Studies on the interaction of health professionals with the U.S. Latino/a population

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Introduction
As an intern in the Language Services Department of Presence Covenant Medical Center and a volunteer at the East Central Illinois Refugee Mutual Assistant Center, I witnessed the Latino/a population of Champaign County struggle to access and receive quality health care. I listened to stories describing the language and cultural barriers that they had overcome to obtain medical care and this drove me to my current research.

In my research process, I learned that these barriers for Latinos seeking health care can be found throughout the entirety of the United States as the number of Spanish-speakers has been on the rise in recent decades. In Champaign County alone we have seen this diversification as the Latino/a population doubled from 5,200 in 2000 to 10,600 in 2010 ("Hispanic Numbers Double Over The Decade"). Therefore, there is an urgent and growing need for health practitioners who are bilingual and possess cultural competence. Yet within language programs at the university level, the pedagogical tools needed to shine light on this type of complex issue has not evolved. Case studies serve as a powerful tool for student analysis and give students an opportunity to grapple with these multilayered issues as they learn about, problem-solve, and cope with the ambiguities of treating the Latino/a population in the medical setting.

Examples. Health inequalities arise from language and cultural barriers. A common example is that Spanish-speakers possessing limited English proficiency lose their ability to give and confirm consent for surgical procedures. In addition, we often see family members of Latino/a patients being used as ad-hoc interpreters and face stress, anxiety, and guilt due to the experience. Given their lack of training and knowledge of medicine, they realize that their actions can potentially cause serious medical errors and health problems for their loved one. A typical example I have seen in the community is medical personnel treating the Latino/a population impatiently and aggressively due a lack of understanding of their culture and their experiences of navigating a health care system in a foreign language.

Aim
This participatory action research provides a narrative for a set of case studies to be used with undergraduate-level students of Spanish, specifically those pursuing careers in health care. The case studies will serve to inform students of the language and cultural barriers in the U.S. health care system and to inspire conversation and problem-solving regarding the complexities of treating and working with Latino/a patients with limited English proficiency or without legal citizen status.

Method
The majority of my research was conducted at Presence Covenant Medical Center in Urbana. Working in the Language Services Department, I observed the way Latino/a patients were treated by health practitioners across a variety of specialties and during situations both with and without the use of interpreter services. I also had the chance to engage patients in conversations about their overall experiences in the U.S. health care system and their feelings towards the treatment they receive. Outside of the hospital, I carried out observations at community health promotion events such as the Guatemalan-Q’anjob’al Family Night at Stratton Elementary School and the annual ‘Campana de Salud’ at Orchard Downs Community Center.

Literature Cited

Observations

Health Practitioners
- Federal law requires the use of interpreters when working with limited English proficient patients, many of whom that identify as Latino/a, yet practitioners were observed otherwise, attributing their inaction to "insufficient time," "lack of familiarity with the services," and "inefficiency of the services."
- Lack of understanding of legal policies regarding health care and immigration appeared to create underlying tensions and increased confusion between health practitioners and Latino/a patients.
- On more than one occasion in the case where it appeared that an adult Latino/a patient could not speak or understand English practitioners knowingly spoke about the patient in third person to other practitioners in front of patient. On one occasion, a practitioner called a nearly 70-year-old patient "cute."

Latino/a Patients
- Patients with limited English proficiency often resorted to family members to interpret in hospital setting.
- Patients without insurance and seeking medical services at one of the free clinics in Champaign county reported difficulties obtaining medical treatment due to lack of transportation or inability to find the clinic.
- Patients pointed to stress such as racism or lack of transportation as an excuse for skipping routine medical treatment or failing to show up to appointments.
- Fear acts as s barrier to receiving medical care, especially for the portion of the Latino/a population without legal citizenship status. By seeking out medical treatment, they risk deportation and separation from family.
- Many patients were unsure if they qualified for Affordable Care Act.
- Patients without legal citizen status expressed uncertainty about what health care was available to them and where they could access this care in Champaign county.
- Depending on the patient’s country of origin, the tone and content of the medical dialogue changed.
- The hospital sees many undocumented immigrants accessing medical care only in cases of emergency.
- The community health promotion events experienced lower than expected attendance numbers from the Latino/a community.

Health Care Facilities
- Telephonic, video, and in-person interpreting services are being left unused or underutilized at the hospital.
- Patient education workshops didn’t have readily available materials in Spanish when the audience was dominated by native English speakers.
- Conversations regarding treatment of Latino/a patients were politically and emotionally charged. The ways in which the Language Services Department presented information on this patient population to employees had to be as close to politically neutral as possible.

Recommendations

For Pre-health Students
- Get involved by serving the Latino/a population. Many times there is a community of Spanish-speakers nearby.
- Engage in dialogue about the treatment of Latino/a population in our health care system. What have you observed? How has that made you feel? What will you do to negate change?
- Stay informed on policies regarding health care, health insurance, and immigration.

For Educators
- Utilize case studies to create a deeper understanding of the Latino/a experience in the U.S. health care system.
- Incorporate news clips and articles on the current happenings in the Latino/a population.
- Encourage students to engage in the Latino/a community through service - SPAN 232 at the UUC is a great example.

For Current Health Practitioners
- Stay up-to-date on policies regarding patient rights, health care, and immigration.
- Ask the patient questions. Knowing about their experiences in the United States will reveal environmental factors that have impacted their health status.
- Put yourself in the patient’s shoes. How would you feel if you couldn’t understand your doctor, but instead were relayed the information through another person?

For Health Facilities
- Maintain signage in both Spanish and English.
- Promote the existence of your language services department - employees that don’t know it exists, won’t use it.
- Stress the shame surrounding treatment of patients with limited English proficiency.

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