

Differences in Health Care Priorities Between Wixárika Patients and Mexican Doctors



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Background

There are around 45 million indigenous people that make up over 400 indigenous groups in North, Central, and South America. Of these 45 million, 33-40 million live in Latin America (Central and South America) and the Caribbean.¹ The Wixárika people, also known as the Huichol, have resisted complete Mexican assimilation and attempted to keep their language, values, political autonomy, and cultural identity functioning. While lots of information exists outlining the various barriers to healthcare for indigenous populations including poverty, education, geographic location, etc. There is very little information and research centered on the barrier that is a difference in spoken languages. The Wixárika people speak the Wixárika language. However, as they live in Jalisco, Mexico, and other nearby states, the common language in their area is Spanish.² While some Wixárika speak Spanish, others do not. This creates a language barrier between the Spanish-speaking physicians and clinicians and their indigenous patients. This research project aimed to address the lack of information available in the field of language barriers and healthcare by recording and analyzing primary accounts from health practitioners in Jalisco, Mexico, and Wixárika patients. Prior to conducting these interviews, it was hypothesized that there would be discrepancies between patient and doctor concerns, visible through the comparison of interviews. If the responses given by the two groups were determined to be very different, this may indicate barriers to care for indigenous populations.

Methods

Data were collected in May 2023. Participants lived and/or worked in Tesistan, a neighborhood within the municipality of Zapopan, which is in turn a part of Guadalajara. Medical professionals (N = 13) from one centro de salud in Tesistan and adult Wixárika community members (N = 16) participated in semi-structured interviews. Questions focused on language barriers to care, community use of the focal centro de salud as well as other clinics, structural barriers to care, and common health conditions. Interviews were conducted in Spanish by native or fluent speakers with Spanish to Wixárika translation provided by a Wixárika nurse when necessary. Interviews were recorded, transcribed, and translated to English. All participants provided their informed consent and the study received IRB approval (UTSA #22-23-190).



Indigenous communities present worse health outcomes, lower life expectancy, and limited access to healthcare services, and social protection.

Let's Make A Change

On behalf of Dr. Eric Shattuck and those working with the University of San Antonio Austin and Florida State University, thank you to the Wixárika peoples of Mexico for their assistance in this research and for spreading awareness to this issue.


Armenta-Paulino et al., 2022. Ethnic inequalities in health intervention coverage among Mexican women at the individual and municipality levels.

Outreach and Support

Cruz Verde Units or the General Hospital of Zapopan offer free medical care to indigenous peoples when they present their identity card issued by the State Indigenous Commission.

Link: <https://www.zapopan.gob.mx/v3/noticias/zapopan-brindara-atencion-medica-gratuita-la-comunidad-de-pueblos-origenarios>

Health and Nutrition Program for Indigenous Peoples
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Link: <https://info.jalisco.gob.mx/gobierno/prog ramas/6290>



Importance of Equity in Indigenous Healthcare

Figure 1: Outside of trifold that includes title, outreach and support, and information on indigenous health outcomes.

