

Chapter 23

Closing the Gap When Working with Spanish-Speaking Populations

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It is imperative that health care systems and providers reflect on and respond to patients' varied perspectives, values, beliefs, and behaviors about health and well-being.

The United States is viewed in many countries as the “land of opportunities.” It is no wonder that people from all over the world flock to this country in search of a better life. This influx of immigrants presents many challenges not only to the newcomers but also for the institutions in the society they are entering. The health care system is now dealing with populations that are increasingly more ethnically and culturally diverse but are not prepared to serve those populations because of a lack of cultural competence and sensitivity. It is imperative that “health care systems and providers reflect on and respond to patients’ varied perspectives, values, beliefs, and behaviors about health and well-being. Failure to understand and manage sociocultural differences may result in significant health consequences for their culturally diverse patients” (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003). According to Betancourt et al., there

are several barriers to culturally-competent care. They include a lack of diversity in health care leadership and workforce, poorly designed systems of care for diverse patient populations, and poor cross-cultural communication between providers and patients. One example of this would be failing to provide interpreter services and translated materials in the patient’s native language.

Immigration is definitely on the rise in the U.S. No institution has felt the effect of this rise more forcefully than the nation’s public schools (Ruiz-de-Velasco, Fix, & Clewell, 2000). The effects are felt not only in general education but also in special education. “Early childhood special education programs are struggling to meet the needs of culturally and linguistically diverse populations because of language barriers, a lack of understanding of cultural differences, and the misguided view of cultural differences as deficits” (Duran, 2009). Professionals must quickly

become better equipped to serve diverse populations for the following reasons:

Reason 1

Immigrant children now account for 20% of all children in the U.S., and their numbers are growing faster than any other group of children in the nation (Hernandez, Denton, & Macartney, 2007).

Reason 2

Immigrants and language minority students (i.e., English learners) are among the fastest growing populations in U.S. public schools (Morse, 2005).

Reason 3

Cultural diversity poses a pedagogical and social challenge to educators, as well as students (Chisholm, 1994).

Reason 4

“Research confirms not only that many immigrant children face enormous educational and psychosocial challenges, but also that the current wave of immigrant children presents an even greater challenge to American educators than earlier waves” (McCarthy, n.d.).

Reason 5

Even to the casual observer, the problem lies with teachers and school administrators who lack the necessary training in cultural sensitivity, cultural competency, and how to work with limited English proficient (LEP) students.

Developing an understanding of the Latino/Hispanic culture is more important now than ever. Several reports indicate that the Latino population is one of the fastest growing minority and immigrant groups in the U.S., second only to Asians (Derose, Escarce, & Lurie, 2007; Education Commission of the States, 2012; U.S. Census Bureau, 2011). Consider the

following: “Latinos now make up the majority of students in California public schools,” “There are 10.5 million Hispanic/Latino children under age 18, and by 2020 more than 1 in 5 children will be of Hispanic/Latino origin” (Understanding the Hispanic/Latino Culture, n.d.). In fact, Hispanic/Latino children are the fastest-growing youth population in the U.S. (National Council of la Raza, 2012). *USA Today* (El Nasser & Overberg, 2010) reported that kindergartens are seeing an increase in Hispanic students, reflecting the nation’s rapid racial and ethnic transformation. Teachers need to be “knowledgeable about how minority children perceive the world and process and organize information” (Irvine, 1990).

Professionals working with deaf and hard-of-hearing individuals would benefit from a deeper understanding of this population, because the percentage of deaf and hard-of-hearing children in the Hispanic population is greater than Caucasians (Smith, 2002) and other ethnic groups (Mehra, Eavey, & Keamy, 2009). Although the reasons are not known, “Neonatal hearing loss, already one of the most common birth disorders in the U.S., is especially prevalent among Hispanic-Americans” (American Academy of Otolaryngology-Head and Neck Surgery, 2009). As a result of this sudden increase in the number of Latino/Hispanic children with hearing loss who need specialized services from early intervention through graduation, culturally competent professionals are critical to the success of these students.

Before a discussion regarding Latino/Hispanic culture can take place, the following terms will be defined: cultural sensitivity, cultural competence, assimilation, acculturation, ethnocentrism, as well as Hispanic and Latino.

Cultural Sensitivity

Cultural sensitivity is, “Knowing that cultural differences exist without assigning values (i.e., better or worse, right or wrong) to those cultural differences” (Texas Department of Health, National Maternal and Child Health Resource Center on

“There are 10.5 million Hispanic/Latino children under age 18, and by 2020 more than 1 in 5 children will be of Hispanic/Latino origin.”

It is wise to form relationships with interpreters, educators, spiritual leaders, and other key members of a cultural group, as they can help navigate the culture and provide ongoing consultation.

Cultural Competency, 1997). Forming relationships with members of other communities fosters cultural sensitivity.

Cultural Competence

Cultural competence is “a set of congruent behaviors, attitudes, and policies that enable agencies and professionals to work effectively in cross-cultural situations” (Cross, 2001). It provides professionals with the tools to improve service delivery to all children and their families. Cross, Bazron, Dennis, and Isaacs (1989) list five essential elements that contribute to cultural competence. One must:

- 1 Value diversity.
- 2 Be willing to perform a personal cultural self-assessment.
- 3 Be conscious of intrinsic dynamics when cultures intersect.
- 4 Be knowledgeable of the culture of each individual family.
- 5 Adapt service delivery to reflect an understanding of cultural diversity.

