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# Health Care Delivery for the U.S. Hispanic Minority Can Be Improved

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# **SENIOR THESIS APPROVAL**

This Honors thesis entitled

**“Health care delivery for the U.S. Hispanic minority can be improved by a better understanding of their language, values, and culture.”**

written by

Samantha Pascoe

and submitted in partial fulfillment of  
the requirements for completion of  
the Carl Goodson Honors Program  
meets the criteria for acceptance  
and has been approved by the undersigned readers.

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**Health care delivery for the U.S. Hispanic minority can be improved by a better understanding of their language, values, and culture.**

**I. Introduction:**

America was born as a melting pot of peoples. From the very beginning this culture has been mixed with others. Diversity is a huge part of the American experience, and over the past 30 years, the Hispanic and Latino population has been increasing. With this population increase, the experience in the medical field that Latino and Hispanic patients receive needs to be improved due to the cultural differences concerning individualism, values, and medical care: especially when concerning Latino patients. As a whole, the Hispanic community in the United States have a lower mortality rate than that of non-Hispanics living in the U.S.. While they are at a greater risk for chronic illness and also have a lower overall (but rising) socioeconomic status, their family structure is extremely strong and their illicit drug use is much less than non-Hispanic U.S. citizens (CDC). The CDC reports that with each generation living in the U.S. their mortality rates are beginning to rise. Overall, Hispanics have a lower mortality rate that could be due to specific values that are extremely important to their culture. Family, trust, religion, a respect of the future. I believe that it is possible to reduce the gap in health care quality by gaining an understanding of their culture and values - the things that make them who they are. By understanding their cultural background and language, I propose that it will be possible to provide health care of the same quality that non-Hispanic Americans receive.

Why do Latinos have a higher life expectancy in spite of the fact that their life expectancy is decreasing as they assimilate into the U.S.? Could it be that their cultural values

are innately more healthy? The solution can't be that we have Hispanic patients adapt completely to the U.S. system, because as we are seeing, there is a correlation between the Hispanic population rising in the U.S., and their overall life expectancy decreasing (Durand). Could it be that the process of assimilation is decreasing their life expectancy? The goal of my research is to better understand their values in hopes that a knowledgeable approach to health care, is what's going to decrease the health care quality gap - maintaining their naturally high life expectancy.

The Latino population in the U.S. has grown to be the largest minority group over the past 30 years. While the population has been predicted to increase for several decades, the population itself has increased much more rapidly than expected (Durand). Over the past 30 years, since the Hispanic population in the U.S. started to grow, there has been a decline in life expectancy among Hispanics (Durand). This correlates heavily with the rate of assimilation to the U.S. culture. The CDC reported (in 2008) over 50 million Hispanics living in the United States, at the time representing 15% of the total American population (CDC).

Why am I talking about this? As a minority group from a culture that generally places an importance on the family as a collective group, more so than non-Hispanic American groups, there is a gap in the quality of health care that Hispanic and Latino patients receive compared to non-Hispanic patients living in the U.S.. This is due to many different reasons, and I'll talk about those. But, I also want to present a solution to this gap in the quality of health care. While this solution could be used across the board to increase the overall quality of healthcare that Hispanic patients receive, it will take time and research to put into action. As an aspiring medical

professional, I'm going to apply this solution to my own medical practice, and do what I can as a nurse one day to improve the health care quality that Hispanic patients living in the U.S. receive.

## **II. The Problem:**

The socioeconomic status of the Hispanic American population living in the U.S. is currently lower than that of the non-Hispanic Americans, which can result in a health care quality gap. This gap isn't just produced by the socioeconomic status alone; it's also influenced by the language barrier, low insurance coverage, and value differences in the merging cultures, respectively (Durand).

Individuals with a low socioeconomic status are less likely to receive the appropriate care due to costly out-of-pocket expenses that come with little or no insurance coverage (Durand). There is evidence that the Hispanic community in the U.S. is moving towards the middle class, so the socioeconomic level is expected to change slowly (CDC).

While many Hispanics in the U.S. do have health care insurance, the majority do not (Durand). This does depend on their Hispanic heritage (Durand). Overall, Mexicans, which constitute the majority of the Hispanic community in the U.S., on average, do not have adequate health care insurance, contrasting with Cubans and Puerto Ricans who do mostly have insurance (Durand).

Two key barriers to health care access are not having health insurance coverage and not having a usual source of care. Health insurance reduces the out-of-pocket costs of health care and has been shown to be the single most important predictor of utilization. Without

health insurance coverage, many people find health care unaffordable and forgo care even when they think they need it. Having a usual source of care reduces non-financial barriers to obtaining care, facilitates access to health care services, and increases the frequency of contacts with health care providers. In particular, having a usual source of care provides a locus of entry into the complex health care delivery system when care is needed and serves as the link to more specialized types of care (Lewin-Epstein, 1991). Compared with people who lack a usual source of care, people with a usual source are less likely to have difficulty obtaining care or to go without needed care (Durand).

