Latino Institute: Cultural Competency and Health Literacy in the Hispanic/Latino Community

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Concurrent Sessions I: Cultural Competency and Health Literacy
DISCLOSURE STATEMENT

DISCLOSED NO CONFLICT OF INTEREST
Objectives

• Discuss the current landscape of cultural competency and health literacy in the Hispanic/Latino community
• Describe strategies for addressing cultural competency and health literacy
• Discuss general guidance to provide care and health education that is culturally competent while addressing health literacy
Expected outcomes

• Modify educational material
• Modify style of interaction with patients/communities
U.S. Demographics

• Rapidly becoming more diverse
• Minority populations growing at a fast pace
• Hispanic group becoming the largest minority group in the U.S.
Stats and Growth

• In 2012, the US had approximately 50 million Hispanics, an increase of almost 50% over 2002.
• In addition, around 10-11 million more are living here undocumented.
• One in six US adults is Hispanic and Hispanics have a collective buying power $1.3 trillion annually.
Closing the Digital Divide: Latinos and Technology Adoption

- Latinos own smartphones
- Go online from a mobile device
- Use social networking sites at similar—and sometimes higher—rates than do other groups of Americans
Closing the Digital Divide: Latinos and Technology Adoption

• “When it comes to:
  – owning a smartphone
  – going online from a mobile device and
  – using social networking sites

• Latinos are just as connected as other Americans”
Computer and Internet

• Computer Ownership: 72% of Latinos say they own a desktop or laptop computer, compared with 83% of whites. Among blacks, 70% are computer owners.

• Internet Use: 78% Latino adults go online at least occasionally, compared with 87% of whites and 78% of blacks.
Patterns of Adoption

• Higher adoption rates
  – Ages 18 to 29
  – Some college experience
  – Higher incomes
  – English-dominant Latinos

• Less adoption rate
  – Ages 65 and older
  – Less than a high school diploma
  – Lower incomes
Barriers to Health Care Access

• Access
  • Language
  • Lack of insurance
  • Literacy levels
  • Information- language, reading level, quality

• Sociocultural Factors
  • Lack of knowledge about U.S. health care system
  • Fear of deportation or jeopardizing future legal status
  • Familial orientation
  • Mixed-status families
  • Generational status
  • Education
Barriers to Health Care Access

• **Structural Factors**
  - Long waits
  - Inconvenient hours
  - Lack of transportation
    - Transportation barriers—Long traveling time to go to healthcare facility
  - High cost of services
  - Lack of Spanish-speaking providers
  - No regular source of care/medical home
  - Lack/limited public health facilities
Barriers for access to care

- Lack of bilingual bicultural staff
- Lack of interpreters
- Lack of hours of services during evening or weekends
- Different institutional “culture” that affect patient-provider communication
Diagnosed with Diabetes aged 20 years or older:

- 7.1% of non-Hispanic whites
- 8.4% of Asian Americans
- 11.8% of Hispanics
- 12.6% of non-Hispanic blacks

Among Hispanics, rates were:

- 7.6% Cubans Central and South Americans
- 13.3% for Mexican Americans
- 13.8% for Puerto Ricans.

Risk of diagnosed diabetes was:

- 18% higher among Asian Americans
- 66% higher among Hispanics
- 77% higher among non-Hispanic blacks.
Health Literacy & Vulnerable populations

• Older Adults
  – Older adults use more medical services and acquire more chronic illnesses than other population segments. (Williams, MV. JAMA, December 5, 1995)

• Health literacy issues associated with older adults include:
  – 71% of adults older than age 60 have difficulty using print materials
  – 80% have difficulty using documents such as forms or charts
  – 68% have difficulty interpreting numbers and performing calculations

• People 65 and older make nearly twice as many physician office visits per year than adults 45 to 65.

• We have to improve health communication as a way to improve the health of older adults.
Health Literacy & Vulnerable populations

• Immigrant populations
  • Low health literacy is higher among adults who spoke a language other than English before starting school.

