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Medical decision making among Mexican-American elderly women

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MEDICAL DECISION MAKING AMONG MEXICAN-AMERICAN ELDERLY WOMEN

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

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ABSTRACT

Access to medical coverage has been a topic of constant discussion for many years, in particular accessibility for Mexican-American elderly women to have their medical needs met. Consequently, many elderly women use alternative forms of medicine such as "remedios caseros" (herbal medicine) as a means to get their medical needs met. The purpose of this study was to understand the reasons elderly women continue to use alternative medicine even when they are eligible for health insurance such as Medicare, Medicaid, and private insurances. A quantitative and qualitative questionnaire was administered to conduct the survey. The results found that elderly women continue to use "remedios caseros" (herbal medicine) because they are seen as more natural and more accessible, since many participants grow them in their yards than conventional medicine. Furthermore, elderly women have a healthy perception of their health. They referred to "la buena vida" (the good life) when describing the concept of being healthy. The women defined the "la buena vida" as being able to laugh, not being sick, being close to God, and most importantly feeling as at peace with their lives. This finding

correlated with a study conducted by Mac et al. (2004) where Latino women regarded spirituality, the importance of God, and the act of placing their health in God's hands as paramount to the maintenance and restoration of health.

ACKNOWLEDGMENTS

At this time I would like to acknowledge all those that were instrumental in assuring this project was completed. First, I would like to acknowledge my academic advisor Rosemary McCaslin who is providing me with insight especially when I am unsure how to proceed. Completion of this study would not have been possible without her mentorship. Second, I want to thank all women who participated in this study. Next, I want to acknowledge all my friends and cohort who encouraged me to continue on this arduous journey even when I felt I could not go any further. I also want to acknowledge my husband, for being patient and understanding on all those occasions that I needed to study, and daughter, son, parents, and sisters who gave me unconditional support throughout the past three years. Finally, V.T. for being understanding and supportive.

DEDICATION

This project and the work put into is dedicated to my daughter, Frances. I know you will be able to reach any educational endeavor you aspire to achieve. It is also dedicated to my mother, Teresa. Eternamente agradecida por todo lo que has hecho para ayudarme a completar esta meta.

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CHAPTER ONE

INTRODUCTION

The contents of Chapter One present an overview of the project including the historical and theoretical perspectives guiding the study. The problem statement and its focus, the purpose of the study, and the significance of the project for social work are also presented in this chapter.

Problem Statement

National attention has been focused on the elderly as the numbers of retired baby boomer continues to grow. Baby boomers are those individuals born between 1946 and 1961. According to Popple and Leighninger (2007) by 2020 there will be approximately 55 million people over the age of 65. The term "the graying of America" has taken on more significance and has come to illustrate the change in the makeup of social demographics. There is not a universal definition of aging since each person experiences the aging process differently; however, "the Social Security Administration selected 65 as the age at which benefits begin, but this was an arbitrary choice based on economic and policy considerations, rather than

on medical or scientific judgments" (Popple & Leighninger, 2007, p. 547). There are currently 38 million persons age 65 or older in the U.S. which encompasses approximately 12 percent of the total population. Of those 65 or older approximately 22 million or 7.4 percent of the population is female (United States Census Bureau, 2012). According to the U.S. Bureau of Census, there are 1,461,000 Hispanic women who are 65 years and older living in the United States with Mexicans accounting for more than half the total (735,000). Among the social issues that affect the elderly population is the lack of adequate health care coverage that are caused by structural factors that were created to benefit men not women, and which continue to operate under the same premise without acknowledging that the social demographics have changed and will continue to change in the coming years. Those especially at risk of not having sufficient medical coverage are Hispanic elderly women. There are many social/political barriers that these women must overcome in order to receive minimal medical coverage. Aside from social/political barriers they must also overcome intrapersonal factors such as poverty, language, and illiteracy. Therefore, understanding the

interdependence of these barriers and the nature of health insurance coverage will help us improve and facilitate the quality of women's health and the effect that it has on their later years. It is also important to educate this group of women about preventative medical care if the long term goal is to prevent chronic illnesses.

The clients that will be utilized to conduct this study will be Mexican-American women over the age of 65. This group of people will be utilized for two reasons. First of all, this group of women encompasses a smaller portion of women who will impact our national medical system, "yet they are more likely to contract certain diseases, receive less preventative care, and have less access to health education or health care" (National Council of La Raza, 1991; Espino & Lewis, 1998) when compared to their non-Hispanic counterparts. Second, this specific group of women was part of the workforce, thus making them eligible for Medi-Care and Medicaid. They will have a profound impact on our national medical system because they do not access healthcare and when they finally seek medical care, "they do not receive the

same health care as their white, non-Hispanic counter parts" (as cited in Andrulis & Bach, 2007, p. S123).

At this point it is evident that there are many factors that made the baby boomer generation women vulnerable in terms of inadequate health care. However, within the past decades changes have occurred in the workforce and many women have chosen to go into the labor force and work side by side with their male counterparts. Allen and Pifer (1993) state that

> women aged 55 to 59 are more likely to be in the labor force than ever before and by 2010 the income level of unmarried elderly women would improve somewhat but would continue to be lower than for married couples and unmarried elderly men. (p. 23)

First, even though women have participated in the work force within the past decades, women's earnings continue to be lower than their male counterpart. The majority of these women have worked in low paying occupations such as sales, clerical, and retail jobs. Second, the majority of the women who were working were excluded from investing in private pension plans. This places women at a disadvantage since more than likely women will live on a fixed income after retirement and will not seek

preventative medical because many will not be able to pay for these services. It also means that some women only have Medicaid to cover their medical expenses.

