“How do you feel? Me duele el estómago:

The Cultural Health Habits of the Hispanic/Latino Patient

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I. Introduction

This summary of research findings concerns the cultural health habits of the Hispanic/Latino patient. The information has been gathered from the research literature available to the aforementioned recipient of the 2014 College Educator Research Fellowship, offered by the UNC/Duke Consortium in Latin American and Caribbean Studies. The overall objective of the proposed research was (and still is) to develop a semester-long online lab module for HCI 225: Cultural Health Habits, a four-credit course that requires a lab. The lab will:

- Facilitate students’ deeper understanding of topics covered in class, such as dialectical differences, health habits and beliefs, folk medicinal practices, and the role of family and authority.
- Develop students’ professional identities as culturally sensitive healthcare interpreters who are familiar with the cultural backgrounds and belief systems of the Hispanic/Latino patients with whom they will be working.

Student learning outcomes that will be addressed for HCI 225 include the following:

- Examine health practices within a culture and increase general knowledge concerning the cultural backgrounds of patients to be served
- Discuss dialectical differences, health habits and beliefs, folk medicinal practices, and the role of family and authority.
- Apply understanding of the influence of culture on health practices by developing the ability to work with diverse cultural backgrounds and use culturally appropriate behavior.
- Recognize and understand language as an expression of culture: identify underlying assumptions of each party about medicine, the encounter, the illness, etc. and use this
information to effectively facilitate intercultural communication between patient and provider.

The course HCI 225 is offered by the Healthcare Interpreter Associate degree program at Davidson County Community College (DCCC). However, since the original submission of the research proposal and receipt of the fellowship, DCCC is not currently enrolling students into the Healthcare Interpreter Associate degree program. Instead, DCCC has decided to enroll students interested in healthcare interpreting into DCCC’s Continuing Education Healthcare Interpreting Certificate with the goal of admitting qualifying continuing education certificate students into the Healthcare Interpreter Associate degree program. Therefore, while the original premise of the research proposal remains the same, it has also been modified in that the same online module created for the HCI 225 course will also be used for Cultural Health Habits I and Cultural Health Habits II, both of which are eight weeks in duration (for a total of 16 weeks, which is equivalent to a full semester of the HCI 225 course) and are offered by DCCC’s Continuing Education Healthcare Interpreting Certificate program.

II. Description of the Healthcare Interpreting Program at DCCC

Davidson County Community College (DCCC) started offering a new two-year, 68-credit associate degree program in Healthcare Interpreting (HCI) in the fall of 2012 and launched an online continuing education healthcare interpreting certificate in the fall of 2014. There are very few training programs for healthcare interpreters nationwide. Medical interpreters convey very personal information, critical for accurate diagnosis and treatment. Interpreting, especially in a medical setting, goes greatly beyond conveying a message between two linguistic codes. While merely knowing how to interpret could be considered a skill that involves primarily cultural and linguistic proficiency and working memory development, medical interpreters should be
educated about interpreting theory, interpersonal psychology, communication across cultures, ethics, medical discourse, and approaches to different healthcare related contexts.¹

III. Description of the Online Lab Module Content

This particular proposal researched and developed three topics (indicated in bold). The lab module’s content seeks to answer questions such as the following: health habits and beliefs (i.e. what are the historical influences on Latinos’ attitudes, beliefs, and practices when it comes to their views on health and disease?); folk medicinal practices (i.e. how is folk medicine defined?; what is the difference between curanderismo, espiritismo, and santería?; and what are some common Hispanic folk remedies (remedies caseros comunes) and their uses?); and the role of family and authority (i.e. what is the concept of “family” among all Hispanics?; and how do Hispanic/Latino families typically handle the healthcare needs of elderly Latino adults?).

IV. Literature Review

More than 115 articles and/or books from both the UNC and Duke libraries were accessed for this research, obviously too many to include in this brief summary. However, the following are selected reviews of some of the literature typically encountered for this project:


Diaz (2002) examined the cultural attitude and beliefs commonly found within the heterogenous Latino culture that may be helpful in assisting those providing health care services to this population. Diaz described core cultural values such as personalismo, simpatía, respeto, paternalismo, fatalismo, and machismo. He described the concept of time for many Latinos as having a “here and now” orientation, as opposed to the future-oriented, long-range planning nature of the United States. Diaz indicated that cultural differences related to time may be an

