

2018

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Recommended Citation

Patel, Shreya, "Obstacles that Latinx/Chicanx Encounter While Getting Into the Medical Field" (2018). *2018 Symposium*. 4.
https://dc.ewu.edu/scrw_2018/4

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Obstacles that Latinx/Chicanx Encounter While Getting Into the Medical Field

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Shreya Patel is an Eastern Washington University Student. This paper was submitted for consideration to the 21st Annual EWU Research and creative Works Symposium on March 2018 in Cheney, WA and submitted for Introduction to Chicanx/Latinx Culture

(CHST 101/ANTH161)

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Abstract

This research paper informs the audience and presents them with an understanding of Chicanos/Latino education obstacles that are in their way of getting jobs in the medical field. Among these challenges include poverty rates, language barriers and discrimination. This paper discusses the potential opportunities and benefits of Chicano students entering the medical profession. My study assess the current state of Chicano's in the medical profession and how they can shape their future. This study relies on scholarly sources and peer review journals as the method of analysis from which its conclusions are drawn.

Keywords: Barriers, students, education.

Obstacles that Latinx/Chicanx encounter while getting into the medical field

Raul Ruiz who is a Latino medical doctor helped change lives and make a difference, he was known for his Coachella Valley Healthcare in 2010, which was meant to improve health care path and general wellness for the citizens living in Coachella Valley. Mario Molina was also Latino and made it in TIME's 25 most influential Hispanic in America list. He also leads the first major medical organizations to offer bilingual help services as well as providing his hospitals with bilingual doctors, and most interestingly, 24-hour Spanish nurse helplines. These two doctors are very influential and done a lot in their community to help others. They can be looked upon by many. Unfortunately, the number of Latinx/Chicanx in the medical field is still low and something needs to be done so it encourages Latinx/Chicanx to pursue their dream in the medical field. Many adults, as well as children, have to face the harsh reality of poor living conditions such as unfunded urban schools, high healthcare costs, low wages, etc. Another challenge would be language barriers; many parents don't have any way of teaching their child English due to them not finishing school or other causes. Discrimination is also, and the most tragic, challenge Chicanos face today when it comes to education. Many Chicanx and Latinx face unique challenges such as poverty, language barriers, and discrimination when it comes to obtaining a degree in the medical field.

Poverty is one issue that many Latinos encounter during their life and prevents them from entering the medical field. Poverty at birth endangers childhood developing trajectories "later academic achievement, transitions to productive adult roles, and, ultimately, incorporation into the economic, social, and political mainstream" (Lichter, 1). Frequently, scholars and

policymakers have underestimated immigrant poverty outside of urban areas. But we must stretch our views because now; many of America's poor Latinx babies are growing up in new, non-urban communities where family and health services may be absent, deficient, or in decline. Listing the very real needs of these communities and their flourishing numbers of poor Hispanic residents is essential for America's future. Latino youths experience correlatively more depression, anxiety, and failure than do non-Hispanic white youths and are overrepresented among poor children. Poverty contributes to these negative outcomes for children, including symptoms of depression, anxiety, aggression, and poor scholastic performance. Poverty affects children and families largely through poverty-related stress (PRS), "a collection of stressors that frequently co-occur in the lives of low-income families, including vulnerability to violence, economic stress, declining family relationships, and discrimination" (Wadsworth, 2008). McLoyd also stated that he found gatherings and it adds up to stress. "The gathering of these situations and events creates a "context of stress," whereby stressors build on and exacerbate each other" (McLoyd, 1990). Contributing to the poor psychological functioning.

