Supplementary Material

Challenges and Strategies	for Cross-Cultural Pain Education and Exercises
Challenges	Strategies
Expand the availability of precise and culturally adapted information about pain	 Consider educating different healthcare professionals in primary care about the influence of culture on pain. Consider developing informative materials about pain respecting all age groups, sex, race/ethnicity, language, educational and social status, religion, and other cultural aspects. Consider different formats to deliver culturally appropriate pain education (group concepts, stories, metaphors, emails, text message, booklets, videos, mobile App, and board games). Increase accessibility to remote areas and to minorities. Consider spreading precise culturally adapted information about pain in different languages in the media. Consider including participation of persons from the targeted population in the development phase.
Clinicians' behavior in the clinical setting	 Listen to the patient with positive and respectful attitudes (e.g. empathy, flexibility, and openness) without judgment. Take cues about verbal and nonverbal communication patterns of the patient's culture (e.g. pattern of tone of voice, eye contact, use of space, and conversational pace). In case of cultural error, express regret about the offensive behavior and express a willingness to learn about the patient's cultural needs (a patient or family may be offended by the clinician's words or actions).
Pain Education in a clinical setting	 Consider obtaining background information about the patient's culture. Be aware of the impact that culture has on beliefs, values, practices, preferences, and expectations. Consider that learning relies on patients' needs and context. Consider a patient-centered approach, where the patient has a central role in knowledge sharing. Consider using cultural words and expressions about pain. Provide materials in the native language (and ensure that participants can identify with or relate to the images and content).
Exercise Program	 Develop a mutually agreeable culturally sensitive plan of care. Investigate prior experiences, beliefs, and misconceptions about movement and exercises, norms, and the readiness to participate. Discuss if the patient prefers individual or group exercise sessions (private or group sessions with other members of the same community or groups (e.g., same-sex only group). Consider other places such as churches or public places in the patient's community as options for the exercise program. Consider cultural connectedness (i.e. family and member of the same community) in group sessions for some cultures. Discuss the preference for physical activities that are culturally acceptable, popular, and also available to those with limited financial resources (e.g. dancing, walking, jogging). Consider taking into account in the exercise plan occupation, transportation (biking or walking may be common in some cultural groups), household and care taking, and sports and leisure activities. Consider adopting a peer-led exercise program.