Cultural-Specific Characteristics that Impact Communications with Georgia's Hispanic/Latino Cancer Survivor Population

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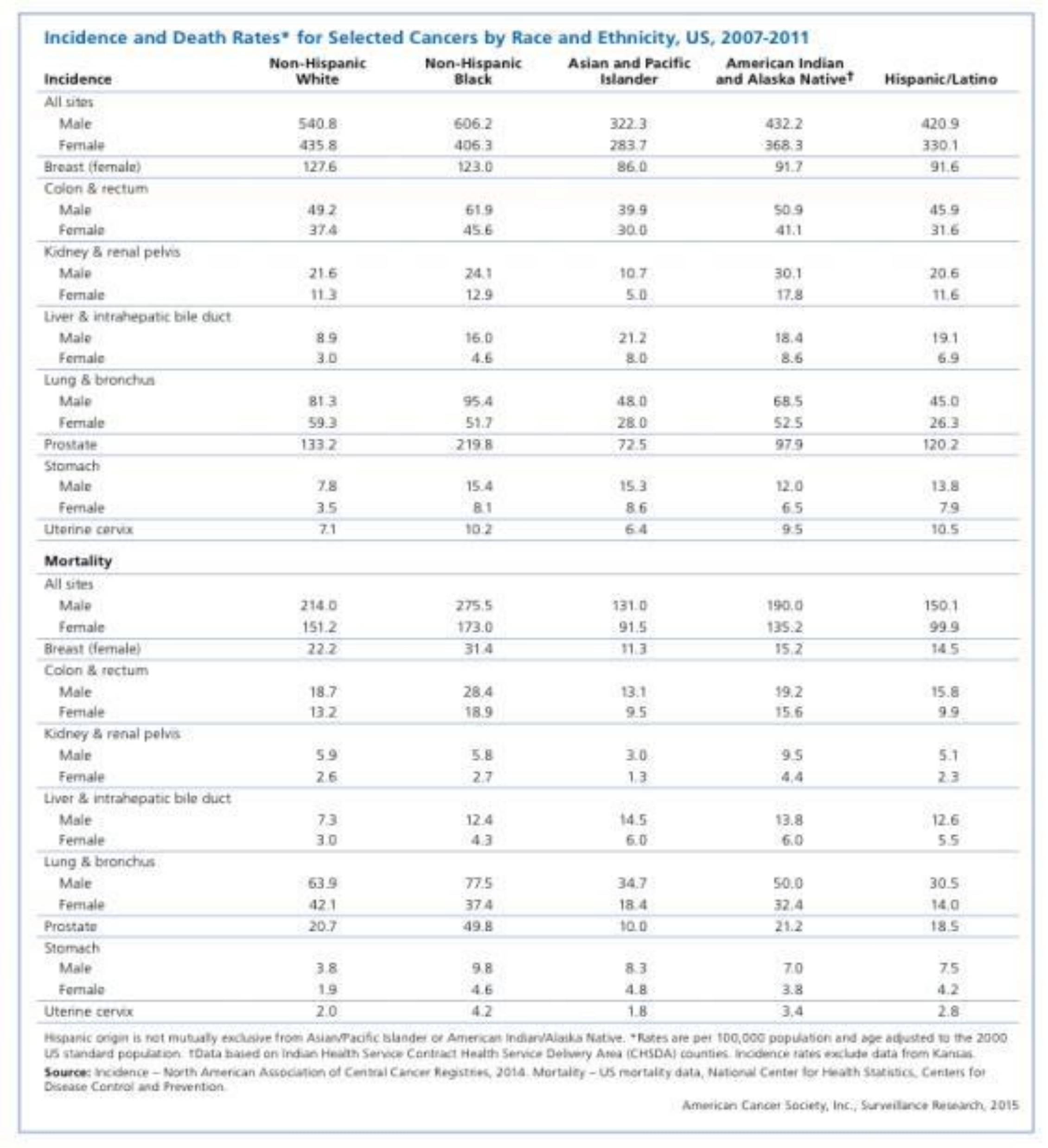
Georgia’s Hispanic Population

- Georgia’s Hispanic or Latino percent of population in 2015 is 9.4%
- Gwinnett County GA Hispanic or Latino percent of population in 2015 is 20.5%
- United States Hispanic or Latino percent of population in 2015 is 17.6%

Source: United States Census Bureau
http://www.census.gov/quickfacts/table/RHI725215/13#headnote-js-b

Hispanics/Latinos and Cancer



Incidence and Death Rates* for Selected Cancers by Race and Ethnicity, US, 2007-2011

