Reshaping Fotonovelas in a Cultural Competent Healthcare System

By

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Dedication

Para mi Abueluncha

Con mucho amor y cariño

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Introduction

The United States is steadily diversifying in its population. Its minority population will be outnumbering the dominant Anglo population. Even among minority groups, particularly Hispanics, there is great diversity of people from countries in Central and South America and the Caribbean that are classified into one group: Hispanic. Many Hispanics have low socioeconomic status and low education levels, which limits their access to care according to the National Research Council (Escarce & Kapur, 2006). Unfortunately, other obstacles, such as low acculturation levels, low English proficiency levels, and low health literacy levels, further limit access to timely care (Culture Counts: The Influence of Culture and Society on Mental Health, 2001). One main issue of healthcare is providing culturally appropriate health information to groups of low socioeconomic status and monolingual Spanish-speaking Hispanic populations.

The healthcare system has attempted to respond to the needs and marginalization of immigrants, particularly of monolingual, low socioeconomic Hispanic communities by creating outreach programs and interventions. Often times, community navigators are used to provide knowledge of resources and health concerns through the use and distribution of fotonovelas throughout communities. Fotonovelas are used as a health literacy tool for community members to learn about specific health conditions, risk factors, lifestyle changes, and health resources they can have access to. The purpose of this study is to review the underutilization of care and low health literacy of low-income, monolingual Hispanics in the United States by analyzing fotonovelas as a tool to address low health literacy levels.
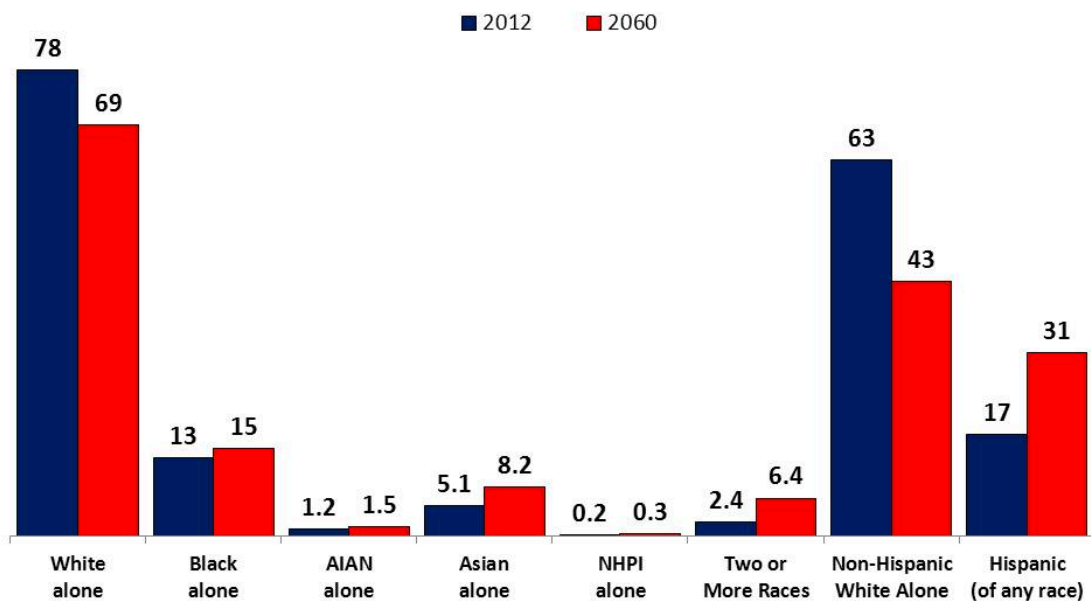
Literature Review

Diversity in the United States

The United States is rapidly diversifying. Its population includes both native and immigrant groups, such as Native Americans, African Americans, European Americans, Asian Americans, Latin Americans, Central Americans, Middle Easterners, Pacific Islanders, Africans, North Americans, and Africans (United States Census Bureau, 2016). Although Whites comprise the dominant population, the demographics of the country are shifting toward a majority non-White population.

