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Perceptions of Substance Use Among the Latino Community in Massachusetts: A Qualitative Analysis

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November 2024



**THE MAURICIO GASTÓN INSTITUTE
FOR LATINO COMMUNITY
DEVELOPMENT AND PUBLIC POLICY**
UNIVERSITY OF MASSACHUSETTS BOSTON

Perceptions of Substance Use Among the Latino Community in Massachusetts: A Qualitative Analysis

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Addiction Services (BSAS)**



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Executive Summary

The Mauricio Gastón Institute is a part of the Collaborative of Asian American, Native American, and Latino and African American Institutes (CANALA), linking institutes at the University of Massachusetts Boston that are dedicated to serving communities of color.¹ In collaboration with CANALA, the Gastón Institute took part in a project that aims to help the Massachusetts Bureau of Substance Addiction Services (BSAS) better understand how Latino, Black, and Asian American communities in Massachusetts perceive and experience the opioid crisis. The Gastón Institute's study focused on the Latino community and aimed to answer the following questions:

1. To what extent, and in what manner, do Latino residents in Massachusetts perceive and experience the impact of substance use in their communities?
2. To what extent are Latino residents knowledgeable about resources that are currently available to address the consequences of substance use?
3. What do Latino residents recommend for improving the available programs and services that respond to substance use issues in the Latino community?

Methodology: Residents (n=54) from Boston, Brookline, Chelsea, Lynn, New Bedford, Fall River, and Worcester participated in focus groups and interviews to share their insights regarding the perceptions of the Latino community concerning substance use disorder (SUD), highlight their concerns, and provide recommendations for appropriate services based on their own perspectives. Interviews and focus groups were conducted in Spanish, English, and Portuguese. A qualitative thematic analysis approach was adopted for analyzing data from the various focus groups and interviews.

Main Findings

Based on the data analysis conducted from the interviews and focus groups, four distinct themes were developed:

¹ The other institutes are the Institute for Asian American Studies, the Institute for New England Native American Studies, and the William Monroe Trotter Institute for the Study of African History and Culture.

Theme 1: Experience of being a Latino immigrant in the United States: This theme encompasses the description of the elements that help to illuminate the experience of being either an immigrant Latino or a non-immigrant Latino for the participants in our study. This theme includes the challenges, struggles, and experiences faced by the participants in existing social, economic, administrative, and political structures.

Theme 2: Insights on SUD from a Latino perspective: This theme describes Latino participants' view of SUD through the lens of their identity as Latinos. It describes who they think are affected by SUD, how SUD affects them and their communities, and how the participants connect these perceptions about SUD to their *Latino identity*. The different perceptions are explored across participants with varied experiences with SUD: residents, residents with lived SUD experience, and service providers.

Theme 3: “This system is built for us to fail”: Participants shared their perceptions of how the SUD treatment system operates and the obstacles it creates for navigating the multiple levels of SUD care. Participants also shared their perceived lack of inclusion throughout the treatment process, including the lack of resources to meet the needs of the Latino communities in ways that align with their linguistic, cultural, and historical diversity.

Theme 4: Improving services by considering participants' insights: This theme contains all participants' suggestions for improving service access and treatment availability and increase education in the community on issues specifically related to SUD prevention and treatment.

Recommendations

The following recommendations were developed based on the findings and analysis of the participants in the study:

- **Recommendation 1:** Provide culturally responsive training programs to enhance treatment for Latino patients. This recommendation highlights the importance of culturally sensitive care to better address the unique needs of Latino individuals seeking treatment services for SUD.

- **Recommendation 2:** Implement informational sessions to educate the Latino community on SUD and treatment services. This highlights the value of providing the community with informative sessions to raise awareness and understanding of SUD and different types of treatments and medications available while reducing stigma and fostering communal support.
- **Recommendation 3:** Distribute information about SUD resources. This recommendation emphasizes the importance of spreading awareness about available resources in ways that make them more accessible.
- **Recommendation 4:** Expand resource allocation to address the needs of the Latino community. This recommendation emphasizes the importance of distributing resources within treatment facilities in a strategic manner to better meet the needs of the Latino community.
- **Recommendation 5:** Enhance the continuity and integration of care in order to improve patient follow-up. This recommendation emphasizes the importance of easy transitions within treatment services to ensure that patients receive consistent support and follow-up throughout their treatment journey, even after completion. It also highlights the importance of helping patients with other social struggles such as housing, employment opportunities, and transportation assistance.
- **Recommendation 6:** Expand harm reduction initiatives. This recommendation calls for increasing access and knowledge about harm reduction among the Latino communities. Additionally, explore ways to implement these strategies to reduce the risks associated with SUD. Toward this goal, more research should be done to better understand Latino communities' knowledge and positionality regarding harm reduction.
- **Recommendation 7:** Create and strengthen partnerships with organizations. This recommendation highlights the need for active involvement of BSAS in fostering partnerships with organizations that provide SUD services, in order to enhance collaborative efforts that are already in place.

- **Recommendation 8:** Expand research on SUD across Latino subgroups. This recommendation highlights the need to conduct further research to better understand the different experiences and needs of Latino subgroups due to SUD.

Next Steps

These recommendations have been presented to BSAS and consequently a series of steps have been suggested to begin the implementation of some of them. First, the CANALA institutes will work alongside BSAS in developing educational materials on substance use and substance use disorder that can inform the communities where this study took place about the options for treatment that are currently available. Second, CANALA institutes will develop professional development opportunities for BSAS-affiliated providers, as well as other stakeholders, to develop culturally relevant educational materials in languages spoken by communities of color, focusing on substance use disorder (SUD) prevention, treatment access, and available resources. Third, along with BSAS we are thinking of how to support the development of a robust network comprising organizations and independent service providers dedicated to addressing SUD within the communities that participated in this study. Finally, with BSAS support, we expect to extend our knowledge about SUD and Latino and other residents of color through outreach activities such as focus groups, interviews, and dialogues with main stakeholders.

Acknowledgements

The research team would like to thank all the participants in the focus groups and interviews. Their time and willingness to share information and opinions on SUD made this report possible.

We would also like to thank the community organizations and leaders for assisting us with the recruitment of the participants and the space to hold the focus groups.

