

Opinions and perceptions regarding access to Musculoskeletal Rehabilitation Clinics for Latino Immigrants in the United States: A Qualitative case study

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Abstract: The purpose of this paper is to investigate the opinions and perceptions regarding access to musculoskeletal rehabilitation clinics for Latino Immigrants within the United States. A qualitative, case study approach was chosen because it is the best application for investigating experience and perspective in a specific case.

A questionnaire was developed to obtain the necessary information and a specific subject (a 52-year-old female of Mexican nationality) was interviewed using a semi-structured format. Three main themes emerged from the coding process, and these were: barriers to access, mental health, and 'survival'. During the study, the main barriers to access were found to be the inability to speak English, and the fear of deportation. Depression and anxiety were the main mental health conditions reported in the literature on Latino immigrants and causative factors are related to a limited social life, fear of deportation, and language barrier. Finally, the theme of 'survival' which is related to 'stress physiology' is another factor that deters Latino immigrants to visit rehabilitation clinics.

If one looks at this theme through the lens of Maslow's hierarchy of needs it can be extrapolated that Latino immigrants are usually on the first two most basic levels, which are physiological needs and safety. This could affect their ability to make better decisions regarding their health and therefore not choosing an approach such as preventative care, under which many rehabilitation practices fall. More research, with a larger sample size, must be performed on this important topic in order to improve the health and quality of life of the Latino immigrant population.

Indexing Terms: Chiropractic; Latino Immigrants; qualitative analysis; access to rehabilitation.

Introduction

Marked increases in migration have been noted recently in the United States (US). In the month of July 2021, the US Border Patrol reported around 200,000 encounters with migrants near the border which is the highest amount in the last twenty-one years. (Gramlich, 2021) For the past fifty years, the US has been the leading stop for migrants internationally with around fifty-one million of them. (UN DESA, 2021)

Because most immigrants have limited knowledge of the English language, access to health care can be difficult for this population. Not surprisingly, research suggests that immigrants have low proficiency in the English language, the lowest rates found among immigrants from Latin America and Southeast Asia. (Budiman et al, 2020) This is probably related to a lower level of

... This interview with a Latino immigrant in Texas identifies 3 main barriers to migrants seeking care. There are certain barriers, the challenges of being an immigrant in a new country, and the fear mechanism which puts 'survival' first.



educational attainment that the population has (27% never finished high school) when compared to their U.S. counterparts (8% never finish high school). (Budiman, 2020)

The issues of legal status can also be blamed as one of the causes of potential reduction/access to visiting health care clinics in this population (including MSK rehabilitation). Furthermore, because Latino immigrant workers occupy some of the jobs considered most dangerous and with the highest rates of musculoskeletal (MSK) injuries such as agriculture, construction, and manufacturing, (Swanberg et al., 2021) it is important to understand their perceptions and opinions regarding access to MSK-specific rehabilitation clinics.

Previous studies on the subject of access to medical care for Latino immigrants have focused their efforts mostly on determinants of access, provider perceptions, the impact of health services, and challenges for adult immigrants in accessing primary care. Doshi et al (2022) explored the client's experiences and perceptions regarding barriers to access within the political land field of the Trump administration. Adverse psychological effects were experienced by the majority of those interviewed due to the increasing anti-immigration laws, which they mention make it more difficult to live a normal life which includes medical visits. This is not surprising as most of the study sample identified themselves as illegal immigrants (17 out of 23 participants). This is also true in those who are US Born but who live in a '*mixed household*'. Anxiety is the main emotion described by the participants and some mention that they feel as if they are imprisoned. Importantly, multiple participants mention waiting to seek medical care until it is an '*absolute emergency*', which affects the health status of this population.

