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Culturally Appropriate Health Care: Lessons From an Outreach to Hispanic Clients

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math lesson when you ve got a savage tooth ache? Or to write an essay when your teeth are rotting in your jaw? I thought maybe the best contribution I could make to educating these kids would be to keep them healthy enough to get something out of school." No doubt we all aspire for our students to become wealthy and wise. But healthy comes first.

The articles included in this special issue of *TESOL in Action* address many of these objectives. They are contributed by health care providers, health administrators, communication specialists, TESOL professionals, and social activists

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CULTURALLY APPROPRIATE HEALTH CARE: LESSONS FROM AN OUTREACH TO HISPANIC CLIENTS.

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Culture is the mirror in which we see ourselves and through which we view the world around us. Culture represents a particular set of values, norms, attitudes, beliefs, and expectations about the world that shapes the lives of those who belong to that culture. As the cultural landscape of the United States continues to diversify, it is estimated that by the year 2000, Hispanics will make up nearly 11% of the population. These changes and the diversity of people seeking health care services has challenged both the providers of these services as well as those seeking these services themselves.

Consider the term "Hispanic." This term is often used to refer to anyone whose native language is Spanish . But it is essential for an accurate cultural understanding to recognize the tremendous diversity that exists within this term. For example, the rural Mexican is uniquely different from the urban Columbian or the indigenous Guatemalan who all might be categorized as Hispanic. Each group has a unique historical, linguistic, political, and social evolution that has contributed to their cultural identity. Thus it is easy to understand the importance of cultural literacy on the part of health care providers as an important element in providing culturally appropriate health care services to Hispanic clients. Lack of such cultural knowledge and skills has all too frequently resulted in many traditional health care settings reflecting values and norms that are inadequate or inappropriate for Hispanic clients.

It is the purpose of this article to acknowledge the diversity that exists within the term "Hispanic," and then to examine specific cultural similarities that exist and are relevant in providing culturally appropriate health care services to the Hispanic client.

Early Lessons Learned

Although there are cultural differences within the Hispanic population, there are also some important similarities that can be identified. Practicing as a Pediatric Nurse Practitioner over the last 26 years, I had the opportunity of working with Hispanic families both in the United States and in Central and South America. It was during this time I learned the importance of Spanish language competency for myself as a health care provider. Language competency I believed was the key to success in working with Hispanic clients. I was partially correct. Language competency built the bridge over which I would travel to learn very important lessons. These lessons were taught to me over time by my Hispanic colleagues and friends as well as by years of

experience working with diverse Hispanic clients and their families.

The lessons began with the understanding that ***Confianza*** (trust and confidence) was a critical element to interpersonal relationships within the Hispanic community. Working directly with Hispanic families in their community was important in establishing trust and confidence. So when in 1993 the Grady Health System began providing pediatric health services in the northern part of greater Atlanta, I had the opportunity to put what I had learned regarding Confianza into practice. As a part of these pediatric services I began a postpartum home visiting program which laid the first steps in establishing a trusting relationship with the largely Hispanic community that we were to serve. This program allowed for a postpartum home visit to each family discharged from Grady Health System that had received prenatal care at our clinic. It allowed me to meet families in their own homes with extended family present. It was a culturally appropriate way to build trust and confidence with that community. One cultural principle had been well learned.

Another important cultural principal was that of ***Respeto*** (respect). Respeto is practiced commonly in both personal and professional relationships. Respeto requires that a person's sense of integrity be maintained in interactions with others. For example, it would be appropriate during my home visits or in my examining room to greet the eldest member of the family present or to pay appropriate respect to the head of a particular household before dealing with the purpose of the visit.

Simpatia (congenial attitude), which has no direct translation in English, is another important principle that can best be described as a practical approach to social interaction Simpatia avoids direct conflict or confrontation. Sometimes this meant that my plan or intervention could be accepted politely by a family with the nod of the head or a smile, but in reality not be accepted at all. It was crucial that further communication take place to reveal the degree of understanding present and whether agreement was mutual or just a reflection of Simpatia.

Challenges of Culturally Appropriate Care

There were, however, certain particular cultural lessons and principles that led me from the original postpartum home visiting program to a much larger community outreach involving other community agencies and resources. One of these cultural principles was that of Personalismo (good character and the personal use of self). This principle consists of using your best interpersonal qualities to help accomplish a task. In practice this means that families may be more likely to trust and cooperate with health care providers whom they know personally and with whom they have had meaningful conversation. It would be expected that such a health care provider would ask about clients and their families and would remember details of their lives. For example, ***Personalismo*** would require that I ask about the family or the health of the person with whom I was speaking before addressing any other subject that was of importance to me. Here was the challenge. After asking about the family and their health, I then had to consider the full range of information that I had been given. I was responsible in my relationship with the Hispanic family to pay attention to all that I now knew. In other words, how would I respond to the needs of the larger family?