In order to acquire cultural competence, professionals need to learn as much as they can about the cultures of those with whom they interact. This can be accomplished by:

- Reading about the culture.
- Traveling.
- Taking classes.
- Mingling with members of the other culture.
- Participating in celebrations.
- Asking members of that culture questions about their history, beliefs, and traditions.
- Looking for the unique cultural and spiritual strengths of each family.

To provide a general picture of Latino/Hispanic culture, cultural traits and common beliefs are discussed in this chapter. It is important to remember, however, that traits described by the author are only generalizations, and that these generalizations may not be

relevant for every Latino/Hispanic family. A great deal depends on the country of origin, socioeconomic status, educational background, and the level of assimilation or acculturation. While family and religion are essential components in Latino/Hispanic traditions, each subgroup of this population may have distinct customs, cultural, and health beliefs. Professionals must take care not to view these generalizations as stereotypes of an entire ethnic group.

When meeting a patient or family, do not make assumptions. Leave stereotypes at the door and beware of any hidden biases you may have. When in doubt, it is best to ask the family being served, since customs and values can vary widely from country to country or from one region to another within a country. It is wise to form relationships with interpreters, educators, spiritual leaders, and other key members of a cultural group, as they can help navigate the culture and provide ongoing consultation. Professionals should seek ways to participate with the community during both celebrations and tragedies. “For the optimal development and learning of all children, educators must accept the legitimacy of children’s home language, respect and value the home culture, and promote and encourage the active involvement and support of all families, including extended and nontraditional family units” (National Association for the Education of Young Children Position Statement, 1995).

A Word of Caution

Just because a professional is Latino or Hispanic does not mean he/she is culturally competent to work with the Hispanic population. Many families and patients have sadly reported that, in many occasions, they have been demeaned by members of their own ethnic or racial group because of their country of origin, social or economic status, or cultural beliefs.

After interviewing several families, patients, and professionals, the author has observed that some Latino professionals (of course, not all) seemed to suffer from a form of cultural amnesia. Cultural

amnesia can be defined as forgetting or changing the values, beliefs, and essence of one's culture and replacing them with others, such as the one of their adoptive country. This phenomenon can occur for many reasons, including fear of being perceived as different by the larger society, changes in religious affiliation, and the process of assimilation.

In some cases, cultural amnesia may arise due to feelings of superiority over cultural peers once a higher education is acquired—leading the cultural amnesiac to view members of his/her cultural group as “ignorant” for holding certain culturally specific values and beliefs. These beliefs are usually related to family, health, religion, and the supernatural.

It is not surprising that such phenomenon exists as all immigrants are constantly exposed to politics, media, and the belief systems of their host country. This exerts great influence on the newcomers' own values and belief systems. Some beliefs may stay strong throughout generations even when living in a different land than that of their forefathers, while some can morph or disappear as people are assimilated into the larger culture. Some groups may make only small changes to the culture they inherit from their family and social group.

That being said, it is important to remember that not all Latinos/Hispanics share the same cultural beliefs, and many Latinos already arrive in this county with biases against those Latinos that embrace a different belief system than the ones they hold. Even though retaining your own culture in a foreign land is by all accounts a difficult enterprise, the goal of the culturally diverse populations should be to acculturate not assimilate. It is important for individuals to continue to hold on to their cultural identity, because it is part of their rightful heritage.

Assimilation and Acculturation

When persons arrive in a new society and culture, they may feel frustrated

until they learn some of the rules of the new culture and learn to operate more smoothly in it. The process of members of one cultural group adopting the behaviors and even the beliefs of another group is called “acculturation.” Typically, the longer one has lived in a new culture, the higher their level of acculturation. Generations later, the new ethnic group may be absorbed into the old group until the cultural traits of the assimilated group become indistinguishable. This is known as “assimilation” and often happens by the third generation of a group of immigrants.

Ethnocentrism

When those who provide services to families neglect to become culturally competent and sensitive, there is danger of falling into a mode of operation known as “ethnocentrism.” According to Nanda and Warms (2007), ethnocentrism embodies “the notion that one's own culture is superior to any other.” It is judging another culture according to the norms, standards, practices, and expectations of our own. Looking at the world through a lens of, “I will teach you my culture, because it is the best,” prevents providers from truly connecting with those from different cultures and results in missed opportunities to learn and grow professionally.

Hispanic or Latino

There is some confusion as to which term is appropriate when interacting with immigrants originating from Latin America. In the 1970s, the U.S. government coined the term “Hispanic” to lump together people united by the Spanish language. In the U.S., Hispanic specifically means “Spanish speaking.” Latino is thought to be a shortened version of “Latino Americano,” simply meaning someone from Latin America. By definition, Brazilians are Latinos (they live in Latin America and speak Portuguese), and Colombians are both Latinos and Hispanics. Providers must remember that Hispanic and Latino are terms of ethnicity and do not refer to race.

