WISCONSIN INSTITUTE FOR Citizenship & Civil Dialogue

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EXECUTIVE SUMMARY

DEVELOPING A HEALTH CARE CULTURAL BROKER PROGRAM
Insights from Hispanic/Latino and Hmong Communities in Central Wisconsin

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In early 2025, the Wisconsin Institute for Public Policy and Service (WIPPS) Research Partners and the Medical College of Wisconsin – Central Wisconsin (MCW-CW) gathered information via one-on-one interviews with Hispanic/Latino and Hmong residents of Central Wisconsin about their experiences accessing and navigating area health care systems. Insights and feedback from these community members could help inform the development of a cultural broker program within a health care organization. Collaborators from the Hmong and Hispanic Communication Network (H2N), Healthy Opportunities for Latin Americans (HOLA), and Let's Talk-Marathon County provided expertise that was essential to including the voices of Hispanic/Latino and Hmong community members in this project. The project was funded with support from WIPPS and the Marshfield Clinic Health System, as well as with in-kind support from MCW-CW.

This Executive Summary provides highlights from 31 one-on-one interviews conducted with Hispanic/Latino and Hmong residents of Central Wisconsin. These individuals represent a range of perspectives based on different ages, family structures, employment situations, nationalities, and cultural backgrounds. A majority of the interviews (71%) were conducted in Spanish or Hmong. The interview feedback is supplemented with additional qualitative data gathered from two focus groups with 13 Hispanic/Latino and Hmong community health workers/health navigators and two deliberative dialogues with 15 Hispanic/Latino community members. In total, input from 59 individuals was synthesized, resulting in an extensive set of qualitative feedback that can help inform the development of a cultural broker program that is responsive to the unique needs and challenges of Central Wisconsin's Hispanic/Latino and Hmong communities. The structured interviews focused on several topics, including: (1) Barriers and challenges that Hispanic/Latino and Hmong residents face when accessing health care in Central Wisconsin; (2) Communication and language barriers within health care settings, including feedback on interpretation services; (3) Cultural beliefs and practices that impact health care experiences; (4) Racial discrimination/bias in health care and how to build trust; and (5) Factors to consider when developing a cultural broker model. See Tables 1 and 2 for key points.[1]

> **Hispanic/Latino and Hmong residents reported that they face many unique barriers and challenges when accessing health care and when navigating health systems in Central Wisconsin. There was strong support for the development of a cultural broker program to address these barriers.** Participants' feedback on components to consider when developing a cultural broker program included:
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> - Help patients overcome access to care barriers, improve health literacy, and assist them with navigating care within complex and often confusing health systems.
> - Address communication and language barriers and improve access to fluent, medically competent, high-quality, and cultrually-sensitive interpretation services, especially in-person interpretation.
> - Support patients' cultural beliefs and help them overcome cultrual barriers in health care systems; bridge gaps in providers' understanding of patients' cultural expectations and preferences.
> - Have a strong external community presence and establish a high level of community trust.

[1]For a full and detailed discussion of the project's findings, see *Summary Report: Developing a Cultural Broker Program – Insights from Hispanic/Latino and Hmong Communities in Central Wisconsin.* A separate document includes the interview, discussion, and issue guides and notes from the focus groups and deliberative dialogues. See *Supplemental Appendices – Developing a Cultural Broker Program – Insights from Hispanic/Latino and Hmong Communities in Central Wisconsin*. The notes from the focus groups and deliberative dialogues provide additional detail on the topics summarized in this report. Readers are encouraged to refer to those notes for added perspectives from community health workers and health navigators, as well as from the Hispanic/Latino Let's Talk, Marathon County panelists who participated in the Spanish language deliberative dialogues. For more information about this project contact Sharon Belton, Director of WIPPS Research Partners at sharon.belton@wisconsin.edu. See https://wipps.org/research-partners/.

- **Cultural brokers can help patients overcome barriers to accessing medical care. Language and cultural barriers, as well as costs and financial considerations, including a lack of affordable health insurance and fear of medical bills, were among the most significant barriers that Hispanic/Latino and Hmong community members indentified when asked about barriers to accessing health care.** Language barriers, including challenges accessing in-person interpretation, make it difficult for many Hispanic/Latino and Hmong community members to navigate health systems. Challenges include filling out forms for financial assistance and insurance, health histories and intake forms, and with scheduling appointments. These issues can cause some to avoid seeking care. These challenges are exacerbated by low health care literacy, limited understanding of health care systems, and limited awareness of resources. Many Hispanic/Latino participants also noted that their immigration status, including fear of deportation, made them reluctant to seek care or fill out forms. Other barriers cited include long wait times for appointments; lack of transportation; and difficulty taking time off work to assist family members with transportation and interpretationn needs.

