

# Health Care for Women and Children in Boyle Heights

## Community Portraits of Access, Barriers, Needs, and Resilience



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This is a condensed version of the full report. For the 45-page original, which includes citations for all references, see our website or call Maternal and Child Health Access.

## INTRODUCTION AND ACKNOWLEDGMENTS

This report reflects the work of Maternal and Child Health Access (MCHA) over a period of more than two years in the community of Boyle Heights, a predominantly Latino neighborhood but diverse, with many communities within it. We worked with the collaboration of many partners and generous contributions from neighborhood residents.

The research was conducted in 2013-14 as part of The California Endowment's *Building Healthy Communities* (BHC) initiative, a ten-year commitment to fourteen



underserved California communities. Boyle Heights, where MCHA has been active for many years with our trademark trainings, case management, and advocacy efforts, was one of the selected neighborhoods, and MCHA was funded to examine issues of access to health coverage and the quality of health care for women and children.

We would like to thank the staff from the following organizations, communities, and institutions for the gift of their time and their contributions to this report: Clínica Monseñor Oscar Romero, Dolores Mission Parish, East LA Women's Center, Euclid Avenue Elementary School, LA Christian Health Center, Legacy LA, Mendez High School, Planned Parenthood of Los Angeles, Proyecto Pastoral at Dolores Mission, Roosevelt High School, Weingart East Los Angeles YMCA, and Wyvernwood Apartments.

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Fabiola Sandoval, Community Associate of MCHA, guided the interviews, focus groups, and surveys, and wrote the initial report copy. Michelle Gubbay and Lynn Kersey, Executive Director, MCHA, wrote and edited the final document. Significant support was provided by: Susana Bonis, Building Healthy Communities — Boyle Heights Evaluation and Learning Partner; Martha Escudero, Case Manager for the Perinatal Outreach and Education Program, MCHA; Joel Perez, with the Building Healthy Communities — Boyle Heights Hub; Marcela Ramos, interpreter and independent consultant, who also translated this version of the report; and Celia Valdez, Associate Director for the Wellness Center at Historic General Hospital, MCHA. We are grateful for the beauty of Andrea Houtman's graphics and style, and thank Paolo Jara Riveros for his insightful pictures and David Valdez from the YMCA and Laura Gonzales from Las Fotos Project for their support in providing additional photos.

The California Endowment provided essential funding, support, and guidance for this project and for the community's vision of a healthy Boyle Heights. We express our appreciation for their assistance and for that of Jennifer Ybarra, Program Officer for Building Healthy Communities — Boyle Heights.

This report would not have been possible without the advocates, doctors, mothers, young women, and community leaders who generously contributed their expertise, stories, experiences, and vision. We engaged with over 100 women in the course of this project; to respect their privacy, we have changed the names of those whose stories and voices are recorded here.

In this report we focus on access to health care coverage and barriers to quality care as social determinants of health for the community of Boyle Heights, with the understanding that access and quality are a part of a larger picture of health equity and well-being.

# PART 1—DEMOGRAPHICS AND METHODOLOGY

## Demographics of Boyle Heights

Boyle Heights, encompassed within zip codes 90023, 90033, and 90063, is a densely populated urban neighborhood of approximately 6.5 square miles east of downtown Los Angeles. It is one of the oldest areas in the city and home for over 40 years to one of the largest concentrations of Latinos and Mexican immigrants in the United States. In 2008, the L.A. Department of City Planning estimated the population of Boyle Heights as 99,243, of whom 94% were Latino; this compares with a 48.5% Latino population in L.A. as a whole. Over 80% of the Latino population in Boyle Heights is Mexican or of Mexican descent.

The neighborhood has historically lagged behind other Los Angeles communities in indices of well-being including education, health care, income level, and public safety. However, it also has attributes that contribute to greater health, including active social networks, parks and other social gathering spaces, strong nonprofit infrastructure, youth and adult organizing activity, and many cultural riches.

A major issue affecting large numbers in this community is the question of immigration status, and lack of legal status severely restricts access to quality health care. There are, however, programs implemented or promised since the completion of our research that will help undocumented residents obtain health services, and we mention these in the body of the report.

Within Boyle Heights, about half the population is foreign-born. Nearly one in five children in the County

of Los Angeles has a parent who is undocumented, but in Boyle Heights this figure doubles to 40%. Our research supports the findings of Enrico A. Marcelli and Manuel Pastor that “unauthorized immigrants are often deeply rooted in their communities.” In Boyle Heights, about half the undocumented residents have resided more than a decade in the United States.

## Survey Methodology and Demographics

MCHA’s research was qualitative in nature, and consisted of four components:

- **Ten Community Stakeholder Interviews:** Health and social services providers and community leaders working in Boyle Heights were interviewed to develop questions and topics of importance.
- **Sixty Community Member Surveys:** Women were approached at parent centers at schools, at outpatient clinics, and at the Weingart East L.A. YMCA. We offered a small stipend for filling out the 57-question survey. Our survey participants were all Latina, with the exception of one African-American woman and one woman who self-identified as multi-racial. All were between the ages of 18-70, and all lived (78%), worked, volunteered, or had children who attended school in Boyle Heights (or a combination of these characteristics).

Forty-eight out of our 60 survey respondents were mothers. Most (63%) were between the ages of 25-44 and most were married or domestically partnered. Seventy-five percent were foreign-born, a higher percentage than the estimated 50% in the population of Boyle Heights as a whole, with most of these from Mexico and six, in total, from Guatemala and El Salvador. Forty percent self-identified as undocumented. Most either spoke Spanish only (48% of our respondents) or were bilingual in English and Spanish.

Thirty-three percent had Full-Scope Medi-Cal, 20% had “restricted” Medi-Cal covering emergency or pregnancy-related services, 15% had private insurance paid by their employer, and 18% had no health insurance. The remaining 14% of survey respondents didn’t answer this question.



