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# Better care for older Hispanics: identifying priorities and harmonizing care

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As the population of older adults in the United States (USA) grows more diverse, equitable translation of knowledge and best practices to reach underrepresented groups is essential. Hispanics are the largest underrepresented group in the USA and have unique cultural characteristics that impact their health.[1,2] Patient-centered care, which results in better outcomes for patients, requires identifying and selecting an individual's health priorities.[3] Health priorities include the core values that provide meaning to life; specific, actionable and realistic health outcome goals that reflect these values, and care preferences that include what individuals are able and willing to do to achieve their goals. For older adults from underrepresented groups, it is important to understand the culture that gives their values a unique context. In this commentary, we explore the necessity of identifying and understanding the values, goals, and care preferences of older Hispanics and their family caregivers to improve health outcomes. We also discuss Patient Priorities Care (PPC), an approach developed to align disease management with patient priorities and guide implementation of clinical practice guidelines to help patients achieve what matters most to them.

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## The growth in the number of older Hispanics in the United States

The terms Hispanic, Latino and Latinx are all appropriate terms to refer to individuals from Hispanic origin. The terms Hispanic and Latino are often used interchangeably. The term Hispanic emerged from the need to include individuals from Spanish-speaking countries, including Spain, in the US census. The term Latino emerged later from the need to include non-Spanish speaking groups and countries in Latin America as part of the Hispanic group. The term Latinx is a newer and gender-neutral term.[4] There is also variation on how individuals prefer to be identified. A recent report from the Pew Research Center indicates that adults over 50 prefer the terms Hispanic or Latino over Latinx and even among younger adults only 3% actually use the term regularly.[5] Thus, for the remainder of this manuscript we will use the term Hispanic to refer to older adults of Hispanic origin.

There are 60.6 million Hispanics in the USA.[1] This number represents 19% of the total population.[2] The number of Hispanic adults over the age of 65 is projected to double over the next decade.[2] The median income for older Hispanics is $22,000 lower than Non-Hispanic Whites, making older Hispanics the group with the largest percentage of persons living below the poverty level (19.5%).[2] Additionally, more than 40% of older Hispanics have not completed high school and 4.5% are uninsured.[2] These disparities place older Hispanics at high risk of adverse health outcomes and resultant high costs of care.

## Health and Healthcare among Hispanics

Rates of obesity, diabetes, liver disease, dementia and depression are higher among Hispanics compared to Non-Hispanic Whites.[2,6] Despite these risk factors, Hispanics have lower overall mortality rates compared to Non-Hispanic Whites.[6,7] This mortality advantage is known as the “Hispanic Paradox”.[7] Self-selection of healthier individuals upon migration to the USA, stronger social networks and unique cultural factors are potential contributors to this mortality advantage.[7] Unfortunately, this mortality advantage doesn’t hold for other outcomes such as disability, or self-rated health.

These health challenges are exacerbated for many older Hispanics by limited access to healthcare due in part to lack of insurance. Among those with insurance, a shortage of Hispanic healthcare providers is associated with delaying or avoiding care.[8] Only 17.4% of healthcare professionals in the USA identify as Hispanic.[6] Additional barriers to adequate healthcare among older Hispanics include language, cultural, and health literacy barriers.[6,9,10] Up to 50% of all Hispanics have Limited English Proficiency (LEP).[11] LEP affects healthcare access and outcomes.[12] Implementation of Federal guidelines to ensure provision of healthcare in one’s preferred language is difficult and costly.[11] Many healthcare providers rely on family members, medical students, and staff who speak Spanish but are not credentialed to translate. This practice may result in miscommunication and raises safety concerns.

As people age, many face multiple chronic conditions (MCC), more complex care, and increased disability. According to Medicare data, 26% of male Hispanic beneficiaries over 65 years of age have 2–3 chronic conditions and 37.1% have more than 4 chronic conditions.

The percentages for women are 28.9% and 46.4% respectively, and the latter prevalence is 8% higher than Non-Hispanic White women. The typical approach to managing MCC focuses on single-disease clinical practice guidelines, which results in burdensome care and conflicting recommendations that do not reflect what matters most to patients.[13] Difficulties managing MCC lead to higher hospitalization rates, healthcare costs, and rates of disability, and this is amplified among Hispanic older adults as compared to Non-Hispanic Whites and their counterparts without MCC.[9,14,15]

## Cultural norms relevant to health and healthcare among older Hispanics

Latin America is the region of origin for most Hispanics in the United States.[1,2] Spanish-speaking countries in Latin America have historical, cultural, and racial characteristics that make each country, and even groups within countries, unique.[16] Spanish is the predominant language in the region but there are differences in grammatical constructions, words and meaning of words between countries. The indigenous groups that inhabited Latin America before Europeans arrived were very diverse. Adding the European and African cultures of individuals that settled in Latin America resulted in an even more diverse region.[16] It is therefore not surprising that there is a lot of heterogeneity in the cultural characteristics, values, and health preferences observed among Hispanics in the United States.