Population by Race and Hispanic Origin: 2012 and 2060
(Percent of total population)

■ 2012   ■ 2060

Category	2012	2060
White alone	78	69
Black alone	13	15
AIAN alone	1.2	1.5
Asian alone	5.1	8.2
NHPI alone	0.2	0.3
Two or More Races	2.4	6.4
Non-Hispanic White Alone	63	43
Hispanic (of any race)	17	31

AIAN=American Indian and Alaska Native; NHPI=Native Hawaiian and Other Pacific Islander

United States Census Bureau
U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU

Figure 1: Population distribution and projection in the United States from the Census Bureau in 2012

It is important to evaluate cultural competency models and training to care for the increasingly diverse U.S. population in which approximately one million people arrive every year, contributing to 13.4% of the immigrant population as of 2015 (López & Bialik, 2017). If current trends continue, immigrants will contribute 88% to the U.S. population, accounting for an increase of 103 million people by the year 2065 (*Modern Immigration Wave Brings 59 Million to U.S., Driving Population Growth and Change Through 2065 Views of Immigration's Impact on U.S. Society Mixed*, 2015). Currently, Hispanics comprise the largest minority group in the United States. A Hispanic is a person considered to be "of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin regardless of race" as defined by the U.S. Census Bureau (United States Census Bureau, 2018). Even though the number of Hispanic immigrants has begun to decline since 2000, there were 56.5 million Hispanics living in the U.S. in 2015 (Flores, 2017; *CNN Library*, 2017). Hispanics are racially, linguistically, culturally, and economically diverse. They are comprised of groups of people from Latin American countries and the Caribbean.
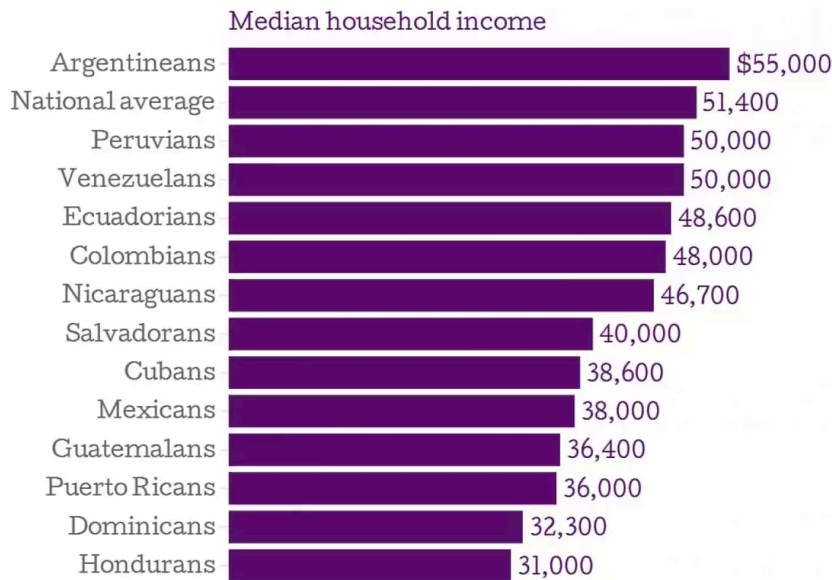
Incomes by country of origin

Figure 2: Hispanic income distribution by the Washington Post in 2014

Made with Chartbuilder   Data: Pew Research

3

Figure 1
U.S. Hispanic Population, by Origin, 2011
(in thousands)

		% of Hispanics
All Hispanics	51,927	
Mexican	33,539	64.6
Puerto Rican	4,916	9.5
Salvadoran	1,952	3.8
Cuban	1,889	3.6
Dominican	1,528	2.9
Guatemalan	1,216	2.3
Colombian	989	1.9
Spaniard	707	1.4
Honduran	702	1.4
Ecuadorian	645	1.2
Peruvian	556	1.1
Nicaraguan	395	0.8
Venezuelan	259	0.5
Argentinean	242	0.5

Note: Total U.S. population is 311,592,000 (rounded to the nearest thousand).

Source: Pew Hispanic Center tabulations of the 2011 ACS (1% IPUMS)
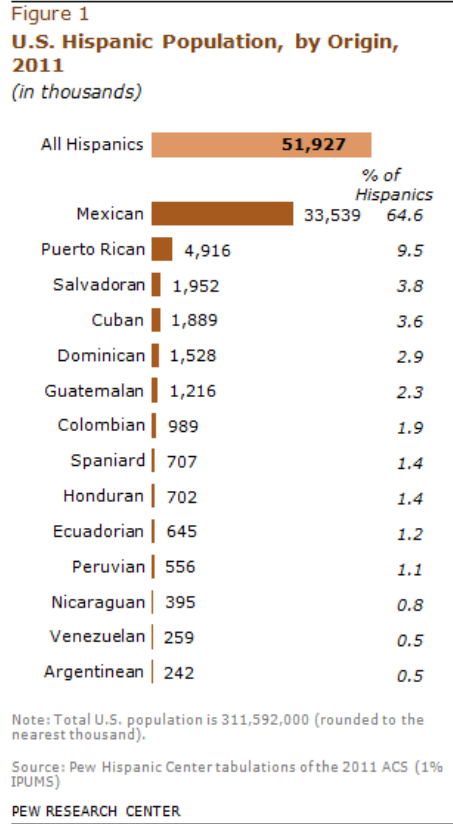
PEW RESEARCH CENTER