¹ Source: Davidson County Community College, 2014
important factor as punctuality may not be a priority for Latinos—a fact that can interfere with the primary prevention efforts of clinicians charged with caring for Latino patients. Diaz also provided a profile of immigrant Hispanics, the elderly Hispanics, traditional Latina women. He also examined the need for preventive care for Hispanics and Latinos in specific areas such as breast cancer and cervical cancer (Latinas are less likely to have mammograms and cervical screenings); type 2 diabetes and heart disease (both of which are more prevalent amongst Latinos); and smoking (for example, the cultural values of familismo and simpatía can be effectively used in smoking cessation programs). Diaz concluded the article with an examination of barriers to care, and what can be done to improve health outcomes (i.e. present health information in bilingual formats and/or with colorful pictures; recruit bilingual people to become medical interpreters; educate future physicians to be more culturally-sensitive, etc.).


It is well-documented that Latinos have a higher prevalence of type 2 diabetes. Sullivan, et al. (2010) randomly interviewed 35 Spanish-speaking patients with diabetes about their attitudes and beliefs concerning diabetes, diabetes self-management, and their care. With respect to the results, Sullivan, et al. found that only a small number of the Spanish-speaking patients adhered to the recommended dietary changes and physical exercise regimen. Among other findings, the researchers also found that the Spanish-speaking patients commonly used home remedies (such as nopal licuado [cactus shake]; garlic pills; coffee; lemon juice with crushed egg shells; among others) to maintain glycemic control, and about half believed that susto (an unexpected negative surprise or shock that results long-term physical and emotional effects) was involved in the
development of their diabetes. Based on the study’s results, the researchers recommended that diabetes management programs should recognize the barriers that Spanish-speaking patients may have in managing their diabetes.


Laganá (2003) presented findings from an ethno graphic study conducted during the mid-1990s in Watsonville, California with 29 married Mexican-American women ranging in age from 17-60 years. While the women often gave birth to large, healthy babies, they paradoxically had sociodemographic profiles commonly associated with low birthweight. The author investigated how the Mexican American women engaged in selective biculturalism (i.e. balanced their traditional, Mexican cultural beliefs with the individualistic beliefs common to Anglo-Americans). Some of those traditional Mexican cultural beliefs included eating a good diet while pregnant (i.e. rejecting canned or processed foods in favor of homemade meals with boiled beans, rice, fresh produce, and corn tortillas). A fuller figure during pregnancy was viewed as ideal, whereas a slender frame during pregnancy was frowned upon. Exercise, such as walking, was also viewed as important, especially to avoid a folk condition called “se pega”, in which the fetus stuck to the uterus, making delivery of the baby difficult. Finally, the women believed that worrying adversely affected pregnancies; hence, pregnant women with strong family support systems were often protected from upsetting news during their pregnancies. Pregnant women also tended to leave stressful jobs during their pregnancies and used the chamomile herb for its calming effect. Acculturative changes included having smaller families, pursuing higher
education, and seeking out perinatal health information from other sources, such as the healthcare provider and literature, as opposed to just the advice of their mothers. In conclusion, the author attributed the study participants’ selective biculturalism as possibly being effective in leading to healthy birth outcomes.


Smith-Morris, et al. (2013) conducted anthropological research on Mexican and Mexican immigrants concerning the concept of familismo, a core cultural value first suggested more than 40 years ago, and which focuses on the strong identification and attachment of Hispanics/Latinos with their immediate and extended families, in which the individual submits to a more collective-based form of family-based form of decision-making. The researchers conducted their binational ethnographic study over a period of four years in both Dallas, Texas and Guanajuato, Mexico, with a total of 90 participants through recorded interviews. The researchers’ ethnographic data not only supported prior research findings of familismo being linked with social and emotional support, as well as care of family members; but also confirmed familismo as a source of social pressure and surveillance (i.e. familial influence on reproductive decisions). In conclusion, while the researchers found that familismo can offer a broad social construct in understanding Hispanic/Latino families, they cautioned against over-generalizing and stereotyping of the cultural ideal of familismo, as well as put forth the idea of familismo as being flexible in meeting everyday priorities, such as work (i.e. meal times were sensitive to work schedules).
V. Conclusion

As the brief literature review documents, there is information that can be found concerning the cultural health habits of the Hispanic/Latino patient. It should be noted that much of the literature examined Mexican-Americans and Mexican immigrants, a fact that is not surprising given that Hispanics/Latinos of Mexican descent comprised about two-thirds of the U.S. Hispanic population at 33.7 million. Nevertheless, all of the information gathered will be incorporated into this course, with information disseminated through PowerPoint presentations, handouts, and so forth to students.

VI. References


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