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Spanish is not the only language spoken in Latin America. Portuguese and French are also widely spoken. Many indigenous languages are still spoken in Latin American countries. When providing services to a family residing in the U.S., the *native* language must be determined prior to arranging for an interpreter to meet with the family. Even among people who speak Spanish, many differences exist in vocabulary.

General Characteristics and Traits of Latino/Hispanic Culture

Some general characteristics can be noted regarding Latinos. However, many differences exist from country to country and from region to region within a country.

Race

In Latin American countries, people of several racial categories may be found: Caucasian, black, indigenous, Asian, mulatto (mixed black and Caucasian), mestizo (mixed Caucasian and indigenous).

Language

Spanish is not the only language spoken in Latin America. Portuguese and French are also widely spoken. Many indigenous languages are still spoken in Latin American countries, especially in mountainous and rural areas. Some examples of indigenous languages are Quichua, Quechua, Quiche, and Aymara. It must not be assumed that Spanish is the native tongue of a person of Latin origin. When providing services to a family residing in the U.S., the *native* language must be determined prior to arranging for an interpreter to meet with the family. Even among people who speak Spanish, many differences exist in vocabulary. For example, there are at least five different words for “pig” (cerdo, puerco, marrano, cochino, chancho). Similar differences can be found when comparing American, British, and Australian English.

Greetings

Women often greet a relative or close friend with a kiss. It is not uncommon for men and women to greet each other with a kiss, hug, or both in social situations or when introduced by friends or family. Men typically hug their male friends or pat them on the back. In business or

professional settings, people tend to be very formal and shake hands. It is very common to greet others by their title, such as “Buenas tardes *abogado*” (Good afternoon, lawyer). Providers should treat all family members with respect by shaking hands upon entering a home and referring to adults as “Señor” or “Señora,” unless told it is not necessary by the heads of the household. In many families, offering food or drink to visitors is the norm. It is important that professionals who are offered food or drink accept or decline graciously and show appreciation for the offer. The refreshments offered may represent quite a sacrifice of time, precious resources, or both.

Personal Space

The concept of personal space is different for members of the Latino/Hispanic culture. Closeness is cherished in many Latino/Hispanic families and is never seen as an invasion of personal space. Professionals must be aware that the physical distance between Hispanics when holding a conversation is much closer than other cultures. It is not uncommon for family members to share beds and bedrooms.

Perceptions of Time

Time and punctuality are areas in which much frustration can occur. Latinos are typically relaxed about time. For example, if invited to a party in Ecuador at 12:00 o'clock in the afternoon, guests will arrive an hour later. In the U.S., when a time has been assigned for an appointment or meeting, it is considered very rude to be late. Families arriving late may be told they must reschedule. We can gently and nonjudgmentally help families acculturate by explaining that doctors and schools are quite strict about appointment times. This is very important for families to understand, because a family arriving late to a procedure, such as magnetic resonance imaging (MRI) or auditory brainstem response (ABR) testing, may have withheld food and drink from their child for hours only to be faced with doing it all again another day.

Food is very important for Latinos/Hispanics and is an integral part of every aspect of Latin life, including holidays, family gatherings, social events, meetings, celebrations, and even tragedies.

Celebrations

Celebrations differ widely across borders and regions. It would be a mistake to assume that everyone celebrates the same holidays or celebrates them in the same way. For example, “The day of the dead” may be a day of parties, a day of mourning, or not celebrated at all. It is important to ask about special family celebrations and be respectful of them.

Food

Most people think of tacos when it comes to Latino/Hispanic food. There is much more than *tacos*, *burritos*, and *chimichangas* to Latin-American cuisine. A popular South American food staple is *plantains*. *Plantain* dishes include *tostones*, *fried plantain chips*, and *maduro* (see photos). Each country has its own subcuisine that uses ingredients typical of that region. Even within a country, there are a variety of dishes. For example, Mexico has a variety of dishes, such as *pozole*, *mole*, *sopa de lima*, *quesadillas*, and *chile rellenos*. Colombia has many dishes, including *arepas*, *sancochos*, *bandeja paisa*, and *arroz con coco*. Ecuador has *seco de chivo*, *patitas lampriadas*, *corvina frita*, *fritada*, and *tortitas de papa*. Latin-American food is as diverse as the countries within the region.

There are some dishes that are traditional to many countries of Latin America. Each country adds its own flavors and ingredients to their version of the dish. For example, *ceviche*, which is a raw marinated cold seafood soup, is prepared differently in various countries. In Ecuador, *ceviche* is prepared with shrimp, fish, or conch. The recipe calls for chopped tomatoes and ketchup or tomato sauce, and the dish is served in a bowl with either popcorn or plantain chips. In Peru, the chosen seafood is added to a mixture of lemon, salt, peppers, ground pepper, and garlic. In Mexico, it is served in a cocktail glass with onions and tomato cut in small squares and fried corn tortillas.

Food is very important for Latinos/Hispanics and is an integral part of every aspect of Latin life, including holidays, family gatherings, social events, meetings, celebrations, and even tragedies. Any meal may be followed by the *sobremesa*, which is a time to socialize. When food is offered to a guest in Latin countries, it is polite to accept only after it has been offered a second or a third time.

