

Adaptive Strategies to Chronic Illness for Latinx Patients in Southern California



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Introduction:

High rates of individuals from Latinx communities experience chronic illness and barriers that prevent access to healthcare. Those barriers include high rates of being uninsured, financial limitations, lack of services available, and language and cultural barriers. Such barriers prevent these communities from being able to effectively manage their chronic illness, thereby reducing Latinx communities' own control and management of their health and necessitating a range of other needs. This qualitative ethnographic study investigates the ways in which this community manages their chronic illness by exploring the practices to maintain health used by patients and medical practitioners in a community clinic in Southern California. Specifically, this study looks at adaptive strategies, which are understood as adjustments and improvised means of care made by individuals in an effort to survive.

What are adaptive strategies?

- Adaptive strategies are seen in the ways in which people improvise having their health needs met when faces with limited resources and poverty (Moran 2018) or are unable to access health care.
- Chronic illness requires unrestricted healthcare access to effectively manage the illness and overall health of the individual.
- Recent changes in immigration policies, such as the implementation of public charge has affected the use of public health services and programs by many in Latin communities (Johnson 2019).

Methods:

- Participant observation
 - Over 25 hours making structured and unstructured observations
 - Waiting room intake evaluation
 - Shadowed medical practitioners during strategic treatment planning meetings
- Semi-Structured Interviews
 - Conducted interviews with patients and medical practitioners
 - Interviews were open-ended, lasted 30-60 minutes

What do adaptive strategies look like?

Example: Response to Limited Financial Resources

- Altering prescriptions to be more affordable, but require more medical labor. Diabetic patients are given cheaper insulin that requires them to inject more often.
- Comparing prices of pharmacies to find the cheapest price for medications, but may require the patients to travel further.
- Rationing medications to last longer.
- Sharing medications with others to help reduce costs.

Implications:

This study will illuminate the *consequences* of the restrictive nature of public health and illustrate the ways that current efforts are failing in reducing the prevalence of diabetes and other chronic illnesses among the Latinx communities.

Ultimately this study aims to highlight the consequences of the intersection of the positionality and invisibility the Latinx communities face along inadequate access to healthcare among the Latinx population, and to understand the improvisations this community has to make to achieve wellness.

Preliminary Findings:

In response to the restrictive healthcare system, many members of Latinx communities utilize free community clinics to receive care. In these care settings, patients are unable to rely on the **necessary continuous** and routine supervision of a medical practitioner to manage their illness. Adaptive strategies have to be made by both patients and medical practitioners in these settings to manage the illness. Medical practitioners have to come up with treatment plans for Latinx diabetic patients that factor in the barriers that this population faces when it comes to healthcare. Prescriptions are adjusted to be more affordable and to last the patient a longer period of time as infrequent appointments and limited resources are a large barrier. Patients have to "fill in" to manage their health and in some cases use complementary and alternative medicine, such as herbal remedies, to address health concerns.

Consequences of adaptive strategies

- Patients may be able to maintain health, but often are unable to effectively manage their illness or will have inconsistent care.
- Patients risk health complications by not taking medications properly.
- Patients are forced to make a series of decisions in a clinical encounter as well as seek out a variety of resources, which enforces a level of self-care labor and responsibility that compounds the duties of these otherwise overworked communities.

References:

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