Caring for the Latino Patient

1.5 Contact Hours

Presented by:

CEU Professor©

www.CEUProfessorOnline.com

Caring for the Latino Patient

By Katelynn Garner, RN

Objectives:

After completing this module the student will be able to:

I. Identify which ethnicities are considered under the "Latino/Hispanic" umbrella.

II. Recognize basic demographic characteristics of members of this culture.

III. Understand the basics of health disparities in the United States.

IV. Provide cross cultural care effectively.

V. Recognize the laws enacted buy the government and how they affect the provision of health care to minorities.

VI. Communicate with the Hispanic/Latino population on a basic level using verbal and/or non-verbal communication.

Latino Health:

"Latino/Hispanic" is the term used to describe any person of: Cuban, Mexican, Puerto Rican, South American, Central American, or Spanish origin regardless of race or skin color. As of 2007 about 45.5 million Latinos/Hispanics lived in the United States, representing about 15% of the US population. Mexicans were the largest Latino subgroup (66%). The states most populated with Latino/Hispanic Americans include: California, Texas, New York, Florida, and Illinois. This group is also a relatively young population with 34.3% of its members under 18 years of age.

While Latinos/Hispanics traditionally speak Spanish, fluency in English varies depending on the subgroup. Very few members of this culture speak English at home, decreasing the likelihood of fluency in English for adults. Luckily, children are more likely to be fluent in both languages, as they use English in school and Spanish in the home. It is important to note that as a result of this phenomenon, parents may bring their child as a translator when they seek medical attention. However, it is rarely a good idea to use the child given the sensitivity of most healthcare information and a translator should be called unless it is an emergency situation in which information must be obtained. Latino/Hispanic adults also traditionally have lower levels of education, with only 55% of this population having a high school diploma and only 10% having a college degree. They are also more likely to work in "blue-collar" or service occupations. And, according to a 2007 study, 21.5% of this population lived below the poverty level. Income level and work history are two of the key reasons that Hispanics/Latinos have the lowest rates of health insurance coverage of any racial/ethnic group in the United States. (Section Reference: http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=54)

Health disparities:

It is well known that the Hispanic/Latino population is rising quickly in the United States. As of 2000, Hispanics and Latinos comprised almost 13% of the US population. Latinos/Hispanics are currently most heavily centered in the southwest US, but are rapidly growing in the northeast especially in states such as Maryland, New York, and New Jersey. As this population grows so do their needs, including healthcare, which presents a particular challenge as each ethnic group carries its own set of health problems

and special considerations. Multiple factors contribute to health disparities in minority populations including: communication barriers, health care system barriers, and clinician bias. The presence of multiple barriers means that a complete systemic overhaul is required to drastically improve health disparities. However, small changes can have a great impact on patient satisfaction and outcomes, which are two of the greatest measures of the health care system in the United States.

Health disparities are defined as significant differences between one population and another with regard to the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates and can be based on race, ethnicity, gender, age, and disability. Latinos in the US currently have increased morbidity and mortality rates from: HIV/AIDS, liver disease, diabetes, and asthma. In the case of some diseases, the mortality rates were more than twice that of their white non-Hispanic counter parts. Hispanics/Latinos are also less likely to seek preventative medical treatment such as vaccinations and immunizations. For example, in 2002 only 47% of Hispanics/Latinos over age 65 received their flu vaccinations as compared to the 70% of non-Hispanic whites in the same age group.

Latinos/Hispanics demonstrate disparities beyond morbidity/morality rates in areas such as access to care, treatment options, and outcomes. Hispanics/Latinos are the most likely American citizens to lack health insurance, decreasing their access to regular medical care. A 2001 survey conducted by The Kaiser Family Foundation found that over 70% of the American public believed they were treated differently by members of the health care team based on whether or not they had insurance and/or the amount of money they have.