Family

According to Santiago-Rivera, Arredondo, and Gallardo-Cooper (2002) and Falicov (1998), in Latin culture, there is usually an emphasis on cooperation and interdependence among family members. Sacrificing the needs of the individual for the benefit of the family is common. Families have a deep sense of loyalty, and parents and elders are highly respected. Dixon, Graber, and Brooks-Gunn (2008) found that, “Latino girls did indeed show more respect toward parental authority than European and American girls did, supporting the idea that within Latino families, children follow a cultural tradition that places value on respect for parental authority and respect for elders.” The extended family is very important in Hispanic culture (Harper & Lantz, 1996).



Tostones



Maduro



Conch Ceviche



Ceviche

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It is common to see more than one generation living in the same household. Because of multigenerational households and the respect for elders, grandparents often must be included in decisions and therapy sessions to achieve the best outcomes for the child. It should be noted that an entire family unit may attend important meetings. Children are likely to be brought along rather than being left at home or with a sitter. To be sure the family fully participates, providers should know who will attend and make accommodations for adequate space and materials for the children. To ensure success, professionals must include all decision-makers when planning interventions and/or creating

Individual Education Plans (IEPs) or Individual Family Service Plans (IFSPs) with Latino/Hispanic families. Professionals who embrace the inclusion of the extended family undergird the Latino/Hispanic family values and promote an ongoing strong support system for the child.

Gender Roles

In some Latino families, the father may be the decision-maker and the mother in charge of the household. Some Latino families have clearly defined gender roles for male and female children. Professionals must be aware that some families may not want a male child to play with dolls or a female child to play with traditionally male toys. The gender of a provider or interpreter can sometimes be an issue. Families may not want male providers or interpreters meeting at a home with a mother and child alone, so arrangements may need to be made to include another suitable adult.

Respect for Elders/Authority Figures

Latinos/Hispanics consider respect for their parents, authority, and their elders extremely important. Among some Latinos, it is a sign of respect to avoid eye contact when talking with an authority figure. In rural Mexico, children are taught to lower their eyes in the presence of an adult or a person of authority as a sign of respect. In the U.S., this behavior may be seen as an indication of guilt or unwillingness to pay attention.

Views on Professionals

Respect for the professional is common in Latino/Hispanic culture. This attitude is grounded in the cultural respect for authority. Respect for professional authority can inadvertently be a cause of miscommunication. Family members may hesitate to ask important questions to avoid being perceived as disagreeing with the professional. Professionals can assist in encouraging families to become more comfortable with the idea of asking questions and voicing their opinions more freely by asking open-ended questions, such as, "What do you think about that?" Giving sufficient time for a response indicates to the family that their views are needed and welcomed.

Nodding is a common way to communicate that someone is paying attention but does not necessarily indicate understanding. It is very important that providers frequently check for understanding and patiently repeat, rephrase, or find an alternate way to communicate the necessary information.

Views on Independence

A report in the [National Clearinghouse on Disability and Exchange](#) (n.d.) notes that, "In some cultures, independence may include relying on family, friends . . . utilizing informal human support, which, compared to the U.S., may be perceived as a less self-directed approach." This is true for the Latino/Hispanic culture as well. It is common to see a young, blind person provided sighted guidance by a family member or an aunt taking on the role of a babysitter for the children of all siblings to help the family.



Professionals should take great care to avoid any behaviors toward the child that could be misinterpreted as culturally inappropriate. If the family expresses frustration or asks questions about any aspect of child rearing, that would provide the needed opening for suggestions or information regarding discipline or the care of children.

Several families may take their children to a neighbor's house for daycare services to help support their neighbor. This may, in part, explain why "... children of immigrants are less likely to be enrolled in preschool programs, putting them at a disadvantage when it comes to the cognitive aspects of school readiness and English-language fluency" (Hernandez, Denton, & Macartney, 2007). We must be cautious in reaching this conclusion, however, because part of the explanation may be that many immigrant families do not know about the programs available to them. For Latinos, culturally, it is the family's duty to take care of their children, sick, elderly, and disabled. In many cases, parents become so overprotective that they hinder the chances for their children with disabilities to become independent. Some Latin groups place an emphasis on family interconnectedness versus individuality, since family members rely on one another for everyday survival. It is not uncommon to see adult children living in their parents' home until they get married or even after, creating a large extended family.

Since the culture in the U.S. encourages independence, this mindset can be a source of conflict between service providers and families in a number of ways. For example, a service provider may score a child as delayed if they do not use a spoon to feed themselves. Many Latino moms may nurse and spoon-feed their children much longer than mothers in the U.S. A child who does not use a spoon or drink from a cup should not be considered delayed until it is determined if the reason is cultural rather than a lack of motor ability. In the Andes, it is common for a baby to be

bound and/or carried on the mother's back during the day. Western professionals may be concerned that the child will never learn to crawl or walk. It is important to realize that children have been cared for in this manner for generations and mastered motor skills quite well. Professionals should take great care to avoid any behaviors toward the child that could be misinterpreted as culturally inappropriate. If the family expresses frustration or asks questions about any aspect of child rearing, that would provide the needed opening for suggestions or information regarding discipline or the care of children. Professionals must be sensitive to the culture of the family when planning for accommodations on an IEP. Professionals may believe that a family is being overprotective of a child with special needs and not allowing the child to make progress. If this is the case, considerable time may need to be spent learning about the family's goals for their child within the context of being culturally sensitive to that family.

