The Latino Oral History Project:
Health Care for Latinos in Cambridge, Massachusetts

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Spring 2003
Anthropology 183 – Urban Borderlands
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Preface

The study of health is broad and is comprised of innumerable factors – social, economic, political, environmental, cultural, etc. Additionally, the population of Latinos in Cambridge is extremely diverse as they come from different national, racial, economic and social backgrounds. Thus, health issues vary per individual and within this heterogeneous group which is labeled here most often as "Latinos." Through time, the Latino population has changed in size and composition. Therefore, health issues for Latinos have also changed over time. I do not claim to address all of these factors and variables. I have only attempted to report that which has been most striking in my research of the Latino community in Cambridge, mainly focusing on current issues for those people that are most vulnerable to health concerns, namely the poor, the uninsured, immigrants and non-English speaking persons. Although I have tried to provide an overview of important issues and major facilities, this report is far from being a complete record of health issues for Latinos in Cambridge.

Throughout this semester, I myself have encountered various barriers, challenging the progression of this project. Primarily, one semester is not nearly enough time to collect enough information for a complete report on this vast topic. Secondly, it has been difficult to obtain certain perspectives as medical practitioners do not have much time for interviews outside of work. Due to the sensitivity of personal health experiences, as expected, many people were not willing to offer their medical information, experiences, and opinions. This report is based on information provided by community health care workers and administrative reports. Even from this data, some generalizations were made since there is not much research regarding the health of Latinos in Cambridge

specifically. As a result of these limited sources and perspectives, there is a certain bias in the report.

Nonetheless, those persons that did offer me their time were immeasurably helpful. I would like to acknowledge the help of Concilio Hispano and the Windsor Street Health Clinic. In particular, I would like to thank Cira Espinosa, Gema Schaff, and Patricia Cullen for sharing their personal opinions and stories with me. All of your assistance is immensely appreciated.

Introduction

Although expenditure on health care in the U.S. is high, the needs of the people are not being met. The U.S. is the richest country in the world, but it is unfortunately only ranked 20th in quality and years of healthy life.[1] Certain populations in the U.S. are at particular risk for poor health, namely the poor and ethnic minorities. Immigrants in the U.S. are doubly disadvantaged and suffer the most from disparities in health. The front page of the April 2003 issue of *The Nation's Health* newsletter declared that ethnic minorities are impacting the nation's health thus demonstrating the importance of this issue for all of North American society.[2] The immense expenditures of the U.S. on health care keep the rich healthy, but do not reach the neediest people. We, as a nation, should have more concern for the health of the entire population.

The health system of Cambridge, Massachusetts excels beyond that of most cities in North America. Cambridge is extraordinarily advanced in terms of technology, has the best-trained doctors in the world, the best health care facilities and pursues progressive goals. One would assume that all of the residents of Cambridge benefit from the privileges of these exceptional resources. Also, since this city of Cambridge has welcomed refugees and immigrants formally since the Sanctuary Movement, the population of Cambridge is culturally diverse and politically aware. However, the Latino community in Cambridge in the past and the present has been confronted with many barriers in receiving proper health care. The difference in health status between Latinos and other populations is not solely hereditary. Latinos nationwide are more likely to have

[1] *Health Issues in the Latino Community*, ed. Aguirre-Molina, Molina, Zambrana (San Francisco: John Wiley & Sons, Inc, 2001), *xv*.
[2] Kim Krisberg. "Work on eliminating disparities far from over," *The Nation's Health*, April 2003, p. 1, 26.

diabetes[3], and rates of AIDS and HIV for this group are rising close to the incidence for African Americans.[4] However, these marked contrasts could be assuaged if Latinos practiced preventative measures and received treatment in order to manage such health concerns. These health disparities are actually inequalities. Discrimination is present even in Cambridge.

Often all Latinos are generalized as being poor because this ethnic group has the highest rate of poverty in the U.S.[5] Many Latinos are immigrants (27% of Cambridge residents reported having lived in the U.S. for less than 5 years.[6]) taking low-paying jobs. By no means does this describe all Latinos and certainly this is not the case in Cambridge, but the financially disadvantaged will be focused on here because they are at a greater risk for poor health. Mahatma Gandhi once said: "Poverty is the worst form of violence." Being poor is the greatest threat to one's health, and even one's life.

Recently, there have been improvements regarding health for Latinos. As the Latino population increases its presence in Cambridge and forms a more definite community, the need to recognize this subset of the population (Latinos are 9% of Cambridge's population[7]) is acknowledged. Over the years, there have been gradual changes, but serious issues remain unresolved and other issues are left inadequately addressed.

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[3] Office of Multicultural Health, Massachusetts Department of Public Health, "Refugees and Immigrants in Massachusetts: An Overview of Selected Communities," <http://www.state.ma.us/dph/orih/refugee.pdf> June 1999.
[4] *Ipid*., pg. 57.
[5] Kim Krisberg. "Work on eliminating disparities far from over," *The Nation's Health*, April 2003, p. 1, 26.
[6] Cambridge Health Alliance, "Cambridge Public Health Assessment," January 2003, pg. 71.
[7] *Ipid*., pg. 71.

Past and Current Barriers and Concerns

The racial and ethnic divide for health issues has been apparent for as long as the Latino community in Cambridge has existed. Despite the recent effort toward equity, significant health disparities still exist.

