

Video Transcript

Latino Community Perspectives

Mod: *Well, Letty, I want to thank you for agreeing to tape this interview and share it with our class overall. I wonder if we could start with you just introducing yourself and kind of your background and what you've done and talk a little bit about your MPH as well.*

Leticia: Sure. My name is Leticia. I'm from Mexico. I initially did my education in Laboratory Science at the University of North Carolina. After working there for a few years, I started volunteering in different clinics and that started pulling me in the direction of public health. I started looking at different problems that were present in the health care system which then drove me to look for an additional degree and, luckily, I found one in my home country in Cuernavaca where I went to the National Institute of Public Health to get my MS of Public Health. And it was a very eye-opening experience. I learned a lot of different things from different areas of health care that I was not aware of so it was very enriching.

And then, through that program, I started working with communities. We did community assessments with the projects' interventions and I learned a lot of those skills. Combined with my previous science background, it was a really good blend for me. It was challenging yet rewarding, so I've enjoyed very much my experience in public health. After working in Cuernavaca for a little while as well, I had the opportunity to apply for a position here at the University of Arkansas for Medical Sciences working with the Mexican Consulate. That also was expanding my experience working with the community. Thus, here I am in Arkansas, which has been a really rewarding experience, working with women in the Susan G. Komen project and the Ventanilla de Salud project here in the College of Public Health.

Mod: *Wonderful. Well we're glad to have you here in Arkansas certainly. And I might mention that we hope that Letty is going to go on to one of our doctoral programs one of these years.*

Leticia: Yes, and it has actually been really good. I was kind of looking for a different direction and what kind of proposals I could start building up to, and I had the really good opportunity to start teaching here in the university and also to collaborate with colleagues in public health. We're putting together projects that can then help me to have a really good background and do a doctoral program. Then I can feel like it is my own and kind of build up through that for my career and that's an opportunity that I have here.

Mod: *Letty, I know that the Latino population here in Arkansas is growing very, very quickly. It is not the largest in the nation, but it is one of the most rapidly growing populations. And it is a little bit different than the populations that you find in Texas or California because I know that it is a mostly first generation, mostly Mexican population, mostly young families overall or young men, in particular, who may come for migrant work. Obviously, with the population language*

and insurance are going to be major barriers to receiving health care services and appropriate services, including preventive care. Are there other barriers that the Latino population have here in obtaining health care services?

Leticia: Well, in the work I have had and the experiences I have had here in Arkansas, that is correct. There are a lot of young workers that have come either straight from Mexico or other Central American/South American countries, but also from other states in the United States where they had arrived initially and then now have moved on and arrived in Arkansas, but they are still first generation so their parents and grandparents are not here at the present and sometimes they have young families, young children. And, mostly for the children, they find a lot of support because of the policies. But at the same time, those same policies will block them from getting the care that they need.

So preventive care is one of the big issues. Part of it is the cultural aspect of prevention not being a very commonly practiced health care policy in South America and Latin America in general. Here in Arkansas, for example, the funding from the Affordable Care Act to help families with lower income to get health insurance does not apply to people who are undocumented or who have an irregular status in their immigration. So the children of these young Latino families will have the opportunity to get some health care or a woman who might be pregnant will be eligible to receive prenatal care, but once that is done, then, of course, they will not be able to access any additional care. And, of course, young males are definitely way out of the system. They, most of the time, arrive at the emergency room when there is something that has gone terribly wrong. That is when we know that they have needs and that they have been having an issue for a while.

Mod: *Those policies like the Affordable Care Act seem like a good idea until they limit the ability of other populations to access the services. Free clinics used to be the best place for people with irregular status to go, but since the Affordable Care Act has now limited the funding for these free clinics.*

Leticia: Well, you do not need them anymore if everybody gets health insurance, right? And so some of these clinics have actually been closing; we had an experience like that in Oklahoma. The consulate also covers Oklahoma as well as Arkansas and some of the free clinics that we knew were available in Oklahoma were starting to close because they did not need them anymore. They had the Affordable Care Act now. That together with other issues such as transportation. It is very hard for people to get a driver's license without the proper papers so a lot of people buy cars, but would not be able to get insurance or a driver's license. But a lot of them do not so they have limited access to transportation which then limits their access to services such as health care. And there are significant issues that are related to that within the Latino population.