Culture and Environment Contribute to the Ways Children Behave

According to the National Center for Learning Disabilities (NCLD; 2000), "The course of development can be greatly influenced by cultural and environmental factors. Behaviors that are acceptable in one environment may be inappropriate, even strange, in another. It is important to remember that differences in behavior do not always reflect differences in development."

The NCLD provides the following examples shown in Table 1:

Table 1
Cultural/Environmental Influence on Behavior

Behavior	Possible Variations Due to Cultural/Environmental Influences
Making eye contact	Limited eye contact may show respect; maintaining eye contact may be an inappropriate way for children to interact with adults.
Speaking to adults	Responding only when spoken to first; answering questions with formal titles (sir, ma'am, etc.).
Taking initiative	Waiting for adult direction; making sure to ask permission before starting an activity.

Perceptions of Disability

Consider this scenario . . .

Silvia's family is from Mexico. They are very loving parents who participate in all the therapy sessions. They have been told the importance of Silvia wearing her hearing aids during all hours by therapists, audiologists, and physicians. However, on several occasions, the child was not wearing the hearing aids when the therapist arrived for their sessions. The family has been seen at the supermarket with Silvia not wearing her aids. The daycare teachers report that Silvia never arrives with her hearing aids on. What's going on with this family and how can they be helped?

It is extremely important that professionals understand how the family perceives disabilities. A family's perception of disability has an impact on therapy participation, willingness to accept services, and the use of assistive devices, such as hearing aids. Perceptions of disability vary from one Latino/Hispanic country or region to another and are often related to socioeconomic status. In some countries, disability continues to carry a social stigma. Families whose culture views disability as shameful and/or as a punishment from God for past deeds may attempt to keep their children hidden from society. "This belief can be a deterrent to seeking early intervention services for the child with disability" (Bennett et al., 2001). Families often attempt to make a disability less visible. For example, their child with a hearing loss may not wear hearing aids in public places.

The opposite perception of disability can exist as well. In households with a deep religious background, a child with a disability may be viewed as gift from God. "The family may feel they have a religious duty to care for the child with a disability" (Heller, Markwardt, Rowitz, & Farber, 1994). For example, in the Hmong culture, people with epilepsy are considered gifted, because they are believed to communicate with ancestors during seizures (National Clearinghouse on Disability Exchange, n.d.). In communities "where social integration of people with disabilities is encouraged, families may be more directly or indirectly

involved in seeking opportunities for their child to live a normal life" (Bennett et al., 2001). Providers must be aware of the cultural beliefs of the families they work with, because "these beliefs may affect the family's understanding of the disability and the resulting treatments" (Bennett et al., 2001).

Providers armed with an understanding of families' perceptions of disabilities are better equipped to reach these families and provide the help they need. Let's take another look at the case of Sylvia's family in our scenario. The problems may originate from a cultural stigma on disability. One way to tackle this situation may be to bring the family together and have a frank discussion about their concerns and fears of raising a child with a hearing loss in their sociocultural environment. Some open-ended questions to pose might be:

- What are the family's views on wearing hearing aids?
- Is there a fear of comments or questions from the public or other people?

In order to have such a conversation, a provider must have created a strong bond with the family—one that can only be achieved through cultural understanding and respect. After a careful assessment of the family's concerns, an opening may be created where information regarding research supporting the successful use of interventions and assistive devices may be shared. A part of the service provider's role in assisting the family's acculturation may be to demonstrate that assistive devices do not carry the same stigma in the U.S. as they do in other countries, and that people with disabilities can live rich and fulfilled lives. It is extremely important for the family to understand that for a child who is hearing impaired to achieve as normal a life as possible, access to language early in life is vital no matter what method or approach the family chooses to pursue!

Health Beliefs

It is important to understand the health beliefs of the Latino/Hispanic populations we serve. “The type of health care and healing families seek may be determined by the degree families believe in folk medicine and treatment, Western medicine and technology, or a combination of both” (Bennett et.al., 2001).

Many misunderstandings, as well as tragic events, can be avoided if the provider has an understanding of and a sensitivity to the health beliefs of their patients, students, or clients. A book that provides an example of how a lack of cultural competence, especially regarding health beliefs and cultural sensitivity, can negatively impact the medical care a patient and their families receive is, *The Spirit Catches You and You Fall Down*. This book describes the tragic clash between a Hmong family and their Western providers and can provide valuable insights into the dilemma faced by families when cultural values conflict with health care recommendations and practices.

“When health care providers fail to understand sociocultural differences between themselves and their patients, the communication and trust between them may suffer. This in turn may lead to patient dissatisfaction, poor adherence to medications and health promotion strategies, and poorer health outcomes” (Betancourt et al., 2003).
 When providers fail to understand the

culture of the individuals or family he/she serves, misunderstandings may occur. These misunderstandings can disrupt communication between providers and patients, thus adversely impacting diagnosis and treatment.

It has been observed by the author of this chapter that when professionals acknowledge patients’ health beliefs as valid, patients become more comfortable, are more eager to partake in discussion regarding their illness, and are more willing to trust their providers. The woman in the vignette was actually suffering from upset stomach, indigestion, or a stomach flu. She attributed her illness to *empacho*, which is a culturally ingrained folk illness associated with strong emotions and eating.

