

**Harnessing Hispanic Health:  
Culturally and Linguistically Appropriate  
Services for Latino Patients**

**Satellite Conference and Live Webcast  
Wednesday, March 15, 2006  
2:00 - 4:00 p.m. (Central Time)**

Produced by the Alabama Department of Public Health  
Video Communications and Distance Learning Division

**Faculty**

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**Program Objectives**

- Discuss the role of Hispanic cultural and linguistic factors in achieving patient-provider rapport.
- Recognize the impact of cultural variability in the healthcare setting of Hispanics.
- Identify traditional Latino folk remedies and beliefs that may impact patient adherence to prescribed regimes.

**Program Objectives**

- Explore the principal barriers to healthcare access for the population with Limited-English Proficiency.
- Delineate effective guidelines to use when working with medical interpreters.

**Cross Cultural MMAP  
The Reason for the Mission**

- Marketing
- Mandates
- Acculturation
- Prescribed regimes
- Safety

**“The height of Insanity is performing  
the same task over and over again  
while expecting a different result each  
time”**



**Albert Einstein**

## Description of Session

- An overview of the role that Hispanic/Latino cultural beliefs and linguistic factors play in achieving client compliance with treatment.

## Topics for Discussion

- Cultural traits
- Cultural variability
- Health beliefs
- Healthcare mandates
- Barriers to delivery
- Healthcare delivery
- Interpretation in the healthcare setting

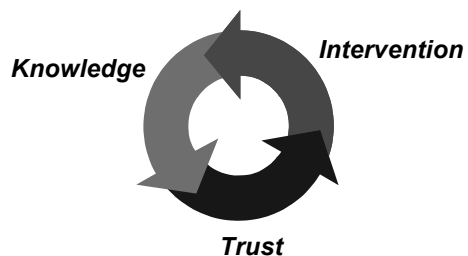
## Definitions

- Cultural Competence
  - The level of knowledge-based skills required to provide effective clinical care to patients from a particular ethnic or racial group.
- Cultural Sensitivity
  - A psychological propensity to adjust one's practice and styles to the needs of different ethnic or racial groups.

## Fundamental Principles in Providing Appropriate Healthcare Services

- Bilingual
- Bicultural
- Bisystemic

## The *Razalogía* Process



## How Do You Build Trust?

### **The Three “C’s” of Trust**

- **Confidentiality**
- **Competency**
- **Conduct**
  - **Consistently!**

### **Cultural Traits**

- **Language**
  - **Castilian Spanish**
  - **Colloquial and semantic interpretations**
  - **Indigenous dialects**
- **Familism**
  - **Extended network and responsibilities**
  - **Perils of lack of familism**

### **Cultural Traits**

- **Fatalism**
  - **Cyclic view of life**
  - **Natural/unnatural classification of illness**
  - **Personal powerlessness**
- **Skin vs. Social Strata**
  - **Socioeconomic status**
  - **Home histories**

### **Cultural Traits**

- **Religion**
  - **Personal devotion and prayer**
  - **Religiously correct**
  - **Religious affiliations**
- **Respect**
  - **High value on interpersonal relationships**
  - **A quality of self**
  - **Deferential behavior and authority figures**

### **Cultural Traits**

- **Personalism**
  - **Individual vs. Institution**
  - **Formal friendliness**
  - **Physical touch**
  - **Unhurried approach**

### **Cultural Traits**

- **Social Interactions**
  - **Physical distance**
  - **Conversation**
  - **Reputation**
  - **Criticism**
  - **Avoidance of confrontation**
  - **Interruptions and turn-taking**
  - **Gesturing**
  - **Facial expressions**

## Cultural Traits

- **Time Orientation**
  - Present situation: a priority
  - Division of day
  - Contributing factors
  - No disrespect
- **Gender Roles**
  - Marianismo
  - Machismo

## Cultural Traits

- **Children**
  - Heart of the home
  - Bearing children
  - Adoptions

## Cultural Traits

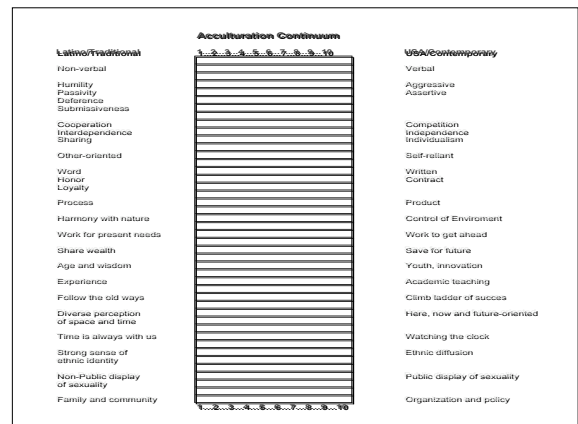
- **Sex and virginity**
  - Pregnancy out of wedlock
  - Unfaithfulness
- **Death and dying**
  - Cause of illness
  - Terminal patients
  - Bereavement

## Cultural Traits

- **Role of the pharmacist**
  - “Town Doctor”
  - Self-prescription
  - Alternative medicine
- **Names, dates, numbers**
  - Last names and aliases
  - Day/month/year
  - Metric system

## Cultural Traits

- **Prescriptions**
  - Parenteral routes preferred
  - Verbal vs. written instructions



### **Low Acculturation Levels**

- Often endure cultural marginality, experiencing their environment as frightening, confusing, and overwhelming.
- Often report depression, social withdrawal, familial isolation, despair, obsessive-compulsive behavior, hostility, anxiety, and post-traumatic stress disorder.

