

Background

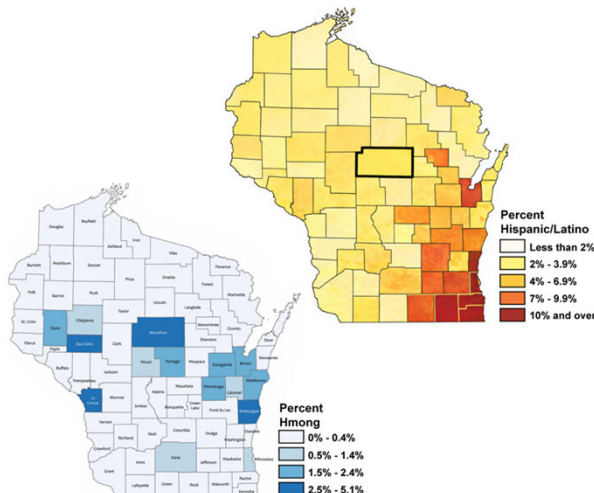
There are disparities in access to healthcare and health outcomes that affect people of color in Central Wisconsin. Two of the largest ethnic minority groups in this area are the Hmong and Hispanic/Latino communities. In Marathon County, 86.25% of residents identify as white, while only 6.31% identify as Asian, and 3.76% identify as Hispanic.¹ Not only are Hmong and Hispanic/Latino individuals underrepresented in the overall population, but they are also disproportionately underrepresented in the patient population as well.

A cultural broker in health care helps patients and families navigate the system by bridging cultural and language gaps, building trust with providers, supporting system navigation, providing culturally and linguistically appropriate care, and educating staff. The concept of cultural brokers dates back to ancient cultures² and gained traction in the 1960s to bridge relationships between diverse communities, social service systems, and health care providers³. While use in Wisconsin is limited, experiences from systems like M Health Fairview in Minnesota highlight the importance of trust-building, navigation support, addressing social drivers of health, and delivering culturally sensitive services to improve outcomes⁴.

Purpose

In early 2025, the Wisconsin Institute for Public Policy and Service (WIPPS) Research Partners and the Medical College of Wisconsin – Central Wisconsin (MCW-CW) conducted one-on-one interviews with Hispanic/Latino and Hmong residents to inform the development of cultural broker programs within health care organizations. Expertise from the Hmong and Hispanic Communication Network (H2N), Healthy Opportunities for Latin Americans (HOLA), and Let's Talk-Marathon County was critical to ensuring the voices of these communities were included in the project.

Hmong and Hispanic/Latino Population in Wisconsin by County



Methods

A total of 31 one-on-one interviews were conducted with Hispanic/Latino (n=14) and Hmong (n=17) community members in Central Wisconsin. Interviews explored topics such as barriers to accessing health care, communication and language challenges, cultural beliefs and practices, experiences of racial discrimination, and feedback on developing a cultural broker model. Interviews were conducted in person (n=13), via Zoom (n=13), by phone (n=3), and in written format (n=2). Most Hispanic/Latino interviews were conducted in Spanish, and Hmong interviews were conducted in English, Hmong, or "Hmong-lish."

Participants represented a range of ages, genders, countries of origin, geographic locations, and health care experiences. The majority of interviews lasted 60 minutes, with notes compiled in English and synthesized to highlight key themes and insights.

The qualitative data collection was supplemented with two focus groups (n=13) with community health workers and navigators, as well as two civil dialogues (n=15) with Hispanic/Latino community members from the Let's Talk-Marathon County project. Including these additional sources, a total of 59 individuals contributed to the project.

The goal of this qualitative approach was to capture a broad range of perspectives and experiences, rather than generate statistically generalizable results. Emphasis was placed on in-depth feedback, reflecting both personal and family experiences across multiple health care settings, providers, and communities.

Interviewee Characteristics

Table 3 - Number of Interviews by Participant Race/Ethnicity, Age, and Gender

Age	Hispanic/Latino			Hmong		
	Male	Female	Total	Male	Female	Total
18-40	3	5	8	4	6	10
41-55	2	1	3	0	3	3
55+	1	2	3	2	2	4
Total	6	8	14	6	11	17

Table 4 - Countries Represented by Hispanic/Latino Interview Participants

	Mexico	Brazil	Guatemala	Ecuador	El Salvador	Total
Total	8	2	2	1	1	14

Table 5 - Number of Interviews by Age and Gender – All Interviews Combined

Age	Male	Female	Total
18-40	7	11	18
41-55	2	4	6
55+	3	4	7
Total	12	19	31

Results

Hispanic/Latino and Hmong residents reported facing unique barriers when accessing health care and navigating health systems in Central Wisconsin. There was strong support for developing a cultural broker program to address these challenges.

Cultural brokers can help patients overcome barriers to accessing medical care. Hispanic/Latino and Hmong community members identified language and cultural differences, along with cost and financial concerns such as lack of affordable insurance and fear of medical bills, as major obstacles to care.

Cultural brokers can help address communication and language barriers that lead individuals to avoid health care systems. Language barriers can negatively affect care quality and make it difficult for patients to communicate medical concerns and understand treatment options. Participants noted that interpretation accessibility and quality could be improved across health systems, especially for in-person services.

Cultural brokers can help patients access culturally sensitive care and resolve conflicts between patients' cultural beliefs, providers' expectations, and health care system policies.

Trust was identified as a key component of a successful cultural program. Cultural brokers can help increase Hispanic/Latino and Hmong community members' trust in health care systems. An external community focus and strong partnerships between health systems and the communities they serve help build this foundation of trust.

Conclusions

Community-driven qualitative data can support the development of a culturally responsive healthcare cultural broker program tailored to Hmong and Hispanic/Latino populations in Central Wisconsin. Future efforts will focus on applying findings to the implementation and evaluation of the Marshfield Clinic Health System pilot program.

Illustrative Quotes

"I wish there was some method for transportation. I'm afraid of the police stopping me or my wife and being sent to jail and even deported."

"Communication barriers are hard. First is that I can't communicate. Second, I can't understand them, and they can't understand me. This is an issue because we're not on the same page."

"Interpreters should be trained in culturally appropriate medical terminology; in different countries we use different terms."

Acknowledgements

This project was funded with support from the Wisconsin Institute for Public Policy and Service (WIPPS) and the Marshfield Clinic Health System, as well as with in-kind support from the Medical College of Wisconsin-Central Wisconsin.