According to Blue (n.d.), providers need to identify when a patient has a different health belief about their affliction and ask open-ended questions to find out more about their patient’s health beliefs. Information acquired from this type of questioning can be used to negotiate a treatment that is satisfactory to both parties and serves to close the cultural gap between patient and provider. When doctors acknowledge a family’s health beliefs, it helps to establish credibility and trust that will assist them in educating the families they work with. Whenever possible, “acknowledging a family’s traditional beliefs and health practices should be blended with the standard medical diagnosis of the disability” (Bennett, Zhang, & Hojnar Tarnow, 2001).

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Let’s take a look at the following vignette . . .

A Latin woman sees a physician reporting symptoms of *empacho*. The doctor, who speaks some Spanish, asks, “What is *empacho*?” The woman replies, “Yesterday, while I was eating, my son had a fight with my husband, and now I have *empacho*.” The doctor laughs, as he thinks she was joking. The woman feels offended, stands up, and leaves. What went wrong and how can this situation have been handled in a culturally sensitive manner to obtain a better outcome? The culturally competent doctor would have asked the patient to describe the symptoms of *empacho*. This would have provided the doctor with clues regarding etiology. Once the medical diagnosis was made, the doctor could have acknowledged the patient’s *empacho* and provided appropriate medical treatment. The doctor could also have taken the opportunity to educate his patient on the Western terminology for her ailment.

Some research has suggested cultural assessments be used as a tool to help professionals deliver culturally competent health care.

Some research has suggested cultural assessments be used as a tool to help professionals deliver culturally competent health care (Campinha-Bacote, 2011; Kleiman, 1980). As shown in *Table 2*, Berlin and Fowkes (1982) share five steps to follow to provide a successful cultural assessment. In addition, Kleinman (1980, p. 106) suggests asking open-ended questions.

Putsch and Joyce (1990) provide additional suggestions to close the cultural gap in health care. “First, compare explanations of illness with the patient. Second, mold your therapeutic plans

to accommodate special beliefs and perceptions held by the family. Finally, when alternative therapies clearly seem to put the patient at risk, use education and justification of biomedical processes as a counter.” Modes of inquiry, such as cultural assessment, “establish familiarity and acceptance on the examiner’s part and simultaneously broaden the database via wider-ranging discussion of the views held by the patient. Elevating patient concerns and views to a level of significance and respect is not only important but requires additional time and a certain level of personal commitment.”

Table 2 Suggestions for a Successful Cultural Assessment

Open-ended questions to ask during a cultural assessment:

- 1 What do you call your problem? What name does it have?
- 2 What do you think has caused your problem? Why do you think it started when it did?
- 3 What do you think your sickness does to you? How does it work?
- 4 How severe is it? Will it have a short or long course?
- 5 What do you fear the most about your sickness?
- 6 What are the chief problems your sickness has caused for you?
- 7 What kind of treatment do you think you should receive? What are the most important results you hope to receive from this treatment?

Five Steps for a Successful Cultural Assessment

Listen

Listen to the patient’s perception of the presenting problem.

Explain

Explain your own perception of the patient’s problem.

Acknowledge

Acknowledge the similarities and differences between the two perceptions.

Recommendations

Focus on recommendations, which must involve the patient.

Negotiate

Negotiate a treatment plan—recognizing that it may be beneficial to incorporate selected aspects of the patient’s culture into the patient-centered plan.

“Understanding the perceptions of Latinos/Hispanics and the barriers to health care could directly affect health care delivery (Flores, 2009). There are barriers between providers and families that include differences not only in language but also culture. Many doctors, nurses, and therapists insist that patients conform to their mainstream values—widening the barrier even more. “Health care systems must create more culturally competent environments by providing better language services at the organizational level and more culturally sensitive providers at the interpersonal level” (Flores, 2009). “Improved health care utilization among Latinos/Hispanics could reduce the long-term health consequences of many preventable and manageable diseases” (Flores, 2009).

Health belief differences may not be the only reason Hispanic families fail to seek Western/traditional medical treatment. Health visits are expensive and may not be sought because of lack of health insurance, lack of knowledge regarding Medicaid and other health programs, or the eligibility procedure may be viewed as “difficult, frustrating, and humiliating” (Perry & Paradise, 2007). *Some undocumented families are afraid that seeking health care may expose them to legal action or at the very least make authorities aware of their presence in the country.*

“A health care practitioner should never assume that an individual from one ethnic group holds the same beliefs as another individual from the same ethnic group” (Blue, n.d.). For example, some Latinos/Hispanics believe that physical and mental illness may be attributed to an imbalance between the person and the environment, but other Latinos do not hold this belief. However, professionals must keep in mind that “there are common elements of belief that may be shared among members of cultural and ethnic groups, and a general familiarity with these can be very helpful in further understanding a patient’s particular perspective” (Blue, n.d.). Finally, Blue (n.d.) stresses the fact that “members of a cultural or ethnic group who are younger, more educated, more affluent members, and more acculturated into

mainstream American society may not adhere to popular and folk medical beliefs. However, it is likely others in their social network will rely upon these concepts when such an individual becomes ill in order to identify the illness, suggest treatment, and evaluate prescribed treatment.”