Financial Concerns

Financial factors constitute one concern of health care providers and health care recipients alike. The allocation of limited funds among organizations can always be argued. Certain organizations are able to assist people with their medical expenses, such as for AIDS medication and general medical bills.[8] However, these funds are obviously limited and are exhausted quickly considering the cost of AIDS medication. For example, HAART is a vigorous anti-retroviral medication which must be taken twenty times a day and amounts to about $15,000 annually. Also, the city of Cambridge has a certain amount set aside for health care for the entire city. The decision to distribute funds to various community centers is often argued. For example, since Windsor Street Health Clinic, a bilingual clinic run by Cambridge Health Alliance, was constructed, there has been much resistance from the majority white community. Sylvia Saavedra, the current Executive Director of Concilio Hispano commented that John O'Brien, CEO of Cambridge Health Alliance, "has now been *criticized* by white people (who are going to be more mono-cultural in their own brains) [who] said "years ago, this was ours. It was *our* community. Now I have to go [to the clinic] and no one speaks English." It's *not true*, everybody's bilingual there, but the first encounter with you is going to be in

[8] C. Espinosa, interview, Cambridge, Massachusetts, 2003.

Spanish, maybe thinking that you are Latino."[9] It was a struggle to establish Windsor Street Health Clinic in the first place, which originally resided at Concilio Hispano. Even today, the justification for a bilingual establishment needs to be defended. The debate over the use of state funds in Cambridge continues.

Recently, funding has become even more pressing. With the recession in the economy, the state of Massachusetts has been forced to made serious cuts in its budget for all health services.[10] In a bad economy, it is increasing more difficult to maintain momentum on reducing disparities.[11] Progress could reverse if states cut funding to Medicare and Medicaid, which have been one of our country's best anti-poverty programs.[12] Recently, many people have been cut off from the Medicaid program due to funding cuts. These people will have to apply for alternative health care coverage, or go without health care altogether.[13]

The community health centers have suffered the second most drastic cut in the health sector of 50%, losing $4.7 million.[14] Considering that the majority of the Latino community depends upon the Windsor Street Health Clinic and Concilio Hispano (a multi-service bilingual agency) for their health needs, Latinos in Cambridge have been affected by these budget cuts. Altogether, in the past two years, the Massachusetts Department of Public Health has cut $110.3 million from non-hospital programs.[15] Also, after the incidents of September 11, 2001, a large amount of money has been dedicated to

[9] S. Saavedra, interview, 2002.
[10] P. Cullen, interview, Cambridge, Massachusetts, 2003.
[11] Kim Krisberg. "Work on eliminating disparities far from over," *The Nation's Health*, April 2003, p. 1, 26.
[12] *Ipid.*
[13] Cambridge Health Alliance, "Cambridge Public Health Assessment," January 2003, pg. 53.
[14] *Ipid.*, pg. 17
[15] *Ipid,* pg. 17

protecting against and preparing for bioterrorist threats, through research and purchasing of protective resources. Therefore, funds are limited even more.

Financial barriers not only limit the amount of resources provided but also prevent people from obtaining these resources. Most people in the U.S. struggle with the high costs of our health care system. In a survey conducted in 2002, 11% of Cambridge adults delayed getting medical care in the past 12 months was because they did not have the money to pay for the visit.[16] Without sufficient financial support, one is not able to purchase health insurance. For Latinos in particular, this has been and continues to be a concern. "Since the 1960s, the rate of poverty among Latinos in Boston has surpassed that of other groups in the city, and in the late 1980s, surpassed that of other Latino populations across the United States."[17] Latinos have the highest rates of uninsured in the US.[18] According to the Massachusetts Department of Health, 17.3% of Latinos in Massachusetts do not have health insurance.[19] For many low-paying jobs and unskilled labor which immigrants frequently take, health insurance is not offered by the employer. Some health care plans with limited benefits are not sufficient, so it is necessary to purchase additional plans or go without complete care. Although health insurance may be offered through one's employment, the premiums are often too expensive. The uninsured are forced to pay high doctors' fees and for expensive medications out-of-pocket. People that cannot afford these high costs simply do not receive necessary care. People tend to avoid these costs by opting not to have "unnecessary" treatment, which to

[16] Cambridge Health Alliance, "Cambridge Public Health Assessment," January 2003, pg.74.
[17] Miren Uriarte, *et. al. Latinos in Boston: Confronting Poverty, Building Community,* (Boston: The Boston Persistent Poverty Project, 1993), *xviii.*
[18] Kim Krisberg. "Work on eliminating disparities far from over," *The Nation's Health*, April 2003, p. 1, 26.
[19] Massachusetts Department of Public Health. "Minority Health Status Indicators for Blacks, Hispanics and Asians," http://www.state.ma.us/dph/bhsre/resep/hsire/hsre98.htm.

many, is preventative care. In an interview with Cira Espinosa, a health educator at Concilio Hispano, she spoke about this tendency of patients to miss regular check-ups and follow-up appointments.

> I'll make an appointment for them. I'll get them a head doctor. And they just let their appointment pass. They don't actually go to the appointment, or the follow-up visits….But the men, they're like, "I'm the macho man," you know. "I don't need a doctor; I feel great." But you don't know what's wrong with you. You haven't had an exam.[20]

As a result, people present with illnesses which could have been prevented. Diseases that are left untreated in their early stages progress to more dangerous and less manageable states since people wait until there is an emergency situation to go to the doctor, at which point they are beyond help. Therefore, health disorders that could be prevented become debilitating and even fatal for those that do not have sufficient resources.

