

AOSW 2026



Annual Conference

June 10-12, 2026

Portland Marriott Downtown Waterfront
Portland, Oregon USA

Pre-Conferences: June 9, 2026

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Bridging Cultures

Empowering oncological care through cultural competence

Presenter: **Jennifer Vega, LCSW-S**

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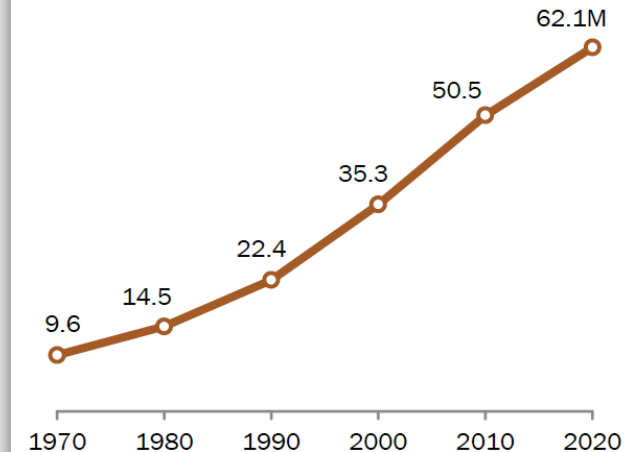


Latino & Hispanic population in the United States [10]

- 62.1 million Latino/Hispanic individuals living in the U.S.
- 61.4% are of Mexican descent
- 9.6% are of Central American descent
- 6.4% are of South American descent

U.S. Hispanic population reached more than 62 million in 2020

In millions



Note: Population totals are as of April 1 each year. Hispanics are of any race.

Source: Pew Research Center analysis of 1970-1980 estimates based on decennial censuses (see 2008 report "U.S. Population Projections: 2005-2050"), 1990-2020 PL94-171 census data.

PEW RESEARCH CENTER

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Pre-Conferences: June 9, 2026

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Cancer impact among Hispanic/Latino Community^[11]

- Cancer is the second leading cause of death among Hispanic/Latino individuals, accounting for 17–20% of deaths annually.
- 1 in 3 Hispanic/Latino Americans will be diagnosed with cancer during their lifetime.
- 1 in 5 men and 1 in 6 women will die from cancer.

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Lower Diagnosis Rates for Common Cancers^[11]

- Lung
- Colorectal
- Breast
- Prostate

Hispanic/Latino individuals are more likely to develop

- Liver cancer
- Stomach cancer
- Cervical cancer

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Size & Demographics of Non-English Speakers in the U.S.^[8]

- ~22% of U.S. residents (ages 5+) speak a language other than English at home
- ~29–30 million people are classified as Limited English Proficient (LEP)

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Spanish^[9]

- 62% of individuals with limited English proficiency Speak Spanish
- Other common languages among LEP populations include Chinese, Vietnamese, Arabic, and Tagalog—each representing much smaller shares individually.

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The impact of language and communication in oncological care

Poor Access to Cancer Care

- Research from Michigan Medicine found significant disparities in access to cancer care based on language.
- When callers attempted to access cancer care:
 - Spanish-speaking patients received next steps only 38% of the time
 - Mandarin-speaking patients received next steps only 28% of the time
 - English-speaking patients received next steps 94% of the time [1]
- These disparities contribute to:
 - Delayed diagnosis and treatment
 - Increased medical costs
 - Higher rates of depression and anxiety
 - Lower treatment success rates

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Whether people have migrated voluntarily or been forcibly displaced by natural disasters or war (Ermansons, et al., 2023), they now find themselves in a healthcare system where not only the medical, but the entire spoken language is foreign. ^[5]

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Mental Health Considerations

- It is common for patients who experience language barriers to feel isolated and less in control of their health and outcomes
- “Language barriers not only make patients more susceptible to misunderstandings and medical errors but amplify experiences of pain during cancer care.”^[2]
- Dr. Butow, Director of the Medical Psychology Research Unit at the University of Sydney, Australia. explained that “A large literature shows there are disparities in survival, treatment, and quality of life among immigrants, along with higher anxiety and depression. When treating a patient with cancer from another culture, language proficiency and cultural competency are important.”^[3]

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Patient Quotes^[5]

In a study on language barriers during cancer care through the eyes of patients and families' patients made the following statements regarding their experiences:

- “If I’m in pain, how do I explain that I’m in pain, or of course, it’s difficult without an interpreter. If you don’t have an interpreter and you can’t explain what you need, you go home, you become hopeless and that’s how you get frustrated. If you can’t express yourself, you go home.”
- “You feel very, very bad when you can’t understand [...] You just disappear from that room, and you’re completely locked in your own world [...] Language is like a missing pill in treatment”

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The importance of using professional medical interpreters^[1]

Study: 144 patients; first two visits after metastatic diagnosis with an interpreter (often a family member)^[1]

- Patients received less information than clinicians provided
- ~40% of interpretation was inaccurate or incomplete
- Professional interpreters conveyed more information than family/friends
- 32% of sessions had potential negative impact on patients
- 50% of clinicians' and 59% of patients' statements were missed or mistranslated
- Some family members asked interpreters to withhold prognosis: "It will just scare her."