The same group of researchers (Doshi et al, 2020) conducted a study investigating health care provider's perceptions of the issues related to access to care faced by their immigrant patients. In the opinion of health care providers, the decision to seek care was hampered by generalised fear developed as a result of the anti-immigrant campaigns, alterations in behaviours because of elevated enforcement of immigration officers, financial issues related to health care (lack of insurance), and cultural differences in health care seeking behaviours which vary from country to country. Furthermore, the subject of traveling to healthcare facilities was addressed by the providers. Providers cited three main reasons by which access to health care facilities is affected in this population, those are the presence of Customs and Border Protection (CBP) agents or police officers, lack of transportation, and problems coordinating care (which can be language associated). Finally, receiving appropriate care once in the health care facility was discussed. The providers mention that issues of culture and language are the main factors that delay health care for this population.

There is an obvious gap in the literature as there were no studies found that focused on opinions and perceptions regarding access to MSK-specific rehabilitation clinics or providers. This is more than likely caused by the issues mentioned above, specifically the fear of being apprehended as an illegal immigrant, and the language barrier. MSK treatments potentially fall in a category of '*lower priority*' for them as many wait until an emergency arises to seek any type of health care. We believe this is a major issue given the high rate of MSK injuries in this population's most common line of work (agriculture, construction, and manufacturing). Research evidence suggests that MSK disorders amongst Latino immigrants who work in potentially dangerous occupations are the primary non-fatal occupational injuries and/or illnesses. (Mora et al., 2016) Furthermore, one of the most prevalent MSK symptoms in this population, low back pain, is the most common cause of disability today (Vos et al., 2012) making this a top priority in our research agenda.

Given the large increase in Latino immigrants moving to the U.S., there should be a better understanding of what deters this population to seek health care, in this case MSK rehabilitation. This would be of benefit to the immigrant population itself, their providers, who would be able to

deliver better quality care due to continuity in visits, and the entire population of the US as routine medical/health visits have the potential to produce savings on the taxpayers' pocket. (Cohen et al., 2008)

Because of this, the purpose of this grounded theory study is to discover the opinions and perceptions of Latino immigrants living in the U.S. regarding their access to MSK rehabilitation clinics. At this stage in the research, opinions and perceptions will be defined as the factors that prevent the Latino immigrant population from seeking MSK rehabilitation.

Methods

Data analysis

A qualitative approach was chosen for this study because it is one of the best applications for investigating experience, perspective, and the meaning a person gives to a subject or situation. (Hammarberg et al, 2016) The selection of a qualitative approach to research necessitates a specific qualitative strategy that will frame the nature of the questions to be asked and the procedure of data analysis. (Alzaanin, 2020) A case study is the best specific model within the qualitative approach for this research because it encompasses the inquiry of a specific case (could be an individual, small group, or organisation) in a real-life scenario. (Yin, 2014).

The study was composed of multiple parts. After a thorough investigation of research related to the subject, a questionnaire was developed (Appendix A) with the intention of obtaining information related to the opinions and perceptions of Latino immigrants about access to MSK rehabilitation clinics. After the questionnaire was developed, a specific subject was interviewed using a semi-structured format in the Spanish language. Questions and responses were then translated into English by the principal investigator who is fully bilingual, and then transcribed word for word utilising the transcription software *Otter.ai* (Los Altos, California, USA). From there, first-cycle and second-cycle coding procedures were performed, and three main themes emerged. These were:

1. barriers to access
2. mental health in immigrants and
3. 'survival'.

The subject is a 52-year-old female of Mexican nationality. She is a housewife with two children and has a part-time job cleaning houses. When observing her body language and facial expressions one can see that she has goals of self-improvement for herself and her family. She seemed nervous at the beginning of the interview process but relaxed as the interview went on. The subject mentioned she was eager to share her experiences and opinions as an illegal immigrant in the United States regarding access to rehabilitation clinics.

Barriers

Barriers are those things that prevent us from doing or achieving something. They come in many forms and many times they are a fiction of our own creation; we believe there is a barrier when there is not one. In the topic at hand, the main barriers to accessing rehabilitation clinics obtained from the interview and coding process are two, first the inability to speak English by Latino immigrants (very common) and second fear of deportation due to illegal immigrant status (only applies to illegal immigrants). Both barriers can be seen as real and '*mentally created*' at the same time.