Incidence	**Non-Hispanic White**	**Non-Hispanic Black**	**Asian and Pacific Islander**	**American Indian and Alaska Native†**	**Hispanic/Latino**
All sites					
Male	540.8	606.2	322.3	432.2	420.9
Female	435.8	406.3	283.7	368.3	330.1
Breast (female)	127.6	123.0	86.0	91.7	91.6
Colon & rectum					
Male	49.2	61.9	39.9	50.9	45.9
Female	37.4	45.6	30.0	41.1	31.6
Kidney & renal pelvis					
Male	21.6	24.1	10.7	30.1	20.6
Female	11.3	12.9	5.0	17.8	11.6
Liver & intrahepatic bile duct					
Male	8.9	16.0	21.2	18.4	19.1
Female	3.0	4.6	8.0	8.6	6.9
Lung & bronchus					
Male	81.3	95.4	48.0	68.5	45.0
Female	59.3	51.7	28.0	52.5	26.3
Prostate	133.2	219.8	72.5	97.9	120.2
Stomach					
Male	7.8	15.4	15.3	12.0	13.8
Female	3.5	8.1	8.6	6.5	7.9
Uterine cervix	7.1	10.2	6.4	9.5	10.5
Mortality					
All sites					
Male	214.0	275.5	131.0	190.0	150.1
Female	151.2	173.0	91.5	135.2	99.9
Breast (female)	22.2	31.4	11.3	15.2	14.5
Colon & rectum					
Male	18.7	28.4	13.1	19.2	15.8
Female	13.2	18.9	9.5	15.6	9.9
Kidney & renal pelvis					
Male	5.9	5.8	3.0	9.5	5.1
Female	2.6	2.7	1.3	4.4	2.3
Liver & intrahepatic bile duct					
Male	7.3	12.4	14.5	13.8	12.6
Female	3.0	4.3	6.0	6.0	5.5
Lung & bronchus					
Male	63.9	77.5	34.7	50.0	30.5
Female	42.1	37.4	18.4	32.4	14.0
Prostate	20.7	49.8	10.0	21.2	18.5
Stomach					
Male	3.8	9.8	8.3	7.0	7.5
Female	1.9	4.6	4.8	3.8	4.2
Uterine cervix	2.0	4.2	1.8	3.4	2.8

Hispanic origin is not mutually exclusive from Asian/Pacific Islander or American Indian/Alaska Native. *Rates are per 100,000 population and age adjusted to the 2000 US standard population. †Data based on Indian Health Service Contract Health Service Delivery Area (CHSDA) counties. Incidence rates exclude data from Kansas.

Source: Incidence – North American Association of Central Cancer Registries, 2014. Mortality – US mortality data, National Center for Health Statistics, Centers for Disease Control and Prevention.

American Cancer Society, Inc., Surveillance Research, 2015

Source: Cancer Facts
and Figures 2015
http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf

Familiarity with Prevention and Screening

- There is no exact word in Spanish that directly translates as “screening” though a conceptual equivalent can be communicated with words like “exploracion” (exploration) and “estudio exploratorio” (exploratory study).

Source: Cultural and Socioeconomic Factors Affecting Cancer Screening, Early Detection and Care in the Latino Population https://ethnomed.org/clinical/cancer/cultural-and-socioeconomic-factors-affecting-cancer-screening-early-detection-and-care-in-the-latino-population

LIVESTRONG Survey

- In terms of beliefs surrounding cancer, participants most frequently cited a fear of death and suffering, the difficulty of telling friends and relatives and the cost of medical treatment.
- The study also found marked differences in the way that Hispanics access cancer-related information, depending on the market. For example, respondents in Miami and New York indicated that their physician was the primary source of health information, followed by the Internet; whereas respondents in California and Texas obtained the majority of their information from television and radio.

Source: LIVESTRONG Hispanic/Latino Case Study March 2012
https://d1un1nybq8gi3x.cloudfront.net/sites/default/files/what-we-do/reports/Hispanic-Latino-Campaign.pdf

LIVESTRONG Survey

- A telephone survey of 1,816 people. More than two-thirds (69 percent) of Hispanics/Latinos reported that they believe only half the people diagnosed with cancer survive, if not fewer.
- More than half (53 percent) reported that they believe cancer is most often caused by a person’s behavior or lifestyle.
- When asked why people do not get screened regularly for cancer, most frequently cited cost (34 percent) and fear of the result (29 percent).

