

# LATINO/HISPANIC AMERICANS

## Cultural Competence Generalities

*This is general information designed to provide information about common traditions, traits and experiences of a group. This information is not intended to nor should it be used to stereotype an individual. Personal experiences will vary. Generation gaps exist along with educational & economic differences. Many cultural changes have occurred for those who have been in the United States for generations or who were born in the United States. It is always best to ask.*

Remember the "Platinum Rule"- treat others as they want to be treated

## Overview:

The term "Hispanic" is used to identify Spanish ancestry. *Hispanic is not a race, but an ethnic distinction.* Another term, "Latino," is often preferred since it recognizes the national heritage of many individuals in the Americas. It is a personal preference to be called either Latino or Hispanic.

Mexican Americans comprise over 60% of the Latino/Hispanic population (Puerto Rican, Central & South American) (US Census 2010).

Some Hispanics believe that the most important attribute of a healthcare worker is his/her "gift" or "calling" for curing illness. Latinos value *Simpatía* (sympathy) a polite, pleasant manner) and *Personalismo* (warm, friendly, and affectionate relationships). However, they also expect very professional behavior from healthcare providers whom they regard with *Respeto* (respect).

## Religion and Spirituality

Catholic though some may practice other religious faiths

Important rites:

- Baptism of infants, which is especially important in life-threatening situations.
- The Rite for Anointing the Sick (sometimes termed Last Rites) is required in life-threatening situations.
- (Mexicans) The Virgin of Guadalupe is a powerful religious symbol as the mother of Christ.
- Hispanic Catholics more likely to pray to saints of the Catholic faith & bring in religious symbols (PEW, 2007)

Evangelical Protestantism is a fast-growing religion among Hispanics (PEW, 2007)

## Family

The definition of *la familia* (the family) is broader than in Anglo cultures and may include grandparents, cousins, aunts and uncles, and close family friends.

- It may be necessary to educate the family about the importance of the patient's active participation as aiding in his or her recovery.
- The diets of low-income pregnant Mexican American women tend to be deficient in dietary iron, vitamin A, and calcium.
- Diet includes complex carbohydrates: corn, beans, rice, and breads
- Most common in 1<sup>st</sup> generation immigrants- extensive use of frying with *Manteca* (lard) as a preferred cooking method. *Manteca* is some dialects may also mean butter or a butter/lard combination

## Gender Roles

Traditional Latino cultures are marked by strong gender role divisions.

- It is expected that a man be an authority figure in the family, with the obligation to protect and provide for his family (Raffaelli & Ontai 2004).
- Responsibility of a woman to put family first and have responsibility for, religious household and raising the children (Bean, Perry, & Bedell 2001).
- More common in Spanish speaking countries to have 2 last names and several middle names. Traditionally, wives keep their maiden names and add on their husband's names: maiden name, followed by *de* (of), followed by the husband's last name. For healthcare purposes use the name listed on the insurance card
- Latino women who are unfamiliar with U.S. healthcare may have lack of information concerning breast exams and mammography. Though less likely to get cancer they are more likely to be diagnosed at a later more fatal stage (Susan G. Komen foundation, 2009) (WFH review team)

## Personal Appearance

Latino dress is westernized and highly influenced by US styles.

## Dietary Norms

- There tends to be a low intake of green or leafy vegetables and milk and eggs – more common in 1<sup>st</sup> generation immigrants due to indulging in American fast food, snack food and soda (Unnatural Causes, 2009)
- Obesity tied to new American diet norms (Unnatural Causes, 2009)

## Language & Communication

May speak Spanish or not and may have regional dialects that do not have words or phrases that have a direct translation to English  
A smile or yes may not mean agreement, but that the patient doesn't understand. Use teach back method.

*Taboo subjects often include:* Sex, sexuality, and sexual orientation. The word for sex (*sexo*) is not often used, but rather "to have relations."

## Concept of Health

- Fatalism: There may be a belief that bad health or illness is part of one's destiny, "God's will" or a test of faith (more likely in older generations)
- It is likely that the patient's family will be involved in their care
- May view a person who stands several feet away as being cold and unfriendly; personal space tends to be close. (more common in younger generation)
- Children may be used by parents as interpreters and may fill out forms and make appointments; in the medical setting medical interpreters must be used

## Mode of Healthcare - Health Promotion/Disease Prevention

- Preventative medicine is not often recognized by Latinos for several reasons
- For those with less education and who are poor healthcare is often crisis care vs. preventative care. Due to lack of exposure to preventive care and health education. Healthcare provider explaining the benefits of preventative care is needed (Unnatural Causes, 2009)
  - For those with less education and who are poor a present orientation, as opposed to a future planning orientation may be common. (Payne, 2007)

## Illness Related Issues – Barriers to Healthcare

Language barriers

- Unfamiliarity with how healthcare is provided in the US (low health literacy)
- Lack of health insurance

## Some common beliefs include:

### Labor, Birth & After Care

#### The laboring mother

More common in 1<sup>st</sup> generation immigrants - traditional persons view labor as a woman's tasks; few men get involved.

### Pain Expression

Expressing pain shows weakness, especially among men; more acceptable in women

- Moaning is a way to express and even reduce pain.
- Pain can be described as "suffering" and may focus more on the emotional component of pain (Anderson et al 2002).

### Death, Dying & Bereavement

- Latinos do not like to talk about death and are generally averse to thinking or planning for their death.
- First generation is more likely to deal with death (funeral arrangements) when it happens and within a short period of time (1-3 days)
- A priest or nun from Parish is likely to be present during end of life and likely to know family on first name basis

### End of Life:

Depending on their religious affiliation, a Catholic priest, Protestant minister, or *Curanderos /curanderas* (traditional healer) may be called to perform death rites.

Home care is preferred

### Treatment Issues

Prevention and treatment strategies could build on the concern for balance (e.g., a balanced diet to prevent and control diabetes).  
Chronic illness: Some may not understand the nature of chronic disease and may discontinue medications when symptoms subside.

### Health Disparities

There is a disproportionate rise in the prevalence of obesity among Mexican Americans.

- Between 1966 and 2000, the rate of obesity in Mexican American adolescents increased by (13.8% to 23.4%).
- The prevalence of insulin resistant syndrome (IRS), also known as the Metabolic Syndrome, is highest in Mexican American women, followed by Mexican American men.
- By age 90, Latinos are twice more likely to develop Alzheimer's disease than whites (Cortes 2003).
- Latino females have the highest incidence rates for cervical cancer: 16.8% per 100,000 (NIH, National Cancer Institute 2003).

### Traditional Home Remedies

There are many traditional home remedies that will vary by country of origin. Ask questions to identify "what have you done to treat your illness or pain?" (WFH, Review Team)

**SOURCES:** PROQUEST DATA "CULTURE VISION" [WEBSITE](#) JOINT COMMISSION RESOURCES, *CULTURAL SENSITIVITY A POCKET GUIDE FOR HEALTH CARE PROFESSIONALS*, 2007 Health Matters Pocket Guide, 2005, CULTURE & CLINICAL CARE, 2006