In the case of the language, many healthcare facilities have employees who speak Spanish which helps immigrants who do not have English skills. This is almost always true but our subject in this study remarked how none of the facilities she has been to (unless it was a Hispanic clinic) have had a Spanish-speaking employee who could help them with translation. Because of this

many immigrants develop '*mental blocks*' and do not even try to go to any type of health clinic because they assume nobody speaks Spanish. It is interesting that clinics do not have personnel who can speak Spanish because the state of Texas is a bordering state with Mexico and there are many immigrant families who live there.

During the interview the subject mentioned how not speaking the language was a big factor in them not seeking rehabilitation or any type of healthcare. She remarked

'English is a very big barrier for us because we don't know, my husband was hospitalised to remove his gallbladder, sorry for the appendix and we had to go to a clinic because it was an emergency, but we don't know how to express ourselves with the doctor, we don't know how to ask. So, it is a very big barrier because the situation once again causes us emotional frustration and well, if it is not something urgent, we are not going to receive medical attention. It was not good in this situation. We didn't feel good, we didn't know how to ask the questions, then we felt not integrated or disintegrated, and it was very frustrating for us.'

The fear of deportation because of status is a real concern, especially in Texas due to the proximity to the US/Mexico which makes the number of CBP officers greater. From the interview it could be understood that there were two types of fear, one fear of getting caught by law enforcement officers, and the other one questioning from the doctors or personal at the healthcare facility. She mentioned

'...we are afraid that they will ask us for a social security card, we are afraid that there will be a police officer from Immigration or any policeman in the clinics and who is going to ask us our status because we arrived ignorant, we don't know to what extent they can do that, the policemen or the clinic, if they can ask you that". Importantly, immigrants need to know that clinics will not ask for their status or proof of citizenship and they cannot deny them care'. She also said 'The fear also is that the doctors are going to ask us some kind of questions that they realise that we are immigrants here and they are going to want to get the truth out of us. So that stops us a lot and many times, even if we are sick, we don't go. We prefer not to have medical attention ...'

The problem here seems to be that Latino immigrants are ignorant of that information and believe that anyone can ask them for their status or proof of citizenship and therefore the creation of a mental block occurs. In the end, this deters them from seeking rehabilitation treatment of any kind and adds to the worsening health outcomes of Latinos living in the United States. (Fortmann et al, 2019)

Mental Health in Immigrants

Mental health is widely regarded as one of the most important aspects that determine overall health (National Institutes of Health, 2015). One can suspect that the mental health status of Latino immigrants would be in worst shape than others living in the US due to multiple factors. Some of those factors are the inability to speak the language and therefore a limited social life, being far from their families, arduous labor, low financial status, and just the fact that they are in a different country within a different culture. Furthermore, for those who are illegal the constant fear of getting deported and the fact that they cannot go back to their home country and see their families are also detrimental to their mental health.

Depression and anxiety seem to be the most common conditions observed in the Latino immigrant population (Bucay-Harari et al, 2020) and when coupled with the disparities in mental health treatment for this population it is obvious that this could turn into a major problem that needs to be addressed by public health authorities. (Lagomasino et al, 2005). Of interest is the fact that in many Latin American countries, mental health conditions and the treatment of them is highly stigmatised. Those with mental health conditions are considered '*crazy*' because '*they go*

see *this weird doctor*' (psychologist/psychiatrist). This could make it difficult for the patients in this population to seek mental health treatment and therefore they could be '*suffering in silence*'.

In the authors' experience females are more prone to this because, on top of the previously mentioned, the traditional thinking in most of Latin America dictates that men have the most arduous and labor-intensive jobs while women tend to the kids and perform home duties. This traditional family structure reduces the chances that females who are moms have a social life that allows for friends and activities that promote mental well-being, which predisposes them to higher rates of depression and anxiety.

The subject spoke openly about this during the interview and at one point she remarked

'Well, I really arrived with many fears, totally with fears, for example, I did not dare, nor did I want to go out to the store. I couldn't, I didn't know how to function in society, and I didn't understand English at all. So, it was very difficult for me to develop as a human being and even sometimes as a mother in my daughter's school, because I had to put her in school, and I didn't know many things. There were many obstacles in my life.'