Immigrants

Newly arrived immigrants have the most difficult time getting the health care that they need. For one, people without social security numbers cannot receive health care at all – they cannot obtain health insurance, and they cannot seek care in the hospital. In some instances, three months of "free care" is available, but this has not been organized until recently. Massachusetts Uncompensated (Free) Care Pool is a means of getting help to pay for hospital and health center bills, but it doesn't cover the cost of medications. Medication is often more expensive than doctors' visits. Free care is a state-funded

[20] C. Espinosa, interview, Cambridge, Massachusetts, 2003.

health insurance program for people of all ages.[21] Undocumented children living in Massachusetts are eligible for Children's Medical Security Plan (CMSP) and limited emergency benefits. CMSP does not actually offer any treatment and is only limited to a few preventative measures: check-ups, immunizations, dental services and smoking prevention materials. Obtaining these limited benefits which are provided such as free care and CMSP is difficult because although they are offered, they are not well advertised or presented to patients by doctors. Navigating the U.S. health care system is a difficult task in itself for all people, but especially new-comers. The application process for obtaining this coverage is tedious, time consuming, and often results in rejection.[22] Cira Espinosa mentions that some of her patients are not offered certain medical benefits. "I know that doctors have extra medications there, but they are not giving them any of those. You know, like even the trials – they give it to some people, but then to the people who actually need it the most, they don't."[23] As a result, people do not have coverage simply because they are not informed about that which is available.

Newly arrived immigrants also have to adjust to a new life. This is a very stressful situation in which they do not speak the language, are alone, and have the stress and discouragement of being unemployed. "Those coming from countries in upheaval can suffer from a variety of mental health problems and post-traumatic stress syndrome."[24] When adjusting to a new and very different life in the states, alcohol abuse becomes more common. "Traumatic pasts, separation from families, stresses of

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[21] Cambridge Health Alliance, "Cambridge Public Health Assessment," January 2003, pg. 52
[22] C. Espinosa, interview, Cambridge, Massachusetts, 2003.
[23] *Ipid.*
[24] Office of Multicultural Health, Massachusetts Department of Public Health, "Refugees and Immigrants in Massachusetts: An Overview of Selected Communities," <http://www.state.ma.us/dph/orih/refugee.pdf> June 1999.

acculturation, lack of traditional supports and the easy availability of both drugs and alcohol in this country have contributed to the development of alcohol and drug abuse, as well as instances of domestic violence among Central Americans, especially young men."[25] When dealing with the stressors of living in difficult financial situations, people tend to turn to drugs as well as alcohol. Central American refugees with traumatic pasts as well as any immigrant trying to "make it" in the U.S. are at risk for developing mental illnesses.[26] Cira Espinosa describes the difficulties of this common experience of starting a new life in the States.

> Let's just say new country, you don't have a job, you don't have a social security number, you cannot work. Well, like you work like under the table…sometimes. And you get money there but then because of your depression you want to forget about troubles or you want to remember when you were in your country, you start drinking, then the depression gets worse and worse because basically you are living by yourself and you have to start making friends and basically having a life.[27]

Mental disorders are common, and cause even more pain due to poor health management.

In the past, immigrants have not been welcomed as they are now. The reporting of illegal immigrants was a constant fear that people lived with. Even though Cambridge is technically a Sanctuary City, people are still fearful of being deported and distrustful of

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[25] Office of Multicultural Health, Massachusetts Department of Public Health, "Refugees and Immigrants in Massachusetts: An Overview of Selected Communities," <http://www.state.ma.us/dph/orih/refugee.pdf> June 1999.
[26] *Ipid.*
[27] C. Espinosa, interview, Cambridge, Massachusetts, 2003.

the medical system.[28] Immigrant status is not an issue for Puerto Ricans, who are U.S. citizens.

Language / Communication Barriers

The language barrier for Spanish-speakers in the U.S. has always been an obstacle. Due to the inability of the patient to communicate with their doctor and vice versa, oftentimes the result is misdiagnosis and improper treatment. The doctor may misinterpret the health complaints, or the patient may misinterpret the prescribed dosage of their medication. Cira Espinosa illustrates the extent of the language barrier.

> If you say, "my doctor gave me this medication. I don't know what it is." And they go to the pharmacy, it's like, these are the instructions. Why can't you have them in Spanish? Or have a translator? Like, have somebody that speaks Spanish, at the pharmacy at least, and tell them: "this is how you should take it." Because even though the doctor has already told you, you might have forgotten.[29]

Misinterpretation can have severe consequences. For example, a prescription bottle reading "once a day" would translate to eleven a day for a non-English speaker. Such simple mistakes can be life threatening.

Not only is there the language barrier which contributes to miscommunication, but also there are cultural misunderstandings. For example, Latin American doctors are more receptive and considerate of patients' individual needs and they make home visits. The medical professionals in the U.S. are very intimidating since they don't usually cater

[28] C. Espinosa, interview, Cambridge, Massachusetts, 2003.
[29] C. Espinosa, interview, Cambridge, Massachusetts, 2003.

to the patients' needs. Gema Schaff, an interpreter and language teacher at Concilio Hispano, details this difficulty for Latin Americans adjusting to the U.S. health care system.

> A lot of doctors think that because they speak 17 languages, they can communicate with their patient, and not necessarily so…If a patient in his little town or in her little town in her little pueblo allá en Chile o en Cuba o dónde fuera, she or he was pampered by a doctor. And now she has or he has in front of him this doctor that is bigger than the world, you know? That little person is not going to feel very comfortable with this eminence that is bigger than the world, right? So, if the patient says, "I'm sorry but I don't understand you," or "I don't communicate well with you. I need an interpreter," the doctor should respect that and should not feel threatened by an interpreter.[30]

U.S. doctors often determine the biological disorder, and prescribe a chemical medication. U.S. doctors are not trained to negotiate with the patients' personal preferences. If the patient does not want to take the medication, then the patient does not have any other options that the primary practitioner will offer. Gema Schaff has witnessed situations in which cultural differences have jeopardized the patient-doctor relationship.