Figure 3: Hispanic Population distribution from the Pew Research Center in 2001

These groups suffer from health disparities, ranging from low birth weight babies, diabetes, obesity, high blood pressure, and HIV (*Profile: Hispanic/Latino Americans*, 2017). Many Hispanics have become distanced from American healthcare sources as they confront difficulties accessing and navigating the United States healthcare system, primarily because of low English language proficiency, lack of legal documentation of residency, lack of insurance and adequate preventive and primary care, high costs, lack of transportation, low education, and health literacy (Barrette, Chiarelli-Helminiak, Ferraj, & Thomas, 2016).

Underutilization of Care

As the majority minority population in the United States, Hispanics are less likely to have a healthcare provider, according to surveys conducted by the Pew Research Center (Livingston,

Minushkin, & Cohn, 2008). Hispanics, on average, have lower socioeconomic status than non-Hispanic Whites, which can limit their access and contributes to an underutilization of healthcare services (Escarce & Kapur, 2006). Low socioeconomic status can suggest less disposable income to pay out of pocket for medical expenses or insurance plan as many work in low-wage service jobs. Other limitations that have contributed to the underutilization of healthcare services are low education, which hinders proper understanding of the complex healthcare system, the level of acculturation of immigrants, knowledge and comprehension of the English language, and documentation status (Escarce & Kapur, 2006). Another limitation is the lack of continuous primary care physician and availability of bilingual and/or bicultural physician within distance have contributed to the underutilization of medical services (Macias & Morales, 2000).

Accessing Care

According to the National Research Council Panel on Hispanics in the United States, access to care is the "degree to which people are able to obtain appropriate care from the healthcare system in a timely manner" (Escarce & Kapur, 2006). Feelings of disempowerment can be experienced when patients feel that they cannot communicate with healthcare providers in the same language or understand the technical language of clinical practice, which may be in opposition to any other traditional forms of healing experienced in their native country (Mehta, 2011). Altering or not following an established medical treatment is perceived as noncompliance by healthcare providers, which can deter providers from considering external forces that limit the transformation of intention into action toward positive health behaviors (Mehta, 2011). Cultural competency training has been a crucial component within the clinical encounter as instituted by the healthcare system to reduce health disparities and underutilization of services. Health experts, physicians, and public health officials consider cultural competency important in reducing biases

and stereotypes in the clinical encounter (Escarce & Kapur, 2006). Different approaches to implement cultural competency have included analyzing community demographics, providing translation services, establishing advisory councils to represent stakeholders, recruiting diverse clinicians and staff, collaborating with community members and organizations, establishing groups of community navigators and creating health literature, such as fotonovelas, for minority groups (Washington State Department of Social and Health Services, n.d.). This study will be analyzing the use of community navigators and fotonovelas as tools that can be developed to improve health literacy rates, reduce cultural distance with underserved communities and to increase access to and utilization of quality care.

Methods

A literature review was conducted to assess the role of community navigators, and the purpose, use, and effectiveness of fotonovelas in Hispanic communities in the United States. The literature search was conducted from 2000 to 2017, using the keywords cultural competency, community navigator, promotores, health narratives, and fotonovelas in several databases, including *PubMed*, *AnthroSource*, *Journal of Immigrant Minority Health*, and *Medical Anthropology Quarterly*. Government websites, such as *Department of Health and Human Services*, *Pew Research Center, Center for Disease Control*, and the *Census Bureau*, were also accessed to obtain statistical data on the Hispanic population.