## First Focus Group

On June 11, 2013 we facilitated our first focus group, with 15 women who live and/or work in Boyle Heights. The women spoke of their ties to Boyle Heights: most had lived in the community for at least 10 years, and they had other bonds, such as children in school in the area and volunteerism or employment. Everyone participated in the conversation which ranged from dental health to postpartum depression and from insurance coverage to traditional herbal remedies.

- **Community Focus Groups:** The three focus groups each consisted of about 15 women, all Latinas, recruited via the distribution of flyers and through contacts of the Youth Media Team at the Weingart East L.A. YMCA and of the *Promotoras de Salud* from East L.A. Women's Center. Participants received a small stipend, and MCHA provided child-care during the focus group sessions. Two of the focus groups were comprised of women over the age of 18 and one consisted of adolescents aged 14-17. A fourth focus group was attempted with Lesbian, Gay, Bisexual, Transgender, and Questioning participants, but it became a situation

of a small group interview.

*Forty-eight out of  
60 survey respondents  
were mothers.*

- **Five System Leader and Three Clinic Leader Interviews:** We approached community nonprofit organizations, health personnel, clinic leaders, and community residents and leaders to obtain a broader understanding of the challenges encountered. We asked for their recommendations for addressing barriers to quality health care in Boyle Heights.

Our findings in all areas throughout this report are augmented by existing research as well as by our ongoing exploration of the cultural wealth and human resources within the Boyle Heights community.

## PART 2—ACCESS TO QUALITY HEALTH CARE: SOME KEY OVERALL ISSUES

*“Many of our communities are in survival state, in need of living wage jobs, affordable and quality housing, and access to fresh and healthy fruits. Health care often isn’t a top priority, except in times of health emergencies.”*

Paola, one of our interviewees, a Guatemalan mother of two and a passionate *promotora* (a community member who provides basic health education to her peers), expressed the above sentiment. This perspective, that attending to health care is not an ongoing priority, was frequently voiced in our initial group discussions and individual interviews.

As we probed further, however, women expressed the understanding that good health is a necessary foundation in their lives. Respondents articulated the desire for a medical home where they could receive general health coverage for themselves and their families, both preventive screenings and disease management — though for many this seemed an unattainable luxury. Among the women who did



have a regular provider, most stated that they had a good relationship with their doctor, a finding that points to one of the many benefits of a medical home.

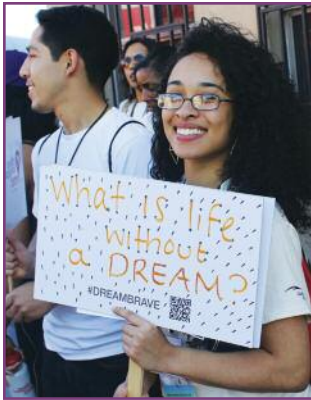
For those with limited or no health insurance, access to care is a time-consuming navigation of a patchwork system for such essentials as family planning and dental health, with emergency care often the only route for injury and

disease. One woman spoke about being in excruciating pain from gall bladder stones; after waiting for 12 hours on the emergency room floor at LAC + USC Medical Center, she left to seek alternative care.

Four major barriers to quality health care emerged in our conversations.

## 1. Lack of Access to Health Care for Those Without Legal Immigration Status

The health care landscape for undocumented immigrants in California was shifting during the course of our research and is still in a state of flux, though undocumented immigrants remain ineligible to apply for President Obama's Affordable Care Act (ACA). A third of our respondents were in mixed-status



families, with scenarios such as that in which one family member had comprehensive health coverage while another had only limited coverage or no coverage at all.

Dora, a married Salvadoran immigrant mother of six children, expressed a typical scenario of encountering waiting lists and long delays at community clinics. She

told us of navigating health fairs to get a mammogram, but whereas she used to visit a community clinic to receive a physical exam and pap smear, when the program requirements changed she no longer qualified. When her son broke his leg practicing football they were referred to an orthopedic specialist, but then had to wait eight months for the approval of specialty care.

### The Changing Landscape for Undocumented Residents

Three programs implemented or promised will help undocumented residents of Boyle Heights obtain health services:

- My Health LA, launched in October 2014, is a no-cost health care program for low-income residents of L.A. County who are uninsured and ineligible for health insurance, primarily undocumented residents. Income must be at or below 138% of the federal poverty level.
- The federal Deferred Action for Childhood Arrivals (DACA, the "Dream Act," implemented in June 2012 and expanded in November 2014) includes, in California, health coverage for qualified youth through Medi-Cal.
- A California state budget deal reached in June 2015 promises health care by May 2016 to children regardless of immigration status.

In addition, the Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA) and expanded DACA programs may bring more coverage, but these programs are currently blocked by a temporary order from a federal district court in Texas, a preliminary injunction

upheld by the U.S. Court of Appeals for the Fifth Circuit on November 9, 2015. On November 10, 2015, the U.S. Department of Justice announced that it will appeal and seek Supreme Court review of the case.

## 2. Lack of Access to Quality Health Care Because of Limited Financial Resources

Many women spoke of the burden imposed by the combination of public transportation followed by long wait times at appointments. They often needed to take a half or a whole day to seek medical care, but in contrast to the long wait times, the doctor visit itself was often short. One woman spoke of the limited nature of her insurance coverage, not adequate for the frequent doctor visits and cost of prescriptions for her disabled child. Georgina, a mother of four children who works six days a week at a dry cleaners, had to wait eight months to be scheduled for bladder surgery at LAC + USC Medical Center.

Nancy, a young mother of Puerto Rican descent, commented on the negative stereotyping of low-income women: "When you access care with Medicaid, there are assumptions about the type of person that you are, the way your kids are, the type of mother that you are." Another woman's comment summed up the feelings of many: "We need something effective and of quality, even if we're poor."

### The Changing Landscape for Low-Income Legal Residents

The Affordable Care Act was coming into implementation as we were conducting our research, and ideally it will have a measurable positive impact on low-income legal-status California residents. It provides expanded Medi-Cal coverage for legal-status adults with an annual income lower than 138% of the federal poverty level; pregnant women are covered under Medi-Cal to an even higher level, 213%, and children even higher, 266% of the poverty level. The Medi-Cal Access Program, formerly known as AIM, covers pregnant women with incomes higher than free Medi-Cal allows, from 214 to 322% of poverty, with comprehensive coverage.

