

Culturally Sensitive Care

Enlisting community partners to meet Mexican American caregiver needs

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BACKGROUND: Culturally sensitive interventions are needed to assist Mexican American (MA) patients with cancer and their family members in managing their care, navigating the healthcare system, and decreasing disparities in healthcare outcomes for Hispanics with cancer.

OBJECTIVES: The objectives of this study were to understand the meaning of culturally sensitive care for oncology clinic healthcare providers and to assess the usefulness and feasibility of the role of a *promotora de salud* to meet caregiver needs.

METHODS: This study involved focus groups of 18 diverse providers who provided data for qualitative analyses.

FINDINGS: The findings (themes) defined the facilitators of and barriers to culturally sensitive care and the perceived role of a *promotora de salud* to support the healthcare team and improve cancer care provided by MA caregivers. In addition, *promotoras de salud* can help reduce health costs by decreasing patient clinic visits.

KEYWORDS

cancer caregivers; *promotora de salud*; culturally sensitive care; health disparities

DIGITAL OBJECT IDENTIFIER

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IN 2012, HISPANICS IN THE UNITED STATES DIED MORE OFTEN from cancer than non-Hispanic Caucasians, who died more often from heart disease (American Cancer Society [ACS], 2015; Colby & Ortman, 2014; Siegel, Fedewa, et al., 2015). Although Hispanic lung cancer rates and deaths are 50% lower than those of African Americans, 17% of Hispanic males die from lung cancer. Hispanic women also experience higher rates of cervical and gallbladder cancer compared to non-Hispanic Caucasians (ACS, 2015). On the other hand, Hispanic women experience lower rates of breast cancer (16%) but have later stages of diagnoses, contributing to higher death rates from this disease (ACS, 2015; Juarez, Hurria, Uman, & Ferrell, 2012). Immigrant Hispanic women face later stages of breast cancer at diagnosis, and premenopausal Mexican women have a higher risk for developing breast cancer earlier in life than women of other ethnic groups (Keegan, Quach, Shema, Glaser, & Gomez, 2010; Miranda et al., 2011).

Research indicates that factors contributing to disparate cancer rates and deaths in Hispanic populations include low access to health care, low education and literacy levels, limited English proficiency, and limited financial and network resources (National Cancer Institute [NCI], 2016). Higher rates of obesity among Hispanics increase cancer risk, as do other lifestyle factors, such as lack of a healthy diet and exercise and greater environmental exposure to infectious agents (ACS, 2015; Centers for Disease Control and Prevention [CDC], 2016; NCI, 2016; Siegel, Miller, & Jemal, 2015).

Mexican Americans (MAs) are the largest subgroup of Hispanics in the United States (64%) (ACS, 2015). Healthcare providers must address the healthcare disparities and needs of MAs, who are a rapidly growing minority population (Alicea-Planas, 2013). Culturally sensitive interventions to assist MA patients with cancer and their family caregivers to self-manage and navigate the healthcare system are integral to decreasing health disparities that influence early Hispanic death, social and economic loss, and lower quality of life for affected people and MA communities (CDC, 2016; Doornbos, Ayoola, Topp, & Zandee, 2015; Ingram, Sabo, Rothers, Wennerstrom, & de Zapien, 2008; Juarez, Branin, & Rosales, 2014; NCI, 2016; Palos et al., 2010).

Background

Most MA cancer care occurs in the home because many MAs lack healthcare access and also have strong cultural values related to familial duty and