



National Diabetes Education Program

A program of the National Institutes of Health and the Centers for Disease Control and Prevention

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

Betsy Rodríguez, MSN

Deputy Director

National Diabetes Education Program

6th Disparities Partnership Forum

Concurrent Sessions I: Cultural Competency and Health Literacy





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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.**

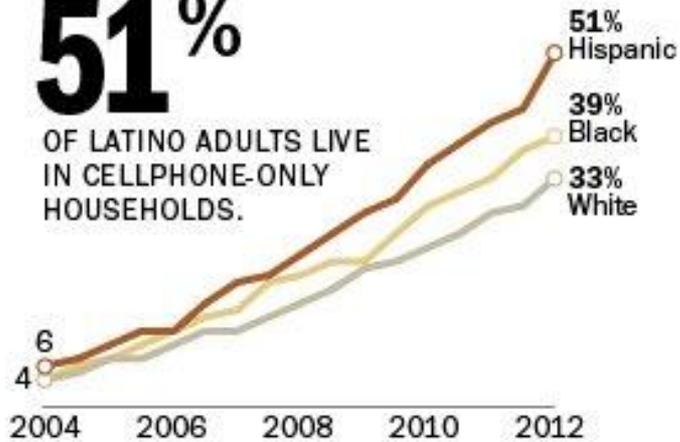


Closing the Digital Divide: Latinos and Technology Adoption

Technology Adoption

51%

OF LATINO ADULTS LIVE IN CELLPHONE-ONLY HOUSEHOLDS.



- 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



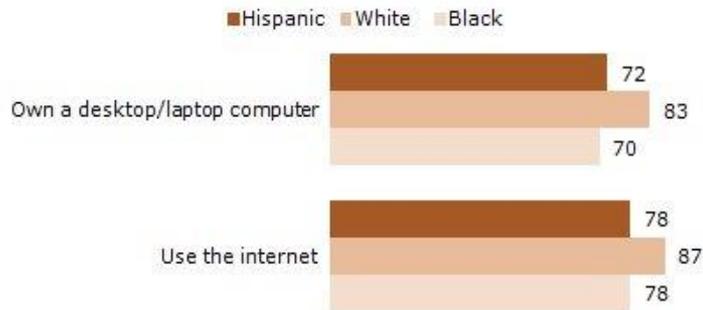
Closing the Digital Divide: Latinos and Technology Adoption

- “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

Figure 3
Computer Ownership, and Internet Use, 2012
(% of all adults saying they ...)



Notes: Blacks and whites include only non-Hispanics. Hispanics are of any race. "Use the internet" includes those who say they either use the internet or send or receive email at least occasionally.

Source: For Hispanics, Pew Hispanic Center National Survey of Latinos 2012; for whites and blacks, Pew Research Center for the People & the Press June 2012 Biennial Media Consumption Survey and the Pew Research Center's Internet & American Life Project September 2012 Health Tracking Survey.

PEW RESEARCH CENTER

- 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



Diabetes Facts

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

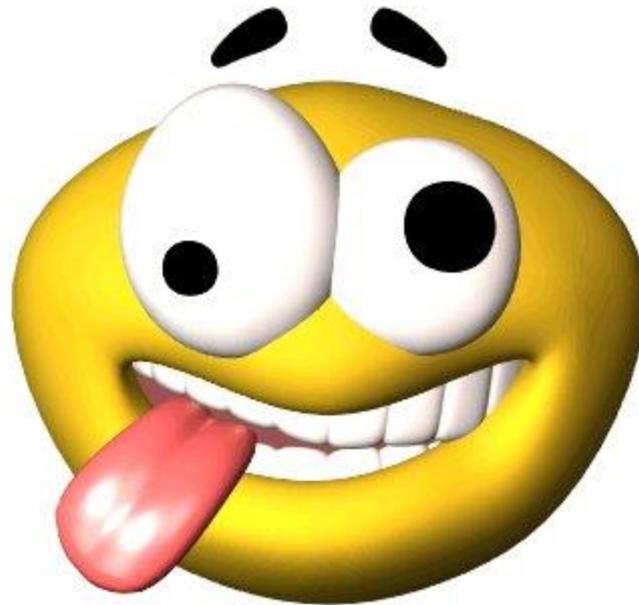
- People with low health literacy:
 - use more health care services
 - have a greater risk for hospitalization
 - have a higher utilization of expensive services, such as emergency care and inpatient admissions. (IOM, 2004)



