



MAYA HEALTH TOOLKIT

for medical
providers

Developing Partnerships
Strengthening Communication
Enhancing Health Care

The Robert Wood Johnson Foundation generously provided the funding for the creation of the Maya Health Toolkit for Medical Providers, through a grant given to Bridging Refugee Youth and Children's Services (BRYCS) of the U.S. Conference of Catholic Bishops, Migration and Refugee Services.

Special thanks to Cecile Motus, Director of USCCB's Office of Pastoral Care for Migrants and Refugees, for her ongoing partnership with Pastoral Maya, Inc. and Kennesaw State University, because without Cecile this project would not have been possible. Stephanie Scott, USCCB's Migration & Refugee Services' Maya Project Director, launched this effort and saw it through to completion. Lyn Morland, BRYCS Director, advised the project, and Jacquelin Zubko was instrumental in the final stages of creating a home for the toolkit and helping make it accessible to all. We especially thank the partnership of the Maya people here in the United States. This toolkit is a "living" document and we expect to continue to revise and improve it, and we welcome your comments and suggestions at any time (send to info@brycs.org)!

Maya Health Toolkit for Medical Providers (produced by BRYCS, Pastoral Maya Inc., and the Maya Heritage Community Project), May 2011

Disclaimer: Statements about Mayan spirituality are to be understood as merely descriptive. No statement in this Toolkit is intended as medical advice.

© U.S. Conference of Catholic Bishops, 2011



FORWARD

James Loucky

Professor of Anthropology

Western Washington University

The Maya Health Toolkit for Medical Providers, developed by Dr. Alan LeBaron and his Maya Project team in association with Maya community leaders from across the United States, is an invaluable source of information as well as exemplary network “clearing-house” that helps meet the considerable challenges to health and related services experienced by many of the numerous families of Maya origin living in cities, towns, and rural areas of the United States.

The Toolkit effectively addresses a high needs population, something demonstrated in data revealing challenges facing Maya (such as English and Spanish proficiency and access to health insurance). Some of the range of health risks and manifestations that the Maya experience are associated with their largely rural background (where health risks are higher, medical facilities scarcer, and recent experiences of violence and disruption greater). Further health implications are generated or accelerated by disruptions associated with mobility and multiple difficulties inherent in settlement in new circumstances. The Toolkit articulates key barriers in its background sections; these include: limited awareness of cultural distinctiveness on the part of providers and service personnel, limited translation, limited literacy and therefore limited access to written health information, cultural considerations regarding basic biographical information (such as names and dates), and constraints of limited childcare.

The Toolkit identifies both critical and routine health concerns, and does so through building respectfully on cultural knowledge, enabling that knowledge to be integrated into a more accessible and appropriate form. It is grounded in holistic understanding of Mesoamerican principles, including respect for cultural knowledge and knowledge holders, appreciation for the fundamental connections of body/mind, and sense of animism as well as

recognition that humans have an integral place in the natural world.

The general approach of the development team has other notable strengths as well, either explicit or implicit:

- 1) Anthropological understanding** that people recently arrived to dramatically different settings are often relatively poorly prepared for the profound implications of living in a different place, that dislocations can be long and powerful, and that health is one of the main areas implicated in these dynamics.
- 2) Highlighting cultural and structural factors** that relate to health, including those associated with: adaptation to new societies, languages, and futures; anxieties that arise with perceived demands to change; and significance of promoting greater understanding of all parties, providers as well as clients, if physical and mental health are to be fostered.
- 3) Recognition of multiple, layered, and significant roles** and identities involved in migrations. In particular, extended attention to women is invaluable, given their role in family health and relative exclusion from public attention.
- 4) Prominence given to Maya voices**, and particularly to women as integral to the success of this venture, insofar as they are central to family wellbeing as educators as well as providers.
- 5) Appreciation of the significance of human relationships**, which are fundamental to bridging boundaries, and can make enormous differences for recent arrivals as well as communities with limited material resources. Community members, parents, and providers are equal partners in this effort and ultimately in its success.

Particularly valuable aspects of the toolkit itself deserve mention. It provides a structure for provision of information as well as interpretation. It does so by recognizing the critical role of language of communication, in this case, four of the main Maya languages, encompassing the majority of Maya who have migrated to the United States. Such emphasis on culturally and linguistically diverse families and communities is not always a feature of health provision, so this is also a model for communities and efforts

beyond the Maya themselves. The tools themselves are varied and creative. We can anticipate considerable use of the terminology listings (in English, Spanish, and Maya variants), the body chart, and compilations of herbal/natural remedies. The succinct wellbeing assessment checklist can serve as a strong initial screening tool. Some key resources will be available through audio-visual means, and if they are online, the reach beyond "official" health provision sites will be extended, including to homes.

All in all, the Maya Health Toolkit represents considerable prospects of greater empowerment for Maya across the United States, potentially in Canada as well, and ultimately also as a useful example for other communities similarly composed of newer residents, and not only Maya.



Acknowledgements

This toolkit owes much to the Pastoral Maya communities in Portland, Oregon; Alamosa, Colorado; Los Angeles, California; Greenville, South Carolina; Omaha, Nebraska; and Canton, Georgia.

The Maya Health Toolkit for Medical Providers was created by the A.L. Burruss Institute of Public Service and Research, and the Maya Heritage Community Project at Kennesaw State University.

Principal Authors (alphabetical):

Krista Czerwinski
Alan LeBaron
Mandy McGrew

Principal Consultants

Jeronimo Camposeco
Juanatano Cano
Francisco Lucas
Janice Long
Policarpia Gaspar Xuncax
Lucia Gaspar
Romeo Jimenez
Luis Marcos
Karin Ventura

Technical Adviser

Nathan Dunkel

Graphics

Elena Kibraeva
Ingrid Munoz
Brooks Moore
Brian Kinnet
Michael Beasley

TABLE OF CONTENTS
SECTION OVERVIEW

Section 1: Introduction 9

This section explains the toolkit objectives, our vision, and methodology.

Section 2: Cultural Profile.....12

This section contains an overview of the history of the Maya people, focusing on health beliefs and practices. It includes Maya demographics in Guatemala and the United States, and cultural information relevant to health.

Section 3: Barriers and Case Studies..... 21

A collection of case studies and a summary of focus group findings demonstrate barriers that the Maya experience when seeking health care in the United States.

Section 4: Toolkit Resources.....33

Limited English Proficiency Resources designed specifically to bridge communication difficulties between health care providers and their Maya patients.

Section 5: Literature Review.....62

This section contains a summary and analysis of the primary literature utilized in the creation of this toolkit. Literature on Maya health, cultural congruency, and best practices are included, as well as a list of toolkit models and relevant web sites.

Section 6: Interpreter Network.....69

The National Maya Interpreters Network supplies certified interpreters in the Maya languages.



EXPANDED CONTENTS

Section 1: Introduction

Toolkit Overview

Preface

Methodology

Objectives

Section 2: Cultural Profile

The Maya

Demographics and Statistics

Maya Languages

Community, Respect, and Harmony

Religion and Spirituality

Maya Views on Illnesses and Health

Types of Traditional Healers and Providers

Section 3: Barriers and Case Studies

Barriers

Case Studies

Focus Groups For Women

Section 4: Toolkit Resources

Overview

Information Card

Key Medical Terms and Key Phrases in Translation

Body Chart

Herbal Medicine Chart

Mental Health Assessment

Pain Scale

Happiness Scale

Audio Visual – Prenatal Care

Audio Visual – Diabetes

Section 5: Literature Review

Maya Health in the United States

Maya Health in Guatemala

Best Practices

Cultural Congruency

Toolkit Models

Section 6: Interpreter Network

The Need and Value of the Interpreter Network

The Interpreter Network Structure



Section 1: Introduction

TOOLKIT OVERVIEW

WHY A TOOLKIT FOR THE MAYA?

- **LANGUAGE:** Maya speak native languages that have existed in the Americas for thousands of years, and even though they might appear Hispanic or Latino, they may not speak Spanish, or they may speak Spanish at a lower skill level than often expected. Many will not read or write in any language. The language barrier often goes unnoticed and can have negative consequences because providers believe they are conveying information appropriately through a Spanish interpreter or Spanish-language materials. A principal goal of this toolkit is to demonstrate the importance of the language problem; and direct the medical providers toward helpful communication tools. The Maya speak 21 officially recognized languages in Guatemala dating back to the proto-Maya language of about 5,000 years ago. In this toolkit, we work most directly with four of these languages.
- **MAYA DISTINCTIVE CHARACTER:** Until the Spanish Conquest of the early 16th century the Maya shared a geographic location and certain commonalities of thought and life with approximately 20 – 30 million people of Mesoamerica, the land area which now comprises much of Mexico and Central America. But Maya had always been a particular people, based on differences in languages and beliefs from other people of Mesoamerica. Spanish colonialism had powerful influences on the Maya and the other Mesoamericans, but with the help of isolation and strong communities, many traditions and ways of life remained over the centuries that pertain closely to the Maya.
- **HEALTH BELIEFS:** Maya health beliefs are key to understanding the people, and will be described in various sections of the toolkit. Maya have long traditions of health beliefs and knowledge, and their spiritual view of life on earth and the nature of the universe includes a holistic view of health, for example the belief that illnesses may have physical or spiritual causes. Maya medical treatments include medicines and spiritual rituals, including prayer, massages, or the burning of incense. In certain cases, Maya patients may believe that prescription medicine will not be enough to cure an illness.

- **HISTORIC OPPRESSION:** Guatemalan Maya have been some of the most oppressed people on earth, and during recent decades were special targets of the Guatemalan Civil War; where over 150,000 Maya were massacred during the 1980s-1990s. Currently many Maya children suffer from chronic malnutrition, which can reach 80% of children under 5 years of age in some areas. Such historic and ongoing oppression and lack of opportunity or access to education make the needs of many Maya well beyond other areas of Mexico and Central America.

PREFACE

Our philosophy and our vision entailed in the making of this toolkit demanded that we recognize Maya knowledge and thoughts in order to better understand the Maya and obtain true trust. Maya have long traditions of medical practices and beliefs, and understanding and appreciating their views and their holistic health beliefs will help promote a healthcare environment unobstructed by cultural differences.

We designed the Maya Health Toolkit to be effective with all Maya, but the language resources contained within the toolkit specifically focus on four of the 21 officially recognized Guatemalan Maya language groups: *Chuj*, *K'iche'*, *Mam*, and *Q'anjobal*. These groups have significant numbers of Maya-speakers in the United States with basic illiteracy and low Spanish language skills due to a lack of access to education in Guatemala. Maya who most need help with communication neither read nor write, and Maya interpreters who have training in medical translation are few in number, thus this toolkit included the establishment of the National Network of Maya Interpreters. It is hoped that the toolkit framework and methodology might serve as a model for working with other indigenous immigrant populations.



METHODOLOGY

Dozens of Maya in the United States gave us information and advice on the construction of this toolkit, and Maya focus groups took place in Georgia, California, South Carolina, Oregon, and Nebraska. Data collection involved conversations with academic scholars, Maya leaders, healthcare providers, social workers, and professionals. The Guatemalan Consul General of Atlanta also provided advice. Academic sources were consulted, and key publications have been listed in the Literature Review. Conclusions and summaries developed from the various sources were reviewed by health providers, Maya community members, and academic scholars.

OBJECTIVES



Minimize barriers between patients and medical professionals in order to enhance the health of the Maya community.



Identify the major healthcare barriers both from the provider's and the patient's perspective.



Create a variety of tools to help providers and patients communicate better.



Create a National Network of Maya Interpreters trained and certified in the knowledge and methodology contained in this toolkit.

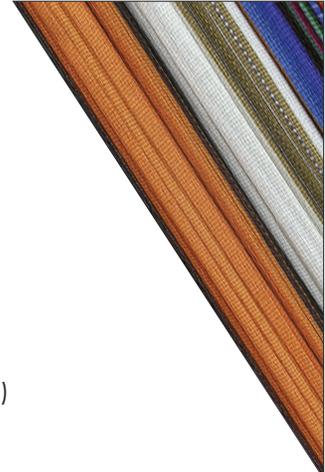
Section 2: Cultural Profile

Section two is compiled from academic sources and Maya testimony. Great variety exists among the Maya, and not all Maya, nor all scholars, agree on best descriptions of Maya culture and world views. But among our Maya consultants and focus groups, and consulted literature, we have found a deep sense of tradition and religious spirituality that profoundly influence concepts of health.

THE MAYA

Contemporary Maya are descended from the Classic and Pre-European Maya civilizations that thrived in Southern Mexico and Central America for thousands of years. The ancients developed accurate systems of mathematics, a written language, and building capabilities that led to the creation of amazing architectural structures and some of the world's largest cities of the time period. Highly successful at farming and food development, the Maya evidently enjoyed healthy diets and good health. Along with their other accomplishments, the Maya also had an intricate system of diagnosing and curing illnesses. While their healing practices placed a great emphasis on the power of prayer and rituals to cure individuals, they also used plants and herbs as medicines. For example, the Maya have used apasote (or sk'aj) to relieve stomach cramps, vomiting, and diarrhea, for untold generations. Modern healthcare providers in Guatemala recognize that this plant has amoebicidal properties and that the Maya continue to use it to this day.

