FACT SHEET

Hispanics/Latinos in Minnesota

Increasing the cultural competence of health care providers serving diverse populations

In order to provide equitable and effective health care, clinicians need to be able to function effectively within the context of the cultural beliefs, behaviors, and needs of consumers and their communities. According to the 2002 Institute of Medicine report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, racial and ethnic minorities tend to receive lower quality health care than non-minorities even when access to insurance and income is accounted for. Failing to support and foster culturally competent health care for racial and ethnic minorities can increase costs for individuals and society through increased hospitalizations and complications.

Hispanic/Latino Americans are descended from Africans, American Indians, and Europeans, and include people of mixed ancestry who share historical backgrounds, cultural traditions, and the Spanish language.

The US government created term, Hispanic, refers to the Spanish language, not place of origin. It is used by formal institutions, including Congress, government agencies, schools, nonprofit organizations, and the press. The term Latino is preferred by Latin American heritage groups and other community-based organizations to promote a community-oriented environment. Most Hispanics/Latinos prefer to be referred to by their immediate ethnic group name, such as Mexican, Puerto Rican, Cuban, etc.

In 2000, the US Census reported 20.6 million documented Mexicans in the US, representing 60 percent of the Hispanic/Latino population. Most Mexican immigrants reside in California, Arizona, and Texas. In Minnesota, the Hispanic/Latino population is projected to nearly triple by 2035, from 196,300 in 2005 to an estimated 551,600 in 2035 according to the Minnesota State Demographic Center. Two-thirds of the population is projected to live in the seven-county Twin Cities area, although all regions of the state are expected to see increases.

Social Structure. Traditional Hispanic/Latino families include extended family members, such as grandparents, aunts, uncles, cousins, godmothers, and godfathers. In the US, acculturation, assimilation, and separation of family members based on economic needs have changed family roles. The man is the traditional head of the household, although today with the increase of single parent homes, many women take on that role. The intergenerational connection that characterized earlier generations is no longer the norm, although workers in the US tend to send money home to support family members in their countries of origin.

Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works with the health care community as a quality improvement expert, educational consultant, convenor, facilitator, and data resource.

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Many cultural behaviors and practices are shared by people from Latin America and the Caribbean. Spending time with family and friends are vital parts of life. Children are highly valued and elders are respected and cared for. Friendliness and treating others with respect is important. Maintaining eye contact and friendly physical contact, such as touching the shoulder or arm is common.

Diet. The diet in Latin American countries is healthy with high amounts of fruits, vegetables, corn tortillas, whole grains, and eggs. The diet of assimilated Hispanics/Latinos in the US tends to be low in fruits and vegetables and high in flour tortillas, white rice, and processed foods; and Hispanics/Latinos in Minnesota and the US usually do not get as much exercise as they did in their native countries.

Traditionally, meals are often eaten with the nuclear and extended family, with a large meal at noon and a lighter meal in the evening. Many acculturated Hispanics/Latinos are beginning to replace traditional meals with fast food meals, contributing to an increase in obesity, diabetes, and hypertension in this population. Over consumption of alcohol is also a health consideration. Preferred drinks include coffee with breakfast and *aguas frescas* (fresh fruit coolers), made with tamarind, cataloupe, or watermelon. Some traditional Hispanics/Latinos believe in treating a cold with hot foods and in preserving health by balancing hot and cold foods.

Religion. The majority of immigrants from Latin America are Roman Catholic Christians, who attend church regularly, pray to God, Jesus, the Virgin Mary, and saints. They light candles, observe baptisms and confirmations, maintain home shrines, and visit shrines throughout Mexico or Latin America when possible. Catholic Hispanics/Latinos celebrate religious holidays, including Christmas, Easter, and holy days.

Medical Care. Diabetes is twice as prevalent in the Hispanic/Latino population as in the white population. Hypertension, overweight, and obesity are common in some groups. For example, 63.9 percent of Mexican-American men and 65.9 percent of Mexican-American women are considered to be overweight or obese, compared to 61 percent of European-American men and 49.2 percent of European-American women.

