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Physician's Assistants as Agents of Change: Advocating for Bilingual and Culturally Competent Health Care Resources in the Central Kentucky Hispanic Latino Community

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The Hispanic Latino population is the fastest growing ethnic population that is experiencing barriers to receive healthcare. Throughout my Honors Thesis I will identify: the lack of resources in Central Kentucky pertaining to healthcare, the flaws in our healthcare system that are affecting our Latino Community, the need for healthcare professionals with bilingual competency, and how PA's can better serve our Latino Community. I will be using research and my experience through service learning with a Physician Assistant in the local Latino community to critically analyze the current situation and provide data-driven solutions. The purpose of bringing this topic to Eastern Kentucky University is to bring awareness to current underserved Latino community and to research intentional and strategic solutions. "What are the barriers for the Latino population for getting resources?" "What can we do to move our humanity towards an equality in healthcare rights?" These questions will be answered through the usage of examples, data, and first-hand experience. In the future, I plan to attend Physician's Assistant school and continue to further my research. Ultimately, the end goal is to use my research and experiences to work with Physician Assistants and Doctors to build a facility that is geared towards underrepresented populations and their needs.

Keywords and phrases: Hispanic/Latino, healthcare, diversity, bilingual, PA, language, curanderos, barriers, minorities, interpreters

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Introduction and Thesis Statement

The Hispanic Latino population is the fastest growing ethnic population that is experiencing barriers to receive adequate healthcare (Granados et al., 1806). The Hispanic Latino (HL) community is one of many underserved communities that are lacking the resources needed to support themselves mentally and physically. Research demonstrates that we need to look at the barriers to better understand and meet the needs of the Hispanic Latino community. The reoccurring issue is that this community continues to experience health disparities within the U.S. healthcare system. The disparities are also affecting the access to optimal healthcare. The barriers to healthcare access are related to six factors that I will be analyzing throughout my thesis. Although there are some resources designated for this population, Hispanic Latinos are still being poorly served throughout the region of Central Kentucky. Throughout my Honors Thesis I will identify the lack of resources HLs are experiencing in Central Kentucky, the flaws in our healthcare system that are affecting the Hispanic Latino community, the need for healthcare professionals with bilingual competency, and how PA's can better serve the Hispanic Latino community.

The purpose of this thesis is to critically explore the barriers the HL community is experiencing residing in Central Kentucky. Research findings reveal that significant barriers to healthcare access are due to culture, language, immigration status, eligibility, and accessibility. Additionally, research indicates that discrepancies regarding the access of healthcare services are directly impacted by the social determinants of healthcare. My study provides several solutions and recommendations for healthcare systems, university institutions, policy reform and health-related programs focused on being agents of change and addressing the needs of the Hispanic Latinos in the Central Kentucky community.

Statement of Problem

In 2020, the total Hispanic Latino Immigrant population in the United States totaled 62.1 million (without fully accounting for the total undocumented immigrant population) making it the nation's largest ethnic or racial minority. This community is one of the fastest growing populations that continues to expand across the country. Hispanic Latinos make up 18.5% of the nation's total population (Hispanic Heritage Month 2020). Despite being the largest immigrant population in the U.S., HL's continue to experience higher rates of health inequities. As Ramos puts it, "Racial and ethnic health disparities in the United States have been documented as early as 1906 and are a matter of grave public concern in today's society" (Ramos, 259). Sources have pointed out the effect that language, national origin, citizenship & documentation status, income level, and geographical access to health care have in shaping health status among the Hispanic Latino population. Throughout my thesis I will be identifying six important barriers: Access to Healthcare, Health Insurance, Citizenship & Documentation Status, Income &

Education, Culture, and Language; all which lead to factors that are causing the health inequity within this community.

The social disadvantages many HLs face are associated with racial/ethnic disparities in primary care access. Research has found that Hispanic Latinos have the lowest rates of health insurance coverage and are less likely to report having a healthcare concern than other groups (Ortega et al., 526). Also, their citizenship and immigration status may prevent some to seek primary care. Many Hispanic Latinos may desire to get a checkup but when health care policies are created to only serve citizens, it becomes difficult to believe that you will get the proper treatment and care needed to serve you. To attain citizenship, it consists of a very extensive and expensive process that is not guaranteed. Therefore, our healthcare system is not geared to serve all people, leaving some behind.

Language also plays a critical role in healthcare access. Many Spanish-speaking patients may be more intimidated to go to a healthcare facility knowing that there will not be a person who understands their language and will be unable to communicate with them. Studies have shown that people who spoke a language other than English at home were less likely to have a primary care provider than people who spoke English at home. Growing up I knew I was the person who had to interpret for my mother, given the doctor would not know Spanish and my mother was unable to tell the doctor what was wrong. Children of Hispanic Latinos tend to be the interpreters when in fact every institution if funded by the government has the legal responsibility to provide a qualified interpreter.

