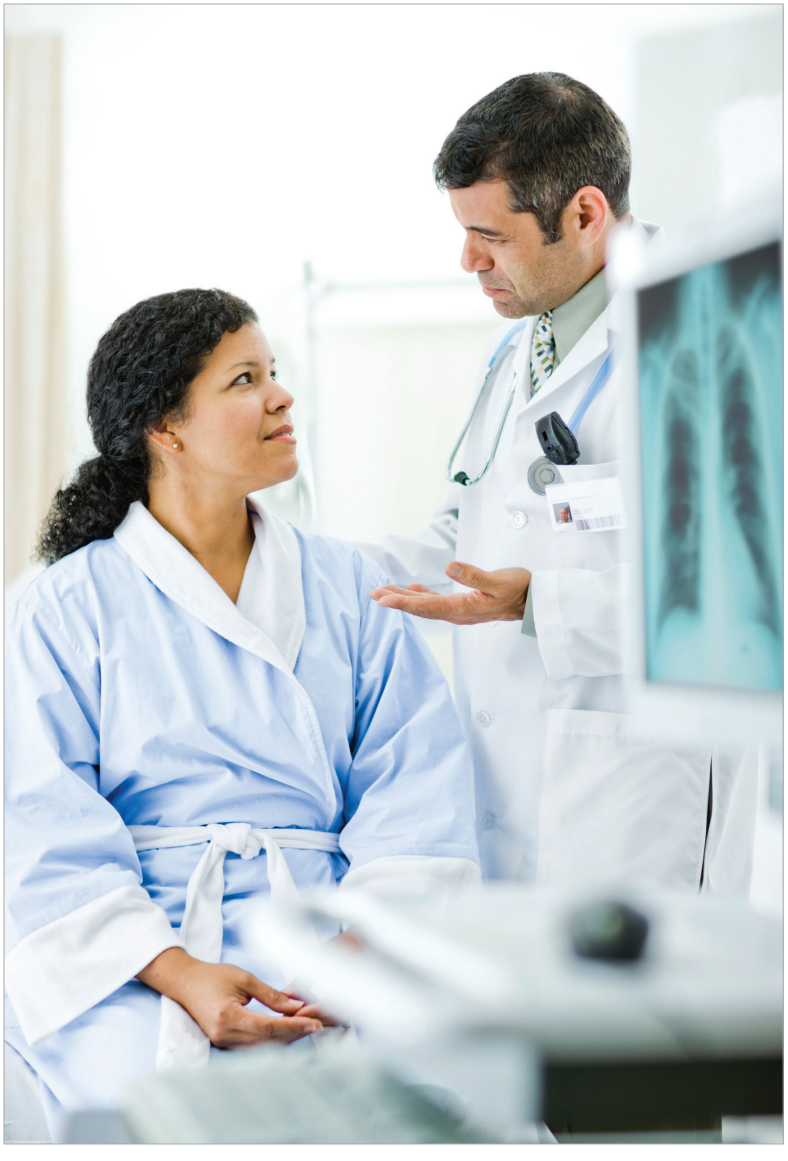
Disparities in health care: Hispanic communities

What oncology nurses should understand about this ethnic group to provide culturally sensitive preventive care and treatment for these patients.



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Health care disparities exist among all ethnic populations; and in times when health care reform continues to be transformed, disparities may affect some ethnic groups more than others. Health care disparities are the result of discrimination, differences in access to quality health care, socioeconomic barriers, and cultural barriers.[1] The Hispanic or Latino population, the largest minority group in the United States, is at a great risk for poor health outcomes as a result of poor access to health care.[2] Access to health care within the Hispanic community is encumbered by poverty, lack of insurance, legal status, and racial or minority status.[1]

Cancer is the second leading cause of death, behind cardiovascular disease, in this patient population. Disparities relative to screening rates, primary therapy, conservative surgical treatment, adjuvant therapies, and treatment follow-up occur in disproportionate numbers in the Hispanic population.[3,4] Contributing factors widely discussed in the literature include country of origin, language, insurance coverage, income level, and cultural perceptions.[1,3] The data continue to preclude that the most influential factor on outcomes is a lack of preventive care directly linked to poor access.[2,4] As a result, this population is susceptible to higher morbidity and mortality, uncontrolled acute and chronic health conditions, and advanced-stage disease at diagnosis.

Health care disparities are not only based on access. The Institute of Medicine (IOM) reports that social and economic inequality, prejudice,

and systematic biases are also significant factors.[5] Addressing these factors is challenging due to the large geographical distribution of this population. The health care community needs to identify interventions that promote preventive care practices in this ethnic group to reduce their risk of cancer, as well as other diseases. The risk factors that predispose this ethnic group to certain disparities should be evaluated to determine how to reduce such risks and disparities in care.