Language is also one of the worse that comes upon Latinx/Chincanx entering the medical field. There is a sample evidence that Latinx, particularly those of Mexican and Central American origin, face prominent barriers to obtaining health care, particularly language barriers. Many hospitals and offices lack qualified interpreters and rely on interpretation by bilingual workers or even the children of patients. Lack of third-party coverage for professional interpreter services enhances this problem. Appending to the language barrier is the danger of artificial volubility when doctors mistake the meaning of a Spanish word because of unfamiliarity among cultural or linguistic details. And having a translator is the worse solution. "Poma looked at the

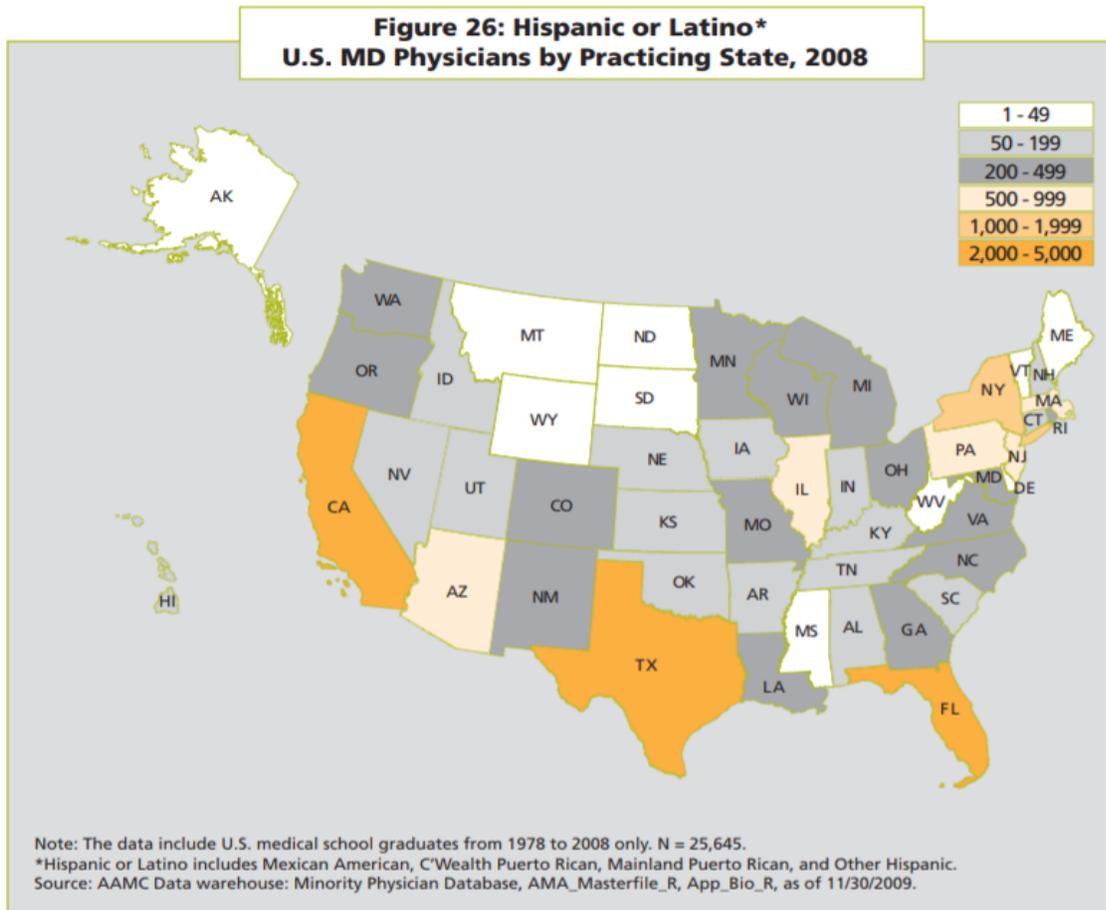
problems of using translators in the Hispanic patient-English speaking physical interaction. He felt that translations are often literal and do not express the original speaker's thoughts. Translations can also lead to confusing and misleading information for both parties" (Seijo, 365). Linguistic boundaries between patients and providers have been identified as representing an extraordinarily important challenge to the delivery of satisfactory care to many older Latinos. Language barriers in the clinical encounter may produce an obstacle to effective patient-physician communication "nonacademic; conversational language skills can be learned within about two years, whereas academic language, which is less contextualized and more cognitively demanding, can take much longer to acquire. Current research indicates that children and youth learning English in the U.S. context may need 4 to 7 years or more to develop levels of academic" (Carhill, 2008, pg 1157) For example, "partnering students with different English-fluency levels and allowing them to discuss instruction and content in both languages can support students' language needs."(Monzo, 2006, pg 38) What is also very important to know is that a personal relationship with your teacher is also beneficial. " A more personal relationship between students and teachers is required so that students will feel comfortable in sharing their language needs." (Monzo, 2006, pg 38) One Hispanic individual spoke about his beliefs and concerns "I understand English well, I read it, I speak it and I prefer to go to Hispanic doctors. Because I also believe there is a psychological affinity, in addition to the rules code, I think there is a good feeling.... the security one has when one has a simple knowledge, and that one is spoken to in Spanish of the... of the people, because there are some who appear to have a doctor's diploma above and they use the terms there of...[That can't be understood?] Scientific terms and I say 'well, look, speak to me in Spanish' so I can assimilate