> Personally, I have helped out [in] situations where very old doctors have been a little rough around the edges with a Spanish patient to the point that this patient would think that they're being insulted. And it's just the way that doctors treat their patients. The way they treated them back then, you

[30] G. Schaff, interview, Cambridge, Massachusetts, 2003.

> won't find an American doctor that would be quote on quote pampering, that would be a father-like figure. You will find doctors that will respect you and will be very strong with you, that you should do what you're supposed to do, very prominently, and do not mess around with if you like him or not.[31]

There is a definite attitude of power and superiority of U.S. doctors. The poor relationship between doctors and their patients discourages people from visiting the doctor, and also from disclosing important information.

U.S. doctors are not accommodating to Spanish-speakers and immigrants. In addition to miscommunication, doctors do not provide their patients with applicable information. Cira Espinosa comments on the lack of effort on the part of medical workers to service their patients in seemingly basic ways.

> I think [medical institutions] should be responsible for some of these things. Like, for example, the health care. With the HIV-positive people, it's like if you know that that patient is positive, you have a nurse right there, you have medical assistants, you have a health care department, you send them right over. You know, it's not like, there's this big thing that you cannot do all the work. [sic] You know, at least get them the information. So I'm not saying for them not to come to Concilio because Concilio has many programs. But what I'm saying is, they're already there, they're on your plan, you know what each department has what…Just send them over. Like, just make a quick referral. That won't take so long for you to do. Just stop and you know what I think you

[31] G. Schaff, interview, Cambridge, Massachusetts, 2003.

should do? Just go over there and fill out a free care application. Or let me get a translator for you. It's just that easy.[32]

Because of time restraints, care providers do not develop relationships with their patients. Also, doctors that have trained abroad are not licensed to work in the U.S. These doctors would be a great benefit to Latinos as they are culturally aware and speak their language. Allowing for doctors that obtained their licenses abroad to practice in the U.S. would eliminate a number of problems.

Lifestyle Factors

Lifestyle factors that are stereotypically common to Latin Americans contribute to poor health. Obesity is a problem for Latinos.[33] 28.6% of Hispanics in Massachusetts are overweight and 25% have high cholesterol.[34] Smoking is not as much an issue for newly arrived immigrants. In some studies of close-knit immigrant families, the family acts as a "protective barrier" against the tendency to smoke. However, for successive generations, rates of smoking are high. 24.2% of Massachusetts Hispanics are current smokers.[35] Also, Latin Americans tend to drink alcohol often, as it is the custom to drink with meals. However, since frequent drinking is accepted, alcoholism is not always taken seriously. Cira Espinosa explains her experience growing up in the Dominican Republic and her experience working with substance abuse patients.

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[32] C. Espinosa, interview, Cambridge, Massachusetts, 2003.
[33] Kim Krisberg. "Work on eliminating disparities far from over," *The Nation's Health*, April 2003, p. 1, 26.
[34] Massachusetts Department of Public Health. "Minority Health Status Indicators for Blacks, Hispanics and Asians," http://www.state.ma.us/dph/bhsre/resep/hsire/hsre98.htm.
[35] Massachusetts Department of Public Health. "Minority Health Status Indicators for Blacks, Hispanics and Asians," http://www.state.ma.us/dph/bhsre/resep/hsire/hsre98.htm.

> Every day we get a new referral for alcohol. Drinking and driving.… Lunch and dinner, we always have alcohol, most of the days. At least in our country. And, uh, alcohol[ism], it is a disease. Progressive, but it is a disease. And a lot of Latinos don't know that. They think, "Oh, I drink. Oh, I'm supposed to drink." And they're drinking like…on the weekend they have like 12 beers and then on the weekdays they have two beers each day. You know, it's like, basically the person is an alcoholic.[36]

As mentioned before, new-comers that are dealing with the stressors of living in difficult financial situations tend to turn to drugs as well as alcohol. Additionally, domestic abuse and general violence is more prevalent in communities that have high rates of poverty. Generally, when men cannot fill their role of being the bread-winner, when they cannot support their family, when their wives have to go out and make money, and men do not have power in the work place, they obtain a sense of control and power through acts of physical and verbal abuse of family members. The cultural attitude of machismo feeds into such an unfortunate and harmful situation.

Cultural Issues

Another cultural issue regards the unacceptable and taboo discussion of sex in Latin American culture. Cira Espinosa discusses the hesitancy to openly ask questions pertaining to sexual relations. "It's like so many of us like don't even want to know anything about it because we are afraid first of all. We just do not know what it is, and we do have our own voice to ask for it. It's like, I get people who write me basically

[36] C. Espinosa, interview, Cambridge, Massachusetts, 2003.

letters asking so many questions about sex, but they do not leave their names."[37] People are unknowledgeable about sex. Therefore, people are not as aware of the dangers and are less precautious, which leads to health problems such as high pregnancy rates and higher rates of STDs, especially AIDS and HIV. In Massachusetts, the prevalence of HIV/AIDS among Hispanics is six times greater than the HIV/AIDS prevalence for whites.[38] 9% of people living with AIDS/HIV in Cambridge are Latinos. After contracting the disease, often people are afraid or ashamed to get tested, and are also hesitant to seek counseling. Cira Espinosa explains the extent to which people go in order to maintain their privacy.

