Message from the Editor

Minority Health: "Culture is Everything"

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"Culture is everything."

Nurses are leaders in recognizing the power of culture and its influence on health and health care.

Culture represents the great gestalt of human social phenomena. It is the whole: the constellation of values, knowledge, beliefs, and attitudes. It includes patterns of behavior, ways of living, roles, language and ways of communicating, myths, and meanings. It is time and space, objects and artifacts, traditions, stories, symbols, and metaphors. It is the whole of who we are in our families, ethnicities, regions, religions, and work. It embodies the entire portfolio of who we are as individuals in human communities.

One of the greatest tragedies of American health care is the fact that quality and outcomes are inferior for specific racial and ethnic minority groups. Members of American ethnic and racial minorities of African Americans, American Indians, Alaska Natives, Asian Americans, Hispanics/Latinos, Native Hawaiians, and other Pacific Islanders continue to suffer enormous health disparities in cancer, diabetes, heart disease, stroke, HIV/AIDS, infant mortality, and child immunization rates. African American men are twice as likely to have prostate cancer as White men, Hispanics are twice as likely to have diabetes than Whites, Vietnamese-American women are five times more likely to have cervical cancer than White women, and African American women are less likely than White women to survive breast cancer. All minorities are less likely to receive preventive screenings than their White counterparts.
Those states with greatest racial diversity also have greatest disparities in health across the lifespan.

Though cultural competence and cultural sensitivity have long been significant to nursing practice, there is a continued need for attention to culture and representation of all cultures, ethnicities, and races in health care research. One of the challenges toward greater cultural sensitivity is the very nature of the health care workforce. Nurses continue to be over 94% women and 89% White. As we recognize the need to eliminate health disparities among minority populations, we must move to acquire more than competence, but cultural humility. Cultural humility requires a willingness to reflect on the limits of our abilities to fully understand the culture of another, to recognize imbalances of power, and to cultivate sensitivity in its best sense. It means to embrace full inclusion while acknowledging differences and resolving disparities. Research in health care must reflect such cultural inclusion and humility. Culture is everything.

References
There is a profound disparity in the health of racial and ethnic minority groups. In the US, minority groups have higher mortality, higher incidence of chronic diseases, and poorer health outcomes. To eliminate health disparities, researchers and health care providers need culturally relevant and effective interventions, measures that are valid across cultural groups, and supportive policies and systems. The response to the call for manuscripts for this special issue of the *Southern Online Journal of Nursing Research* on minority health was overwhelming. Clearly, the authors who contributed to this issue believe in health promotion in racial and ethnic minority groups and are working toward developing research, providing effective interventions, removing barriers, and increasing access to care.

The manuscripts that were selected address many of the health concerns minority populations face. Eleven diverse articles are published in this issue including six works focused exclusively on minority women, one on youths, one on elders, and two on rural populations. Racial and ethnic groups addressed in this issue include Haitians, Vietnamese, Latinos, African Americans, and the research presented in this issue was conducted in languages including Haitian Creole, Spanish, French, Vietnamese, Chinese, and English. Methods and approaches employed by the authors include grounded theory, ethnography, instrument development, intervention work, literature review, and recruitment of minority groups. Chronic illnesses addressed in this issue include cancer, type 2 diabetes, sickle cell disease, cardiovascular disease, and HIV/AIDS.

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