it... and one can progress more, get better.... However, some respondents indicated that it was not necessary for the physician to be Latino him or herself for good understanding to be perceived. My doctor also explains what the medicine is for. [And does he explain it in Spanish or in English?] In Spanish."(J Cross Cult Gerontol,2007, pg. 109). As you can see, doctors that speak Spanish are vital for patients who prefer to hear their results in Spanish.

Next, discrimination occurred a lot before and is still happening to this day. Language barriers in medical settings were related to observations of discrimination on the part of the older Latinos in this study. The poor English skills shared by many of the "J Cross Cult Gerontol" (2007) 107 respondents were seen as a source of mockery and as an excuse for poor treatment by doctors and pharmacy staff. For example, in dealing with doctors:"I felt very bad because ... (the doctor) asked, 'How long have you been here?' I said, so many years. 'Well, why can't you speak English?' Because I came here to work, to raise my family, and time slipped by. I didn't know that was a sin. That's what I told him. Similar experiences were reported in interactions at the pharmacy: In the pharmacy when they don't understand you, they give you dirty looks [she makes a blowing or sniffing sound]. And they go [loud sigh]" (J Cross Cult Gerontol,2007, pg. 108) This can lead to Latinx/Chicanx feeling often scared to pursue a degree in the medical field due to this extensive amount of discrimination. Hispanics experience with discrimination or being treated unjustly varies exceedingly by age. Among Latinx ages 18 to 29, 65% stated that they have endured discrimination or unfair treatment because of their race or ethnicity. "By comparison, only 35% of Hispanics 50 and older say the same – a 30-percentage-point gap." (Lopez, 2016) In conclusion, many Chicanx/Latinx face a great amount of discrimination which can lead to not wanting to pursue a degree in the medical field.

The next study is from the year 2000, and this paper is by David Hayes-Bautista, who is a UCLA (University California Los Angeles) professor of medicine and director of the Center for the Study of Latino Health and Culture at the Geffen School of Medicine as well as the co-author of this newspaper. The initial research found “Latinos made up 4.8 percent of all physicians in California, while making up 30.4 percent of the state’s population; the same study projected that the number of Latino physicians in California would decrease 6 percent by 2020” (Sanchez, 2015) Below you will a representation of Hispanic or Latino physicians in all 52 states. States like California, Texas, and Florida have many people that are physicians while states like Montana and South Dakota have 1-49 people pursuing a job in the medical field, which is extremely low because some small towns may have zero and that can affect Latinx/Chicanx that have some or no English skills. I decided to call a small clinic in the state of Idaho asking if they had any Latino/Chicanx doctor or nurses and they said no. If I was a Latina/Chicana I would be discouraged to go there if I knew zero English or even some. I know this is true because my mother only allows my family to see Indian doctors because her English skills are pretty poor, although she can speak some English and understand some English she prefers an Indian doctor so she can understand how her kids/husband is doing during physical checkups. Not only that, she often gets confused when I speak to her in English, she can understand some parts but not fully which is very important, especially when it comes to doctor appointments. She comes with me and the doctor explains in Hindi on how I'm doing and she can understand what I need to

do with my diet and how I can be healthy.