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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**



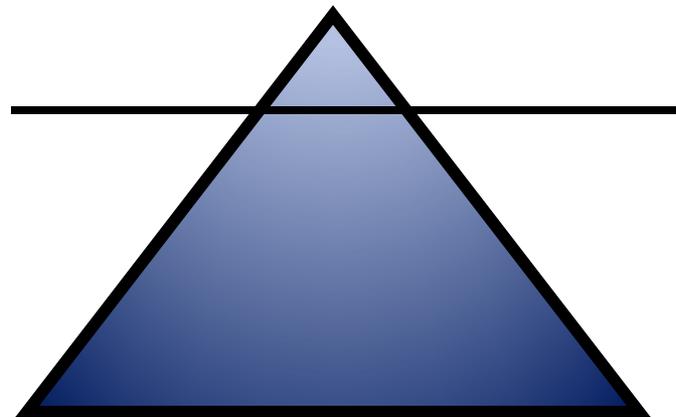
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Is the culture always visible to the observer?

Iceberg Concept

Primarily in Awareness



Primarily out of Awareness



Observable

BEHAVIORS AND PRACTICES

Characteristics which are apparent to the casual observer

Not Observable

ATTITUDES

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

CORE VALUES

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

economics

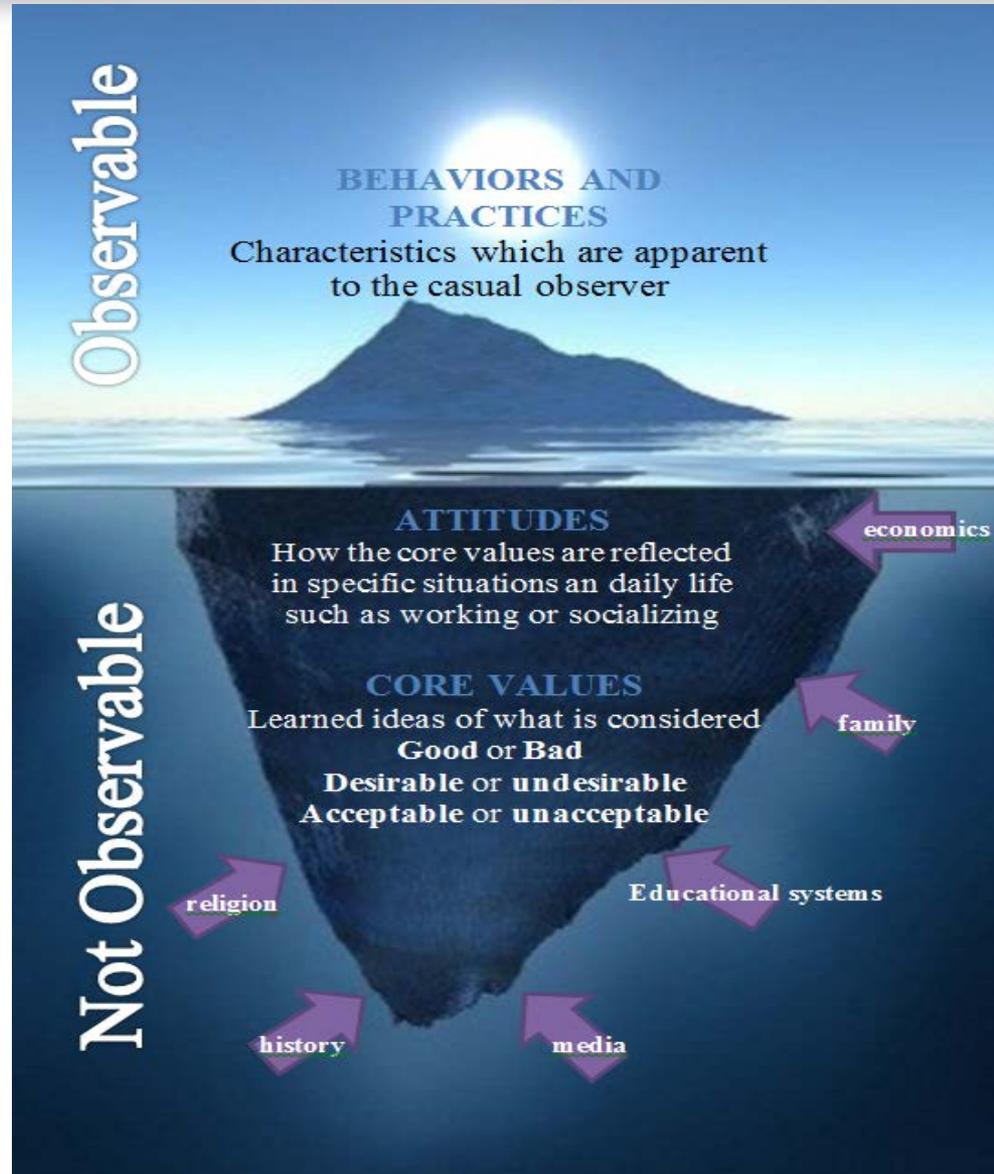
family

Educational 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