Results

Cultural Competency

As a response to the growing demand to serve the diverse population in the United States, the concept of cultural competency emerged in the early 1980s and in the literature in the early 1990's. The goal was to decrease cultural and linguistic barriers that hinder effective delivery of

healthcare for populations who are culturally or socioeconomically different from the health care providers and contribute to health disparities (Cooper, Beach, & Saha, 2008). According to Kirmayer (2012), cultural competency is the "set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations.'' Cultural competency is viewed as a continuous learning process for healthcare providers to gain tools to treat individuals of other ethnic, racial, cultural and/or socioeconomic groups to provide effective healthcare services (Washington State Department of Social and Health Services, n.d.). Integrating cultural competency into the socially constructed biomedical curriculum is beneficial, as it teaches and trains healthcare providers to tailor care to patients by considering the patients' beliefs and ethnicity and helps develop more respect, empathy, and awareness of cultural beliefs, practices, and traditions (Cooper, Beach, & Saha, 2008; *Cultural Competency Training and Resources,* n.d.). It also contributes to culture being viewed as a "continuum," in which ethnocentricity and ethno-sensitivity are at opposite ends of the spectrum and shift providers' perspectives toward greater ethno-sensitivity. Cultural competency has been integrated into biomedicine through standards of care, medical training, conferences, and federal mandates (Cooper, Beach, & Saha, 2008). Cultural competent training is also provided to lay healthcare workers such as community navigators who are introduced into communities with the goal of bridging the distance between underserved members of the community, in this case Hispanics, and the healthcare system.

Community Navigators

A community navigator, also known as community collaborator or promoter, is a volunteer or paid staff position that engages with the community through a specific community, church, or civic foundation and educates the community by helping them to obtain access to healthcare and

health information (Community Health Navigators, 2014). They are often women from the targeted community who provide educational and lifestyle workshops and seminars through engagement and mentorship (Shommu et al., 2016). Their purpose is to facilitate the connections between the potential patient and healthcare resources, such as medical providers, clinics, and/or medications. They offer "patient-centered...[care] to ensure timely access to healthcare services, guide patients through the increasingly complex healthcare system, and overcome [obstacles] to healthcare" (Acemail et al., 2016). Community navigators have been used as the link between underserved populations and healthcare resources.

Today, the role of community navigators has expanded beyond enrolling and educating people about health insurance to include educating the community about health risks, outcomes, and prevention. Community navigators can receive training from hospitals, outreach programs, or community organizations (Shommu et al., 2016). Training has focused on assisting ethnic minority groups, such as Hispanics, Asians, and African Americans to increase health literacy rates and learning "cultural and community-specific values and practices related" to the group they are targeting (Kroening, Moore, Welch, Halterman, & Hyman, 2016). Depending on the purpose of the training program, there are different terms used to describe the person who is a link between an underserved community and the healthcare resources/services available to them. The terms most commonly used are: community navigators, cultural navigators, patient navigators, and health navigators. The term most commonly used when targeting Hispanic communities is *promotor* (*Promotores de Salud/Community Health Workers*, 2016). Each term depicts specific roles within the community, such as community health navigators who focus on educating people about and enrolling them in the Affordable Care Act (ACA) Marketplace, while cultural navigators focus on reducing acculturative stress among new immigrants. Promotors are trained to approach

Hispanic community members, discuss current health concerns, inform them about health resources available, and provide education through specific materials targeting specific conditions. Healthcare experts and workers from federal agencies, national associations, or hospitals develop these educational materials (*Promotores de Salud/Community Health Workers*, 2016).

<div align="center">

Promotores de Salud

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Promotores de salud (health promotors) are strategically sent to underserved Hispanic communities to engage, share narratives, build trusting relationships, and recommend resources for the community to access (Who are Community Health Workers?, n.d.). According to Bularzik et al. (2014), any type of community navigator should be caring, culturally sensitive, trusting, attentive, supportive, professional, and empathetic. Promotors become floatation devices when patients feel family, friends, and healthcare providers do not understand their pain and feelings. Through learning and sharing experiences, they earn social capital and provide three main types of support that patients might need: emotional, informational, and psychosocial (Bularzik et al., 2014). Promotors are integrated within the Hispanic community through "safe places [to] meet the needs of the community" and focus on building authentic relationships within the community without secondary intentions (Barrette, Chiarelli-Helminiak, Ferraj, & Thomas, 2016). Engagement and integration with community members occurs through home visitations, group meetings, phone calls, or email, and expanding networks of community members (Acemail et al, 2016).

Mentorship and guidance takes various forms. Once trained, promotors can help increase adherence to doctors' appointments, reduce elevated costs of healthcare, and decrease fears (Acemail et al, 2016; Bularzik et al, 2014). They "create meaningful [mentoring] experiences and an emotional connection with [the community]" (Schneider & Schneider, 2015). According to

Vargas (2016), community navigators (i.e. promotors) should cede control and distance themselves after providing information to allow the person to reflect on their options without pressure and let them know they have control to decide if they need more information or assistance. Through education, promotors can mentor community members to empower themselves and take control and action toward improving their health. Empowering strategies include encouraging and helping community members to write down the concerns, comments, or questions they would like to discuss at their next medical appointment (Acemail et al., 2016).