Many public social service agencies will be under pressure to provide specialized medical services to elderly women. It is imperative to understand the importance of elderly women having access to appropriate medical care in order to prevent and protect women from the long term effects of chronic medical conditions in later life. First of all, women are more likely than men to receive institutionalized care. This is attributed to increased longevity and deteriorating health. Second, women experience more nonfatal chronic conditions such as arthritis, incontinence, osteoarthritis, osteoporosis, and cataracts, consequently rendering them physically dependent on others to continue with their daily ADL's and IADL's. In addition, these chronic conditions require prescribed medications in order to alleviate some of the discomforts associated with these illnesses. Therefore, the urgency to begin establishing and providing specialized services as well as sufficient funding towards female medical issues needs to be established in

order to be able to provide these services in an efficient and timely manner.

Purpose of the Study

The purpose of the study is to determine how the lack of or insufficient medical insurance coverage will have an adverse effect with this population because many women resort to use alternative medicine and seek assistance from unlicensed practitioners. Furthermore, lack of preventative measures will also have a profound impact on social service agencies and medical institutions since many elderly women seek medical care after they've been afflicted with a chronic medical illness, consequently the costs to treat chronic illnesses increase. Historically, "Medicare was prohibited by law from offering benefits for preventative services, except for a small number of services that have been added following specific legislation amending the Medicare Act" (Allen & Pifer, 2003, p. 109). However, when The Affordable Care Act was signed into law by President Obama on March 23, 2010 it immediately began to make a difference in the lives of millions of people across America. Under the Affordable Care Act elderly

women are eligible to receive preventative services such as depression screenings, mammograms, and cervical cancer screenings that include pap smears and pelvic exams. If an individual has original Medicare she is also eligible to receive a free annual wellness visit. Xu et al. (2006) emphasize the need to provide preventative services to the elderly female population by noting that "without adequate health insurance, women seem reluctant to seek health care and, hence may miss the critical window of time for effective prevention, detection, and treatment of many health problems" (p. 146).

Furthermore, the financial inability to purchase prescribed medications will also force women to use alternative medicines. Alternative medicine can be defined as the use of medical treatments outside the realm of typical and conventional western medicine. It consists of herbal home remedies and injectibles such as vitamins and antibiotics purchased in Mexican border cities such as Mexicali, Ciudad Juarez, Los Algodones, Baja California, and Tijuana, Baja California along the American-Mexican border. Some of these trends include purchasing medicines in *farmacias* (pharmacies). Tabet and Wiese (1990) state that some medications purchased in

farmacias are obtained with a prescription but many are purchased without the guidance of a health professional. Health care providers near the American-Mexican border cities find that patients who use medications not appropriate for their conditions or not legally sold in the U.S. sometimes have fatal consequences.

Moreover, many elderly women will also resort to using folk medicine, called *curanderismo* (from the verb *curar-* to cure). "Curanderos are Mexican and Mexican-American folkhealers whose ancient art, curanderismo, requires knowledge of the healing properties of herbs, teas, and other folk remedies" (Mayers, 1989, p. 283). It is important to clarify that *curanderos* do not consider themselves substitutes for doctors; in fact "they make a clear distinction between those types of problems they can successfully treat, and those problems that need to be referred to a physician, such as severe psychiatric or medical problem" (as cited in Mayers, 1989, p. 284).

In addition, it is important to understand the reasons many elderly women choose to use these methods of medicinal interventions instead of utilizing medicine offered by physicians in the United States. Among the

many causes of disparities that affect accessibility to medical care for elderly females besides finances are their health beliefs, values, preferences, and behaviors which impact their health practices and choices.

The sample for this study will be obtained through a snowball sampling technique. The instrument used in this study was constructed for this population due to lack of instruments that measure the correlation between culture and use of alternative medicine. The questionnaire consists of closed-ended and open-ended questions. Participants were given the opportunity to give extensive and thorough opinions about their choice in treating their medical ailments.

Significance of the Project for Social Work

The findings of this study can be help change social work practice in Latino communities and contribute to the larger body of research for this underserved population for social work in general. Knowing what drives elderly women to seek medical assistance or what deters them is a beneficial tool when shaping the way in which services are delivered to this population. The groups of people who are most concerned about this social issue are social

service agencies, family members including myself, but most importantly elderly women. Rising costs of medical care should be a concern for social service programs such as Medicare and Medicaid since these are the government agencies that offer benefits to the elderly. Home health and long term care facilities also need to be aware of changes that will affect them when family members have to make the difficult choice of placing their aging mothers in nursing homes because many families won't be able to provide the necessary medical care for mothers and grandmothers who are afflicted with debilitating illnesses.

Moreover, learning about inequalities in medical care has made this researcher aware that many female family members will have limited access to medical treatments as they continue to age because many chose to stay home and raise families instead of working outside of their homes and paying into Medicare. Elderly women are also concerned about their bleak future because they are aware that there aren't many options available to them and one day they will have to choose between buying a routine medication or paying a utility bill.

Of particular importance in this age group is that Mexican-American women will resort to the use of alternative medicine which studies have shown have dire consequences when elderly women use medications that aren't appropriate for their medical diagnosis. Therefore, what role does alternative medicine play among Mexican-American females in the United States and why do some women prefer this method of medical treatment over conventional medicine?

CHAPTER TWO

LITERATURE REVIEW

Introduction

So far the literature found addressing elderly Mexican women's use of alternative medicine in conjunction with western medicine focuses on their lack of suitable resources, cultural deterrents, mistrust of large government systems, but most importantly the values, beliefs, trust, preference and sense of security with members of their close knit community. A possible theoretical framework that helps explain the problem is that of systems theory.

Historical Overview and Policy Context

One of the most fundamental features of America's elderly population is its large majority of women. According to Zopf (1986) this is due because the proportion of males typically declines through the age span, from a small excess of young boys to the massive deficit of men in the oldest ages (p. 55). Among the many social concerns that affect the female elderly population is the lack of sufficient medical health coverage that is caused by structural factors that were created to benefit

men, not women and which continue to operate under the same premise since their inception. Elderly Hispanic women are at a higher risk of not having appropriate health care coverage. Feminist theorists make explicit how women's and men's experiences are influenced by structural, gender-based inequalities across the life course (Hooyman & Kiyak, 2011). According to the U.S. Census Bureau 6.5% of the U.S. population over the age of 65 are Hispanic females. The elderly like other groups of people have incomes that encompass low to high disposable incomes; however, financial stability is not evenly distributed among the elderly, in particular among Hispanic elderly women. The American Association of Retired Persons (AARP) cites that, "22% of Hispanic women over the age of 65 years of age live in poverty" (as cited in National Hispanic Council on Aging, p. 1). Therefore, understanding the interdependence of women's lower earnings throughout their lives and the nature of health insurance coverage for elderly females will help medical practitioners and social workers improve and facilitate the quality of women's health care as the nation becomes inundated with elderly women without sufficient or efficient medical care.