Lastly, we thank the Community Advisory Board members for their time and valuable contributions to this project. Their contributions allowed us to keep the analysis and findings rooted in the communities that we heard from.

Introduction

The mission of the Mauricio Gastón Institute at the University of Massachusetts Boston is to inform policymakers and the public about vital issues regarding the growing Latino community in the state of Massachusetts and to provide the Latino community with necessary information and analysis for effective participation in the development of public policies.

The Mauricio Gastón Institute is part of the Collaborative of Asian American, Native American, and Latino and African American Institutes (CANALA), which links institutes at the University of Massachusetts Boston that are dedicated to serving communities of color. In collaboration with CANALA, the Gastón Institute took part in a project aiming to help the Massachusetts Bureau of Substance Addiction Services (BSAS) better understand how Latino, Black, and Asian American communities in Massachusetts perceive and experience the opioid crisis. The Gastón Institute's study focused on the Latino community.

This report presents the main findings of the project, focusing on the perception and identification of issues related to substance use in the Latino² communities in different cities of Massachusetts, including Boston, Brookline, Chelsea, Lynn, New Bedford, Fall River, and Worcester. The Gastón Institute conducted qualitative research with participants from these cities who have had different experiences with substance use disorder (SUD). Through this qualitative study, the Gastón Institute looked to gain insight into the perceptions of the Latino community concerning SUD, aiming to highlight their concerns and provide recommendations for services based on the communities' perspective.

² For purposes of this study, the term Latino community will refer to people of Latin American descent, including Brazilians. Recently, the term "Latinx" (pronounced La-teen-ex, Latinks, or Latin-equis in Spanish) has emerged to refer to people of Latin American descent as a broad and more inclusive term for Hispanics. However, its use has remained controversial and rare among this population. Furthermore, during the data collection for this study, few members of the community referred to themselves as Latinx; they mostly used Latino or Hispanic to talk about themselves. Since this study also included the participation of members of the Brazilian community, the authors of the report decided to use the term Latino rather than Hispanic, to include these participants.

Despite the increasing number of cases of SUD, treatment seeking and access to SUD treatment remain low, particularly among people of color (Brenes & Henriquez, 2020). The disparity between SUD and mortality rates on the one hand, and treatment-seeking among Latinos on the other hand, can be attributed to health disparities and various social and cultural factors that act as barriers between patient and receiving treatment. This study aimed to answer the following questions:

1. To what extent, and in what manner, do Latino residents in Massachusetts perceive and experience the impact of substance use in their communities?
2. To what extent are Latino residents knowledgeable about resources that are currently available to address the consequences of substance use?
3. What do Latino residents recommend for improving the available programs and services that respond to substance use issues in the Latino community?

Literature Review

Substance Use Disorder (SUD) is defined as a pattern of use of substances that can be harmful to the individual's physical and mental health and that can lead to significant functional impairment (Volkow & Blanco, 2023). It is a complex disorder that includes biological, psychological, and social components, including sociodemographic factors, and can affect not only individual users but those around them (Volkow & Blanco, 2023; WHO, 2004). SUD is a broad term that describes harmful patterns of one or more substances such as illicit drugs or alcohol, in general (WHO, 2004). When specifically describing a harmful pattern of opioid use, the term Opioid Use Disorder (OUD) is applied (Kim et al., 2022).

The Overdose Crisis

Opioids are substances that can naturally occur in the brain (known as endorphins), be derived from plants, or be made in laboratories (Suzuki & Wakeman, 2023). Opioids can be categorized into three classes: naturally occurring opioids (such as opium from poppy plants), semisynthetic opioids (such as heroin) that are modified in a lab from naturally occurring opioids), and synthetic opioids (such as fentanyl) which are entirely man-made

and produced in laboratories). Pharmaceutical fentanyl, approved for severe pain, is 50 and 100 times stronger than heroin and morphine, respectively (Center for Disease Control and Prevention, 2024). Most recent overdoses and deaths in the US stem from illegally produced fentanyl, which continues to be on the rise (Center for Disease Control and Prevention, 2024). This trend is present even in Massachusetts: according to the Massachusetts Department of Public Health there is indication of fentanyl's presence in 93% of opioid-related overdose deaths in the first three months of the year 2023 (Massachusetts Department of Public Health, 2023).

The opioid crisis in the United States emerged in the mid-1990s. Since then, there have been three distinct waves over time, driven by factors like the overprescription of opioids as painkillers (Congressional Budget Office, 2022), which was declared a Public Health Emergency in 2017 (Haffajee & Frank, 2018). Since the 2000s, this public health crisis has led to higher mortality rates, eventually leading to opioid-involved overdoses being one of the leading causes of death in 2020 (Brenes & Henriquez, 2020; Congressional Budget Office, 2022). Opioids offer a significantly higher concern, since half of all overdoses are related to opioid use (Brenes & Henriquez, 2020). The scale of the opioid epidemic is almost unprecedented. It is estimated that 115 Americans die every day due to opioid misuse³ (Neville & Foley, 2020). Aside from the inherent significance of the opioid crisis, it sheds significant light on injustices, prejudices, and stigma in healthcare and treatment facilities. "Minority" race/ethnic communities, such as the Latino community, are affected differently than whites by the opioid epidemic (Matsuzaka & Knapp, 2020). Despite a 10% decrease in Massachusetts from 2022 to 2023 of fatal overdose deaths, rates continue to increase in Latino and other BIPOC populations (Massachusetts Department of Public Health, 2023). Although Latino communities have experienced a lower opioid addiction rate, recent data suggest an upward trend since 2010 (Brenes & Henriquez, 2020; Valdez et al., 2022).

³ We understand and agree that the term "misuse" is politically charged as it is often defined by what is considered legal, which is socially constructed within the bounds of power dynamics and structural racism and, therefore, its use should be avoided. However, we kept the term when it was originally used by the authors of the reports and papers referenced in the literature, to avoid misrepresenting their findings. In our analysis of findings, this term was not used. It is important to state that use of stigmatizing language must be avoided as it negatively impacts individuals dealing with substance use issues (Werder et al., 2022).

Despite this trend, treatment seeking and treatment access among Latinos remain low (Brenes & Henriquez, 2020).

Latinos and SUD

The increase in opioid use and opioid related deaths among the Latino community in the United States makes it essential to understand the effects of SUD on the members of the Latino community living in the US.