Section References:

http://www.amsa.org/disparities/whatis.cfm

http://www.cdc.gov/omhd/Brochures/PDFs/HL.pdf

Cross-Cultural Care:

Aside from addressing the communication barrier, health care providers can also seek a comprehensive education in cultural care that includes: attitudes, values, beliefs, and behaviors of these cultural groups. Especially important in this education is learning the "do's and don'ts" of the culture. It is also important to explore the specifics beliefs of the cultures that heavily populate the surrounding community. Familiarizing oneself with specific community resources will not only help with understanding the culture, but allow the provision of comprehensive care. Ensuring the use of a "patient centered" approach has proven to be one of the more effective ways of projecting cultural competence and encouraging a positive patient-provider interaction. This approach encourages the provider to draw from four knowledge bases when communicating with the patient: assessing core cultural issues, exploring the meaning of illness to the patient/culture, determining social context, and engaging in negotiation. And while time is always a factor in health care, it is important to use time wisely and allow all of these components to be addressed.

Understanding the core values of the patient's culture is critical in preventing misunderstandings between patient and provider that can cause anywhere from minor problems to complete mistrust. And while it is impossible to understand all of the details of every culture encountered, making an effort will be noted and appreciated by the

patient and family. There are also some details that can be generalized to multiple cultures. Five cross-cultural issues that should be addressed include: style of communication, mistrust/prejudice, decision making/family dynamics, tradition/customs/spirituality, and sexual/gender issues.

Laws:

Because of the increase in the number of Latinos/Hispanics seeking health care in the United States, the US government felt it necessary to introduce legislation that mandates equal care for all patients. The following laws are important to note:

EMTALA (Emergency Medical Treatment and Active Labor Act)

The "Anti-patient dumping act" requires that any hospital, with an Emergency Department, treat any and all patients with an emergent condition regardless of ability to pay. Most importantly, for the population that does not speak English, the law requires that the hospital provide language assistance. Failure to comply with these regulations may result in civil penalties.

The Hill Burton Act

This act granted funds toward the modernization of public, non-profit hospitals and health clinics with the understanding that such facilities would "re-pay" the funds in the form of community service. There was also an understanding that these facilities would provide care on a non-discriminatory basis to all patients who were able to access the

facility. This act also has an understanding that the treating facility will provide language assistance services as needed to any patient seeking care.

Medicaid

The Health Care Financing Administration oversees Medicaid and again stipulates that all facilities that provide Medicaid must also provide services that are culturally and linguistically sensitive. Under the linguistic regulations is the stipulation that oral and written communication are done with the patient in whatever language the patient understands. Translation services are also available at all Medicaid hearings.

Medicare

Medicare services the Latino population by reimbursing health care facilities for the cost of providing interpretative/translation services to any population that needs them. Doing so actively encourages facilities to seek these services when necessary to provide adequate medical care.

Title VI of Civil Rights Act of 1964

Title VI states: "No person in the United States shall, on 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." Section Reference:

http://www.omhrc.gov/templates/browse.aspx?lvl=3&lvlid=18

Communication:

Communication is a key indicator of both patient and provider satisfaction. It is also linked to the patient's compliance after discharge and improved health outcomes. Unfortunately, many minority patients are dissatisfied with the communication they have with health care providers for a multitude of reasons, including the presence of a language barrier that is not adequately addressed through the use of translation services. It is also important to use both verbal and non-verbal communication when speaking with and/or assessing the patient. Non-verbal cues should be taken from the patient with regard to issues such as: eye contact, touch, and personal space. When determining which communication style to use with your patient consider the following techniques: gain an overall sense of the patient's general communication style and adapt the style you use accordingly, ask open ended questions and encourage patient interaction making sure not to assume that lack of resistance with suggestions means that the patient agrees, and determine how the patient wishes to receive medical information and how much information the patient wants relayed to/through the family.

When communicating with the patient about their perceived disease and symptoms it is important to remember that they generally have a very strong cultural identity. Latinos tend to relate illness to an imbalance between external and internal sources. For example, a discord between hot and cold may cause illness. They also recognize the presence of vague, "folk" illnesses versus clearly defined western diseases. Because they recognize the presence of "folk diseases" they may also seek the services of a "curandero" or folk healer. The use of folk healers is important to note in the medical history and the provider should be sure to ask the patient about the use of home remedies

or therapies that include: herbal medicine, foods, inject-able medications, and vitamins. It is also important to encourage the patient to be active in their care. Many Latino patients believe that God is ultimately in control of their illness and destiny. As a result they tend to be passive and see themselves as the victim. Encourage the patient to take an active role after carefully examining the impact that religion has on their core values with respect towards disease and recovery.