A majority of the research conducted on this social problem appears to have being in the early 1990's; however, it has only been a concern for the past several years in part because the baby boomer generation will be retiring thus making them eligible to receive Social Security benefits and Medicare as early as 2011.

Our research study consisted of two phases, the first phase was a survey and the second phase were face to face interviews with over 12,600 non institutionalized individuals born between 1931 and 1941 and their spouses (if married), regardless of age (Xu et al., 2006). Since then other surveys have been conducted based on the information derived from the data collected in the initial research of 1992. The data collected for this research was obtained from the Health and Retirement Study (HRS) a nationally representative survey of older adults in the United States, and RAND HRS Data Files. Since 1992 participants have been contacted every two years by telephone to conduct follow up surveys. In the follow up surveys, HRS collects information pertaining to the participant's health condition, employment status, health insurance, and health utilization. The participants used in the 2006 survey were a sample

selected throughout the United States. This survey also utilized an over sample of African-American and Hispanic residents in the Florida area. Since 1992 many studies have been conducted on this problem and to date this issue continues to produce alarming results such as women not accessing medical care when they do not have medical insurance coverage.

Variables that Affect Access to Medical Coverage

There are many factors that made the baby boom generation women vulnerable in terms of inadequate health care. First, it was not uncommon for women to stay home and care for their families. Consequently, women spent the majority of their lives outside of the labor market and when they chose to enter the labor force the majority worked in low paying occupations due to lack of work experience; thus, women often did not pay into Medi-Care. Xu et al. state that "many of them relied on coverage from their spouse's employer or insurance purchased from individual market to meet their medical needs" (2006, p. 145). Women are also more susceptible to losing their medical coverage when their marital status changes such as becoming or widow or a divorcee; therefore, "to some

extent, long-lived marriages-irrespective of marital satisfaction-offer economic protection for women in old age" (Hooyman & Kiyak, 2011, p. 658).

Second, and most importantly is that women earn less money than men over their lifetime. Women tend to work part-time and are employed in small companies that do not offer medical insurance. This places women at a disadvantage since more than likely they will live on a fixed income after retirement making it more difficult for many women to purchase necessary prescribed medications. Ranji et al. (2007) state that characteristics of women's health insurance coverage may significantly affect their health care seeking behavior and hence influence the health profile of the aging society. In their study they found that women did not fill their medical prescription as needed and reduced their dosages by only taking half a pill or skipping one dosage completely to make their medicines last longer because of the costs. The study also indicates that uninsured women obtain fewer preventative services than women who have medical insurance.

The majority of the elderly will benefit from two federal health care programs that were established in

1965. These programs are Medicare and Medicaid. Medicaid is a "means-tested state federal program that provided health coverage for the poor" (Lesser & Pope, 2007, p. 337). Medicaid is health insurance available only to people with limited income that helps pay for some or all medical bills. Medicare is the federal health care program for the aged offered through the Social Security Administration for individuals who paid for it through their payroll taxes while working. Taking into account that some women may be eligible for both Medicare and Medicaid then why do elderly women also use alternative forms of medicine to treat their illnesses?

Self Care Strategies

A study by Mayers (1989) found that although the use of folk healers has decreased with urbanization, acculturation, and increased education recent studies indicate that elderly Mexican-American women continue to use a variety of informal healing methods and substances to treat their illnesses. "The folk-healing methods are used to supplement the formal scientific one, rather than replace it" (Mayers, 1989, p. 283). "Folk medicine, with its botanical lore and supernatural elements, has an

important place today in the treatment of mental and physical ailments..." (Guerra, 1981, p. 174).

When conducting their spiritual rites curanderos use an extensive amount of herbs and teas as well as prayers and metaphysical techniques to treat individuals. These herbs and teas are the same ones used in the New World prior to and after the arrival of the Spaniards, and can be found in "boticas" shops that specialize in folk remedies and herbs. The extent to which "curanderismo" is used is contradictory and conflicting. It's popularity varies from one geographic area to another and many elderly women do not inform their family members that they consult a "curandero" for fear of being called foolish or superstitious. However, one thing that is certain is that "curanderos" will only be consulted for those diseases resulting from supernatural causes, while a physician would be consulted in those cases in which the disease was thought to be the result of natural causes..." (Saunders, 1954). There is a clear distinction between the use of folk remedies and modern medicine to treat an illness; they "complement and supplement each other rather than compete with each other" (Mayers, 1989, p. 291).

Another method of alternative medicine is the "remedios caseros" or home remedies that are made of herbs and garden vegetables. "Remedios caseros" are used before a physician is consulted. Elderly women who are friends of the family or a neighbor may be consulted about the most appropriate treatment method. If symptoms persist then the next step is to consult a medical doctor.

Furthermore, social networks are important for elderly women. They serve to inform women about how to obtain free or reduced-cost medical care. Another method that elderly women employ to obtain medication is to stockpile medicine left over from a previous prescription. These medications are distributed among women who have similar symptoms as the original patient.

Other sources of obtaining prescribed medications, vitamins, and antibiotics is to purchase them in Mexico "at the fraction of U.S. cost" (Vuckovic, 2000, p. 198). However, on many occasions fatal consequences have occurred when patients purchase medications that are not approved by the FDA in the United States. It is known that medications can be purchased without a prescription, and the patients will not be given an explanation of side

effects associated with the medicine. "The most common reasons for seeking medical care in Mexico were less expensive medical care and easier access to health care" (Casner & Guerra, 1992, p. 513). The two most common types of medications purchased in Mexico are blood pressure medicine and antibiotics that are injected intravenously by common people without any medical knowledge which poses a threat to diseases transmitted via needle use.