> For the STDs clinic, some of them will come here [to Concilio Hispano], but then when they see somebody that they know, they don't want to go here. So they'd rather go all the way to Boston Medical Center to get STDs clinic or they go to - no they won't even go to the AIDS clinic. So, they'd rather go places where they don't know people, so that they will not be seen that they are going to a STD clinic, or getting an HIV thing done, an HIV test.[39]

Latinos go to great lengths to avoid having a certain negative reputation associated with being sexually active.

Also, mental health is another issue of particular concern for the Latino population. As mentioned before, many Central American refugees are victims of torture

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[37] C. Espinosa, interview, Cambridge, Massachusetts, 2003.
[38] Division of Research and Epidemiology, Bureau of Health Statistics, Research and Evaluation, Massachusetts Department of Public Health, "Massachusetts Health Status Indicators By Race and Hispanic Ethnicity," <http://www.state.ma.us/dph/bhsre/resep/hisp/99/hsi99.pdf>. November 2001, pg.104.
[39] C. Espinosa, interview, Cambridge, Massachusetts, 2003.

and have been exposed to murders and destruction from civil wars and other conflicts.[40] Therefore, they are likely to develop mental illnesses. Mental disorders go undiagnosed and untreated in the Latino community.[41] Like caring for the elderly, Latin Americans tend to care for the mentally ill in the home. To put a family member in an institution, like an asylum, is considered wrong, uncaring, and to be without hope. However, to keep the person within the home is preventing them from receiving complete medical attention that they may need. Cira Espinosa talks about cultural differences in caring for the mentally ill. "It's like you will always have a home, but then you won't have many resources. You don't get treated mentally, but you do have a home, a family to raise you, food, clothing, and just basic living skills, somebody who will take care of you."[42] Latin Americans tend to think that, as a population, they have a lower incidence of mental illness. However, as an immigrant, one has many stressors in their life. Therefore, many people become depressed which may lead to substance abuse. In 2002, residents of Area IV in Cambridge reported the need for culturally appropriate mental health services.[43] Patients who are not offered their preferred treatments may be at a greater risk for treatment non-adherence. Mental illnesses have severe consequences for individuals such as increased probability of developing other medical conditions, and for society such as including lost productivity.[44] Therefore, it is important in the case of mental illnesses to respect people's treatment preferences.

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[40] Office of Multicultural Health, Massachusetts Department of Public Health, "Refugees and Immigrants in Massachusetts: An Overview of Selected Communities," <http://www.state.ma.us/dph/orih/refugee.pdf> June 1999.
[41] Kim Krisberg. "Work on eliminating disparities far from over," *The Nation's Health*, April 2003, p. 1, 26.
[42] C. Espinosa, interview, Cambridge, Massachusetts, 2003.
[43] Cambridge Health Alliance, "Cambridge Public Health Assessment," January 2003, pg. 8
[44] Dwight-Johnson, *et.al.* Treatment Preferences Among Depressed Primary Care Patients. 2000. 15:527-534. *J. Gen. Intern. Med*. (532)

Health Education

Lack of education on health topics also leads to poor health. Cira Espinosa explains the importance of health education:

> Well, first of all, if you don't know what your health is, what your health status is, you basically don't know anything about yourself. You don't know if you have any diseases that you could give to others. You don't know about how to take care of yourself. In the case that an emergency happens, how are you going to go about it? Like if you go to the hospital, what's the first thing you should do? Or, if something happens to you…like, just call 911, and how about they don't have anyone that speaks Spanish? You know, it's like…There's just so many big issues that are out there [sic] and it's very concerning to us. Health is like the main focus of our organization, basically because, I mean like, if you're not healthy, how could you accomplish to do so many other things? [sic] If you actually are able.[45]

Without a basic knowledge of your own health and how to manage your health can be a great disability. One specific topic about which Latinos are less informed is dental care. Many Latinos are not aware of the importance of dental care in preventing infections and diseases. Gema Schaff suggests that dental care is an area that should be improved in health for Latinos: "Training people to clean your teeth properly, literally saving your teeth. And that means heart problems that you will avoid, that means stomach problems that you will avoid, that means infections that go to your head. People don't realize that a lot of infections, a lot of problems with the teeth are fatal." As one's

[45] C. Espinosa, interview, Cambridge, Massachusetts, 2003.

immune system is lowered to fight infections of the mouth, other parts of one's body are vulnerable to disease also. Therefore, such a minor precaution of using fluoride supplements prevents major disease.

Altogether, there are many issues, many of which are related to the experiences of moving to a new country, and also financial issues. However, the health system in Cambridge is not entirely harmful.

Improvements

Recently, there have been many changes in Cambridge for the betterment of health. The health needs of Latinos are acknowledged more often as the community becomes more distinguished and demanding or claiming their rights.

Health Organizations

Mainly, the Windsor Street Health Clinic (WSHC) and Concilio Hispano seem to be dealing with all of the current issues of the Latino community in Cambridge. There are also many other health clinics, hospitals, counseling centers and community centers in Cambridge. Latinos mostly go to Concilio Hispano when they first arrive in Cambridge, where they can get any information that they need. Windsor Street Health Clinic also serves the Latino community as a bilingual institution. At the WSHC, they remind patients of their appointments. In 2001, at the Windsor Street Health Clinic, 60% of patients identified as Hispanic and 58% stated that their primary language was Spanish.[46] Concilio and WSHC work in conjunction in that they give referrals to their patients to go to each other's agency. The fact that everyday, someone new comes in, and that they always come back proves that Concilio does its job effectively. There are also many other Latino-focused health groups, but these two are the most attended by this sub-population. At the hospitals in the area, such as Cambridge Hospital, there are interpreter services and they offer brochures in Spanish, but Concilio Hispano and the WSHC have all of these services for Latinos centralized in one location. Cira Espinosa states that the localized services are an attractive options for Latinos.

