cues
- May have difficulty precisely describing emotions or types of pain



Male-Female/Kinship/Social Relationships

- Men tend to make major decisions in the family.
 - However, females have a strong influence on the male's decision.
- Elders are valued, honored, and respected.
 - They are likely to be cared for by family members when no longer able to be independent.
- Strong sense of familism; health care decisions may be delayed until family members can be consulted.



Male-Female/Kinship/Social Relationships

- At least one family member is likely to accompany the client to the health care facility.
- If a member of the family is hospitalized, a number of family members will likely come to the facility and desire to stay with the hospitalized person.
 - Accommodate family members staying with the patient as much as possible as their presence will provide comfort for the patient.
- During illness, involve family members in patient's care as much as possible.



Male-Female/Kinship/Social Relationships

- Health care providers may need several social patient interactions before the patient will be willing to discuss personal issues and problems that need interventions.
 - Inquire about less sensitive issues before proceeding to more sensitive/complex issues.
- Provide consistency in caregivers.
- Be a good listener so that the health care provider can “start where the client is.”



Male-Female/Kinship/Social Relationships

- Allow the patient and family adequate time to describe issues and problems within the context that they see them.
- The health care provider should exhibit an unhurried approach.
 - Personalism is valued among Appalachians.
- Direct eye contact may be interpreted as impolite.
 - Some Appalachians engage in direct eye contact primarily during states of assertiveness.
 - Some people may avoid eye contact with nurses, physicians, and other health care providers out of respect.



Birth/Children

- Children are highly valued.
- Birth is seen as a normal process and a satisfying human need.
- Infants may be fed solid foods earlier than recommended by nutritionists.
- Mothers are generally the primary caregivers of children, but this is changing among urban Appalachians.
- Discipline of children may seem harsh to non-Appalachians.
 - Corporal punishment is sometimes used, adhering to the Bible reference of “spare the rod and spoil the child.”



Death

- Reactions to the death of a loved one and expressions of grief may seem extreme or exaggerated to non-Appalachians.
- Allow time for relatives and friends to visit with the deceased prior to moving the body to the morgue or calling for the funeral home.
- May be very hesitant to consent to autopsies and organ donations
- Earth burial is the most common form of interment; cremation is infrequent.
- May wish to take photographs of the body after it has been dressed as a form of remembrance



Patient Teaching

- Patient education must be consistent with the client's frame of reference or suggestions/instructions may be rejected.
- For rehabilitation purposes, explore the client's skills other than those of his/her former occupation.
 - Other skills may be built upon if primary skill has been lost because of disability.



Patient Teaching

- When teaching about medications, stress that prescribed medications (such as those for hypertension, diabetes, etc.) are to be taken not only when the patient feels bad, but even after he or she begins to feel better.
- Assure that indoor plumbing and electricity are available in the home.
 - This may impact the type of medical equipment or treatment used in the home.



Post-test

- Congratulations! You have completed the Appalachian Culture Module!
- Please complete the post-test on Appalachian culture and health care and email your answers to Diane Williams at awilliams@hsc.wvu.edu



References

- Appalachian Americans. (n.d.). Retrieved July 22, 2003, from <http://www.jamardaresources.com>.
- National Rural Health Association. (n.d.). *What's different about rural health care*. Retrieved July 22, 2003, from <http://www.nrharural.org/pagefile/different.html>.

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