

The Hispanic/Latino Community in Louisiana

CULTURAL COMPETENCY NEEDS &
POTENTIAL CHALLENGES

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Magellan
HEALTHCARESM

Objectives



1. The learner will be able to familiarize themselves with terms used in the Hispanic/Latino community with regard to healthcare delivery.
2. The learner will be able to identify needs for mental health services for Hispanic/Latino youths and adults.
3. The learner will be able to identify barriers to effective mental health treatment that Hispanic/Latino clients may encounter.
4. The learner will be given examples of mental health issues specific to the Hispanic/Latino culture.
5. The learner will identify various ways to overcome barriers and make connections to better serve their Hispanic/Latino American clients.



Hispanic or Latino

Hispanic and Latino are often used interchangeably though they actually mean two different things.

- Hispanic refers to people who speak Spanish and/or descended from Spanish speaking populations.
- Latino refers to people who are from or descended from people from Latin America.

In current times, the United States uses the term Hispanic/Latino as racial categories, although inaccurate. The population they describe is actually composed of various racial groups and works more accurately as descriptors of ethnicity and culture.

It is important to understand that the terms Hispanic and Latino are used interchangeably by the U.S. government to study the population, social, economic, and political trends. This can differ from how people use them socially. Throughout the presentation, the term Hispanic or Latino will be applied to coincide with the sources of the data provided.



Hispanic/Latino: Louisiana Demographics

- According to Pew Research Center there are approximately 222,000 persons who identify as Hispanic or Latino in the state of Louisiana.
- The 2018 US Census shows that the total population of Louisiana grew by 5.2% between 2010 – 2018 *and the Hispanic or Latino percentage of the Louisiana population grew from 4% to 5.2%.*
- Approximately 61% of Louisiana Hispanics or Latinos are native born.
- Roughly 39% are foreign born with approximately:
 - *43% Mexican origin*
 - *57% Non-Mexican origin*



Age, Gender, Finances & Education

- The Louisiana Hispanic or Latino community is generally a young population with
 - *A median age of 28*
 - *70% are 39 or younger*
- 55% are Male, 45% Female
- Education:
 - *73% of those over 25 have at least a High School diploma*
 - *38% of those have a Bachelor's degree or some college*
- Median annual personal earnings:
 - *\$25,000 for all over 16*

Family



The father is the head of the family and the mother is responsible for the home in most Hispanic families.

Traditionally, the Hispanic family is a close-knit group and the most important social unit. A problem of one family member becomes the concern of the whole family.

La Familia is the main unit in the Hispanic community, superseding church, political parties, or any other group.

44% of Louisiana Hispanics ages 15 and older are married.





Hispanic Cultural Value Terms & Definitions: Familismo, Personalismo, Machismo/Marianismo, Confianza

- *Familismo* refers to the strong family loyalty and sense of belonging within extended Hispanic families.
 - Familismo is defined as a fundamental cultural value for most Latinos. The main aspect of this cultural construct are feelings of mutual obligation, reciprocity, and solidarity towards one's family members.
- *Personalismo* is the preference for warm, personal interactions. It stresses individual, warm, personal ways of relating to others rather than “institutional” relationships.
- *Machismo and Marianismo* is the traditional, often rigid and stereotypical, gender roles that men and women may be expected to play in family life.
- *Confianza* is the Spanish word for “trust” and refers to confidence, trust and intimacy in a relationship.



Hispanic Cultural Value Terms & Definitions (cont'd): Hierarchy and Respeto

- While acculturation, education, and other societal factors impact how Latino families interact, traditionally there is both generational and gender hierarchy in Hispanic families.
- Deference is shown to older members, males, and those in authority. In more traditional extended Hispanic families the eldest male is the top of the hierarchy.
- Respeto defines the boundaries of closeness, even among equals, and encourages deferential behavior towards people with higher social rank as designated by age, gender, authority or position.



Healthcare Delivery: Familismo, Hierarchy, and Respeto

Healthcare providers may wish to keep in mind:

- The importance of involving the extended family in decisions and interventions.
- Approaching patients in a more formalized and respectful manner. Informality may make Latino patients and families uncomfortable and be seen as rude.
- Recognizing and allowing time for the family hierarchy to be involved in decisions. Be respectful of the family's internal hierarchy.