When the Spanish reached the lands of the Maya during the early 16th century, the Maya were subjected to foreign diseases to which they lacked immunity. Many died in widespread epidemics and neither traditional Maya medicine nor European medicines would cure their diseases. European ideas influenced Maya religious and scientific beliefs, but overall the isolation of the highland villages enabled the people to maintain their traditions and cultural knowledge throughout the colonial period and into the modern day. Traditional Maya healers, such as bonesetters and midwives, continue to practice in rural communities throughout Guatemala; often times they are the only source of medical



care within reach, although increasingly Maya healers (midwives especially) are synthesizing modern bio-medical practices into their ancient traditions.

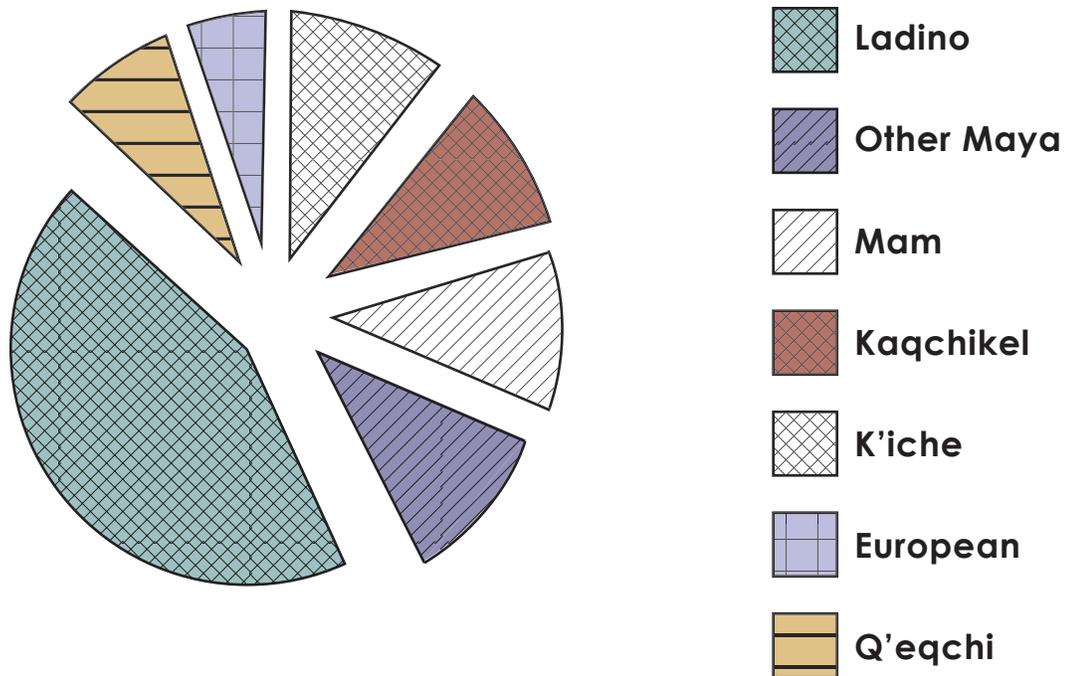
In Guatemala, health standards differ greatly between urban and rural areas. Because most Maya live in the rural parts Guatemala, they suffer greater health disparities than non-Maya living in urban communities. The majority of Maya towns have small clinics but they often lack essential medical supplies and critical care services. In the Guatemalan countryside where most Maya live, the limited access to healthcare results in higher cases of malaria, typhus, dysentery and measles. These conditions are further aggravated by poor nutrition and sanitation. Plantation workers suffer from ailments caused by the pesticides and fertilizers used on crops. In jungle areas, snakebites and skin mites are common.

In recent years, hundreds of thousands of Maya have fled the violence and poverty of Guatemala to seek a new life in the United States. Because many have witnessed the deaths of loved ones, the trauma of war and migration, and great uncertainty in the U.S., they might suffer from anxiety and depression.

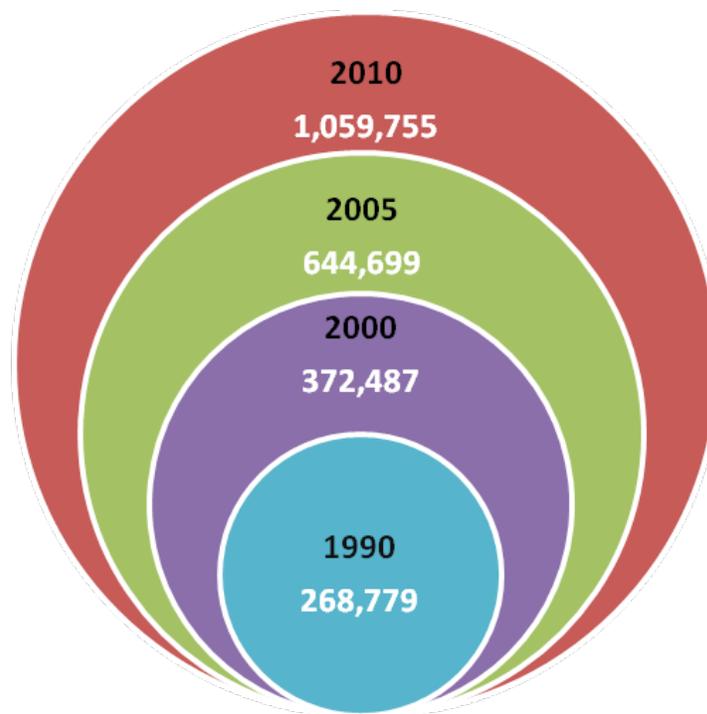
DEMOGRAPHICS AND STATISTICS

The Maya make up about half of the Guatemalan population. The census categorizes the Guatemalan ethnicity as Mestizo (mixed Amerindian-Spanish - in local Spanish called Ladino) and European 59.4%, K'iche 9.1%, Kaqchikel 8.4%, Mam 7.9%, Q'eqchi 6.3%, other Mayan 8.6%, indigenous non-Mayan 0.2%, other 0.1% (2001 census). The age structure in Guatemala is 0-14 years: 39.4% (male 2,664,058/female 2,573,006), 15-64 years: 56.8% (male 3,655,184/female 3,884,331) 65 years and over: 3.8% (male 231,652/female 268,286) (2010 est.).

GUATEMALA POPULATION 2001



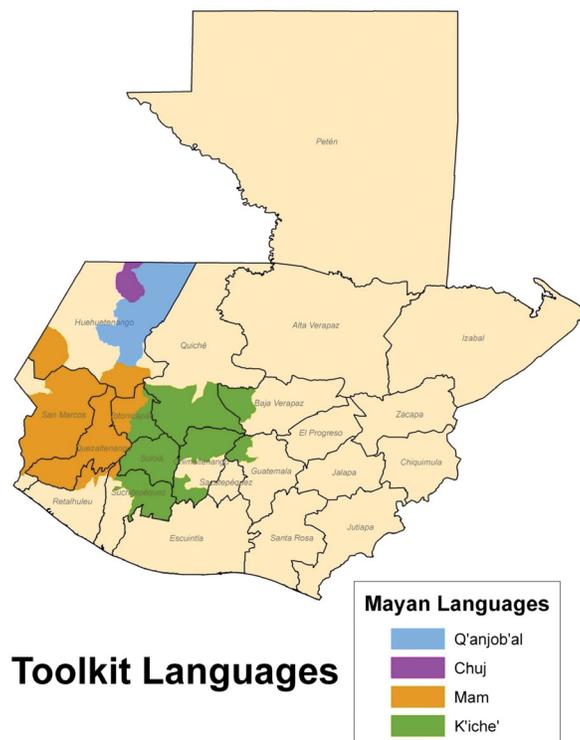
Growth of Guatemalans Living in the United States: at least one half of the Guatemalans living in the United States are Maya, many speak Spanish as the second language or not at all.



The above diagram depicts the growing population of Guatemalans living in the United States from 1990 to 2010. Figures are based on information gathered from the Pew Hispanic Center at <http://pewhispanic.org/data/origins/> and the United States 2010 Census data at <http://2010.census.gov/2010census/>. Furthermore, according to Pew, the percent of Guatemalans in the United States without health insurance was 47.9% in 2008.

MAYA LANGUAGES

Spanish is Guatemala's official language but many Guatemalans in the U.S. report their first language to be Maya. Although Guatemala has 21 official Maya languages, there are nearly 50 Maya dialects that further complicate communication. Maya languages are largely mutually unintelligible. Some Maya understand and speak a special Spanish language called "la castilla", a non-standard Spanish. For those who do speak Spanish, they would not easily understand Spanish from other Latin American nations. The toolkit provides resources in four Maya languages that are recognized as having significant numbers of non-Spanish speakers in the United States. We took into consideration that modern medical terminology oftentimes cannot be translated directly, thus care was taken in making sure concepts and meaning are conveyed accurately. Some illnesses, treatment methods, and terminologies are unique to specific cultures and therefore, need to be broken down and adequately explained.



Toolkit Languages



COMMUNITY, RESPECT, AND HARMONY

Maya consultants explained that traditional worldview is centered on the community rather than individualism, and that community supplies values and well-being for the inhabitants. To maintain knowledge and traditions, elders are valued and play a crucial role in passing down knowledge to subsequent generations. Ideally, Maya should view their lives as interwoven, and look to each other for advice, knowledge and wellbeing, as they strive for harmony within the community and the greater world.

RELIGION AND SPIRITUALITY

As part of the Maya worldview, imbalance results from the common illnesses of humankind such as hatred, envy, materialism, and disrespect. Health and disease might be understood as the search to maintain or restore balance within this relation; that is, to restore balance to the relationship between the self and the whole. The Maya believe that their physical and emotional health conditions are directly related to social behaviors; and to achieve a healthy body and spirit, the Maya seek to restore harmony and maintain balanced energy. Many see their spirituality as a fundamental component of daily living habits, health practices, and wellness.

Widespread testimony shows that Maya usually wait to seek hospital or clinic care until the illness is serious or indigenous medicines are unattainable. Providers should be aware of the likelihood that the Maya may have taken herbal medicines prior to seeking hospital care and therefore, may be at risk for possible drug interactions when combined with modern medicines.

VIEWS ON ILLNESSES AND HEALTH

CONCEPT OF DISEASE

A common Maya belief is that illness is caused by an imbalance between hot and cold elements in the body. Health is maintained by avoiding exposure to extreme temperatures and by consuming appropriate foods and beverages to maintain a balance of temperature. Examples of "hot" diseases or states of being are pregnancy, hypertension, diabetes, and indigestion. "Cold" disease examples include menstrual cramps, pneumonia, and colic. The goal of treatment is to restore balance. "Cold" diseases are treated with "hot" remedies and vice versa. Inter- and intra-group variations exist with regard to beliefs about the hot and cold theory of disease.

HEALING REMEDIES

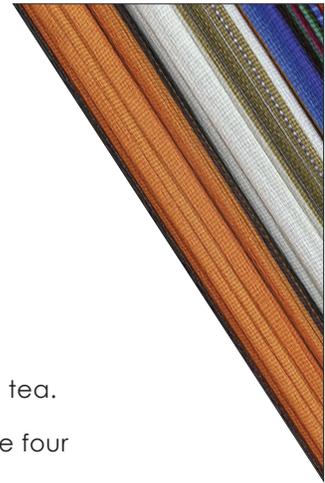
Traditional herbal medicines are commonly used by Maya who live in Guatemala and in the United States. Examples include using garlic to treat hypertension and cough; chamomile to treat nausea, gas, colic, and anxiety; a purgative tea combined with stomach massage to cure lack of appetite, stomach pains, or diarrhea; and peppermint to treat dyspepsia and gas.

EL EMPACHO

El Empacho was described by the communities as a sickness resulting from not eating at regular meal times, eating too much after hours of fasting, eating too fast, or eating without drinking something to help digest the food.

SUSTO

Susto is a common illness that can be found in both children and adults and generally appears after witnessing accidents, violence, abuse or any other traumatic events. Maya community members said Susto happens while someone is sleeping, daydreaming or distracted and then is suddenly awoken by screaming. The symptoms of Susto may include crying upon awakening, body convulsions, and general fear. It often begins as nightmares or night terrors.



Cures for Susto include Rue (an herb). One description of a cure called for hot Rue tea. After the tea is made; red coals are collected from the four sides of the fire (from the four cardinal points that stand for fire, air, water and earth) and placed into the Rue tea, which is then drunk. Other cures might include herbal baths mixed with rue, basil, orange leaves, and marigold. Sometimes the curandero chews the rue then suddenly blows it on the face of the patient.

MAL DE OJO

Mal de Ojo might be caused by a pregnant woman looking at a child affectionately or with love. It can also be caused by seeing a walking drunk, or seeing a sweating horse or other animal. Symptoms of Mal de Ojo include vomiting, fever, and/or diarrhea that smell of eggs. One of the cures for Mal de Ojo is for a pregnant woman or a person with cold blood to pass an egg along with dry chili pepper and black pepper across the whole body. Then the egg might be taken to a river, and the chili and pepper are burned in a fire.

DOLOR de OIDO (Earache)

Dolor de Oido can be prevented by feeding the baby breast milk and cured with a couple drops of breast milk.

PREGNANCY

If a woman is having a hard time getting pregnant, it is believed that her uterus is too low. The woman therefore looks for a midwife to adjust the position of the uterus. Women generally look for a midwife as soon as they are pregnant and stay under her care until the birth of the baby.

DOLOR DE MUELAS O DIENTES (Toothache)

Dolor de muelas o dientes can be cured with tobacco or garlic because both kill the bacteria that cause infection or pain.