From an epidemiological standpoint, recent data suggest that substance use affects Latinos and whites similarly. The latest National Survey on Drug Use and Health (NSDUH) from 2023 (Substance Abuse and Mental Health Services Administration, 2023), showed that the rate of Latinos affected by substance use (17.4%) is similar to that of whites (17.6%). Specifically, misuse of opioids was virtually the same for Latinos (3.4%) and whites (3.0%). However, this overall similarity does not mean that the dynamics of substance abuse play out in the same way in different racial/ethnic communities. It is important, for example, to address factors such as inadequate prescription practices and limited access to legal pain management options for Latinos and Blacks (Drake et al., 2020). In particular, the lack of information and knowledge about the addictive nature of opioids when prescribed to Latino patients plays an important role in the increase in OUD among this ethnic group (Unger et al., 2021).

Despite the increase in OUD among all groups, there seems to be a gap between substance use and its consequences between Latinos and non-Latinos. Nationally, from 2010 to 2021 there has been a 287.5% increase in the rate of deaths related to drug overdose (mostly attributed to opioid use) of Latinos, compared to an increase of 167% for non-Latinos (Romero et al., 2023). Despite this trend, treatment seeking and treatment access among Latinos remain low and the trend itself has not been addressed by the literature (Brenes & Henriquez, 2020; Drake et al., 2020). Indeed, 93.8% of Latinos in need of SUD treatment did not receive any, which represents approximately 6 million people according to the NSDUH report (Substance Abuse and Mental Health Services Administration, 2022). When treatment is accessed, research shows that not only are Latinos less likely to seek and complete the recommended course of treatment as advised by a medical care team, but they also tend to receive fewer services and have an overall shorter time in treatment than

white non-Latinos (Campbell & Edwards, 2012; Guerrero et al., 2012; Marsh et al., 2009). Additionally, for OUD specifically, access and availability to methadone and buprenorphine (FDA-approved medications to treat OUD) are not equal across different racial/ethnic groups. For example, counties with highly segregated African American and Hispanic/Latino communities had more facilities to provide methadone per capita. In contrast, counties with highly segregated white communities have more facilities to provide buprenorphine per capita (Goedel et al., 2020).

Previous studies have addressed some of the reasons for the discrepancy in overall treatment for Latinos. These include socioeconomic factors (Mennis et al., 2019), distance to treatment facilities that offer Spanish-speaking services (Guerrero et al., 2013), counselor preparedness (Santisteban et al., 2006), lack of cultural and linguistic competency (Pagano, 2014), stigma and lack of social support (Pinedo et al., 2018), and fear of deportation after disclosure of legal status (Pinedo et al., 2022).

Considering that SUD is a multifactorial disorder and that biological and social components can affect vulnerability to SUD (Volkow & Blanco, 2023) the social, economic, and behavioral aspects of being an immigrant must be addressed when studying and designing SUD treatment for communities of color. In the case of the Latino community, there is still the need to better understand the social determinants of health underlying SUD such as pre-existing mental health conditions (e.g., depressive disorders), opioid prescriptions for pain management from medical professionals, racial discrimination, and impactful immigration policies (Brenes & Henriquez, 2020; Netherland & Hansen, 2016; Pacurucu-Castillo et al., 2019; Pinedo et al., 2022). Regarding this last issue, immigration is often accompanied by stressors such as detention, deportations, and aggressive rhetoric against immigrants, which may heighten susceptibility to substance misuse and certain types of drugs as well, even in the case of US-born Latinos (Pinedo et al., 2022).

Massachusetts Latinos and SUD

Despite substantial national data on SUD treatment for Latinos, more research is needed to better understand how to improve the care systems in place for the Latino community in different states of the US. To our knowledge, there are no published qualitative studies that address the concerns of the Latino community living in Massachusetts, which

encompasses approximately 1 million residents (including residents of Brazilian heritage) and represents 14.4% of Massachusetts' population (Granberry et al., 2023). Latino residents are very diverse in nationality of origin, settlement history, and regional distribution. The leading lands of origin for Latinos in MA are Puerto Rico (30%), the Dominican Republic (18%), and Brazil (13.3%). Overall, 90% of all Latino residents in MA identify as descendants of about ten Latin American countries. In addition, around 60% of all Latinos in MA are U.S.-born (Granberry et al., 2023).

In relation to OUD, data from the Massachusetts Department of Public Health from 2014 to 2021 show a growth of 146% in the rate of opioid-related deaths among Latinos. During the same period, BSAS reported an increase of only seven percentage points (from 13 % to 20%) in Latino enrollment in opioid related services. This data indicates a clear disparity between the number of Latinos who need services and the number of Latinos who are enrolled in services.

It is then necessary to learn and document findings from the Latino community in Massachusetts that could shed light on the reasons for the above-mentioned disparity. This study aims to add to current knowledge about substance use and opioid services offered to minority communities from community members' perspectives. This will allow for implementation of services that are culturally tailored, decreasing the discrepancy in treatment and services across racial/ethnic groups.

Aims and Objectives

This research is in response to the observed increase in opioid-related overdose death rates for Latinos in Massachusetts. This research aims at understanding and identifying root causes of the disparity in treatment access and enrollment between Latinos and non-Latinos as well as identifying the perceptions of substance use disorder in the Latino community in Massachusetts. This study focuses on mainly three aspects: 1) learning about the perceptions held by participants from Latino communities regarding SUD, 2) hearing about the challenges encountered in (or awareness of) treatment for SUD, and 3) gathering recommendations to improve service during treatment.

This report presents the key findings and recommendations resulting from a qualitative study conducted with participants from Boston, Brookline, Chelsea, Lynn, New Bedford, Fall River, and Worcester, each with distinct experiences related to SUD.

Methodology

We began our study by forming a community advisory board (CAB) consisting of five leaders from organizations that serve the Latino community in different cities in Massachusetts. The CAB assisted the research team by reviewing the research protocol, discussing our findings and commenting on the final report.

