Molly Jones, MA, CCC-SLP, is a speech-language pathologist in child and adolescent psychiatry at University of Iowa Children’s Hospital. She is part of a multidisciplinary team that completes autism diagnostic evaluations.

A pediatric patient who immigrated with his family to the U.S. from the Democratic Republic of the Congo (DRC) was referred to the clinic for evaluation of a possible diagnosis of autism. At the suggestion of Peter Daniolos, MD, clinical professor in the UI Department of Psychiatry, the team researched CultureVision™ to learn more about the patient’s culture prior to the child’s evaluation.

Jones noted that a great deal of content in CultureVision’s section on the Congolese was extremely helpful for understanding the young patient’s culture. She went on to say, “I cannot overemphasize the usefulness of the Language and Communication section” for helping the team successfully use their diagnostic tool, the Autism Diagnostic Observation Schedule (ADOS), which helps assess the signs and symptoms of autism spectrum disorder.

According to the ADOS, a neurotypical child should appropriately use verbal and nonverbal communication modalities, including eye contact, gestures, and facial expressions. Children on the autism spectrum often struggle in these areas.

“Because these characteristics, or the lack of same, are such key diagnostic indicators of autism, it’s important to be aware of cultural differences in verbal and nonverbal communication norms,” said Jones.

CultureVision helped the team understand several key points:
- Children from the DRC are expected to “wait for older people to offer their hand first,” instead of initiating communication with an elder, as is common in American culture
- “It may be considered rude to point to someone with your index finger,” whereas children being evaluated with the ADOS are expected to use a single index finger to point to a person or item
- “Eye contact during conversation may be more indirect than direct”
- “Women and children may look down or away to show respect,” whereas with the ADOS, lack of eye contact is a key marker of autism

Jones was quick to praise CultureVision for helping her and her team better understand the patient’s symptoms in light of his cultural experience.

Jones further added that the overview of the Congolese concept of health, beliefs, mental health, illness, and treatment-related issues helped them present their findings and recommendations to the patient’s parent in a respectful and sensitive manner. They took into account that the parent might understand the diagnosis and other information differently compared to a person born in the U.S.

Jones also noted that CultureVision proved to be extremely helpful for educating new members of a health care team she works with that travels to Haiti twice a year.

“‘I am extremely impressed with the accuracy and comprehensiveness of their information,” Jones said. “I wish I would have known about CultureVision before my first trip to Haiti a few years ago.”

CultureVision™ is brought to you by UI Health Care and the Office of Cultural Affairs and Diversity Initiatives.
Top Searches:
The People that Interest Us Most

What did we look for on CultureVision™? The results are always interesting and sometimes even surprising. Here are the top 10 religious and ethnic groups that UI Hospitals and Clinics staff searched for in the first quarter of 2016, as well as where they placed in the top 10 last quarter.

SUDANESE (#1 last quarter)
ISLAM (#2)
CONGOLESE
AMISH (#5)
MEXICAN
AMERICAN INDIAN (#8)
NIGERIAN
GHANIAN
JUDAISM
JEHOVAH’S WITNESSES

Commonly searched in the previous quarter:
- Russian (#3)
- White, Non-Hispanic (#4)
- African American (#6)
- Chinese (#7)
- LGBTQ2 (#9)
- Afghan (#10)

And What We Want to Know About Them

Beliefs, Religion & Spirituality
Language & Communication
Treatment Issues
Family & Social Issues
Concept of Health
Illness-Related Issues
Labor, Birth & Aftercare
Gender Roles
Oral Communication
Diet & Nutrition
Health Promotion/Disease Prevention
Death & Dying
Use of Blood Products & Transplants
Health Care Decisions
Family Structure & Relationships
Religious/Spiritual Practices or Taboos
Nonverbal Communication
Mental Health Issues
Decision Making
Primary Religious Affiliations

CultureVision™ is a source of questions, rather than answers. Diversity exists among individuals within any given culture.
April is Donate Life Month, a time when honor is paid to those who have given the ultimate gifts of life to patients in need of an organ or tissue transplant.

How do the world’s myriad ethnic and faith-based groups view organ donation and reception?

CultureVision™ provides a great deal of information about the acceptance of organ donation and/or reception. Following is information gleaned from their pages.

The majority of the world’s ethnic groups and religious groups have either no or limited objections to organ donation and/or reception. Exceptions do exist, however, depending on a variety of factors, such as individuals’ personal perspectives on the matter.

For those ethnic or religious groups that oppose organ donation and/or reception, the primary concern has to do with preserving the deceased body’s integrity at the time of and after death (Kaiser Daily Health Policy Report 2003, University of Pennsylvania Health System 2002, UMHS 2004, Tom 2002). In some cases, traditional post-death ceremonies render donation impossible; other groups believe the loved one’s body must remain physically intact in order for the person to continue on its path after life.