For low-income adults above the 138% Medi-Cal threshold, Covered California is available with substantial subsidies for monthly premiums. Nonetheless, the lowest-priced plans have a high deductible and entail co-payments for many medical services, and health insurance alone doesn't answer the problem of finding childcare or needing to take time off from work. Further research will be needed to determine what health care gaps exist for ACA-covered residents in Boyle Heights.

### 3. Problems of Communication With Medical Providers Who Speak Only English

An estimated one-third of Boyle Heights residents speak limited or no English. Dr. Mark Ghaly, Director of Community Health & Integrated Programs with the L.A. County Department of Health Services, affirmed the concern: the persistent scarcity of Spanish-speaking physicians in Boyle Heights.

State and federal laws require that medical interpreters be present for people with limited English proficiency, but many of the monolingual Spanish-speaking women who participated in the focus groups or completed our survey were not able to receive medical care from people who speak Spanish.

Even at the Keck School of Medicine, a private, prestigious, and linguistically diverse hospital (part of the University of Southern California's medical campus in Boyle Heights), there are insufficient translation resources. Dr. Ibrahim Busnaina, writing as a senior resident in psychiatry at Keck in a 2012 blog post for *U.S. News & World Report*, noted that he had been called many times to consult on "situations where medical students and residents mistook a language barrier for a psychiatric issue."

### 4. Lack of Information, and Cultural and Internalized Barriers

*"I don't have time for me. ... I don't understand my benefits, what's covered and what isn't."*

Our research revealed informational, cultural, and internalized barriers to women developing a healthy lifestyle and seeking medical help when needed.

- In some cases there are clear demarcations while in other cases these barriers feed into each other. We heard from women who under-valued self-care, internalizing a cultural prescription that women sacrifice self for those they love; this made them less attentive to information about adult women's health. "I only started talking about my own health issues when you came with the survey," we heard. One woman put it succinctly: "I don't have time for me."
- In the confusing and shifting health care landscape, many women are not aware of the health programs and services for which they are eligible.
- For women with insurance, it can still be bewildering to interpret their benefits. "I barely know what my insurance covers, let alone what it doesn't," one woman voiced, for many.
- Lack of knowledge of proper preventive care is another barrier we encountered.

We will revisit some of these questions in later sections of this report, and in our Conclusions we will address the issue of needed education, outreach, and support.

*Below: Detail from mural, "Una Trenza" on wall of Self-Help Graphics, 1300 East First Street, Boyle Heights*



### Sara's Story

Sara, a native from a small town in Mexico, came to the U.S. with her son who suffered from congenital hydrocephalus (an abnormality of the flow of fluid in and around the brain), a difficult but not necessarily fatal disease. She recalls the difficulties they encountered due to the limited scope of services offered with restricted Medi-Cal; her son was refused treatment at hospitals because he did not have a Social Security Number. After a year in the U.S., Sara connected to California Children's Services (CCS) and her son then gained access to the care he needed, but he passed away at age 13.

### Laura's Story

One of our respondents, Laura, told us of her experience during a medical visit when the doctor was recommending that she use an IUD for preventing endometriosis. As her condition was explained, she struggled to understand the doctor, a monolingual English speaker. A bilingual nurse was called in to interpret but Laura still felt frustrated as medical advice was lost in translation.

Laura is from El Salvador, but she also spoke to us about women in Boyle Heights from indigenous communities in Mexico and Guatemala who speak their indigenous languages but neither English nor Spanish. There seems to be little success in providing indigenous interpreters for these patients.

## PART 3—DENTAL HEALTH

Dental care was an area of major concern for our research participants, with 97% stating that dental coverage was very important, although two-thirds did not have it. In our focus group with 16 adolescents, four young women in the room had dental pain at the time the group was conducted.

Despite this overwhelming concern and need, we learned that community members are not sure where to go when needing dental services, how often they should go, whether dental services are included in health coverage, and what are warning signs, other than pain, that indicate the need to visit a dental provider. A handful of our respondents traveled to their home countries for their dental care needs.

Even those research participants with dental coverage rarely used it for preventive care. Dr. Monica Rado, Dental Associate



and surveys, however, showed that only eight percent of parents among our respondents took their children to see a dentist by the time the first tooth erupted. Reasons included lack of knowledge, inability to find a dental provider, and lack of coverage.

In summary, our research revealed four gaps which create barriers to dental health:

1. Gaps in qualification for dental coverage. Some gaps remain, even though the landscape is changing. As of 2015, Covered California (the state's health insurance exchange under the ACA) includes children's dental, and adults will be able to purchase dental care in 2016. After a lapse, Medi-Cal again

covers some adult dental, as well as the children's dental it has always covered. Thus, residents with authorized immigration status who are eligible for Full-Scope Medi-Cal are covered, but citizens or legal residents who are not eligible for Full-Scope Medi-Cal must be able to afford dental costs with an ACA plan, unless they are pregnant or immediately postpartum. Likewise, except during pregnancy/postpartum, undocumented residents must seek charity care or the limited dental benefits in the county undocumented program, My Health LA.

2. Gaps in knowledge about existing programs even among those who qualify.
3. Failure to be offered services or failure to use available coverage for routine preventive care.
4. Gaps in knowledge about preventive self-care at home.

*I have not been to the dentist in over 17 years; I can't afford it.*

Director at Clínica Oscar Romero, emphasized to us that dental disease is mostly avoidable with basic preventive care, and she stressed the importance of educating women on both the imperative

for an oral examination during pregnancy and the need to take their children to the dentist by age one; our focus groups

Below: Detail from "Una Trenza" mural, on wall of Self-Help Graphics, 1300 East First Street, Boyle Heights



## PART 4—REPRODUCTIVE, MATERNAL, AND SEXUAL HEALTH

### Including Related Mental Health Issues

*“There were five women named Maria and they almost mixed up my file.”*

Reproductive and maternal health were the areas of specialized health care that came up most frequently in the focus groups and interviews.