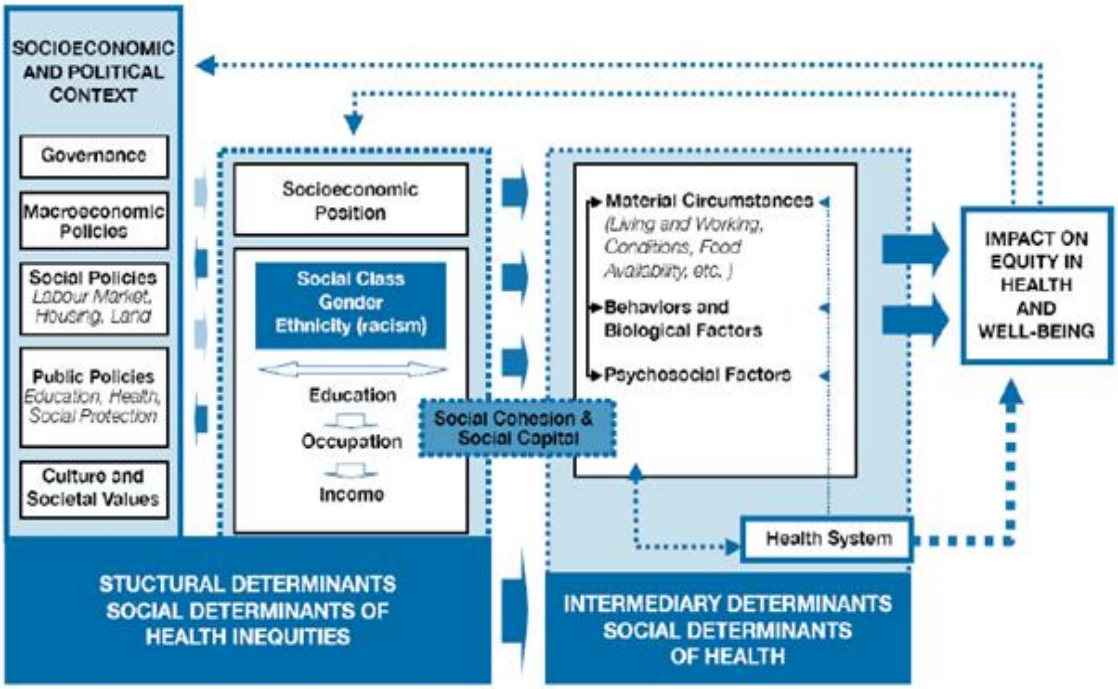
Lastly, one of the most important contributors to influencing and shaping the quality of healthcare for Hispanic Latinos would have to be culture. Providers must be

informed on how concepts of respeto (respect), personalismo (personal contact) and confianza (trust), familia (family), fatalismo (fatalism), time orientation and faith, spirit and body have such an impact on HLs. Hispanic Latinos tend to rely on personal relationships rather than institutional relationships (Snyder, 37). There is evidence for the relationship between socioeconomic status and culture and language on healthcare access for Hispanic Latinos that creates many conflicts for this community. The reasons for these disparities have been connected with the social determinants that impact healthcare access for the Hispanic Latino population in the U.S.

The Social Determinants of Health

The quality of healthcare that Hispanic Latinos receive is greatly influenced by the social determinants of health. According to the U.S. Department of Health and Human Services, social determinants of health are "the conditions in which people are born, grow, live, work, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (9). Much of the Hispanic Latino population living in Central Kentucky are surrounded by healthcare facilities that are not meeting the needs for their population. According to the Commission on Social Determinants of Health, the inequities faced in society are, "systematic, produced by social norms, policies and practices that tolerate or actually promote unfair distribution of and access to power, wealth, and other necessary social resources" (Edward, 2). The relationship between the social determinants of health and the health disparities that Hispanic Latinos face are shown in the World Health Organization's Social Determinants of Health Conceptual Framework (Figure 1).

Figure 1 WHO's Social Determinants of Health Conceptual Framework



Source 1 Solar O, Irwin A., "A conceptual framework for action on the social determinants of health." World Health Organization, 2010.

In this figure, we can visualize the effectiveness that education, occupation, and income have on someone's health and well-being. The majority of Hispanic Latinos are more likely to be poor and work for small businesses, agricultural, labor, & repair industries due to their lack of education and limited English proficiency (Edward, 7). Ortega and his colleagues point out how emergency departments are available to all immigrants regardless of their status under the Emergency Medical Treatment and Labor Act. However, the law discourages immigrants from seeking primary care in favor of utilizing expensive emergency departments (Ortega et al., 529). With the jobs Hispanic Latinos are working in, it is often not sufficient enough to pay the costly bills from the

Emergency Department. In regard to Hispanic Latinos' educational attainment, research has shown that clinicians do not know about the intelligence of their HL patients and often times assume their level of education and cultural backgrounds (Ortega et al., 534). The figure depicts the correlation between negative health outcomes and determinants of health such as socioeconomic status, geographic location, gender, race, and ethnicity. A negative health outcome includes access, which is often a common barrier amongst the Hispanic Latino population. Therefore, it is crucial to understand that access is a contribution to the influence of social determinants of health within the HL community.

