Healthcare Considerations for the Hispanic Population

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EXECUTIVE SUMMARY

The Hispanic community has both positive and negative health indicators related to their Hispanic culture. This chapter details aspects of the Hispanic culture that can influence healthcare prevention, diagnosis, and intervention, including traditional healthcare beliefs and practices. Additionally, various health disparities associated with the Hispanic population are discussed, particularly related to neurological disorders. The chapter concludes with a case study presentation based loosely upon an actual event from a young man with neurocysticercosis. This section details how the patient's Hispanic culture influenced lifestyle choices, which increased risk for this disease, while also detailing how his culture impacted certain aspects of his medical intervention.

INTRODUCTION

Members of the Hispanic population in the United States (U.S.) include people drawn from an increasingly diverse mix of countries, comprising native born U.S. Hispanics, and immigrants from other countries, namely ones in Latin America. By 2016, this population had reached nearly 58 million and currently continues to be the primary driver of U.S. population growth, accounting for half of the national population growth, since 2000 (Flores, 2017). From 2000 to 2050, it is expected that the Hispanic population will expand by 273% (Passel & Cohn, 2009). As the Hispanic population grows within the U.S., speech-language pathologists (SLPs) are seeing the number of patients from this cultural group increase within their caseload. It is important for SLPs to learn about the many intricacies of the Hispanic culture that may affect the healthcare of this population. Notably, given the high number of neurological conditions prevalent on SLPs' caseloads, it is imperative to understand how the Hispanic culture may influence specific neurological disorders.

Hispanics have both positive and negative health indicators associated with their culture. As a whole, demographically Hispanics are a younger population when compared to non-Hispanics (American Community Survey, 2008). Nearly one-half of the Hispanic population in the US is comprised of immigrants, with most national health indices suggesting that they are healthier than native-born Americans (Argeseanu, Ruben, & Narayan, 2008; Smith & Bradshaw, 2006). Turran and Goldman (2007) reported that Hispanic immigrants report overall fewer chronic conditions, spend fewer days out from work because of illness, and have lower mortality rates than U.S. born non-Hispanics. Despite having a lower income than non-Hispanics, Hispanics live longer, with an average life-expectancy of 75.1 years for men and 82.6 years for women (U.S. Census Bureau, 2008). Interestingly, Hispanic populations display other positive health indicators in terms of dietary choices, lifestyle choices including low levels of smoking and illicit drug use, and strong family structure; however, the longer each generation makes their home within the U.S., the more these positive indicators tend to depreciate (National Alliance for Hispanic Health, 2004).

Conversely, Hispanics are also faced with several negative indicators that likely affect their overall health. That may, in part, be a result of Hispanics having the highest uninsured rates (32%) of any racial or ethnic group within the U.S., with 20.6% of Hispanics under age 65 not having health insurance coverage (Centers for Disease Control and Prevention [CDC], 2017). Indeed, they are twice as likely as the overall U.S. population (15%) to lack health insurance coverage (Pew Hispanic Center, 2010). Other factors, such as decreased rates of immunization, lower socioeconomic status, less years of education, and fear of government authority among new immigrants may have negative consequences related to health outcomes. They may also have lower paying jobs, or be without health insurance or benefits essential for optimal healthcare, such as vision or dental insurance. Because Hispanics may lack full healthcare coverage, they may be less likely to regularly visit their primary care physician, and may be more likely to visit the emergency room for routine healthcare needs (Hough et al., 1987; Smith, 2000). Parangimalil (2001) suggested that the acculturation struggle may become a source of stress leading to conflicts among family and friends, potential breakdown of the family unit, and possible health problems. It seems acculturation among new immigrants, their children, and subsequent generations to follow may weaken the positive health factors indicative of the Hispanic culture and lead to the adoption of negative practices from mainstream U.S. culture, contributing to the declining health status of later generations.

Traditional Health Beliefs and Common Practices

Hispanic culture, like most other cultures, has several traditional belief systems explaining what causes illness, how it can be treated or cured, and who should be involved in the process. Though these beliefs may represent larger themes within the culture, the meaning of health, wellness, and illness does vary among individuals as cultural groups are not homogeneous even though they may share many beliefs and practices. For example, some may believe that health results from good luck, or is a reward for good behavior; whereas, others may believe illnesses may have either natural, organic causes or potentially supernatural, mystical causes. Additionally, for many in the Hispanic community, issues related to morbidity, or disability, rather than mortality, or death, are of great concern. This may mean that contracting a disease or illness and subsequently living with it and the ramifications associated with it are of high importance. The following are examples of common Hispanic beliefs related to overall health.

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