CALAMBRES O ARTRITIS (Cramps or arthritis)

Cramps or arthritis might be cured with a mixture of tobacco and liquor, which is placed on the part of the body that hurts. Sometimes it helps to drink a bit of the medicine as juice or tea.

DOLOR DEL ESTOMAGO (Stomachache)

It is common during the cold months for children and elderly to have stomach pain. The cure is to take la Yerba buena (good herb), la verbena, la mirta and drink it to minimize inflammation.

HEALERS AND PROVIDERS

- Partera (midwife)
- Comadrona (midwife)
- Curandera (curer)
- Huesera (bonesetter)
- Cura los ojos (healer of eye problems)
- Promotores de salud (community health educator)



Section 3: Barriers and Case Studies.

BARRIERS TO CARE

1. Providers and receptionists unable to distinguish between Latinos and Maya

(or unaware of the differences). This is relevant to the toolkit because misidentifying the Maya creates multiple problems in regards to patient care. The Maya have their own languages and traditions that differ from Latino cultures. They also have a unique history and background that is relevant to their overall health and wellness.

2. Limited use of interpreters in Mayan languages.

There is a crucial need for trained Maya medical interpreters. Some but not all Maya speak Spanish. They may try to communicate in Spanish but often lack the proficiency to understand as well as might appear to the observer. Few Maya interpreters have professional or medical training. Without an adequately trained interpreter, Maya may not understand their diagnosis or their treatment plan. (See the final section on the Interpreter's Network for detail.)

3. Patients that are illiterate or have low literacy in Spanish and English have difficulty understanding materials and completing lengthy, complicated paperwork.

Many Maya in Guatemala lack of access to education, resulting in high levels of illiteracy or limited literacy skills. This creates challenges for filling out paperwork, reading prescriptions, and understanding one's illness or diagnosis. Some clinics have forms translated into Spanish, but for Maya who do not read, this is not helpful. Financial constraints, unfamiliarity with U.S clinic procedures, and educational gaps cause many Maya to postpone clinic visits until their situation is critical. This creates a heightened stress level for patients during their initial clinic registration. Literacy is also a major issue when providers need written permission to perform certain procedures.

4. The use of children or family as interpreters.

Many parents have their children interpret for them. This is not ideal because it can be scary for a child to hear medical diagnoses and information can be lost or mistranslated easily. By law, hospitals and clinics must provide interpreters and should not use children.

5. Waiting too long to seek care—especially expectant mothers

Families usually seek care at the hospitals or clinics only if it is urgent because of high costs, lack of trust, unfamiliarity with local customs, discomfort with clinical surroundings, or because they are unsure of the health benefits.

6. Patients not returning for follow up appointments

This may be due to the cost of appointments, preference for alternative care, transportation issues, a history of bad experiences, or miscommunication regarding the appointment date.

7. Confusion between patient and receptionists regarding last names

Initial confusion occurs because many of the Maya, as customary in Maya villages, take only first names for the entire name, which in the Spanish style numbers four. For example, it is possible to have the name: Juan Juan Juan Juan, or Juan Francisco Antonio Lucas. In addition, Maya wives keep their maiden names and take their husbands "last" names. This may confuse hospital staff; thus, names are entered into the computer incorrectly, files are lost or difficult to locate, babies are miss-named, and Maya feel less respected.

8. Unknown date of birth

Many of the Maya living in the United States lived in Guatemala during the civil war. They may have been born during the war or lost family in the violence. Therefore, some of the Maya do not know their birthdates. They may give an estimated date when questioned, or be unable to answer. This can lead to frustration or suspicion by the healthcare provider.



9. Difficulty obtaining complete medical history and family history information

For the reasons stated above, many Maya do not know their complete medical history. Some records may still be in Guatemala or they may not have any.

10. Conflicting information being given by midwives or other traditional healers

Some Maya choose to see a traditional healer and use traditional medicines before going to the doctor, as this is custom in their homeland. Occasionally, information or medicines differ from that of western medicine.

11. Differing health practices and definition of health

In the Maya tradition, everything is connected: mind, body, and nature. This world view carries over into the Maya concept of health. Maya diagnoses may blame an illness on something in the natural world or on supernatural causes. Likewise, traditional treatments are likely to involve prayers along with natural remedies. Understanding that Maya patients may conceive of their illness and treatment in a holistic way is crucial to providing them with quality care.

12. High cost of care

To someone who is familiar with healthcare costs in the United States, a \$200 clinic charge for an initial prenatal check-up is reasonable and most would agree that the services are worth the money for peace of mind that one's pregnancy is progressing well. However, for a Maya woman with limited funds and little experience or knowledge of modern medical practices, these fees may seem exorbitant. The cost of seeing the local Maya midwife is only five dollars per visit. The Maya women may understand this difference in cost, but not the difference in care value.

13. Long wait times

Many Maya report waiting extended periods of time for care in clinics and emergency departments. Because of these lengthy waits, Maya sometimes feel they are being discriminated against.

14. Childcare availability

Often Maya women do not have access to childcare and must bring their children with them to doctor's appointments and hospitals. Some even have their children with them while they are giving birth. Lack of access to childcare limits women's access to healthcare.

15. Maya may not admit to being indigenous because they believe they may be treated worse.

Discrimination and prejudice against the Maya people is common in Guatemala. After suffering this treatment in their home country, many Maya are apprehensive about how their Native American heritage may be perceived in the United States.



CASE STUDIES

CASE EXAMPLES

The following case examples highlight specific incidences of misunderstandings and miscommunications between Guatemalan Maya people and the U.S. systems of health care and social services. Language and cultural barriers are the prime culprit in each of the instances under study. These cases took place in the Southern United States. All of the names have been changed. Case examples came via direct testimony from the people involved.

PREGNANT OR NOT?

Luisa went to the county health department and was told that she was three months pregnant. She received an ultrasound picture of the baby she was carrying. Later, she began to have pain in her abdomen. She went to the hospital. Luisa waited for six or seven hours until she was finally seen by a doctor. Around 3 or 4 am, she was examined and given medication to help her pain. An interpreter on the phone told her she had “an abortion” (miscarriage). She returned home, not understanding exactly what happened—she had never experienced bleeding, only pain, and so she was confused. The next week she began to “feel something,” as if she were pregnant. She returned to the clinic and the woman translating told her she had never been pregnant. Luisa and her husband still do not know what happened because they did not speak English or Spanish well at the time. Even though an interpreter was provided, it was not adequate to clarify the situation for this family. Did she have a miscarriage? Was she ever really pregnant? The questions still bother this couple, over three years after the incident occurred.

CAR ACCIDENT LEADS TO EMERGENCY ROOM CONFUSION

Juan and his 2-year-old daughter were in a car accident. Juan said he immediately called his wife Maria to come to the scene to be with their daughter. The police arrived and Juan stayed behind to answer questions as his wife and daughter got in an ambulance and went to the hospital. Juan is from Guatemala and speaks Spanish and Chuj but his wife speaks only a little Spanish. When they arrived at the hospital, Maria was told to sign some release papers. Since she does not read English or Spanish, she did not understand what she was signing but assumed it was permission for the doctors to examine her daughter. However, the doctors then began to examine both the Maria and the daughter. Maria wanted to tell them that she was fine and that she was not even in the accident but she could not communicate with the medical staff. Following the accident, Juan and Maria received a bill for \$1,500 from the hospital. It was itemized and showed expenses for both the daughter and Maria. Juan has been trying to explain to the hospital that his wife met them at the scene of the accident but was not in the accident and therefore did not need the tests the hospital ran. Juan was frustrated that the hospital did not know the accident details and did the tests on the Maria when she did not need them. He is also very concerned about his hospital bills and his inability to pay.

SURGERY SHE CANNOT EXPLAIN

Julia had some pain a few weeks after delivering a child. She went to the doctor and was told she had a "stone". She had to have surgery to have it removed. However, the problem and procedure were explained to her by a Spanish interpreter in Spanish. While she and her husband understand a little Spanish, they do not understand all of the nuances of the language or the medical terminology; hence, they were unsure of the details of her problem and the procedure. She expressed that while they understand Spanish better than English, they still do not speak Spanish that well. The result was that Julia had a surgery she could not explain for a reason she did not understand.



SEVERE, ONGOING ILLNESS OF A CHILD

Lydia's daughter was sick for two months. Because she was born in the U.S., she had insurance and Lydia and her husband could take her to the doctor. They did so three or four times over the course of the two months, but she was still sick. The doctor did nothing for her. Finally, the parents took her to someone from Guatemala who had knowledge of "Maya medicine" and she got better. She said, "We have Maya medicine. That's why when we get sick, we don't take the kids to the doctor because the doctors don't do anything for the kids. We have medicine that can make them better."

ARRESTED FOR CHILD MOLESTATION

A young male Mam Maya speaker had been waiting for his clothes to finish in the laundrette. Allegedly he touched the hair of the small girl child, who screamed, causing the child's mother to call the police. Unable to speak or communicate, he spent more than four years in a mental health facility; his identity and native language was unknown. However, when a Mam interpreter was brought to him after the four years, he began talking profusely and identified his home and family in Guatemala. When asked by the interpreter why he had touched the girl's hair, he replied "her hair was pretty." [The meeting with the interpreter was witnessed by one of the principal authors of the Toolkit.]

MINOR INJURY BECOMES POTENTIALLY FATAL

Because traditional care is tried first and expense is a major factor, minor injuries can turn into major problems. A 19-year-old yard worker with a major finger infection developed potential life-threatening complications. He injured his finger with a weed-whacker, and his finger became infected with major swelling. He had no public or private insurance, so he tried a variety of traditional remedies. Later at the hospital he was advised that without surgery he would lose the finger and the infection could spread and even result in death.

CHILD REFUSES TO EAT SCHOOL LUNCH

A Maya child in Florida would not eat the school lunch given to him each day. He was new to the United States and he spoke neither English nor Spanish, hence he was unable to communicate why he refused. Teachers and staff became forceful in their insistence that the child eat. However, the boy was unfamiliar with foods like milk, cheese, and peanut butter; he found these things repulsive and nauseating since he did not grow up consuming these types of foods. His inability to communicate his reasons did not stop the forceful reactions by the school staff.

BELIEFS ABOUT CHILDBIRTH CAN CONFUSE PROVIDERS

Maya believe that warm food produces the mother's milk, but in the hospital, the new mother was given only cold milk. The doctors wanted her to drink lots of ice water and take prescription medicine, but she felt that was bad for her and her baby. She feared that the child would sicken with digestive problems, swelling of the chest, and chills. The mother herself might become ill.

NON-VERBAL MISCOMMUNICATIONS: THE MOTHER WHO "REJECTED" HER CHILD

The baby had been taken away from mothers when hospital staff believed that the mother had shown a negative attitude toward the child rather than being loving and attentive. The mother had been afraid of causing illness in the child because she was imbalanced after birth, thus she was in fact showing her love for the child by refusing to demonstrate what the hospital staff thought should be correct maternal behavior.

NON-VERBAL MISCOMMUNICATIONS: THE MAN WHO "DOMINATED" HIS WIFE

Medical staff complained that Guatemalan men dominated their wives to the point that women would not speak during appointments. It was thought that the women were not allowed to speak, and they suspected abuse might play a role. Investigation showed that nearly all Guatemalans in the local area were Maya; and approximately 50% of the women spoke no or very little Spanish; and no English.



RESULTS OF FOCUS GROUPS SPECIFIC TO WOMEN

LANGUAGE AND LITERACY

Women have difficulties expressing their problems to doctors and nurses, understanding their diagnosis and treatment options, knowing what medicines they are taking, why they are taking them, or the correct dosages. Some of the women or their husbands understand and/or speak Spanish, but not always well. Luisa said, "Sometimes we say we understand, but we don't understand." The Maya women expressed a great need for someone to help explain medication use to them, and stressed that their number one healthcare need was to have someone who speaks their language interpret for them.

The hospital claims to provide interpreters (in person or over the phone) to anyone who needs translation services. However, this was not the case described by the women. They have to wait long periods of time for the Spanish language interpreter to be available. If the interpreter is busy, the Maya women have to wait. Some of the women said that several times a Q'anjobal-speaking interpreter was provided for them over the phone. In one case, the woman's husband was able to make it known to the hospital staff that she needed a Q'anjobal interpreter. This allowed the hospital to obtain the correct interpreter.

Luisa had to return to the doctor's office multiple times because she did not understand what was happening and the interpreter was not there. This situation led her to return to the doctor with her school-age daughter who speaks English. Her young daughter interpreted for her and she was finally able to understand what was happening. At another point in time, this same child was very ill and had to be taken to the hospital for treatment. Even though she was sick, she had to translate what the doctors and nurses were saying to her parents because no interpreter was available. Luisa saw her daughter's ability to translate as a wonderful thing. She feels it is a good opportunity for her daughter to get a good education in the United States and that her daughter must learn to speak English well. The woman stated that she likes her daughter to translate for her and always takes her to the doctor with her now.

The issue of language difficulties also carries over into the written paperwork that the women must complete at doctors' offices and in hospitals. Because the women do not speak English and few of them read or write in any language, it takes a very long time for them to complete paperwork. While confronting the difficulty of filling out paperwork in a foreign language, the women were usually in labor and experiencing pain while trying to do this.

