

Getting to Know US Latinos: A Step Toward Cultural Competence

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Abstract

Data from the 2010 US Census Bureau, Latinos are one of the largest non-White groups in the United States, a trend expected to continue during the next two decades. Despite their status as the largest non-White populations in the US, Latinos continue to be poorly understood and their heterogeneous backgrounds are often ignored. The purpose of this paper is to describe an interactive learning activity designed to explore Latino demographics, food preferences, and culturally-specific health practices and beliefs among this population that traces its roots to many Latin American countries extending from Mexico to Tierra del Fuego and some Caribbean islands. The activity described in this paper is designed for English speaking audiences and may be used with junior or senior high school or college students

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Introduction

Health related beliefs, disease prevention activities, and adherence to allopathic medical practices are greatly influence by a person's cultural background (Alegria, Mulvaney-Day, Carson, & Woo, 2008; Centers for Disease Control and Prevention, 2011a; Luquis & Perez, 2005). Despite the growing body of literature addressing the cultural practices of diverse groups (Bean & Stevens, 2007; Perez, 2008), and the requirements embodies in the Responsibilities and Competencies for Health Education Specialists (NCHEC, 2011), health education professionals continue to struggle with the challenges inherent in reaching individuals and families from racially, ethnically, culturally, and linguistically diverse groups (Centers for Disease Control and Prevention 2011a, 2011b; Luquis & Perez, 2006; Luquis & Perez, 2005).

The US Census Bureau defines Hispanics¹ as "persons who trace their origin or descent to Mexico, Puerto Rico, Cuba, Spanish speaking

Central and South America countries, and other Spanish cultures," regardless of race (US Census Bureau, 2010b). Moreover, it is estimated that in 2010, Latinos became the largest minority group in the US and by 2050, they will account for 30% of the total U.S. population (Fry, 2008; US Census Bureau, 2010a).

Latinos in the US represent a diverse array of groups, cultures, languages, and experiences. In fact, Latinos in the US trace their roots to some 40 countries extending from the southern US border to the tip of the American continent in *Tierra del Fuego* in Argentina. While Latinos share many cultural characteristics (e.g., language, religion) there are in fact many variants among the different population groups. While demographic data documents the growth of the US Hispanic population, less attention is given to the rich diversity of Latinos in the US. In 2008, Mexicans ranked as the largest subgroup accounting for 66 percent of Latinos in the US. Mexicans are followed by Central and South Americans, Puerto Ricans, and Cubans (US Census Bureau, 2010; U.S. Census Bureau, 2007). The diaspora of groups encompassed under the Latino umbrella make it difficult to

¹ The term Latino, used synonymously with Hispanic, is used in this paper for ease of communication.

develop and implement culturally appropriate health education programs that take into account the rich tapestry of this population group (Zavaleta, 2009). Therefore, it is important for health educators to develop an overall understanding of differences and commonalities among the Latino subgroups.

Language Preference

Latinos are often said to be characterized by their ability to speak Spanish. Data from the US Census Bureau show that among Latinos aged 5 and older, more than three-fourths spoke a language other than English at home. The ability to speak more than one language at home, however, does not mean English deficiency since US Census Bureau data show that 65.2% of Latinos speak English well/very well and that 92% of second generation Latinos speak English well (US Census, 2010c).

Immigration

According to the 2009 American Community Survey, 18 million or (37.4%) of Latinos in the United States were foreign born. Data from the Department of Homeland Security show that an estimated 8.5 of the 10.8 million unauthorized immigrants to the US are from the North American region including Canada, the Caribbean, Central America, and Mexico (Hoffer, Rytina, & Baker, 2010). These data has lead to the erroneous conclusion that most Latinos residing in the US are undocumented. This misconception, however, is not supported by the data which shows that nearly three-quarters of Hispanics were U.S. citizens [in 2009], either through birth (about 63 percent) or naturalization (about 11 percent) (Pew Hispanic Center, 2011).