• Minority Populations
  • There is a relationship between health literacy and race or ethnicity.
    – 41% of Hispanics

• Low Income
  • Adults living below the poverty level have lower average health literacy than adults living above the poverty threshold.
In conclusion

- People with low health literacy:
  - use more health care services
  - have a greater risk for hospitalization
  - have a higher utilization of expensive services, such as emergency care and inpatient admissions. (IOM, 2004)
We Ain’t Crazy; Just Coping With a Crazy System
Culture

- Affects how people communicate, understand and respond to health information.

Culture

• Culture:
  – Guides how people live
  – What they believe and value
  – How they communicate
  – What are their habits, customs and tastes
  – Guides the ways they meet various needs of society
Is the culture always visible to the observer?

Iceberg Concept

Primarily in Awareness

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Primarily out of Awareness
BEHAVIORS AND PRACTICES
Characteristics which are apparent to the casual observer

ATTITUDES
How the core values are reflected in specific situations in daily life such as working or socializing

CORE VALUES
Learned ideas of what is considered Good or Bad Desirable or undesirable Acceptable or unacceptable

Not Observable
Economics
Family
Education systems
Religion
History
Media
Primarily in Awareness

May be obvious to the observer

- Likes or dislikes
  - Music
  - Dancing
  - Games
  - Religious rituals
- Food
- Clothes
- Shoes
Primarily Out of Awareness
Not necessarily obvious to the observer

- Notions of modesty
- Conceptions of beauty
- Patterns for handling emotions
- Conception of self
- Conception of justice
- Decision making patterns
- Conception of health

- Evaluating information for credibility and quality
- Analyzing relative risks and benefits
- Calculating dosages
- Interpreting test results
- Locating health information
Culture

• Recognizing that culture plays an important role in communication helps us better understand health literacy
Health Care Issues Related to Culture

- Culture influences:
  - communication (language, tone, nonverbal communication)
  - trust
  - behavior
  - understanding wellness and illness
  - seeking health care
  - receiving and complying with care
Cultural & Linguistic Competence

- Cultural & linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.
Cultural & Linguistic Competence

• Implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by patients/families, and their communities

• In summary, IT IS A SKILL
A closer look at the principles

Cultural competence & health Literacy requires that organizations:

--have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.

--have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.

--incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

--Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum. (adapted from Cross et al., 1989)
Health Care is a Cultural Construct

Culture & particularly **Health Literacy** defines:

- how health care information is received
- how rights and protections are exercised
- what is considered to be a health problem
- how symptoms/concerns about the problem are expressed
- who is *stigmatized, stereotyped, & discriminated* against
- who should provide treatment for the problem
- what type of treatment should be given, among other things
Cultural Competence

Not an appliqué . . . Part of the fabric . . .
Diversity within the Hispanic Community

- People in Latin America are a mixture of many racial groups.
- Their origins include over 22 countries.
- While Spanish is usually the common language, there is a wide variety of idiomatic speech patterns and dialects.
Hispanics/Latinos: Key Cultural Points

• Communication
  – Casual conversation prior to “the point”
  – Resistance to lose language
  – Touching, kissing, hugging between family in public
  – Make eye contact, hold hands, hug
Hispanics/Latinos: Key Cultural Points

- Activities of Daily Living (ADLs)
  - Respect for tradition
  - Hard working
  - Follow cultural/family practices, cleaning, cooking, etc. (practice of traditional things in the U.S.)
Collectivism

• Latinos prefer the company of others versus being alone.
• Sharing is an activity that is an outgrowth of collectivism.
• Drinking alcohol and smoking are experiences that are shared with other friends.
  – How long a man drinks with his friends is often determined by when his wife arrives to tell him it is time to come home.
Hispanics/Latinos: Key Cultural Points