Unfortunately, purchasing different types of medications by Americans is a common practice, especially among elderly women. The women normally buy a specific medication on the advice of someone else besides a physician.

Theories Guiding Conceptualization

In using a systems theory approach to understand the deficits of adequate health care coverage for the elderly female population, one comes to understand that many of the issues encountered by the elderly are not solely impacted by policy but are also impacted by the many variables that contribute to the delivery of healthcare,

and these factors are influenced by socioeconomic status over the course of one's life.

A major component of this theory is interdependence and in analyzing the factors that impact inadequate healthcare for elderly women one sees that this issue is comprised of many elements that in theory are suppose to work together to support the whole, or the system in this case elderly Mexican-American females. Brueggeman (2007) elaborates on the concept of interdependence in using and in understanding social problems through this approach by noting that in using the systems approach model, " you see that events that happen to one part of a system affect all parts in mutual causality" (p. 40).

This theory specifically indicates that this social issue is not confined to one element, but is a result of the interaction and interdependence among various elements such as "differences in employment history, child care, parent care, and other household responsibilities, career interruptions, types of occupations, earnings, and retirement circumstances all contributing to women's high rates of poverty and near poverty" (Hooyman & Kiyak, 2011, p. 658).

Summary

In addition to interdependent variables like income, language, and medical insurance that affect this vulnerable population in terms of insufficient medical care, other variables such as culture, beliefs, and values need to be addressed and taken into account when working with elderly women. For elderly women that don't speak English it is imperative that social workers address their options in their native language so that the person can clearly understand her options. There is a diverse group of Mexican women that are eligible for Medicare and Medicaid and each one of these women needs to have their needs met. As students enter the social work arena it is their responsibility to coordinate medical services to all women regardless of whether that woman is covered through Medicare, Medicaid, or private insurance.

CHAPTER THREE

METHODS

Introduction

In this chapter an overview of the purpose of the study will be provided. There will be a discussion of the study design and an explanation of the sampling methods will be provided. Furthermore, information pertaining to the survey tool and independent and dependent variables will be discussed. Finally, there will be an explanation of the procedures for date collection. Since appropriate measures have not been designed to capture the variables in this study, the research will employ qualitative, open ended interviews with the participants to acquire data. The interviews will be aimed at obtaining and gathering information from elderly Mexican women

Study Design

The purpose of this study was to evaluate whether systems theory and ecological theory guides and influences the way Mexican elderly women utilize and seek medical care. The researcher wanted to explore the reasons elderly women continue to use alternative medicines even when some have access to sufficient

medical coverage through programs such as Medicare and Medicaid. This study will incorporate a qualitative approach to information gathering and will allow face-to-face interviews with the women that help capture the essence of their answers, thus allowing the interviewer to ascertain emotional responses and probe for additional information and/or clarity from the participants.

Sampling

The sample for this study will most likely be recruited and obtained at senior centers, community centers, and churches. The goal is to gather in depth information from a wide variety of elderly Mexican women. The selection criteria will be willing Mexican elderly women who use alternative medicine in conjunction with modern medicine. In addition to obtaining subjects from the mentioned sites, the researcher will use a snowball sampling technique. The researcher will interview 10 elderly women 65 years and older.

The snowball technique is most appropriate for this survey since this population is hard contact due to uneasiness and distrust of institutions. However, once a

member is identified that person can then identify others in the population and so forth. The goal of the research is to obtain a sample group that includes all Mexican elderly women.

Data Collection and Instruments

The research will employ a self-designed interview guide when conducting the interviews. The interview guide will consist of a few demographic and open-ended questions (See Appendix A). Demographic questions include age (interval), marital status, English fluency, employment history, income and level of education (ordinal), status in the country (ie., legal resident or U.S. citizen), length of years living in the United States (interval), and health rating (ordinal).

Open-ended questions will consist of ability to travel to and from Mexico to purchase medicines, ability to navigate the complex American medical system, whether or not they trust their physicians, confidence in their physician, types of herbs used to make *remedios caseros* (home-made remedies), and whether they use *curanderos* to aid with medical ailments. Open-ended questions will be aimed at finding out why elderly Mexican women continue

to seek alternative medicines in conjunction with American medicine

Procedures

The data will be gathered by the researcher traveling to various sites and/or private homes and administering the questionnaire. Each participant will be interviewed for 45 to 90 minutes due to some participants desire to elaborate and share more personal information about their frustrations and/or experiences in trying to navigate a complex medical labyrinth that requires an individual to be familiar with appropriate use of medical terminology and an ability to communicate well with managed care "gatekeepers" that will approve or deny medical treatments.

The researcher will set appropriate times and dates with the participants to make this experience as pleasant as possible for both parties. Interviews will be conducted in Spanish or English depending on the participant's choice of language. The researcher will review the informed consent. If requested consent forms will be also be delivered in Spanish. The surveys will be collected before leaving each individual site.

Protection of Human Subjects

The confidentiality of those interviewed will be protected in several ways. First, there will not be any identifying information on the survey tool. Second, all data will be held in confidence and the information will not be shared with any individual or agency outside of the study perimeter. Furthermore, each participant will sign a consent form and be given a debriefing statement (Appendices B, C), in Spanish if requested to ensure they are aware of the nature and purpose of the study through the interview process. The participants will also be informed of their right to withdraw from study at any time without further questions. Last, the data will be kept in a box in a safe place in my home without anybody else having access to the information.

Data Analysis

The quantitative data gathered from the research will be analyzed using the computer system SPSS. Descriptive statistics will be used to analyze the demographic data. Content analysis will be used to view emerging patterns and/or concepts in the qualitative data.

Summary

This chapter provided a brief description of the study design and methods intended to be used to gather data from elderly Mexican women who continue to use alternative medicines in conjunction with western medicines. Also discussed was a brief explanation of how informed consent will be administered to each individual and the importance of maintaining participant confidentiality.

