

Latino Culture and Health Communication

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Many Latinos face barriers to receiving health care in the U.S. These barriers can include lack of English and literacy skills, as well as cultural differences in the communication styles used by Latino patients and non-Latino health care providers and communicators. Simply translating health materials into Spanish may not be enough to overcome these communication barriers. However, research has shown that oral forms of communication such as Spanish-language radio broadcasts, lectures in English-as-a-second-language classes, or small-group discussions led by Spanish-speaking leaders can be very effective in disseminating health information to Latino audiences.

Immigrants who speak good English or come from other Western, industrialized countries have a relatively easy time navigating the U.S. health care system. But immigrants who lack English skills and familiarity with diagnostic techniques and treatments used in the U.S. are less likely to receive the care and medical information they need. Careful localization is required for effective health communication with recent immigrants, ethnic minorities, and members of other groups that are underserved by the U.S. health care system.

Low-income, low-literacy Latinos are one of the largest groups underserved by the U.S. health care system. This paper discusses effective methods for localizing health materials for this population.

Localization is the term for customizing materials to meet the needs of an audience whose native language differs from that of the original author. Localization tasks can range from translating text into another language, to converting time and currency formats to those used by other countries, to reworking content and rhetorical structure to accommodate cultural differences.

LATINOS IN THE U.S.

The term *Latino* refers to peoples from many Latin American cultures and countries that have been influenced by Spanish colonization and language. Spanish is a common language for Latinos, but not always the first language learned. U.S. government reports and statistics refer to Latinos as *Hispanics*.

The Latino population in the U.S. is large and growing. According to the U.S. Census Bureau, in 1999 there were an estimated 31.7 million Latinos in the U.S. By 2010, the Bureau estimates that Latinos will number about 43.6 million, making them the largest minority group in the U.S.

Latinos have higher mortality rates than Caucasians for tuberculosis, septicemia, chronic liver disease, cirrhosis, and diabetes. In general, death rates for Hispanics aged 15-44 exceed those for Caucasians.

Health Care Barriers

Language and literacy are critical barriers to Latinos receiving health care. About half of the Latinos in the U.S. speak English poorly or not at all. Because of a lack of Latino doctors and limited funding for translation, Latinos with poor English skills often have difficulty communicating with health care providers (1,2,3). In addition, more than half of Latinos are functionally illiterate in either Spanish or English.

Culture Clash

Miscommunication can also occur because of cultural differences in communication styles between Latino patients and non-Latino health care providers.

When Latinos interact with the U.S. health care system they may be offended by interactions that they perceive to be rude. In many Latino cultures a great deal of information is unspoken and implicit, being understood in the context of a particular community or relationship. In addition, many Latinos place great value on commitments to people and relationships.

In contrast, medical communication in the U.S. can seem impersonal and uncaring, and health care providers may seem to be more interested in facts about patients, such as test results, than in the patients themselves. For example, many health care providers begin discussions of personal and serious subjects with minimal preamble and, because they seldom have a personal relationship with their patients, they must ask numerous explicit questions. They also expect patients to submit to invasive testing, such as blood draws, with minimal discussion or small talk.

According to Flores (2) and Huerta (4), Latino values such as *personalismo* and *familismo* are especially critical in health care communication. Flores translates *personalismo* as “formal friendliness”; other researchers refer to it as a “personalized approach.” According to Flores, “in *personalismo*, the Latino patient expects to develop a warm, personal relationship with the clinician.” *Familismo*, a collective loyalty to an extended family or group, “can result in delay or deferral of import medical decisions to permit consultation with the extended family,” writes Flores.

CROSSING CULTURAL BARRIERS

Research has shown that simply translating written health information into Spanish may not be an effective strategy for reaching Latino audiences (5). In contrast, communication methods that combine oral transmission of information with an opportunity for discussion, such as group discussions (6), one-on-one counseling with a bilingual health care worker (7), or lectures in English-as-a-second language (ESL) classes (8) can be effective in conveying health information.

The delivery of mass media through oral forms has also proved useful in the dissemination of health information to Latino audiences. Broadcasts over Spanish-language radio stations have been especially successful (Huerta and Macario 1999). In addition to being broadcast in Spanish, radio programs with documented success also incorporate rhetorical devices familiar to their audiences. Huerta, a physician who hosts health-talk radio shows on Spanish-language radio, reports that his listeners prefer “for health messages to begin with the larger context in which the health message is embedded and move gradually toward the hook or the bottom line,” an inductive approach that Huerta calls the “Big Bang Health Message.”

CONCLUSIONS

Low-income, low-literacy Latinos are poorly served by standard health communication methods in the U.S. Reaching this audience successfully often requires careful localization.

This means that printed materials, video scripts, radio spots, and software must not only be translated into Spanish but should incorporate cultural values important to Latinos, values such as *personalismo* and *familismo*.

Materials should also incorporate rhetorical forms familiar to Latinos. These can include an inductive style of discourse, such as the “Big Bang Health Message” used by Huerta.

Written materials may not be able to carry the full weight of a health message aimed at a Latinos, especially persons with low levels of literacy. For these audiences, the most appropriate role for written materials may be to augment or serve as a reminder of oral communication, such as a radio spot, play, group discussion, or one-on-one interaction.

Involving Latinos in the creation of health materials for Latinos is crucial. The successful Latino health campaigns reviewed in this paper were either created by Latinos or with the assistance of Latino focus or advisory groups.

Health localization efforts and research have frequently focused on Latinos because of the size and importance of this group in the U.S. However, general findings from this research, such as the importance of incorporating cultural values and rhetorical forms into health communication, may be applicable to other ethnic groups and other types of communications such as marketing materials or information campaigns sponsored by community groups or government organizations.

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