One example that CultureVision cites deals with belief among some in the Roma community that after death “the soul of the deceased roams the earth for one year, retracing the steps of the past year before death” (Vivian and Dundes 2004).

Additionally, in faiths where the laws and practices instruct that the deceased be buried immediately, the time needed to successfully remove organs for donation might not be available. According to one source regarding Islam (CBCU 2003), “organ donation is permissible, but only for immediate transplantation and into another Muslim in order to save his/her life.”

CultureVision’s well-referenced and concise information notes that many followers of religious groups that believe in Karma and rebirth, such as Buddhism and Hinduism, may have alternating views on organ donation. Some individuals may hesitate to allow organs to be donated, if they believe that Karma gained by assisting others through organ donation would be offset by the potential complications to the deceased’s rebirth (BBC 2005, Minority Organ Donation Education Program 2001).

UI Hospitals and Clinics has specially trained social workers in its Family Support Program (FSP) who work with families in cases where the patient is not expected to survive. Sue Witte, LMSW, coordinator of the FSP, said, “Each of us works with just one family at a time, supporting them and providing end-of-life care,” said Sue Witte, LMSW, coordinator of the FSP. “Part of the support we provide includes offering organ donation as an option. It’s been my experience that many families say they want to participate in organ donation as a way to help prevent another family from having to go through a loss like theirs.”

To learn more about any specific health-related question or topic you may have, simply provide keywords in CultureVision’s search box.
### New Descriptors: LGBTQ Terminology

**Aromantic**: A person who does not desire to connect to others in a romantic way.

**Asexual**: A person who doesn’t experience sexual desire or attraction and/or act upon sexual attraction with others.

**Bisexual**: A person emotionally, romantically, physically, and/or sexually attracted to both males and females. The person may be either male or female.

**Cisgender**: A person whose gender identity matches with their biological sex identity. (Transgender vs cisgender: in Latin, "trans" means “on the other side of,” while “cis” means “on this side of.”)

**Gay**: A male emotionally, romantically, physically and/or sexually attracted to another member of the same gender. This term is sometimes used to refer to both gay men and lesbian women.

**Gender Expression/Gender Presentation**: The external manifestation of gender. While many transgender individuals may seek to align their gender expression with their gender identity, they may not necessarily be able to achieve this goal due to a lack of social or medical support.

**Genderqueer**: A person who identifies with and often expresses gender outside of the traditional binary genders (male and female). This term may fall under the larger “non-binary” term.

**Lesbian**: A female emotionally, romantically, physically, and/or sexually attracted to another female.

**LGBTQ2**: Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, and Two-spirited

**Pansexual**: Sexual attraction to people of any sex or gender identity.

**Queer**: Once used pejoratively, in more contemporary use “queer” refers to any individual who rejects the traditional labels of sexuality and gender.

**Questioning**: A person uncertain about their sexuality and/or sexual orientation.

**Sex vs gender**: Sex is the biological, anatomical, and genetic characteristics associated with and/or defining male and female. Gender is the psychological aspect and identification as men/masculine or woman/feminine. This includes gender roles, norms, and expressions that vary by culture, ethnicity, and age.

**Sexual Identity**: How someone chooses to identify in terms of who attracts them romantically or physically. Sexual identity may or may not align with sexual orientation or sexual behavior.

**Sexual Orientation**: The enduring emotional and physical attraction to a person of the same gender (gay, lesbian), both genders (bisexual), opposite gender (heterosexual/straight), neither gender (asexual) and/or any gender (pansexual).

**Third gender**: A person who identifies as neither male nor female. India has legally recognized a third gender category since 2014, primarily associated with the hijra community. Other countries who recognize a third gender are Australia, Nepal, Germany, and Bangladesh.

**Transgender** (not “transgendered”): A person who identifies with a gender other than the one associated with that person’s birth sex. Transgender persons may identify as gay, lesbian, bisexual, or heterosexual. Transgender individuals may choose to have medical interventions such as hormone therapy or gender affirmation surgery to alleviate gender dysphoria and better align their physical bodies with the gender with which they identify.

**Transsexual**: This term is largely outdated and felt to be over pathologizing by some. The more accepted term, transgender, can be used synonymously in most cases. In its strictest sense, this term identifies a transgender person who is using medical intervention to actively transition.

**Two-spirited**: A term used by Aboriginal/Native American/First Nation culture to describe gender variant individuals who possess both masculine and feminine traits/spirits.

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**CultureVision™ welcomes your feedback.** If you disagree with something you’ve read, or for more information, send an email to culturevision@cookross.com

**If you know someone with UI Health Care who would make a great CultureVision ambassador, please contact Janet Niebuhr at janet-niebuhr@uiowa.edu.**

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CultureVision can come to you! We can send trainers directly to your department or unit to help you and your co-workers get the most out of this valuable tool. Please contact Janet Niebuhr at janet-niebuhr@uiowa.edu for more information.