The Hispanic/Latino Community in Louisiana

Cultural Competency Needs and Potential Challenges

January 2016
Terms: Hispanic and Latino

• The term ‘Hispanic’ was invented by the US government in the 1970s for purposes of the US Census and is used to refer to anyone whose origins can be traced to Spanish speaking regions of South America, Mexico, and the Caribbean.

• The term ‘Latino’ is also used for those with origins in Latin America, including people from non-Spanish speaking countries such as Brazil.

For our purposes Hispanic and Latino will be used interchangeably within this presentation.
Objectives

1. The learner will be able to name two notable demographic characteristics of Hispanic/Latinos in Louisiana.

2. The learner will be able to define Familismo and state one way this may impact how a health provider interacts with a client.

3. The learner will be able to identify two barriers to effective mental health treatment that Hispanic/Latino clients may encounter.

4. The learner will name a strength typical of the Hispanic/Latino community that can be leveraged in the delivery of effective mental health services.

5. The learner will identify one change or adjustment their agency or practice could make to better serve their Hispanic/Latino American clients.
Hispanic/Latino: 
Louisiana Demographics

• According to Pew Research Center there are approximately 197,000 persons who identify as Hispanic or Latino in the state of Louisiana.

• The 2010 US Census shows that while the total population of Louisiana grew by just 1% between 2000 – 2010, the Hispanic population in Louisiana grew by 79% and the Hispanic percentage of the Louisiana population grew from 2% to 4%.

Pew Research Center: Hispanic Trends, Demographic Profile of Hispanics in Louisiana, 2011 [www.pewhispanic.org](http://www.pewhispanic.org)
2010 Decennial Census, United States Census Bureau, [www.census.gov](http://www.census.gov)
Hispanic Louisiana Demographics (continued)

Approximately 55% of Louisiana Hispanics are native born. Roughly 45% are foreign born, with approximately

- 40% of them from Mexico
- 29% from Central America
- 5.6% from South America
- 15% from the Caribbean
- 12% from other origins

Over half of those self-identifying as Hispanic/Latino live in the Southeast section of Louisiana.

Pew Research Center: Hispanic Trends, Demographic Profile of Hispanics in Louisiana, 2011 www.pewhispanic.org
2010 Decennial Census, United States Census Bureau, www.census.gov
Age, Gender, Finances & Education

- The Louisiana Hispanic community is a generally a young population with
  - A median age of 29
  - 70% are 39 or younger
- 54% are Male, 46% 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 personal earnings is
  - $21,000 for all over 16
  - $31,000 for fulltime year round workers.

Pew Research Center: Hispanic Trends, Demographic Profile of Hispanics in Louisiana, 2011 [www.pewhispanic.org](http://www.pewhispanic.org)
2010 Decennial Census, United States Census Bureau, [www.census.gov](http://www.census.gov)
Family

78% of Louisiana Hispanics live in family households.

Traditionally Hispanic families include more than the nuclear parents and children. Family includes grandparents, aunts and uncles, cousins, and unrelated persons that are considered family.

Hispanic families tend to be close knit and a major source of identity.

Pew Research Center: Hispanic Trends, Demographic Profile of Hispanics in Louisiana, 2011 [www.pewhispanic.org]
Familismo

• *Familismo* refers to the strong family loyalty and sense of belonging within extended Hispanic families.

• Decisions are generally made by the extended family, not individuals, with the kinship circle consulted, weighing in and supporting.

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.

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: Adult

• 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
  o 27% of Hispanic men reported that their mental health was ‘not good’
  o 48% of Hispanic women reported that their mental health was ‘not good’ – 21% more than Hispanic males and 9% more than women of other races/ethnicities in Louisiana.

Need for Mental Health Services: 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 likely to attempt suicide as well (13.5 percent to 7.9 percent).

Barriers to Treatment
Language

Hispanics in Louisiana - language statistics:

- 28% are fully bilingual, speaking both Spanish and English well
- 29% speak only English within their home
- 33% speak primarily Spanish at home and struggle with English

www.pewhispanic.org/states/state/la
Language Barriers

- 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.

- 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.
  - 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.