• Orientation to Time
  – Flexible sense of time

• Food Practices
  – Very traditional
  – Special events
  – Family traditions
Hispanics/Latinos: Key Cultural Points

• Family Relationships
  – Connectedness to extended family
  – Children taught to repress aggressive and assertive behavior
  – Machismo/Marianismo
Cultural values and gender

• Machismo
  – refers to the man’s masculinity and puts the man at the center of the social life. It is exhibited through courage and authoritarian attitude

• Marianismo
  – Refers to the woman’s position at home and in the family. A woman earns respect through her dedication to her children and husband
Hispanics/Latinos: Key Cultural Points

• Spiritual and Religious Orientation
  – Catholics
  – Some develop special relationships with saints
  – Some superstitions
  – Sacrifice in the world is helpful to salvation
Hispanics/Latinos: Key Cultural Points

• Illness Beliefs
  – Illness result of bad luck or God’s punishment. The causes of some illness are found outside the body. Powers of good and evil.
  – Illness prevented by proper diet, wearing amulets, use of candles, avoiding harmful people
  – May use combination of folk and Western Medicine
Folk Healers

• Use of Natural Healers / Curanderos / Espiritistas

• Harmful Magic:
  Evil-eye/Mal de ojo: Excessive admiration

• Fright/Susto: Associated with a traumatic experience

• Evil-hex/Mal Puesto: Motivated by jealousy or vengeance

Gomez 1977
Hispanics/Latinos: Key Cultural Points

- Health Practices and Practitioners
  - Use of herbs to cure dental diseases
  - Clove – anesthetic properties
  - Honey – healing properties – soft tissue
  - Eruption of primary teeth linked to many diseases
  - Tooth “mouse”, not tooth fairy
  - Vicks VapoRub
Perception of Health and Education

• Educated Latinos:
  – Healthy refers to “a state of complete physical, mental, and social well-being and not merely the absence of disease.”
    » World Health Organization

• Less Educated Latinos:
  – Health has a religious perspective. Disease is seeing as a warning or punishment
    • God is the giver of all, including my health
Becoming More Culturally Competent:
Guidelines for working with H/L
Some things to remember

• Nodding does not mean understanding

• Head shaking (from side-to-side) does not mean a negative response
  – This is even more pronounced when communicating across languages and cultures
Tips

• Be sensitive to own values and beliefs
• Learn belief/value systems of beneficiaries
• Be aware of historical events and influence on health status and knowledge of health care system
• Learn traditional health practices and incorporate them into the educational module where possible
• Understand typical communication styles of cultural group and emulate where possible
General Guidelines

• Conduct a cultural assessment with any ethnic population before beginning work with that group

• Implement CLAS Standards to ensure individual and organization effectiveness in working with diverse populations
  – https://www.thinkculturalhealth.hhs.gov/Content/clas.asp
More Tips

• Honor particular cultural “taboos”
• Learn at least a few greeting phrases in beneficiary languages
• Recognize diversity within cultures
• To build a relationship in the community, identify community leaders; allow adequate time for visits; very labor intensive; include necessary “small talk” with beneficiaries; ask ample questions; establish relationships
• Be genuine, humble, and interested
Tips

• Work together with other related organizations to provide integrated planning and education; collaborate to avoid duplication and to fill gaps
• Recruit and provide native speaking volunteers as translators and cultural interpreters
• Recruit minority volunteers
• Maintain a presence where groups live, work, study, worship, play, shop, etc.
More tips

• Conduct needs assessment of clients; Provide services at times convenient for clients
• Provide client training on navigating health care systems
• Allow extra time and flexible scheduling
• Emphasize face-to-face interactions and personal relationships with clients
• Go into the community and recruit minorities for boards, advisory councils, etc.
• Link health care with literacy & other needs
Some more tips

• Provide multilingual signs, reading material, photos, etc. in facilities for clients
• Have all staff participate in cultural competency training, including front-office workers and physicians
• Draw upon other national and international sources of support and information for working with culture-specific groups
• Have clients participate in on-going evaluation of outreach programs
Last few tips