EXPERIENCES WITH HEALTHCARE PROVIDERS AND HOSPITAL STAFF

Lydia told the story of a friend of hers who could not come to the focus group that day. She said that the woman had a problem with the *"finance people"* at the hospital. She has four children and the father *"is gone."* The woman is alone and has no one to help her care for the children. The hospital worker became very upset with this woman because all of her children were at the hospital with her. *"They were talking about her really bad and treating her like a dog,"* Lydia said. The staff person was saying, *"How are you going to feed them?"* The Maya women felt that this was unacceptable behavior from someone working in a hospital and they felt that the staff person did not have a right to talk to their friend that way. This story was shared as a plea for help in stopping this kind of treatment.

It is common for the Maya women to have to bring their children to the hospital with them when giving birth because they do not have another option for childcare. One of the women described a nurse threatening to call the police if *"they didn't get the kids out of there."* One woman expressed confusion when dealing with doctors. She said, *"Doctors are different. Some of them don't want noise, others don't care."*

Other women expressed the belief that doctors and hospital staff treat them differently because they do not speak English or because they do not have insurance. Several women said that the first thing hospitals ask you is if you have insurance or a way to pay. *"If you do not, then they don't care about you. The people with insurance get better service than the people who do not have a way to pay."*



MAYA HEALTH

The Maya women feel that to be healthy means that they do not have any pain, they are not sick and they do not have to go to the doctor.

The women said to keep their families healthy they wash fruits and vegetables before eating them, wash their hands, and keep their homes clean. They also said that their doctors had told them that children must eat fresh vegetables and healthy things.

PRENATAL CARE AND CHILDBIRTH

In seeking prenatal care, the Maya women wait much longer to see a doctor than is recommended by biomedical practices. Most of the women were about seven months pregnant the first time they went to a doctor. One of the women said she was only two months pregnant when she first went to the doctor, one was five months pregnant, and Anita did not see a doctor until she went into labor. The women said that money was the primary reason for their delay in seeking medical care during pregnancy. They said that all the doctor does is “check” the baby. The women did not believe that it was worth the money for the doctor to do a quick check. However, the woman said that they appreciate and like having doctors there to help them. They feel that childbirth is less painful for them because of this and that they feel less worried delivering in a hospital than they did in Guatemala.

Pregnant Maya women go to the hospital when they begin feeling labor pains. Some of the women said that when the pain started, they got medicine from doctors to help, but they did not know what kind of medicine it was. Luisa described a long needle that was put in her back while she was in labor. She said that the doctors and nurses explained it and its side effects, and told her what it was, but she did not know what it was called. When the other women were asked if they had received an epidural or anything like what Luisa described, all but one said they had rejected the procedure.

In Guatemala, after giving birth, the women and baby take a shower in very hot water in what they called a “temascal.” They described it as hotter than a sweathouse—

about 150-160 degrees. In the U.S., the women have found that they are offered cold drinks after delivery, but they do not want anything cold. The women said that after giving birth, everything they eat must be hot. Everything they drink must be hot. This cultural preference is hard to convey when language is a barrier.

COMMON ILLNESSES AND MEDICATION

The most common illness among Maya families was what they called “the flu.” Women said that their children get “the flu” when the weather changes. They know the children are sick because they cry a lot, have runny noses, and a fever. Other symptoms, such as vomiting, diarrhea, sore throat, etc. were not common illnesses in Maya families. Luisa did report that if women breastfeed their babies, their children do not get ear infections, but that if children are given store-bought milk they do get ear infections.

When Maya women or children become ill, they expressed that first they use “Maya medicines” to try to cure the illness. If that does not work, they go to the pharmacy and buy medicine. However, if a school-age child has a temperature over 100, the women said they have to take the child to the doctor because the school requires it.

The women expressed that obtaining traditional medicines is very difficult. They said that they can get some things at the Hispanic grocery store, but the Mexican herbs are different from what they are used to in Guatemala. Some special medicines can be brought from Guatemala, but airports do not allow you to bring plants into the country. The use of the “temascal” is also a common health method in Guatemala. The entire family would take a shower in the very hot water. However, there is no “temescal” here.

The women also described the differences in obtaining medication here and in Guatemala. There, they do not have to go the doctor to procure medicines. The pharmacist gives out medications that in the U.S. are dispensed by prescription only. In Guatemala, there is also access to plants with healing properties and their uses are taught to children by their parents from a very young age. In the U.S., the Maya have to go to the doctor to receive care and they are not used to this.



Section 4: Resources

LIMITED ENGLISH PROFICIENCY (LEP) RESOURCES

The following resources were designed to meet the specific and unique needs of the Maya community. Since the Maya often lack formal education—and hence the ability to read and write—audio and visual technologies can be utilized to communicate information to patients.

-  **Information Card**
-  **Key Medical Terms in Translation**
-  **Body Charts**
-  **Herbal Medicine Chart**
-  **Mental Health Assessment**
-  **Pain Scale**
-  **Happiness Scale**
-  **Audio-Visual: Prenatal Care**
-  **Audio-Visual: Diabetes**

ONLINE FORM

Medical Information

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>First</small>	<small>First</small>	<small>Last</small>	<small>Last</small>

Birthdate

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
<small>MM</small>		<small>DD</small>		<small>YYY</small>

Address

<input type="text"/>
<small>Street Address</small>
<input type="text"/>
<small>City, State, Zip</small>

Phone

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------	---	----------------------

Languages

<input type="text"/>	<input type="text"/>
<small>Native</small>	<small>Other</small>

Place of Birth

<input type="text"/>

Known Medical Conditions

<input type="text"/>

KEY MEDICAL TERMS IN TRANSLATION

Experienced medical professionals, including Maya health educators, identified a list of common terms used by health care providers to be included in this document. These terms have been translated into four Mayan languages spoken in the United States. These terms will be especially useful for Maya interpreters who are less familiar with technical medical language.

K'I'CH'E

	English	Spanish	K'i'ch'e
1.	Abdominal Pain	dolor del abdomen	Q'oxowem Pamaj
2.	Allergic Reaction	reacción alérgica	Rikuyakan Ri K'aqat
3.	Allergy	las alergias	K'aqat
4.	Amniotic Fluid	liquido amniótico	Q'ana ja'
5.	Anemia	Anemia	Saqtub'
6.	Anesthesia	La anestesia	Sikirisab'al
7.	Antibiotic	el antibiótico	Q'atb'alwach yab'il
8.	Antibodies	los anticuerpos	Q'atwach kunab'al
9.	Asthma	el asma	Kakuntaj Kuxlab'k
10.	Back Pain	dolor de la espalda	Ka q'oxow awij
11.	Bad mood	Mal humor	Oyowarinaq
12.	Believe	creer	Kojik
13.	Blind	ciego, ciega	Moy
14.	Blood	la sangre	Kik'
15.	Blurred Vision	La visión borrosa	Sut'z awoch
16.	Breast Cyst	quiste del seno	Chak che tu'
17.	Bronchitis	la bronquitis	Oj che qulaj
18.	Cesarean	cesárea, parto por cesárea	Poch'om alanem
19.	Chicken Pox	la varicela	K'a qat, IJ
20.	Chills	los escalofríos	B'arb'atem
21.	Clinic	la clínica	Iloj yawab'
22.	Cold	el resfriado común/gripe/ catarro	Ratza'm/Ojob'
23.	Constipated	el estreñimiento	Titz'naq tza'maj
24.	Cough	la tos	Q'oxom qulaj
25.	Cramps	Calambres	cho'kej
26.	Cross-eyed	bizco, bizca	K'as wachaj
27.	Dehydration	Deshidratación	Chaqij Chi'
28.	Dementia	la demencia	Kasach RiutzanTzaq'or
29.	Depression	la depresión	Kajalal uwoch

	English	Spanish	K'ich'e
30.	Developmental Delay	El retraso de desarrollo	Tzaqatajuwach
31.	Diabetes	la diabetes	Xu b'an ki'yiuki k'el
32.	Diagnosis	el diagnóstico	llem q'oxowem
33.	Diarrhea	la diarrea	ch'urur pamaj
34.	Dosis	El dosis	Retalil kunab'al
35.	Energy	La energía	Chuq'ab'
36.	Epilepsy	la epilepsia	Kulu'm
37.	Examine/exam	examinar	Q'atuxik
38.	Fatigue	la fatiga, el cansancio	Kosnaq
39.	Fever	la fiebre/calentura	Q'aq tew/Q'aq'al
40.	Flu	la gripe	Oj (yab'il)
41.	Fracture	La fractura	Q'ajinaq
42.	Fungus/Warts	el hongo	Xmaru'k
43.	Gastritis	la gastritis	Q'oxowen Pamaj
44.	Good Mood	buen humor	Tze'tzotik
45.	Grow	crecer	K'iyem
46.	GYN exam	la ginecología/papanicolau	Nik'aj yab'l rech ixoq
47.	Head Ache	el dolor de cabeza	Q'oxom jolomaj
48.	Hearing Aid	el audífono	Tatab'enib'al
49.	Heart burn	la acedia	Q'oxowen animá
50.	Heart Murmur	Soplo en el corazón	Ka b'irb'at ranimá
51.	HIV	VIH	K' isq'atb'al wach
52.	Hospital	hospital	Kunab'al yawab'
53.	Infection	la infección	Sipojem
54.	Indigestion	empacho	Aji'tanik
55.	Injection	La inyección	Toq'oj
56.	Mal de ojo	_____	Ub'a q'och winaq
57.	Malnutrition	malnutrición/desnutrición	B'aqirinem
58.	Medicine	la medicina	Kunab'al
59.	Memory loss	perdida de la memoria	Sach u chamab'al
60.	Menstrual irregularity	irregularidad del ciclo menstrual	Ik'yab'lal
61.	Menstruation	la menstruación	Uyab'ixoq
62.	Miscarriage	el malparto, el aborto natural	Katzaqanik
63.	Nauseous	las náuseas	Muluw k'u'x
64.	Nervous/anxious	nervioso	Ch'u'jarinaq
65.	Operation/surgery	operación/ cirugía	Kaq'at u ti-ojilal
66.	Ovarian Cyst	quiste del ovario	Chuk'uchik chupam ri'ixoq

	English	Spanish	K'ich'e
67.	Pain/hurt	dolor	Q'oxowem/K'ax
68.	parasite	parasito	Chikopil pamaj
69.	Prescription	la receta	Taqwuj kunab'al
70.	Pharmacy	la farmacia	K'ayb'al kunab'al
71.	Pill	La pastilla	Kach'kunab'al
72.	Pregnant	el embarazo	Yab'ixoaq
73.	Rash	la erupción	Xraq kenil
74.	Rheumatism	el reumatismo	Cho'kej
75.	Sad	triste	B'isonik
76.	Sexually Transmitted Disease	Infecciones Transmitida Sexualmente	Yab'ilal karikitaj chikixol ri achi-ixoaq
77.	Sharp/acute (pain)	agudo	Jisik'
78.	Sprain	la torcedura	Xu na'rib'
79.	Sneeze	estornudar	At'ixnab'ik
80.	Stay in bed	quedar cama	K'olaj ch'at
81.	Symptom	síntomas	Kaq'oxowik
82.	Tired	cansado/a	Kosnaq
83.	To have pain	tener dolor	Retal q'oxowem
84.	Ulcer	la úlcera	Ch'ak chu'pam ri wi-naq
85.	Urinary Tract infection	mal de orina	Q'anchul
86.	Vomiting/vomit	vomitir	xa'oj
87.	Whooping Cough	la tos ferina	Jiq'

Q'ANJOB'AL

	English	Spanish	Q'anjob'al
1.	Abdominal Pain	dolor del abdomen	ya' yich k'ul
2.	Allergic Reaction	reacción alérgica	k'ila yab'il yin a mimanil
3.	Allergy	las alergias	k'ila yab'il
4.	Amniotic Fluid	liquido amniótico	sajil yet spichil unil
5.	Anemia	Anemia	tz'on yab'il tx'ol a chik'il
6.	Anesthesia	La anestesia	amb'al yet k'am cha b'ap' syail
7.	Antibiotic	el antibiótico	yanil yet a yailal
8.	Antibodies	los anticuerpos	yanil ib'lok yu a mimanil
9.	Asthma	el asma	ya' ch'i skae' ma yetoj ob'
10.	Back Pain	dolor de la espalda	ya' ichin
11.	Blind	ciego, ciega	tz'op
12.	Blood	la sangre	chik'
13.	Blurred Vision	La visión borrosa	moymon a viloni
14.	Breast Cyst	quiste del seno	malilal ime'
15.	Bronchitis	la bronquitis	tajin k'ajach nuk' ye toy yataj sk'nab'l
16.	Cesarean	cesárea, parto por cesárea	ch'en eytoj yul a k'ul
17.	Chicken Pox	la varicela	ch'i pole' yet chi jul jun unin
18.	Chills	los escalofríos	b'olok tx'a'k
19.	Clinic	la clínica	sikyabil
20.	Cold	el resfriado común/gripe/ catarro	na' ey chach antele
21.	Constipated	el estreñimiento	tz'o ya' jolom
22.	Cough	la tos	kab tz'a a bin
23.	Cramps	Calambres	k'a jach nuk'
24.	Cross-eyed	bizco, bizca	kan
25.	Dehydration	Deshidratación	meletz a biloni
26.	Dementia	la demencia	Chi lajwi aj alejyul amimanil
27.	Depression	la depresión	syailal a nabal ye toj k'ey k'ulal
28.	Developmental Delay	El retraso de desarrollo	kab bal yok yip ma kab tz'ajna snab'al
29.	Diabetes	la diabetes	syailal yu job xhial a chik'il
30.	Diagnosis	el diagnóstico	ja' jun syailal ti' ekabin
31.	Diarrhea	la diarrea	ek'ul
32.	Dosis	El dosis	Jantaq chije' ok'oni
33.	Energy	La energía	yip a mimanil
34.	Epilepsy	la epilepsia	syailal solom yet ch'el k'itk'onoj
35.	Examine/exam	examinar	Chach saylalila
36.	Fatigue	la fatiga, el cansancio	k'umb'ilal
37.	Fever	la fiebre/calentura	k'a yin a mimanil