[46] Clinical Health Information Center – Department of Medicine /Cambridge Health Alliance. "Demographics" Windsor – Patients FY'01. 2001.

> "It's like people usually just come [to Concilio Hispano], or the Windsor Clinic because there are a lot of practitioners here [in Cambridge] that actually do serve Latinos but they do not serve Latinos as like the whole group of services that we have. You know, because we have from translation all the way to education, ESL classes at the Cambridge Rindge and Latin school. We have health classes but we do not give out any health care, but we try to get it."[47]

Furthermore, if they cannot accommodate you with their services, they make referrals to agencies that will do so. Health is the main focus of Concilio Hispano.[48] They offer health education, language classes, they encourage prevention, make referrals, set up appointments and reminder the patients of them. Concilio Hispano not only gives information, but also educates people, teaching them how to do things for themselves.[49] This is not the usual health center (or most aptly coined, disease center); it is a wellness center. Concilio's services extend beyond adequate or that which is expected from a health organization. Cira Espinosa talks about the extended care given through Concilio.

> The doctor's office gives the medications, but we actually get in charge of getting them the money to pay for the medications, getting them health care - trying to get them health care - food, if they need food, an apartment if they're homeless. [sic] It just runs down the line, because there's just so many things that do. [sic] Family support groups, that's about it.[50]

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[47] C. Espinosa, interview, Cambridge, Massachusetts, 2003.
[48] C. Espinosa, interview, Cambridge, Massachusetts, 2003.
[49] P. Cullen, interview, Cambridge, Massachusetts, 2003.
[50] C. Espinosa, interview, Cambridge, Massachusetts, 2003.

While talking to Patricia Cullen, she mentions the fact that although there are programs specific to diseases or disorders, such as AIDS, many other issues come forth through discussion of the intended topics, such as depression, job employment, spirituality, nutrition, STDs, substance abuse and risk reduction.[51]

Cambridge Health Alliance (which runs Windsor Street Health Clinic) is a nationally recognized and an award-winning health care system comprised of The Cambridge Hospital (a teaching hospital for Harvard Medical School and Tufts University School of Medicine), Somerville Hospital, Whidden Memorial Hospital in Everett, the Cambridge Public Health Department, more than 20 primary care sites, and Network Health - a statewide managed Medicaid health plan. The Cambridge Health Alliance (CHA or the Alliance) was created on July 1, 1996 with the merger of The Cambridge Hospital and Somerville Hospital, and expanded in July 2001 with the addition of Whidden Memorial Hospital in Everett. In Cambridge there are many Cambridge Health Alliance facilities: the Cambridge Hospital, Cambridge Pediatrics, Primary Care Center, Zinberg Clinic, the Cambridge Birth Center, Cambridge Family Health, Cambridge Family Health North, East Cambridge Health Center, North Cambridge Health Center, Riverside Health Center, Senior Health Center, Teen Health Center and the Windsor Street Health Center. The Alliance has also expanded into other communities which has increased the amount of available services, programs and providers for Cambridge residents. Also, this has had a positive impact on the community in that competition has decreased among hospitals, service is more efficient and lenient with payers.

[51]P. Cullen, interview, Cambridge, Massachusetts, 2003.

Minority-Based Initiatives

The Cambridge Health Alliance was recently chosen by the Robert Wood Johnson Association in 2002 and was granted nearly $2 million to participate in the "Pursuing Perfection: Raising the Bar for Health Care Performance" program. Like with this program, Cambridge Health Alliance has set priorities for many years to care for the unserved and the underserved. The community organizations have clearly demonstrated positive impacts, but other centers are delayed in doing so. With the grant money awarded to the Cambridge Health Alliance, an initiative to address asthma and diabetes is being designed. "Diabetes, which can cause blindness, kidney failure, heart attacks and strokes, is another significant local and national health problem. In the last decade, there has been an estimated 33 percent jump in the number of individuals diagnosed with the disease. Many local residents with some African ancestry -- including individuals from Brazil, the Dominican Republic, Haiti and other countries -- are considered at high risk for the disease. Currently, more than 3,000 individuals in the Alliance system are diabetics. Dr. David Bor, Chief of Medicine, explained that the Alliance diabetes pilot program includes teams of nurses and dietitians trained in self-management techniques that help patients learn to take better care of themselves."[52]

Health of men of color is another minority-based initiative one of Cambridge Public Health subcommittee's five initial priorities selected in the fall of 2000 (MOCHI – Men of Color Health Initiative).[53] Compared to the U.S. population, men of color are disproportionately at risk for heart disease, diabetes, lung and prostate cancer, HIV/AIDS,

[52] "Cambridge Health Alliance to improve health, quality of life of local children with asthma and adults with diabetes," Cambridge Health Alliance, http://www.challiance.org/scrollarticles/press%20releases/diabetes.htm.
[53] Cambridge Health Alliance, "Cambridge Public Health Assessment," January 2003, pg. 7.

homicide, stroke and hypertension.[54] The need to prioritize health issues specifically concerning "people of color" is recognized by CHA.