• Take time to learn what is traditionally done in that culture; Probe respectfully for more information

• Be genuinely interested in learning

• Honor those traditions where appropriate and integrate them into the approach to the care & education
General Guidelines to work with translators

• Never speak or have more than a few sentences translated at any one time
• Speak to the beneficiary/audience, not the interpreter
• Maintain proper eye contact & body spacing
• Validate information provided
• Use expression and passion in voice when necessary, regardless of translator
• When working with large groups, allow time for internal translation in audience groups
General Guidelines to work with translators (cont.)

- Learn at least a few basic phrases in language of minority seniors
- Speak slowly, carefully, and simply in English, even when working with competent translator
- Repeat key words and points
- Emphasize demonstrations, visual learning, and real props
- Avoid using children as translators if possible
- Be aware of unique confidentiality challenges
Health Literacy

• “Poor health literacy is a stronger predictor of a person's health than age, income, employment status, education level, and race".
Health Literacy

“The degree to which individuals have the capacity to obtain, process and understand basic health information and services for appropriate health decisions.”

Healthy People 2010
Areas commonly associated with health literacy

• Patient-physician communication
• Drug labeling
• Medical instructions and medical compliance
• Health information publications and other resources
• Informed consent
• Responding to medical and insurance forms
• Giving patient history
• Can affect any population-regardless age, race, education
• Increase cost to the health care system
• Cannot be identified by any new technology & it is not visible to the eye!
• The average patient information document is written at an 11th grade level.

• The average adult in America reads at an 8th grade level.
Health Insurance Literacy

Is higher in those that are:

• Educated
• Better Income
• White
• Older
• Increase in those with frequent health care use

American Institute for Research
Health Insurance Literacy

- Health Insurance Terms
- Knowledge of Plan Types
- Skills Choosing Plans
- Skills Using Plan
- Beneficiary understanding their rights
- Locating and seeking information
Discussion …..Share……

• What are the implications of people not knowing what they do not know?
• How can practitioners help adjust the gap?
• How do you think that low health literacy impact the work you do?
Working Effectively with Low-Literacy Clients
Think …..First About Patient’s Perspective

Diabetes is complex
Difficulty/Complexity

- ace inhibitors
- blood sugar
- blood
- calories
- check blood pressure
- cholesterol
- control
- diabetes
- examine foot
- eye problems
- eye test
- fat
- fibre
- foot ulcer
- glucose monitoring
- HbA1C%
- Healthy food
- heart attack
- heart problems
- insulin
- kidney problems
- medicines
- no salt
- numb foot
- reduce salt
- risk
- saturated fat
- sports drink
- stroke
- target
- unsaturated fat
Medication
Teach Back at Every Visit
Allow Time For Questions
Group Visits
Visit Summary

• 40 percent to 80 percent of medical information provided by practitioners is forgotten by patients immediately.

• Information that is remembered, almost one-half is remembered incorrectly.
BENEFITS OF THE AFTER VISIT SUMMARY
Patient Engagement

• Improved understanding of health issues & treatment plans
• Improved adherence
• Better outcomes
Education

- Health Literacy level still too high…
Visual & Audio Reinforcements

- Pictograms
- Fotonovelas
- Podcast
- Videos
- Flichart
Health Literacy Tips

To help the reader:

• Use headings and subheadings to:
  – direct the reader to what is coming next
  – help the reader find information easily
  – break up dense text and create new categories
  – organize information in a logical sequence

• Create questions readers are more likely to ask

Health Literacy Innovations-http://healthliteracyinnovations.com/home
Health Literate Organizations

- Leadership
- Integration
- Education & Capacity
- Inclusion
- Avoiding stigmatization
- Using health literacy strategies

- Easy access & navigation
- Using plain language in education resources
- Communicates clearly what health plans cover and what individuals will have to pay for services

Attributes of a Health Literate Organization
http://www.iom.edu/~media/Files/Perspectives-Files/2012/DiscussionPapers/BPH_HLit_Attributes.pdf
Strategies for Engagement

• Employing *promotores de salud*
• Viewing family as the basis for intervention
• Using social marketing and grassroots approaches simultaneously
• Working with community-based organizations
• Maintaining ongoing interventions
Who are *Promotores de Salud*?