	English	Spanish	Q'anjob'al
38.	Fibroid Uterus	Los fibroides uterinos	malilal yin yul spichil unin
39.	Flu	El resfriado	k'a ya' jolom
40.	Fracture	La fractura	k'atoj sp'ajil
41.	Fungus/Warts	El hongo	pix'nak'
42.	Gastritis	Las gastritis	jox' k'ul ma pitz' k'ul
43.	Good Mood	El buen humor	tz'etz'on k'ulal
44.	Grow	crecer	ch'ok yip ma jalan xhi'pi'
45.	GYN exam	La ginecología/papanicolau	antele ye toj seyle il ey che'l unin
46.	Head Ache	El dolor de cabeza	ya' jolom
47.	Hearing Aid	El audífono	ch'en skolomal a tx'iquin ma a bab'eni
48.	Heart burn	La acedia	Chitz'a yin ak'ul
49.	Heart Murmur	Soplo en el corazón	tak' x'i a pix'an
50.	HIV	El VIH	k'a b'akan yabil
51.	Hospital	El hospital	ja' ey eyman catu mi-man chu ku antele
52.	Infection	La infección	Chi yiq yal
53.	Indigestion	El empacho	Chi ach el yin alob'ej
54.	Medicine	La medicina	amb'al
55.	Memory loss	perdida de la memoria	k'ey k'ulal
56.	Menstrual irregularity	La irregularidad del ciclo menstrual	k'am a tz'ilal junun el
57.	Menstruation	La menstruación	tz'ilal
58.	Miscarriage	El malparto, el aborto natural	x'el jun unin
59.	Nauseous	Las náuseas	ya yon a k'ul
60.	Operation/surgery	La operación/ cirugía	yet chach pole' yu a ya'ilal
61.	Ovarian Cyst	El quiste del ovario	malilal chi chivay yich a k'ul
62.	Pain/hurt	El dolor	syabil, ya ma sya'ilal
63.	parasite	El parásito	luqum
64.	Prescription	La receta	Bi' amb'al
65.	Pregnant	El embarazo	Yob' ix
66.	Rash	La erupción	k'aj yab'il yin a mimanil
67.	Rheumatism	El reumatismo	kan
68.	Sad	triste	kus k'ulal
69.	Sexually Transmitted Disease	Las Infecciones Transmitida Sexualmente	b'akan yabil
70.	Sharp/acute (pain)	agudo	job syail
71.	Sprain	La torcedura	x'b'a k'o a x'anil
72.	Stay in bed	quedar cama	telb'a ab'a
73.	Symptom	Las síntomas	ja' syailal chute sb'a a bin

	English	Spanish	Q'anjob'al
74.	Tired	cansado/a	K' umbinaq
75.	To have pain	tener dolor	kab ya'
76.	Ulcer	La úlcera	x'um k'ul ma pitz' k'ul
77.	Urinary Tract infection	mal de orina	ya' x'ul
78.	Vomiting/vomit	vomitir	x'ab
79.	Whooping Cough	la tos ferina	jik'ob'

CHUJ

	English	Spanish	Chuj
1.	Abdominal Pain	dolor del abdomen	ya yich k'ojol
2.	Allergic Reaction	reaccian alergica	kilj yab'il
3.	Allergy	las alergias	kilaj yab'il
4.	Amniotic Fluid	liquido amniotico	ya'alil unin
5.	Anemia	Anemia	tz'on yab'il
6.	Anesthesia	La anestesia	anestesia (yak'umal wayok)
7.	Antibiotic	el antibiótico	smilmal-smilumal snok'al yab'il
8.	Antibodies	los anticuerpos	skolomal niwanil
9.	Asthma	el asma	tz'tup yik'
10.	Back Pain	dolor de la espalda	ya ich patkil
11.	Bad mood	Mal humor	chichonk'olal-chichnk'ojlal
12.	Believe	creen	chaj yabi
13.	Blind	ciego, ciega	matz yila'
14.	Blood	la sangre	chik'
15.	Blurred Vision	Vision borrosa	sak moynak yilni
16.			
17.	Bronchitis	la bronquitis	takn kiljaj
18.	Calculus/stone	cálculo/piedra	k'en a sk'a
19.	Cesarean	cesárea, parto por cesárea	spolxi el unin
20.	Chicken Pox	la varicela	b'ol' ch'a'ak
21.	Chills	los escalofrios	tz'at kichichok-sb'at kichi-chok tslowsi'ik
22.	Clinic	la clínica	klinika(anhtub'al)
23.	Cold	el resfriado común/gripe/ catarro	ojob'
24.	Constipated	el estreñimiento	tzmak tzaxi
25.	Cough	la tos	k'iljaj
26.	Cramps	calambres	chanhb'al
27.	Cross-eyed	bizco, bizca	ujenh
28.	Dehydration	a deshidrotacion	tz takj cha'an

	English	Spanish	Chuj
29.	Dementia	la demencia	nanum-tzat snab'en
30.	Depression	la depresión	tztak sk'ojol
31.	Developmental Delay	?	
32.	Diabetes	la diabetes	e'nk chi' a skal schikil
33.	Diagnosis	el diagnóstico	tzmakb'axi-smakb'aji/ tz'ilchaji
34.	Diarrhea	la diarrea	e kojol
35.	Dosis	dosis	yoklemal sk'anxi
36.	Energy	energía	yipal
37.	Epilepsy	la epilepsia	tzkot a sjolom
38.	Examine/exam	examinar	sayxi ilxok
39.	Fatigue	la fatiga, el cansancio	k'unblal
40.	Fever	la fiebre/calentura	k'ak'al yab'il/sk'ak'il- sk'ak'al
41.	Fibroid Uterus		
42.	Flu	la gripe	ojob'
43.	Fracture		
44.	Fungus/Warts	el hongo	sluk'mal sk'al ok'
45.	Gastritis	la gastritis	tza jaj
46.	Good Mood	buen humor	wach'k'olal-wach'k'ojla
47.	tzaljk'ojlal		
48.	Grow	crecer	stk'ib'i
49.	GYN exam	la ginecología/papanicolau	tz mak b'ax skunal ix
50.	Head Ache	el dolor de cabeza	chibj jolom
51.	Hearing Aid	el audífono	
52.	Heart burn	la acedia	
53.	Heart Murmur	Latido del corazon	txibxibnh spixan
54.	HIV	VIH	
55.	Hospital	hospital	niwan anhtanub'-niwkil anhtnub'
56.	Infection	la infeccion	sniwtji-tz'och spojowal
57.	Indigestion	empacho	malk'ojol
58.	Injection	La inyeccion	inlección
59.	Mal de ojo		Yasat tzel sat unin
60.	Malnutrition/desnutrition	malnutrcion/desnutricion	tz'onikal
61.	Medicine	la medicina	yanhil-yanhilal/yanhil- remel
62.	Memory loss	perdida de la memoria	Tzat snab'en
63.	Menstrual irregularity	irregularidad del ciclo men- strual	ma tz ujb ni' a tzolil
64.	Menstruation	la menstruación	ujlni-tz'ujlni
65.	Miscarriage	el malparto, el aborto natural	e'lti'
66.	Nauseous	las náuseas	tzyajyajni kojol-sb'ach b'achn k'ojol

	English	Spanish	Chuj
67.	Nervious/anxious	nervioso	tzk'itk'itni
68.	Operation/surgery	operacion/ cirugia	tz polxi
69.	Ovarian Cyst	quiste del ovario	
70.	Pain/hurt	dolor	chib ji
71.	parasite	parasito	snok'il
72.	Perscription	la receta	yunhal yanhil
74.	Pharmacy	la farmacia	chonhlab' anhtub'al- chonhlab' remel-parmacia
75.	Pill	La pastialla	jun setanh/jun xilanh remel
76.	Pregnant	el embarazo	yet' yune'
77.	Rash	la erupción	tzkepnh ji
78.	Rheumatism	el reumatismo	tzkach nhi
79.	Sad	triste	tzkusi
78.	Sexually Transmitted Disease	Infecciones Transmitida Sexu- almente	win k'a'el
79.	Sharp/acute (pain)	agudo	ya'ech'nak
80.	Sprain	la forcedura	ch'um chji
81.	Sneeze	estorudar	at'iswi-atz'xwi
82.	Stay in bed	quadar cama	tzkan axchat
83.	Symptom	sintomas	cho'sba' yab'il
84.	Tired	cansado/a	elk yib'
85.	To have pain	tener dolor	tzyab' syail
86.	Ulcer	la úlcera	lajbnak olk'ojol
87.	Urinary Tract infection	mal de orina	ya chul
88.	Vomiting/vomit	vomitar	xejel
89.	Whoopin Cough	la tos ferina	jik' ojob'

MAM

	English	Spanish	Mam
1.	Abdominal Pain	El dolor del abdomen	Nchyon tk'uj
2.	Allergy	Las alergias	Ux tij tchib'jil
3.	Amniotic Fluid	El liquido amniótico	A' te ne'x
4.	Anemia	La anemia	Kub'ni b'aj
5.	Anesthesia	La anestesia	Q'anb'il te ktanjsab'l
6.	Antibiotic	El antibiótico	tzqijisal
7.	Antibodies	Los anticuerpos	Tzqijisal toj xmil
8.	Asthma	El asma	Min b'ant txewti'
9.	Back Pain	El dolor de la espalda	Nchyon tzelti'j
10.	Bad mood	El mal humor	in tx'ujin
11.	Believe	creer	Nxi okslet
12.	Blind	ciego, ciega	Mosh
13.	Blood	La sangre	Aju chik'
14.	Blurred Vision	La visión borrosa	Witj yon kayin
15.	Breast Cyst	El quiste del seno	Yab'il toj timish
16.	Bronchitis	Las bronquitis	Ux toj qulb'aj
17.	Calculus/stone	cálculo/piedra	Yab'il toj tk'uj ikse'n te ab'aj.
18.	Cesarean	La cesárea, parto por cesárea	Itz'jen k'wal tu'n kuxb'il
19.	Chicken Pox	La varicela	Poq'
20.	Chills	Los escalofríos	Nsalan
21.	Clinic	La clínica	Tja q'anal
22.	Cold	El resfriado común/gripe/ catarro	xk'utxaq/chyon wiyj
23.	Constipated	El estreñimiento	Saq tx'e'q
24.	Cough	El tos	qulj/nqulin
25.	Cramps	Los calambres	kan, xkyaqan, xqlanchej
26.	Cross-eyed	bizco, bizca	Xjar twitz
27.	Dementia	La demencia	In ok toj twi'
28.	Depression	La depresión	Ntxon fib' tanmi
29.	Developmental Delay	El retraso de desarrollo	Min e hiy
30.	Diabetes	Las diabetes	Yab'il toj ch'ik' tla q'anb'ilte
31.	Diagnosis	El diagnóstico	in b'aj ka'yin
32.	Diarrhea	La diarrea	k'ilk'uj
33.	Dosis	El dosis	Toj junjunalin
34.	Energy	La energía	ipumalj
35.	Epilepsy	La epilepsia	Yaj nab'l
36.	Examine/exam	examinar	in kub' ka'yin
37.	Fatigue	La fatiga, el cansancio	Siktel