Access to Healthcare

With studies showing that there has been a significant growth of the Hispanic Latino population in rural areas, receiving proper health care becomes harder to attain (Figueroa et al., 25). Solis states, "Latinos experience unique health challenges and disparities…" (62). Vega also supports this, "The immigrant population is least likely to receive preventive health care or receive guideline based health care." (100). The Kentucky State Improvement Plan for 2017-2022 also states, "Many of our communities in Eastern Kentucky as well as Black and Hispanic populations throughout the state have limited access to care, limited income, and other barriers that place them at greatest risk for poor health outcomes related to obesity. Policies, institutional and structural barriers, and social norms that impact these communities need to be addressed if a cultural shift is to occur providing a more equitable and healthier place for disadvantaged individuals to live" (State Health Improvement Plan Committee). Location becomes a problem given there are only a few clinics to go to in a rural area. For example, in Wayne County, North Carolina there is an annual migration of HL farm workers that consists of an estimated

number of more than 10,000 workers. In addition to farm workers, there are many more who are employed at various poultry and pickle processing factories in the area. Given that they live in a rural area, the local health department and department of social services are 20 miles away from their county. Also, there has never been regular public transportation to and from the southern part of the county, making accessing these services difficult (Larson & Mcquiston, 2). This example can be applied to most rural communities, including those in Kentucky. Also, it is important to note most of the HL population undertake jobs with long hour shifts, the doctor offices being open from a usual 8-5 pm conflicts with their work schedules. A common evidence-based suggestion would be to create a policy that enables HLs and Hispanic Latino Immigrants to receive Telehealth Services. With Telehealth, workers can talk about their health during their lunch break. There is a tendency for HLs who would rather not worry about their health because the service is not readily available to them. Clinics do exist, however very few provide options for non-citizens.

Leading to the next barrier to access, healthcare insurance is also an issue. HLs are less likely than non-HL whites to have health insurance or have a primary care provider (Edward, 1). Ortega and his colleagues state ⅓ of Latinos with diabetes lack health insurance (Ortega et al., 533). Many of the employers where undocumented HLs are employed fail to provide health insurance (Freire, 25). Undocumented immigrants consist of the lowest proportion with health insurance and are the youngest demographic without coverage (Ortega AN et al., 2356). The creation of programs or policies that will better gear HLs with access to healthcare is essential. There have been programs that have tried to better serve the HL population; however, the efforts are not enough. For

example, the Affordable Care Act allowed Hispanic Latinos to get pap smears and mammograms for women. By making these services available and accessible, medical providers were able to ensure early detection of cervical cancer among Hispanic Latinas, who contact cervical cancer at twice the rate of their non-Latino white counterparts. However, even with this act, HLs continue to have problems accessing health care because Medicaid is not available for all patients. Also, the Affordable Care Act excludes undocumented immigrants from benefitting from insurance exchanges/federal Medicaid (Ortega et al., 527). Above all, restrictive policies remain a challenge and need reform in order for HLs to have the opportunity to receive optimal healthcare.

Health Insurance Barrier

Having healthcare in the United States is a privilege for many people because it provides affordable health services to those who need it, but not everyone has access to affordable coverage. However, through laws such as the Affordable Care Act, many more people have had the opportunity to access coverage even if they are low income. Unfortunately, this does not apply to people who are undocumented and fall within the cracks of this program.

Hispanic Latinos, compared with non-Latino whites, have low rates of insurance coverage, mainly due to being noncitizens or having low-wage employment that does not provide employer-health coverage (Ortega et al., 527). Within this population, 37% of undocumented adults are parents of children who are U.S. citizens. These families are known as mixed-status families (Ortega et al., 528). The concern with these mixed status families is that the children are not receiving the support needed. There are 4.7 million

U.S.-born children under 18 years old that are living with undocumented immigrant parents, and 23% of the children in the U.S. have at least one immigrant parent (Metchnikoff et al., 1404). One of the many services that the children are not being provided includes grief counseling. For example, if a parent dies, these children may not have any benefits available to them such as life insurance, pension, burial, and cremation services. It is common that they are taken to a second living parent or relatives; however, they may be forced into the foster care system if the adults caring for them are undocumented (Metchnikoff et al., 1400. Families with mixed status are eligible for the federal Medicaid program only in participating states. However, the majority worry that applying for Medicaid could result in deportation or the possible jeopardization of their residency status or eligibility to citizenship (Ortega et al., 528). These situations bring along great risks, like high levels of anxiety, that could increase the chances of health problems both physically and mentally.

As a Latina with undocumented parents, I have experienced this anxiety through talks with my parents about being responsible for my younger siblings in any case that they are deported. Even though the federal government has issued assurances that information provided in medical contexts will not be used by immigration enforcement or impact anyone's citizenship status, recent events have created further anxiety experienced in the community. The increasing number of deportations and aggressive raids that have occurred over the past decade have resulted in the need to rebuild trust in HL communities towards the government (Ortega et al., 528). There should never be a time where one has to avoid care because of the heightened fear of getting deported. HL immigrants with limited access or no access to health care tend to avoid seeking services

and thus far frequently diagnosed with chronic illnesses at a later disease stage or be unaware of their disease, which can lead to deteriorating health (Snyder., 39). It is crucial to check these issues prior because they are more likely to require expensive treatments if they are treated at a later stage of development.