Mod: *From what little I know, the health system in Mexico is very different than in the United States. Can you talk a little bit about what the health system is like in Mexico and how that may affect people's knowledge about kind of how to interact with the health system here in the US?*

Leticia: Yes, and the number one difference that I point out every time is that health, in some capacity, is part of the Constitution in Mexico. It is like by law you must have health care. The government must provide some sort of assistance to help people keep their health and it is very important in Mexico that the government helps out and does at least something. Whereas in the United States, it is more like a privilege. It is not actually in the Constitution anywhere that the government should be responsible for people's health. And so it is a little bit different because then you have a system where people are accountable and responsible for their own health in the United States so if you get sick, it is on you and if you are healthy, it is on you.

So when you come from a country you are used to just going to the doctor and being seen and receiving some sort of care and then you get here and the first thing they will ask in the clinic is where is your insurance card or where is the money to pay for this visit? They won't see you without that money. It would be an emergency situation where the law does protect people to get care, but if you have some little pain or discomfort or some other issue, unless you have the money to pay for the services you won't be seen. And health care here is also very expensive. Now in Mexico, the services are not quite as good. They are actually pretty good as far as the social aspect of it. They cover the need. They provide as much as they can with what they have and thus they are cheaper and a lot more available to people. They do have less regulation which has the good side of being cheaper, but the bad side of having a lot more problems when it comes to quality of care.

In the United States, quality of care does seem to be much higher. Although, there are also some problems, but it does seem to be higher. It is perceived by people in Mexico as being so much better and rich people from Mexico will pay thousands of dollars to come to the U.S. to get care because it is perceived to be much better in quality. But what I have seen in Mexico is that the physicians will spend so much more time with the patients trying to learn what is wrong with them as opposed to here where you might not even see a physician when you go to an appointment. You might see a nurse and then the physician comes in for like a couple minutes and then they go away and then they give a prescription and that's it. So you are getting your care from other providers and not from your actual physician and that is a big challenge for Latinos because we are used to talking to the doctor not to anybody else. And so you go to a clinic and you will spend two hours there and you only got to see the physician for like five or ten minutes so that is a big shock and then you do not feel like you are getting care. You are getting something else but it is not that relationship.

Mod: *I have been told that in Central America, South America, in fact in most places outside of the U.S. in the world, that medical education is much more public health oriented. It sounds like that is kind of what you are saying about the way that you are treated when you go to a doctor in Mexico.*

Leticia: Yes. It does start much earlier. The education for physicians and nurses. It is a career that starts much earlier in the young person's life, if they have decided to go that route, so they would start going to medical school in their 20s, in their very early 20s, so by the time they are 25 years old they already probably have specialized in something. But part of their education, and it is mandatory for everybody who goes to medical school, is to volunteer for a whole year and they usually, at least one of the places that they will send them, will be a very remote, rural area. And they have to spend at least, I think, 3 to 6 months in a very rural area and that is where you are giving services, providing services, and being in the community.

So a lot of what the physicians are learning is how to deal with other problems that are not necessarily a medical problem, but more of the transportation issues that the people have or the knowledge, what kind of information is more useful for them rather than just telling them to take this pill and go home. It is like how is your water and where do you get it? Do you have a lot of trash in your yard? That might be why you are sick. So they do get exposed to a lot more of that community and they do outreach and that does kind of open their eyes, these young physicians, to be more aware of the public health aspect. And it is actually very valued and very much followed. Now after that they go on with their lives, but they having that experience that young it kind of gives them that sense of what's happening out in the field.

Mod: *Are there patterns of, what I refer to as, risk behaviors that are prominent in the Latino population that increases the likelihood of certain types of health issues occurring?*

Leticia: Yes. As well as in other populations, mental health is a huge issue and, as you mentioned earlier, that together with the language barrier is a double burden for these people. Because you have young males living on their own, sometimes in very close quarters with other people who they might work together with and their way to cope with the loneliness, being away from their family or their country, they will resort to drinking. So alcohol is one of the things that they will do. Also, other drugs or smoking. That is very common among Latinos and males. Now it is really funny though because there has been studies to show that the longer a male immigrant spends in the U.S. they actually will smoke less because they start getting acculturated and they can see that smoking is not perceived well. There are places where you cannot do it and people do not like it. So that has been an interesting thing, but women start smoking more for some reason, young women, for that matter. So that to me is worrisome because you come from a place where smoking is actually, for women more than males, it's perceived as a bad thing, but then it is the longer they stay in the U.S. they can pick it up. That is something that has been shown.

