"What I wish the doctor knew about my life":

Latino and Latina Adolescents use Photovoice to Explore Barriers to Health

Kari Thatcher, BFA, MPH Candidate 1, Alexandra Lightfoot, EdD 2, Florence M. Simán, MPH 3, Eugenia Eng, MPH 4, DPH 5, Nelson Aldina 5, Laura Aldina 5, Nicole Aldina 5, Angie Cadenas 5, Génesis Colón 5, Francisco Daniel Hernandez Leyva 5, Ricardo Martínez 5, Alejandra Mendez 5, Jaime Raul Perez Gonzalez 5, Kevin Quezada 5, Karla Salgado 5, Ruben Suarez 5, Yesenia Merino, MPH 5, Tainayay Thomas, MPH 5, Robert Colby, PhD 5, Tamera Coyne-Beasley, MD 5, Steve Day, MCP 5, William Hall, MSW 5, Kent Lee, MA 5, John McGowan, PhD 5, Keith Payne, PhD 5, Rachele McFarland 5, MSW Candidate, Mimi Chapman, PhD 5 (Principal Investigator).

Background

North Carolina has experienced 943% growth in the Hispanic population over the last 20 years (Zabala, n.d.). Compared to Whites in NC, Latinos face significant health care barriers, such as lack of insurance, access to care, and difficulty communicating with medical providers (Ortega et al., 2007). Improving patient-provider relationships may be one intervention point for reducing Latino health disparities. This project explored Latino/Latina adolescents’ perspectives on what impacts their health as part of a pilot intervention engaging pediatric residents in an exploration of Latino ethnicity and the experience of migration on health.

Methods

We used the community-based participatory research (CBPR) approach and Photovoice methodology with two groups of Latino/a adolescents from Wake and Orange Counties. A total of 13 participants (aged 14 – 18) were recruited through two community-based organizations. The adolescents took photos and engaged in facilitated photo conversations using the SHOWNED/ VENCER dialogue process (Wallerstein, 1994; Basurto et al., 2014). Each group of adolescents chose four photo assignments in response to the topic, “What do I wish the doctor knew about my life?” SHOWNED sessions were transcribed and then analyzed collaboratively for themes. Excerpts from transcripts were presented to the adolescents and themes were discussed in an iterative member-checking process during three meetings held to organize a forum with pediatric residents.

Results

Four themes emerged from the data analysis conducted by the Photovoice team. The photos below were chosen by the adolescents to present to pediatric residents along with themes at the forum. Forum participants (pediatric residents, medical students, adolescents and research team) generated ideas and strategies to improve provider-patient interactions and reduce barriers to health care for Latino/a patients. Action steps generated from the forum included: utilizing a shadowing program for adolescents to learn what pediatricians do daily and for pediatrics to learn from building relationships with Latino/a adolescents, and developing a Latino/a Adolescent Advisory Board to advise on adolescent health related activities.

The Importance of Our Relationships with Doctors

It’s hard to develop good relationships with doctors because they don’t seem to care about who we are as Latino/Latina youth, don’t want to know and don’t know how to ask about the experiences that have shaped us or about what affects our daily lives.

“...But you say something and then, they judge you. So you don’t want to have to say anything. [...] And then they’re missing important information about me.”

The Impact of Stereotypes

By their own ignorance about us, people in authority view us through a suspicious lens, assume we are up to no good, and expect us to fail.

“...You always have that, like, sense in the back of your head like, ‘[The police officer] could try to go for me instead of that dude.’ And like, over a while, it could accumulate. [...] You could be in fear...”

Responsibility Without Power

Our families have sacrificed to provide us with opportunities but barriers and policies deny them their parental power and we find ourselves having to play the adult role and advocate for ourselves in school, work, and in life.

“I feel like we’re more disconnected here, than, like, [my Mom] she doesn’t know what goes on in my school. Like I, I’m the one who’s in charge with my school work, and [...] I guess like when I was younger, it pissed me off, ‘cause I’m like, ‘Oh, why do I have to take care of it?’ [...] I feel like my own mom.”

Language is More than Just Words

Spanish is an important part of our different cultures and roots, yet our language is often used as a weapon to stereotype Latinos, isolate parents from their children’s lives, blame teens, and disrupt family dynamics. So, interpretation alone is not enough to solve communication barriers.

“Cause I think that language is also, like, power... gives you power, and we don’t, and when you, like, lose your voice, then you don’t have the power.”

Conclusions

Latino/a adolescents desire to connect as humans first, then as patients, with providers who understand the various ways, from their perspectives, their lives can be complicated by experiences of migration, racial stereotypes, and cross-cultural communication.

Innovative methods are needed to enhance patient-provider relationships if we are to improve quality of care and reduce Latino adolescent health disparities.

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Literature Cited

(1) Department of Health Behavior, Gillings School of Global Public Health, University of North Carolina, (UNC) Chapel Hill, NC (2) UNC Center for Health Promotion and Disease Prevention, (3) El Pueblo, Inc., Raleigh, NC (4) Youth Participant (5) El Pueblo Human Rights Council, Columbus, OH (6) Division of General Pediatrics and Adolescent Medicine UNC Medical School, (7) UNC School of Social Work, (8) Department of Public Health Sciences UNC Medical School, (9) Carolina Center for Public Service, and Comparative Literature, College of Arts and Sciences, UNC.