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Socioeconomic access and challenges experienced by non-English speaking patients

- Limited access to screening services
- Difficulty navigating the healthcare system and being connected with proper care
- Lack of understanding of insurance benefits
- Less likely to ask for help or resources
- Fear of using resources available to them
- Cultural components like pride, hyperindependence and depending on family for help (Familismo)

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Cultural Considerations

Familismo

- Familismo is a Latin American cultural value that prioritizes the family unit over the individual, emphasizing strong ties of loyalty, commitment, and interdependence [6]

Machismo

- Machismo is a term deeply rooted in family dynamics and culture in Latin America and is associated with "a man's responsibility to provide for, protect, and defend his family" [7]

Importance of Religion/Faith and traditional practices

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Health Beliefs and Traditional Practices

Dr. Erica Martinez a professor at OLLU in San Antonio

- Realized that something was missing for her patients in her mental health practice. She had patients who tried things, like mindfulness, meditation, yoga, but something was missing
- She had a patient tell her:
 - “ I tried to tell my doctor that my dreams are warnings, “presentimientos”, like my grandma gets, but my doctor told me that was not possible and it must be anxiety and prescribed me meds. I have not been able to share this with anyone else after that because I didn’t want anyone to think I was crazy.”
- She began to think of the importance of culture in overall health and decided to implement it to mental health in the form of “Healeria”

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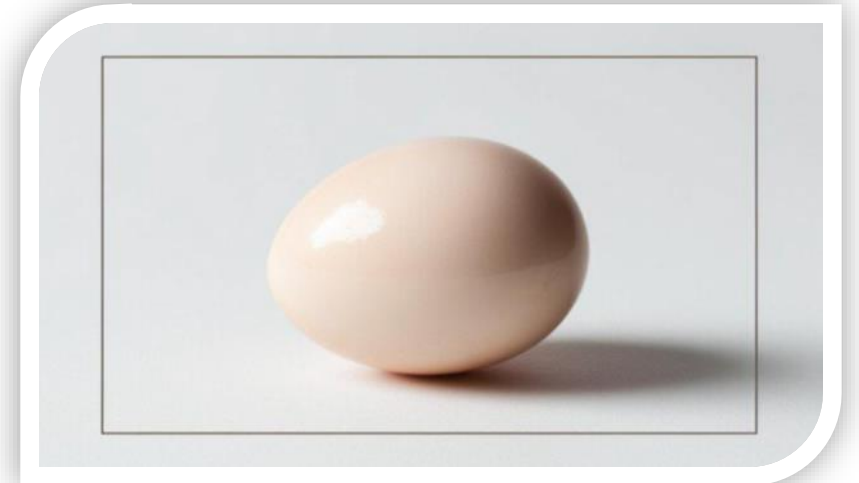
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Healeria

- Curanderia
- Mal de Ojo-evil eye
- Limpias-Cleansings
- Envidia-Envy
- Presentimientos-Preminitions



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By focusing on the unique challenges faced by these populations, we can make strides toward reducing disparities and improving cancer outcomes for these vulnerable communities. Future research should aim to understand the role of language barriers, cultural factors, and other social determinants of health in shaping cancer risk among language-isolated populations, ultimately informing the development of targeted interventions to reduce cancer disparities in these communities [2]

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Call to Action!



- Advocate for professional interpreters, translated materials, and equitable access to care
- When patients or families decline an interpreter: Explore concerns and accommodate when possible
- Explain benefits of interpreters, including accuracy and confidentiality. Emphasize that family members are welcome for support, not translation
- If refusal continues, document the decision and revisit at each visit
- Practice cultural competence: Ask patients what they need, value, and prefer
- Avoid assumptions; honor beliefs, needs, and values
- Provide culturally appropriate resources
- Know your limits: Speaking a language does not equal clinical or therapeutic fluency
- Strive for equitable, patient-centered care for all

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Call to Action for social work leadership

- Develop and support policies that promote equitable, patient-centered care
- Advocate for translation of vital documents and patient education materials
- Promote cultural competence by providing training, resources, and learning opportunities
- Support hiring bilingual staff, when possible, to improve access and communication



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Thank You!



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