Despite the heterogeneity of cultures within the Hispanic community, there are shared cultural norms and beliefs that may impact healthcare access and outcomes. For example, according to “familismo” family members are expected to provide care and support in times of need.[17] Older Hispanics prefer, and many times expect, care provided by family members rather than hired providers. This sometimes causes strain between generations. “Personalismo” is another value where Hispanics prioritize relationships built on mutual trust and respect. Many Hispanics believe interpersonal relations and social interactions should be caring and compassionate to produce better outcomes.[6] Finally, religious principles and values guide the life of many Hispanics and thus influence healthcare interactions and healthcare decisions.[6,18] These cultural factors can provide support but also can impose additional obligations on families and can impact the way they make medical decisions.

## Understanding healthcare priorities among older Hispanics

Healthcare based on patient priorities is a promising alternative to enhance care of older adults, particularly those with MCC. The particular values embedded in Hispanic culture play an important role in how health priorities are identified.[18] The role of family in healthcare decisions and activities, expectations that health outcomes improve through caring and compassionate relationships and religious values can affect the nature and specification of health priorities. Figure 1 illustrates the potential role that culture can exert on how patients frame their health priorities. This figure also illustrates how clarifying the role of culture on healthcare goals, values and preferences will provide better information for the priority identification and care alignment steps of the Patient Priorities Care (PPC) approach. This in turn will result in better patient-centered outcomes. Patient-centered care can help address health outcomes among Hispanics: 1) by improving communication

between healthcare providers and patients with different beliefs, race, ethnicity, and culture; and 2) by aligning prevention and timely treatment with the health priorities of older Hispanics.[19] It is therefore important to understand how the values of older Hispanics influence how clinicians identify patients' priorities and make treatment decisions related to those priorities.

Compared to other patient-centered approaches to healthcare, PPC has important strengths. First, it is an evidence-based approach that has been and continues to be validated with different groups. Benefits for patients, caregivers and healthcare providers have been demonstrated using this approach.[20–22] Second, it focuses on what matters most to older adults. What matters to patients is accepted as the foundation for the Age-friendly Health Systems initiative from the Institute for Healthcare Improvement.[23] What matters is also a key component of the U.S. Department of Veteran Affairs Whole Health approach to delivery of health services.[24] Finally, the different components of the PPC approach were included in the AGS guidelines for management of older adults with MCC.[25] These strengths make PPC an ideal approach to adapt for Hispanics with MCC.

Prior studies identified five healthcare values that guide how patients establish healthcare goals and make medical decisions: 1) Self-sufficiency, 2) Enjoyment, 3) Connection, 4) Balancing quality and length of life, and 5) Engagement in care.[3] Cultural values like "familismo" may be more important than self-sufficiency. Similarly, "personalismo" may modify how engagement in care is perceived and how it impacts healthcare goals and preferences. PPC is an evidence-based approach that allows patients to reflect on and identify their healthcare values, or what matters most to them, and identify "the one thing" they want to address based on their healthcare preferences.[13] Studies have demonstrated that the PPC approach is feasible, resulted in less burdensome care, including fewer medications and referrals to specialists,[21] and helped clinicians recommend home and community services that were aligned with the patient's priorities.[22] However, these studies included few non-white or Hispanic participants. To enhance its relevance to Hispanic older adults, a deliberate effort to culturally adapt the PPC approach is needed.

The Ecological Validity Model (EVM) proposes eight dimensions to guide cultural adaptation of evidence-based interventions.[26] Adapting interventions across these dimensions increases the ecological and external validity of an intervention. Table 1 summarizes how the PPC approach can be adapted using these 8 dimensions for Hispanics with MCC. Spanish translation of PPC materials only addresses the first dimension. For the other dimensions a thoughtful approach to adaptation of PPC is needed that includes a clear framework. The Heuristic Framework facilitates cultural adaptation of interventions, based on EVM dimensions, and includes four steps: (1) information gathering (2) preliminary adaptation design (3) preliminary adaptation tests, and (4) adaptation refinement.[27] We explain below how the PPC approach can be culturally adapted for Hispanics with MCC. Step 1 includes a scoping review of the literature on how PPC and other approaches impact quality of care for older Hispanics with MCC. Information from this review can then be used with the EVM 8-item matrix to revise the taxonomy of values that Hispanics use to identify healthcare priorities and identify preferences (step 2). Step 2 results in a culturally appropriate version of the PPC approach for Hispanics with MCC. Step 3 requires feasibility

testing of the adapted PPC approach with Hispanics with MCC and their care partners. To evaluate care alignment for older Hispanics and capture the perception of stakeholders (Hispanics with MCC, their care partners and healthcare provider), a mixed-methods approach is used. The final step requires implementation of the final adapted version of the PPC approach in healthcare systems serving Hispanics with MCC. A pragmatic study would examine degree of care alignment and outcomes related to priority setting and care alignment for Hispanics with MCC.