Currently, many Latinos/Hispanics seek care for medical and folk illnesses from a variety of alternative healers in addition to traditional forms of medicine. Some use alternative healers as their only source of health care, while others seek only traditional medicine. It is important to note that it is not uncommon for some (but not all) Latinos/Hispanics who use Western medications to obtain their prescription drugs from friends as well as legitimate means. To better understand Latino health beliefs, a brief explanation regarding the origin of Hispanic health beliefs will be presented, along with a discussion of folk healers, illnesses, and remedies.

Origins of Latino Health Beliefs

According to Chavez and Torres (1994) and Birkhead (2007), many of the traditional health and disease beliefs of Latinos/Hispanics are based on 16th-century Spanish medicine and religion and are influenced by the beliefs of groups, such as Aztecs, Mayans, and Incas. “The ancient Mayan, Aztec, and Inca cultures each developed sophisticated uses for medicinal plants before the Spanish Conquest in the early part of the 16th century. Healing traditions have been passed down from these ancient cultures to modern-day Latinos” (Metten, 2005). “The traditional Hispanic health beliefs system has been influenced by Meso-American Indians, African slaves, Spanish conquerors, and Catholic priests who accompanied the Spaniards” (Birkhead, 2007). Many Latino/Hispanic health beliefs, as well as religious beliefs, are a blend of Catholic traditions and the religious beliefs of African slaves who were brought to Latin America. Two such beliefs are *Santeria* and *Curanderismo*, which are defined in the folk healers section in *Table 2*.

Some undocumented families are afraid that seeking health care may expose them to legal action or at the very least make authorities aware of their presence in the country.

Table 2

Latino/Hispanic Health Beliefs

Folk Healers

“Three kinds of folk healers are found in Mexico: *curanderos*, *yerberos*, and *sobadores*” (Burke, Wieser, & Keegan, n.d.):

Curandero	Shaman/Chamán/Ayahuasca	Santeros
<p>Curandero is a spiritual healer who tends to bodily ills. Curanderos use an arsenal of items for healing, including, but not limited to, herbs, teas, fruits, alcohol, candles, oils, eggs, cigars, animals, and flowers. Many curanderos rely on the use of prayer and touch as well as Catholic elements, such as holy water, amulets, and images of saints. They are healers who prescribe, prepare, administer cures, cleanse the soul, and treat illnesses caused by witchcraft.</p> 	<p>Shaman/Chamán/Ayahuasca is common in Peruvian and Ecuadorian culture. A <i>shaman</i> is similar to a <i>curandero</i>.</p> 	<p>Santeros (the way of the saints) use herbs, plants, cigar smoke, and may enter into a state of trance—among other methods—to diagnose a client’s problem and prescribe a remedy. <i>Santeria</i> also uses animal sacrifices; animal body parts; and highly charged, handmade evocative objects in certain rituals (Wedel, 2004). Catholic symbols are also used by <i>Santeria</i>.</p>
Brujo	Sobadores	Partera
<p>Brujo (witch) is a person who specializes in casting spells.</p>	<p>Sobadores are massage specialists.</p>	<p>Partera is a midwife.</p>
Yerbero		
<p>Yerbero (herbalist) is a highly knowledgeable person who specializes in herbs and plants used in Hispanic folk medicine.</p>		

Table 2 (continued)

Folk Illnesses

Folk illnesses—sometimes referred to as culture-bound syndromes—are health and illness beliefs shaped by a culture. Folk illnesses have a cause, prevention, and a cure. They are not usually found in the traditional medical repertoire. Examples of some Hispanic/Latino folk illnesses include:

Tristeza	Ataques de Nervios (ADN)	Nervios
<p>Tristeza. Overwhelming sadness—may be similar to depression.</p>	<p>Ataques de nervios (ADN). Closely resembles panic attacks. “Symptoms commonly include uncontrollable shouting, attacks of crying, trembling, heat in the chest rising into the head, and verbal and physical aggression. Some prominently feature dissociative episodes, seizure-like or fainting episodes, and suicidal gestures, while others lack those features entirely. It is usually triggered by a stressful event within the family” (Dziegielewski, 2010).</p>	<p>Nervios “refers both to a sense of vulnerability to stressful life experiences and the symptoms produced by that vulnerability” (Dziegielewski, 2010). The patient may experience emotional distress, somatic complaints, and inability to function. Symptoms include: nervousness, inability to concentrate, easy tearfulness, trembling, tingling sensations, and dizziness. It has been described as “sickness of the nerves” and may be treated spiritually and/or medicinally.</p>
Mal de Aire	Susto	Empacho
<p>Mal de Aire refers to the consequences of being exposed to air that is too cold or damp or an extreme change in temperature from hot to cold. Symptoms may include dizziness, stiff neck, earache, twitching of facial muscles, or paralysis of the face. It can be treated with teas and cupping.</p>	<p>Susto (fear or fright) is one of the manifestations of soul loss. It is a “...chronic condition that occurs when a person has been exposed to a frightening experience that causes the victim to become ill” (Molina & Aguirre, 1994) and scares the life source out of the body. Symptoms of <i>susto</i> may include: depression, weakness, loss of appetite, sleeplessness, anxiety, fever, nausea, muscle aches, headaches, and diarrhea. <i>Susto</i> affects the immune, digestive, and nervous systems, and in severe, untreated cases, it may lead to death. To cure this condition, a <i>barrida</i> is performed in which a chicken egg and a mix of herbs are massaged over the victim’s body to soak up the sickness. Alcohol may be sprayed from the <i>curandero’s</i> mouth over the victim’s body (Weller et al., 2002).</p>	<p>Empacho can be triggered by excessive emotion prior to eating or by eating too much food. Some of the symptoms include:</p> <ul style="list-style-type: none"> • Intestinal obstruction • Abdominal pain • Vomiting • Constipation • Gas and/or bloating. <p>The Western medical term is indigestion. <i>Empacho</i> can be treated with tea infusions.</p>