But alcoholism is one of the bigger things which leads to problems with the law. They could get in trouble if they are driving while drinking. Drugs. There are a lot of people who will try drugs too and exposure to STDs and HIV, living in such close quarters, having interactions with females. That is how they have to interact in their environment to feel like they are not lonely and not stressed. They cope with stress that way. So they have a lot of issues with mental health. I feel like if there was more support in that area those problems could be a little bit

lessened in a way. And then also the access to health. Diabetes and hypertension are on the rise. Some of the slightly older Hispanics are now starting to show signs of diabetes or pre-diabetes and hypertension and that is all because of the diet. And there is not that culture of prevention where they get regular checkups to see how they are doing and advice or counselling from a physician or nutritionist so those as well are on the rise. And as this population starts aging well then the next 10 to 15 years that is probably going to be one of the major issues for them.

Mod: *How about obesity? Of course in the U.S. obesity is a major issue. We all know that, but how about obesity within the Latino population?*

Leticia: Obesity is also a problem. The diet in general cannot be the same as when you were home. There is a lot more fast-food consumption because it is cheaper to get that more convenient. Also a lot of people, a lot of Latinos, work in the blue collar jobs so a lot of the time they are on their feet, but not necessarily as exercise or like a work out that will make them continuously have their heart rate go up. It is more of a standing in the service industry so a lot of them feel very tired at the end of the day because of all the hours that they spend working on their feet, but not necessarily because they are burning all the calories that they are consuming with all this fast food and all the soda. There is actually a lot of soda intake, Coca-Cola and those of the like. So, yes, obesity is getting to be a big problem and that also leads to all the other issues, back pain, diabetes, and hypertension.

Mod: *How about occupational exposures? I would think at least that a lot of our immigrant population may be working in jobs where there are a lot of exposures to pesticides, herbicides, things of that nature. Is that true?*

Leticia: Yes. And it is, statistically, the most of the immigrants in this country work in the construction and the agriculture. And, here in Arkansas, very famously up in the Northwest, there is a higher population of Marshallese, but also of Hispanics and Mexicans that are working in the poultry factories. And so the poultry industry is also an occupational hazard for them. They are constantly repeating the same motions and dealing with these raw materials. But in construction as well, they are the highest, by race, the highest population with deaths is the Hispanic, Latino population in construction. And there is a lot to do with regulations and how they are not trained properly, not a culturally sensitive training. So to certain populations wearing helmets and doing those mandatory things that regulators set in place, but then you have a population coming in and they are more lax as far as safety goes. They have been building houses in their home town without a helmet, without any kind of ropes, or protections and now here they have to wear them so there are a lot of opportunities for them to get hurt and disabled.

The other thing is when a worker who does not have a regular status gets hurt, it is very difficult and they get very scared and so they do not seek the care that they need and so they might actually, if they do survive the accident, they actually become disabled and are unable to

receive further care. So that is another big issue with occupation in their population. And the pesticides are also a big issue with agriculture. There have been studies where that high exposure causes, mostly women, there will be miscarriages or other health and fertility and other health issues that will arise from working in the fields. And they do not receive the proper training or proper use of their tools not because they are not available, but because they do not feel like they are so important. It is kind of a cultural barrier and also the way that they are explained. You have to use it, but if it is in your way then you do not want to do it. So it's a very interesting social, cultural mix that will cause these exposures.

Mod: *You mentioned earlier that prevention is not a high priority within the Latino population because of the way they've been brought up. You also mentioned that the smoking rates, particularly among women, are increasing substantially, but I have always heard that Latino women who get pregnant stop smoking immediately, whereas, it is not true in our other groups of our population. Is that true?*

Leticia: Yes, and it is very remarkable during the studies that we have done here in the Susan G. Komen grant that we did. We worked with 200 women and I did not recall any one of them saying that they ever smoked. This is a little older population because we were doing mammograms screening so they were mostly over 45, but that is a very cultural thing. You are not a good mom if you smoke and you have your kids there with you. That is very culturally unacceptable thing to do. To have or kids or be pregnant and smoke. But as the younger generations are either being brought up or coming up, they are starting to get acculturated to smoking. That is just part of what it is happening. So it is starting to go up. It is not very steep or sharp and females here, Hispanics will actually not smoke if their pregnant. That is just something that you are brought up with and you don't do.