It is easy to see that what she expressed in that passage can lead to mental health issues in the long run if no help is received.

Survival

Survival mode refers to that of '*stress physiology*' also known as '*fight or flight*' where the person must hypothetically choose between fighting the lion or 'flying' away from it. Another way to look at it is having someone holding a gun to your head all the time and you having to make decisions while in this situation. A myriad of neurophysiological alterations are associated with this '*stress physiology*', and the development of multiple medical conditions is also related to it. (American Psychological Association, 2018)

Based on the interview with the subject, the Latino immigrant population is under a lot of stress which will put them on the path to '*stress physiology*'. During the interview the subject utilised the following phrases to represent this theme very well:

'I really arrived with many fears'

'it was very difficult for me to develop as a human being'

'There were many obstacles in my life'

'So, this whole process, this transition, was really a challenge for me'

'it really is something that frustrates us, it hurts us emotionally, it is really bad for us that kind of situation'

'the situation once again causes us emotional frustration' and

'we felt not integrated or disintegrated, and it was very frustrating for us.'

This is probably more marked in illegal immigrants due to fears related to legal status. One can hypothesise that this constant stress or '*survival mode*' will not allow the population to make better decisions regarding their health and therefore choose an approach such as preventative care, under which many rehabilitation practices fall. This is related to Maslow's hierarchy of needs and in this situation, Latino immigrants (especially illegal ones) fall under the first two most basic levels which are physiological needs and safety. (Kendrick et al, 2010) This could be related to a theoretical process that has been mentioned in the literature which is an alteration of the functioning of the structures in the frontal cortex of the brain due to '*stress physiology*' and this in turn does not allow for '*higher thinking*'. (Arnsten, 2009)

During the interview with the subject, it can be extrapolated by the way she speaks that at the beginning of her 'immigrant days' survival was all she knew but as she can integrate into society (mainly due to language improvement) that '*survival mode*' has reduced dramatically. Even

though this is not the case for many immigrants, our subject has been able to 'move up' in her needs and therefore can make better choices. This can be observed in the way the subject communicates regarding health practices. When asked the question 'would you consider yourself a relatively healthy person?' her answer was 'Well, at this moment I do consider myself a healthy person. Because at this moment I have changed my habits and I have a good diet, I exercise and take the nutrients that my body needs, some supplements too, so I consider that I am healthy, I have also been calmer emotionally. So really at this moment I feel that I am much better than when I arrived'.

An argument can be made that this 'fight or flight' mechanism can be passed down epigenetically to her kids which maintains alive the 'stress-physiology' loop. Certain research has investigated this and markers such as DNA methylation have shown a relationship between parents and offspring stress, cardio-metabolic health, and resilience. (Clausing & Non, 2021) Furthermore, because this process of 'stress physiology' can alter inflammatory processes (Liu et al., 2017) in the body this could worsen metabolic alterations that are well known to affect the Latino community. (Heiss et al, 2014) Finally, this inflammatory response could also be responsible (at least in part) for the negative effects above mentioned regarding mental health in Latinos. (Lee & Giuliani, 2019)

Conclusion

The purpose of this grounded theory study was to discover the opinions and perceptions representative of Latino immigrants living in the US regarding their access to MSK rehabilitation clinics. Opinions and perceptions were defined as the factors that prevent the Latino immigrant population from seeking MSK rehabilitation.

A qualitative approach and more specifically a case study was selected as the methodology because the investigation was related to the experience, perspective, and meaning of a specific case. Initially, a questionnaire was developed to obtain the necessary information from the subject during a semi-structured interview. The interview and questionnaire were translated from Spanish to English and then transcribed verbatim. Through the coding process, three main themes emerged. These were: barriers to access, mental health in immigrants, and 'survival'.

Barriers are those things that prevent us from doing or achieving something. From the interview it was found that the main barriers to accessing rehabilitation clinics were first, the inability to speak English by Latino immigrants, and second fear of deportation due to having illegal immigrant status. This is not surprising as previous research has found that it is the same for general medical care.