This study included the analysis of interviews and focus groups conducted between January 2023 and October 2023, using a semi-structured protocol (see Appendix I). In total, five focus groups and four individual interviews were conducted (n=54). These focus groups and interviews were either online or in person. Participants were residents – with and without lived experience with substance abuse – and service providers. Participants were recruited using snowball sampling strategies. Members of community-based organizations facilitated this process. The recruitment process targeted participants living in cities with a high density of Latinos (see Figure 1). The interviewees and participants were based in Boston, Brookline, Chelsea, Lynn, New Bedford, Fall River, and Worcester (see Table 1 for a breakdown of participants). The research team stopped the recruitment and interview process when saturation was achieved. The interviews and focus groups were conducted in Spanish, English, or Portuguese according to the participants' preferences. The participants were compensated for their time with a \$50 gift card from Amazon, given after the interviews and focus groups were completed.

During the interviews, three questions were asked to guide the conversations surrounding Latinos and Opioid Use Disorder in Massachusetts:

1. “What comes to mind when you think about substance abuse⁴, and how do you think it is affecting your community?”

⁴ The term “abuse” is used here to reflect the language commonly used by the participants involved in the interviews. While recognizing that “abuse” can be considered stigmatizing, it is retained because conveys the perspectives and terminology of the participants.

2. “What resources are available that you know of to deal with substance abuse?”
3. “What needs to be improved in the available programs and services to respond to substance abuse issues in the Latino Community?”

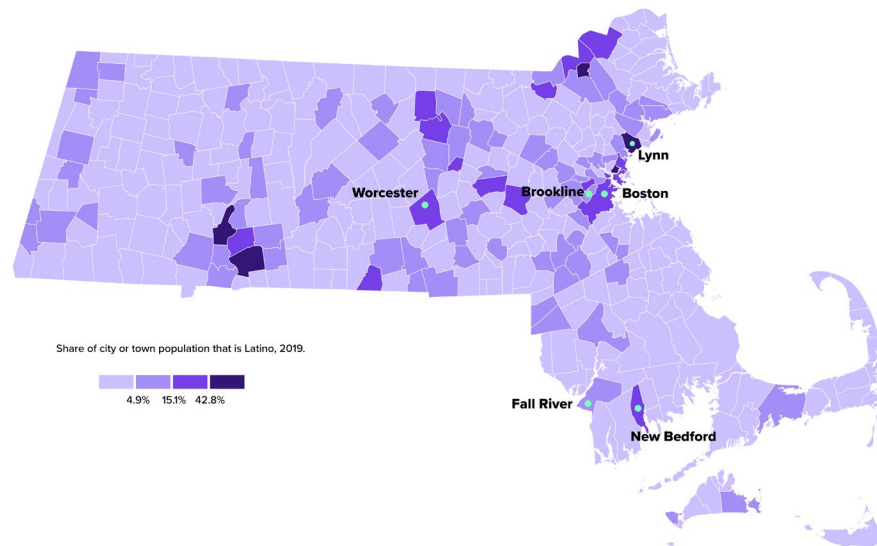
This study adopted a qualitative thematic approach for the analysis of the various focus groups and interviews data (Terry & Hayfield, 2021). After the focus groups and interviews were completed and transcribed, data were analyzed using NVivo 14 software (Lumivero, LLC). All members of the research team engaged in the coding in an iterative way. The analysis began by identifying common codes that had arisen in each focus group or interview, with each transcript reviewed by at least two members of the research team. After completing the identification of codes, the research team came up with ways to group the codes into candidate themes. Throughout regular meetings, the research team ensured that the resulting final themes not only cohered around central ideas but also truly provided an account of the data gathered. Themes and subthemes were constantly reviewed and refined during this process.

Table 1. List of focus groups and interviews conducted

Location	Participants	Number of Participants	Type of Meeting	Language	Type of interview
Boston	Community Members	12	Online	Spanish	Focus group
Brookline	Community Members (Brazil)	2	Online	Portuguese	Interview
Chelsea	Community Members	5	In person	Spanish	Focus group
Lynn	Service Providers - Lived experiences	1	Online	English	Interview
Lynn	Service Providers - Lived experiences	2	In person	English	Interview
New Bedford/Fall River	Community Members (Brazil)	5	Online	Portuguese	Focus group

Location	Participants	Number of Participants	Type of Meeting	Language	Type of interview	
New Bedford/Fall River	Service Providers	3	Online	English	Interview	
New Bedford/Fall River	Community Members - Lived experiences	20	In person	English/Spanish	Focus group	
Worcester	Service Providers	4	Online	English	Focus group	
		54				

Figure 1. Map showing the population density of Latinos in Massachusetts.



Notes: The green dots represent the cities where the participants of this study lived. Figure adapted from GBH News (Courtesy of the Gastón Institute, Source: ACS 2015-2019)

Limitations

The data analyzed and discussed here are not fully representative of the entire Latino community living in Massachusetts, particularly considering that the Latino community is composed of people from different countries and with different life experiences. This

speaks to the complexity of understanding Latino health data and demands larger-scale studies with both quantitative and qualitative approaches.

Aligned with this limitation, our outreach to the Latino community had to depend on community-based organizations that could assist us with the recruitment process. First, most of the Latino community-based organizations that responded serve mostly immigrants, limiting our outreach to US-born Latinos. Additionally, we obtained limited responses from community-based organizations that specifically provide SUD services. Therefore, we expanded our scope to include organizations that are indirectly involved with SUD.

The final limitation pertains to the study's geographic outreach. Based in the Boston area, we were not able to engage with Latino communities in some of the cities with the largest share of Latino population, such as Lawrence and Lowell.

Findings

Section I: Main Themes and Subthemes

The thematic analysis revealed four major themes, with corresponding subthemes:

- Theme 1 is “The experience of being a Latino immigrant in the United States: ‘*Ser inmigrante es una experiencia traumática.*’”
- Theme 2 is “Insights on SUD from the Latino perspective.”
- Theme 3 is “The system is built for us to fail.”
- Theme 4 is “Improving services by considering participants’ insights.”

Theme 1 introduces the difficulties faced by Latino and Latino immigrants in the United States and serves to contextualize the experiences of Latinos struggling with SUD. Themes 2, 3, and 4 describe with more detail the findings that are directly related to the participants’ experiences (or lack of) with substance use disorder and going through the process of looking for and continuing treatment. Each theme and subtheme are described below with participants’ quotes for illustration.