- **Cultrual brokers can help patients address communication and language barriers that contribute to individuals avoiding health care systems. Language barriers may have negative impacts on the quality of health care and can create difficulties for patients in communicating medical concerns and in understanding treatment options. Participants noted that the accessibility and quality of interpretation can be improved across all areas of health systems, especially in-person interpretation.** Some expressed concerns about the fluency and familiarity with medical terminology of interpreters. Others prefer to have a family member act as their interpreter, but expressed concerns about their medical knowledge. Alternative interpretation methods such as telephone, iPad, or translation apps were generally viewed negatively. Some indicated that computer-based translation apps (like Google Tarnslate) should be avoided due to issues with grammar and sentence structures. Participants also noted examples of where medical terminology is not easily translated between languages.

- **Cultural brokers can help patients obtain culturally-sensitive care and can help resolve conflicts between patients' cultural beliefs, providers' expectations, and health care systems' policies.** Examples of areas where a cultural broker can help bridge cultural divides include: navigating cultural expectations regarding gender roles and family structures (ex. "machismo," patriarchal/patrilineal families, large family supports); cultural preferences for a provider of the same gender (ex. the concept of "modesty" in Hispanic/Latino cultures); diet/food, especially for Hmong women after child birth or gifts of food in Hispanic/Latino culture; and respect for alternative medicine practices, including preferences for using natural or herbal remedies before seeking care. A cultrual broker can help educate staff and providers to improve cultural awarenress, including the importance of religious/spirirual beliefs (ex. Hmong shamanism and healing rituals and Catholic faith practices for Hispanic/Latinos). Many echoed the need for culturally-sensitive, fluent, and competent interpreters in all areas of health care systems, including the need for awareness of regional or country-specific differences in terminology

- **Trust was identified as one of the most important components of a successful cultural program. Cultrual brokers can help increase Hispanic/Latino and Hmong community members' trust in their health care systems. Having an external community focus and building partnerships between the health system and the communities they serve provides a foundation of trust.** In addition to a strong community presence, health systems can earn trust by providing cultural training to staff on the history of the populations they are treating and by encouraging providers to attend community cultural and social events. Small gestures like greeting patients with a few words or phrases in their preferred language or by taking an interest in their patients' culture can have large impacts on building trust.

Table 1 – Interview Participants' Feedback on Factors Relevant to Developing a Cultural Broker Program
Overcome Barriers, Improve Health Literacy, and Navigate Health Systems **(see Table 2, Topic 1)**
▫ Help patients understand and navigate the financial aspects of their care, including insurance, coverage, costs, and billing; simplify the financial assistance application and process** ▫ Increase patients' understanding of the structure of U.S. health systems and what to expect during the health care experience (ex. reasons why certain tests may be ordered, procedures recommended, or medications prescribed) ▫ Help patients navigate within the health care system and resolve issues in order to improve the quality of care ▫ Improve cooperation between components of health care systems and streamline policies to facilitate better access to care (ex. simplify applications for financial assistance, intake forms, smooth referrals to specialists) ▫ Helping patients understand their rights, including access to interpreters, when to seek a second opinion, the right to disagree with a treatment recommendation, or to request a better explanation about their medical situation ▫ Follow up with patients after their appointments to ensure they understand their conditions and treatments ▫ Improve cooperation between the health system and others already working in the community to help Hispanic/Latino and Hmong residents access health care (community health workers and navigators)*
Address Communication/Language Barriers and Improve Interpretation Services **(see Table 2, Topic 2)**
▫ Provide education and training in cultural awareness for health system staff and providers at all levels ▫ Have strong communication/interpretation skills, including language fluency and medical terminology expertise ▫ Help patients access interpretation services and reduce administrative barriers to interpretation services** ▫ Use a wide variety of communication tools and resources to connect with patients in their preferred language** ▫ Help navigate situations between preferring a family member as an interpreter and health system policies ▫ Advocate for the patient when communication, language, or cultural barriers arise. Negotiate for a patient based upon their broader knowledge of the patient's situation. Explain practices and procedures that are confusing* ▫ Provide care with kindness, empathy, and with an emphasis on serving others
Support Cultural Beliefs and Practices and Overcome Cultural Barriers **(see Table 2, Topic 3)**
▫ Have a deep understanding of cultural norms, backgrounds, and lifestyles of Hispanic/Latino and Hmong patients (ex. the presence of large families during hospital stays, diet preferences, shamanism, rituals, etc.) ▫ Be adept at country-specific variations in cultural practices, language, and vocabulary (ex. awareness of regional cultural and language differences within Mexico or differences in Spanish across countries) ▫ Be a resource for the provider and the patient and help to resolve issues related to cultural gaps in understanding medical care** ▫ Bridge generational and familial differences within Hispanic/Latino and Hmong communities and health systems ▫ Help patients mediate between preferences for alternative medicine practices and traditional medical approaches ▫ Help health care systems be more sensitive to how religious beliefs and faith practices impact care expectations ▫ Increase awareness of the importance of preventive care, establishing a relationship with a provider, and the importance of seeking care before symptoms become severe*
Have a Strong External Presence and Build Community Trust **(see Table 2, Topic 4)**
▫ Establish trust and respect within the broader community and with patients as individuals ▫ Help address underlying distrust of Western medicine when it conflicts with the traditional medical practices and preferences for herbal medicine among Hispanic/Latino and Hmong cultures (esp. with Hmong elders) ▫ Ensure that the cultural broker service is free and accessible to community members; generate awareness ▫ Foster collaboration and partnerships between the health system and local community groups and organizations that are successful in improving health outcomes for patient populations (ex. H2N, HOLA, Wausau Free Clinic)* ▫ Collaborate with community-based efforts to provide medical care such as screenings and vaccine clinics in community and employer-based settings (ex. pop-cup clinics, diabetes screenings, vaccine clinics at farms)*