It is estimated that there are about 12 million undocumented immigrants living in the country. They comprise the majority of migrant and seasonal farm workers in the U.S., they are paid minimum wage and are excluded from medical benefits (Ortega et al., 531). Although most Americans acquire health insurance as a benefit of employment, this is not the case for many HL workers despite the fact that HL make up the majority of the labor force. For example, in Oregon, there are 100,000 migrant and seasonal farm workers who plant and harvest grapes for wine, yet they are not eligible for benefits despite the hazards for their job.

The United States' agricultural economy depends on the three to five million migrant and seasonal farm workers from Mexico and other Latin American countries who harvest crops annually. These workers risk musculoskeletal injury, exposure to pesticide poisoning, and often times death due to dangerous occupations (Brumitt et al., 72). Incredibly, their life expectancy is only 49 years, which mainly is a result of exposure to toxic pesticides and poor living conditions. The voices of migrant and seasonal farm workers are silenced and exchanged for their freedom. They are highly dependent on the few rural clinics created by churches and the Farmworkers Organizing Committee-FLOC through which they are able to receive services (Freire). In addition to churches and organizations, programs have been established such as Salud! This is a program created to address health care needs, provide on-site health care screening clinics each year to

check cholesterol, diabetes, blood pressure, height, weight & body mass index, vaccinations, optometric exams, dental health services, mental health services, and health education (Brumitt et al., 74). The creation of these programs and organizations demonstrate the successful collaboration that results in better healthcare access to our community. Seeing that there is a need for services such as these in the Central Kentucky region, we could reach out and partner with these organizations to bring programs to our community.

Education & Income

Other barriers that exist in the lives of many HLs who are also immigrants are, education and income. The reason they are taking low-wage jobs is due to their lower education level (Askim-Lovseth et al., 358). The majority of this population comes from backgrounds, countries, and barrios where attaining an education is not an option. Similarly, 47% of undocumented immigrants between the ages of 25 & 64 have less than a high school level of education compared to 8% of the native-born U.S. population (Metchnikoff et al., 1402). They also have lower socioeconomic status compared to non-Latino Whites; more than twice as many HLs (20.7%) are living below the federal poverty level in contrast to non-Latino Whites (9.0%) (Zambrana & Carter-Pokras., 20). This is key information to consider when consulting HL patients because HLs might not have the "health literacy" to understand their provider and conditions due to lower educational attainment. Health literacy is "the degree to which individuals have the capacity to obtain, process, and understand basic health information & services needed to make appropriate health decisions." (Valdez, R. Burciaga, et al.) The concern that arises from this situation is that HLs may not understand when physicians use technical

language and speak about medical terminology that typically college graduates would understand. It is critical to understand patients background to better assist them.

Culture

Hispanic Latinos believe that their health care needs could best be met by professionals who understand their culture (Freire, 27). The connection and relationship created between the provider and patient is just as significant as the treatment. It is imperative that rural healthcare providers avoid the traditional one-size-fits-all approach when working with HLs. Instead, they must learn how to creatively interact with the population to adequately support their healthcare expectations and needs. Culture is defined as the "integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious, or social group." (Brach & Fraserirector, 182). For example, Snyder argues that in order to make a positive impact on the care for Hispanic Latinos we must be informed of the cultural that are respeto (respect), personalismo and confianza (personal contact and trust), familia (family), fatalismo (fatalism), time orientation and faith, spirit, and body (Snyder., 39).

HLs tend to regard persons with authority, such as health care professionals, with a high level of respect and they value their input on their health. Their ways of displaying respeto might differ from other cultures. For example, they may avoid eye contact with the provider, however, this does not mean disinterest but rather a way to show that they respect the provider (Snyder., 37). Also, in the HL culture, elders are the most respected family members. Children grow up in an environment that emphasizes respect towards

their elders, therefore they are expected to ensure that the elder members of the family are cared for in their advanced age. Given this context, it is important to understand that it is normal for children to be included in the conversation between the provider and their elderly family member (Snyder, 39).

According to Snyder, personalismo and confianza influences HLs to rely more on personal rather than institutional relationships. HLs look forward to initial conversations that ask about family members' well-being & social or school lives before talking about health concerns or even jokes to create that sense of home and comfort. Also, HLs will turn over to community-based organizations and clinics for their primary care instead of bigger facilities or institutions (Snyder., 38). All of this is due to feeling more comfortable being in a close space with the provider.

Cupertino and her colleagues expand on promoting trust within the Latino population to allow us to identify the needs of the community. They used *promotores de salud*- health advisors/promoters who are trusted people who provide advice, emotional support, and tangible aid within the community. This has resulted in increasing immunization rates and cancer screening (Cupertino et al., 4). In addition, Hispanic Latinos are further marginalized in this country when health professionals use discriminatory language, such as "illegal alien" or "illegal immigrant" (Metchnikoff et al., 1400). Metchnikoff and his colleagues demonstrate how we have a Universal Declaration of Human Rights, where it protects all humans irrespective of race, color, gender, language, religion, political/other opinion, national/social origin, or any other status (Metchnikoff et al., 1400). With respect to how HLs interact with personal contact, they show affection through touch. For example, friends kiss and men hug, shake hands,

or pat each other on the back. Once a personal relationship is established, HLs will say they received their health care from a particular individual rather than a clinic or hospital (Snyder). Trust creates an increased opportunity to ensure patient will comply with medical instructions and keep routine appointments.