Many undocumented immigrants lack insurance, roughly 70% of them do not have it (Durand). This could possibly be due to the fact that the language barrier inhibits the understanding of the U.S. healthcare system.

The language barrier makes finding a primary physician can be a frustrating process. Therefore, primary care is usually bypassed, and Hispanic individuals often seek care from emergency rooms and walk-in clinics because there is less overall hassle (Juckett). The language barrier can also cause confusion between the patient and the health care provider; and there is often an increase in expenses due to unnecessary tests and procedures (Durand).

Now that we've answered why, from a financial perspective, Hispanics receive less than high-quality health care - let's discuss why there is a gap in the health care in general. Not only do financial factors come into play, but there are other factors including things like religion, values, and even the fact that the United States is generally an individualistic society (Durand).

Individuals that are a part of the Hispanic cultural circle often treat their own illnesses or seek herbalists as guides. Herbs are a very common and traditional approach to curing health problems (Juckett). Herbalists are easily found in neighborhoods throughout Mexico, Puerto Rico, and Cuba. Herbs and home remedies like herbs are commonly used for treatment instead of seeking a physician because illness is something that the Hispanic family takes very personally; therefore, confiding in an unfamiliar third party like a physician or health care provider isn't as common. When a physician is sought out in the U.S. by a Hispanic individual, it's very common that the entire family is involved with appointments and treatment plans.

Roman Catholicism is the most prominent religion in Latino cultures. Not only does the religion itself play a role in the way most Latinos view their future, but so does language. Spanish is one of the Romance languages. One thing that presents itself in the Romance languages that isn't so prominent in the English language is the grammatical mood called the subjunctive. The subjunctive mood treats projections of personal hopes and desires as well as future pending actions in a more contingent and uncertain way than we do in English.

*"Espero que puedas ayudarme"* "I hope that you can help me."

(I'm not sure if you can help me; it really depends on you)

*"Dile que me llames cuando venga."* "Tell him to call me when he comes."

(Even if he plans to arrive, it is viewed as uncertain)

In general, this use of the subjunctive, more so than in English, places respect and uncertainty on the future (Carteret).

This respect for the uncertainty of life isn't only found in their language, it's actually a mindset that is reflected in the language. "Fatalismo" is a term often used by Latinos - it's the strong belief that life is uncertain and each day must be taken one at a time. This type of mindset is extremely biblical "Therefore do not worry about tomorrow, for tomorrow will worry about itself" (Matthew 6:34 ESV), but it can result in chronic illnesses and diseases due to not being treated immediately (Carteret). Often, illnesses aren't treated until they become extremely severe, and invasive procedures are avoided (Carteret). The alternative and uncertain view of the future that Hispanic families carry often results in them being late for doctors appointments, treatments, or consultations, but still expecting to be seen: this can also be a result of their collectivistic, rather than individualistic, thinking process (Carteret).

The United States is a largely individualistic society, which means that non-Hispanic Americans generally place importance on the individual and celebrate the success more so of the individual than a collection of people. When considering the Latino and Hispanic cultures, there is actually more of a significance on the collectivistic culture, with an emphasis on family (Carteret). This means that the individuals' identity often comes, not from what the individual has accomplished or represents, but who their family is. Their sense of identity, their trust, and their loyalty lies with who they consider family. Often, this is represented in not only their immediate family, but close and extended relatives as well. The term "familismo" is used when describing the extended trust and closeness of the the Latino family group (Carteret).



Because there is such an extra emphasis on family, sometimes doctors visits can be delayed. To a non-Hispanic family, going to the doctor alone isn't always such a huge deal (Carteret). This isn't the case for the average Hispanic family: because most Latino families are so tightly knit, to inconvenience the family by pulling them all to the doctor can delay trips to the physician. Due to the intense support given and received by most Hispanic families, doctors visits are a family ordeal. It's not uncommon to see a family with 7, 8, or even more relatives waiting at the medical center for one of their family members (Carteret). With such an importance placed on "familismo", the medical decisions are often made as a group as well, especially when the concern for a loved one is terminally ill. "Familismo" extends beyond the family, believe it or not. Because trust is such a big part of familismo, trusting their own loved one to an unknown physician or medical personnel is considered risky business (Carteret). How could they trust someone who doesn't know them personally? How could they trust someone who isn't taking the time to get to know what's wrong with them? How could they trust someone who takes 3 minutes to look at them and diagnose them without having a conversation with them first? These are all questions that are being raised when considering a medical professional (Carteret).