From: <https://www.aamc.org/download/432976/data/factsandfigures2010.pdf>

It's vital that more Latino/Chicanos pursue their degree in the medical field. In the U.S., Latinos/Chicanx have suffered from a number of factors regarding health care. In 2007, about 20 % of Latinx/Chicanx in America persisted living at the federal poverty level, according to the U.S. Department of Health and Human Services. For many, problems have occurred concerning the cultural and social factors of health and a necessity of health insurance; the language barrier; religion; and concerns about exposing immigration status, amongst others, have opposed the community. With the ACA/Obamacare, many Latinx/Chicanx will be offered new admission to health care, so it is vital to understand the illnesses and situations that affect them. UMHS medical student Jasmine Rivas talks about the personal experiences with Latino/Hispanic migrant workers, an important portion of the Spanish-speaking community in the U.S. with specific medical issues. "Having worked in a pediatric clinic in Homestead, Florida, I am aware of the needs of the migrant population from Mexico and Guatemala, among others," Rivas stated. She also said that in order to serve this division of the population, we need to be educated in the cases they face, as well as their cultural beliefs—and it all starts with communication. The capability to communicate with our patients is vital to our knowledge to serve their medical needs. "Even when using a translator to overcome a language barrier, they need to feel our "empathy" and understanding." (Garmon, 2016) These are all topics covered in Dr. Garmon's Medical Ethics course, at UMHS, where Jasmine attended. "I find that a lot of patients don't feel comfortable communicating with a provider that doesn't speak

Spanish, because they don't like to bring an interpreter into the room, and there are privacy issues associated with that," Dr. Dominguez stated. He also spoke about how it's also very powerful in terms of having good-quality care, so he can really get the full memoir of a patient. " Speaking Spanish is not the only thing that helps when treating Latinos. Petra Luna, general perinatal services program manager for the Ventura County Family Centers, says, "Knowing the culture, the customs, the religions and trying to be sensitive to that is so important. It makes the patients feel like people." (Harrah, 2013)

There are many ways we can motivate Latinx/Chicanx to pursue their dream in the medical field. Many people are currently working on solutions but this needs to be done across the United States. For example, UCLA members organized the IMG program, helping foreign-trained doctors plan for and take the United States Medical Licensing Examination (USMLE). The goal was for these doctors to provide care to California's Chicano and Latino communities. "The IMG program supports medical students to prepare for the USMLE by providing English courses to those who need help with proficiency." (Harrah, 2013). Students that pass USMLE take a clinical observership in family medicine before applying for residency. UCLA is not the only medical school working to satisfy the healthcare needs of Latino/Hispanic patients. Many schools concentrate on training to treat this population with honor and pride. Some, like the Albert Einstein College of Medicine at Yeshiva University in Bronx, NY, similarly have programs to accommodate training. This school has elective courses in medical Spanish, teaching students how to communicate treatment recommendations and have other common medicine and health precise conversations in Spanish. Which is a brilliant idea and should be in many schools of the united states, the only problem is the lack of teachers who are willing to teach it.

Scholars can practice language skills at the school's Einstein Community Health Outreach Free Clinic. Also at the University of Illinois at Chicago College of Medicine (UIC), medical students study through the Urban Medicine (UM) program to generate a better understanding of the issues low-income, urban districts face. Students gain a personal panorama on the culture and experiences of underserved populations, including Latinos/Hispanics. The UM program works with such society organizations as Community Health, a Chicago clinic with a large fraction of Latino/Hispanic patients. Urban Medicine program scholars work with Community Health on health promotions and education about type 2 diabetes, asthma, and high blood pressure, common illnesses that affect the Latino/Hispanic community.

Now, I'd like to end my paper with this, there is this site that I will link below this paragraph, it makes me more motivated to influence Latinx/Chicanx to pursue their dream of being in the medical field. LPOC's central mission is guided by the adept needs of Latino physicians and is focused on establishing best practices to provide care for the Latino community, granting those keys to success to future physicians who will serve the Latino patients and the Latino community, and discovering ways to support all Latino physicians and their members in their efforts to achieve equality in the distribution of health care and health outcomes for all communities. I highly recommend viewing the introduction and key findings of the article.

(Page 7 and 9 only). Link:

<https://drive.google.com/file/d/0BwpcfDkX8EmhXblpTRGp5azJmVVk/view>

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