#### Family Planning, Pregnancy, and Women's Health Issues

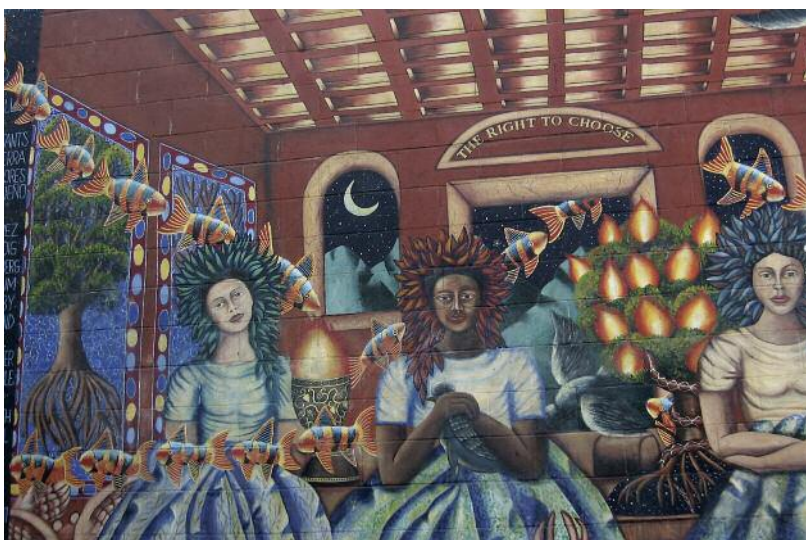
Lacking comprehensive health coverage, many survey respondents relied on a patchwork system to obtain gynecological tests and family planning services. During focus group discussions, women often referred to the State of California's Family PACT (Family Planning, Access, Care, and Treatment) program as their main source of care. Family PACT is open to all residents whose income is less than 200% of the federal poverty level, and it pays for many sexual and reproductive health services. However, it does not pay for abortions, prenatal care, or maternity care, and three of our respondents told us of their discovery that they were no longer eligible for any of its services after they'd had their tubes tied as a method of permanent birth control.

Most survey respondents indicated that they received prenatal services as soon as desired, but they reported a wide range of experiences during pregnancy and when giving birth. Several women said that they liked their doctor(s) and nurses and felt treated with respect, but about one-third were dissatisfied with at least one of their pregnancy and birth

experiences. One woman said that her water broke early and this led to an infection undetected by the doctor. Another told us that “there were five women named Maria and they almost mixed up my file.” More than one woman spoke of being unprepared for her cesarean-section delivery; in at least one case, this was due to language and communication problems. One survey respondent spoke of a doctor who rushed in when her baby was coming, upset because his schedule was interrupted and making her feel like she was an inconvenience; another described her birthing experience as “traumatic,” because the doctor was not present. One woman who wanted to be awake for the birth was given so much morphine that she was put to sleep; other women reported long waits for pain medication, or no response at all to their requests for pain relief. In one woman's case, the placenta was not fully removed.

Our finding that one-third of our respondents, many of them low-income immigrant women, were dissatisfied with at least one of their pregnancy and birth experiences contrasts with the results of a comprehensive 2002 survey of over 1,500 mothers, summarized on the website of Childbirth Connection; that survey showed that “An overwhelming proportion of mothers were pleased with the care that they received” during their childbearing experience.

Below: Portion of “Immaculate Perception” mural, by Jill Ansell, 1920 Marengo Street, Boyle Heights



#### Family History

Nancy spoke passionately about the importance both of good gynecological care and reproductive justice. She has a family history of cervical and breast cancer, “so I always worry,” she said. She also told us that her grandmother was forcibly sterilized in Puerto Rico, part of a shameful chapter in U.S. medical history that likewise disproportionately affected L.A. County's Mexican-American women. (See “*Más Bebés?*”: *An Investigation of the Sterilization of Mexican-American Women at Los Angeles County-USC Medical Center during the 1960s and 70s*, by Renee Tajima-Peña.)

#### Postpartum Depression

Andrea told us that for many years she believed she couldn't have a child, but after three years of fertility treatment she successfully became pregnant at age 31. She received prenatal care and took prenatal classes, but the topic of postpartum depression was not discussed. When she came home after birthing her son, she felt “unnatural with my thoughts and emotions as a mother.”

Within a short few months she unexpectedly became pregnant a second time. Her depression was exacerbated, navigating new motherhood while pregnant. Her second son was born prematurely. “I felt guilty,” she told us. “I was depressed during pregnancy and so I didn't take good care of myself.” Finally, after seeking and receiving the therapeutic and medication help she needed, she bounced back to normal, with a renewed sense of purpose and determination.



## Teen Moms

Valentina, a teen mom, has Full-Scope Medi-Cal, and she told us that she is satisfied with her son's pediatrician but that she feels a need for teen moms like her to have a space to get together. "We are kind of pushed away," she said. "It's important for teen moms to talk about our experiences and try and help one another."

### Mental Health Issues Related to Pregnancy and Maternity

Our research revealed that, once given permission to open up, women welcomed the opportunity to talk about mental health issues related to pregnancy and maternity. "During pregnancy, maybe therapy would have been beneficial," one woman said during one of our focus group discussions. "I didn't go out, I felt depressed," another woman commented. "I was confined in my house."

Martha Escudero, an MCHA employee, told us that most of the moms-to-be and new moms that she sees in her work in Perinatal Outreach in Boyle Heights and East LA are either depressed or anxious; they speak of feeling lonely and isolated. A comprehensive 2012 survey by the L.A. County Department of Public Health LA Mommy and Baby Project (LAMB) found that 34.8% of Latinas self-reported feeling sad, empty, or depressed most of the day for two weeks or longer during their pregnancy, and, postpartum, 45.4% of Latinas self-reported feeling either "a little" or "moderately" depressed, and 4.1% reported feeling "very depressed." However, only half of our survey respondents were asked about their mental health during their regular prenatal and postpartum visits.