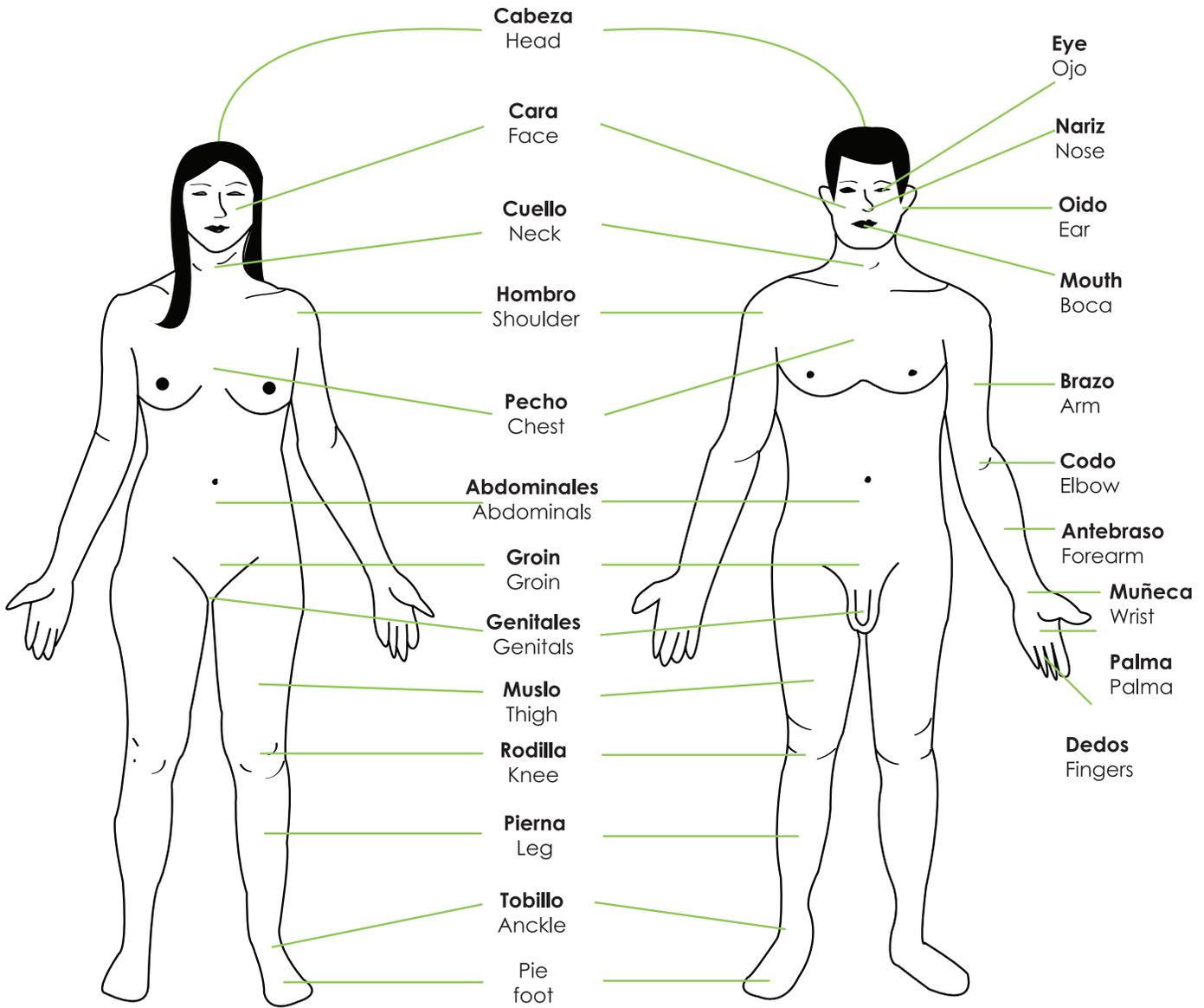
	English	Spanish	Mam
38.	Fever	la fiebre/calentura	kyeq
39.	Flu	El resfriado	Chyon wiyj
40.	Fracture	La fractura	Toqjni'
41.	Fungus/Warts	El hongo	In tz'olj
42.	Gastritis	Las gastritis	Ntz'ul tzi tk'u'j
43.	Good Mood	El buen humor	in tzalaj
44.	Grow	crecer	Nch'iy
45.	GYN exam	La ginecología/papanicolau	Q'anb'il te kye qya
46.	Head Ache	El dolor de cabeza	Nchyon twi'
47.	Hearing Aid	El audífono	Bib'l
48.	Heart burn	La acedia	Xkyeq xjal
49.	Heart Murmur	Soplo en el corazón	Tanmy mainy
50.	HIV	El VIH	Yab'il toj chik' tla q'anb'ilte ikx in ok qi'j tu'n juntl xjal toj chik'.
51.	Hospital	El hospital	Ja te q'anb'il
52.	Infection	La infección	Yab'il tu'n tz'il
53.	Indigestion	El empacho	Tla nwa'n
54.	Injection	La inyección	xuyb'il qchib'jil
55.	Mal de ojo		witzj
56.	Malnutrition/desnutrition	malnutrición/desnutrición	Okni ti'j
57.	Medicine	La medicina	aju q'anb'il/
58.	Memory loss	perdida de la memoria	Okni toj twi'
59.	Menstrual irregularity	La irregularidad del ciclo menstrual	Yaxi'x b'an tx'ajin
60.	Menstruation	La menstruación	Aju tx'ajin
61.	Miscarriage	El mal parto, el aborto natural	Nchi tzaj tz'aqi k'wal
62.	Nauseous	Las náuseas	nsutj
63.	Nervious/anxious	Los nerviosos	Min tenxi'x toj tzalajsb'il
64.	Operation/surgery	La operación/ la cirugía	In kub' k'pu'n
65.	Ovarian Cyst	El quiste del ovario	Yab'il ti'j txu tk'uj
66.	Pain/hurt	El dolor	aju ky'ixk'oj/nchyon
67.	parasite	El parásito	Xchoq'
68.	Perscription	La receta	in xi q'met
69.	Pharmacy	La farmacia	ja te q'anb'il
70.	Pill	La pastilla	machi kub' b'otzin
71.	Pregnant	El embarazo	Yab'antl/ yatljju'
72.	Rash	La erupción	In pulin
74.	Rheumatism	El reumatismo	Jun yab'il ntzaj chyon qanmi, qb'aqil ikx jun juntl ti'xti tu'n.
75.	Sad	triste	nb'isun
76.	Sexually Transmitted Disease	Las Infecciones Transmitida Sexualmente	Yab'il in ok tu'n payab'il
77.	Sharp/acute (pain)	agudo	B'otzinin
78.	Sprain	La torcedura	Qutz'jni

	English	Spanish	Mam
80	Sneeze	estornudar	k'xamil
81	Stay in bed	quedar cama	k'ul kuxb'ilj
82	Symptom	Las síntomas	aju ntna'n
83	Tired	cansado/a	siktni
84	To have pain	tener dolor	K'ixk'oj
85	Ulcer	la úlcera	Tx'ak toj k'ub'aj
86	Urinary Tract infection	mal de orina	Nchyon aj ttz'alín
87	Vomiting/vomit	vomitar	xaw
88	Whooping Cough	la tos ferina	Xjoq qulj
89	Vomiting/vomit	vomitar	xaw
90	Whooping Cough	la tos ferina	Xjoq qulj

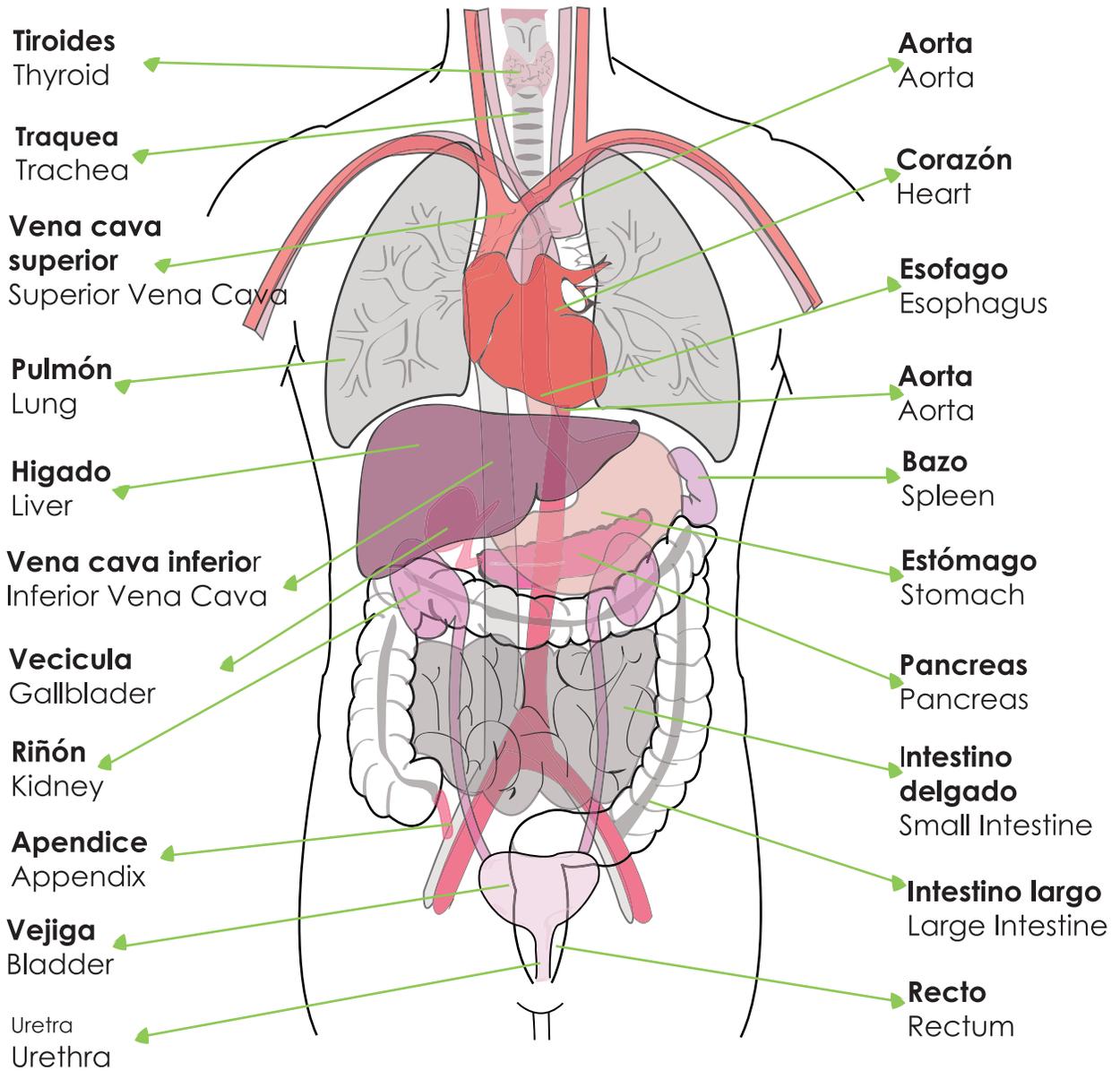
BODY CHARTS

Developed for people unaccustomed to the skills of reading or looking at maps, diagrams, and other visual devices, these body charts assist in the explanation of illnesses and can be used by the patient to identify the location of pain or concern. Often the Maya will know some of these terms in Spanish, thus both Spanish and English are listed, but the charts are designed primarily for pointing.