Table 2 (continued)

Folk Illnesses

Folk illnesses continued . . .

Mal de Ojo

Mal de ojo (evil eye) is an illness that can occur in children. A strong stare or contact with a strong force, especially combined with envy directed at attractive or vulnerable people, can cause *mal de ojo*. “The affected person exhibits a lack of energy, possibly with a lack of appetite, weight loss, gastrointestinal symptoms, and emotional symptoms, such as crying and irritability” (Weller & Baer, 2002). A common cure is to pass a raw egg over the person to absorb the negative energy. The egg is then broken into a glass and examined. The shape of the yolk indicates the culprit’s gender

or reads the person’s energy, so that treatment can be individualized.

Protection against *mal de ojo* usually involves wearing a red bracelet. In Mexico, the bracelet has a large brown seed that resembles an eye, called *ojo de venado* (deer’s eye), and a red tassel. In Ecuador, the bracelet is red with one or several beads that resemble eyes. The simplest amulets are red threads.



Folk Remedies

Most Hispanic folk remedies are handed down by word of mouth and passed down from one generation to another. Folk remedies are an integral part of Latino/Hispanic culture. Hispanics frequently consult family or close friends on matters of remedies. Some remedies and treatments used by Latinos include: teas and infusions, amulets, and prayer. Professionals should not be alarmed as long as a folk remedy does not interfere with a medical treatment. Showing an understanding of and respect for folk remedies will go a long way toward demonstrating the cultural sensitivity necessary to effectively work with families and their children.

Interpreters, Cultural Brokers, and Translators

Providers who work effectively with diverse populations recognize the need to include culturally competent interpreters and/or cultural mediators in their practices.

What Is an Interpreter?

An interpreter is someone who facilitates

accurate communication to ensure understanding between people speaking different languages. Unless a trained, professional interpreter is used, there is no guarantee that the message is being conveyed correctly from provider to parent and vice versa. A discussion of the key terms in this process of changing one language to another is certainly warranted for cultural competence. Using a child from the family as the interpreter should be avoided at all costs, since this act can place

Using a child from the family as the interpreter should be avoided at all costs, since this act can place the child in a position of power and cause upheaval in the family structure.

the child in a position of power and cause upheaval in the family structure. There is no guarantee that the message will be correctly conveyed when using anyone who is not a professionally trained interpreter.

What Is a Translator?

“Translators convert written materials from one language into another. They must have excellent analytical ability, writing, and editing skills, because the translations they produce must be accurate” (Bureau of Labor Statistics U.S. Department of Labor, 2006).

What Is a Cultural Broker?

Cultural broking is “the act of bridging, linking, or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change” (Jezewski, 1990).

Suggestions for Optimal Outcomes When Working with Culturally Diverse Clients

- It is highly recommended that assessments and therapy be conducted in the family’s native language whenever possible. If the clinician does not speak the native language fluently, the use of a trained, professional interpreter will be necessary. Federal statute TITLE VI requires that any agency accepting federal funds provide services in the *native* language of consumers.
- Consider the family’s cultural and language needs to ensure that parents are full partners.

- Have high expectations for the families you serve. Do not judge a family’s ability to learn information about hearing loss or nurture their child’s development by their language, culture, or literacy level.
- Remember that culture shapes an individual’s concept of disease, disability, education, and treatment.

Conclusion

To build better relationships with Spanish-speaking families, it is of vital importance that service providers understand the health perceptions and cultural beliefs of the Latino/Hispanic community. Educators and health care systems must create culturally competent environments in an effort to provide optimum health care delivery to these families. As professionals endeavor to become more culturally competent, they must remember not to assume that an individual from one ethnic group holds the same beliefs as another individual from the same ethnic group.

The author acknowledges it is problematic to try to describe an entire cultural group, because it may create or reinforce stereotypes. Professionals must remember that, even though Latinos share many characteristics, the terms “Latino” and “Hispanic” stand for a large and varied group of individuals. Countries and regions have different languages and dialects and are often ethnically and racially diverse. Remember that cultural competence is an ongoing process not a destination. Be patient with yourself as well as honest and open with your patients. Families are typically very appreciative of honest efforts to be culturally sensitive and will make every effort to meet you halfway.

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To build better relationships with Spanish-speaking families, it is of vital importance that service providers understand the health perceptions and cultural beliefs of the Latino/Hispanic community.

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