Theme 1: The experience of being a Latino immigrant in the United States: “*Ser inmigrante es una experiencia traumática (Being an immigrant is a traumatic experience).*” This theme encompasses the description of the elements that helps readers to understand the experience of being either an immigrant or a non-immigrant Latino for the participants in our study. This theme includes the challenges, struggles, and experiences faced by the participants within existing social, economic, administrative, and political structures. This theme is illustrated by the following statement by a participant in a focus group:

“... I feel immigrants, they go through so much grief as well... they have a family to support, but then they're dealing with literally family loss, a language that they don't know, their professional life that they left behind, then they're dealing here with a lot of situations that, unfortunately, people are scamming them out of money, housing crisis. It's just so much that adds up. Then without the support, too, they have to be really strong to make it all happen...” (Service provider in Fall River)

This theme describes the challenges that condition participants' response to social issues affecting their community. However, the specific connections to SUD will be thoroughly developed later in Theme 2.

Subthemes:

Experience of being isolated or lonely: Participants expressed the overwhelming feeling of being geographically far from family and without a sense of community.

"...Uhm, as Latinos we have a-some very, ah, different characteristics than other cultures, and in the process of-treatment and support is very complicated because, uh, Latinos do not process alone. Latinos process in community and with family..." (Resident of Boston)

(Spanish original)

Experience of being undocumented: Participants shared their perceptions of how being undocumented affects different aspects of their daily life including their social interactions, fear of authority, and vulnerability.

"I just feel as immigrants, we always have to put up a front where we're perfect in a way because we can get in trouble because of fear of deportation, fear to get in trouble with the law. I see a lot of that with the community that I work with, just putting up a facade. Then when you really talk to them and when they trust you enough, they will open up..." (Service provider in Fall River)

Experience of navigating social services: Participants describe the difficulties that Latino immigrants, have when accessing services such as health and education.

"... it doesn't just happen in community clinics, right? It's – it also happens in private clinics, right? Hey, and they look at the person who's dressed differently and the first thing they think, 'That's a Latino,' right? And they look at the color of his skin and he's a Latino. So, they start putting a lot of ifs and buts and a lot of ... insurance proposals and then, uh, they practically end up either not attending to them or telling them that it's a very high amount, right? ..." (Resident of Boston) *(Spanish original)*

Encounters with racism: Participants expressed, how they experience racism, how they interpret it, and how the Latino community expresses racism based on their own experience.

“...From there you can see the division in the kind of access, what kind of care the Latino or person of color, [compared to] the one who is white, is going to receive. Ahm, and I'm not saying I'm against-of-the white person, it's just the message that I know, that, – that comes from the structure, that already has a foundation based on the fact that, uh, the person of color is problematic, so he's a criminal, let's put him in jail, [whereas for] the white person, let's-do, let's create programs...” (Resident of Boston) ([Spanish original](#))

Effects of trauma: Participants provided explicit mentions of the trauma associated with being an immigrant and/or past traumatic experiences.

“...We live with trauma here, being an immigrant is a traumatic experience... And to be an immigrant from any country, particularly in America, uh, where the media and everything, everything, everything, everything has that--that-that sheet of moralizing...” (Resident of Boston) ([Spanish original](#))

Employment and workload in the United States: Participants expressed how heavy workload and immigrants' type of employment stress family relationships between parents and children.

“...[it's] Very worrying, even more so without that emotional support, without access to a psychologist, already left their country and is already here with so much, already squeezes of so many things... [Participant 1]

... And immigrant parents when they arrive, they have to work so hard, they don't spend much time ... (paying attention to little details regarding their children), because they don't think that the child is going to see something [bad], is going to do something [wrong] ... [Participant 2]...” (Brazilian Resident of Fall River) ([Portuguese original](#))

In summary, Theme 1 sheds light on the challenges faced by Latino immigrants living in the U.S. Some of the struggles described include heavy workloads, economic anxiety, fear of deportation, difficulty in navigating systems, sense of loneliness, strained family relationships, and lack of social support. Moreover, racism seems to underlie the experience of being an immigrant and contribute to past and present trauma. All of these factors shape the Latino immigrant experience and demonstrate the need for comprehensive support systems and policies that address the multifaceted needs of Latino immigrants, aiming for inclusive and equitable services that meet their specific needs.

Theme 2: Insights on SUD from the Latino perspective: This theme describes Latino participants' view of SUD through the lens of their identity as Latinos. It describes who they think is affected by SUD, how SUD affects them and their communities, and how the participants connect these perceptions about SUD to their *Latino identity*. The different perceptions are explored across participants with varied experiences with SUD: Residents, Residents with lived SUD experience, and service providers.

Subthemes:

“In the U.S. it’s so easy”: This subtheme describes perceived differences between country of origin and the US in relation to the access to drugs and other substance, access to treatment, and patterns of use.

“... Sometimes it’s a person who already used something there [in the country of origin], comes and finds the ease of getting it here and then he ends up sinking and can’t realize it or thinks like this: ‘Wow, here it’s so easy. Here I can smoke, I can snort.’ Whatever. ‘I’ll do it, and it’s very easy here.’ It ends up being comfortable for the person who already used it or not.” (Brazilian Resident of Fall River) ([Portuguese original](#))

Who uses substances and what is being used: This subtheme refers to participants’ perceptions of which groups use what kind of substances, both within Latino groups and among other racial or ethnic groups. Alcohol was prominently mentioned, whereas other substances, including opioids, were assumed to be used by other racial or ethnic groups.

“... I work with, uh, young guys and adults. What I find so far more than anything is, within adults, ah, men are the ones who are, ah, participating, right? In substance abuse. More than anything, it’s alcohol... Eh, they’re mostly Central Americans, most of them. Among them Guatemalans and within them the – in their great, great majority, if not all, are, ah, [Maya] K’iche’⁵. Okay?” (Resident of Boston) ([Spanish original](#))

⁵ The New Bedford area is home to a substantial population of immigrants from Central America, predominantly originating from the Mayan regions of Guatemala collectively known as Maya K’iche’. Alongside Spanish, many of these migrants speak one of the Mayan language variations as their primary language, presenting unique challenges to the integration of this migrant community because of the failure of official institutions to provide support in their language (Capetillo-Ponce & Abreu-Rodriguez, 2010).