Dr. Emily Dossett, who works at the Maternal Wellness Clinic inside the Adult Outpatient Psychiatry Clinic at LAC + USC Medical Center, discussed with us that over 70% of her patients have a history of intense stress and trauma (previous sexual abuse and/or current trauma) before she sees them in the context of perinatal or postpartum psychiatric issues. She spoke about the vulnerable population of postpartum women who do not qualify for Full-Scope Medi-Cal and are dealing with postpartum depression without health care coverage.

### Reproductive/Sexual Health Issues and Related Mental Health Issues for Adolescent Girls

In our focus group with teenage girls aged 14-17, the two topics the girls most wanted to discuss were access to birth control methods and sexual health education, including sexually transmitted infections (STIs). Only half the young

women felt they had adequate access to information and services about reproductive and sexual health. They also shared their views on the importance of mental health, mostly speaking about self-esteem, self-image, and having a reliable adult with whom to talk.

The intersection of self-image/self-esteem with reproductive and sexual health was highlighted when we interviewed two participants in Planned Parenthood's Peer Advocacy program in their high schools. These young women noted that poor self-image and low self-esteem are factors leading girls to engage in risky sexual behavior; they saw how often young women value themselves primarily through their peers and seek acceptance by whatever means. Irma, a Peer Advocate at Mendez High, spoke of seeing young girls getting pregnant and dropping out of school; they don't get the attention needed at home and put themselves in risky situations. Furthermore, young women often don't realize they are in an unhealthy relationship, since that's all they have seen from the adults in their lives. Xiomara, a Peer Advocate at Roosevelt High, stated: "I see many questions unanswered because of the taboo surrounding discussing issues of our bodies, including sexual and reproductive health. Entering into the Planned Parenthood clinic is viewed as shameful, so how many young people do not take advantage of the clinic because they don't want to be seen going in?"

*Entering into the Planned Parenthood clinic is viewed as shameful so how many young people do not take advantage of the clinic because they don't want to be seen going in?*

Furthermore, young women often don't realize they are in an unhealthy relationship, since that's all they have seen from the adults in their lives. Xiomara, a Peer Advocate at Roosevelt High, stated: "I see many questions unanswered because of the taboo surrounding discussing issues of our bodies, including sexual and reproductive health. Entering into the Planned Parenthood clinic is viewed as shameful, so how many young people do not take advantage of the clinic because they don't want to be seen going in?"

### Health Concerns Within the LGBTQ Community

We were frustrated in our attempts to convene a focus group of Boyle Heights women who identified as Lesbian, Gay,

Bisexual, Transgender, or Questioning. When our third attempt brought a total of three women, we shifted into the mode of a small group interview.



The women spoke of feeling the “erasure” of being a brown or mixed LGBTQ woman in Boyle Heights, the “invisibility” of living at the intersec-

tions of being LGBTQ and of Mexican descent. “Just because you’re LGBTQ, you don’t stop being Latino,” one said. They discussed how women’s sexuality and gender expression in a macho culture can render shame in many women of color, and how the added layer of being Lesbian, Bisexual, or Transgender makes it even harder to navigate public spaces. They shared how infrequently health care practitioners, including those dealing with sexual health, are equipped with appropriate information rather than applying hetero-normative practices. They pointed to the overall ignorance about sexual health for gender and sexuality experiences outside normative heterosexuality.<sup>1</sup>

The three women discussed the lack of readily available information about healthy relationships and safe sex for women involved with women, the importance of peer support for mental health, and their work in trying to create an LGBTQ space within the new Wellness Center at the Historic General Hospital. “When I was coming out, I wished there were a group for women questioning,”

1. As we were completing this report, a white paper entitled “Discrimination and Denial of Care: The Unmet Need for Transgender Health in South Los Angeles” was published by St. John’s Well Child and Family Center. The August 17, 2015 press release announcing the report stated in part: “The white paper was written to shed light on the barriers to basic health care experienced by the transgender community ... [and] to ensure that the tens of thousands of transgender individuals living in Los Angeles County have access to affordable, competent and loving transgender health services.”

one woman remarked. “There still are no spaces for women who are older and coming out.” (In October 2015, eight months after our small group interview, an LGBT center, Mi Centro, opened in Boyle Heights under the auspices of the Los Angeles LGBT Center and the Latino Equality Alliance.)

Alexa, a trans woman, emphasized the need for a campaign “that calls out our health concerns or prioritizes our health inequities,” and the need for organizations in Boyle Heights that have not traditionally been LGBTQ-friendly to be educated about the imperative to invest in this direction.

*To truly create a healthy community, you need to create it for the sum of all of its parts.*

One woman beautifully expressed the concept of “Building Healthy Communities” when she said: “To truly create a healthy community, you need to create it for the sum of all of its parts.”

*Below: Portion of “Resurrection of the Green Planet” mural by Ernesto de la Loza, 2242 East Cesar Chavez Avenue, Boyle Heights*



## Being a Trans Woman

“The system is confusing as a trans woman,” Alexa shared, speaking about her familiarity with the L.A. County health care system, “and a lot of imaging doesn’t reflect people like me.” There are intake challenges for those who are transgender that most people don’t think about: the male/female gender box is an obstacle, and there’s the system’s inability to capture medical history from a name used prior to a transition. Alexa spoke about the times she has been called out of her gender by medical staff, and how she has been questioned at inappropriate moments about her sex transition: “Even if I go to get my eyes checked, I get questions about my transition.”

There is no federal standard of care for a transgender woman; co-pays are high for hormone replacement therapy and dosage is inadequate. When a transgender identity intersects with being low-income and/or having an unsatisfactory immigration status, Alexa told us, you feel even more vulnerable when you ask that your needs be met. Nonetheless, Alexa is resilient and resourceful, and she understands the power of her voice. She intends to continue to advocate for herself and for all transgender women.

