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Chicana Feminism

Podcast: The Latina Health Care Experience in Utah

<https://soundcloud.com/colton-west-2/cwlatinahealthcareexppodcast/s-PeTYi>

Script:

Colton: Hello everyone it is Colton here and for this podcast and project, I will be discussing the research I conducted this semester on the Latina healthcare experiences in Utah. The reason I conducted this study was to build on previous studies that were done both in the US in Utah, one specifically in Utah that capitalized and focuses on identifying healthcare discriminations and or disparities in Utah that Latinas were navigating in health care treatment. My goal was to also build on that and identify many healthcare discriminations or disparities within healthcare treatment for Latinas. So moving on to the demographics for this study 50 % of our participants from the ages of 18-24 years old, 0% from the ages 25-34 and another 50% from the ages 35-44. Moving on to the origin identity, and this will be a little more important later, 40% identified as Latina, 20% identified as Chicana and another 20% identified as Latina and Native American. My methodology for the study was qualitative research using sociological methods through one on one interviews. Interviews were chosen in comparison to surveys to access knowledge is that so often subjugated or outright ignored and deemed as inadequate. Step One of this process was receiving IRB approval. Once that was received, we started step two, which was recruitment that consisted of recruitment, fliers, and referrals through oral invitation by myself. Step three: We conducted actual interviews and used an audio recording device, which later we used in step four to transcript. The data and the audio recordings were collected. Then two person coding process

and analysis were conducted, which is still ongoing. So the current results that we show present three themes, and the first is an absence of culturally welcoming environments. So that would be a lack of representation in healthcare facilities such as art work, magazines, books, that represent Latina's and people of color. Additionally, lack of health care professionals with the same race or ethnicity than the person receiving treatment. Additionally, another thing to think about is, was the health care treatment in your preferred language? Fortunately for all of our participants, currently, all of them received health care in their preferred language. Moving on to theme number two Experiences of Discrimination. One participant described an experience where she was seeking a medical treatment, emergency medical treatment for kidney stones. She believes that she was deprioritized because a Caucasian woman was experiencing a migraine who was also being treated first. And she stated, - I'll paraphrase here. "I think that it the health care professionals, I'm sorry, the healthcare disparities or based on race because she was a Caucasian woman and had a migraine. Yet they were treating her first. They declined to actually treat me until she was done with her treatment. Actually had to leave the hospital, go to another hospital to get treatment. When I was leaving the hospital, they caught up with me and made me sign a medical waiver so they couldn't be held liable for me leaving the hospital without treatment". Moving on to theme three -recommendations. Health care professionals. Um, one quote there, a participant stated, was that and I'll paraphrase again. I want them health care professionals to know that we are all the same no matter what color raised creed or language we speak and that we were all the same and we all deserve respect. I think that's just a great quote to use that encompasses how we should all be treated holistically and, equally within healthcare treatment. Moving on to the discussion segment on what the three themes concluded, the current data and themes. Conclude Health care professionals in Utah need to work on creating more culturally

welcoming environments for people of color and providing culturally aware responses to care to all patients, including those in urgent care in particular, on implicit bias. In the incidents described by the participants no one stated quote “It's because you're Latina”. Therefore, the sentiments and bias treatments were implicit from not being taken seriously to be de-prioritized on a list of people to receive immediate care. Moving on to some literature analysis from this semester I would like to incorporate that within this study. And that would be, earlier this semester, we had Roxana come and speak to us about her piece, education, culture and society, on reproductive health and justice. I think that was a really important topic throughout this research study. It actually came up in one particular incident that a participant described where she did feel she was either discriminated against or she experienced a healthcare disparity. A little bit about what Roxanne talked about was how public policy affects treatment they, Chicana’s have received both on paper and in health care clinics. So whether that's regulating, certain medications: birth control via prescription only or whether that is outright not offering certain services within healthcare clinics and settings. And so, like I said earlier, bringing this up, one of our participants actually experienced a disparity in the treatment, where she did not receive proper attention to her reproductive healthcare, especially when she was in labor. She described this as a painful process not only emotionally, but physically as well. So talking a little bit about that, I tried to incorporate kind of what Roxanna spoke of. With the study, it showed the participant went into the E.R. room while in labor. Contractions were approximately five minutes apart, and she was directed by the ER front desk and by a nurse at the front desk. To physically walk from the E. R. To the second floor. So they knew she was in labor they knew her contractions were approximately five minutes apart. They still made her walk herself to the second floor, to be taken in to the proper room to start delivery. And so she made it to the second

floor by herself, and they put her in a bed. The nurse told her that she would go get the doctor and be back soon and just to lay down and relax and not to push. So she waited there for approximately twenty minutes. During that time, she had started to go into full on labor. She believed that the baby was actually crowning. And when she started screaming in pain because of the labor because she was, beginning to deliver. The doctor actually ran in, and was very curious as to why he wasn't notified that she'd been here earlier. And why her contractions were so close. And the baby's already crowning, and he asked her, how did this happen? Are you okay? She said that the nurse had either forgotten or ignored her because she was doing something else. The doctor apologized and again apologized for the nurse and that she was now having to go into this treatment without any epidural or any other pain assistance. And so she had to give birth without any pain medication or any assistance like that because, the nurse lacked the responsibility in her reproductive health care services to this participant. Moving on to the next, literature piece from this course that I would like to describe along with this research I've conducted and that is the gender and mental health depression, anxiety in substance abuse among Chicana's by Flores and I will quote right out of the text here, "epidemiological studies finds that Nativity is a risk for a lifetime psychiatric disorder among Latinas living in the United States is at risk factor for depression among women and makes women of Mexican origin and Mexican immigrants". What's significant about that is that statement shows that if it's true who Latinas are going to be seeking or dealing with health care, a lot more than other populations might be. And so that just shows the significance of, analyzing the Latina experience in Utah in health care is because if they are indeed seeking more treatment or receiving more treatment, or are experiencing this more often and other populations then it is critical that not only they see treatment, but that they are also, um, given the chance to decipher why it is they're feeling like

this and what they can do to fill better. Or, help correct that issue to a point where they feel better culturally, and in every other aspect of identity as well. And lastly, one thing that I noticed throughout my interviews was how that these experiences of trauma that the participants experience were something that's not easily erasable meaning that many of what they experience, they're going to live through their whole lives. And they're going to have to carry that, and that that is significant because, it doesn't matter what kind of apology or restitutions you make. But the fact that it's something that they're going to continue we have to live with, is something I found interesting. Actually from the reading, the house on Mango Street Esperanza was forced to live with the experience of being forcibly kissed by, I believe it was older man- while she was working. And even from a child's point of view from that story, it just shows that as a child, she's still living with that every day, moving forward. I think that was just something interesting. I noticed from all the participants is that doesn't matter what reprimands you make for health care treatment. But what's done was done, and it's important to find a ways that Latinas can, and Chicana's can figure out a way to help them move past that.

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