

“Familia, remedios, y Dios”: Hispanic Experiences with Healthcare

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Introduction

According to the *The Diabetes Educator*, Hispanic patients are more susceptible to chronic illnesses such as heart disease, type 2 diabetes, and non-alcoholic fatty liver disease and at risk to conditions such as hypertension, elevated blood sugar, and elevated blood sodium (Caban & Walker, 2006; López, 2008). These predispositions call attention to Hispanic patients' difficulties in finding a competent healthcare provider who can communicate with the patient in Spanish and recognize the cultural complexities regarding Hispanic cultural beliefs on medicine. These beliefs include the usage of alternative medicine, such as herbs, roots, or teas commonly known as “remedios,” the role of faith, prayer, and religious practices in a patient's treatment, and the concept of “familismo,” or the essential intergenerational reliance within the patient's family.

Many healthcare providers do not recognize the cultural nuances in Hispanic patients, including many of the population's preferences to use alternative medicine to manage long-term conditions, such as diabetes, instead of a conventional medication like Metformin (Medina, 2014). Thus, it is important to gauge the Hispanic community's interest in these alternative medicine practices in order to develop an increased understanding of how culture interacts with patient care.

Hispanic patients also face numerous non-healthcare-related disparities that prevent them from receiving adequate care. Spanish-speaking patients are more likely to be of a lower socioeconomic status and thus less likely to seek help from their providers because of financial barriers to insurance. They are also more likely to suffer from food insecurity because they may be unable to sign up for governmental assistance programs. These disparities are representative of the social determinants of health, which include social, cultural, and economic factors; it is essential to define which determinants are the most insecure in order to deliver the absolute best care to each patient.

The absence of a specific research endeavor to explore Hispanic perspectives in medicine in the Houston area leads me to my research question: to what extent do Hispanic patients believe in, utilize, or support cultural views on medicine, and how have they recently faced disparities in their community?

Methodology

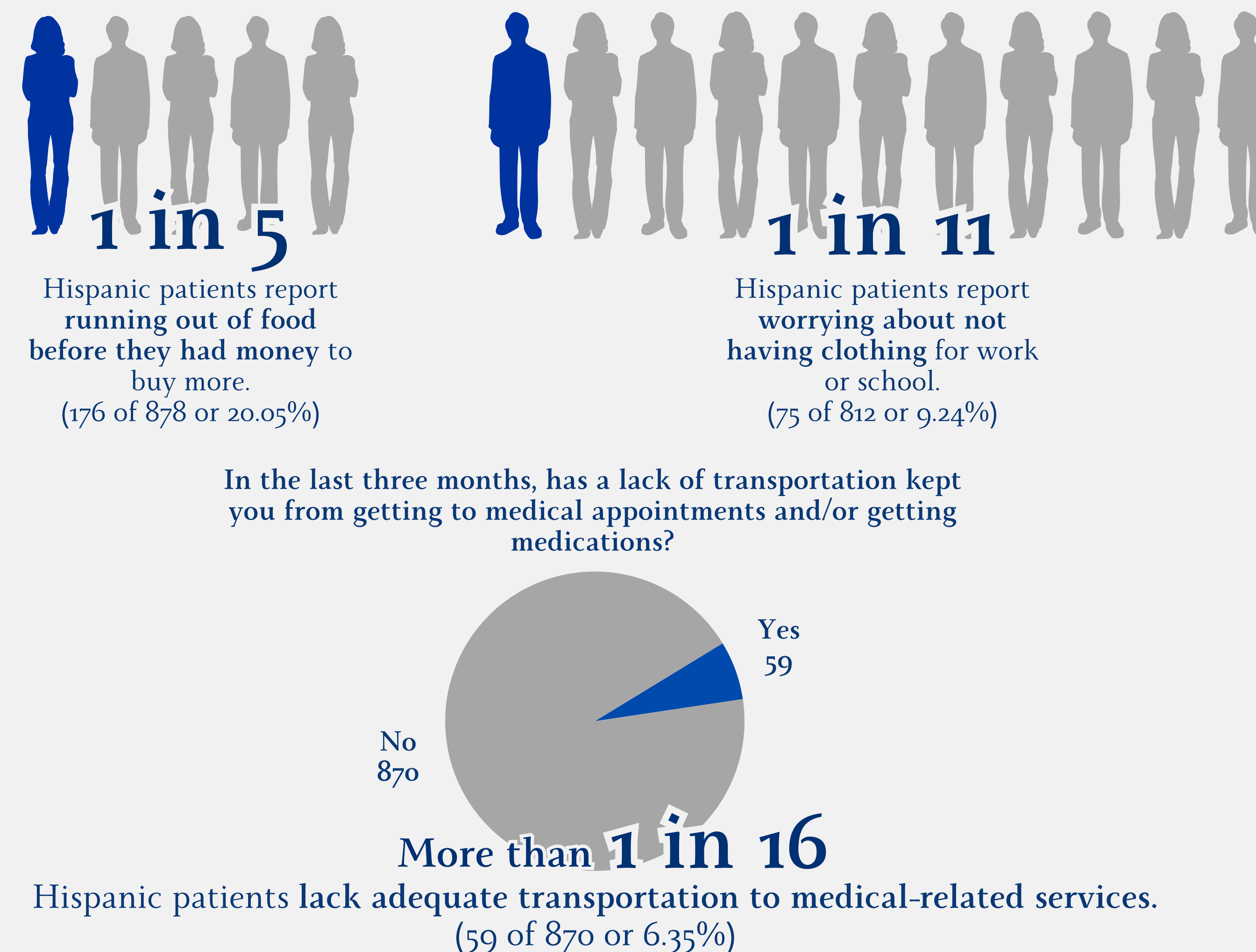
This study's methodology was two-fold—a qualitative interview to analyze Hispanic cultural beliefs in medicine and a statistical analysis of the to measure certain social determinants that can impact access to healthcare in Hispanic communities.

