INFORMATION SHEET

Mexicans 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 nonminorities 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.

In 2009, the U.S. Census Bureau American Community Survey reported 30,746,000 Mexicans in the U.S.—by far the largest Hispanic/Latino group in the country. Hispanics/Latinos number 46,822,000. According to the Mexican Ministry of Foreign Affairs, Mexicans represent 30 percent of foreign-born residents in the U.S., and 10 percent of Mexico's population. The Pew Hispanic Center reported that 11.2 million unauthorized immigrants lived in the U.S. in 2010, with Mexicans comprising the largest group.

The 2010 U.S. Census reported 176,007 Mexicans living in Minnesota, the majority of Minnesota's Hispanic/Latino population, which currently numbers 250,260. Minnesota's Hispanic/Latino population increased dramatically from 54,000 in 1990 to 144,000 in 2000, to 250,260 in 2010. [1,2]

Mexicans have lived in Minnesota since the early 1900s. Migration to Minnesota occurred as a result of Mexico's 1907 economic depression, the Mexican Revolution, and discrimination against Mexicans in southwestern states. Demand for low-wage labor following World Wars I and II, and the Immigration Acts of 1917 and 1921, which limited immigration from southeastern Europe, also contributed to the influx of Mexicans to Minnesota. Mexicans were recruited as low-wage laborers for the railroad and for the sugar beet, food processing, and meat packing industries. Mexican communities developed in rural and urban areas across the state, including the Red River Valley, and the cities of Chaska, Faribault, Glencoe, Minneapolis, Northfield, Owatonna, St. Paul, Willmar, and Worthington. The metropolitan area has the highest populations of Mexicans in Minnesota, with established communities in Minneapolis along Lake Street and on St. Paul's west side. These communities have hundreds of Mexican businesses and numerous churches offering services in Spanish, Spanish-language newspapers, and Mexican soccer leagues.[3]

Stratis Health

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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For years, St. Paul was home to the largest Mexican population in Minnesota; however, during the past decade, the population in south Minneapolis, centered along Lake Street and Nicollet Avenue, surpassed St. Paul's population.

Social Structure. Most recent arrivals come from central and southern Mexico. Although many speak Spanish and English, they may not be able to read or write either language. Mexico has more than 100 indigenous languages. Traditional Mexican families are intergenerational and include grandparents, aunts, uncles, cousins, godmothers, and godfathers. Children are highly valued and elders are respected and cared for. In a traditional home, the man is the head of the household. However, acculturation, assimilation, and separation of family members have changed family roles. Nearly half of Mexican-born residents in the U.S. are employed, primarily in construction, service industries, food processing, and landscaping.

The Mexican Consulate in St. Paul provides services related to obtaining identification papers, repatriation, and visas for Mexicans with dual nationalities, as well as providing a variety of services related to labor concerns, domestic violence, and prison issues. The office also promotes Mexican culture, understanding of Mexicans beyond stereotypes, as well as the economy of Mexico. In addition to serving the Mexican community, the consulate provides referrals to all Spanish-speaking residents for medical needs, preventive screenings, and low-cost health insurance. [3,4,5]

Diet. A traditional meal may include soup or a meat and vegetable stew served with corn tortillas, rice, and pinto beans. Tamales, which often take an entire day to make, are made with seasoned chopped meat and crushed peppers, are wrapped in corn husks spread with masa (a corn dough), then steamed. Mexican chocolate is used to make a mole sauce that is often served over meat. Traditional Mexicans may believe in balancing foods described as "hot" and "cold" for good health. Chocolate, eggs, oil, red meat, chilies, and onions are considered hot foods. Fresh vegetables, fruits, dairy, fish, and chicken are considered cold foods. Until the 1960s, many ingredients for traditional Mexican meals, such as chiles, tomatillos, cumin, and cilantro were not available in Minnesota.