As for the familia concept, family structure is hugely emphasized. Family interdependence is at the core of HL experiences. By understanding the importance of familia in HL culture, one is able to comprehend why the majority of HL patients will often times bring more than one family member with them to a clinic visit. Also, often times there is a matriarch or patriarch within this family structure, who typically is the decision maker, thus making the rest of the family members want to be present to see the decision made (Snyder, 38).

Another cultural concept to address is that of fatalismo, as it has an effect on how HLs see healthcare (Snyder, 38). Some HLs believe that what happens in life is out of their control; this is represented in sayings such as the ones shown in Figure 2.

Figure 2 Fatalism Sayings

Source 2 Snyder, Lisa Lopez., "Insights for Creating Culturally Competent Health Care Programs in the Latino Community." The Diversity Factor, vol. 16, Issue 1, 2008, pp 35-41.

These sayings negate the idea that illness, disease & injury can be prevented (Snyder). As a result, individuals with acute/chronic illness may see themselves as victims of a malevolent force rather than as individuals who can learn about illness & play a role in either preventing it or helping themselves heal (Snyder). Just as it is important to educate healthcare providers on patients' cultures, it is crucial to educate the community on the common healthcare practices.

The last cultural concept within the HL community is faith, spirit, and body. While religion has a great influence on these beliefs, the Indigenous & African heritage in HL cultures also incorporate other spiritual believes and practices that acknowledge the mind, body, and spirit in multiple forms, all which may influence HL health practices (Snyder). For example, before seeking medical assistance, some HLs will try remedios (home remedies) such as herbal teas, have a massage done, or seek help from a curandero/a to treat them. Other HLs will go to a botánica (store that sells herbs & other traditional remedies) before they seek a physician/clinic.

Curanderos

Curanderos are traditional healers who are very respected within the HL community, they are believed to inherit the gift of healing (Askim-Loveth et al., 370). Curanderismo is a form of an alternative health practice that is very common amongst HLs. The use of Curanderismo can be dated all the way back to the Aztec, Mayas, and Incans civilization,

and their religious beliefs of harmony with nature, spirit, and self. Aztec mythology teaches us that they believed their gods punished sins with illness, further implying disease or illness was supernatural in nature. There was this belief that some mortals, were spiritually chosen and given the power to heal all that was ill, to heal the supernatural illness. This described is the practice of curanderismo (Padilla et al, 1). It is important to note that curanderos know when medical problems are more severe, they will advise the patient to seek a health professional when needed. That is why it is essential to keep the lines of communication open with HL patients about their use of external services such as curanderos. The goal should be to make the patient trust the provider and ensuring all information including seeing a curandero is said at each clinic visit. If we coordinate with curanderos, we increase the chances that patients will comply with behavioral and treatment recommendations.

Language Barrier

Lastly, the biggest barrier is that of language & communication. Muchos decimos “No Comprendo” y el propósito de mi tesis era explorar y describir las experiencias de los hispanos latinos al entrar en contacto con el sistema de salud aquí en los Estados Unidos y poner énfasis en la importancia de mejorar las barreras del idioma y disparidad en servicios de salud entre la comunidad y poder decir “Si Comprendo, Gracias.” A majority of U.S. undocumented HL immigrants only speak Spanish and less than a quarter acknowledged being fluent in English (Metchnikoff et al, 1403). Seeking care in a country where you do not understand the language can be overwhelming and many barriers exist that ultimately discourage one from getting treated; the reader might have experienced this distancing effect when reading the beginning of this paragraph fully in