- Promotores de salud are lay health educators trained in health topics of interest to the community.

- The concept evolved from the Russian feldshers in the 1600s to China’s “barefoot doctors” in the 1950s and then to promotores de salud in the 1960s as liberation theology was taking hold in Latin America.

- Promotores de salud may function as:
  - Patient navigators who assist the community in navigating the health care system to access health services
  - Community representatives who take a lead role in leading local health advocacy efforts
Engaging in Cultural Competency Practices at the Individual Level

- Do your homework about the specific racial/ethnic population being served

- Greet people with smile, hand-shaking, look at persons eyes. If he/she looks puzzle, approach the person and see if they need assistance

- It requires: knowledge of the culture & environmental conditions

- Developing awareness/sensitivity. A deep understanding not only at the intellectual level but at an emotional level “empathy”

- Developing cultural competency- the skills to use the cultural knowledge and sensitivity in an effective manner in working with diverse populations
Things to Avoid

• Do not limit yourself by simply translating English materials. Develop messages for Latinos.

• Don’t forget English-speaking Hispanics!
Focus Groups Using SAM

- **Comprehension**- What is the purpose of this document? What is the document talking about?
  - What is the most important information in the document?
  - **Self-efficacy**- If you were given this document at the doctor’s office, how and when would YOU actually use it in real life?
  - **Persuasion**- Do you think this document would be helpful for someone with __________?
  - **Attraction**- What you first saw the document, what did you notice? How do you think the document looks?

Questions to consider

• Where do I fit on the cultural competency spectrum now? Where did I fit 10 years ago?
• How does my competency vary by sub-cultural group among Latinos?
• Where does my organization fit now?
• What do I need to do to make a change?

Partnerships that link adult learners, educators, and government agencies and healthcare resources can improve the public’s access to plain language resources and improve health literacy.
A “family” of resources for you

• Get Training http://www.cdc.gov/healthliteracy/gettraining.html

  • Health Literacy for Public Health Professionals
  • A Physician's Practical Guide to Culturally Competent Care
  • Effective Communication Tools for Healthcare Professionals
  • Culture and Health Literacy Modules

• Making Health Literacy Real: The Beginnings of My Organization's Plan for Action
A “family” of resources for you

• For developing educational resources
  • CDC Clear Communication Index (Index)
  • [http://www.cdc.gov/healthliteracy/](http://www.cdc.gov/healthliteracy/)

• Simply Put
  Guide for creating easy-to-understand materials

• Health Literacy Advisor- software tool to help assess and improve the readability of documents using plain language principles.
A “family” of resources for you

Knowledge Check

• A person can be literate and still have limited health literacy.
  True
  False
Knowledge Check

• The degree to which individuals have the capacity to obtain, process and understand basic health information and services to make appropriate health decisions is called:
  
  Public health literacy

  General literacy

  Health literacy

  Financial literacy
Knowledge Check

• Which of the following is NOT a strategy for improving health literacy?
  
  Using plain language
  Focusing efforts on improving awareness
  Using culturally and linguistically appropriate communication
  Employing participatory, user-centered design
Knowledge Check

• Which of the following are factors that affect health literacy?
  - Communication skills of public health professionals
  - Level of complexity of the health information
  - Information dissemination channels
  - All of the above
• Define in your own word what is “premium” in the context of health insurance?
• How do you translate this word into Spanish?
Conclusion

There is a sense of urgency to intervene now in developing and implementing strategies that will improve the health, well-being of H/L and improve their health quality of life.
Create a free-shame environment!