Perceptions of public space and safety: Describes how participants perceive their communities' spaces being taken by people using drugs, the sense of insecurity that it creates, as well as how it affects their daily life.

“Participant 1: Aha, one day I was with my granddaughter, my granddaughter was five years old and after a while my granddaughter was with a syringe like that in her hand, and she said, ‘Grandma, look,’ and I said, ‘My love, throw that, I didn't grab it.’ With the syringe in hand... The children there playing and – and they find the syringes, and since they don't know, they pick it up.” (Resident of Chelsea) [*\(Spanish original\)*](#)

Family dynamics: Describes families' response to someone suffering from SUD. Particularly, how some Latino parents may accept certain “socially acceptable” behaviors, such as drinking, while not recognizing the challenges brought by someone in their family who is struggling with SUD.

“My parents weren't about any of that. You drank, you were good. Anything past that, I don't want to hear it... When they found out way later that I was doing everything that I was doing, oh my God, it was over. The whole family, across the board. I wasn't allowed in the house. I wasn't allowed on the block. ... My name wasn't allowed to be used in the house. If there was a function and I would show up, I wasn't allowed.” (Lynn resident with lived experience)

“Praying” the problem away: This subtheme contains participants' perceptions of the ways in which Latino religious beliefs, morality, and values get in the way of addressing substance use issues for those struggling with SUD.

“... I think lately any denomination is becoming more aware of the real problem and are not with that ‘Oh no, let's pray it will pass.’ There are a lot of people, especially when I worked here at the women's center, that the problems happen, so the woman comes and says: ‘Look, he drinks a lot. He beats me.’ Then you're going to talk to... the pastor, with the priest, with whoever. Then he says, ‘Oh no, let's pray, because that's your problem.”
(Brazilian Resident of Fall River) [*\(Portuguese original\)*](#)

Theme 2 explores how participants perceive and react to SUD issues in the context of being Latino and living in the US. This includes cultural and social aspects such as religion and family relationships. They impact Latinos, individually, and as a community, in the ways

they navigate and understand SUD. These insights reinforce the need to take cultural background and beliefs into account when addressing SUD issues in the Latino community.

Theme 3. “This system is built for us to fail.” Participants’ perceptions about the way that the SUD treatment system operates and how it makes it difficult to navigate throughout all SUD levels of care. Participants also shared their perceived lack of inclusion throughout the treatment process, including the lack of resources to meet the needs of the Latino communities in ways that align with their linguistic, cultural, and historical diversity.

Subthemes:

Lack of cultural responsiveness and bilingual staff: This subtheme contains perceptions about the need to address people looking for treatment with a recognition of their identities, beliefs, values, behaviors, and traditions in a language that they understand.

“In our community, there's not enough services, not enough access to services, there's not enough, I think, bilingual staff that will be able to represent the community that we serve. There is a high percentage of minorities and Latinos in our community addicted with co-occurring disorders through diagnosis, but if you walk into any of our detox programs, you will find probably [only] one bilingual Spanish-speaking staff.” (Service provider in Worcester)

Stigma around SUD: Participants shared negative assumptions made at the individual, community, and institutional levels about people struggling with SUD and how these assumptions impact the latter as they look for treatment.

“I know that in my experience, a lot of people think that it's a person's choice to develop a substance use disorder [laughs] and to fall victim to a disease. There is this school of thought where it's like, oh, well, you just need to stop drinking. There's no understanding that there are so many other factors that go into having a substance use disorder and really struggling with addiction in that way. There's a lot of connection with will, if you can just will your way out of it, you wouldn't have this problem...” (Service provider in Worcester)

“What happens at home, stays at home”: Participants’ statements about the ways in which Latino upbringing and/or social practices become a barrier for SUD treatment.

“A lot of Latinos, you have that incorporated into growing up as what happens at home, stays at home [Spanish language]...You're thinking that receiving services is something that is supposed to be bad when that is something that it was basically you was – [Spanish language]. You was [sic] trained that way since you was [sic] young. That's what you learned. I think that's a lot of the stuff that happens within the clients that we work with is,

you don't tell people how you feeling, you don't tell people about your mental health, you don't tell people that you have a problem with addiction. That's why I think a lot of Latinos have a harder time getting services as well.” (Service provider in Worcester)

“¿Qué tengo que hacer para acceder a los servicios?” *The difficulty of navigating the levels of care:* Participants spoke about the barriers faced by people struggling with SUD when navigating the different levels of care in the Massachusetts treatment system.

“Try to go to a detox. Try to see if you can get a bed. It's hard when you don't have the same equal insurance someone else of different access – sometimes there would be a bed open in [unintelligible 00:39:10], ‘Hey, you got to get there.’ They're like, ‘Oh. How do I get there?’ I try to help and give someone a ride here and there, but I can't save the world.”
(Service provider in Lynn with lived experience)

Racism in treatment facilities: Participants described their experiences with differential treatment opportunities for white Americans struggling with SUD compared to Latinos.

“... Everything in America is for Caucasians or people with money, and if you don't have the money, mental health services, that probably everybody in this room needs, it's a luxury here. We have an insanely long wait list for me to even see a provider, get prescriptions... We are not considered at all, and this is the main problem, the system is not built for us, the system is built for people that are fortunate and, I'm sorry for being racist if it sounds racist, but you have to be Caucasian and have money in order for you to [get help].”
(Resident of Fall River with lived experience)

Lack of information about SUD treatment: Describes how participants talk about the need to increase information about SUD and treatment possibilities available in their community.

“When I was 20, I lived outside in the woods till I was 22. Nobody ever came to help. Nobody ever went in the woods. Nobody came to help. I needed help, the only reason that I got clean is because I got arrested... I got arrested, then there should be programs to help you for when you're going to get out. They don't care, but I got out, I had nowhere to go, and I did the same thing. I went to the same place; I started getting high again and there was nobody there.” (Resident of Fall River with lived experience)

Providers' understanding of the experiences of people struggling with SUD: Participants' perceptions about the lack of enough professional staff, including service providers with lived experience, who understand what it means to live with SUD.