This feedback was based on interviews in February/March 2025 with 31 Hispanic/Latino and Hmong residents of Central Wisconsin. *This point was specifically identified by H2N focus group participants as being important to the development of a cultural broker program. **Feedback from participants in the Let's Talk, Marathon County deliberative dialogues with Hispanic/Latino residents of Marathon County also indicated strong support for this point.

Table 2 - Summary of Key Themes from Interviews by Topic Area*
Topic 1 – *Barriers to Accessing and Navigating Medical Care for Hispanic/Latino and Hmong Residents*
▫ Costs and financial considerations, including lack of health insurance and the inability to afford insurance ▫ Difficulty filling out forms for insurance and financial assistance, and fear of medical bills due to language barriers ▫ Immigration status, including fear of deportation (concern expressed by Hispanic/Latino interview participants) ▫ Communication and language barriers, including challenges accessing in-person interpretation services ▫ Difficulty filling out paperwork, understanding mail from health care providers, and scheduling appointments ▫ Low health care literacy, limited understanding of health care systems, and limited awareness of resources ▫ Limited understanding or respect by health systems of cultural beliefs and traditions, which creates trust issues ▫ Long wait times for appointments and the ability to schedule timely appointments ▫ Lack of transportation; Hispanic/Latino participants further noted a fear of driving due a fear of police interactions ▫ Difficulty taking time off work to assist family members with transportation or interpretation needs
Topic 2 – *Communication and Language Barriers and Feedback on Interpretation Services*
▫ Language barriers can lead individuals to avoid care and can have negatives impacts on the quality of health care ▫ Language barriers create difficulties in communicating medical concerns and understanding treatment options ▫ Patients may lack understanding of their rights, including how to request an interpreter ▫ Having access to interpreters is important, but the accessibility and quality of interpretation can be improved ▫ Participants strongly prefer in-person interpreters and they are needed across more areas within health systems ▫ Some expressed concerns about the fluency and familiarity with medical terminology of interpreters ▫ Some patients have strong preferences for a male or female interpreter, especially for sensitive topics ▫ Some prefer to family members as an interpreter; others expressed concerns about lack of medical knowledge ▫ Alternative interpretation methods such as telephone, iPad, or translation apps. were generally viewed negatively ▫ Translated materials should be done by an actual person, not a computer (or Google Translate)
Topic 3 – *Difficulties Navigating Health Care Due to Cultural Beliefs and Practices*
▫ Conflicts between patients' cultural beliefs and providers' expectations ▫ Gender roles and family structures (ex. "machismo," patriarchal/patrilineal families, large family supports) ▫ Cultural preferences for a provider of the same gender; concept of "modesty" in Hispanic/Latino cultures ▫ Importance of diet/food, especially for Hmong women after child birth or gifts of food in Hispanic/Latino culture ▫ Respect for alternative medicine practices; natural or herbal remedies are preferred before seeking care ▫ Lack of preventive care; some avoid seeking care until serious symptoms arise (especially Hmong patients) ▫ Religious beliefs (ex. Hmong shamanism and healing rituals and Catholic faith practices for Hispanic/Latinos) ▫ Need for culturally-sensitive, fluent, and competent interpreters in all areas of health care systems ▫ Need for more training and cultural awareness for staff and providers ▫ Cultural reverence for physicians may lead some to not ask questions or feel as if they are a burden to the doctor
Topic 4 – *Feedback on How to Build Trust in Hispanic/Latino and Hmong Communities*
▫ Increase diversity of providers and staff; retain providers in order for patients to establish relationships ▫ Provide cultural training to staff on the history of the populations they are treating ▫ Encourage providers to attend community cultural and social events to gain a deeper cultural understanding ▫ Learn basic phrases and greetings and ask simple questions that may reveal some of the patient's culture ▫ Address language barriers and offer quality, in-person interpretation services ▫ Provide information, flyers, and other materials in multiple languages ▫ Improve communication, answer questions, and ensure patients understand their situations ▫ Treat patients with kindness and respect, even if there are cultural or language differences; spend adequate time ▫ Help patients navigate insurance, financial, and billing concerns, and the health care system more generally ▫ Address quality of care issues when they arise so as to avoid situations of mistrust

*These key themes were based on interviews in February/March 2025 with 31 Hispanic/Latino and Hmong residents of Central Wisconsin. The themes that emerged from the interviews are also consistent with feedback from focus groups conducted with 13 H2N Hispanic/Latino and Hmong community health workers.