Narratives for Health

Community educational materials, campaigns, and messages, such as posters, pictures, or fotonovelas used by promotors are tailored to the Hispanic community to increase their sense of connection and belonging while raising awareness of healthcare resources in the community through the use of narratives (Foo, Kagawa-Singer, Nguyen, Tanjasiri, & Tran, 2008). Tess Thompson and Matthew W. Kreuter (2014) define narratives as "any cohesive and coherent story with an identifiable beginning, middle, and end that provides information about scene, characters, and conflict; raises unanswered questions or unresolved conflict" and has been used by health experts as a type of health intervention to increase health literacy. Through narratives, community members can become emotionally enthralled with the characters, thus propelling the desire to affect changes in their lifestyle. Characters in the narratives of fotonovelas often resemble the people in the targeted community for community members to identify with and model (Thompson & Kreuter, 2014). Health narratives are commonly used in underserved communities to increase health literacy rates, defined as "the degree to which individuals have the capacity to obtain, process, and understand the basic health information and services needed to make appropriate health decisions" and is one of the goals of fotonovelas (Hinojosa et al., 2010).

History of Fotonovelas

Fotonovelas are a comic book style magazine used in Latin American countries to broadcast soap operas through print as a form of visual narration (Ritter & Graham, 2017). Fotonovelas originated in Italy during the 1940s, as a medium for lower income people to enjoy the luxury of movies through narration of still motion pictures (Jansen, 2015). Fotonovelas became popular among the Mexican population during the 1950s and 1970s, taking the inspiration from their Italian and French counterparts of the 1940s. The fotonovela was geared toward the low income, low literate population of Central American countries and Mexico (Carrillo & Lyson, 1983). Fotonovelas are used within the healthcare field because they are a leisure tool commonly known in Latin Americans countries; therefore, many people are already aware of the concept of fotonovelas, as they provide a dramatic plot and capture the attention of readers through the use of "popular images, cultural norms, simple text [and] vivid pictures" (Cabassa, Molina, & Baron, 2012). The fotonovelas are a useful tool to disseminate health information to Hispanic communities in the United States through short narrative plots and are typically written at a 3rd-5th grade reading level (*The Fotonovela*, 2017; Ritter & Graham, 2017). They have also been used to disseminate political and educational social issues (What is a FOTONOVELA?, n.d.). It is a transmissible medium, through printed or digital versions, with the potential to reach more people in the community (Thompson & Kreuter, 2014). With the use of images of significant figures such as a family, grandparents, or mothers, fotonovelas attempt to offer community members influential role models for Hispanic community members to emulate, thus reinforcing negative health behaviors with approved behaviors established by biomedical standards (*The Fotonovela*, 2017). They depict an idealized view of dominant Anglo-American family values, which Hispanic families are encouraged to follow. Images used often show family members being able to

communicate with their healthcare provider, having access to fruits, vegetables, whole grains, and unsaturated fats, and living in neighborhoods with greenery, sidewalks, and parks. The challenge of fotonovelas is to be linguistically and culturally sensitive given the heterogeneity of Hispanics social and ethnic backgrounds in the United States and developing different versions according to the needs, socioeconomic status, and nationality of Hispanic communities (Hinojosa et al., 2010).

Drafting the Fotonovela

There is no standardized methodology for developing, drafting, and publishing contents of fotonovelas. Each program creates and develops a fotonovela according to the needs of their community, resources available, and distribution potential. A fotonovela is both an educational and entertaining material that is intended to increase rates of health literacy, knowledge, "help-seeking behavior," reduce unhealthy behaviors in Hispanic communities (Hernandez & Organista, 2013). Fotonovelas can serve their purpose best in a community with prior exposure and/or knowledge about them (Mayer & Villaire, 2007).

Figure 4: Fotonovela from the Center for Disease Control about high cholesterol

The Center for Disease Control (CDC) has taken the concept of fotonovela,s and instead of providing leisure reading, they have revised it to provide health and wellness information through the use of animated images or photos with medical scenes and dilemmas. The purpose of fotonovelas is to serve as an educational tool to reach members of Hispanic communities, especially communities with low literacy levels to reduce the "'cross-cultural communication barriers" (*The Fotonovela*, 2017). Similar to the CDC, the Rural Women's Health Project

publishes fotonovelas with the purpose of empowering the Hispanic community by presenting suggestions for health concerns to be modeled. They are currently being used to educate Hispanic community members about the causes, meanings, prevention, and care of illnesses that predominantly affect Hispanics. These illnesses include high cholesterol, high blood pressure, obesity, and women's health issues (*Promotores de Salud/Community Health Workers*, 2016).