The theme of mental health also emerged from the interview and one can suspect that it is worst in Latino immigrants. This can be due to the language barrier, their limited social life, and their fear of getting caught by the authorities. Depression and anxiety are the main conditions reported in the literature by this population.

Finally, the theme of "survival" which is related to 'stress physiology' can be another factor that deters Latino immigrants to visit rehabilitation clinics. This concept is better understood if one looks at it through the lens of Maslow's hierarchy of needs. Latino immigrants are usually on the first two most basic levels, which are physiological needs and safety. This could play a part in them not being able to make better decisions regarding their health and therefore not choosing an approach such as preventative care, under which many rehabilitation practices fall.

In conclusion, the main factors that prevent Latino immigrants from visiting rehabilitation clinics are not being able to speak English and fear of getting apprehended by the authorities due to legal status. Also, mental health is an aspect that needs to be paid attention to because Latino immigrants can suffer from multiple health conditions. Furthermore, the concept of 'survival' or

'stress physiology' which can be another reason why Latino immigrants do not visit rehabilitation clinics, can be detrimental to overall health.

More research, with a larger sample size, must be performed on this important topic in order to improve the health and quality of life of the Latino immigrant population.

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Appendix

Qualitative Interview Questions

Preliminary Statement: Thank you for taking time out of your busy schedule to talk with me today. As you already know, we are involved in a project that seeks to discover more about the opinions and perceptions regarding access to musculoskeletal rehabilitation (low back pain, neck pain, etc.) clinics for Latino immigrants in the United States. Before we begin, we need you to read (and sign) our Informed Consent Form and our Audio/Video Release Form authorizing us to provide portions of your audio or video interview to the members of our Research Group, either through a password-protected website or by playing an audio or video file at one of our research meetings. If you have completed the short questionnaire, we would like to take a few minutes to look over your responses. If not, please take a moment to fill it out now.

Interview Questions

1. Before starting, do you have any questions for me?

¿Antes de comenzar tiene usted alguna pregunta para mí?

2. Can you please tell us a little bit about your background? How many people live in your household? What is your line of work? How did you arrive in this country?

Me podría decir un poco de su historia familiar ¿Cuántas personas viven en su casa? ¿En qué trabaja? ¿Cómo llegó a este país?

Rationale: *This is a “warm-up” question to attempt to create rapport and know more about the person. It is also a clue to know about the legal status of the person without asking directly.*

3. What were your first thoughts regarding the U.S. culture? Did you notice a lot of differences from your home country? (Besides language)

¿Cómo fue su reacción o qué penso acerca de la cultura Estadounidense cuando llegó a este país inicialmente? ¿Encontró muchas diferencias con su país de origen? (además del idioma).

Rationale: *We want to assess the opinion of the person regarding a new culture that can bring new psychosocial challenges.*

4. Would you consider yourself a relatively healthy person? Do you receive any type of long-term therapy or treatment for health conditions? What about your family?

¿Se consideraría usted una persona relativamente saludable? ¿Recibe usted algún tipo de terapia o tratamiento a largo plazo para condiciones de salud? ¿Su familia cómo está en este renglón?

Rationale: *Knowing the person’s thoughts regarding health and health practices will allow our research team to study their general beliefs on the subject.*

5. What do you see as the main reason that prevents Latino immigrants to seek health care (medical care)? Is the language a barrier for you and your family when seeking medical care?
¿Cuál considera usted que es la razón principal por la cual inmigrantes latinos no buscan cuidado de salud? (qué les previene buscar tratamiento médico). ¿Es el idioma una barrera para usted y su familia cuando buscan cuidado médico?

Rationale: We want to find out what the subjects believe about access to rehabilitation clinics, and this is a direct question on that subject.

6. Would you say that medical care in the U.S. is more or less expensive than in your home country? How do you know that? Do you think insurance plays a role in the cost?
¿Considera usted que el cuidado médico y de salud es más o menos costoso que el mismo cuidado en su país de origen? ¿Cómo usted sabe eso? ¿Cree usted que el seguro médico (aseguranza) juega un papel en esto?

Rationale: We want to assess if financial difficulties are to blame for a reduction in access to rehabilitation clinics.