In summary, it is critical to incorporate into healthcare the complexity of health disparities affecting Hispanics with MCCs. Additional research is thus needed to evaluate the types of health values that frame goals and care preferences for Hispanics. Implementation and validation of a culturally-adapted PPC approach that fully incorporate cultural values in health care systems caring for older Hispanics is an important next step to change practice and improve health outcomes for this growing group of older adults.

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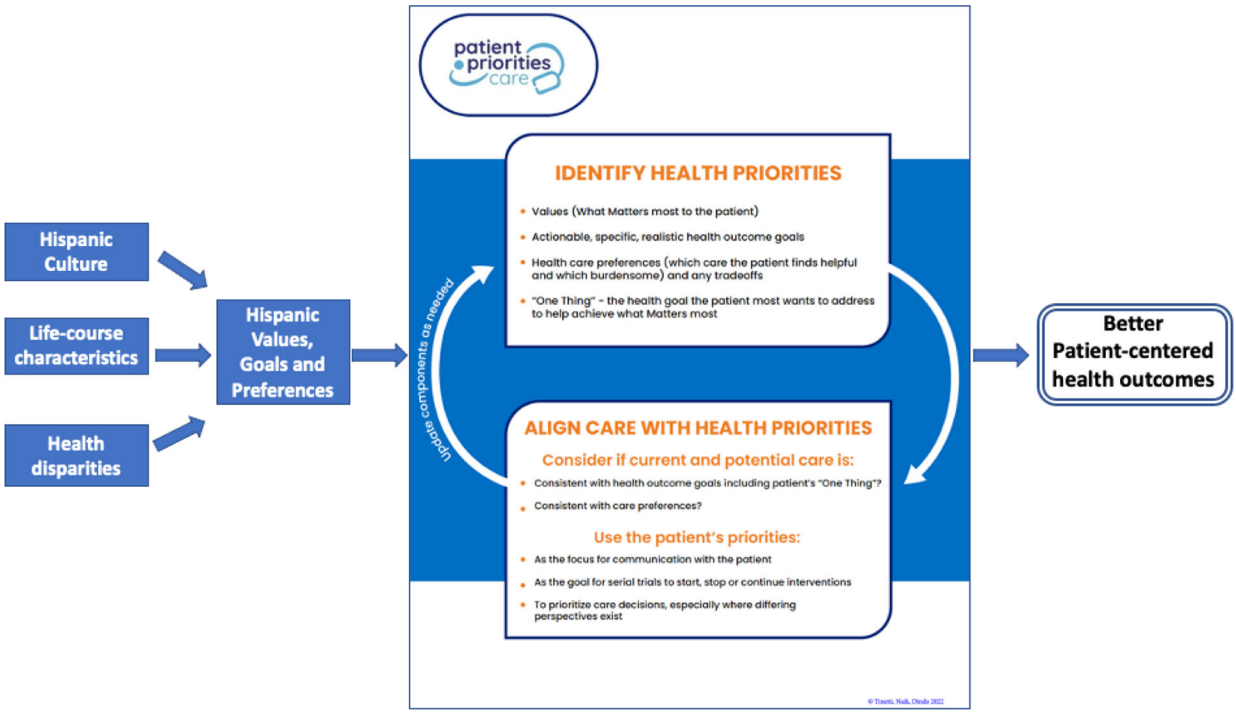


**Figure 1.**

Adaptation Model of the Patient Priorities Care Approach for Hispanics. Figure adapted from the model by Tinetti, Naik and Dindo (www.patientprioritiescare.org)

**Table 1.**

Eight dimensions of the Ecological Validity Model applied to the Patient Priorities Care approach to guide cultural adaptation for Hispanics with Multiple Chronic Conditions

| Dimension | Adaptation |
|---|---|
| Language | Patient Priorities Care tools and materials should consider the language and cultural context of older Hispanics |
| Persons | Information in Patient Priorities Care materials should reflect circumstances that commonly affect Hispanics, such as immigration issues, lack of insurance, and family involvement. |
| Metaphors | Train clinicians who identify health priorities on culturally appropriate interactions with Hispanics, such as how gender and family roles affect healthcare decisions and preferences for interventions |
| Content | Provide resources to primary care providers to identify culturally appropriate activities and social support resources for older Hispanics. |
| Concepts | Key concepts (health outcome goals, healthcare preferences and health priorities) may need cultural adaptation to enhance adoption by older Hispanics. Sensitive topics are discussed in a culturally appropriate way. |
| Goals | Hispanic cultural values match their health outcome goals |
| Methods | Delivery of the priorities aligned care is acceptable for Hispanics and their care partners. |
| Context | Barriers to participation, priority setting and care alignment are addressed. No additional burden is placed on older Hispanics and their care partners. |