Role of Churches

Through community organizations, health care workers use outreach programs to help minorities and immigrants. This method has been more effective than conventional medical approaches in improving the health status of this population. The health fairs aim to communicate freely about different health issues among different organizations. Getting the support from the church is important as it changes the perception of HIV, de-stigmatizing STDs, to a certain extent. Concilio Hispano goes to the church to organize fairs because faith is an important part of many Latinos' lives. In particular, the local churches such as St. Benedict's and St. Mary's have held health fairs which attract a sector of the community that would not otherwise be reached.[55] St. Mary's has held dental screenings in their basement in the past, "some years prior to the building being sold and reconstructed."[56] The family health fair at Union Baptist Church in April 2003 offered free health screenings and educational materials on health topics such as heart disease, AIDS/HIV, domestic violence, nutrition and cancers. Concilio Hispano collaborates with Interfaith AIDS Ministry, Inc. in West Newton which offers pastoral counseling and medications for HIV positive individuals.

[54] Cambridge Health Alliance, "Cambridge Public Health Assessment," January 2003, pg. 24.
[55] P. Cullen, interview, Cambridge, Massachusetts, 2003.
[56] G. Bergman, personal e-mail, 2003.

Interpreter / Translation Services

Interpreter services all around have become more common, although some doctors resist utilizing the service. In 2002, Cambridge Health Alliance was awarded by the National Association of Public Hospitals for their Cultural and Linguistic Competency.[57] They offer interpreter services in more than 30 languages, to nearly half of their patients. Gema Schaff comments that they have the best interpreter services as their interpreters are quick to arrive at appointments or to the emergency room. At mental health clinics, bilingual psychotherapy is offered increasingly more often. Spanish-speaking people are hesitant to disclose their symptoms and health concerns. This resistance is amplified with psychotherapy as this information is personal. Health care for Latinos, especially at places such as the Windsor Street Health Clinic and Concilio Hispano, has become less disjointed, fragmented and discontinuous, and more comprehensive and holistic at these bilingual institutions. For example, mental health counseling is offered for people suffering from chronic and terminal illnesses. There is counseling offered for recovery from substance abuse which is a program offered by Concilio since 1985.[58]

Community Outreach

As a result of all of the outreach efforts by community health groups, positive effects are evident. Latinos are now seeking information about their health concerns. This reciprocation of efforts is described by Cira Espinosa:

[57] "About Us," Cambridge Health Alliance, <http//www.challiance.org/ABOUT%20II/index.htm>.
[58] P. Cullen, interview, Cambridge, Massachusetts, 2003.

> For example, in the HIV groups education…It's like, the number of individuals that are coming in for education is greater since I started here. Like, you go and do outreach…um, there's just so many things. People are actually more educated in Cambridge ever since I started, and they're actually seeking the opportunities to learn. It's not like they're at home waiting for somebody to, you know, give it to them. They're actually needing it, so they go out and get it. At least I have seen an improvement.[59]

Also, there is much interest in the Health Opportunities for Youth program which offers internships to minority youth in the medical field. As the population of Latinos in Cambridge becomes more visible, there are more resources, more funding and more research allocated to this subset of Cambridge. One example of emerging research is happening through the Latin American Health Institute. This organization advocates for the improvement of health by working with health care providers, appoints Latinos to Latino and non-Latino organizations, and recruits people to medical schools.

In response to reports of violence, some services are being provided for the community. Specifically, after some violent deaths in 2002, Area IV (a neighborhood in Cambridge) community meetings were held. As a result, preventative measures are being taken such as the formation of a mental health task force which addresses issues such as domestic violence, weapons violence, mental health treatment and "de-stigmatizing" mental health services. The Domestic Violence Free Zone initiative has developed a dating violence prevention campaign.[60]

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[59] C. Espinosa, interview, Cambridge, Massachusetts, 2003.
[60] Cambridge Health Alliance, "Cambridge Public Health Assessment," January 2003, pg.8.

Insurance Programs

Recently, in March 2003, CHA celebrated national "Cover the Uninsured Week" in order to raise awareness on this issue which is affecting many more people. During the week, a health fair was held at WSHC which offered free health screenings such as eye exams, bone density, blood glucose, cholesterol and blood pressure screenings. Also there were informational booths for nutrition, physical activity, tobacco cessation, and asthma care.[61] The rates of uninsured people are increasing as private insurance companies raise costs, budgets for health care are cut, and less people are eligible for federal-funded coverage. This national celebration of "Cover the Uninsured Week" is an example of one small step towards the promotion of universal health care.

[61] "National 'Cover the Uninsured Week' Campaign is celebrated locally, Cambridge Health Alliance, http://www.challiance.org/scrollarticles/press%20 releases/unisuredweek.htm>.

Unresolved Issues

Delivery of Care

Despite the continuing improvements, there are some issues yet to be resolved. A major problem in many instances lies in the delivery of care. Clearly, Cambridge has enough resources to treat every one of its citizens well. However, many citizens of Cambridge do not receive care at all. Gema Schaff give her opinion of the reason for this paradox:

> …the basic problem, I think, is ignorance in both parts. In the part of the administrator, as we talked about, and also unfortunately in the part of the patient or the needy or the client. Uh, there is a gap there of information that needs to be covered. There's a gap in terms of services, in terms of cost, in terms of what to do or not to do. You know, when to go to the dentist and when not to go to the dentist, when to take the aspirin and when not to take the aspirin. There are cultural differences….They need help because they need to be informed…they need to be told that this is for you and you can do this and you cannot do this and this is how things work here.[62]

Even when services exist for those in need such as free care, other federally funded benefits and interpreter services, they are not utilized to their capacity. There is a need for education for both the providers and immigrants. Gema Schaff goes on to describe the missing link in health care:

[62] G. Schaff, interview, Cambridge, Massachusetts, 2003.