## PART 5—MENTAL AND EMOTIONAL HEALTH ISSUES Not Related to Perinatal Health

Most of the community stakeholders we interviewed expressed concern about undiagnosed and untreated mental health issues that they observe in their direct front line work. “People in the community may not realize that they are depressed and/or stressed, although they are being impacted by depression or anxiety or gang violence,” said Amy Luftig-Viste, Program Director of My Health LA. “Few resources exist to help people identify that they are in need of mental health care.”



Above: Portion of mural at the corner of First Street and St. Louis Street, Boyle Heights

In our survey responses and group discussions we found that while many of our respondents rated mental health services as important, many also revealed a hesitation to utilize such services. Our research revealed four interrelated reasons for this hesitation: lack of knowledge of where to seek care; fear of and/or experience with an insensitive practitioner; the cultural stigma of seeking psychological assistance; and, among those with a sensitive legal status, fear of legal repercussions. We will touch on these interrelated reasons throughout the sections below; for more details, see our full-length report.

### Historical and Environmental Issues Affecting Mental Health for Boyle Heights Residents

Elena Fernandez, the Director of Behavioral Health Services for St. John’s Well Child and Family Center, spoke to us about generational traumas that affect communities of color. She noted that violence in home countries, the hazards of migration, poverty, and community and family violence here in Los Angeles are all factors that impact current mental health. Dr. Brecht Nichols, with LAC+USC Medical Center, talked with us about the Post-Traumatic Stress Disorder (PTSD) that he sees among young people, and how untreated PTSD affects a young person’s ability to focus in school or hold down a job.

Our survey and focus group participants told us personal stories that illustrate these issues of environmental challenges and trauma. In one instance, one of our participants, a woman without authorized immigration status, spoke about stress and

depression for women who are coping with issues of lack of employment and legal status. Mental health benefits are even more needed under these circumstances, she said, and are even more difficult to access. On another occasion, after we finished conducting surveys at the *Mi Vida, Mi Salud* collective at Clínica Oscar Romero, two of the women rushed out to visit a community member who was wounded by a gunshot and was in urgent care across the street at LAC + USC Medical Center. One of the

women said to us: “*Necesitamos mucha ayuda con lo mental, we need mental health support in our community. Violence really affects us.*”

### Access, Ambivalence, Fears, and Stigma

*“You’re ‘crazy’ if you need help for mental health. That’s the taboo in the Latino community.”*

On the written surveys we asked: “Do you ever feel sad, alone, or feel that you are overwhelmed with problems?” Seventy-nine percent of our respondents said either “sometimes” or “often.” Similarly, 81% said either “sometimes” or “often” when asked if they ever felt anxious or depressed. One woman mentioned that there had been four suicide attempts that year at the elementary school her daughter attends. “Nobody asks about your mental health, here in Boyle Heights,” she said.

Seventy percent of our respondents rated professional psychological support as “very important.” However, only two women said that they had ever sought professional help for a mental or emotional difficulty, and when asked whether either self or a family member has a current need for mental health support, 6 said “Yes and receiving support,” whereas 14 said “Yes and not receiving support.”

Obstacles to safe, easy access are one part of the problem; almost half of our survey respondents admitted they would not know how to get psychological help. Nancy mentioned her concerns in dealing with the public health system as a parent: “The last thing you want to disclose is that you’re having a hard time with anything, because of a fear of the Department of Children and Family Services; you’re wondering, *what will happen to the kids?*” The woman who told us

about the elementary school suicide attempts asked, “How are we going to pay for a psychiatric social worker in our community?”

In addition to these external barriers, many women spoke about the stigma surrounding “mental illness,” a branding attached to someone who seeks professional help. “There’s stigma in the community and even in the church,” one woman said. “You’re ‘crazy’ if you need help for mental health,” another woman added. “That’s the taboo in the Latino community.”

### The Desire for Mental Health Resources

Within the supportive environment of our focus group discussions, or encouraged by the prompts of the survey questions, women

shared their desire for greater knowledge about and access to mental health resources such as support groups, therapists, and psychiatrists; they emphasized simultaneously that they wanted to maintain autonomy to choose what they need for themselves and their families.

Women mentioned the following areas in which they would welcome help for mental and emotional health issues: anxiety, depression, and stress; mourning and loss; stopping the violence; support groups for women, for new moms, for parents, and for LGBTQ women; counselors and classes for parents (including what to do when one of your children is being bullied or suffers from depression); help for young people with their issues, including self-esteem, self-care of their bodies, depression, and suicidal thoughts; support groups and counselors for married couples.<sup>2</sup>

## PART 6—THE ROLE OF COMMUNITY AND CULTURE IN HEALING AND HEALTH



### Peer Support Groups, Peer Advocates, and Promotoras

At our very first focus group session we had a rich conversation in which women spoke of their longing for a support group. Many women mentioned this desire in the context of being away from their countries of origin and acculturating in a new land. Laura, an immigrant from El Salvador, spoke passionately about the need for support groups for young mothers. When she had

experienced postpartum depression she could not find a support group anywhere.

The ability to assert oneself with confidence can be crucial as a woman learns how to navigate a sometimes bewildering system of health programs, clinics, and hospitals. One mother told us that a doctor specifically advised her “*aprender a hablar, a expresarte,*” to learn to express herself, as she coped with finding care for her son who had a serious illness. A peer support group can be a tool for helping women to express themselves; in addition, Latina peer group facilitators and peer advocates can model self-assertive behavior while they offer concrete knowledge and assistance.

2. Only five women self-reported that they had an unhealthy relation with an intimate partner, but this dimension was not explored in our research. A December 2013 report on the prevalence of violence against women and girls in Boyle Heights quotes a community member who calls domestic violence a “cultural norm.” (For the report, entitled “*Building Healthy Communities — Boyle Heights: Improving Community Health by Preventing Violence Against Women and Girls,*” see “*Boyle Heights Policy Report*” on the News/Publications website page of the East Los Angeles Women’s Center.)

### Family in Crisis

Dora, the Salvadoran mother of six mentioned in Part Two, faced a crisis in her family many years ago. Her brother-in-law killed her sister and then himself and she became caretaker of her four nieces, then aged three, seven, eight, and nine.