Figure 5: Fotonovela from the Rural Women's Health Project organization about HIV

Contrary to the format used by the CDC and Rural Women's Health Project, new methods of creating fotonovelas have begun to take place using community-based participatory research (CBPR). Paulo Freire popularized community participation "using drawings or photographs to reflect common social experiences" among community members (Hinojosa et al., 2010). In Wisconsin a CBPR project aimed to bring to a Latino community health literature about obesity and chronic health risks through "culturally and linguistically appropriate nutrition materials" in

the form of fotonovelas began from 2009 to 2010 (Hinojosa et al., 2011). The creators of the project wanted to use community women to record and create a fotonovela after receiving instruction on food and health topics from nutritionists and a professional photographer before receiving cameras to document their daily living and activities. The result was a fotonovela with pictures of community members, recipe ideas, nutrition information and community resources available for members of the community in both Spanish and English. The voice and input of the community was used to "ensure it was relevant to the culture, ethnicity, gender, social class, language of the community" and to empower the community (Hinojosa et al., 2011). Integrating the use of CBPR methods into the creation of fotonovelas can encourage various outlets for community members to become coinvestigators, co-learning, integrating knowledge, bidirectional learning, problem-solving, solution making, community collaboration, and disseminating those findings with scholars and other communities (Hinojosa et al., 2010).

Figure 6: Fotonovela from community-based participatory research project in Wisconsin (Hinojosa et al., 2010)

Distribution of Fotonovelas

After the fotonovela has been created and printed, its distribution can occur in several ways. Its distribution can be facilitated by promotors or community members either in person or placed throughout frequented locations such as churches, laundromats, car shops, barbershops and beauty salons, bodegas, health fairs, community centers, meetings, or other businesses targeted toward Hispanics. In order to reach a greater proportion of the community faster and more cost-efficient, a fotonovela can be uploaded on websites, printed in newspapers, or narrated through radio stations (Cabassa, Molina, & Baron, 2012).

Discussion

Obstacles to Healthcare Utilization

Fotonovelas are a useful tool to disseminate information to certain groups who have low health literacy. One of the main obstacles to increasing utilization and health literacy levels is that cultural competency is often taught as a technical skill with a list of "'do's and don'ts'" healthcare providers have as a tool for treatment (Kleinman & Benson, 2006). In some cases bringing the skills of cultural competence may prevent environmental factors from being considered within the clinical diagnosis and being missed during the drafting of fotonovelas. An unintended consequence of cultural competency, as conceptualized and taught in medical school, is disseminating racist stereotypes, "as it fail[s] to capture the diverse and fluid nature of culture and self-identity," leading providers to conform to structural categories of race and ethnicity from vignettes depicting cultural variables involved in the provider-patient encounter (Lee & Farrell, 2006; Metzl & Hansen, 2014). Cultural competency models, such as the LEARN (Listen, Explain, Acknowledge/Agree, Recommend, Negotiate) model and Cigna's "cultural agility" training modules, examine the "communication, etiquette, diet and nutrition, treatment protocol, ethnopharmacology, and family

patterns," to enhance clinical discourse, but it does not consider racial and ethnic interconnections (*Cultural Competency Training and Resources,* n.d.; Lee & Farrell, 2006; Metzl & Hansen, 2014).

Fotonovelas are written by health organizations, scholars, and providers who consider "health beliefs [of ethnic minorities to] be at variance with biomedical models" using a top down approach with paternalistic authority (Cooper, Beach, & Saha, 2008; Hinojosa et al., 2010). The traditional approach of creating fotonovelas involves government and/or heath agencies gathering to discuss current community health risks and issues to draft the theme of the fotonovela and hire professional photographers or graphic designers to include images of community living (Hinojosa et al., 2010). Health scholars may be knowledgeable about the health and resources needed in a community, but many are not properly trained in narrative writing (Thompson & Kreuter, 2014). They assume their knowledge of ethnic groups and health disparities is universally applicable and can reduce barriers to healthcare. Culture is being portrayed as the actual barrier to health, "locat[ing] race-based symptoms on the bodies of marginalized or mainstream persons risks turning a blind eye to the racialized, stratified economies in which marginalized and mainstreamed bodies live, work, and attempt to survive" (Metzl & Hansen, 2014). Fotonovelas, as currently depicted, have culturally embedded stigma and discrimination and assumes that each person in the community will acknowledge and understand the disease and has the time and resources to comply with recommendations. The biomedical standards of serving sizes, nutrient proportions, exercise regimens, and support meetings does not accurately consider specific needs and resources that are already available to low-income Hispanic communities, such as access to supermarkets, well-lit parks, or sidewalks. Some fotonovelas are continuing to encourage healthcare providers to view "patients as members of ethnic or cultural groups, rather than as individuals with unique experiences and perspectives," which can reinforce erroneous stereotypes and assumptions about