Many assimilated Mexicans have replaced traditional meals with fast food, contributing to increased obesity, diabetes, and hypertension in this population. This diet tends to be low in fruits and vegetables and high in flour tortillas, white rice, and processed foods. High consumption of alcohol also is a health consideration. And many Mexican Americans do not get as much exercise in the U.S. as they did when they lived in Mexico.[3,4,5,6]

Religion. Most Mexicans in Minnesota are Roman Catholic Christians, who attend church regularly, pray to God, Jesus, the Virgin Mary, saints, and the Virgin of Guadalupe. They often light candles, maintain home shrines, and some visit shrines throughout Mexico when possible. Some Mexicans in Minnesota have converted to protestant religions.

Medical Care. In the metro area, Centro de Salud in south Minneapolis and East Side Community Health Services (La Clinica) in St. Paul provide health services to Spanish-speaking clients.

Common health problems for Mexicans in America are obesity, diabetes, hypertension, HIV/AIDS, preventable cancers, and trauma from domestic abuse and gun violence. According to the Centers for Disease Control and Prevention, more than 66 percent of Mexican women and 64 percent of Mexican men in America are overweight or obese, compared with 49 percent of non-Hispanic white women and 61 percent of non-Hispance white men. Childhood obesity is a particular concern.

Studies show that half as many Hispanics as whites are likely to be immunized for influenza and pneumonia, and the incidence of cervical cancer in Hispanic women is double that of white women.

Health care providers are encouraged to establish a relationship with Mexican families before care begins and to be receptive to family suggestions. When possible, interpreters should be the same gender and approximate age of the patient, and understand the regional differences in Mexican languages. Repeat information frequently and offer reassurance during long procedures. Asking patients to repeat the health information they've been given helps ensure their understanding. Consent forms should be written in Spanish at a fifth-grade reading level. Undocumented immigrants may be suspicious of any written consent, fearing that they may be signing away their rights or may be deported.

Mexicans may prefer the family to be involved in serious discussions about disease or terminal illness. Males are typically the head of the household in the older generation, and often answer questions and sign papers. When treating a female patient, providers should acknowledge male family

members, but direct questions to the female patient. Explain the importance of hearing from the patient about her illness. Providers are encouraged to ask their Mexican patients what they believe caused their illness, and to explain its medical cause—although your patients may not agree with the cause of illness. Also inquire about use of home remedies and assess their safety.

Some Mexican Americans may not believe in the value of preventive care, believing that life is in God's hands. However, educating patients about the importance of not smoking, a good diet, exercise, and preventive tests and screenings may influence changes in their lifestyle choices.

Providers are advised to provide written educational materials in Spanish, with pictures, or provide videos in Spanish. Explain how to navigate your health facility and assist in scheduling appointments and arranging for transportation. Tactfully explain how being on time for visits is important and affects other patients.[4,6]

End of Life. Some Mexican Americans believe that death is at God's will and that it is a release from the troubles of life and passage to a better life. Some, especially the elderly, wish to die at home, believing that the spirit could be lost at the hospital.

At end of life, Roman Catholics may request a visit by a priest to anoint the loved one. Rosary beads and religious medallions are kept at the bedside. Families may consult an elder or an influential person from the community when deciding treatment and making end-of-life decisions. If a patient dies before the priest arrives, a sacrament still takes place before the body is removed. The family may request to view the body and help prepare it for burial. Traditional persons may observe nine days of prayer following death.[4]

Sources

[1]Mexican Americans by State, 2010 U.S. Census, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_QTP10&prodType=table, viewed January 22, 2012

[2]Minnesota State Demographic Center, http://www.demography.state.mn.us/, viewed May 2011

[3]*Minnesota: Mexicans in the Midwest, 1900–1932*; Daniel Eduardo Martínez, http://www.jrank.org/cultures/pages/4198/Minnesota.html, viewed November 2010

[4]*Culture and Clinical Care,* UCSF Nursing Press, University of California School of Nursing, San Francisco, CA, 2005

[5]Conversations with Marianne Ramos, Mexican Consultate in St. Paul, www.consulmexstpaul.com, March 2011

[6]Centers for Disease Control and Prevention, http://www.cdc.gov/omhd/AMH/dbrf.htm, viewed March 2011

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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