CHAPTER FOUR

RESULTS

Introduction

In this chapter the quantitative and qualitative findings of the study will be discussed. Questions used in the interview were aimed to understand the reasons elderly women continue to use alternative medicine such as "remedios caseros" (herbal medicine) in conjunction with their prescribed medications even though they have access to health insurances such as Medi-Care, MediCaid, and private insurance.

Presentation of the Findings

The data includes responses from 14 elderly women. All participants are 65 years and older. The mean age is 68.5 years with a standard deviation of 7.7. Twenty-nine percent of the participants are insured with Medicare and Medi-Caid, and another 29% only has Medicare. Their monthly income ranged from $500.00 to $1,500 with a median of $1,200.00 and a standard deviation of $397.15. Half of the women rated their health as "healthy," 36% as "somewhat healthy" and 14% "not healthy." Fifty seven percent of the respondents rated their English

comprehension as "not good," 29% stated that they do not understand English, and only 2% understand English well. The median years living in the United States is 36 years with a standard deviation of 12.6.

All possible correlations among variables were examined but only the following were significant. Using Fisher's Exact Test it was found that there is a correlation between having a primary care physician and scheduling medical appointments to receive medical care. Fisher's 2-tail, p-value suggests the two variables to be independent from each other at 0.05 or even 0.01 level of significance with a p = 0.01. This means that having a primary care physician will influence whether the women will receive regular check-ups.

Furthermore, the study also found that those who take a higher number of medications receive more assistance from family members to coordinate their medical services, versus those who take less medication and receive less help. Fisher's 2-tail, p-value suggests the two variables to be independent from each other at 0.05 or even 0.01 level of significance with a P-value = 0.01.

Moreover, it was found that women who have a primary care physician often receive medical care in private clinics. Using Fisher's 2-tail p-value suggests the two variables to be independents from each other at 0.05 level of significance with P-value = 0.09340.

Finally, using ANOVA, Single Factor, it was found that older women who depend on themselves to coordinate their medical services are significantly younger than those who rely on family members for such services, with a p-value = 0.068.

The survey also included several qualitative questions aimed at understanding the reasons this group of women continue to use "remedios caseros" (herbal medicine), and whether or not they feel comfortable with their physicians. Most important is the finding that these women have a useful perception of health, which they referred to as "la buena vida" (the good life) when they describe the concept of *being healthy*. They described healthy not just as a physical dimension, but also as being healthy in the head (emotionally stable). They went on to say that being able to laugh, not being sick, and being close to God is more important than physical health. These descriptions coincide with a study

conducted by McCarthy et al. (2004) where elderly women were asked whether physical health was important; their reply was, "sure, but there are other important things such as family, God, and laughter" (p. 961).

Finally, they view aging as a natural and inevitable process that is part of being in this world and it is God's decision to give them good health, therefore, they surrender their physical, emotional, and spiritual well being to God.

The first qualitative question asked "what does being healthy mean to you?" Most of the women had a wide range of responses including exercising, being able to complete all ADL's, gardening, and eating whatever we want without having any indigestion. But the most prevalent answers were being able to walk without any difficulty due to arthritis, not being sick, completing household chores, and cooking for their husbands, children, and grandchildren. All women expressed a profound necessity and obligation to cook for their families. Participant #2 reported that she is useless if she is not able to complete her household chores and cook. She stated that even at her old age, it is her responsibility to take care of the basic needs of her

family. She went on to say that sometimes she feels very tired, but her sense of responsibility forces to get out of bed and make herself useful, "they keep me going" (Survey, March 2012).

Participant#5 reported that she has always been very healthy, but within the past six months her arthritis has limited her ability to complete her daily household chores inside and outside of her home. She stated that she has tried different medicines, but nothing has helped. This participant stated that she's "pissed off" (Survey, March 2012) at doctors because they can't relieve her pain. She has been prescribed different medicines but nothing has helped; therefore, she has stopped taking the prescribed medicine and instead is consuming a shake that was recommended by a friend. The shake consists of several "yerbas" (herbs) that helps decrease the inflammation in her joints. She stated that she feels better since she started taking the concoction, but also acknowledges she may feel better than before because she will go to any lengths to ease the pain in her joints.

The second question asked participants to describe how did they know their physician was listening to them?

There were many answers that the women used to describe their experiences with their physicians. The answers included showing empathy, making referrals, taking notes, and so forth. However, almost all reported they know their doctors are listening to them when they look at their faces (make eye contact) and when they take their time to inquire about past and present health history.

The participants feel that it is important for doctors to look at their faces because it makes them feel respected and acknowledged. They also believe that an individual is able to sense and read the other person's feelings and attitudes through their eyes. Participant #12 stated that, "she fired her previous doctor because she never looked me in the face, always rushed the appointments, and did not encourage me, nor did she want me to take part in my own health regimen" (Survey, April 2012). She went on to say that some doctors are only in it "for the money and don't care about their patients" (Survey, April 2012).

Furthermore, the elderly women feel it is important for doctor's to take their time when they inquire about their medical histories because this gesture demonstrates that the doctors not only have a formal education, but

they're well mannered by taking their time with patients and engaging in "platica," the need to talk informally about irrelevant topics before proceeding to the more serious and relevant issues (Ayondinde, 2003, p. 241) is an important factor that can and will determine whether a patient returns for follow-up appointments. Thus far, all participants expressed satisfaction with their physician even though half of them have used different physicians before finding their current one.

The following question asked participants to describe what makes them feel comfortable with their physician. Their answers ranged from having a soothing and reassuring tone of voice to being able to alleviate their medical ailments. The two themes that emerged from this question are that they feel comfortable with their doctor when they are able to communicate with them and when they're treated with respect.

