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# Lost in translation: Delivering culturally and linguistically appropriate interventions to Hispanic populations

COMMENTARY ON RACE AND ETHNICITY IN FOOD SYSTEMS WORK

Ivette Valenzuela *
Virginia Polytechnic Institute and State University

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**Abstract**

Hispanics became the United States' largest minority in 2012. Lack of culturally and linguistically appropriate interventions in the Hispanic population at the health-care and community levels increases the risk of negative health outcomes, such as obesity and type 2 diabetes. Delivering nutrition education can modify cultural traditions associated with food and decrease diseases associated with food habits. Barriers faced by many Hispanics include, but are not limited to, limited English proficiency and/or immigration status. Developing interventions to improve Hispanics' health outcomes requires understanding of Hispanics' cultural values and diversity. Active recruitment and training of Hispanics into food system fields is crucial to developing and implementing culturally sensitive and language-oriented intervention.

**Keywords**

Hispanics, social determinants of health, culture, linguistics, food systems, education, food habits, obesity, diabetes, health outcomes

In the U.S., minorities have been dealing with a greater burden of diabetes and obesity when compared with non-Hispanic whites (Centers for Disease Control and Prevention [CDC], 2014). While we are beginning to see a shift from individual-level to system-level approaches, it is important to learn the ability of public health programs to alter lifestyle factors (e.g., nutritional intake and physical activity levels) following nutrition education. Hispanics' health outcomes can be improved by delivering culturally and linguistically appropriate system-level education on

* Ivette Valenzuela, PhD candidate, Department of Population Health Sciences (0395), Virginia Polytechnic Institute and State University; 205 Duck Pond Drive; Blacksburg, Virginia 24061 USA; +1-781-330-6734; ivettev@vt.edu

healthy lifestyles. Cultural traditions associated with food can be modified easily based on knowledge alone. Public health and medical providers can learn from food systems work, taking into consideration social determinants of health as especially significant factors for Hispanic populations.

## Impact of Social Determinants of Health on Health Outcomes

The World Health Organization (WHO) defines social determinants of health as "the conditions in which people are born, live, grow, work, and age" (WHO, 2014, para. 1). Social determinants of health, shaped by financial resources, distribution of power, and allocation of resources at the personal, community, state, national, and global levels (Stevens, 2004) are part of the underlying causes of lifestyle-related diseases. As Hispanics recently became the largest minority in the U.S. (U.S. Census Bureau, 2012), the negative impact of social determinants of health on Hispanics health outcomes has become more notable (Peek, Cargill, & Huang, 2007). Some of the barriers faced by many Hispanics are limited English proficiency, low educational attainment, low income, and/or being undocumented. Trying to develop and deliver a public health or medical program for Hispanics might mean first overcoming those barriers. How can we help Hispanics improve their health if their primary concern is income or immigration status? This will require nontraditional partnerships with organizations outside of the public health and food systems sectors before we can begin to develop culturally sensitive and language oriented interventions.

## Delivering Culturally and Linguistically Appropriate Interventions

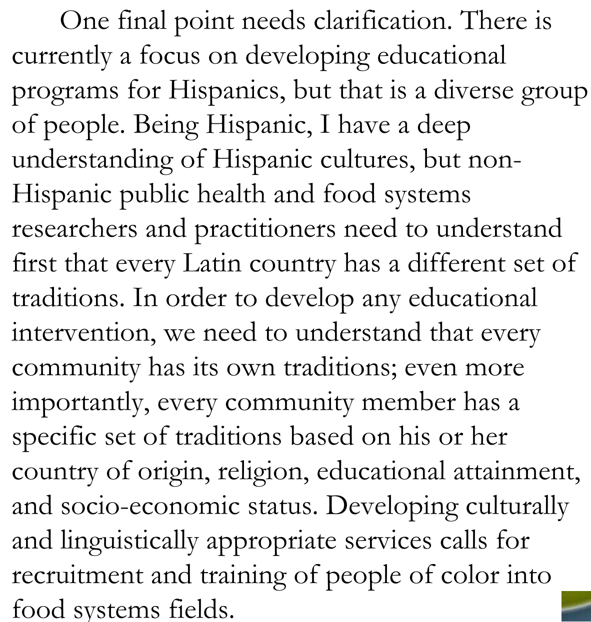
In my work, I often see public health and food systems materials merely translated to Spanish from English. This does not deliver the culturally appropriate services that are needed. Ineffective communication can lead to negative health outcomes due to misunderstanding of participants' concerns, inappropriate follow-up, and poor participant compliance and satisfaction (Wilson, 2013). As a Hispanic woman and mother, I personally have faced these frustrating barriers in a medical setting myself, where health-care providers did not value my knowledge of my own health and medical history. We need Hispanic populations to know that we not only value, but require, their input and buy-in for programming to be successful.

Participants in my diabetes-prevention program expressed the need for public health and health-care providers who truly understand Hispanic cultures. Despite speaking the language, some translators cannot effectively communicate the issues, medical problems, and realities faced by Hispanic populations. The urgency and severity of medical problems faced by Hispanic populations can be lost in translation. Having some materials translated into Spanish is not sufficient when personal interaction is needed to deliver and understand specific, individualized messages. The importance of culturally responsive programs cannot be understated when delivering medical services and interventions to decrease the burden of diseases linked with lifestyle factors disproportionately faced by Hispanics.

Researchers and practitioners involved with public health and food systems initiatives must understand that in Hispanic cultures, food is synonymous with celebration and love. Family recipes go beyond a tradition that is passed from generation to generation; they represent the love of a family member through cooking. Public health researchers and practitioners must respect this aspect of Hispanic cultures. As a health behavior scientist I understood to some degree the difficulty of changing health behavior habits. My perception changed when I started to work with communities. When I worked on pre-diabetes and type 2 diabetes prevention interventions with Hispanic communities in southwest Virginia, I realized that food habits could be modified with this group as long as we worked with participants in a respectful, culturally responsive manner. I learned that people need to feel understood and free to express themselves. I also learned that willingness to help was not enough if we did not also explain why we were offering help. Education and demonstration are key when teaching and trying to motive people to

change. In order to develop and increase the capacity to address health issues, a community needs to be not just engaged, but also invited to become a partner in the change process. In order to motivate change in food habits, people need to be approached and heard in a respectful way while showing how a habit might be affecting their health.

One final point needs clarification. There is currently a focus on developing educational programs for Hispanics, but that is a diverse group of people. Being Hispanic, I have a deep understanding of Hispanic cultures, but non-Hispanic public health and food systems researchers and practitioners need to understand first that every Latin country has a different set of traditions. In order to develop any educational intervention, we need to understand that every community has its own traditions; even more importantly, every community member has a specific set of traditions based on his or her country of origin, religion, educational attainment, and socio-economic status. Developing culturally and linguistically appropriate services calls for recruitment and training of people of color into food systems fields.



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