Source: LIVESTRONG Hispanic/Latino Case Study March 2012
https://d1un1nybq8gi3x.cloudfront.net/sites/default/files/what-we-do/reports/Hispanic-Latino-Campaign.pdf

LIVESTRONG Survey

Focus Group Findings

- When discussing their concerns surrounding cancer, participants across all groups most frequently cited a fear of death and suffering, the difficulty of telling friends and family that they have a life-threatening disease, and the cost of medical treatment.
- Despite assertions that they are comfortable talking about cancer and that they believe people with cancer can survive, most participants reported that if diagnosed with cancer they would tell no one outside of their close family.
- Participants across all groups reported that people with cancer are often stigmatized and isolated.

Source: LIVESTRONG Hispanic/Latino Case Study March 2012
https://d1un1nybq8gi3x.cloudfront.net/sites/default/files/what-we-do/reports/Hispanic-Latino-Campaign.pdf

LIVESTRONG Survey

Telephone Survey Findings

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National Cancer Survivorship Resource Center "Says it Best"

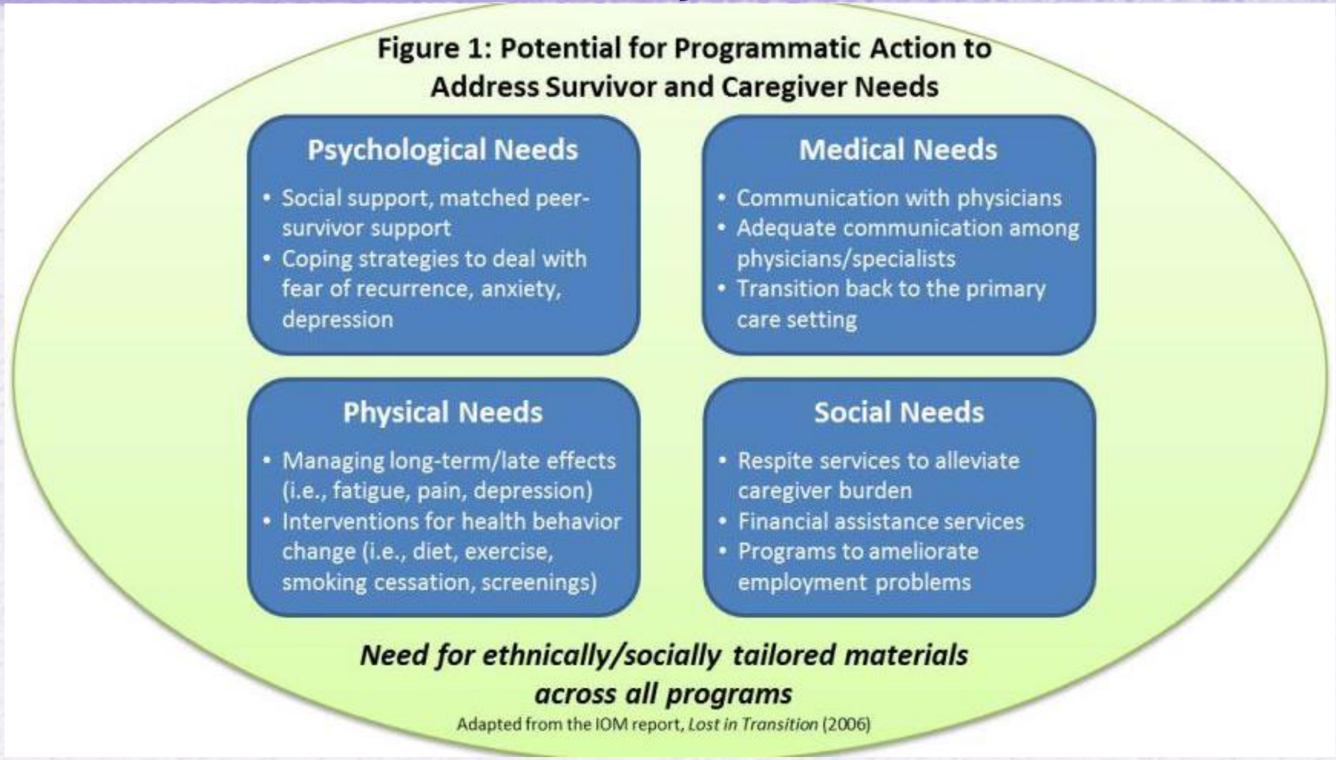

Figure 1: Potential for Programmatic Action to Address Survivor and Caregiver Needs

Psychological Needs

- Social support, matched peer-survivor support
- Coping strategies to deal with fear of recurrence, anxiety, depression

Medical Needs

- Communication with physicians
- Adequate communication among physicians/specialists
- Transition back to the primary care setting

Physical Needs

- Managing long-term/late effects (i.e., fatigue, pain, depression)
- Interventions for health behavior change (i.e., diet, exercise, smoking cessation, screenings)

Social Needs

- Respite services to alleviate caregiver burden
- Financial assistance services
- Programs to ameliorate employment problems

Need for ethnically/socially tailored materials across all programs

Adapted from the IOM report, *Lost in Transition* (2006)

While evidence-based interventions do exist and can be effective if implemented appropriately, many symptoms often go undiagnosed and are poorly managed.