"I just don't think that people that are not addicts will understand [struggling with SUD]. It just is what it is. You could go to school for 10 years; you haven't been in our shoes. You don't know what it's like. You're going to write us up for stupid stuff and possibly get us kicked out [of a treatment facility] and yes, some people get discouraged and then they overdose and die. It happens every day." (Resident of Fall River with lived experience)

Theme 3 illustrates the challenges faced by participants seeking SUD treatment services. Overall, participants described difficulty in navigating health systems in the US, including discrepancies in treatment opportunities based on race. Lack of cultural competency and bilingual proficiency affects provider-patient relationships and was also mentioned as a barrier to treatment engagement. Other barriers mentioned were lack of information about SUD and stigma surrounding this topic, which challenges social response from the community, including from family members struggling with substance use. These barriers highlight the need for a more holistic and inclusive approach to SUD treatment, illustrated by the recommendations mentioned by participants under Theme 4.

Theme 4: Improving services by considering participants' insights. This theme contains all participants' suggestions for improving services access, treatment availability, and providing education to the community on issues specifically related to SUD prevention and treatment.

Subthemes:

Although there is general acknowledgement of the prevalence of SUD in the communities that we reached out to, most of the residents did not have first-hand experience with SUD. This is why most of the suggestions for improvement come from service providers and residents with lived experience.

Improve providers' training on SUD response: Participants suggested increasing training on SUD for substance use providers, including knowledge about how to deal with overdose situations and being able to assess a person's needs. This also includes increasing support for outreach staff to deal with the stress of the job.

"I think that [name of organization] has done [a] good job in [going into the community], because the medical students that are in school, we do get folks that come out with us that we find, yes, absolutely, because these are the people of the future. Making sure that these people come out with us into the encampments, into the streets, so they see what it is, and it's not just in the doctor's office. You get the background of why folks are going through what they're going through, and you get the backstories..." (Service provider in Fall River)

Diversify the make-up of staff at treatment facilities: Participants suggested increasing the number of people with lived experience as part of staff at treatment centers.

"I truly believe they should have more people like us, us that are in the problem and have some time out there, because if you have somebody that goes to school, they can tell me whatever they want, but they've never been in my shoes. They don't know exactly how I feel or what I'm really going through." (Resident of Fall River with lived experience)

"We need bilingual staff." Participants perceived a need to increase staff at treatment centers who speak the language and understand the culture of people struggling with SUD.

"More outreach workers, I think, in different communities. Not just any outreach worker, a speaking Spanish outreach worker where he knows, if possible, multiple language,

Portuguese, because we got a lot of Portuguese community as well as Brazilian in the ... area, also in Fall River. It'll be nice if it's more Spanish people together doing the outreach work.” (Service provider in Fall River)

Accessible education about SUD for the community: Statements from participants shared the need for more information, education, and understanding about SUD. For example, how to recognize patterns of substance use and its potential harmful effects, how to talk to family members about SUD, and where to go in case of a need for dealing with SUD. Participants stressed the need to get this information in accessible ways, such as language, media, and format.

“I think bringing more awareness about it into the community, then actually having trainings available to communities, not people that are just using the substance, but family members and friends, so that they know how to act...” (Service provider in Fall River)

Social support systems throughout SUD treatment: Participants expressed the importance of having family and social support and how it should be included in treatment for people struggling with SUD.

“I think substance abuse treatment, inpatient, it's not just one individual. We have to allow the families to come in to understand their addiction, to understand what's being offered to them.... I see a lot more success when the natural supports that they have are incorporated in their treatment, because these are the people that they trust, and they need to understand that a person leaving an inpatient facility cannot come to a party where there's beer and celebration and alcohol because it's somebody's first birthday.” (Service provider in Worcester)”

Treatment is not a “One size fit all.”: Participants expressed the need to create systems of treatment that are flexible and truly respond to the daily reality of people struggling with SUD on their path to recovery.

“... I think that a book in literature doesn't describe every single addict, everybody has their own journey. It's been led by different situations, and I think recovery for them, it is individual for every single person... They have all these expectations on their service plan, but the reality is that that doesn't work for everyone. Sometimes faith takes place. Some people believe in MAT, some people won't try MAT. You have to really get to know the person and what they've been through to see what's going to work for the recovery.” (Service provider in Worcester)

Address SUD issues through a mental health lens. Participants shared the need to increase mental health services as part of treatment for people struggling with SUD, with a focus on its underlying causes.

“I wanted to say something about what's happening in our community, especially when it comes to mental health. Most people that have substance abuse problems are suffering from mental health issues also. It is not enough help out there to deal with those people that too have mental health problems and diagnosis.” (Resident of Fall River with lived experience)

The constructive role of churches. Participants mentioned the role that churches could play as a place to serve, inform, and refer to SUD services.

“... To give an example that is for the Catholic church, I had a meeting with the folks at her church, they opened the doors for me to be there, full of resources on the day and that's amazing because it shows what the church is wanting there to be part of the solution. Just the church opening the doors to give some resources already helps a lot...” (Brazilian resident of Fall River) ([*Portuguese original*](#))

Section II: Additional Findings

During interviews and focus groups participants provided information about structural barriers such as incarceration and homelessness that the research team could not easily fit in with the themes and subthemes described above. Also, it is not clear to what extent, and how, these barriers particularly affect Latinos. Nevertheless, it is important to pay attention to these social and institutional aspects that shape the way an individual experiences the struggle with SUD and condition a person's way to recovery from SUD.

Participants often described homelessness and incarceration as part of the experience of someone struggling with SUD. Participants shared that homelessness and incarceration were barriers not only to accessing SUD treatment but also to accessing many social and structural services needed for successful reintegration into society. They often discussed how incarceration prevented them from finding jobs, which would inevitably lead them to relapse. One service provider, for example, talked about a person in treatment who recently had an overdose:

...Look at what they do to him today. He hasn't gotten in trouble, he almost died [because of overdose], and they hit him with 18 months' probation and no license for 60 days.... How is he supposed to get a job? How is he supposed to go see his son? How is he supposed to do anything for himself, if now he can't get a license for 60 days? How do you want him to complete probation without getting in trouble, if he has no way to get to work?... Nobody will hire him because he has open case and because he has a background check, so how do you expect him to better himself? (Service provider from Fall River)

Moreover, the prison system does not offer proper SUD treatment for those incarcerated. Regarding housing, difficulties in accessing housing services were reported due to history of incarceration and/or SUD. Additionally, being an immigrant and not having documents also presented itself as a barrier. One service provider, for example, referred to the case of a woman victim of domestic violence who was denied access to a shelter because of SUD:

“We can't provide them shelter because they have substance abuse, which to me, I don't think it's fair. They say because of the children, but what about their trauma? You're telling me that I have to send this woman back out to the street to her abuser because she has a substance abuse problem?” (Service provider in Fall River)

Ultimately, these contributions speak to the systemic barriers faced by the participants. As mentioned previously, SUD is a complex disorder that influences and is influenced by social aspects. Therefore, it is not possible to dissociate the systemic barriers from the individual contributions of the participants in this study. These topics are extensive, deserving detailed attention, further studies, and discussions. Therefore, we recommend considering a holistic approach to SUD – including housing, employment, and incarceration history – to better understand the needs of those struggling with SUD and ways to incorporate these aspects into the treatment system to ensure sustained outcomes for patients.