Personalismo is closely related to another important cultural value that was essential to any understanding of Hispanic culture. ***Famialismo*** (familialism) refers to the centrality of the family within the Hispanic culture. This cultural value is demonstrated in the need that Hispanic family members have to consult with each other before making decisions and to help others in the family both economically and emotionally. An important consequence of Famialismo is the fact that Hispanics may be highly motivated to talk with other family members about their health related needs or the relevance of particular health care service programs available to them. This is a strength within the culture to be understood and built upon. It is an opportunity to reach extended family members within the Hispanic community with needed health related programs. It is also a challenge to health care providers to build this Famialismo knowledge when designing health service plans for Hispanic clients.

The principle of Famialismo is also closely related to another important cultural value, Collectivismo (collectivism). Collectivismo speaks to the importance of personal interdependence, conformity, and sacrifice for the good of the group. As Famialismo requires consultation with the family prior to decision making, Collectivismo requires that decisions be made interdependently and cooperatively for the well-being of family or community. The concept of individualism, as is highly valued in Western culture, may be of less importance to the Hispanic client because it is incompatible with the predominant tendency toward collectivism and may be perceived as selfish. This has important implications when asking individual Hispanic clients for an immediate response to a given therapeutic option. They will want to consider how that medical treatment will affect others in their families or communities (e.g., economic impact on others, need for others to take on household chores).

Later Lessons from the Field

Perhaps the most important lesson learned in working with Hispanic clients is that neglecting to consider the needs of the family or the interdependent ways decisions are made could result in ineffective as well as a

culturally inappropriate health care services. This is a challenge for our health care systems, systems that have traditionally valued the individual, self-care, and taking responsibility for one's own individual decisions. This is not about judging one set of values as being better than the other. It is about recognizing and respecting the differences and being able to build upon the strengths of these values and thus provide culturally appropriate health care services.

It was the recognition of these cultural values as cultural strengths that transformed the postpartum home visiting program which was focused on the mother and infant into a much larger outreach program that targeted the needs of the larger community. This community outreach and research project was called **MICO** (Mobilizing Interagency Comprehensive Outreach).

The MICO Project

The MICO Project was created in 1994 in collaboration with talented and dedicated colleagues who worked in partnership over the course of two years until the project was completed in 1996. The purpose of this project was to promote access to and appropriate utilization of available health care resources by a largely Hispanic community. The project also sought to improve communication and build collaboration among the many agencies serving (or potentially serving) this community. These agencies included the Atlanta Prevention Connection, North Fulton Grady Health Center, Fulton-Atlanta Community Action Authority, Fulton County Health Department, and EMSTAR Research Inc. These partners were committed to the task of creating an outreach program that would be executed in a culturally appropriate way. This meant that Spanish language use, although important, could not be considered in isolation from other important cultural concepts in the design and implementation of this project. Consideration was given to the decision making process in Hispanic families as well as to the structure of family decision making, traditional concepts, communication styles, and roles. The project was initiated with a community health needs assessment. This assessment was accomplished by providing a culturally appropriate outreach to community residents, including door-to-door home visits, and both in- person and phone follow- up to identify needs and referrals. Community outreach workers were recruited from the community, were bilingual, and received extensive training on conducting community health assessments. Working directly with the community in this way fostered trust and confidence toward the local service agencies. Upon completion of the community health assessment, strategies were designed and implemented to assist the community in meeting their identified health related needs and to increase the community's competence and confidence in using available resources.

The next important task was working with the local health and social service agencies in the community. Culturally appropriate education and training programs directed toward working competently with the Hispanic families were designed and presented to the community agencies' staff and health service providers in order to increase their comfort and ability in providing care for the larger Hispanic community. The comfort and ability of the service providers in working with their Hispanic clients was measured immediately following the training and again one month later. Project evaluation showed significant increases in both knowledge and use of community resources by the Hispanic community. The program evaluation also revealed significant improvement in the community service providers' level of comfort and ability in working with their Hispanic clients that was still significant one month after training.

Lessons for the Future

Effective strategies for providing culturally appropriate health care services to Hispanic clients must look beyond traditional approaches and models of the delivery of health care services. Language competency, although an essential element in any successful health related program, can not be considered in isolation from the cultural values and principles that create the template on which all communication will take place. Effective health care programs directed at serving the Hispanic community must consider the challenge of building their programs on the strengths of the cultural values and principles found within that community. By integrating cultural values and beliefs with conventional health care services we can best improve the quality of health care services in Hispanic communities.

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