The only call that she received was from the Department of Children and Family Services about the custody of the children. The social workers told the girls about their parents, but neither Dora nor the children were offered any additional support or help.

### A Women’s Support Group at Church

Sara was catalyzed by the tragedy of the death of her son, born with congenital hydrocephalus. She became active with a group at Dolores Mission Church called *Animadoras de Comunidades de Base*.

She meets with 15 other women every Monday afternoon, gathering to “*compartir el vivir, de salud, vida, familia, trabajo y milagros*” (to share how we live, share about health, life, family, work and miracles).

## Promotoras: Three Stories

- We introduced Andrea earlier, telling her story of postpartum depression following a long-desired pregnancy. Her primary care physician was instrumental in helping her with referrals to a psychiatrist and therapist, and after a few years not only did she feel back to her “normal” self, but she felt a strong sense of purpose and determination. One day she met a *promotora*, and her avocation became clear: she trained to become a *promotora* herself. “Being a *promotora* has been my salvation,” she told us, “It heals me when I am able to give information, when I can help another.”

- Dora is the woman who has been raising her four nieces ever since the murder-suicide committed by her brother-in-law. She found a support group in Hollywood which helped her gain strength. Later, she trained to become a *promotora*, and commented: “It’s been beneficial to be involved in the community groups, the workshops about health. I have gained strength, united with other people.”

- Paola has been a dedicated *promotora* for several years. In our interview, she spoke about the importance of having a space for women to come together — *convivir* — to build on the solidarity that is often born between women and girls. She advocates support groups and workshops on the subject of self-worth and healthy relationships. An immigrant herself, she finds herself encouraging other immigrant women to speak up: “*Tienes voz — no tienes dinero o papeles, pero tienes voz.*” (You don’t have money or papers, but you have a voice.) “Health is everything,” she said to us, “mental, physical and spiritual.”

A group offering support may be led either by a licensed professional or by a non-licensed peer facilitator. The latter has received training in communication and support skills as well as information and resources; these complement the vital element of her own life experience and wisdom. Planned Parenthood’s high school Peer Advocacy program (mentioned in Part Four) is an example. Peer Advocate Xiomara spoke of her role in breaking myths and taboos about reproductive and sexual health, and always “knowing who to ask for help when you don’t have the answer.” She told us that many more Peer Advocates are required on campus than they currently have.

Another illustration of peer advocacy is the work of *promotoras/promotores*, neighborhood residents who, grounded in their own wisdom, passion, and cultural traditions, are trained to be experts on critical issues facing their community (often particular health concerns) and on accessing available resources.<sup>3</sup> In our research we met women who became *promotoras* after personal experience of setback and struggle, and they are now devoted to helping their peers on a pathway to better well-being for themselves and their families.

### Home Remedies and *Sobadores*

In our survey we asked, “Do you rely on home remedies?” Out of our 60 respondents, 37 (62%) said “yes.” Similarly, in our focus group discussions many of the women spoke of visiting a *botánica* (a store selling medicinal herbs, incense, and oils) in Boyle Heights, or the larger *Hierbas de Mexico* store (Herbs of Mexico) in nearby East L.A. One woman told us that her father-in-law was a traditional healer in his hometown in El Salvador; there

were no doctors there at all. Some of the women relied on home/ herbal remedies because they trusted these more than medical prescriptions; for other women it was an alternative used because they lacked health coverage to pay for doctors’ visits and/or prescription drugs. One woman shared that she had health care coverage only when she was pregnant; she relied on herbal remedies the rest of the time.

Another healing modality that has come to the United States with immigrants is the traditional massage therapist, the *sobador/sobadora*. A quarter of our respondents said that they consulted with a *sobador*, and just over a fifth of our survey respondents said they consulted other forms of alternative medicine, a topic that also came up in our focus groups and interviews.

### Cultural Therapy

Reviewing the psychiatric literature on the mental health of Latinos in the U.S., the National Alliance on Mental Illness (NAMI) found that there are higher rates of mental illness among U.S.-born Latinos or those who have been long-term residents, compared to the rates among recent Latino immigrants to the U.S. Some researchers have concluded that “acculturation”<sup>4</sup> is the causative factor associated with increased risk, while others emphasize an interwoven set of compounding factors that differentiate long-term resident or U.S.-born Latinos compared with recent immigrants.

Yet, while “acculturation” alone may be too unitary an explanatory concept, (re)connecting to ancestral culture as an expansive, living entity has been shown to play an important role in healing and health. A phrase has come

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3. The original term “*promotora de salud*” (health promoter), has been shortened more generally now to simply *promotora*. The terms “*promotora/promotoras*” refer to a woman/women in this role, while the terms “*promotor/promotores*” refer to a man/men, or, for the plural, a mixed-gender group. (The same applies to “*sobadora/sobadoras*” and “*sobador/sobadores*,” in the next section.)

4. The Merriam Webster dictionary defines “acculturation” as “cultural modification of an individual, group, or people by adapting to or borrowing traits from another culture.”

## Perspective of a Holistic Healer

On her website, “Just Breathe Healing,” Dr. Elena Esparza, a chiropractor, holistic healer, and activist for community health in Boyle Heights, writes that “My chief healing influences come through the great women of my family who have carried on the traditions of their grandmothers and family healers ...” We interviewed Dr. Esparza at some length; see our full-length report for some excerpts from that conversation.

into currency in Latino communities across the United States, “*La Cultura Cura*” (Culture Heals), signifying an understanding of the need for inclusion of cultural dimensions within pathways to mental and physical well-being.

The curative power of reconnecting to cultural roots arises both from individuals relating to each other in community, and from the individual realigning her- or himself with traditions that give grounding and depth, a reminder of the continuum of which one is part.