### **III. The Solution:**

When considering closing the gap between the level of health care that Hispanic patients receive versus non-Hispanics in the U.S., I, alone, can't expect to change how other people handle these patients. With the research that I've done, I do know what I can do to ensure that the

patients I'll treat will receive the same care as non-Hispanic patients. I propose that by an understanding and respect of Hispanic cultural values, the quality of health care that Hispanics receive will begin to rise. By understanding one's patient, the quality of health care already increases because you know how to start treating them ("Cultural Considerations").

The first part in closing the gap for medical treatment for Hispanic patients is to understand where they are coming from. As an aspiring medical professional, one of the most important things is to understand where your patient is coming from. For Hispanic patients especially, the more you know their background and values, the more they will want to trust you with their medical care. Even if you can't speak Spanish well, or at all, learning how to be extremely personable and respectful to them (or any patient), is a vital part of earning their trust.

I've studied Spanish the past several years and learning just how different and similar cultures can be has been an extremely rewarding process. In my short time working in the medical field, I've had the opportunity to encounter many Spanish-speaking individuals. The most important aspect of any relationship is communication. Being able to properly communicate with patients in their own native language is a helpful thing for many reasons. It shows that one is trying, and that one respects them enough to communicate on a level that they are comfortable with. While working in the medical field, I can tell that even attempting speaking Spanish with them, created an immediate atmosphere of trust and friendliness. Having knowledge of the medical vocabulary in Spanish is extremely helpful. There are many books for nurses and doctors about "medical Spanish", taking the time to memorize the vocabulary for whatever field you are working in can go a long ways.

The merging cultures of the Latinos and non-Latinos in the U.S. is interesting to watch play out. There are so many similarities but also polar differences. The emphasis on "familismo" as a collectivistic society is probably one of the larger differences between Hispanic culture and non-Hispanic culture in the U.S. today (Carteret).

**Familismo:** For many Latinos, discussing such intimate issues such as personal medical concerns can make them feel like they are not being loyal to their family - since they are such a tightly knit unit. It's important that the medical professional take interest in their lives in order for them to trust the medical professional's opinion ("Cultural Considerations").

**Simpatia:** Because many Latino patients place an importance on "familismo," harmony or "simpatia" is a vital aspect of maintaining "familismo." Many times, "simpatia" is maintained by not bringing up things that could cause a relationship stress - sometimes this could even be medical issues; so that's important to keep in mind when discussing medical problems and solutions with many Hispanic patients ("Cultural Considerations").

**Respeto:** "Respeto" or "respect" is a value of high priority among Hispanic families. This aspect of "respeto" means that there is sometimes a great distance when encountering authority figures like medical professionals. Latinos may be hesitant to ask questions or get too personal due to the "respeto" value. On a separate note, "respeto" is a value that is on a reciprocal basis; so when medical professionals spend very little time with their patients, Latinos are much less likely to take their advice ("Cultural Considerations"). On the other hand, the more time that a medical professional spends with their patients, the more the Hispanic patient will respect their

medical professional due to the “respeto” value. This two-way respect could result in the patient following medical treatment plans and better results for the patient.

Personalismo: "Personalismo" can get tricky in the medical field, especially with Hispanic patients because it can be taken in two extremely different ways. Doctors in the United States can make their patients feel comfortable by going straight to a first-name basis (Carteret). While this can be an informal and friendly gesture to a non-Hispanic American, it can be taken the wrong way when dealing with (especially older) Hispanic individuals. Due to the "respeto" value, it's important to address Hispanic patients appropriately and in an extremely humble way, if one wishes to gain respect and trust quickly (Carteret). The other extreme to "personalismo" is when it is taken in a good way; there is informal, and then there is friendly; the two can often be easily confused. Being friendly and open with a Hispanic patient is not the same thing as being informal. An example of being friendly would be sharing an experience or solution similar to the one that is being addressed, which will be taken as a form of “respeto” (“Cultural Considerations”).

Another way of learning to communicate with Hispanic and Latino patients effectively is a how sentences are phrased. As non-Hispanic Americans, we generally want to hear things expressed as concisely and accurately as possible. For example, if we are told that we have an illness, we want to get treated so we no longer have that illness. If a Hispanic individual is told that they have an illness - they may not place the same amount of importance on it, depending on the severity and type of the illness. The "fatalismo" and "familismo" values that they hold close can eliminate the stress of worrying about an illness or timely treatment of it (Carteret).

Understanding all of these values when considering Hispanic patients is a vital aspect of being able to communicate effectively and create trust with Hispanic patients and their families. As a medical professional, it's my job to care for patients physically, and I can best do that with an understanding of their culture and values. Hopefully my research and actions will be able to reduce the gap in quality that exists between Hispanic and non-Hispanics in the U.S. healthcare system.

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