Demographics A major goal is to reduce health care disparities in the United States.[2] According to the 2000 US Census, approximately 13% of the US population is Hispanic, which includes Mexican, Puerto Rican, and Cuban Americans.[6] From 1990 to 2000, the Hispanic population increased by 58%;[1,2] and by 2004, 14.2% of the US population was Hispanic (40.6 million people), 72% of whom were US citizens. This group is estimated to increase to 29% of the population by 2040, comprising the largest proportion of national growth.[1,3] Almost one third (32.1%) of the current Hispanic population is uninsured or underinsured, thus indicating limited access to health care for both documented and undocumented Hispanic people.[2]

CANCER IN THE HISPANIC POPULATION

The National Cancer Institute (NCI) reports the incidence of cervical cancer associated with human papillomavirus (HPV), stomach cancer associated with *Helicobacter pylori* infection, and liver cancer associated with hepatitis B or hepatitis C infection is greater within the Hispanic population.[7] In addition, incidence of Hodgkin lymphoma in males, germ cell tumors, leukemia, retinoblastoma, and osteosarcoma is higher among Hispanic children compared with non-Hispanic white children.[7]

Incidence of most cancers was lowest in the Hispanic population from 1999 to 2003 compared with non-Hispanic whites during those years.[7] However, the NCI reported increased diagnoses of myeloma and cancers of the stomach, liver, and cervix among Hispanic people residing in the United States within that same time period.[7] In addition, Hispanic people are more likely to have metastatic disease at the time of diagnosis compared with non-Hispanic whites.[7] Newer cases will vary by subtypes, stage at diagnosis, and malignancies not previously diagnosed in this population among the four Hispanic groups (Mexican, Puerto Rican, Central American, and South American).[7]

Cervical cancer represents one the greatest health disparities facing the Hispanic community. The incidence of cervical cancer among US Hispanic women is twice that of non-Hispanic white women, and mortality is at least 42% higher in this population.[3] A recent geographical analysis reported the incidence of cervical cancer is higher in Hispanic women than in any other ethnic or racial group in every region of the United States.[8]

Current cancer statistics for the Hispanic population do not take into account subpopulations, but aggregate data of this population as a whole. The median age at diagnosis for any malignancy in Hispanic persons is 62 years compared with 68 years in non-Hispanic whites.[8] The data translate to 1 in 2 Hispanic men and 1 in 3 Hispanic women receiving a diagnosis of cancer in their lifetime. Approximately 47,900 new cases of cancer were diagnosed in Hispanic men and 51,000 new cases diagnosed in Hispanic women in 2009.[8] The most common diagnoses were prostate cancer in men and breast cancer in women. Of the estimated 14,400 cancer-related deaths, lung cancer accounted for approximately 22% of the total in men, followed by colorectal (11%) and liver (11%) cancers; in women, the most common cause of cancer deaths was breast cancer (15%), followed by lung (13%) and colorectal (10%) cancers.[8]

Some cancers associated with infectious sources are more prevalent in the US Hispanic population, especially among first-generation immigrants from Central and South America.[8] Stomach cancer was diagnosed in approximately 2,600 persons in 2009, resulting in 1,400 deaths.[8] Its incidence is predominantly associated with *Helicobacter pylori* bacteria,

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and *H pylori* infection was reported as the most commonly identified cause. Infection rates among US Hispanic persons are 2 to 3 three times that of non-Hispanic whites.

Worldwide, liver cancers are associated with chronic infection with hepatitis B virus (HBV) or hepatitis C virus (HCV). The incidence of liver cancer among Hispanic persons increased 3.1% per year in men and 2.5% per year in women from 1997 to 2006, and 5-year survival rate was 14% in Hispanic men and 17% in Hispanic women, although prevalence of HCV in the Mexican American population is comparable to that in non-Hispanic whites.[8]

Continued on page 22

Cervical cancer incidence and mortality rates among women in Mexico, Central America, and South America is approximately triple those of women in the United States due to lack of screening in these countries.[7,8] Occurrence of cervical cancer is the highest among Hispanic women compared with any other racial/ethnic group in every region of the United States. The overall incidence of cervical cancer in Hispanic women living in the United States is about 70% higher than the incidence in non-Hispanic whites. However, the mortality rate (50%) is the same in both Hispanic and non-Hispanic white women. The contributing factor is human papillomavirus (HPV) infection; survey data from 2003-2004 demonstrated a higher prevalence of HPV infection in the Mexican-American population (aged 14 to 59 years).[8]

Lastly, gallbladder cancer, although rare, has a higher prevalence among Hispanic women than any other ethnic/racial group. Cancer of the gallbladder was diagnosed in an estimated 400 Hispanic women, and only about 10% of patients survived 5 years.[8]

