

# The Latino Patient and Diabetes

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Cultural competency embraces the notion that every person has a “culture” that he or she brings with them to the medical encounter. While particular ethnic, religious or other sociological groups may have beliefs and practices in common, it is also true that any individual within a particular group may deviate from these common traditions or norms. Non-judgmental, open dialogue remains the most important tool a physician has to understand their patient’s frame of reference relative to creating an acceptable treatment plan for the patient.

With this overarching principle in mind, this fact sheet was developed to provide an understanding of the traditional Latino cultural perspective regarding diabetes. This information does not assume that all patients ascribe to these beliefs and practices. It is intended only as a guide to initiate open discussion that may help your Latino patients.

**It is well known that type 2 diabetes disproportionately affects Latinos.** It should also be noted that Latinos are disproportionately affected by diabetes complications. While early and periodic screening and treatment is imperative to improve outcomes, it is precisely these fears that often keep Latinos from seeking regular medical care related to diabetes.

## Important Things Know about Your Latino Patient

Country of origin, length of time in America, educational level, and income level make a difference about how your patient perceives illness and makes health decisions.

- **Generation & Time Living in the Us:** Are they immigrants, first, second or third generation. This influences their integration within mainstream America. The longer the patient has lived in the US the higher his level of acculturation.
- **Reason for Immigrating:** If your patient is an immigrant. Ask their reasons for coming to the US. This may reveal underlying pressures that affect their physical and mental health status.
- **Extended or Nuclear Family:** Does your Latino patient live close to the extended or nuclear family members. This is valuable information because family members constitute the major social support network.
- **Ethnic Behavior:** Investigating the patient’s preferences in food, holiday celebrations and recreational activities are important in identifying lifestyle choices and possible risk factors.



## Traditional Latino Definitions of the Causes of Illness

Your patient may see diabetes as an imbalance. This imbalance may be between internal and external sources (for example, hot and cold, natural vs. supernatural, the soul is separate from the body). Ask your patient...

*“Can you tell me what caused your illness?”*

It is important to note that although Latinos identify with folk-defined diseases such as *empacho* (stomach ailment) many Latinos are also familiar with western medically defined diseases such as hypertension, asthma, and diabetes.

## Tips to Improve Dialogue

- Do not expect the patient to have a definition of health that reflects a combination of cultures.
- Don’t smile when a patient is discussing health beliefs. It may be perceived as a lack of respect.
- Don’t ask the patient to explain the reasons that support his/her health care beliefs. The patient may interpret that the provider has doubts regarding the cultural basis of the beliefs.

Your patient may believe that God determines the outcome of illness.

Consider the impact religion will have in your patient’s active participation in health care recovery. Validate your patient’s beliefs.



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## Latino Health Care Practices

Many Latinos seek medical care from curanderos or other folk healers. Ask about use of pharmaceuticals or home therapies such as herbal remedies or certain foods like “nopales”, cactus that may be used as treatment for diabetes. Screen for possible patient use of injectables, especially antibiotics or vitamins. Ask if you can see the home treatment if your patient cannot identify the substance. As long as the remedy does not interfere with medical treatment support it so your patient feels comfortable sharing. With this strategy your patient is more likely to accept your advice about something that could be potentially harmful.

## Helping Your Patient Take An Active Role In Care And Recovery

Cultural influences may produce a passive role, especially when ill. Your patient may view himself or herself as an innocent victim. Help your patient know what steps he or she can take to help recovery.

Is this your patient’s first visit to your office? Keep in mind that patients who are new to the system of Medi-Cal may not be aware of the role the Primary Care Team or the process for getting a referral to a specialist.

## Cultural Norms

Respect is a central value in Latino culture and it is very important to show respect for the patient during a physical exam. During a physical exam the patient will be sensitive to your reactions regarding their expressions of pain and discomfort. Failure to acknowledge the patient’s reactions may be considered a lack of respect. Additionally, a distracted demeanor or allowing outside interruptions during a physical exam may be viewed as disrespectful.

Latino patients value relationships. Getting to know your patient through friendly conversation before a therapeutic relation puts your Latino patients more at ease. Shake hands and greet your patient by name, or ask the patient what they prefer to be called. An older patient may prefer to be called Señor (Mr.) or Señora (Mrs.).

## Eye Contact

Eye contact with health care professionals or people of authority may be avoided as sign of respect. For some patients, eye contact may be related to evil spirits. An illness may be attributed to receiving an evil eye or *mal ojo*. Another example of evil eye is the belief that if you admire a child by looking without actually touching him or her, the child can become very ill.

## Body Language

When your patient nods his or her head, it does not necessarily signify agreement, but that he or she is listening to you. Silence is more likely a sign of not understanding or disagreement. To ensure understanding, ask open-ended questions and encourage the patient to ask questions.

## Norms About Touch and Modesty

Touch is a critical element in treating a Latino patient. Placing a hand on the patient’s hand or arm while explaining a treatment plan, for example, will facilitate communication and could promote compliance with the treatment.

Latinos are generally modest. They welcome robes or sheets to cover their bodies during examinations. In particular, consider the modesty of women and girls; having a female provider may be helpful. Ask your patient about her gender preference of providers.



Adapted from...

- Culture Clue: Communicating with your Latino Patient. University of Washington Medical Center
- Diabetes in Hispanic Americans. National Diabetes Information Clearinghouse
- The Latino Patient: A Cultural Guide for Health Care Providers. Nilda Chong, MD, DrPH, MPH