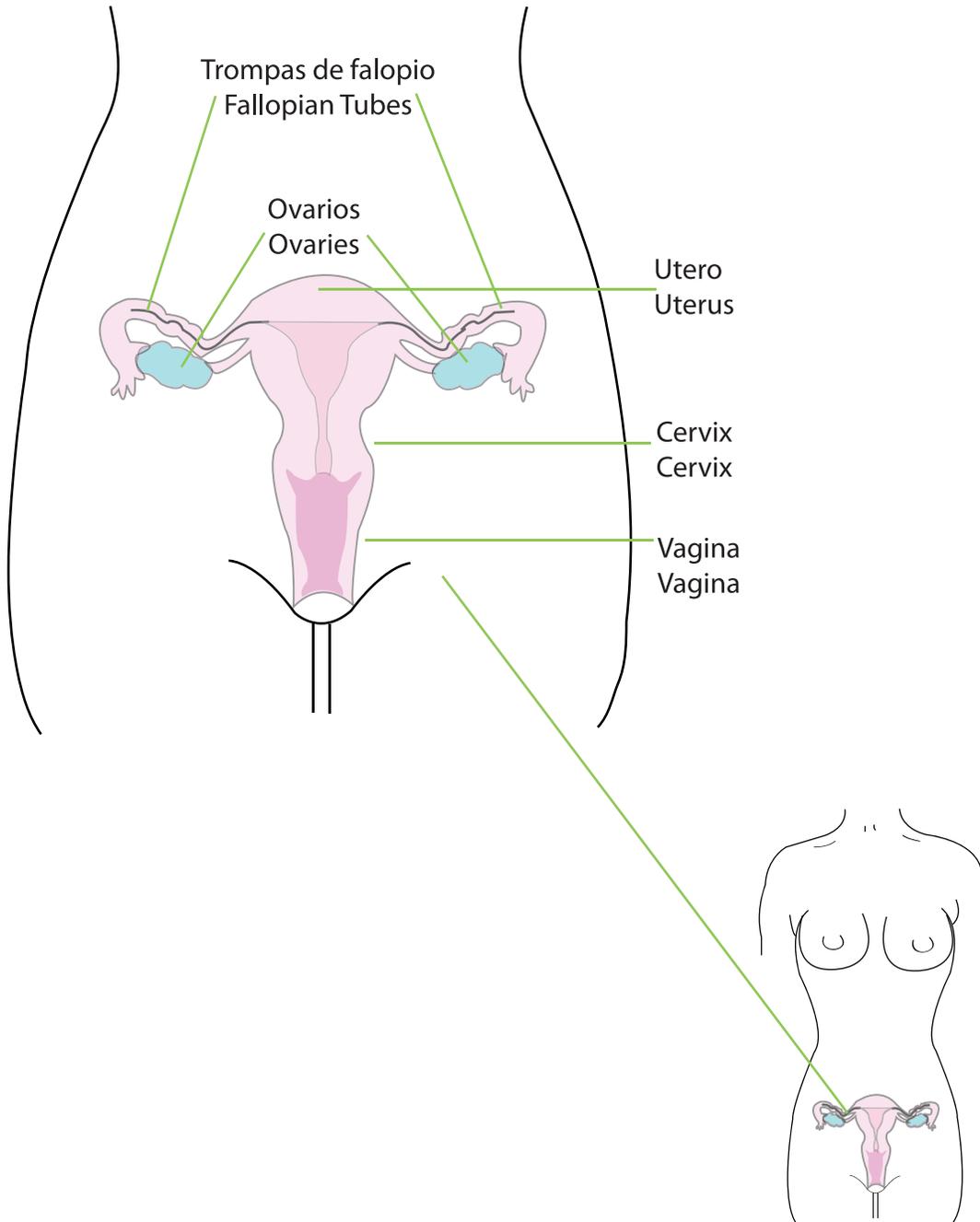
EXTERNAL BODY CHART



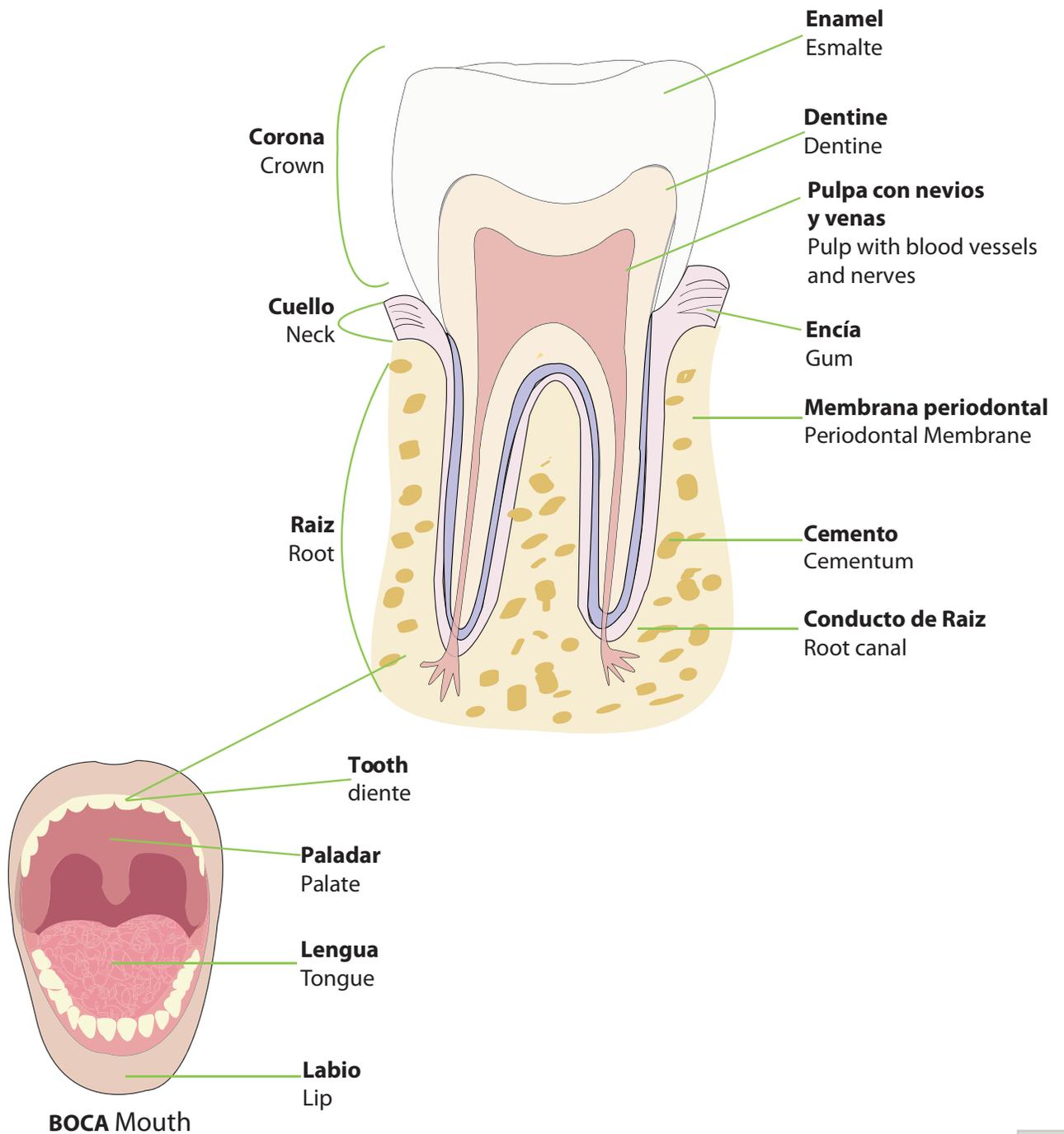
INTERNAL BODY CHART



FEMALE REPRODUCTIVE BODY CHART



TOOTH CHART



NATURAL REMEDIES CHARTS

The natural remedies allow patients to communicate to their doctor what remedies they have been taking. Medical personnel should remember that much diversity exists among the Maya in custom and circumstance, and not all remedies will be used by the same method or for the same purpose.

Picture	English name	Usage
	Aloe Vera	Burns, laxative, herpes, diabetes, headache, asthma
	Anamu	Diarrhea, menstruation, ringworm, skin fungus, blood disorders
	Avocado	Digestion, cough, astringent, worms, gout, wounds

Picture

English name

Usage



Basil

Ringworm



Black nightshade

calms nerves,
treats anemia and
fatigue, repairs cuts



Cilantro

astrigent, diuretic,
antacid, improves
apetite and anemia,
indigestion,
(hysteria y neuralgia)



Chamomile

Calming effect,
stomach pain,
fever, flu, bone
pain, purge,
sleep aid

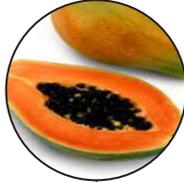


Cola de Caballo

Astringent, diuretic,
kidney infections,
bladder infections,
hemorrhoid cream

Picture	English name	Usage
	Corn silk	Urinary system, bruises, sores, boils, kidney stones
	Dandelion	Stimulates appetite, detoxifies the blood, improves kidney and liver function, laxative, prostate pain, dry skin
	Echinacea	Influenza, snakebites, indigestion problems, fatigue, detoxify
	Wormseed	Parasites, Jaundice, amenoria, PMS, de- worming, digestion aid, stop diarrhea
	Eucalyptus	Skin infections, arthritis, bronchial infections, asthma, pneumonia, lice

Picture	English name/usage	Usage
	Hibiscus	Menstruation pain, endometriosis
	Kava	Pain relief, asthma, depression, menopausal symptoms
	Lavendar	Respiratory infections, cold, bronchial pain, reduce fever
	Lemongrass	Fever reducer
	Burweed	Cold, diarrhea, STI, kidney, liver problems

Picture	English name	Usage
	Papaya	Aid digestion, purge parasites
	Jamaica Rose	Digestive aid, diuretic, kidney stones, gas, conjunctivitis, UTIs,
	Rue	Anxiety, anemia, promote menstrual bleeding, colic, arthritis
	Saw Palmetto	Enlarged prostate, dysentery
	Spearmint	Stomach pain, antiseptic, antispas- modic, tooth ache, insect bites

Picture	English name	Usage
	Yarrow	Pain killer, sleep aid, menstruation pain, ulcers, rheumatism, parasites.
	Mozote	Intestinal health
	Dogwood	Sedative, menstruation, ovary and uterus related pain

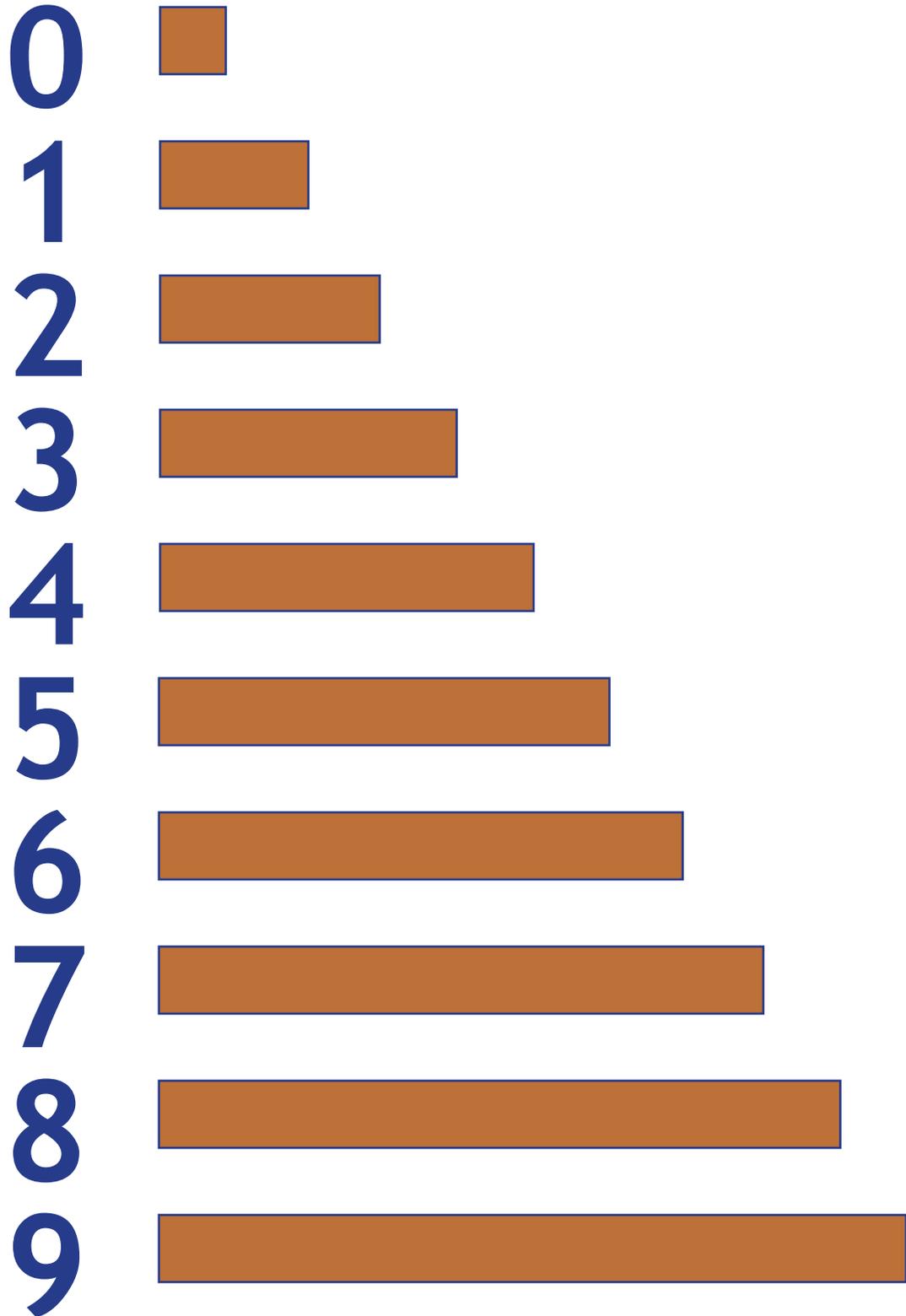
HEALTH AND WELLBEING ASSESSMENT TOOL

The history of war and violence in Guatemala coupled with the additional stressors of immigrating to a new country put the Maya people at high risk for mental health illnesses. Ongoing concern about finances, difficulty finding work, trouble learning a foreign language, educational barriers, discrimination, and cultural barriers are just a few of the stressors that if prolonged, may lead to depression and/or anxiety disorders. Every culture has a unique understanding of health and wellbeing and therefore understands symptoms differently. The Maya are particularly quiet about mental health illnesses and generally do not express irritability or allow themselves angry outbursts after traumatic events.

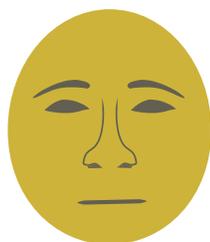
The Health and Wellbeing Assessment tool is composed of 25 questions to evaluate the mental health of the patient in a culturally congruent way. By identifying common symptoms of depression and anxiety, providers can recognize the presence of possible mental health conditions and refer patients to the appropriate resources.

	Rarely	Sometimes	Frequently
I stay in my house most of the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel sad or unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can't concentrate or focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't find pleasure in things I used to like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel tired or have no energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have people to talk to on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have difficulty sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have lost some appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been eating more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel tense, anxious or can't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel worried or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have shortness of breath or a racing heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about dying or losing control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel less interested in things I usually enjoy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have nightmares or flashbacks about Guatemala	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am jumpy or feel startled easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I avoid places that remind me of a bad experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am bothered by nervousness or my "nerves"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble sleeping at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about the future or think a lot about the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel unusually irritable or angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fear for my safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think about the losses I have suffered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel stress about money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAIN CHART



HAPPINESS CHART





AUDIO-VISUAL ON PRENATAL CARE

- Audio visuals help to create the inclusive and welcoming environment proven to serve vulnerable individuals better.
- Diverse audio and visual materials are key elements to cultural congruent healthcare.
- Audiovisual materials reinforce provider's messages.
- The translated audio allows patients to hear the information in their preferred language and minimize any potential interpreting errors.
- Visuals complement the verbal information and provide context to help patients become more familiar with the healthcare setting and procedures.
- Visual materials that reflect the patients being served (race, ethnicity, gender, age, etc.), help ease the patients' anxiety, relate better to the information being communicated, and feel a sense of inclusion/empowerment when it comes to their health.

AUDIO-VISUAL ON DIABETES

- Audio visuals help to create the inclusive and welcoming environment proven to serve vulnerable individuals better.
- Diverse audio and visual materials are key elements to cultural congruent healthcare.
- Audiovisual materials reinforce provider's messages.
- The translated audio allows patients to hear the information in their preferred language and minimize any potential interpreting errors.
- Visuals complement the verbal information and provide context to help patients become more familiar with the healthcare setting and procedures.
- Visual materials that reflect the patients being served (race, ethnicity, gender, age, etc.), help ease the patients' anxiety, relate better to the information being communicated, and feel a sense of inclusion/empowerment when it comes to their health.

