



Significance

Background

- Overall health for most Americans has improved **BUT** racial minorities continue to experience a significant burden of preventable disease, death, and disability.
- Today we have the most diverse older adult population at any time in US history. Yet health disparity continues to focus primarily on the black and white disparity even though foreign-born immigrants with LEP experience significant health disparities due to the combination of language and cultural barriers.
- The LEP, who are harder to reach populations and more vulnerable, are more likely to experience barriers to healthcare because they are less likely to:
 - adapt or assimilate
 - are unfamiliar with the western biomedical model health care system
 - have lower health literacy in comparison to the English-proficient population

Problem

- In 2013, 41% immigrant population were considered to have LEP. Latinos and Asians represent the largest foreign-born population and the two largest immigrant groups with LEP (64% and 72%, respectively).
- Limited English Proficiency (LEP) is:
 - a risk factor for disparities in health care quality and outcomes
 - is often associated with lower socioeconomic status and lower education
 - is systematically excluded from English-speaking national surveys.
- This secondary analysis of a qualitative study about health disparities in preventive cancer screening for LEP patients in a large Midwest healthcare system (parent study) explored the role of cultural determinants of health from the patient perspective.

Methods

Objectives

- Understand the importance of cultural determinants of health when studying older adults with LEP.
- Understand how cross-cultural barriers influence attitude towards health and illness.

Target Participants [from the parent study]

- 11 Hmong and 10 Spanish-speaking participants who identified as having limited English proficiency (LEP)
 - 5 male and 6 female Hmong interviews
 - 5 male and 5 female Spanish interviews
- Average age 55 (Hmong) & 53 (Spanish-speaking)
- Did not have any previous cancer diagnosis
- Had seen a primary care physician in the past year

Study Design & Analysis [from the parent study]

- 21 semi-structured interviews conducted by bilingual study team members
- Interview questions were written in English, translated, and back translated
- Interviews were audiotaped, transcribed, and translated for meaning
- Hmong & Spanish interviews were coded separately
- Direct content analysis used to generate themes
- Codebook created
- NVivo qualitative data software

Discussion

- Different challenges are missed when language barriers are seen in isolation.
- Language barriers led to stronger adherence to cultural attitudes about health and what's familiar in part because of their limitation to understand US healthcare.
- Culture influenced beliefs about health, illness, and medication even though both western and non-western healthcare was used.
- Trust, which is critical to patient-provider relationship, was compromised.

Conclusion

- The aging LEP population are at greater risk for age-related health complications and more burden of disease.
- Cannot reduce health disparities for LEP patients without understanding how culture intersects with health and utilization of health care.
- Focusing on cultural determinants of health helps expose barriers LEP patients experience in the health care system which, in turn, may affect healthy aging.

Results

Adherence to Cultural Beliefs About Health and Illness

Traditional Practices: Herbs

"For the water herbal medicine, if you are sick then for the people who know the medicine well and they feel you, they will give you the medicine to drink it then it gets better ok." (Hmong F)

"Then they wanted me to go cut the tissue, get checked up again, and I said, "maybe I will not go. Maybe I will go find Hmong medicine because there are a lot of Hmong medicines. I will go find Hmong medicine to help." (Hmong F)



"For me personally, in my country, in my family, we always have a lot of faith in natural remedies. We always opt first for taking something natural than going to the pharmacy and buy." (Latina)

Religious/Spiritual Beliefs

"But well like I said, it depends sometimes, I don't know if it's the culture or sometimes also even in religions it depends on their beliefs that do not permit some, a blood transfusion or things like that." (Latina)

"If the illness is caused by your spirit, then no matter how much doctors try to treat it, they won't be able to treat it." (Hmong F)



Experience Physical Pain or Feel Sick

"We Hispanics, sometimes we come to work and we don't consider the preventions or we don't pay attention until we are already sick." (Latina)

"That, for example the Hmong, based on what I think, only when the Hmong are really sick do they decide to go...The Hmong lived in the high mountain people so they have never really been to the hospitals so that's why they do that." (Hmong M)

Traditional Healing Practices vs Western Medicine

"Us, Hmong we also have our Hmong medicine to help treat, cure it, so we must find it when are not satisfied with the doctors treating it by cutting or removing our tissues off. We have to find Hmong medicine to prevent these things. If you are able to find the type of medicine that can prevent it, it can kill the bacteria." (Hmong F)



"Many things, but the main thing is in respect to health. It's that, at least from the part of Mexico, the majority still use many medicines like herbs. I mean, the science of herbs is used a lot in Mexico and well here one finds the easiest is, you take a pill and one feels better." (Latino)

Distrust of Western Healthcare

Lack of confidence in physicians

"And if I told you the experiences my wife had there it would take longer than the whole day because there was mistake after mistake, after mistake. She was supposed to leave in 7 days after the stroke. She spent a month and 7 days in there. Then, let's say, for us the medicine here has been terrible." (Latino)



"Then they still said, 'we don't know it fully too but we want you to go and get surgery.' So then they aren't even able to identify an illness and they just tell you to go get surgery. They only want to learn from you and use you as a person they can learn from. This is why I don't believe." (Hmong F)

Distrust of Western Healthcare (continued)

Negative experiences

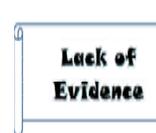
"Yes, we had in our family a bad experience with another hospital here...We went through something very sad with my sister in that hospital. Umm, they let her baby die. And he was dead, but they wouldn't tell her and he had been dead for a week." (Latina)

"You guys are going to do surgery, you guys are sure that it's 100%... So then after the surgery...my dad was in pain for 10, 7 to 8 years now. It continues until when my dad died, he was still in pain." (Hmong M)



Lack of physical "evidence"

"They didn't even give me the picture that they took of the tissue, they only gave me an example from somewhere else to look at and said this is this and this is this. So I didn't believe it. I asked for them to give me the real picture and the pictures they got from my body and they refused. So I can't believe them." (Hmong F)



"Bring me the stone to look at and after that, whatever you want to do with it, you can take it. I want to see the stones first...They couldn't bring me the stone to look at so I don't believe the doctors that what they said was true...they didn't bring it so there's no proof." (Hmong M)

Implications

- Understanding the cultural determinants of health in relation to aging is critical to reduce health disparities.
- Recognizing the context of culture as an important factor for LEP patients (not just language barrier), especially with their greater risk for age-related health complications.
- Need to break down cultural barriers to improve access and quality of care.

Acknowledgements

- Elizabeth A. Jacobs, MD, MPP (Principle Investigator)
- Other team members: Rebecca Schwei, MPH; Mochou Lor, PhD; Xiong, MPH; Tounhia Khang, BA; Kelly Bruce, MD; Lucina Cervantes, Alejandra Lira, Yael Mauer, MD, Michelle Schroeder

SUPPORT: We thank the University of Wisconsin Carbone Comprehensive Cancer Center (UWCCC) for the funds to complete this project. This work is also supported in part by NCI/NCI P30 CA014320-UW Comprehensive Cancer Center Support. Administrative support from Health Innovation Project, supported by the Clinical and Translational Science Award (CTSA), previously the National Center for Research Resources (NCRR) grant 1UL1RR02511, and now by the National Center for Advancing Translational Sciences (NCATS), grant 0541TR000021.