And so the problem is that they will not stand up to a partner who is a smoker and so second-hand smoking may also be an issue. They will try to, but culturally you do not tell your partner do not smoke. It is not acceptable. You will not smoke, but that second-hand exposure will still be present. It is also very Latino thing to have happened. Now whereas here, I have heard, sometimes, that the woman smokes or the guy will smoke or they will smoke outside, for example. That is something that is very common to see people smoking outside their house, assuming because they have children, but yet the women per se might not smoke but they might have some second-hand exposure.

Mod: *Speaking of women, I have always heard that kind of a barrier to health care for Latino women is their husbands or their partners not wanting them to go to a male doctor and that seems to be another cultural factor. Is that common in the Latino population?*

Leticia: It is. It is a trust issue. There mostly, and it is not even just the partner, if they actually have a mother-in-law, sometimes the mother-in-law will also be a factor. It is incredible, but it is true. The mother-in-law might go with the woman who wants to go to the doctor and be there during the exam just to make sure that nothing will happen. She is very much an overseer

of that. There has to be a really trusting relationship with any male doctor, with any male physician, and a very high standard he will have to be. He will have to have lots of other patients and it is like a word of mouth. "Oh yeah. He's very good." And at that point that kind of breaks the barrier down so there has to be a trust building with any physician, but male physicians in general. That is the experience we have had.

But husbands and mothers-in-law will be a big barrier. You would have to not only educate the woman who was hoping to have approach the health care system, but also her family – aunts, mothers-in-law, sisters-in-law, relatives, would also need to be aware that this is needed for this woman's well-being to go to the physician and get seen because they might be even willing to help with transportation, going with her, just holding her hand. It is very common that you will go to an appointment and there are two people, but just one of them is getting seen. They just did not want to go by themselves. That is very common and accommodating for that, as long as the person who needs the care actually receives it, I feel like that would be a really good cultural and social adaptation for Latinos in general.

Mod: *I'm obviously an Anglo and most of our students, most of our graduates, are still whites. Although we have a high proportion of African American students too and graduates. If, not being from the Latino culture, if I wanted to work with the Latino population, what's the best way of doing that? How do we as non-Latinos better establish the trust and all that's important in dealing with any population?*

Leticia: For the Latino population and most of the Spanish-speaking Latino population, being bilingual or having someone with you who is bilingual and is trusting of you is a big plus. Also, approaching the community, going to the community leaders is a very good way to do it. Looking for leadership in the community centers or in the churches that always is very helpful and also having all the information available in the way it would be accepted by them. So not putting anything out there that might sound rude. Just Spanish is not enough. It is appropriate language that will kind of help people. Also, using their common media outlets, newspapers, television, radio. There are media, that media is available and people listen to the radio in their language. It kind of gives them a little sense of being at home. So if they hear something on that radio station or see in the television, that will give them the sense of I am being included and I am also learning something that could be helpful to me. And the media is very good at trying to adapt it so it will be appropriate and then that way the community will be more engaged.

Mod: *I wonder if there's anything that we have left out. Anything else that you care to add to the discussion and what you think our students should know about working with the Latino population.*

Leticia: I would want to say to the students that it is not very hard to work with Latinos. A good thing about the culture in Latin America is that we respect authority when authority respects us. So if you want to engage a community or group and you show that you know what you are doing but let them know that they are also teaching you something. That you want them to be

a part of the process that will always be very welcome. Also, for example, in any kind of health intervention, you have to take into account what other barriers. It is not just health or nutrition. It is also their family. Their children. Most of the younger families, they always have children so if you want to have a group, you always want to make sure you have daycare for the little kids. So if you tell them, care will be provided for your kids so you can come and talk to us. That is a huge plus. We are big family people. If they ask you can I invite my cousin, you always say "Yes. Bring your cousin." because that will broaden also, that message will be broadly distributed because people talk. And so if you give good information that will spread fast, but always be aware if you give bad information, if they have a bad experience, that will also spread really quickly.

So always having a positive outlook and trying to do your best and the community will welcome you because we will love to work with everybody.

***Mod:** Well that is very good advice for us. I want to thank you for taking the time to sit down with us. This is an important contribution to this course in social determinants, as you know. Thank you. So we appreciate you and you taking the time to be with us.*

Leticia: Thank you. And I also appreciate you inviting me and I hope that this information is helpful and I am always available if anyone wants to ask any questions. I appreciate them. Thank you.