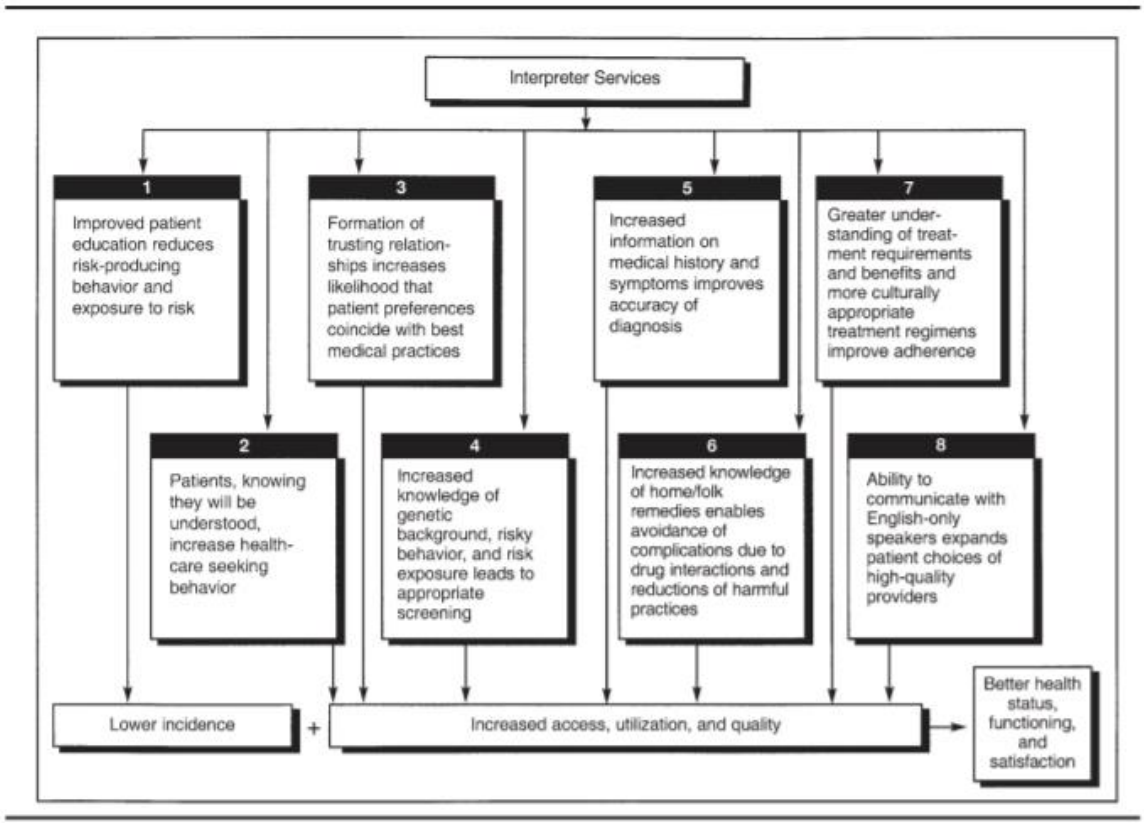
Spanish. Language barriers affect the quality of health care due to poor communication between the patient and health care provider.

Miscommunication about details of disease symptoms, the effects of a particular treatment, for example, could lead to ineffective disease management or prevention. We note that it is common for HLs with limited English proficiency (LEP) to hesitate seeking health care because of fear of unequal treatment due to the language barrier (Oh et al, 168). According to Oh et al., HLs with LEP reported increased concern about poor treatment and discrimination in medical care compared to English-proficient HLs (Oh et al, 168). There is a lack of bilingual health care professionals that provide the services adequate for HL patients. Most doctors who serve HLs either do not speak or cannot understand Spanish. It becomes crucial to ensure patients are understanding when giving medications and the patient does not understand. Some patients have reported misunderstanding medication instructions, instead of reading every "x hours" were understood in terms of "twice a day" or in "morning, afternoon, evening." (Askim-Lovseth et al., 367). Along with misunderstanding medical instructions, many undergo more unnecessary diagnostic tests than native English-speaking patients, due to their inability to explain their symptoms effectively. As a result, this causes patients with LEP to spend more money for unnecessary diagnostic tests (Pares-Avila., 160). A language barrier can cause many problems to the patient such as their length of hospital stay, risk of infections, falls, surgical delays, among others. According to Pares-Avila et al., the consequences of language barriers include a lack of usual source of care, longer waiting time, less likely to have health screening care such as mammograms and cervical smears, poorer health status, more likely to have cesarean sections and instrumental deliveries in

childbearing, poorer outcomes among patients with diabetes and poorer control of hypertension (Pares-Avila et al., 163). Perez-Stable states minority patients, especially patients with limited English proficiency, are less likely than white patients to receive empathy, establish rapport, receive information, and receive encouragement (1009). The concern is that only 37% of patients with LEP know it is their legal right to have health services offered in their language by a bilingual provider or through the use of professional interpretation services (Pares-Avila., 160). Title 6 of the Civil Rights Act of 1964 states if English is not one's primary language and there is difficulty communicating in English, facilities that they receive federal funding are required to provide reasonable steps to make their services accessible to people with LEP such as providing interpreters. Therefore, a community effort must take place to ensure patients are informed about their right to have an interpreter in a federally supported clinical facility. The interpreters cannot be the children of HL patients, it is not their duty to communicate effectively between their family member and the medical provider.

The interpreters must be professionally trained and medically certified. Communication must take place between the medical provider and patient, assuring that the interpretation the patient is receiving is successful. In the figure below, we can visualize how using interpretation services lowers incidences, increases access and quality, ultimately gaining better health status, functioning, and satisfaction. Effective communication also includes understanding a person's level of education, financial situation, social circumstances, and racial or ethnic identity.

Figure 3 Conceptual Model of How Interpreter Services Could Reduce Health Disparities



Source 3 Brach, Cindy, and Irene Fraserirector. "Can Cultural Competency Reduce Racial and Ethnic Health Disparities? A Review and Conceptual Model." Medical Care Research and Review, vol. 57, no. 1_suppl, Nov. 2000, pp. 181–217

This is where the medical institutions' efforts can make a huge effect on the HL population. A suggestion would be hiring more minority staff so they can share cultural beliefs and common language. Having a diverse environment not only creates a more welcoming environment but also educates the faculty about each other's cultures. Our health providers need to be able to "bridge the gap" and meet the patients' needs, to achieve a long-lasting relationship with effective treatment and communication.