Cultural Practices

Traditional Latinos exhibit strong family ties to both the nuclear and their extended family. Perez, Pinzon, and Garza (1997) have suggested that "A family's traditions, beliefs, and biases in regard to health are generally assimilated by children at an early age" (p.1). Understanding the role of extended families in the health practices of US Latinos is paramount as these groups provide not only a strong social support network, but serve a source of self-esteem and

identity. Zavaleta (2009) has concluded that our failure to incorporate Latino cultural beliefs "...has greatly impaired our ability to deliver appropriate health care to Latinos especially immigrant Latinos" (p.2).

The purpose of this interactive learning activity is to explore Latino demographics, food preferences, and cultural-specific health practices and beliefs. By the end of the Jeopardy type game, participants will be able to identify at least three traditional disease prevention modalities among Latinos, discuss three demographic characteristics of Latinos in the US; discuss three home remedies employed by Latinos; and identify three traditional dishes enjoyed by Latinos. The activity described in this paper is designed for English speaking audiences and may be used with junior or senior high school or college students.

Procedures

Jeopardy is an interactive game in which contestants answer questions from pre-determined categories. In Jeopardy, each question is given a dollar value and each correct response increases the contestant's earnings. The contestant with the highest points at the end of the game wins a prize. Contestants hold the board and have the right to answer the next question for as long as they provide correct responses to the question being asked. Incorrect responses result in a reduction of points consistent with the point value assigned to the question and also in relinquishing control of the board. Individuals not familiar with the game are encouraged to visit <http://www.jeopardy.com/> to play some practice games.

The educational version of the Jeopardy game described in this paper consists of 25 questions found in five categories (see Table 1) and a final Jeopardy question (please see the accompanying Power Point presentation). Activity leaders should review the questions in the Power Point presentation as well as the notes included in most of the slides to become familiar with the content. These explanations expand on the information contained in the game and will enable the leader to answer basic questions;

Table 1

Jeopardy Game Categories		
Category	Description	Selected Sources for Additional Information
Sabroso.	This category presents “traditional” dishes from five Latin American countries.	http://lanic.utexas.edu/la/region/food/ http://www.carnegielibrary.org/research/food/cuisines/latin.html
Disease Prevention	This category explores health practices employed in Latin American countries to prevent disease and infirmity	
Who are they?	This category explores Latino demographics in the US, including country of residence.	http://www.census.gov/prod/cen2010/briefs/c2010br-04.pdf .
Health Status	This category explores the health status of Latinos in the US	http://www.cdc.gov/nchs/fastats/hispanic_health.htm http://www.ncbi.nlm.nih.gov/books/NBK19899/
<i>Me Duele</i> “It hurts”	This category explores home remedies employed in Latin American Countries.	http://www.arizona.edu/Library/Clous_VJ.pdf

additional links to reliable sources of information about Latinos is included in Table 1. It should be noted that the information contained in the slides is not meant to be exhaustive and that activity leaders are responsible for becoming better informed about the issues covered in the slides.

This game may be played with as few as three people and with as many as five groups of five people each. Each will group will need to select a spokesperson responsible for “ringing” the buzzer and answering the question on behalf of their group. The group spokesperson should be selected carefully as he or she will be the only person in the group able to answer the question and their answer is final.

Each player should be given a “noise maker” and the first group to “ring in” will be allowed to respond to the question. If the group does not answer the statement correctly, they lose the points attempted and the next group that rings in will have a chance to answer. The game takes 30-45 minutes to play in its entirety. The game host is responsible for selecting a gift to provide to the winning person or team; examples of awards include pens, letter openers, baseball caps, or Frisbees.

The topic of cultural competence, cultural diversity, beliefs, and practices of others can be a difficult topic to discuss or even acknowledge. Individuals may excuse themselves from participating in the activity. Furthermore, this activity should not be used as of the only vehicle for understanding cultural issues among Latinos or to develop cultural competence.

Conclusion

This interactive activity is an excellent way to explore intermediate Latino cultural practices, general characteristics, culinary practices, health promotion practices, traditional healing methods, and disease prevention strategies. It is an excellent foundation for in-depth discussions about Latinos in the US. While the game has been pilot tested in undergraduate health classes, no formal evaluation has been conducted at this time. We encourage the reader to conduct their own evaluation, measuring knowledge gained as a result of playing the game, to determine what additional information the audience may need to learn about Latino health issues. Results may be used to not only identify additional materials to be discussed in class, but also to make changes to the questions.

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