Understanding National Minority Health Month

By: Veronica Cool April 14, 2017

Have you ever enjoyed a gloriously chilled glass of pear or pineapple juice? Or savored a tasty tamarind ice? Pretty common occurrence in a Dominican household, especially in the hot summer months. How about yaniqueques or quipes, dough or wheat rolls stuffed with beef and deep-fried? And of course, buckets and buckets of white rice as the standard side dish.

These are delicious culinary staples that are now treats to be enjoyed in moderation — because I want to be a bit healthier, working diligently to avoid diabetes and heart disease.

It took several client projects to get through years of ingrained learnings. Although I'm pretty informed, these health disparities had not hit home. Latinos are 65 percent more likely to be diabetic, 55 percent more likely to have end-stage renal disease and 45 percent more likely to die from diabetes. Some 15 percent of adults are more likely to be obese, and this more than doubles for Hispanic kids, at 35 percent. FamiliesUSA.org also reports that 60 percent of Hispanic kids are more likely to attempt suicide.
Horrible statistics, yet avoidable.

Underserved populations, not just Latinos but several segments including immigrants and refugees, can benefit significantly from targeted initiatives that can address these disparities. And what better time to get the party started than now? April is National Minority Health Month.

Language barriers
It all begins with language access, which seems rather apparent, yet many health care providers are not equipped to address individuals with Limited English Proficiency, which is a person whose primary language for communication is not English and who has a limited ability to read, write, speak, or understand English. According to the U.S. Census, 17 percent of people living in Maryland spoke a language other than English at home. Competent language services, which include interpretation of verbal communications, whether through a certified interpreter or appropriate telephone or video devices, and translated written materials must be readily available. Language barriers increase avoidable risks to the safety of the patient.

To standardize language services and reduce associated barriers, Section 1557 of the Patient Protection and Affordable Care Act was implemented, which builds on established

civil rights laws, including Title VI of the Civil Rights Act of 1964. Section 1557 prohibits discrimination based on race, color, national origin, sex, age, or disability in health programs or activities, and it clarifies that participating health care providers must take reasonable steps to provide meaningful access to LEP individuals.

This ensures that the 7-year child is not telling his mom, "You're sick," when the doctor said, "You have stage 4 cancer." This ensures that the janitor, hard at work nearby, is not tapped to be the interpreter for the practitioner and inform the patient that he can't be discharged until he has a bowel movement.

This is about privacy, it's about having appropriate medical knowledge, compassion and knowledge to ensure the stated content is provided so the patient is fully aware of his/her health condition and has a forum to ask questions for further understanding.
One of biggest barriers to health equity is staffs' understanding of the culture. When engaging the Hispanic patient, small talk and building rapport are essential, which takes more time. Staff may not have the patience (or resources) to be inclusive.

Building trust
The importance of building trust, eye contact, religion and even home remedies must be discussed, taught and incorporated into mainstream health care. This is cultural competence and it must be imbedded into traditional health care training to educate providers on the nuances of the culture, traditions and behavior. And the training must address the sensitive issues that are uncomfortable, so the providers are adequately equipped to truly care for these underserved patients.

Sensitive issues include perception, discrimination, compassion, patience, family dynamics, the importance of religion and the influence of key figures such as the pastor, patriarch and matriarch.

Another key driver in increasing health access is navigating care — ensuring that the patient has the tools to arrive at the hospital (transportation is often a tremendous barrier to health access), find the office, understand the instructions (including medications, waivers, and consents) and can schedule follow up appointments/tests as needed. Incorporating health navigators who are bilingual and bicultural — and most importantly patient and compassionate — into the patient care cycle has a dramatic impact on reducing health disparities across Maryland.

Lastly, authentic and long-term community engagement is key. Being visible in the community, through in-language (whether Spanish, Nepalese or Urdu) promotion of health information consistently and sustainably builds trust and results in long-lasting relationships that reduce health disparities.

Amigos, how are you and your organization observing National Minority Health Month? What are you doing to address health equity? Let me know!

Veronica Cool is founder of Cool & Associates LLC, a business management firm specializing in financial wellness and diverse segment marketing. Her column appears twice a month in The Daily Record and online. Contact her at Veronica@CoolAssociatesLLC.com. Follow her on Twitter at @verocool.

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