

Hispanic Women's Health Decision-making

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The Journal of Women's Health recently featured an article discussing Hispanic women's desire to participate in their own health care decision-making. Entitled *Relationships between English Language Use and Preferences for Involvement in Medical Care among Hispanic Women*, the article is written by Guillermo Tortolero-Luna, M.D., Ph.D. and others. The researchers found participants in the study expressed a strong desire for information about and participating in medical decisions. The research also showed that the women expressed a lower preference for participating in decisions related to use of hormone replacement therapy (HRT), compared with the desire for engaging in decisions involving invasive medical procedures (hysterectomy and cholecystectomy) and high blood pressure management. Ultimately, an increased use of English language was significantly associated with preferences for participating in medical care decision-making in general.

This study is unique in that it is one of very few that have investigated the interaction between race/ethnicity and preferences for active involvement in medical decision-making and information seeking and possibly the only one to address how language and culture factor into a patient's preferences for involvement in decision-making. In this instance, Hispanics are defined as women who reside in the United States and who were born in, or can trace their ancestry to a Spanish-speaking country. In-person interviews, conducted in Spanish or English depending upon the participant's preference, were held in community settings such as malls, laundromats, food stores and in primary care public health clinics.

Women in the study expressed a strong desire to obtain general medical information about their conditions from their physicians and to be involved in the decision-making in general and for specific surgical procedures. However, the women's preference to be involved in the medical decision making related to noninvasive procedures such as hormone replacement therapy or high blood pressure management was not as great. As noted, women reporting a decreased use of English consistently expressed a lower desire for involvement in medical decisions and for being informed than did women who reported an increased use of English. Of note is that compared with women who reported an increased use of English, women who reported a *decreased* use of English were more likely to have a lower level of education, be below 100% of the federal poverty level, have been born outside of the U.S. and report a fair or poor health status. This seems to indicate that comparatively those women with a decreased use of English may have a greater need for health care (and thus more medical decisions to make).

The study notes that cultural factors may play a role in this trend, as those Hispanic women with an increased use of English had similar preferences in active participation as did white and African American women. The article notes that health providers may lack the cultural sensitivity necessary to engage Hispanic patient's fully in their health care decisions and that further studies must be conducted to assess the role of other cultural and linguistic preferences in Hispanic and other minority

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groups and to focus efforts on the education of health providers so that they can learn new communication skills to aid patients in the decision-making process.

The full article is available in the Journal of Women's Health, Volume 15, Number 6, 2006.

For other articles and resources on language access and women's health issues please see the National Health Law Program's website at www.healthlaw.org.