Decision making is another topic to consider when caring for the Latino/Hispanic patient. While the decision that medical care is needed is often made by the matriarch, the patriarch must actually give permission for the family member to seek treatment. The patriarch is often the decision maker and spokesperson for the family. While "big" decisions may be made by the family unit as a whole, the decision will often be relayed to the health care team by the patriarch. Other factors that may determine who is the family's decision maker include: gender, position within the family unit, and level of acculturation. It is important to ask the patient whom they want to participate in their care and if appropriate engage the entire family in discussions as much as possible. Note that often times the family wants to relay a poor medical prognosis to the patient versus members of the medical team. This can be particularly difficult considering that the family may want to protect the patient from the bad news and may not tell them. Make sure to have a discussion with the patient before hand about what communication channels they wish to use and how they want information relayed to them. In the event that the patient has decided to allow their family to determine what medical advice is passed on to them, consider having the patient sign a waiver allowing them to waive their right to know. This should be done with assistance from the legal department and allows

the family to withhold information. One of the most difficult situations with patients occurs when a dominant family member does not allow direct communication with the patient. In this case, try obtaining information directly from the patient by tactfully explaining the situation to the family. However, remember that if there is a concern for physical abuse, laws that protect the patient trump cultural sensitivity.

Latinos value the idea of "respect" and would prefer to establish a friendly relationship with their healthcare team rather than an extremely personal relationship. They may avoid eye contact as a sign of respect and/or because eye contact may be seen as a way of welcoming "evil spirits." In Latino culture, giving the "evil eye" or "mal ojo" is a way of wishing illness upon someone. Body language is also important in this culture, nodding the head is not necessarily a sign of agreement but a sign that the patient is listening and understands. On the other hand, silence may be a sign that the patient does not understand and the provider should make an effort to confirm understanding and/or take a different approach to communication. In the situation where there is an extreme language barrier, body language becomes even more important.

Section Reference:

http://depts.washington.edu/pfes/pdf/LatinoCultureClue4_07.pdf

Medical Spanish:

The following table outlines some of the BASIC phrases needed when caring for a patient who speaks only Spanish. The information can be used in an emergent setting when there is not enough time to call for an interpreter or before the interpreter arrives. The pronunciation section uses English pronunciation to "sound out" the Spanish words. While the information provided can be used in addition to an interpreter, it should not be used instead of an interpreter.

English	Spanish	Pronunciation
Are you in pain?	Tiene dolor?	Tea-"N"-"A" dough-lore
What's the problem?	Que le ocurre?	"K" lay oak-or-eh
Back	Espalda	Es-pal-da
Head	Cabeza	Ka-bay-sah
Arm / Leg	Brazo / Pierna	Bra-so / pee-er-nah
Hand / Foot	Mano / Pie	Mah-no / pee-A
Chest / Rib	Pecho / Costilla	Pay-ch-oh / coast-"E"-ya
Stomach	Estomago	Est-oh-mah-go
On the right side	A la derecha	Ah-la-dare-"A"-cha
On the left side	A la izquierda	Ah-la-ease-key-air-da
Dull/sharp	Apagado / agudo	Ah-pah-gah-doe / ah-goo-dough
Constant/throbbing	Constante / intermitente	Con-stAn-tay / "E"n-tear-me-ten-tay

Do you have…?	Tiene usted?	Tea-“N”-“A” oos-ted?
A cold / fever	Gripe / fiebre	Gree-pay / fee-“A”-bray
Cough / vomiting	Tos / vomitos	Tohs / vo-me-tohs
Heart disease	Enfermedad de corazon	En-fair-may-dahd-day-core-ah-zohn
Diabetes	Diabetes	Dee-ah-bay-tays
Asthma / allergies	Asma / alergias	Ahs-mah / al-er-he-ahs

Section Reference:

http://www4.umdnj.edu/rwjcweb/student_affairs/student_resources/handbook/handbook2go/hbsect22.html