

Christina Aluri

PHYT 854

As I am developing my Capstone project as part of UNC PT's Outreach Trip to Guatemala, it is important that my project, presentation, and presentation materials incorporate health literacy and cultural competence considerations. My presentation audience includes physical therapists and physical therapy technicians at Las Obras Sociales del Santa Hermano Pedro. Las Obras is a private, non-profit Catholic hospital that is located in Antigua, Guatemala.<sup>1</sup> Las Obras was founded by Fray Guillermo Bonilla Carvajal in 1980.<sup>1</sup> Today its 300 employees treat and care for over 250 patients with the help of volunteers and visiting medical professionals.<sup>1</sup>

Las Obras employs several physical therapists and physical therapist technicians who treat pediatric, young adult, and older adult patients.<sup>1</sup> Physical therapist technicians function and are educated similarly to Physical therapist assistants in the US.<sup>1</sup> Physical therapist technicians attend grade school from first to night grade, 3 years of college (similar to US high school), 3.5 years of university after college and complete a thesis.<sup>1</sup> Physical therapists have the same educational background plus another 3 years of university education after completing PT tech schooling.<sup>1</sup> In comparison to the US, Guatemalan PT education is similar to US PTA education.<sup>2</sup>

I found the PHYT 854 health literacy module materials to be very helpful in preparing and revising my presentation and presentation materials. With these materials and self-assessment, I realized that I tend to provide more information than is necessary and that reducing the amount of information presented can actually improve patient learning. In particular, I sought to follow the following health literacy advice in the formation and revision of my presentation materials: simple wording, short sentences, use of pictures and visual aids, focusing on key points, using short lists, and focusing on practical information.<sup>3</sup> I also appreciated the difference between subject knowledge and subject performance.<sup>3</sup> I intend to supplement my verbal presentation with a hands-on practice sessions with the PTs and PT techs.

Attending the UNC PT Outreach Guatemala trip orientation vastly improved my knowledge and understanding of Guatemalan culture. Guatemala has a population of 11.3 million people.<sup>1</sup> 51% of the Guatemalan population live in poverty, on less than two dollars a day.<sup>1</sup> Of the 51% of the population living in poverty, 75% are indigenous and 75% live in rural areas.<sup>1</sup> Unemployment is estimated at 37%.<sup>1</sup> Education varies significantly and women are more likely to be uneducated than men.<sup>1</sup> Public health expenditure is 1% of the gross domestic product (GDP), the lowest in the Americas.<sup>1</sup> Guatemala has the third highest infant mortality rate and the lowest life expectancy in Latin America.<sup>1</sup> 18.8% of Guatemalans do not have access to the health care system.<sup>1</sup> There is a concentration of medical care and higher quality medical care in urban areas, which is exacerbated by transportation limitations.<sup>1</sup> Language barriers exist within the Guatemalan population: 35% of the indigenous population only speaks a Mayan language.<sup>1</sup>

Guatemalan attitudes towards disability vary greatly from the US.<sup>1</sup> 12-20% of the Guatemalan population is disabled.<sup>1</sup> Social attitudes stress charity toward individuals with disability rather than supporting inclusion of individuals with disability.<sup>1</sup> Guatemalan social attitudes place great emphasis on the family unit and place less value on individuals with disability achieving independence.<sup>1</sup> Guatemalan culture also places greater value on the happiness of individuals with disability rather than reaching their full potential.<sup>1</sup> The influence of religion is strongly felt related to understanding of disability: there is often the belief that God intended for the disability and He will help provide.<sup>1</sup> Individuals with disability in Guatemala are less likely to be educated and more likely to be illiterate.<sup>1</sup>

There is very limited education about disability in Guatemala.<sup>1</sup> Many Guatemalans do not understand the causes of disability and may shun people with disabilities for fear of infection.<sup>1</sup> Many Guatemalans confuse physical disability with mental disability and may understand the potential for learning in an individual with disability.<sup>1</sup> Many Guatemalans do not believe in the possibility of rehabilitation for individuals with disability.<sup>1</sup>

The orientation also helped me to understand the intricacies of medical volunteering abroad. The possession of increased resources by the medical volunteers can be perceived as a loss of power local medical providers.<sup>1</sup> It is also very important to respect the local medical providers knowledge, expertise, and awareness of local needs.<sup>1</sup> Based upon this cultural competence education, I have made modifications to my presentation materials and approach. I was careful to use pictures of Guatemalan and American children on my handouts (although this was limited by limited access to available pictures of Guatemalan children). I had my husband translate all presentation materials into Spanish and put Spanish translations before the English translation on the presentation evaluation form. Finally, I plan to structure the presentation and my interaction with local staff to be a respectful, mutual learning opportunity.

#### References:

1. Edwards N, Paez S. Introduction to Health and Disability in Guatemala. PHYT 895. 2013.
2. Ollendick K. [Personal Interview]. August 29, 2012.
3. McCulloch K, DeWalt D, Pignone M. Health Literacy 101: Defining the Problem and What we Can Do About It. PHYT 854. 2013.