UNDERSTANDING HISPANIC CULTURE

Culturally proficient care is essential to reducing health care disparities among diverse ethnic groups. Cultural proficiency involves recognizing the attitudes, skills, behaviors, and policies that enable organizations to provide high-quality health care and preventive services effectively in cross-cultural situations.[8] Beyond modifiable and nonmodifiable risk factors, effective communication and respect should be the foundation of the health care delivery system. Many Hispanic people maintain fatalistic beliefs that emphasize the present rather than the future. Preventive measures have a future orientation; therefore, the Hispanic culture gives little value to prevention or promotion.[1] Early studies have noted the use of preventive services is lacking within the Hispanic culture.[1] Spanish-speaking Hispanic people were less likely to receive preventive health services such as dental care, pneumonia and influenza immunizations, and breast and prostate cancer screenings compared with English-speaking Hispanic people, with no significant differences between the two groups regarding cervical cancer screenings.[1,8] Understanding these beliefs and practices allows health care providers to tailor treatment plans, follow-up care, and multidisciplinary care.

> Oncology care needs to incorporate the practices of other cultures in order to significantly impact health outcomes and preventive measures.

Hispanic people regard the treatment they receive from clinicians as part of the healing process, not just the diagnosis and medical treatments.[1,8] They also value support from traditional medicinal practitioners such as *curanderas, espiritistas,* or healers.[8] This belief system integrates complementary treatments (eg, chamomile tea) with modern Western medicine (eg, antibiotics).

Some studies identified perceived disrespect as a barrier to care for Hispanic persons. In a national study of Anglo, African, Asian, and Hispanic Americans, investigators found that minority groups were significantly more likely to perceive disrespect and unfair medical treatment than were Anglo Americans.[4] These people were less likely to participate in health screenings and recommended follow-up care as a result of such perceptions.[3,4] This factor, combined with limited access and discrimination, can have a negative impact on the incidence rate of certain cancers such as cervical cancer in Hispanic women.

An approach for surveillance, treatment, and short- and long-term follow-up care for Hispanic oncology patients should incorporate an understanding of their cultural values and beliefs. The American Cancer Society (ACS) offers the following caveats to providing culturally proficient care to Hispanic families:

- Include the patient's family members in the treatment planning process, beginning at diagnosis and throughout the cancer trajectory.
- Demonstrate respect for the patient's culture. Mutual respect and trust are necessary elements to building the provider-patient relationship.
- Ask about the patient's family, friends, and work. Allow Hispanic patients to share their life stories and pictures.
- Encourage participation in the health care process by asking the patient questions.
- Reach out to the community through community-based organizations in Hispanic neighborhoods, *barrios, colonias,* and other ethnic enclaves. This provides a significant entry point and opportunity to expand on any outreach effort you may be involved in.
- Respect the patient's traditional healing approaches. Hispanic patients may combine mainstream medicine and traditional healing with a strong religious component.

ALLIANCES BUILD COMMUNITY-BASED OUTREACH

Clinicians, including advanced practitioners, should build alliances with resources that have the potential to reduce health care disparities, especially cancer risks in the Hispanic

population. Although Hispanic people are unlikely to willingly participate in preventive care services, education and access must continue to be the focus of care. The American Cancer Society has contributed more than $100 million to the poor and medically underserved. Health care providers who partner with organizations such as ACS have access to resources for educating patients and structuring treatment at diagnosis that extends into survivorship.[8] Prevention and control of risk factors are essential components for reducing the health care disparities that affect this population.

The Intercultural Cancer Council (ICC) is an organization that promotes policies, programs, partnerships, and research focused on eliminating the unequal burden of cancer among racial and ethnic minorities and medically underserved populations.[8] ICC helps health care services meet the needs of diverse ethnic populations that extend beyond what these cultures traditionally accept. Another program specifically targeted toward the Hispanic community is *Redes En Accion,* a National Cancer Institute–funded initiative to promote cancer awareness and care in the Hispanic community. This initiative develops national and regional networks of partners engaged in cancer research, training, and awareness activities surrounding key cancer issues in this group.[8] Utilizing these resources is imperative to improving cancer outcomes as well as other health care–related disparities within the Hispanic population.

CONCLUSION

The Hispanic community in the United States continues to grow at a rapid pace, and its health care needs will continue to expand. Disparities in cancer care is just one of the challenges facing the health care community, and these challenges will only worsen unless a change is made in how oncology services are delivered to this diverse group. Culturally competent care for the Hispanic community, as well as for other minority groups, continues to evolve. Health care services need to extend beyond Western cultural practices and clinicians' personal ideals. Oncology care needs to incorporate the practices of other cultures in order to significantly impact health outcomes and preventive measures. Only then will we be able to make long-term changes for the better within this growing ethnic population. ■

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