In 2011, the Building Healthy Communities initiative incorporated the Alliance for California Traditional Arts

(ACTA) into its programming and implemented the Activating Cultural Assets Pilot Project in four communities, including Boyle Heights. This led to the establishment of the Boyle Heights Cultural Treasures Project, and over 100 Boyle Heights cultural treasures were identified via a community survey, ranging from muralists to musicians, gang intervention workers to neighborhood landmarks and gathering places. Writing about the Boyle Heights Cultural Treasures Project, Quetzal Flores, the Program Manager and founder of the Grammy-award winner band Quetzal, summed it up by saying that Boyle Heights is “a community where art and culture provides hope and health for the future.”



Left: Portion of “Stairway to Global Health” mural by East Los Streetscapers, across the street from Bravo Medical Magnet High School, 1200 Cornwell Street, Boyle Heights

# IN SUMMARY AND CONCLUSION—CHANGING THE NARRATIVE AND THE REALITY: SOME POSSIBILITIES

Please see our full report for an in-depth discussion of the issues raised by the MCHA research project. In this condensed report, all we can do in these Conclusions is highlight key points. Some of our concluding recommendations reflect the ongoing efforts of the Prevention workgroup of the Building Healthy Communities-Boyle Heights initiative, in which MCHA is an active participant. Other recommendations reflect concerns that moved to the fore during the research process itself, framed within the landscape of the larger questions posed by The California Endowment's Building Healthy Communities initiative: What is health and wellness? What is community? What is the narrative we tell ourselves as a society about how we live together, and who thrives and who does not?

## Summary of Recommendations

### Changing the Narrative in the Larger Society Around Health Care Access

Grounded in the recognition that health care is a human right, and as part of preparing the way for the more extensive policy changes that are needed for universal health coverage, we recommend:

- Increasing the population eligible for My Health LA and increasing the ease of enrollment



- Expanding the narrative to include access issues crucial for low-income mothers

In addition:

- Further research will be needed to determine what health care gaps continue to exist for ACA-covered residents in Boyle Heights

### Expanding the Health Access Narrative to Include the Importance of Language

- A multi-faceted approach to training and recruiting Spanish-language medical providers
- Expanding the narrative to include medical interpretation as an essential aspect of health care
- Outreach to bilingual speakers in Boyle Heights to make them aware of medical interpretation as a possible career choice

### Expanding the Health Access Narrative to Include the Importance of Cultural Sensitivity

- Encouragement of discussion on cultural sensitivity issues
- Support for efforts to simplify medical application forms
- A survey assessing the needs of the LGBTQ community, created and directed by the Boyle Heights LGBTQ community with women at the forefront

### Changing the Narrative Within the Community Around Female Self-Care and Female Sexuality

- Full support for the Office of Women's Health "Call to Action for LA County Moms"
- Educational initiatives to boost self-esteem and self-care for both adult women and teenage girls
- Recruitment of more teen advocates for school-based Planned Parenthood health centers, advocacy for comprehensive wellness centers at all area high schools, and encouraging interested teens and adults to investigate becoming involved in the expansion of the sexual health school curriculum



- Full support for the annual Women’s Conference sponsored by Proyecto Pastoral at Dolores Mission

**The Need for Outreach and Education**

- Continue and expand all ongoing efforts at outreach and education, so that women are fully informed about existing programs for which they and/or their families qualify

*What is the narrative we tell ourselves as a society about how we live together, and who thrives and who does not?*

- Community education initiatives on preventive self-care in all areas, including dental health
- Community education initiatives on topics of healthy living, including diet, nutrition, and exercise
- Increased outreach efforts by The Wellness

Center, so that its multi-faceted offerings are better known in the community

**Education, Outreach, and Programming for Mental Health, Including Peer Group Support**

- Education and outreach to (1) help erase the stigma of seeking help for mental or emotional distress, and



(2) make better known available community mental health services

- Pursuing avenues of response to our research findings on the extent of unacknowledged perinatal depression and the hunger for peer group support during pregnancy and postpartum
- Pursuing avenues of response to our research findings on the hunger among women in Boyle Heights for peer group support in multiple areas



## Building Healthy Communities: Boyle Heights Today and Tomorrow

“Integrative medicine” or “integrative health” is a new and evolving concept, founded on the principles that the patient and the practitioner are partners together in the healing process, that health and wellness are paramount, not alone the treatment of illness, and that body, mind, spirit, and community are all factors influencing wellness or disease. It is an approach to medicine for the 21st century, and the outlook of the Wellness Center at the Historic General Hospital in Boyle Heights. It is a theme reflected in many of the organizations named in the Boyle Heights Cultural Treasures Project. It is the vision that informs the mural across the street from Francisco Bravo High School in Boyle Heights (shown on page 14), a magnet senior high school geared for students who plan to study in the health care field. The mural portrays high-technology open-heart surgery alongside an indigenous healer, and a depiction both of a starving child and a space explorer: all dimensions of our world that demand attention from those concerned with our common humanity and well-being.

It is the concept that emerged naturally and fluidly in our conversations with the women of Boyle Heights, as they discussed their appreciation both for a good clinic doctor who recognizes the importance of a patient-centered health care model, and the effectiveness of traditional home

remedies of their mothers and grandmothers — herbal treatments, we note here, that now are widely being re-investigated and used, and accorded a new respect.

Although our research mandate was to investigate access and barriers to conventional health care for women and children in Boyle Heights, we could not contain the discussions within narrow bounds. The women, brought together in our focus groups, brimmed with stories they wished to share with each other and confidences about wanting more spaces and support for themselves as women. They found themselves daring to want access to comprehensive primary care and a health care home, and laughing together as a shared consciousness unfolded of wanting to know how to care for their bodies, minds, and spirits as one, and what total wellness might mean, for themselves and their families and community.

Among the results of our research, we would name our discovery of the ways in which the neighborhood of Boyle Heights is an integrative medicine health care pioneer. All of Los Angeles and California could learn much from the creative approaches opening up within its borders and from the wisdom of the immigrant and low-income women who call Boyle Heights their home. These women already contribute richly to the daily existence, identity, and culture of our city and state, and will contribute so much more when further paths to wellness and opportunity are available to them.