PA's Contribution

The career of a Physician Assistant is growing across the country and there has been many studies that add on to the topic of ensuring effective communication with the HL population. Physician Assistants are health professionals authorized to work under the supervision of a physician; they can take medical histories, conduct physical exams, diagnose & treat illnesses, order & interpret tests, provide counseling on preventive care, assist in surgery, & write prescriptions (Hooker et al., 77). As Polansky states, "… a PA is somebody who can reliably see a patient and understand the detailed aspects of their history…" (Polansky). With the Hispanic Latino population becoming one of the fastest growing populations in the U.S. and especially with 50% of Louisville's immigrant population being immigrants with limited English proficiency, there is a demographic split that often leads to discrimination.

Lack of proficiency in Spanish is issue because it might discourage immigrants to seek health care due to concerns of unequal treatment or lack of trust that triggers the fear for deportation. Ortega and his colleagues demonstrate how 1/3 of Latinos with diabetes lack health insurance, and most report being frustrated about the lack of information provided and are confused about the information provided by clinicians (Ortega et al., 533). Lie and her colleagues argue that having Spanish proficiency is a very valuable skill to obtain in medical professions considering Spanish is the most spoken language after English. Their study consisted of 58 students who participated in an 80-hr curriculum occurring in a span of over 3 semesters (23). Teaching included structured grammar and medical vocabulary practice with didactic, interactive, and group assignments. The students were tested by having vocabulary and grammar quizzes. The

results showed that by adding a medical Spanish curriculum to PA school, the students were highly rated in preparedness to communicate in Spanish and were able to judge when an interpreter was needed. Throughout the curriculum, verbal repetition was emphasized, and less experienced students were paired with native speakers to facilitate verbal skill development (24).

In comparison, Berk and his colleagues performed a cross-sectional survey of English-speaking Emergency Medicine residents, Physician Assistants, Nurse Practitioners, and gathered information about age, gender, professional role, their comfort, and practice using Spanish clinically, and followed with an oral Spanish exam. The results showed 74% reported willingness to have their foreign language skills tested prior to clinical use, most reported barriers to using interpreter services were *time constraints* and *emergency situation*, and a majority of the participants failed the Spanish exam. However, only 56% of those participants used interpreter services, suggesting that Spanish-speaking LEP patients are not always given the best quality care (2756).

While it is understandable for Emergency Medicine providers to say time constraints and limited access to interpreter phones are barriers, there are solutions like smartphone applications or having an interpreter at all times (2756). Lastly, Marion and his colleagues underwent a study where they developed a module for teaching students to work effectively with interpreters in the Wake Forest University of Medicine Department of PA Studies (1). Students were required to participate in 1 of 3 Medical Spanish courses based on fluency level. Classes met for 90 minutes twice a week for 6 weeks. There were opportunities to volunteer at a free clinic that provided services to a largely Latino population, a clinic for new Latino mothers, or a free screening clinic in a rural area with

a high concentration of Latinos. The results showed that in the class of 2007, 94% demonstrated competence and in the class of 2008, 96% were competent (2). All three studies expanded on the idea of incorporating Medical Spanish courses into the PA programs and the communication disparities experienced by Hispanic Latinos.

Personal Experience & Significance

I am a Latina, the blood of the Aztecs runs through my veins; I am Mexican-American, and I have always taken pride in my culture and my roots. I speak for the ones that are hushed or are silenced in fear. I grew up interpreting for my mother, my family, friends, my community in rural Ashland, Kentucky. Each interpreting situation was a learning experience, a foot in an unknown place. I grew up speaking Spanish at home and learned English at school. Mi mamá would always make the rule to speak Spanish at home because "being bilingual would open many doors in the future." Currently, I am a student and also work as a caregiver, I know I can use my Spanish at any time if I were to get a HL patient and ensure they are receiving the proper care in a language they are comfortable in. Given I am a Latina, I see the inequities daily in my community, I see families fearful to go to a clinic, I see my uncle using remedies rather than seeking care, I hear the voices of many HL state, "I do not want to get deported if I go..." Lastly, my shadowing experience with Physician Assistant Jared Harper had aided in my knowledge in medicine. Mr. Harper has been an exemplary resource to the HL community in Versailles, Kentucky. He has made it a priority to develop that personal relationship that is needed for HL patients. He recalls: "I will go to one of my patient's taqueria and they call me "El Doctor Jared…" What Mr. Harper has created in Versailles is a trusting, welcoming environment between his patients and the clinic he works at. The career of a

Physician Assistant is a growing profession that is building hope to better serve HL patients. The solution begins with us. I wrote the poem below as a senior in high school and is a reminder of many children of undocumented parents who are wanting nothing more than equality in this country.