> My experience has been that the president of the company or the president of the hospital or the president of the board will totally agree with the law, with the people and those that needs the service…but it's the person in between…that when there's what's going on, and doesn't really understand, or I don't really know why…but I feel that what the problem is in this person in between that needs to be educated.[63]

Health care practitioners should study cultural issues which influence care given to immigrants. Immigrants also need to be better prepared and learned on the complexities of the U.S. health care system. There should be more efforts dedicated to helping people better understand the intricacies of the health care system. Gema Schaff discusses how to increase effectiveness through distribution of resources:

> That you spend, that you put the money in, but you need to go beyond that and help those people that supervise the interpreter and that supervise the Spanish-speaking…and that the money that you spend on the interpreter should not be thrown out the window, but that should be, uh, invested also in Spanish classes and in English classes for the patients…and that the effort should be made in order to help that communication process to happen…[64]

Hospitals don't dispose their services to their patients sufficiently.[65] Better cultural and language understanding (communication in general) would lead to satisfaction of the patient and thus greater probabilities of adherence to treatment plans and doctors' suggestions. Basically, the ability to communicate results in positive

[63] G. Schaff, interview, Cambridge, Massachusetts, 2003.
[64] G. Schaff, interview, Cambridge, Massachusetts, 2003.
[65] C. Espinosa, interview, Cambridge, Massachusetts, 2003.

outcomes. Since the disparity in health care for Latinos is based on poor delivery of care despite the available resources, there should be a consultant at health care centers who oversees the administration of care to all people of the city of Cambridge. Cira Espinosa introduces this very suggestion:

> …unless someone observes and sees that the law is applied, immigrants are not going to complain. They aren't the kind that are going to…First of all, they don't know the language, so…You know, how are they going to complain if they can't communicate? So, um, there needs to be something or someone or some kind of system that would check on the implementation of this law. Because if there is, the law is really not worth much.[66]

This would protect against discrimination and other inequalities.

Cultural Awareness

The next step in improving minority and especially Latino health care would be to follow suit with LHI's goals. Latinos should be assigned to administrative roles, as doctors and as medical students. Medical schools' admission should go beyond consideration of academic performance since there are other factors which determine a doctor's ability to serve their patients. Practicing medicine is not limited to making a diagnosis. It is logical to have the proportion of administrators, leaders and providers in the health care industry to reflect the diversity of the general population. As Latinos are the largest minority group in the US, they should be better represented in decision-making positions.

[66] C. Espinosa, interview, Cambridge, Massachuestts, 2003.

Universal Health Care

The general and seemingly (but deceivingly) simple solution would be to initiate universal health care that eliminates all of the bureaucratic confusion, problems and corruption. Funding for community organizations should increase since they effectively serve patients. More research on Latino-specific health concerns would provide knowledge for better treatment. Latinos have not been researched sufficiently, but rather have been generalized by studies on North Americans and Latin Americans. However, Latinos present unique characteristics, as is evident with the "protective barrier" of smoking and assimilation. Class and economic power are unfortunately factors which determine one's health.[67] The budget cuts should be critically assessed to discourage the pattern of rewarding the rich with excellent services and punishing the poor by eliminating their available health services.

[67] P. Cullen, interview, Cambridge, Massachusetts, 2003.

Future Trends and Research Questions

Paradox of Assimilation

The paradox of assimilation provokes interesting questions. What is it about our culture and about the culture of immigrants which creates this "protective barrier"? How can this protection from poor health be encouraged and preserved? Is there a healthier way for immigrants to assimilate into N.American culture which encourages their contribution to our diverse society while maintaining their cultural ideals?

Integration of Communities

How does the residential integration versus community segregation theory apply to Cambridge? According to the theory, as affluent and poor communities mix, the financial resources are available to all which benefits the health status of the poor. Or, conversely, is the improvement in health care for Latinos an effect of people in the community bringing together their forces to achieve that which they desire? Does this case study of Cambridge disprove the theory? I think that both sides can be argued. There are both benefits and pitfalls of the change in the constitution of the ethnic community in Cambridge.

Change in Health Care

With the Windsor Street Health Clinic and Concilio Hispano effectively providing services for Latinos in Cambridge, there is an obvious preference for more personalized care. In the larger society of the U.S., this trend is also apparent. Using the example of women's reproductive health, many are opting to have home births attended by midwives

rather than by obstetricians in medical institutions. The main benefits of home births include the individual attention that patients receive and recognition of individuals' requests. It is an empowering experience to choose and to be active in one's own health. Having choices about one's treatment and participating in one's recovery may help an individual to overcome their substance abuse, for example. An interesting study would be to identify the preferences of the public, to determine if in fact community health organizations are worth dedicating more financial resources. Presently, these community health centers are taking on too many roles in the community as providers, advocates, and as leaders. This weakens their capacity to carry out primary responsibilities.[68] I believe that community health organizations such as Concilio Hispano and the Windsor Street Health Clinic have great potential for transforming health care.

[68] Miren Uriarte, *et. al. Latinos in Boston: Confronting Poverty, Building Community,* (Boston: The Boston Persistent Poverty Project, 1993), pg. 24

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Appendix