a person's beliefs and actions (Cooper, Beach, & Saha, 2008). It is idealistic to believe that members of a community, who are experiencing low rates of literacy, health education, economic opportunities, legal documentation, and health disparities, would be able to emulate the lives of the characters presented as role models in fotonovelas. The characters are depicted as capable of balancing cultural obstacles and disease prevention, but it is not considering greater environmental obstacles such as available transportation or childcare services (*The Fotonovela*, 2017).

Healthcare itself is not sufficient to address health disparities among Hispanics, as health disparities also have socioeconomic, behavioral, and environmental factors (Smedley, Stith, & Nelson, 2002). The structural factors negatively affecting Hispanic communities do not prepare healthcare providers or promotors "for the type of group-level conversations that will become increasingly prevalent" in the U.S., as the number of Hispanics steadily rise (Metzl & Hansen, 2014). Even though the CDC and other health organizations print fotonovelas in Spanish, the study conducted by Shommu et. al (2016) mentions that educational materials in the native language of the community is not sufficient to overcome cultural barriers and may not contain the necessary and sufficient information for community members to "identify, prevent, or resolve health problems" (Hernandez & Organista, 2013). This evidence suggests the necessity to re-examine educational materials that reinforce the belief that linguistic and cultural differences are main barriers to healthcare for ethnic minorities (Shommu et al., 2016). Each culture faces different environmental and social obstacles, and to effectively address each culture's health concerns in the community, availability of resources and realistic lifestyle changes should be the focus of educational materials, particularly of fotonovelas (Foo, Kagawa-Singer, Nguyen, Tanjasiri, & Tran, 2008).

The biomedical model reflects the ideology and values of the dominant American society, emphasizing to other key healthcare workers, such as community navigators, to provide mentorship, guidance, and health education to reduce cultural barriers in medical encounters, yet the educational materials provided to the community are ideals of biomedical cultural competency models and reinforce ethnic stereotypes. A fotonovela can be an effective community education tool, but informing community members about the changes they should make to reduce their cholesterol, high blood pressure, or sugar levels or prevent chronic conditions such as coronary heart disease, diabetes, or obesity would not be effective if the time or income of Hispanic community members is not considered for accessing the tools and resources to modify and/or implement suggested behaviors (Hernandez & Organista, 2013). Intent does not signify action.

Limitations

The main limitation to the study was the limited research that has been conducted measuring the efficacy of fotonovelas to assist in sustaining long-term health behaviors and the influence of biomedical standards in culturally centered narratives. There were also limited studies of custom tailored fotonovelas for specific communities, instead of a standardized, nationally used fotonovelas.

Even though cultural competency was established to increase understanding, collaboration and respect toward diverse ethnic or racial groups, there continues to be discrimination (Washington State Department of Social and Health Services, n.d.). Healthcare providers should consider receiving more assistance from community navigators, who are trained and positioned within ethnic communities to expand the reach and knowledge of healthcare providers about the community they are serving. The information printed in fotonovelas should be tailored to specific Hispanic communities, considering the diversity of country of origin, foods, dialect, language,

customs, socioeconomic status, and education, "with strategies for establishing trust and various follow-up social support services in [Hispanics] communities" with the assistance of community navigators (Foo, Kagawa-Singer, Nguyen, & Tran, 2011). Also, fotonovelas attempt to change negatively construed health behaviors, but many of those behaviors are habitual and become automatic; therefore, messages must overcome habitual actions for community members to integrate new ones (Jansen, 2015). Culturally tailoring fotonovelas for each Hispanic community will help promotors "guide and support patients through the maze of institutional and community [obstacles]" (Foo, Kagawa-Singer, Nguyen, & Tran, 2011).