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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



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



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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 and Patient Safety: Help Patients Understand
American Medical Association report:

<http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf>



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**



Health Insurance Literacy

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



DiscussionShare.....

- **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



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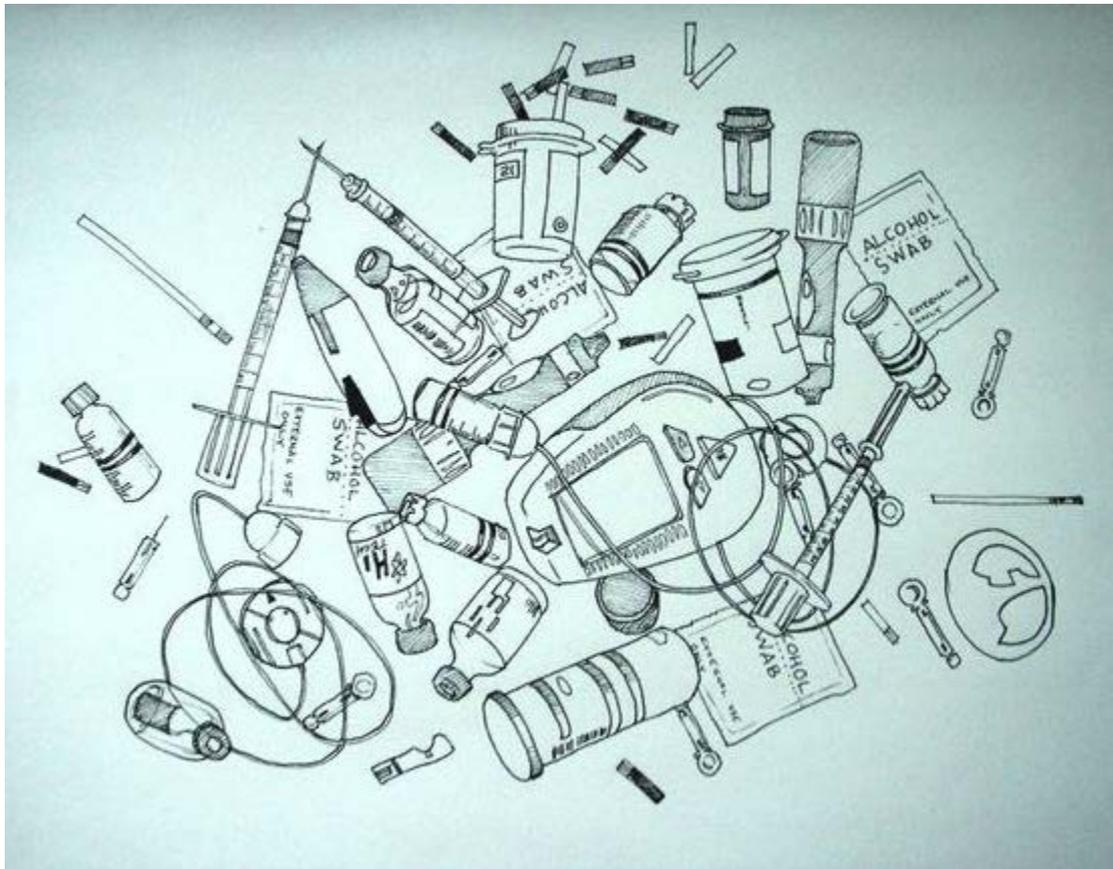