Need for Mental Health Services in Hispanic/Latino Communities- Adult

- According to the 2014 Census, 17.8 % of the U.S. Population is estimated to be Latino or Hispanic;
- Of those, most had a diagnosable mental illness in the past year.

When surveyed, 36% of all Louisiana Hispanic Adults reported that their mental health was 'not good' between 1-30 days within the past 30 days.

- 27% of the responses were from Hispanic males.
- 48% of the responses were from Hispanic women.
- 21% more than Hispanic males and 9% more than women of other races/ethnicities in Louisiana.

[Adults Reporting Poor Mental Health Status, by Race/Ethnicity](https://www.cdc.gov/brfss/index.html)

<https://www.cdc.gov/brfss/index.html>

[Latinx/Hispanic Communities and Mental Health](#)



Need for Mental Health Services in Hispanic/Latino Communities- Youth

- Latino high school males are just as likely to report suicidal thinking as non-Latino whites (10.7 percent versus 10.5 percent), and more likely to attempt suicide (6.9 percent versus 4.6 percent).
- Latino high school females are more likely to report suicidal thinking than non-Latino white females (20.2 percent to 16.1 percent) , and more like to attempt suicide as well (13.5 percent to 7.9 percent).

Need for Mental Health Services in Hispanic/Latino Communities- Youth (cont'd)



Suicidal ideation among students in grades 9–12, 2015
 Percent of students who seriously considered suicide

	Hispanic	Non-Hispanic White	Hispanic/ Non-Hispanic White Ratio
Male	12.4	11.5	1.1
Female	25.6	22.8	1.1
Total	18.8	17.2	1.1

Source: CDC 2016. High School Youth Risk Behavior Survey Data.
 Available at <http://nccd.cdc.gov/youthonline>. [Accessed 06/20/2016]

Suicide attempts among students in grades 9–12, 2015
 Percent of students who attempted suicide

	Hispanic	White	Hispanic/White Ratio
Male	7.6	3.7	2.1
Female	15.1	9.8	1.5
Total	11.3	6.8	1.7

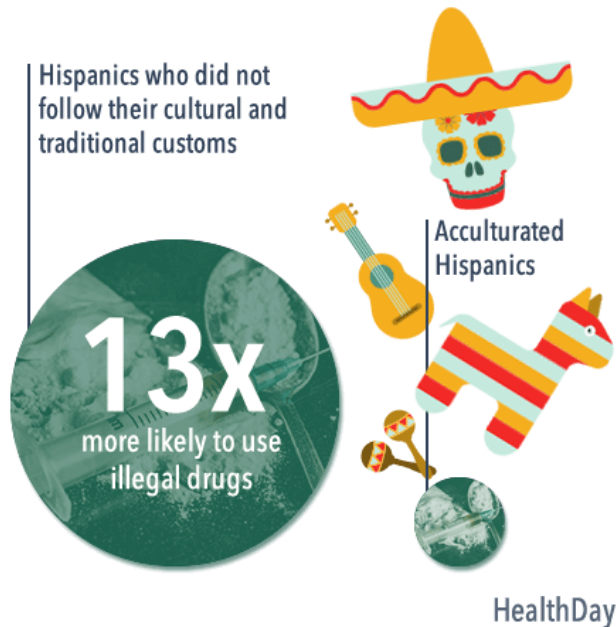
Source: CDC, 2016. High School Youth Risk Behavior Survey Data. [Accessed 06/20/2016]
<http://nccd.cdc.gov/youthonline>

Addiction and the Hispanic/Latino Community



- An often overlooked concern that threatens Hispanic lives in the U.S. is the problem of alcohol and drug abuse.
- As the Latino population in America grows, addiction rates in this community are also increasing.
- The diversity of Latino and Hispanic groups causes a challenge to generalize the reasons for substance abuse and the most effective methods for treating addiction, however, common threads can be identified that may contribute to the risk of drug or alcohol abuse.
- Hispanics who emigrate to the United States can often face triggers of anxiety and depression. The Anxiety and Depression Association of America (ADAA) explains that substance abuse, trauma, and stress disorders often coincide.
- The ADAA lists the following challenges that create potential for substance abuse:
 - Religious or ethnic persecution
 - Lack of job opportunities or travel freedom because of an immigrant's legal status
 - Lack of legal protection
 - Fear of deportation
 - Difficulty or inability to see friends and family in their home country
 - Trauma in the cause of involuntary emigration

Addiction and the Hispanic/Latino Community (cont'd)



Journal of Ethnicity in Substance Abuse mentions studies that “consistently find a positive relationship” between Hispanics using English and higher rates of alcohol or drug abuse. Studies on the subject that involved interviews with Hispanics discovered that those who responded to questions in English were more likely to use dangerous substances, and abuse them, than those who responded in Spanish (or their specific first language). Similarly, Hispanics who visited their country of birth regularly, stayed in frequent touch with extended family, or maintained their cultural values in some other way, had lower rates of addiction and substance abuse than their Hispanic counterparts who did none of those things.