Instead of portraying biomedical standards to Hispanic communities, fotonovelas should be redesigned to represent a realistic view of the conditions confronted by many Hispanics, who may reside in a food dessert, surrounded by fast food chains, without access to parks or sidewalks, pollution, in geographically restricted neighborhoods, or without health insurance through images of the reality of the target communities. Another consideration for health experts and organizations drafting, editing, and producing fotonovelas is to maintain balance in the messages directed toward the targeted community, while constant iteration may become exasperating and cause unintended forms of resistance (Jansen, 2015). Printed fotonovelas should be re-examined every couple of years to stay up to date with regard to available community resources, economy, and urban trends (Hinojosa et al., 2011). When involving community members as part of the creation of fotonovelas, scholars, and healthcare officials should also ask community members about their "experience of illness and treatment" along with culturally appropriate terminology (Kleinman & Benson, 2006). With the increased use of CBPR, fotonovelas can be created using the language and colloquialism of the community for recognition and acceptance and provide an outlet for community members to voice their health and resource concerns (Hinojosa et al., 2010).

Conclusions

Medicine and culture are linked, but culture is presented as a barrier to health care. Cultural aspects, such as staple foods, norms, and values, can be learned through videos and seminars, but culture must be experienced and shared as patients bring their own unique attitudes, concerns, habits, values, and norms into the doctor-patient interaction and are integrated into the drafting process of fotonovelas. Culture is part of medicine because it "shape[s] health-related beliefs, behaviors, and values" (Kleinman & Benson, 2006). Healthcare providers are constantly being burdened and pressured to perform at certain standards and regulations, often lacking time to provide adequate attention to their patients. Through cultural competency, the power to exercise control over biological systems would shift to become more knowledgeable and encompass the narratives of minority ethnic groups.

Community navigators engage, mentor, and educate low income ethnic minority communities; however, biomedical cultural competency standards are embedded within educational materials used to enhance the health literacy of communities. Hispanics comprise the largest number of minority population in the U.S. today, but within the Hispanic community, there are other ethnic subgroups, such as Mexican, Colombian, Argentinean, Guatemalans, etc. and within each country, there are many other groups (i.e. Indian tribes). With the rising number of immigrants and the health gap widening, healthcare providers, sociologists, anthropologists, and other scholars are seeking methods to decrease health disparities and eliminate obstacles to care. Hispanic "culture" cannot be summarized to a standardized cheat sheet or a "one size fits all" strategy because there are differentiating factors, such as socioeconomic status, education, language, religion, and history of oppression that contribute to health disparities (Schneider & Schneider, 2015). As such, the way a population responds to medical dilemmas is socially

constructed. Relationships built among Hispanic communities should provide holistic care through culturally tailored services, especially with health information provided (Shommu et al., 2016). Medicine is a humane mission to relieve pain, suffering, and prolong life, and as more immigrants arrive and settle into the United States, raising bicultural children, action must be taken to prevent "a 'collision of two cultures,' as a tragic encounter between [Hispanic] 'culture' and (U.S. medical) 'science'" culture (Taylor, 2003). Community navigators function as resources, trustees, leaders, mentors, instructors, and attentive listeners. Narratives in fotonovelas should be inspired by the stories of community members, as it would "provide an opportunity to use realistic details that can be fictionalized and shaped" (Thompson & Kreuter, 2014). Community navigators should be integrated into the discourse and planning process of fotonovelas since they are in a position of greater contact and communication with the targeted community than health experts.

Further Research

Research, outreach campaigns, and fotonovelas have focused on low-income Hispanic communities without considering other environmental and social factors (Hernandez & Organista, 2013; Jansen, 2015). Future studies should also discuss the use of fotonovelas tailored to children, as second-generation Hispanics have greater prevalence of developing conditions such as diabetes, obesity, and high blood pressure than their parents (Mental Health Care for Hispanic Americans, 2011). Community based participatory research can also be considered to include the assistance primarily from community members, promotors, non-profits, and creative writers along with health experts as part of the dialogues that create health narratives for Hispanic communities to increase active community participation in health services and health literacy (Hinojosa et al., 2010). Communities with low health literacy rates may not benefit from narratives as they may not understand the intended or subliminal messages and may have a greater response to other types

of written or visual materials, such as graphs or videos (Thompson & Kreuter, 2014). Print media has significantly decreased as digital technology continues to improve and increase in popularity, thus fotonovelas can also be modified and tailored to the social media age, providing other possibilities of disseminating the health narrative plots of fotonovelas in the forms of short video clips or social media pictures, since many Hispanics are increasingly searching the internet to obtain more health information (Cabassa, Molina, & Baron, 2012). Forming collaborations and partnerships with community members, healthcare providers, and healthcare centers must be the first step in drafting a culturally and community tailored fotonovela.

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