### **High Acculturation Levels**

- Associated with negative health behaviors and mental health problems.
- Often take on negative behaviors that are practiced in the host society. (e.g. alcohol and substance abuse to cope with stress, poor diet, teen pregnancy, school dropout, conduct problems, suicide.)

### **What Is The Optimal End Point? Biculturalism**

### **Biculturalism**

- An individual maintaining his or her culture of origin while acquiring the second culture.
- Bicultural individuals report the most adaptive behaviors with higher levels of:
  - Quality of life
  - Affect balance
  - Psychological adjustment
  - Social interest
  - Family commitment and support

### **Latino Health Beliefs**

- Antojos (Cravings)
  - Infant may be born with marks characteristic of something the mother craves during pregnancy if craving is not satisfied.
- Caída de Mollera (Fallen Fontanel)
  - Depressed “soft spots” caused by dropping or bouncing an infant, or by removing an infant from the breast or bottle abruptly.

### **Latino Health Beliefs**

- Empacho (Blocked Intestine)
  - Food sticking to the walls of the GI tract, resulting from eating improperly cooked food or eating certain foods at inappropriate times.
- Cuarentena (Quarantine)
  - Period of 40 days following birth during which certain dietary and activity conditions are observed to allow mother time to recover, bonding, and prevention of certain illnesses to the newborn.

### **Latino Health Beliefs**

- **Ataque de Nervios (Nerve Attack)**
  - Neurotic or psychotic episode due to a traumatic event.
- **Susto, Espanto, Espasmo (Fear, Fright, Spasm)**
  - Physical responses or anxiety from frightening and startling experiences.

### **Latino Health Beliefs**

- **Mal Puesto, Brujería, Trabajo (Hex, Witchcraft, “Job”)**
  - Unnatural diseases and death resulting from the power of people who use evil spirits.
- **Mal de Ojo (Evil Eye)**
  - Illness in children caused by excessive admiration or envious looks by others.

**What impact does population growth have on the health care profession?**

### **The Civil Rights Act of 1964 Title VI**

“No person in the United States shall on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

### **Office of the Civil Rights Guidance (August 30, 2000)**

This guidance makes clear requirements to which healthcare providers (and others) who receive federal funds must adhere in order to continue receiving federal funding.

### **LEP Guidance**

- **Executive Order**
  - <http://www.usdoj.gov/crt/cor/Pubs/eolep.htm>
- **LEP Guidance**
  - [http://www.usdoj.gov/crt/cor/lep/hhs\\_revisedlepguidance.htm](http://www.usdoj.gov/crt/cor/lep/hhs_revisedlepguidance.htm)
- **OCR Policy Guidance**
  - <http://www.hhs.gov/ocr/lep/guide.html>

### **National Response to OCR Guidance**

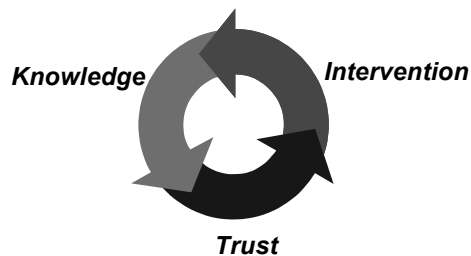
- State and federal laws requiring healthcare providers and managed care to have medical interpreters for NEP/LEP patients.
- Accreditation standards adopted by The Joint Commission on Accreditation of Healthcare Organizations consistent with the intent of federal regulations.

### **Five Top Barriers to HealthCare Delivery**

(Commission on Minority Affairs, 2002)

- Language barrier
- Lack of cultural competency
- Attitude and hostility
- Lack of standardized data collection
- Immigration status

### **The *Razalogía* Process Revisited**



### **Practical Tools**

- Bilingual Medical Website  
– <http://medlineplus.gov/esp/>
- The National Hispanic Family Health Helpline  
1-866-783-2645  
or  
1-866-SU-FAMILIA

### **Interpretation Pitfalls to AVOID**

- Using relatives or friends to interpret.
- Using telephone interpretation.
- Using untrained, bilingual individuals to convey information.
- Providing insufficient time for interpreter and client to be introduced and gain basic rapport.

### **Selecting a Qualified Interpreter**

- Ask for credentials!
- Check the interpreter's knowledge of subject matter.
- Find out if the interpreter and the client speak the same dialect and culture.
- Emphasize how confidentiality and professionalism is practiced.

### **Working with the Interpreter**

- Talk to the client, NOT the interpreter.
- Use short, simple statements.
- Avoid idioms or jargon.
- Sit down forming a triangle.
- Examine the relationship between the client and the interpreter.
- Check for understanding ... and interpreter's proficiency
- Plan for extra time.

### **Topics for the Medical and Human Services Interpretation Course**

- The role of the interpreter.
- Interpreting skills.
- Interpreter's code of ethics.
- Specific terminology.
- Human anatomy and physiology.
- Pathology and treatment of common illnesses.

### **Topics for the Medical and Human Services Interpretation Course**

- Latino cultural competency.
- Latino health beliefs.
- Latino folk pharmacopoeia.
- Guided practice sessions and role playing.
- Professional development for interpreters.

### **What Does This Mean To You?**

- Recruit bilingual/bicultural staff.
- Train health and human service interpreters.
- Provide cultural competency workshops.
- Adapt services.
- Conduct culturally appropriate outreach programs.
- Influence policy making.

### **Contact Us**

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## **Upcoming Programs**

**Radiological Terrorism: Clinical and  
Public Health Aspects**

**Thursday, March 16, 2006**

**12:00 - 1:30 p.m. (Central Time)**

**For complete listing of upcoming  
programs visit: [www.adph.org/alphtn](http://www.adph.org/alphtn)**