The participants stated that they communicate their concerns either through the office assistants and nurses or with non-verbal cues such as pointing to different bodily parts. Fifty-seven percent of the women stated that their English comprehension is "not good" but they're able to communicate their medical concerns using

limited English and signs with which their physicians are familiar. For example, they tell their doctor "grande/poquito dolor" (big/little pain) and point to their heads or other parts of their bodies that hurt. They report that this method of communication has always worked and they don't feel a need to learn the English language. As a matter of fact, participant #1 stated that, "it is the doctor's responsibility to learn Spanish since I'm paying a lot of money for his/her services" (Survey, March 2012).

Furthermore, all respondents replied that they feel comfortable when they are treated with respect and dignity. Participant #3 reported that even though her English comprehension is limited she knows when she's not being treated with dignity. She stated, "you don't need to know English to know when you are being disrespected. Their body language, lack of eye contact, and mannerisms reflects their prejudices. In these instances, I've walked out of medical offices" (Survey, April 2012).

The fourth question asked why they use Western medicine as well as non-traditional medicine. All participants, except for one woman use non-traditional medicine. All women reported that they use "remedios

caseros" because they are natural and don't have side effects. Some participants stated that they're also more economical to obtain than conventional medicine since the majority of these women grow the herbs in their yards. One participant stated that not only are "remedios" cost effective, but they also save time because "all you do is pull the leaves from the plant and boil them, it's that easy" (Survey, April, 2012). Otherwise, you find a ride, pay for the ride, pay the copayment, then pay for the medicine, in the end it will have cost too much and an entire day is wasted. All respondents elaborated on the importance of herbal medicine being natural and safe.

The next question asked whether they inform their physician if they consume herbs purchased in "farmacias" (pharmacies). The most common medicine bought in "farmacias" are "jarabes" (cough syrups). All, but three respondents reported that they do not inform their physicians because their "remedios" are natural and won't interfere, nor will they have adverse effects with the medicine they take. Some respondents also stated that cough syrups are "watered down" in the United States, whereas, in Mexico these "jarabes" are strong and within a couple of days the cough is gone. "In America, the

doctors just take your money, that's why they don't prescribe strong medicine" (Survey, April 20102). Only three of the respondents travel to Tijuana or Mexicali to purchase cough syrups; the remaining eleven respondents have their medicine purchased by friends or relatives who travel to Mexico on a regular basis.

The most commonly used "remedios" are Canela (cinnamon), used orally for colds and poor circulation. Oregano can be used orally or in a topical form. Orally it is used for respiratory tract disorders, gastrointestinal disorders, and arthritis, topically for insect and spider bites, canker sores, toothaches, and warts. Immortal (Spider Milkweed) is used orally or topically. Orally it is used for arthritis and cough. Topically, it is applied to remove warts. Manzanilla (chamomile) is used for flatulence, nasal mucus, inflammatory diseases, restlessness, and insomnia. Savila (Aloe Vera) is used orally and topically. Orally Aloe Vera helps with osteoarthritis, diabetes, inflammatory bowel diseases, and itching and inflammation. Topically, it is used for burns, itching, and inflammation. Estafiate (Wormwood) is used orally for loss of appetite, indigestion, and digestive disorders. Anis Estrella (Star

Anise) is used for respiratory infections and inflammation, loss of appetite, cough, and bronchitis. Yerbabuena (mint) is used for menstrual cramps. Nopales (cactus) is used for food and also blended in a shake to control sugar levels.

These women stated that they have always used these "remedios" and will continue to use them because they help relieve their ailments. Their grandmothers and mothers used "remedios" and now they use them. They have taught their own grown children and grandchildren what to use when they don't feel well. One woman stated that she was taught by her grandmother to take care of her discomforts at home first before consulting with a doctor.

Summary

In this chapter the results of the quantitative and qualitative study were discussed. Questions used in the interview aimed at understanding the reasons elderly women continue to use alternative medicine such as "remedios caseros" in conjunction with their prescribed medications were discussed in great detail. The

descriptive statistics and correlations were also described.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter includes a discussion of what the data analysis reveals regarding elderly women's choice to continue using "remedios caseros" (herbal medicine) even when they have access to medical insurance such as Medi-Care, MediCaid, and private insurances. A summary of the limitations present in the current study will follow. Finally, recommendations for social work practice, policy, and research will be discussed.

Discussion

The results of this study indicate that regardless of accessibility to health insurance coverage through federal programs such as Medi-Care, MediCaid, and private insurance, elderly Mexican-American women continue to use alternative medicine such as "remedios caseros" in conjunction with their prescribed medicine because "remedios caseros" are seen as more natural and safer than conventional medicine, and not to have side effects since "remedios" are concocted from natural raw plants and herbs. This view contradicts a study conducted by

Loera, Reyes-Ortiz, and Kuo (2007) that posits that herbal medicine use is associated with financial strain and being on MediCaid; even though the median monthly income for the respondents is $1,200.00 none of the women complained of any financial hardships regarding their ability to purchase prescribed medications.

The majority rated their health as "healthy" with the exception of limited mobility due to arthritis, but "that is expected considering that we are no longer young" (Survey, March 2012) stated one of the respondents. Furthermore, the participants expressed that aging is part of being alive in this world and naturally the body begins to slow down as the individual becomes a "viejita" (old woman). Nevertheless, they don't fight or resist this process and as a matter of fact they embrace it and strive to be role models for their daughters and granddaughters because they know that one day they'll be too tired and cognitively unable to continue passing down their family's cultural values and beliefs.

Their faith in God also has a profound impact on how they interpret their life. Almost all of the respondents believe that regardless of what they do to maintain a healthy lifestyle it is useless because in the end it is

God's will. Praying is an important coping mechanism for them because it gives them strength to deal with everyday life situations and to remain positive regardless of hardships.

Finally, they live life to the fullest and celebrate with immediate and extended family the blessings and heartaches they've endured throughout their long lives. Even when some have experienced heart wrenching loses, they note that God has a plan.