A large purple triangle is the background for the slide. It is decorated with several smaller triangles of various colors: a blue triangle on the left edge, a lime green triangle near the top left, an orange triangle near the top right, a light blue triangle near the top right, and a pink triangle near the right edge.

Barriers to Treatment

Language



Hispanics in Louisiana - language statistics:

- *(64%) Language other than only English spoken at home are fully bilingual, speaking both Spanish and English well*
- *(36%) Only English within their home*

Language Barriers



- Language barriers can make communicating with patients and families difficult.
- Lack of Spanish-speaking providers, lack of materials in Spanish, and the difficulty of overcoming a language barrier even to get a referral can be barriers. These language issues also prevent many Latinos from being able to express themselves or discuss their symptoms with their healthcare providers.
- While lack of diversity or sensitivity training may contribute to misunderstood communication, Hispanic patients also report provider staff behaving in outright rude and hostile manner, which may also be barrier to accessing appropriate and timely treatment.
 - o A barrier related to treatment endorsed by New Orleans Hispanics whose primary language is Spanish is that they ‘don’t know where to go’. Only 46% reported translation services were available where they sought help.

Latino Health Survey Report, Committee for a Better New Orleans, 2013/2014 www.cbno.org

Machado, Amanda. *Why Many Latinos Dread Going to the Doctor*. 5/07/2014 The Atlantic

<https://www.nami.org/find-support/diverse-communities/latino-mental-health>

<https://afsp.org/latinos-mental-health-current-issues-reason-hope/>

Poverty and Insurance

- 39% of Hispanics in Louisiana ages 17 and younger live at or below the poverty level.
- 20% of Hispanics ages 18-64 live at or below the poverty level.
- 29% of the non-elderly Hispanic population are on Medicaid.
- 36.9% of the Hispanic population are uninsured.
- 34% of the Louisiana Hispanic population are without health insurance.
- The Hispanic population in the United States have significantly higher uninsured rates (19%) than Whites (7%).

Cost Barriers



The Latino Community Health Issues in New Orleans survey conducted in 2013/14 by Puentes, the Committee for a Better New Orleans and the New Orleans Health Dept found that both cost of insurance and the cost of care was the single greatest impediment to treatment endorsed by Hispanics surveyed in the New Orleans area.

Barriers to Seeking Treatment



- While some ethnic groups have major stigmas around seeking mental health help, studies have shown Hispanics/Latinos may have *a more positive attitude* toward mental health treatment seeking than non-Hispanic whites.
- This may indicate that treatment barriers may be primarily due to:
Structural barriers to care such as:
 - Language
 - Lack of cultural sensitivity
 - Socioeconomic factors
- Many of these systemic barriers must be addressed at multiple layers by governmental and professional organizations.

Underutilization & Undertreatment



Research shows that Hispanic/Latinos adults:

- underutilize mental health services
- are less likely to receive guideline congruent care when they do access services
- rely more often on primary care for services
- self-monitor their mental health or seek guidance from a peer

<https://www.mentalhealthamerica.net/issues/latinxhispanic-communities-and-mental-health>

Disparities in Hispanic/Latino Children and Adolescents



Per the American Psychiatric Association's Mental Health Disparities: Hispanics and Latinos;

- Hispanic children and adolescents are at significant risk for mental health problems, and in many cases at greater risk than white children.
- Suicide rates were consistently higher in Hispanic students than in white and black students in grades 9-12.
- Hispanic adolescents are half as likely than white adolescents to use antidepressants.
- Hispanic children are half as likely than white adolescents to use stimulants to treat disorders such as attention deficit/hyperactivity disorder (ADHD) and attention deficit disorder (ADD).
- In 2014, Hispanic and white adolescents aged 12-17 in the U.S. were more likely than black or Asian adolescents to have initiated alcohol use or cigarette use in the past year.



