INFORMATION 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 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.

According to the 2010 U.S. Census, Hispanic or Latino refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin. The term "Latino" is preferred to "Hispanic" by the Latin American community, although individuals prefer to be referred to by their immediate ethnic group name, such as Cuban or Mexican.

In 2010, 50.5 million people, or 16 percent of the U.S. population were of Latino origin, an increase from 13 percent of the total U.S. population in 2000. The growth of this population during the 10-year period accounted for four times the growth of the total population. The greatest concentrations of Latinos are in the southwestern states, from Texas to California, and Florida. Accounting for 66 percent of the Latino population, the Mexican-origin population increased from 20.6 million in 2000 to 31.8 million in 2010.[1]

In Minnesota, Latinos represent 4.7 percent of the state's population (249,284 residents), up 74.5 percent in the past 10 years. According to the Minnesota State Demographic Center, this population is projected to increase to 551,600 by 2035. Two-thirds of the population are projected to live in the seven-county Twin Cities area, although all regions of the state are expected to see increases.[2]

Social Structure. Latino Americans are descended from Africans, American Indians, and Europeans. They share historical backgrounds, cultural traditions, and the Spanish language. Traditional Latino families include extended family members—grandparents, aunts, uncles, cousins, godmothers, and godfathers. Spending time with family and friends is a vital part of life. Children are highly valued and elders are

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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respected and cared for. Latinos tend to be younger than non-Latinos, except for Cubans, whose population has a higher proportion of elderly. Latinos often send money home to support family members in their countries of origin. In a traditional family, the man is the head of the household, although with an increase in single parent homes, many women take on that role. The intergenerational connection that characterized earlier generations is no longer the norm. Assimilation into American culture and separation of family members have changed traditional Latino family roles.[3,4,5]

Diet. The diet in Latin American countries is healthy, with large amounts of fruits, vegetables, corn tortillas, whole grains, and eggs. Yet, the diet of assimilated Latinos in the U.S. tends to be low in fruits and vegetables and high in flour tortillas, white rice, and processed foods. Preferred drinks include coffee and fresh fruit coolers made with tamarind, cantaloupe, or watermelon. Meals are often eaten with the extended family, with a large meal at noon and a lighter meal in the evening. Traditional Latinos believe in preserving health by balancing hot and cold foods, such as treating a cold with hot foods.

Religion. Most Latino immigrants are Roman Catholic Christians who attend church regularly, pray to God, Jesus, the Virgin Mary, and saints. They also observe baptisms and confirmations and celebrate religious holidays, including Christmas, Easter, and holy days. Some Latinos maintain home shrines and visit shrines throughout Mexico or Latin America when possible.

Medical Care. According to the Centers for Disease Control and Prevention, the leading causes of death in the Latino community are heart disease, cancer, stroke, diabetes, and chronic liver disease, followed by chronic lower respiratory disease, influenza, pneumonia, perinatal conditions, unintentional injuries, and homicide.

Diabetes is twice as prevalent in the Latino community as in the white population. Overweight, obesity, and hypertension 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.

Many acculturated Latinos have replaced traditional meals with fast food meals, contributing to an increase in obesity, diabetes, and hypertension. In addition, Latino immigrants in the U.S. usually do not get as much exercise as they did in their native countries. Over consumption of alcohol also is a health risk.

The incidence of cervical cancer in Latino women is double that of European-American women. Although Latinos have a lower incidence of breast, colorectal, oral, and urinary bladder cancers, their mortality from these cancers is similar to that of the non-Latino population. High prevalence of the following conditions and risk factors also are seen in this population: asthma, chronic obstructive pulmonary disease, tuberculosis, HIV/AIDS, teenage pregnancy, mental health, and suicide.

In addition to seeking medical care from the American medical community, some Latinos may consult folk healers and spiritualists—especially if they lack health insurance. Factors that contribute to poor health outcomes for Latinos include language and cultural barriers, lack of access to preventive care, and lack of health insurance. In 2008, 30.7 percent of U.S. Latinos lacked health insurance.[6,7]

Consider the following culturally conscious tips when meeting and treating your Latino patients:

- Be gracious and acknowledge your patient's arrival. Building respect is essential. Friendliness and treating others with respect is important to Latinos. Address patients by their preferred name (Mr. or Señor, Mrs. or Señora, Miss or Señorita).
- Establish a relationship with the family before care begins. Be receptive to family suggestions.
- Males are traditionally the head of the household and often answer questions and sign papers. Acknowledge and listen to male family members, but direct questions about female patients to the patient, explaining the importance of hearing from the patient herself regarding her illness. Use a non-confrontational tone.
- Explain why you use trained medical interpreters. Never use children or family members as interpreters.
- Ask open-ended questions, such as, "please describe what you are feeling," rather than "do you have pain?"
- Explain the medical reason for your patient's illness and ask what they believe caused their illness.
- Assess the home remedies they may use.
- Ask your patients to repeat information and instructions

to ensure understanding. Repeat instructions and offer reassurance frequently during long procedures.

- Educate your patients about the importance of diet, exercise, immunizations, and preventive screenings.
- Work with parents to establish a child's care plan.
- Provide pictures, videos, and educational materials written in Spanish for your Spanish-speaking patients.
- Explain how to navigate your facility and assist in scheduling appointments and arranging for transportation if necessary. Explain why being on time for visits is important and that being late affects other patients.

End of Life. Religious beliefs influence perceptions of death and dying. Roman Catholics may request a visit by a priest or the hospital chaplain to annoint the sick. Rosary beads and religious medallions may be kept near the patient. When deciding on treatment and making decisions at end of life, Latino families may consult a senior member of the family or one who is most educated or influential in the community.

The elderly especially may wish to die at home, believing that the spirit may become lost in the hospital. If the patient dies before a priest arrives, a sacrament still takes place before the body is removed. The family requires a supportive atmosphere and may need time and a private place to deal with the loss.[4,5]

Sources:

[1]U.S. Census, http://quickfacts.census.gov/qfd/states/27000.html, viewed August 11, 2011

[2]Minnesota State Demographic Center, http://www.demography.state.mn.us/a2z.html#Census 2010, viewed August 11, 2011

[3]Conversations with Cristina Martinez-Gonzales, MPH, a consultant focusing on cultural competence, December 2006

[4]*Culture and Clinical Care*, edited by Lipson and Dibble, published by the UCSF Nursing Press, University of California School of Nursing, San Francisco, CA, 2005

[5]Las Culturas.com, http://www.lasculturas.com/aa/aa070501a.htm, viewed June 16, 2009

[6]Centers for Disease Control and Prevention, Office of Minority Health and Health Disparities, http://www.cdc.gov/omhd/Populations/HL/HL.htm, viewed August 11, 2011

[7]The Providers Guide to Quality and Culture, http://erc.msh.org/mainpage.cfm?file=5.3.1.htm&language=english&module=provider, viewed June 16, 2009

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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