

Latino Health Coalition: Professional Development for Lasting Change

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Imagine that you are a clinician traveling by bus in the early morning for more than an hour on winding, dusty roads to visit a newly opened Mexican hospital. When you arrive at the one-story facility, you take in the scenery. There is a beautiful view of the surrounding fog-rimmed mountains and a well-worn soccer field across the street. As you make your way to the front door, you notice something that seems so familiar yet so out of place. In front of this remote hospital in the heart of central Mexico, there are 2 vehicles in the parking lot with North Carolina license tags. You realize the patients in this facility could also be your patients in North Carolina.

Experiences like this have been shared by the 99 North Carolina health care professionals who have participated in the Latino Health Coalition, a program established by the University of North Carolina (UNC) Center for International Understanding (CIU) in 2003. This yearlong study program offers a unique response to one of North Carolina's critical health issues—serving the health needs of Mexican immigrants. The Latino Health Coalition helps North Carolina physicians, nurses, public health workers, and health administrators gain a better understanding of their Latino patients, bridging cultural differences to improve services. It joins other CIU-sponsored programs that, since 1979, have taken more than 8,000 North Carolinians abroad to 48 different countries to promote global competence and awareness among North Carolina's current and future leaders.

The program has 3 parts. First, teams are formed among local health care professionals, administrators, and outreach workers. They assess Latino health challenges in their communities to identify issues on which to focus. Second, the teams travel to Mexico for a short-term immersion program, visiting some of the same communities that send family members to North Carolina for work. Teams see components of the Mexican health care system, including hospitals, clinics, and traditional healers, firsthand and interact with Mexican families. Third, informed by their experiences in Mexico, the teams return to North Carolina to implement local action plans.

Tom Bacon, director of the North Carolina Area Health Education Centers (AHEC) program and executive associate dean in the UNC School of Medicine, took part in the Latino Health Coalition and has supported the participation

of several AHEC-affiliated professionals. Bacon and other alumni believe the program's strengths include the chance to experience Mexico firsthand, the opportunity to build networks with other North Carolina health professionals, and the opportunity to collaborate on long-term action plans to address Latinos' access to care.

What Makes the Latino Health Coalition Unique?

The majority of North Carolina's Latino immigrant population originates in Mexico, according to US Census data [1]. However, most North Carolinians are unfamiliar with the parts of Mexico that these immigrants call "home." With the help of universities and nonprofit partners in Mexico, the Latino Health Coalition takes study participants to the heart of Mexico for a weeklong immersion training program that combines experiential learning, stakeholder involvement, and participant accountability to increase participants' cultural and professional competency and, ultimately, improve health care for Latinos living in North Carolina.

Immersion training differs from classroom- and online-based training in an important way. International immersion training is conducted by means of experiential teaching strategy in which learners are surrounded by a foreign culture as part of their learning environment. This firsthand experience, which includes access to a range of health professionals, sets the Latino Health Coalition apart from other professional development opportunities. Many aspects of culture are so ingrained that it is difficult to grasp the significance of family, history, food, religion, and language until these concepts are stimulating all 5 senses at once.

The CIU creates a supportive learning environment that challenges participants to see another side of Mexico. The study program balances urban and rural interactions with site visits to hospitals, clinics, and university training facilities and includes conversations with village herbalists and families who have relatives living in the United States. The week culminates with opportunities for informal conversations and for interaction with a Mexican family. Overall, the cultural immersion experience teaches program participants how health care in Mexico fits into the country's larger cultural and societal context.

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Participating teams generally consist of 3-6 members representing a range of health care occupations, from top-level administrators to direct-service providers. The average size of a coalition delegation is 25 members. Before travel, teams follow a guided process that engages a larger network of community agencies and Latino residents to determine the unique challenges and resources that exist in the community of interest. Informed by a comprehensive look at the local community, teams identify a particular health issue, such as childhood diabetes, that they would like to investigate while they are in Mexico.

On returning to the United States, teams are charged with connecting learning experiences to the needs of their local Latino community. Each team collaborates with its local network to develop and implement an action plan that details goals, strategies, and measurements of success. The CIU re-engages the teams during the following year to share best practices and track success.

Personal and Professional Influences on Health Care Professionals

Participants reported increased professional and cultural competencies during evaluations conducted before and after the experience. In addition, in 2008, the CIU and the University of North Carolina-Greensboro SERVE Center for Continuous Improvement collected data to capture personal and professional outcomes from former participants. The data showed that 50% of responding health care workers made changes in their professional areas in 3 or more ways [SERVE Center, unpublished report]. The benefits most frequently reported by health care professionals include the opportunities to undergo cultural training, to engage in increased community dialogue about Latino or immigration issues, to improve their effectiveness with Latino patients or clients, and to change policies and procedures in their workplaces.

Some common themes emerged from the survey responses. The SERVE Center study concluded that "participants were willing to be open to what they learned through the initiative, the impact of their involvement made them more aware of the issues their communities were facing, and this awareness gave them a platform from which to act" [SERVE Center, unpublished report].

The Latino Health Coalition makes a difference both personally and professionally for health professionals. Carlos Jorge had never been to Mexico before his participation in the Latino Health Coalition, an experience that continues to inform his work with Latino patients. Originally from Colombia, Jorge is a physician and medical director at Presbyterian Novant Heart and Wellness in Cornelius, North Carolina. In an article in which he reflected on the program's personal influence, Jorge wrote that the

immersion experience to Michoacán, Mexico, revealed how little I really understood about the patient population I was serving. The sacrifices, hardships, and

challenges that many of the patients we serve here in North Carolina have experienced became more real and tangible.... I realize that although I am an Hispanic physician, my cultural background, community, and economic status are totally different from [those of] the Hispanics of Mexican descent that I serve.... Because of the experience in Mexico and seeing *their reality*, I remind myself daily to remember who I am serving, what their life choices and living conditions have been, [and] what sacrifices they have made, and then [I] determine how I can make a positive difference in their lives to make their future life experiences better" [2].