Access to Hispanic Providers

- There is a shortage of bilingual or linguistically trained mental health professionals.
- According to NAMI, a survey conducted among 596 licensed psychologist APA members found that only 1% identified themselves as Latino.
- The Center of Medical Health services reporting about 20 Latino mental health professionals for every 100,000 Latino individuals.

Examples of Mental Health Issues Specific to Hispanic Culture



Culture-Bound Syndromes



- The DSM-V added a cultural glossary which includes the more important Culture Bound Syndromes to guide users through cultural issues on patient Culture Bound Syndrome.
- In Latin American and Carribean (LAC) countries, the main culture bound syndromes studies are:
 - *Nervios: Episodes, usually chronic, of extreme sadness or anxiety associated with somatic symptoms such as headaches and/or muscle pain. It is more common in women and associated with stress, emotional imbalance, and low self-esteem.*
 - *Susto: Chronic somatic symptoms attributed to “soul loss” and induced by an episode of intense fear experienced by the individual, usually related to a supernatural perspective.*
 - *Ataque de nervios: Culturally acceptable responses to acute stressful experiences, particularly the loss of loved ones and family conflict or threat.*



Health providers and Culture-Bound Syndromes

- When responding to symptoms that may be connected to Culture-Bound syndromes it is important to keep in mind:
 - Somatic symptoms often replace emotional complaints in foreign-born students from cultures where mental illness is stigmatized.
 - It is challenging to get the patient to accept treatment once a mental illness diagnosis has been confirmed.
 - Empathy and a willingness to listen is crucial.
 - It is important to align with the family and community and access appropriate resources.



Overcoming Barriers

Accessing Strengths and Resources in Hispanic/Latino Community



- Family: A very important resource in mental health treatment, as discussed earlier.
- Spirituality: Many Hispanic/Latino families draw on strong spiritual beliefs to cope with mental illness.
- Aspiration to succeed: In those that are first generation immigrants there is a strong desire to succeed, not just for themselves, but for family in their country of origin.

Overcoming Barriers and Improving Treatment



- Culturally sensitive outreach to the Hispanic community may be necessary to impact depression rates and improve access to treatment.
 - It is crucial to examine culturally defined beliefs and expectations and consider how these factors affect their healthcare views.
- Recruitment of bilingual staff and offering forms and information in Spanish can improve access.
- Assessment in the member's primary language allows for better diagnosis and improved treatment outcomes. Again, bilingual staff or a translator can aid in this process.
- Involving the family is crucial to compliance and good outcomes.



Overcoming Barriers and Making Connection: Simpatia and Personalismo

- Physicians must be sensitive to Latino cultural values of simpatia (kindness) and personalismo (relationship).
- Personalismo, a personal connection, can be achieved by asking about the patient and his or her family. Because people stand closer to each other in most Latino cultures, physical proximity is also perceived as being more personable.
- Physicians should sympathetically listen to the patient's perception of the problem, explain his or her perception of the problem, acknowledge and discuss any differences and similarities between the two views, recommend a treatment plan and negotiate agreement.

Summary



A reminder that the all the dimensions of Cross Cultural competency are important to cultivate with Hispanic/Latino clients:

- Awareness
 - Knowledge
 - Empathy
 - Skills
 - Flexibility
 - Resource Adaptation
 - Workforce Diversity
- and a reminder that all clients are individuals and must be evaluated and treated according to their individual presentation and needs within a culturally informed context.

Magellan Assists with Cultural Competency



From the Magellan Provider Handbook:

Magellan's responsibility is to:

- Provide ongoing education to deliver competent services to people of all cultures, races, ethnic backgrounds, religions, and those with disabilities;
- Provide access to language assistance, including Braille for the visually impaired, and bilingual staff and interpreter services to those with limited English proficiency, during all hours of operation at no cost to the consumer;
- Provide easily understood member materials, available in the languages of the commonly encountered groups and/or groups represented in the service area;
- Provide access to Louisiana Relay or TTY services for the hearing impaired;
- Monitor gaps in services and other culture-specific provider service needs. When gaps are identified, Magellan will develop a provider recruitment plan and monitor its effectiveness.

Need language assistance?

Contact Magellan at 800-424-4489

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