In order to determine the extent to which Hispanic patients utilize cultural medicine, a 5-question qualitative interview with follow-up questions was offered to Hispanic patients during their regular, yearly PCP appointments. Patients were asked to describe their religion, family situation, and their usage of alternative medicine. The researcher was able to communicate the survey in English or Spanish, creating an effective rapport that maximized the descriptiveness of each respondent's answers.

Also, to gain a richer understanding of the social determinants of health that surround Hispanic patients, data spanning January 1st to March 25th from the AccessHealth social and medical needs form was collected. Notable determinants of health that were recorded included access to transportation, food, and clothing. Only patients that indicated that their ethnicity was Hispanic or from a Spanish-speaking country were included in the analysis.

Results

DISPARITIES



CULTURAL BELIEFS

FAITH

“la Reina-Valera is the true translation of the Bible.”

“faith is more important than prayer.”

“you do not need to go to mass, even if you're Catholic; faith in God alone will help you.”

“the devil can cause illness.”

“brujería is real.”

FAMILY

family members like

daughters and spouses

often help the patient with

driving them to doctor's appointments,

reminding them to take medication,

and cooking healthy, balanced meals.

REMEDIOS

the most commonly used herbs and plants are

chamomile, cinnamon, spearmint, garlic, and onion

which are used to either soothe the pain, treat diabetes by lowering blood sugar, or calm the nerves for sleep.

Key Findings and Discussion

The majority of patients interviewed (5 out of 6 or 83.33%) reported using some form of alternative medicine, and the most popular form of alternative medicine involved diet-based herbs (garlic, onion, or eating healthy) and tea (chamomile and spearmint). Most (5 out of 6) believed that there was a faith component involved in the maintenance of someone's health. Those who were involved in a faith felt strongly about it—whether Catholic or Protestant/Reina Valera. All six patients who were interviewed reported that they were dependent on at least one family member, with daughters and spouses being the most common care providers among older patients, and mothers among younger patients. It is likely that daughters and mothers are the primary caregivers for each patient because of traditional gender roles and machismo, which are still present in many Hispanic cultures.

Of the 1497 SDOH forms, 929 were from Hispanic, Mexican, and Cuban patients (62.06%). Roughly 1 in 5 Hispanic patients suffered from food insecurity, which may be an indication of the inability to use government-sponsored nutrition programs like SNAP. Because SNAP guidelines are stringent, in regards to income and immigration status, Hispanic patients may struggle more often to afford nutritious food, which can also increase their risk of cardiovascular disease and diabetes. Though clothing and transportation may have lower rates of insecurity, they may still indicate that Hispanic patients face financial barriers that prevent them from purchasing clothing or riding public transportation to get to medical appointments.

Conclusion

Hispanic patients at AccessHealth Richmond definitely believe in, support, and utilize cultural views on medicine, proven by the strong presence of faith, indication that family helps, and the numerous examples of natural herb- or plant-based remedies in each patient's answer. They also continue to experience a high degree of inequity when accessing food.

This study had numerous limitations. Each patient that was interviewed identified as female, which did not allow this study to provide accurate insight on machismo and the role of Hispanic men in cultural healthcare practices. Also, patients may not report their true situation on the SDOH screener due to not wanting assistance from the clinic, so rates of insecurity could actually be higher than what is shown.

Due to the disparities that Hispanic patients face, it is important for healthcare providers to advocate for each patient—making sure that their insurance covers their medical treatment—in order to ameliorate the effects of financial barriers. Healthcare providers should also be more cognizant of the cultural medicines used in the Hispanic community and, if possible, develop treatment plans that work around each patient's culture to establish a healthy provider-patient relationship. Hispanic patients and their cultural beliefs surrounding medicine continue to be a topic of interest for the field of public health.

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