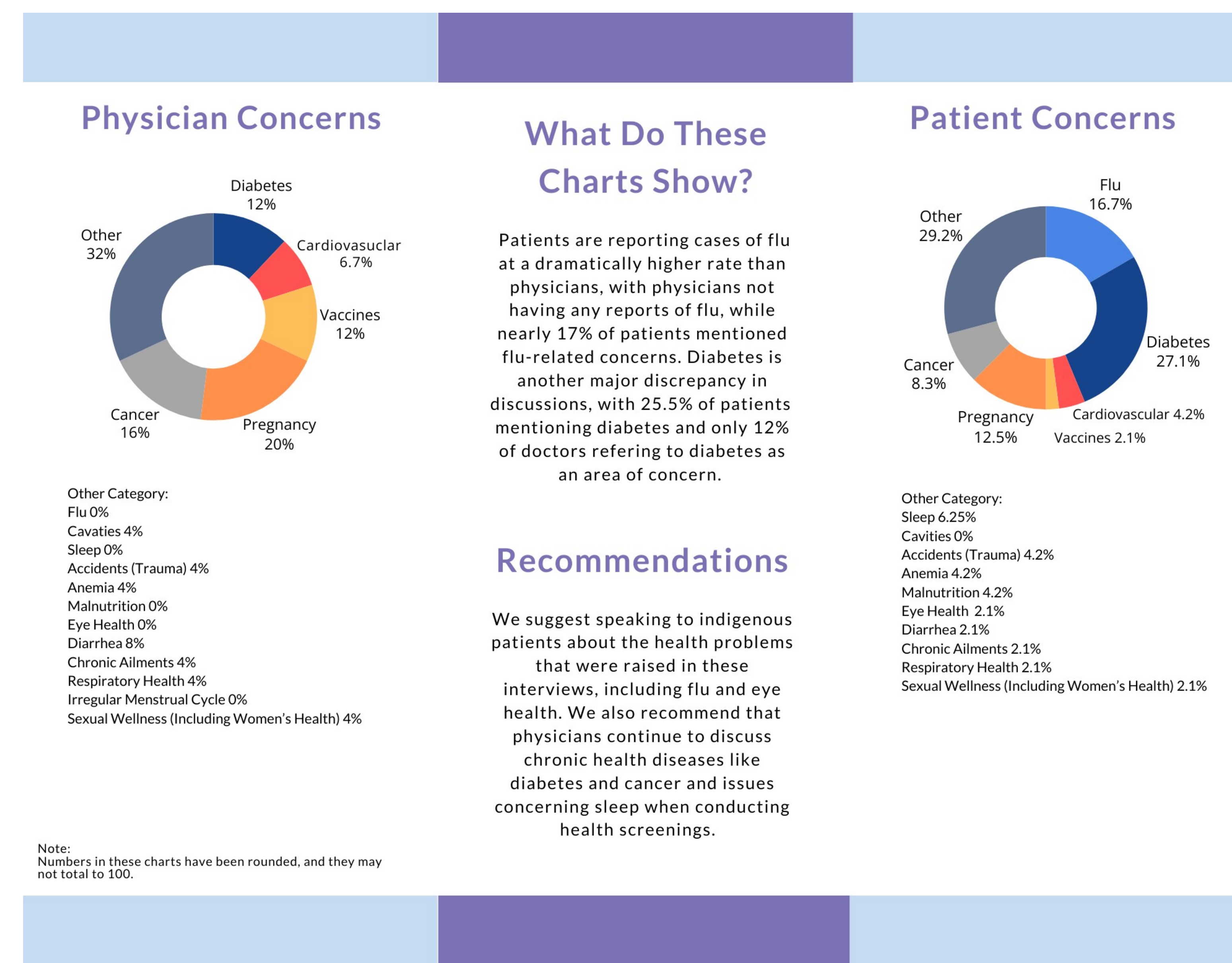
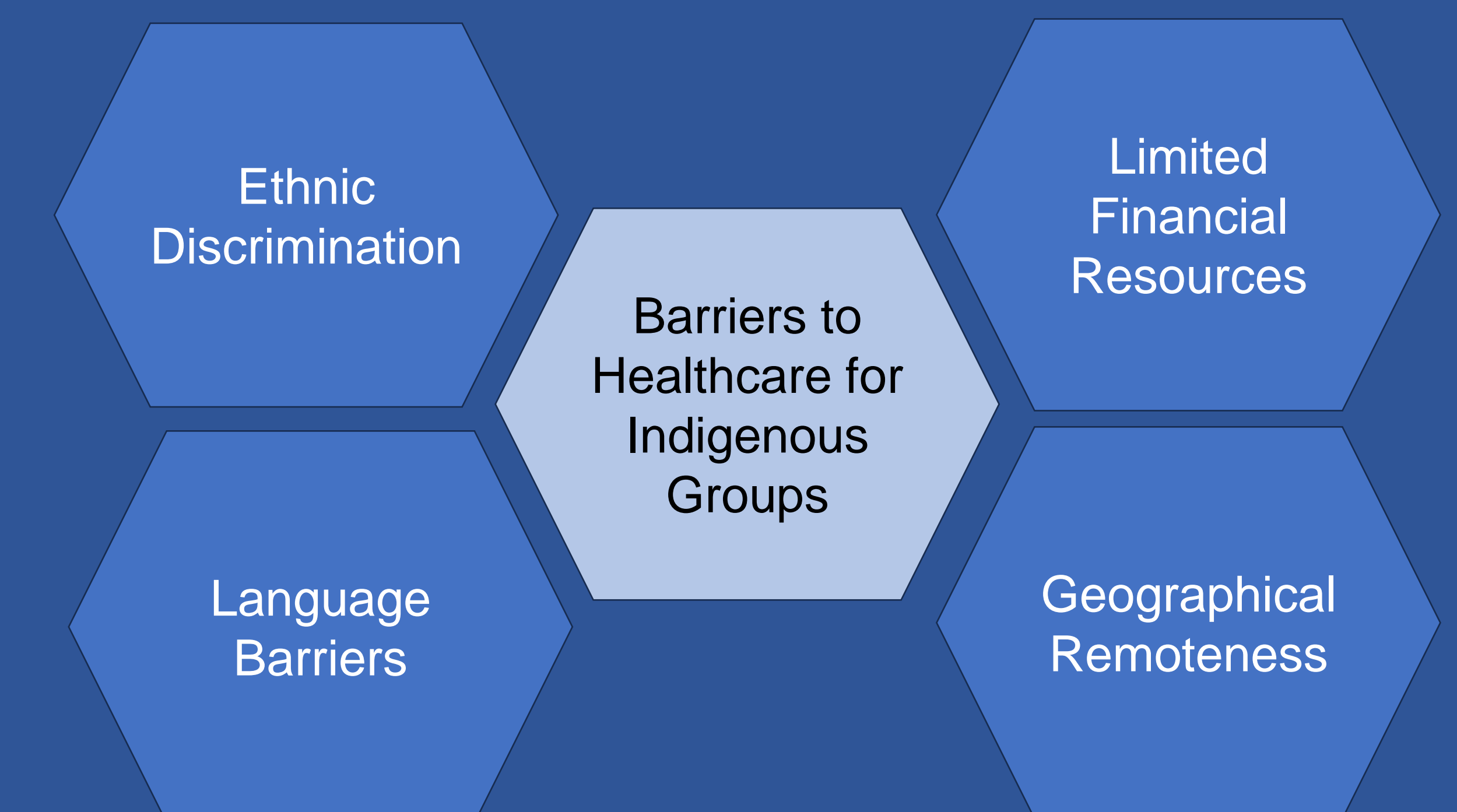


Figure 2: Inside of trifold that includes pie charts that note the differences in patient and physician concerns.

Conclusion:

Based on the data recorded from the interviews, it was clear that certain health issues had large disparities in the perceived levels of importance by doctors and patients. This is an indication of the effects of language barriers between indigenous patients and doctors that do not speak indigenous languages. For the Wixárika people, it represents another barrier to care that exists on top of the obstacles that have historically impacted indigenous access to health care such as poverty, education, and geographical location.³ It is a goal to distribute this trifold to medical practitioners in Mexico to raise awareness and help address the issue of language barriers to care. Included in the trifold is a support section, with various programs and support systems tailored to indigenous patients who either lack the necessary funding to pursue healthcare or need translating services.



References:

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Acknowledgements:

We thank the physicians and staff at the anonymous health clinic where this research was conducted, as well as the Wixárika patients and community members, for their hospitality and assistance. We also thank Brittney Quintanilla, Elisha Vaughn, Ione Willeford, Kofo Osinowo, Mason McDonald, Mayra Rodriguez, Sanda Garza, and Vishnavi Mahankali for their assistance with data collection and processing. We also thank Quetzabel de la Cruz for her assistance with participant recruitment and translation.