Limitations

There are several limitations to this study. First, the sample size of the study is small. Only fourteen females participated in the interviews. Second, the participants are all Mexican-American women, therefore, experiences and opinions of other elderly Latin American women regarding use of alternative medicine could not be considered. This is an important factor that needs to be acknowledged regarding this cohort of elderly women that have already reached 65 years of age because as a whole Latin Americans have considerable diversity and the experiences of elderly Mexican women may not be the same as someone of Cuban or Puerto Rican descent. Furthermore,

the geographical area was limited to a few rural cities such as Hemet, San Jacinto, and Homeland and one large city, Moreno Valley in Southwestern Riverside County; thus elderly women's experiences living in other counties and larger cities can be different than the experiences of these particular participants.

Finally the questions that were used in the interview instrument were poorly written, therefore, the researcher had to elaborate and explain the purpose of some questions in order to acquire the answers that were desired. However, once the questions were explained the women were able to speak freely and openly about their experiences in regards to their medical care.

Recommendations for Social Work Practice, Policy and Research

The elderly population which makes up 5.35% of the U.S. population is a fast growing group of individuals that will require diverse medical services as soon as 2010. Of the Hispanic population aged 65 and older, 57 % are women (National Hispanic Council on Aging, 2011). Due to the increase of this population, the rising costs of medical care and elderly women's choice to continue using alternative medicine in conjunction with Western medicine

places pressure on social service agencies and policy makers to meet the medical needs of this group of women.

It is imperative for social workers to accept diversity, cultural beliefs, self-determination, and religious beliefs in order to offer elderly women full access to medical care. According to Barr and Wanat (2005) increasing health care access is more complex than simply providing funding to pay for care. Access also requires that health care services be provided in a manner that is culturally and linguistically appropriate and that does not discriminate based on race or ethnicity (p. 199). If social workers fail to recognize and accept cultural norms they risk losing these clients who may be at critical points of preventative medical care and who may be in dire need of more technologically advanced medicine. Social workers need to understand that elderly Mexican-American women base their medical decision making on cultural beliefs and self-care practices that have been passed down from several generations of women, and will continue to use alternative medicine in conjunction with modern medicine to treat illnesses simply because they find they work. Social workers need to focus on education groups geared specifically to promote health

education, increase knowledge about preventative measures, and educate elderly women on how to navigate the "ins and outs" of an intricate medical system, instead of offering advice as to which medical interventions are better than others.

Although the options are limited and resources are scarce, social workers working as change agents need to be innovative and willing to seek innovative ways of addressing this hard to reach population in an effort to offer elderly women different ways to live free of pain and physical discomfort that are a result of chronic illnesses such as arthritis and diabetes.

In regards to policy, one of the major concerns of this population as it applies to healthcare is the inability of many elderly to pay for the high costs of medical premiums, as well as the escalating costs of prescription drugs. Even though none of the women in the study made reference to high expenditures for their medication, unfortunately, not all Mexican-American experience this luxury. As a matter of fact a study conducted by the Kaiser Family Foundation and Harvard University (2005), found that copayments for provider visits and health insurance deductibles have increased

for about half of insured adults in the United States during the past five years (as cited in Xu et al., 2006, p. 146). When one looks at the elderly population and more specifically elderly women, one sees that this issue manifests itself in their inability to pay for their premiums under the Medicare Part B plan. This issue is further compounded as these women are also forced to pay additional out of pocket expenses for doctor's visits and medical supplies that are not covered in Part B.

A solution to this problem is and continues to be reformation of Medi-Care policies that are empathic and reflective of the socioeconomic concerns of the elderly female population in the areas of preventative care, prescription drug coverage, premium costs and the delivery of medical services. Since the Affordable Care Act was signed by President Obama on March 23, 2010 changes to Medi-Care continue to take place, especially to the infamous Part D. Some of these changes include a 50% discount on brand-name drugs in the "donut hole," and also paying less for generic Part D drugs in the "donut hole." By 2020 the coverage gap will be closed meaning that there will be no more "donut hole" and an individual will only pay 25% of the costs of their drugs until they

person reach the yearly out-of-pocket spending limit" (Healthcare, 2010).

Furthermore, little hope exists for some elderly Hispanic women to receive optimal medical care without a concerted effort on behalf of the national health care system to facilitate and offer trainings for all health care professionals in "cultural competency" and "diversity." Once health practitioners receive training on these two issues they can address and elicit accurate information from their patient as well as the family in order to reach a mutual goal for medical treatment. Furthermore, when they respectfully acknowledge the differences between themselves and their patients, trust can be established.

Only when physicians acknowledge and accept cultural differences with all their patients will they be able to increase the quality of life for patients regardless of different cultural backgrounds and religious beliefs.

Further research needs to be done in the field of aging and accessibility for elderly Mexican-Americans to access and receive appropriate medical care; however, the findings from this study may help define the measuring tools that are culturally sensitive to this group of

individuals. It is important not only to address and educate elderly women, but also younger Hispanic women about preventative medical care and other resources for which they may be eligible. Fortunately, the majority of the women in this study reported good health and not a need for much medical intervention; however, as these same women continue to age more medical assistance will be required in order for them to continue living free of pain and discomfort associated with chronic illnesses such as arthritis, incontinence, and osteoporosis.

Conclusions

The findings of this study can be used to help change social work practice in Hispanic/Latino communities and contribute to the larger body of research for this underserved population for social work in general. Knowing what drives elderly women to seek medical assistance or what deters them is a beneficial tool when shaping the way in which services are delivered to this diverse population. Failure to recognize and understand the importance of elderly women's choice to use alternative medicine in conjunction with their prescribed medicine will continue to be an obstacle for

physicians, social workers, as well as policy makers when working with this group of individuals; therefore, it is important to inform and sensitize health care providers to the cultural beliefs and practices of their patients in order to render adequate medical care.