In addition, those survivors and caregivers who are uneducated, poor, uninsured, under-insured or who face language barriers are disproportionality affected. Therefore, ethnically/socially tailored interventions, including the provision of patient navigation and other support services during the post-treatment transition phase, have the potential to dramatically improve quality of life (Harrington et al., 2010).

Source: National Cancer Survivorship Resource Center Quality of Life: Programs and Navigation
http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-031410.pdf

Recommendations For Providers

- **Individuality vs. Culture**
  - Remember that patients are individuals and are not defined by their cultural group.
  - Understand individual fears. Explore what kind of information you can give to help alleviate those specific fears.

- **Language/Interpretation**
  - If you know a little Spanish, it is appreciated if you speak a few words of Spanish with the patient, such as “Hello.” or “Nice to meet you.”
  - However, use an interpreter if you are not a native Spanish speaker or are not certified as a medical interpreter. Patients who do not understand their Spanish-speaking physicians will rarely speak up if the provider is not understood. This may lead to a loss of confidence in the provider’s skills.
  - If the patient speaks English as a second language, unless you are confident that the patient is fluent, use an interpreter.
  - If you are a native Spanish speaker and are not using an interpreter, be sure to match the level of the patient’s vocabulary when discussing medical issues.
  - When using an interpreter, talk directly to the patient. Avoid using idioms, as the law states that translation must be exact and misunderstandings can result

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Recommendations For Providers

- **Building Trust and Establishing Rapport with Patient**
  - The Latino culture is a warm one. Invest a little time at the beginning of an encounter asking about patient and family. Tell the patient that you are glad to see him/her. Engage in good eye contact and focus your attention on the patient. Avoid inputting information on the computer while speaking to the patient. Show the patient that you care. Provide written medical information whenever possible about the patient's condition (Medlineplus.gov is a great resource for Spanish materials) . At the close of the encounter, ask the patient if he/she has any questions and tell the patient what you will discuss at the next visit.
  - Reach out and touch patients who are upset or crying.
  - Be aware of modesty concerns for female patients seeing male providers.
  - Don't be overly positive or enthusiastic about your treatment. Patients may not want to disappoint providers and may not express concerns about treatment as "doctor knows best."
  - For some patients, the idea of treatment choices and plans may be new to them. They may feel that it is the physician's role to decide what to do and may find this confusing. Take time to explain the different options and why you would like the patient to give input.
  - Ask the patient what they believe caused the cancer and how they would deal with this illness in their culture or home country.

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Recommendations For Providers

- **Health Literacy**
  - When explaining something at length, stop regularly to ask patient and family if there are questions. Encourage them to ask questions. Tell them that to ask questions is appropriate and give them time for doing that. Try not to overwhelm the patient. Keep explanations about treatment and administrative issues simple and break down these topics into a number of simple steps.
  - For patients with low health literacy, consider meeting with the patient for a number of short appointments as opposed to one or two very long appointments.
  - Use the help of an interpreter to assess health literacy of a patient. Ask questions like, “What is your understanding of what we’re talking about? If you had to explain this to a loved one, what would you tell them?”
  - Assess reading literacy; consider drawing or showing pictures to help explain concepts provider is talking about; keep explanations simple if possible.
  - Don’t use big words or analogies. Spanish is fairly straightforward and translatable. Big words in English become big words in Spanish. The patient may not be familiar with them in either language.
  - Avoid technical terms, which are often the same in Spanish. Use drawings to illustrate physiology or procedures.
  - Instead of speaking about percentages, use ratios: “If there are 100 people in the room, 15 of them will have success with this treatment.”
  - The connection between pap smears and cancer is confusing. Explaining the concept of screening, and the significance of atypia is not readily understood.
  - If available, involve patient navigators or caseworker / cultural mediators to help patients navigate the system and to help educate yourself and other staff about cultural and socioeconomic issues.
  - Advocate locally and nationally for multicultural campaigns that focus on men’s cancers

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Recommendations For Providers

- **Utilize Support Groups**
    - Support groups when lead by a Spanish speaking clinical facilitator may be beneficial

Further Resources

- **Video Series: The Mind-Boggling Burden of Latino Cancer**

  http://www.saludtoday.com/blog/video-series-the-mind-boggling-burden-of-latino-cancer/

- **Livestrong**

  www.livestrong.org

- **American Cancer Society**

  www.cancer.org