The Child of an Immigrant

A fellow full of motivation inspired by his father
Who received the bendicion from his magnanimous mother
With a plastic jug filled with water in one hand & a rosary in the other
He began his journey towards America as if being undercover
Just wanted to keep his promise & get his family out of poverty
To end the endless debts and the need of robbery
So, he used all of his blood that ran through his veins
To break through, to shout back & get rid of his pain
With the image of the Virgencita he was safe through the night
But would soon have to worry for he did not have the privilege of being white
I hear all the stories from my ancestors about the journey
About all the hardships, sacrifice, and the glory
I, a resilient young lady with a trajectory in mind
But with the weight of impediment given by mankind
I envelope the ideas, beliefs, and morals from my family throughout
Will they be enough to sustain me, make me persevere or make me pout?
I carry the hope from family & friends on my shoulders
And walk through the cloud of haters yelling "Aye you're a foreigner!"
I indeed face pressure being the child of an immigrant
The endless lectures & nagging as per say while being exigent
However, my pondering thoughts are far from a consensus
As I solemnly ask my mother, "Why do they hate us?"
If we work, provide for our families, & contribute to the economy
Yet we are limited from it all but they call it the land of opportunity
When I see my father's hands filled with hardship & desire
I state, "We will get through this & build an equality pyre …"

The symbolism behind this poem is inspired on the struggles of many undocumented immigrants and their children. It remarks the journey to the United States and how crucial it is to be educated on the reasons undocumented immigrants have, causing them to leave their country. Along with the arduous journey, their children are faced with judgements

based on their race/ethnicity. The cultural concepts are shown with the Virgencita and the rosary. The poem also speaks about the pressure that many children of undocumented immigrants face. The reason is because the children hear about and see the discrepancies that their families are facing, that they are willing to do whatever it takes to reach equality. The events occurring in the poem are real scenarios that happen daily, the real reflection is not what is happening but how can we fix it? Many families work hard daily to put food on their table, work in campos because they do not have the education level to be “alguien en la vida”. Health discrepancies is one of the many inequalities immigrants have, that is fixable.

Sources/Data/Originality

My work represents an original and new contribution to health care because my work consists of solutions and answers rather than simply proposing the issue. My work will impact the community significantly if taken into consideration and with the help of others’ contributions. By using these sources, they aid in providing models and studies to further demonstrate the importance of highlighting the disparities Hispanic Latinos face in our healthcare system. For example, with Edward’s study I am able to have access to local Kentucky date of a study done in Louisville. Ortega and his colleagues’ article demonstrates the numbers that describe the need for Hispanic Latinos to receive care as many are dealing with severe conditions that need checkups rather than a one-time visit. In regard to understanding the Hispanic Latino community on a personal level, Snyder’s article expands on how cultural concepts are pivotal in Hispanic Latino health. Metchnikoff and his colleagues’ work explores the need for more access to hospice care for Latino immigrants. As a student working as a caregiver with the elderly, I am able to

connect my experience and how my Spanish is of best interest in the hospice industry to better serve Latino patients.

Growing up, every visit to the doctor meant translating for my mother. As I got older, I started to realize the need for Latinos in healthcare or rather health professionals who were bilingual to better meet the needs of my community. By incorporating the three studies that analyze the inclusion of Medical Spanish into PA programs, I am demonstrating possible solutions to educate the young generation in advance and prepare for the rapid growth of the HL population. The role of PA's with the Hispanic Latino community is pivotal in ensuring that the patients connect on a personal level and are getting quality care. All of my sources are producing a backbone for my thesis and supplying the community with possibilities that are intentional with the Hispanic Latino population.

Next Steps

As I reflect on the research I have done throughout my thesis, I want to continue my research with these issues that have impacted my community in order to help build a foundation that can provide services for all. After getting my B.S. in Biomedical Sciences with a concentration in Pre-Physician Assistant and a B.A. in Spanish, one of my initial goals after graduating is to travel back to Ashland, Kentucky and partner with the Ashland-Boyd County Health Department to inform my community about the health care resources they can obtain. Afterwards, I want to further my education and attend PA school. Throughout PA school I plan on assisting and working for facilities that are helping Hispanic Latinos receive the necessary resources. My future goals after PA school consists of advocating for a better infrastructure to our healthcare system in which we implement strategic ways of hiring a more diversified faculty that can better serve all communities. Ultimately, the end goal is to use my research, experiences, and partnerships to work with Physician Assistants and doctors to build a facility that is geared towards minorities and their needs.

Conclusions

The focus of this project is to bring awareness to the discrepancies in our healthcare system, to educate on the possible solutions. Through my thesis, I have offered various examples that highlight humanitarian aspects of the healthcare system, by all working together, we can better serve a community that is lacking support. This country is known to be a country with fair opportunities and filled with the utmost support for all communities. Acknowledging the existence of injustices within a community should be sufficient to underlie a problem in our healthcare system, which should not be

overlooked. This thesis promotes health equality and social justice among the Hispanic Latino population. It includes information on the barriers that are shutting down the accessibility, availability, affordability, and acceptability for this community. It also emphasizes the need for health professionals to learn Spanish and to be better equipped through cultural competency when treating Spanish-speaking patients. We can all work together and educate ourselves on the disparities the Hispanic Latino population experiences in Kentucky and, as a whole, we can become "… one Nation under God, indivisible, with liberty and justice for all."

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