Machado, Amanda. Why Many Latinos Dread Going to the Doctor. 5/07/2014 The Atlantic
Barrier: Poverty and Insurance

• Living under the poverty level
  o 39% of Hispanics in Louisiana live at or below the poverty level
     □ 34% of the non-elderly Hispanic population are on Medicaid
     □ 24% of the non-elderly Hispanic population are uninsured
• Nearly a quarter of the Hispanic population in the US remain uninsured a year after the enactment of the Affordable Care Act.

Kaiser Family Foundation, Distribution of the Nonelderly with Medicaid by Race/Ethnicity, 2014.
Kaiser Family Foundation, Distribution of the Nonelderly Uninsured by Race/Ethnicity, 2014
Kaiser Family Foundation estimates based on the Census Bureau’s March 2014 and March 2015 Current Population Surveys
Barrier: Cost

• The Latino Health 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.
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
  - Language
  - Lack of cultural sensitivity
  - Socioeconomic factors

Many of these systemic barriers must be addressed at multiple layers by governmental and professional organizations.

As reported in Psychiatry Online in 2009, (http://ps.psychiatryonline.org/article.aspx?articleid=100829)
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

**Systemic Discrepancies in Treatment**

Per an American Psychiatric Association 2014 fact sheet:

- 36 percent of Hispanics with depression received care, versus 60 percent of whites.

- Bilingual patients are evaluated differently when evaluated in English versus Spanish, with alarmingly different results at times.

APA Fact Sheet - Mental Health Disparities: Hispanics/Latinos, American Psychiatric Association 2014 Division of Diversity and Health Equity
Psychiatrist

Michael Smith of the University of California at Los Angeles studied the effects of culture & ethnicity on psychiatry and found that when hospitals diversified their staffs to include Spanish-speaking doctors half of the cases of Hispanics diagnosed as schizophrenic were re-diagnosed as depression.

Subsequent studies have also found that Hispanics tend to show significant response to half the dose of antipsychotic normally administered.

Marin H, Escobar JI (2001), Special issues in the psychopharmacological management of Hispanic Americans. Psychopharmacol Bull 35(4):197-212
Access to Hispanic Providers

• Most Hispanics in need of treatment will not receive that treatment from a provider of their ethnic background.

• While one in five Americans identifies as Hispanic
  o only one percent of psychologists identified themselves as Hispanic.

• Also of note is:
  o 70 percent of non-Hispanic whites return for a second appointment after an initial visit to a psychologist
  o only 50 percent of Hispanics do.

APA, 2005, (http://www.apa.org/monitor/jan05/closingthegap.aspx)
Examples of Mental Health Issues Specific to this Culture
Culture-Bound Syndromes

• The DSM names three Culture-Bound Syndromes sometimes found in Hispanic/Latino populations:
  o Ataque de nervios: intense emotional upset, often with shouting, screaming, crying; feelings of heat, verbal or physical aggression, sometimes dissociative experiences, seizures, or fainting, and sometimes suicidal gestures. This is often in response to a stressful event related to family.
  o Nervios: a state of vulnerability to stress, often with multiple somatic and emotional symptoms.
  o Susto: varying symptoms that are attributed to a frightening event that caused the soul to leave the body.

• Additionally, some include mal de ojo, expressed as ‘evil eye’, where sickness is seen as sent or caused by others.

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.)
http://dx.doi.org/10.1176/appi.books.9780890425596.GlossaryofCulturalConceptsofDistress
Health providers and Culture-Bound Syndromes

• Responding to symptoms that may be connected to Culture-Bound syndromes it is important to keep in mind:
  o Awareness – It is important to be aware of these idioms of distress, assess thoroughly, and be slow to diagnose.
  o Align with the family/community – Access resources in the family and community, including spiritual and folklife processes and leaders.

• The labeling of a mental illness as one of the culture-bound syndromes may not be negative. For example, patients with schizophrenia are often seen as having nervios and are treated with great warmth, support and lack of criticalness. This results in fewer relapses and increased stability.

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.

• 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: Simpatiaia and Personalismo

• While Latino patients prefer a formal approach from a doctor or counselor, there is also an expectation of pleasantness and politeness.

• Hispanics are focused on relationship and may experience task-oriented and businesslike behavior as negative and off-putting.
  o Providers that take the time to express warmth, kindness, and develop a relationship are more likely to observe compliance with treatment and follow-up.

Summary

A reminder that 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 TDD / 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.

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