APPENDIX A

QUESTIONNAIRE

Interview Guide

Age
1. 65-74
2. 75-84
3. 85+

Education
1. None
2. 1-8
3. 9-12
4. Some college

Marital Status
1. Single, never married
2. Married
3. Divorced
4. Widowed

Do you have children, if yes how many?
1. one
2. two
3. three
4. four or more

Monthly Income
1. 0-500
2. 501-900
3. 901-1200
4. 1201-1500
5. Over 1500

Health Insurance
1. yes
2. no

If yes,
1. Medicare
2. Medicaid
3. Private insurance

First language spoken
1. English
2. Spanish
3. Spanish/English simultaneously

English Comprehension
1. Good
2. Very good
3. Not good
4. None

Years lived in the United States
1. 1-20
2. 21-30
3. 31-40

Country of birth
1. United States
2. Mexico

How do you travel?
1. Own a car
2. Bus
3. Friends/Family

How would you rate your health?
1. Healthy
2. Somewhat healthy
3. Not healthy

If healthy, what does healthy mean to you.

Do you get regular check-ups?
1. Yes
2. No

Do you have a primary care physician?
1. Yes
2. No

If no, where do you receive medical treatment?
1. Local community clinic
2. County hospital
3. Tijuana
4. Mexicali

Do you take prescribed medications?
1. Yes
2. No

How many medications do you take?

1. 1-3
2. 4-6

How much is your out-of-pocket expense for your medications?

Does your doctor listen to your concerns/worries?

1. Yes
2. No

How do you know when your physician is listening to you?

Describe what makes you feel comfortable or uncomfortable with your physician.

Do you use both, traditional and non-traditional to treat illnesses such as:

1. Injectibles, antibiotics, and vitamins purchased in Mexico
2. Herbal remedies prepared at home
3. Curanderos

Why do you use Western medicine as well as non-traditional alternatives?

Do you inform your physician that you also take medications purchased in *farmacias*?

Why/why not?

Why do you consult with *curanderos*?

Which kind of *remedios* do you prepare at home?

Do you believe in a higher power?

1. Yes
2. No

Do you coordinate all of your medical services or does someone assist you?

Developed by Norma Patricia Toro-Hernandez

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

You are invited to participate in a study that investigates medical decision making among Mexican-American elderly women. The study is being conducted by Norma Patricia Toro-Hernandez, MSW student at California State University, San Bernardino, Department of Social Work under the supervision of Professor Rosemary McCaslin. The study has been approved by the School of Social Work Subcommittee of the CSUSB Institutional Review Board. Although you are not expected to benefit directly by your participation nor foreseeable risks it is hoped that the results will expand the knowledge base for those social workers who work with Mexican-American elderly women.

If you choose to participate in this study you will be asked to complete a survey and answer questions related to your experience with the delivery of medical services. The entire interview should take 45 to 60 minutes.

Your responses will remain completely confidential and your identity will not be revealed at any time during and after this study. If you choose to participate please complete the survey and sign the informed consent letter with an X. By participating in this interview there will not be any foreseeable risks and no direct benefits. Please return the consent form to the interviewer.

If you have any questions or concerns about this study please feel free to contact Professor McCaslin at (909) 537-5184.

Thank you for considering your participation in this study. If you agree to do so please indicate with an X and fill in the date below.

I acknowledge that I have been informed of and understand the nature and purpose of the study, and I freely consent to participate. I understand that I can withdraw from the study at any time for any reason if I desire.

(Please mark with X):_____ Date: _____

CONSENTIMIENTO INFORMADO

Usted esta invitada a participar en un estudio que investiga como las mujeres Mexico-Americanas de edad avanzada toman decisiones de indole medico. El estudio lo esta haciendo la senorita Norma Toro-Hernandez, estudiante de maestria de asistencia social en la Universidad Del Sur De California en San Bernardino. El estudio se hace bajo la supervision de la profesora Rosemary McCaslin y fue aprobada por *The School of Social Work Subcomittee of the CSUSB Institutional Review Board.* Aunque no se anticipa que usted beneficiara directamente del estudio, se ampliaran los conocimientos de aquellos asistentes sociales que trabajan con mujeres Mexico-Americanas de edad avanzada.

Si usted decide participar es este estudio, se le pedira que complete una encuesta y que conteste preguntas relacionadas con su experiencia al recibir servicios medicos. La entrevista durara entre 45 y 60 minutos aproximadamente.

Sus respuestas permaneceran completamente confidenciales y su identidad nunca sera revelada. Si usted opta por participar, por favor complete la encuesta y firme la carta de consentimiento informado marcandola con la letra "X". Por favor regrese el consentimiento.

Si usted tiene alguna pregunta o inquietud acerca de este estudio, comuniquese con la Profesora Rosemary McCaslin al numero telefonico (909) 537-5184.

Gracias for considerar la posibilidad de participar en esta investigaciion. Si usted decide participar, por favor de colocar una "X" e incluya la fecha abajo.

He sido informada y entiendo la indole y proposito del estudio. Libremente opto por participar del mismo. Entiendo que me puedo retirar en caulquier momento del estudio por cualquier razon si asi lo deseara.

Marque con letra "X":_____ Fecha:_____

APPENDIX C

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

Thank you very much for your participation in the study examining the experiences of Mexican-American elderly women and the barriers they face on a daily basis to access appropriate medical care, consequently resorting to alternative medicine to have their medical needs met. This study is being conducted by Norma Patricia Toro-Hernandez, MSW student currently attending CSUSB, San Bernardino under the supervision of Professor Rosemary McCaslin.

If you would like to obtain a copy of the findings of this study, please contact the John M. Pfau Library at California State University, San Bernardino after the summer of 2012. (909) 537-5184.

INTERROGATORIO DE DECLARACION

Muchas gracias por su participacion en el estudio para examinar las experiencias y barreras que las mujeres Mexico-Americanas de edad avanzada confrontan diariamente para obtener acceso a el cuidado medico apropriado, por consecuencia optando por recurrir a la medicina alternativa para satisfacer sus necesidades de cuidado medico. Este estudio la esta realizando Norma Patricia Toro-Hernandez, estudiante de maestria en asistencia social, que asisted a la Universidad de California en San Bernardino y bajo la supervision de la Profesora Rosemary McCaslin.

Para recibir una copia de los hallazgos de este estudio, por favor contactar la biblioteca John M, Pfau en la Universidad de California en San Bernardino despues de las clases de verano del 2012 al numero telefonico (909) 537-5184.

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