7. If Spanish is your first language, do you have a family member or friend that could attend health care visits with you to serve as a translator? Have you found that healthcare facilities provide a translator or have employees who speak Spanish?
¿Si el Español es su primer idioma, tiene usted un amigo o familiar que pueda ir con usted a las visitas médicas para ser su traductor? ¿Las facilidades que ha visitado usted aquí le ofrecen traductor o tienen empleados que hablan Español?

Rationale: The research team wants to understand if language is one of the main barriers to attending rehabilitation clinics by Latino immigrants.

8. In your experience has it been easy to find a rehabilitation (for neck pain, back pain, etc.) clinic in which you feel comfortable receiving treatment? If not, why not? Please describe.
En su experiencia, ¿a sido fácil encontrar centros de rehabilitación para molestias como dolor de espalda, cuello, etc. en el cual usted se sienta cómoda con el tratamiento? Si su respuesta es no, ¿porque no? Por favor describa su situación.

Rationale: We want to assess beliefs regarding patient comfort in rehabilitation clinics to see if it could be a reason to not attend (or to attend).

9. When you visit a healthcare provider who does not speak your language, do you feel you are treated as a regular patient? What would that look like? Can you describe it?

¿Cuándo usted visita un proveedor de salud quien no habla su idioma, se siente usted tratado como los demás pacientes que si hablan su idioma? ¿Cuáles son algunas cosas que nos dejarían saber que el trato es igual? ¿Lo puede describir?

Rationale: Again, assessing if language keeps Latino immigrants from accessing rehabilitation clinics.

10. What is your level of trust regarding healthcare providers who are not from your home country? Do you prefer Latino healthcare providers? Why?

¿Cuál es su nivel de confianza en cuanto a proveedores de salud quienes no hablan su idioma o no son de su país natal? ¿Prefiere usted doctores Latinos? ¿Porqué?

Rationale: We want to assess if a lack of trust in providers from different backgrounds can cause this population to not attend the clinics.

11. Do you think that Latino immigrants only seek health care in cases of emergency? Is preventative medicine of interest to you and your family? Why?

¿Piensa usted que los inmigrantes Latinos solo buscan tratamiento médico en casos de emergencia? ¿El tratamiento preventivo es algo que usted y su familia interesan? ¿Porque?

Rationale: Our team believes that due to legal status some immigrants only seek medical care when it is considered an emergency. This will reduce access to clinics focused on musculoskeletal conditions.

12. Are you aware of the long-term issues that can ensue with untreated musculoskeletal symptoms (neck pain, back pain, etc.)? If you could prevent health issues from developing later in life, would you, do it?

¿Conoce usted los problemas a largo plazo que pueden ocurrir cuando se tiene problemas Músculo-esqueletales (dolores de cabeza, cuello y espalda) que no se tratan correctamente? Si pudiera usted prevenir el desarrollo de enfermedades en el futuro, ¿le gustaría prevenirlas?

Rationale: We want to assess if a preventative mindset exists in this population or if they only focus on treatment.

13. Are you aware of government programs that deliver discounted or free healthcare services to immigrants? Have you used any of them?

¿Sabe usted que el gobierno de USA tiene programas que ofrecen servicio de salud descontado o gratuito a inmigrantes? ¿A usado usted alguno de estos servicios?

Rationale: Financial difficulties can impede access to rehabilitation clinics, and we would like to assess their knowledge regarding government programs that could help them in this regard.

14. Is there anything we may have neglected to ask that would help us to better understand the opinions and perceptions regarding access to musculoskeletal rehabilitation clinics for Latino immigrants in the U.S.?

Del tema que hemos estado hablando ¿hay algo más que le gustaría compartir conmigo que me ayude a comprender mejor las opiniones y percepciones al acceso a clínicas de rehabilitación en inmigrantes Latinos en los Estados Unidos?

Rationale: We want to make sure that if there are any beliefs or opinions regarding this topic that the interviewer did not cover the subject is allowed to talk openly about them.

Thank you for your time!

¡Gracias por su tiempo!