

Soundbite Script – Working to overcome obstacles facing the Hispanic population

Grace Botello, patient

“For me to know her and knowing that she's Spanish is good because my English is just okay. Sometimes there are words that I can't pronounce, or I don't understand. So, when I ask her something in Spanish, she helps me a lot. And this is good for all the Spanish people in Mendota. They feel comfortable.” (:30)

Dr. Estrada-O'Brien, physician, OSF HealthCare Saint Paul Medical Center, Mendota

“We're fortunate enough that we have a lot of Spanish speaking providers, and I do think that providers who practice in a community should reflect the population in this area – we do have a higher percentage of Spanish speaking patients. I think that has us better equipped to take care of the population. Language barriers as simple as making a phone call to make an appointment can be challenging. Getting your results by being more understanding of your medical conditions is much harder if you don't understand the primary language that your provider speaks. So just being able to speak even a little bit of Spanish is better for patients because they have a better understanding of their medical conditions before they become a problem.” (:45)

Dr. Estrada-O'Brien, physician, OSF HealthCare Saint Paul Medical Center, Mendota

“The state of health among the Latino population depends on location, specifically in rural Illinois. Latinos or the Hispanic population are at a disadvantage from a health equity standpoint, from a health status standpoint, more so because of access and disparities in health care. It puts Latinos at higher risk for a lower health status. It's mostly because of social determinants of health – access, quality of health care, insurance coverage, language, immigration status, all of which present obstacles with attaining health care.” (:44)

Joy Preciado, nurse practitioner, OSF Saint Elizabeth Medical Center, Mendota

“Many of the men are the head of household and they don't want to take time off work to come in and be seen. A lot of them say they feel well, so they don't want to come in. Unfortunately, down the line that can lead to diabetes, high blood pressure, things that can be prevented. But if they did a once-a-year checkup they could catch things before they get worse.” (:32)

Graciela Botello, patient

“When men turn 40, they should go to the doctor to have their prostate checked and women should check their breasts at 30, because you can have cancer and sometimes it can be bad. And if you don't check yourself out, you can die from it.” (:19)

Leonardo Lopez, MD, medical director for OSF HealthCare Saint Paul Medical Center

“We need to encourage communities that have those populations who may be underserved. We should encourage them to go to school, get educated and become physicians or providers or nurses. To go into health care will help that need that we have and provide that care and trust that the community needs within their health care systems.” (:25)

Dr. Estrada-O'Brien, physician, OSF Saint Anthony Medical Center, Mendota

“I'm fortunate that people from Mendota want to stay in Mendota and help the community. I hope that I can be some type of role model, someone for kids from the area to look up to. I've already had many students come back and spend time with me, so they can get an idea of what it's like to be in medicine.” (:21)