Other health leaders have reported changes in training and staff education. Bacon confirmed that, as a direct result of involvement with the Latino Health Coalition, several AHEC initiatives have been developed to prepare health professionals to better serve the needs of the state's Latino population (Tom Bacon, personal communication, April 2010). These include Spanish-language courses, interpreter training, and courses in cultural competence in serving the Latino population, with a special focus on the mental health needs of the population. According to Bacon, "Faculty and staff are able to learn firsthand about some of the specific health issues facing the Latino population, as well as the social, cultural, and economic barriers that prevent them from obtaining the care they need on a timely basis."

Impact on Latino Health Care

The action plan of a 5-member Wake County team demonstrates the impact the Latino Health Coalition program can have on Latino health care. Nancy Hagan, director of social outreach for St. Bernadette Catholic Church in Fuquay-Varina, North Carolina, was a member of the 2003 team that focused on increasing Latinos' access to health care.

Before 2003, immigrant families and migrant workers in Fuquay-Varina were largely going without health care [Nancy Hagan, personal communication, April 2010]. County services were 25 miles away in Raleigh, North Carolina, and no public transportation was available. It was rare to find local Spanish-speaking clinicians, and the Latino community was largely isolated. The question Hagan had to answer was how to address these barriers to access. "We came back [from Mexico] to Wake and said, 'We need to start where the people are to create a health delivery system that works for them,'" Hagan recalls.

Within a year after the group's return, a screening clinic for migrant farmworkers opened, and grant funding was in place from the John Rex Endowment to establish a lay health advisors program in Fuquay-Varina. St. Bernadette Catholic Church, a trusted community resource for many Latino residents, became the site of this expanding array of health services. Nonprofit, foundation, and county resources all contributed to the expansion of health services that are

extensions of the Wake County team's participation in the Latino Health Coalition.

In addition to expanded access to services, an unexpected outcome arose from the melding of Western and traditional medicines. Observation of the prevalence of herbal remedies among Latinos spurred the creation of a resource guide of medicinal plants for health professionals. "For our people who come from those traditions, it is crucial to know what they've been using as treatment," Hagan said. "Now, if a patient mentions a plant, we have a reference for what it is, even a chemical breakdown. We would not have known to collaborate on this had we not gone to Mexico." Collaboration is behind Wake's successes. According to Hagan, "We needed each other—the county had the programming and the delivery capacity, and we had the trust in the community, as well as the location."

Another example from the many reports of tangible results in communities across the state is FirstHealth of the Carolinas' innovative Patient Navigators program. Patient Navigators serve as liaisons between their cultural communities and the health care system. Hispanic, Laotian, Hmong, and African American students complete a training program designed to help members of ethnically diverse populations find their way through the local health care system. FirstHealth collaborated with Montgomery Community College to develop the curriculum for this program, in which students learn basic health care skills and patient education strategies, as well as interview techniques and computer skills.

Patient Navigators have been integral to FirstHealth's diabetes screening efforts through its mobile health services in Moore and Montgomery counties in North Carolina. Barbara Bennett, administrative director of Community Health Services, stated that FirstHealth has held 57 events at which 1,800 underserved and uninsured people were screened (personal communication, April 2010). "Patient Navigators have been a great help in encouraging Latinos to seek screening," said Bennett, who participated in the 2007 Latino Health Coalition. Follow-up services and appointments are offered, if necessary. FirstHealth also learned to take services to the community by stationing Patient Navigators in places such as banks on Friday afternoons and

inside the front door at Walmart stores.

The Latino Health Coalition has garnered national interest for its alumni's unique approaches to improving the health of Latino patients. Evaluation responses consistently credit the program for building working networks and increasing cultural competency that results in long-term improved health access for the Latino population.

"Participation in the Latino Health Coalition was a wonderful networking experience, since it brought together health care clinicians, administrators, and policy people from a wide array of organizations, all of whom have a commitment to improving access to care for all North Carolinians," said Bacon. According to Hagan, networking while in Mexico, which included being together 24 hours a day for 7 days and shared bus rides and meals, proved invaluable. "That group experience was crucial. We built a network of productive working relationships that led to an exchange of ideas that facilitated change."

Challenges for the Latino Health Coalition

The need for culturally competent health care professionals is great, and North Carolina birthrates confirm that Latinos will continue to make up a large part of the state's population. In 2008, 21 of North Carolina's 100 counties had a Latino birth rate of 20%-40% [3].

The biggest challenge facing the Latino Health Coalition is lack of resources to offer the program to more North Carolina health care professionals. Funds from the Z. Smith Reynolds Foundation and other foundations have enabled some individuals to participate in the Latino Health Coalition. For the most part, however, individuals must seek a patchwork of funding from dwindling professional-development resources.

At present, interest in the Latino Health Coalition exceeds available capacity. With current resources, the CIU is able to conduct one Latino Health Coalition program every other year. The program reaches only a fraction of North Carolina's health care professionals who serve Mexican immigrants. North Carolina's health delivery system needs more culturally competent professionals at all levels in order to successfully address health disparities among the Latino population. NCMJ

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