Section 5: Literature Overview

LITERATURE REVIEW AND BEST PRACTICES

Although many medical toolkits exist in print and online, this is the first of its kind focused on enhancing cultural and linguistic communication between Maya immigrants to the United States and their health care providers. By studying the history of the Maya people and their cultural practices and beliefs, we were able to customize the resources provided in this toolkit to their specific needs. Literature on cultural competency and best practices in trans-cultural medicine was used to ground our research and products in the field in which they will be applied. We also looked to a variety of existing toolkits for guidance on the structure and content needed to make this toolkit a successful, useable tool for medical providers.

MAYA HEALTH IN THE UNITED STATES

Though the Maya have been immigrating to the United States for many years, there is a dearth of information regarding their health practices in the country. In her study of Indiantown, Florida, during the 1980s, Maria Miralles examined the barriers to health care that many Maya immigrants faced at that time. In 2002, Cecile Menjivar analyzed how Guatemalan women in Los Angeles, California utilized complex social networks to access health information and traditional treatments because they experienced barriers to receiving biomedical care. Examining care barriers and ways to overcome these obstacles was then taken up by Colleen Supanich in 2009, who specifically examined Guatemalan Maya women seeking prenatal care in Florida. Language, cost, and culture were recurring barriers in all of these studies. Making simple changes in modes of communication can greatly enhance the quality of care that Maya immigrants receive. Several other studies clearly show that Maya immigrants experience a higher standard of health in the United States if they receive adequate nutrition and information about healthy practices.



For more information on Maya health in the United States, see:

Bogin, B., P. Smith, A.B. Orden, M.I. Varela Silva, and J. Loucky. "Rapid Change in Height and Body Proportions of Maya American Children." *American Journal of Human Biology* 14 (2002): 753-761.

Menjivar, Cecile. "The Ties that Heal: Guatemalan Immigrant Women's Networks and Medical Treatment." *International Migration Review* 36, no. 2 (2002): 437-466.

Miralles, Maria Andrea. *A Matter of Life and Death: Health-seeking Behavior of Guatemalan Refugees in South Florida*. New York: AMS Press, 1989.

Odem, Mary and Belsie Gonzalez. "Health and Welfare of Maya Immigrant Families: Perspectives of Maya Parents and County Agencies." In *Maya Pastoral: National Conferences and Essays on the Maya Immigrants*, ed. Alan LeBaron. Kennesaw: Kennesaw State University Press, 2005.

Smith, Patricia K., Barry Bogin, Maria Ines Varela-Silva, and James Loucky. "Economic and Anthropological Assessments of the Health of Children in Maya Immigrant Families in the U.S." *Economics and Human Biology* 1 (2003): 145-160.

Supanich, Colleen. "'You're Too Late!': Prenatal Health Seeking Behaviors of Guatemalan Mayan Women in Palm Beach County." Master's thesis, Florida Atlantic University, 2009.

MAYA HEALTH IN GUATEMALA

Understanding the health care system in Guatemala and traditional Maya health practices is vital to developing culturally appropriate tools for the Maya in the U.S. Historically, the Maya do not separate their beliefs about health and spirituality; illness can be caused by natural or supernatural causes. However, in recent years, the Guatemalan government and non-profit organizations have been trying to bring biomedical care to more remote areas of the country. This has led some Maya traditions to blend with Western medicine, resulting in a variety of health care beliefs being adopted in different areas, a concept referred to as medical pluralism.

For more information on Maya health in Guatemala, see:

Adams, Walter Randolph and John P. Hawkins, Ed. *Health Care in Maya Guatemala: Confronting Medical Pluralism in a Developing Country*. Norman: University of Oklahoma Press, 2007.

This collection of essays addresses a variety of health care concerns that are currently being faced in Guatemala. Examining the developing health care system and the way that it interacts with the traditional Maya health system is pertinent to understanding how Maya traditions intersect with biomedical practices in the U.S.

Adler, Rachel H. "**Guatemala.**" In *Refugee and Immigrant Health: A Handbook for Health Professionals*. Charles Kemp and Lance A. Rasbridge, ed. Cambridge University Press, 2004.

Cosminsky, Sheila. "**Medical Pluralism in Mesoamerica.**" In *Heritage of Conquest: Thirty Years Later*, Ed. Carl Kendall, John Hawkins, and Laurel Bossen. Albuquerque: University of New Mexico Press, 1983. Pp. 159-73.

Huber and Sandstrom, ed. *Mesoamerican Healers*. Austin: **University of Texas Press**, 2001.



Lang, Jennifer B. and Elizabeth D. Elkin. "A Study of Beliefs and Birthing Practices of Traditional Midwives in Rural Guatemala." *Journal Of Nurse-Midwifery* 42, no. 1 (1997): 25-31.

Orellana, Sandra L. *Indian Medicine in Highland Guatemala: The Pre-Hispanic and Colonial Periods*. Albuquerque: University of New Mexico Press, 1987.

MENTAL HEALTH

For more information on Mental Health for immigrant communities, see:

Anckermann, Sonia, Manuel Dominguez, Norma Soto, Finn Kjaerulf, Peter Berliner, and Elizabeth Naima Mikkelsen. "Psycho-Social Support to Large Numbers of Traumatized People in Post-Conflict Societies: An Approach to Community Development in Guatemala." *Journal of Community & Applied Social Psychology*, 2005.

Dunn, Marianne G. and O'Brien, Karen M. "Psychological Health and Meaning in Life: Stress, Social Support, and Religious Coping in Latina/Latino Immigrants." *Hispanic Journal of Behavioral Sciences* 31 , no. 2 (2009): 204-227.

Green, Linda. *Fear as a Way of Life: Maya Widows in Rural Guatemala*. Columbia University Press. 1999.

Hitchen, Abigail R., "A Systematic Utilization Review of a Community Mental Health Program for Latinos." Dissertation, Pacific University, 2009.

Montazer, Shirin, and Wheaton, Blair. "The Impact of Generation and Country of Origin on the Mental Health of Children of Immigrants." *Journal of Health and Social Behavior*, 2011.

Summerfield, Derek. "Childhood, War, Refugeedom and 'Trauma': Three Core Questions for Mental Health Professionals." *Transcultural Psychiatry*, 2000.

Zur, Judith. "From PTSD to Voices in Context: From an 'Experience-Far' to an 'Experience-Near' Understanding of Responses to War and Atrocity Across Cultures." *International Journal of Social Psychiatry* 42, no. 4 (1996): 305-317.

BEST PRACTICES

Studies show that when working with indigenous populations and refugee communities, clinicians can provide better quality care by considering the cultural perspective of their patients. Understanding a patient's history and cultural traditions can help identify potential problems, ease the patient's anxieties, and enhance quality of care.

For more information on the best practice models used to develop this toolkit, see:

Bernosky de Flores, Catherine H. "*Human Capital, Resources, and Healthy Childbearing for Mexican Women in a New Destination Immigrant Community.*" *Journal of Transcultural Nursing* 21, no. 4 (2010): 332-341.

De Chesnay, Mary and Barbara A. Anderson. *Caring for the Vulnerable: Perspectives in Nursing Theory, Practice, and Research*. Second Edition. Sudbury, Massachusetts: Jones and Bartlett, 2008.

Stoner, Bradley P. "*Understanding Medical Systems: Traditional, Modern, and Syncretic Health Care Alternatives in Medically Pluralistic Societies.*" *Medical Anthropology Quarterly* 17, no. 2 (1986): 44-48.

Yang, Joshua S. and Marjorie Kagawa-Singer. "*Increasing Access to Care for Cultural and Linguistic Minorities: Ethnicity-Specific Health Care Organizations and Infrastructure.*" *Journal of Health Care for the Poor and Underserved* 18, no. 3 (2007): 532-549.



CULTURAL CONGRUENCY

The concept of cultural congruency or cultural competency is at the heart of this toolkit. Through knowledge of diverse cultural conventions that might affect health care beliefs, practices, and understandings, medical providers can provide the best quality care to their patients.

For more information on cultural congruency, see the following:

Bonder, B., Martin, L., And Miracle, A. "Achieving Cultural Competence: The Challenge for Clients and Healthcare Workers in a Multicultural Society." *Generations* 25, no. 1 (2001): 35-43.

Brach, Cindy and Irene Fraser. "Can Cultural Competency Reduce Racial and Ethnic Health Disparities? A Review and Conceptual Model." *Medical Care Research and Review* 57 (November 2000): 181-217.

De Chesnay, Mary and Barbara A. Anderson. *Caring for the Vulnerable: Perspectives in Nursing Theory, Practice, and Research*. Second Edition. Sudbury, Massachusetts: Jones and Bartlett, 2008.

Eshleman, Jane and Ruth E. Davidhizar. "Strategies for Developing Cultural Competency in an RN-BSN Program." *Journal of Transcultural Nursing* 17, no. 2 (2006): 179-183.

Loustaunau, Martha O. and Elisa J. Sobo. *The Cultural Context of Health, Illness, and Medicine*. Westport, Conn: Bergin and Garvey, 1997.

Schim, Stephanie M., Ardith Doorenbos, Ramona Benkert, and June Miller. "Culturally Congruent Care: Putting the Puzzle Together." *Journal of Transcultural Nursing* 18, no. 2 (2007): 103-110.

TOOLKIT MODELS

The following toolkits and websites provide examples of what we are striving for in creating this Maya Toolkit for Medical Providers. We looked to these sites for inspiration, information, and guidance. Many offer their own tools for alternate populations or resources that health care providers may find useful in their own research and practice.

- **Agency for Healthcare Research and Quality (AHRQ)**
 - o <http://www.ahrq.gov>
- **Alta Language**
 - o <http://www.altalang.com/beyond-words/2009/05/05/english-pronunciation-lesson-for-health-care-professionals/>
- **Brycs**
 - o <http://www.brycs.org>
- **Community-Based Family Planning Toolkit**
 - o <http://www.k4health.org/toolkits/communitybasedfp>
- **Healthy Roads Media**
 - o <http://www.healthyroadsmedia.org/english/index.htm>
- **Medline Plus**
 - o <http://www.nlm.nih.gov/medlineplus/tutorials/diabetesmealplanning/htm/lesson.htm>
- **Migrant Clinicians Network - Diabetes Online Toolkit**
 - o http://www.migrantclinician.org/clinical_topics/mcn-diabetes-online-toolkit.html
- **Migrant Health Promotion Site**
 - o http://www.migranthealth.org/index.php?option=com_content&view=article&id=2&Itemid=2
- **National Child Traumatic Stress Network**
 - o http://www.nctsn.org/nccts/nav.do?pid=typ_mt_ptlkt
- **Office of Minority Health**
 - o <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=12>
- **Patient Provider Communication**
 - o <http://www.patientprovidercommunication.org/>
- **Think Cultural Health**
 - o <http://www.thinkculturalhealth.org/>
- **Weiss, Barry D. M.D. Health Literacy: A Manual for Clinicians. American Medical Association Foundation and American Medical Association, 2003.**



Section 6: Interpreters Network



INTERPRETERS NETWORK

THE NEED AND VALUE OF THE NETWORK

Very commonly, Maya leave the clinic uncertain and confused about their illness and about the medications prescribed. Spanish interpreters are sometimes available, but not adequate, as Maya who speak Spanish have trouble with interpreters from other nationalities who speak fast, use a different vocabulary, and treat the Maya as if they are native speakers rather than secondary speakers. Often the Maya use their children as interpreters, which can be problematic for families in many ways. Maya language interpreters have limited training, if any. The interpreters network helps preserve the Maya languages and promote respect and dignity for the Maya, as they see their native language accepted as worthy of equal treatment.

Case example: A Maya woman had a Cesarean section. The nurse insisted that the Maya woman take a shower, but the woman did not know how to operate the shower controls. She mistakenly turned on the cold water and jumped violently, causing her surgical incision to split, leading to recurrent infections with related problems and pain—now twelve years later.

Case example: A two year old girl being treated for cancer would constantly call out what sounded like the Spanish “ya”; meaning already or now. Hospital staff looked surprised when told that the girl spoke Q’anjobal Maya; and her constant cry was “iya” which means “pain” or “ouch”.

THE INTERPRETER NETWORK STRUCTURE

- *We will screen and train Maya interpreters based on the information contained in the Toolkit, thus going beyond traditional methods or mere training in medical terminology.*
- *Network interpreters will be screened for and trained in:*
 - *Native fluidity in the Mayan language*
 - *Knowledge of patient rights and obligations*
 - *Cultural competency*
 - *Ethics*
 - *Knowledge of basic hospital and clinic procedures*
- *Handbook for Maya Interpreters.*
- *After successful training, interpreters will be certified by Pastoral Maya.*
- *A National Interpreter's Website is available to access the Pastoral Maya Network of Approved Interpreters.*
- *Calls come into a main call center, which then send the call to one of the regional centers.*
- *Online training will be established; and follow up will occur at the National Pastoral Maya meetings.*
- *Patients, care providers, and interpretation agencies will be asked for feedback.*
- *The Network will ensure fair pay and will employ Maya people.*

Maya Interpreters National Network Locations



Network interpreters will be screened for and trained in:

- ! *Native fluidity in the mayan language*
- ! *Knowledge of patient rights and obligations*
- ! *Cultural competency*
- ! *Ethics*
- ! *Knowledge of basic hospital and clinic procedures*

CONTACT

For information on the Maya Health Toolkit for Medical Providers
or for the Maya Interpreters Network contact:

The Maya Heritage Community Project

Kennesaw State University

Phone: 770-423 6589

alebaron@kennesaw.edu

or

Pastoral Maya Inc

Info@pastoralmayausa.org