The incidence of cervical cancer in Hispanic/Latino women is double that of European American women. Although Hispanics/Latinos have a lower incidence of breast, colorectal, oral, and urinary bladder cancers, their mortality from these is similar to that of the majority population.

Hispanics/Latinos may consult folk healers or spiritualists, especially if they lack health insurance. Herbal teas are popular remedies for some conditions, including *yerba buena* (spearmint) and *te de manzanilla* (chamomile).

Take advantage of the following tips to help you provide the most appropriate, culturally competent care for your Hispanic/Latino patients:

- Be gracious. Acknowledge the patient's arrival and offer them a seat. Building respect is essential.
- Address patients by their preferred name, such as Mr. or Señor, Mrs. or Señora, Miss or Señorita (e.g., Señora Fernandez for Mrs. Susana Fernandez-Ruiz).
- Establish a relationship with the family before care begins. Use a non-confrontational tone. Be receptive to family suggestions.
- Friendly physical contact, such as touching the shoulder or arm, is appropriate between a female clinician and a female patient or between a male clinician and male patient.
- Ask patients if they would like to have family members present during their visit. Provide a room large enough to accommodate the family.
- Acknowledge male family members who are present. Males are typically the head of the household, especially in the older generation, and often answer all questions and sign papers. Listen to male family members, but try to direct questions to the female patient, explaining the importance of hearing from the patient regarding their illness.
- Explain why you use trained medical interpreters, not family members. Never use children as interpreters.
- Ask open-ended questions, such as, "please describe what you are feeling," rather than "do you have pain?"
- Assess the importance of religion and the health care beliefs of your Latino patients.
- Ask patients what they believe caused their illness, and explain the medical reason for their illness. Recognize that they may not agree with you about the cause.
- Ask patients if they use home remedies and assess the safety of the remedies they use.

- Ask patients to repeat back health information you provide to ensure understanding. Repeat information and offer reassurance frequently during long procedures.
- Provide written educational materials with pictures or a video in Spanish to accommodate non-English speaking patients and family members.
- Educate patients about diet and exercise and the importance of mammograms and pap smears.
- Establish a child's care plan with the assistance of the father and mother.
- Explain how to navigate your health care facility.
- Kindly explain why being on time for visits is important and affects other patients. Assist in scheduling appointments and arranging for transportation if necessary.

Death and Dying. Families may consult a senior male or female, or one who is most educated or influential in the community when deciding on health care treatment and making end of life decisions.

Religious beliefs influence perceptions of death and dying. Roman Catholics may request a visit by a priest or the hospital chaplain to anoint the sick. Rosary beads and religious medallions are often kept near the patient. If the patient dies before the priest arrives, a sacrament still takes place before the body is removed. The elderly especially may wish to die at home. Some Mexicans believe that the spirit may become lost in the hospital. The family requires a supportive atmosphere and may need time and a private place to deal with the loss.

Sources:

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Stratis Health has a long record of success in reducing health disparities among communities of color and underserved populations. Our efforts to reduce health disparities include increasing the cultural competence and effectiveness of providers serving culturally diverse populations, improving health literacy in the community, and working with specific populations on targeted clinical conditions.

Culture is essential in assessing a person's health and well-being. Understanding a patient's practice of cultural norms can allow providers to quickly build rapport and ensure effective patient-provider communication. Efforts to reduce health disparities must be holistic, addressing the physical, emotional, and spiritual health of individuals and families. Also important is making connections with community members and recognizing conditions in the community.

Get to know your patients on an individual level. Not all patients from diverse populations conform to commonly known culture-specific behaviors, beliefs, and actions. Generalizations in this material may not apply to your patients.

WWW.CULTURECARECONNECTION.ORG

Culture Care Connection is an online learning and resource center dedicated to supporting Minnesota's health care organizations in their ongoing efforts to provide culturally competent care. Funding to support Culture Care Connection has been provided by UCare.

Contact us for assistance with your quality improvement and patient safety needs related to reducing health care disparities.

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