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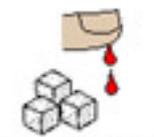
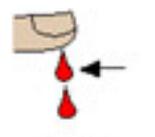
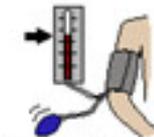
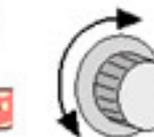
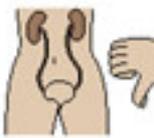
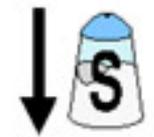
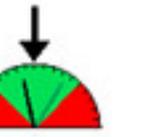
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ThinkFirst About Patient's Perspective

Diabetes is complex



Difficulty/Complexity

 ace inhibitors	 blood sugar	 blood	 calories	 check blood pressure	 cholesterol	 control	 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



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Medication





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Teach Back at Every Visit





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Allow Time For Questions





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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.**



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BENEFITS OF THE AFTER VISIT SUMMARY



Patient Engagement

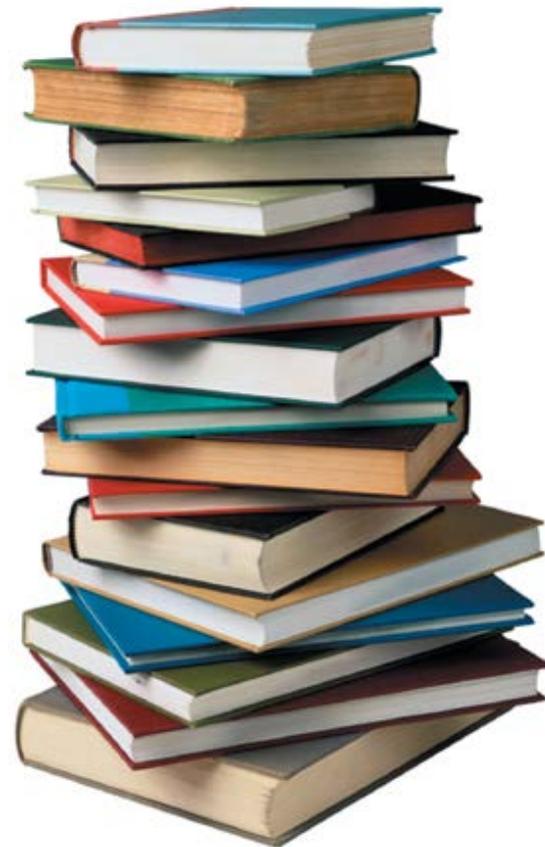
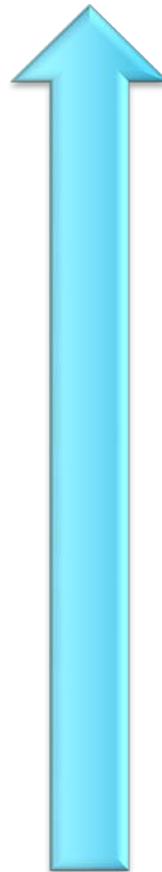


- Improved understanding of health issues & treatment plans
- Improved adherence
- Better outcomes



Education

- Health Literacy level still too high...





Visual & Audio Reinforcements

- Pictograms
- Fotonovelas
- Pod cast
- 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 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



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**
http://www.cdc.gov/healthliteracy/planact/pdf/planning_template.pdf



A “family” of resources for you

- For developing educational resources
 - CDC Clear Communication Index (Index)
 - <http://www.cdc.gov/healthliteracy/>
- **Simply Put**
Guide for creating easy-to-understand materials
http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf
- **Health Literacy Advisor-** software tool to help assess and improve the readability of documents using plain language principles.



A “family” of resources for you

- Mark Hugo Lopez, A. G.-B. (2013). *Closing the Digital Divide: Latinos and Technology Adoption*. Washington, DC : Pew Hispanic Center.
- Livingston, G. (2011). *Latinos and Digital Technology, 2010*. Washington, DC: Pew Hispanic Center.
- The New England Comparative Effectiveness Public Advisory Council Public Meeting – June 28, 2013 Community Health Workers: A Review of Program Evolution, Evidence on Effectiveness and Value, and Status of Workforce Development in New England Draft Report – May 24, 2013 <http://cepac.icer-review.org/wp-content/uploads/2011/04/CHW-Draft-Report-05-24-13-MASTER1.pdf>



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 words 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 enviroment!