Analysis of Findings

Question 1. “What comes to mind when you think about substance use and misuse, and how do you think this is affecting your community?”

The responses to this question are more deeply explored under Themes 1 and 2, including different nuances reflecting participants' experiences and backgrounds. Responses to this question varied depending on the profile of the participants, particularly if they had lived experience with SUD or not. For residents with no lived experience, answers often included a sense of worrying about safety, how to protect their children from experimenting with substances but also from syringes found on the floor and an overall sense that no government agencies are working on dealing with the substance use situation they experienced in their community. On the other hand, residents with lived experience and service providers expressed concern about systemic barriers impeding care for those struggling with SUD.

Participants also discussed the types of substances being used in their community. Residents with no lived experience often mentioned alcohol as the most used substance. However, alcohol use seemed to have less impact on their perception of substance use issues. When asked about the substances that cause most problems, opioids, methadone, and cocaine were the most frequently cited regarding adults, and vaping and marijuana were also mentioned regarding youth.

Notably, implications of being a Latino immigrant living in the US were brought out by a majority of the participants. The cultural shock faced by those who left their home countries to move to the United States, as well as the traumatic experience of being an immigrant, were heavily mentioned.

Participants described how racism, discrimination, heavy workload, sense of loneliness, mental health issues, financial hurdles, and being undocumented deeply affect their overall experience in the US. They expressed how those challenges could potentially make Latinos more vulnerable and, in their opinion, at least partially contribute to the increasing substance use among the community.

Question 2. “What resources are available that you know of to deal with substance abuse?”

Theme 3 offers a glimpse of the answer to this question. It is worth noting that most residents did not have much information about SUD services and how to access them. However, service providers and participants with lived experience provided information specifically about the issues found by people seeking treatment.

The most commented-on topic was the language barrier, including the shortage of bilingual staff at facilities. This topic was followed by staff’s lack of cultural competency, racism, and the need for more staff members with lived experience with SUD. Moreover, participants shared their difficulty in navigating the healthcare system in the US. This includes bureaucracy and the lack of simple and clear information about how to access services, which poses barriers to looking for – and entering – treatment.

Additionally, participants acknowledged the role that some social factors play in accessing treatment. They highlighted the influence of family relationships and the prevalent stigma surrounding SUD. Participants claimed that these factors contribute to feelings of shame and deter people from seeking treatment out of fear of being judged harshly by family and/or community members.

Question 3. “What suggestions do participants have for services for people with SUD?”

Theme 4 provides many answers to this question. Participants mainly focused on the difficulty of navigating the healthcare system. These answers were consistent with the other answers to the questions that involved a lack of awareness and knowledge about what is available. Similarly, there is a perceived lack of knowledge surrounding what it means to use substances and have an SUD diagnosis. Participants suggest targeting racism within treatment facilities, increasing information for substance users about treatment options, and utilizing churches as a safe space.

Participants reemphasized the importance of the need to fight stigma in the healthcare system and the community. They continuously explained how they needed more accessible resources integrated into the community. This accessibility issue highlighted the value of

resources in other languages, not just English. Furthermore, participants expressed the lack of freedom and strict rules surrounding those who are in treatment facilities. In conclusion, participants desired greater acceptance throughout the treatment process as well as more and better marketing to Latinos.

Recommendations

The insights gathered from our interviews with Latino participants from different cities have highlighted crucial perspectives on the impact of opioids and the barriers to treatment for SUD within their communities. By considering the experiences and insights shared by the participants, our team makes the following recommendations to make treatment and knowledge about substance use disorders more accessible and accommodating for the Latino community.

Recommendation #1: Provide Culturally Responsive Training for Treatment of Latino Patients

Our research has found that the Latino community encounters various challenges regarding access to treatment for substance use disorder. Individuals either face barriers in accessing treatment services or, if they manage to enter treatment, may experience a poor quality of care due to a perceived lack of empathy and cultural responsiveness from providers.

We suggest targeted professional development initiatives aimed at enhancing provider awareness of cultural nuances, linguistic diversity, and unique circumstances of each individual influencing SUD prevalence, and treatment seeking behaviors among Latino individuals. The providers should be trained not just in treating patients but also in delivering interventions geared to creating an environment that fosters empathy, trust, and mutual respect. Providers need the ability to engage in culturally sensitive communication, actively listen to patients' experiences, and collaborate with the patients in developing personalized treatment plans that align with their cultural beliefs, values, and preferences. This could lead to increased satisfaction with treatment, reduced turnover rates, and an increased sense of value among patients, particularly within the Latino community.

Recommendation #2: Implement Informational Sessions for the Community

We found that the Latino community lacks knowledge about what substance use disorder is and how to look for and access treatment, including Medication-Assisted Treatment (MAT). MAT involves FDA-approved medications (methadone and buprenorphine) along with counseling and behavioral therapies to treat SUD. We suggest that an experienced service provider who works in treatment services should facilitate informational training sessions, possibly in collaboration with local churches and other trusted community-based organizations. These sessions can be used to provide information to interested community members about substance use disorders, including preventive actions that can be discussed with their families and the neighbors. In addition, the facilitator can provide insight into how treatment services operate and the various treatment options that are available.

Additionally, there is a strong stigma around MAT both from community members and from some health providers. Informing the community about the benefits of using FDA-approved medication (methadone and buprenorphine) can be extremely helpful to increase treatment engagement. These sessions could potentially help to reduce stigma around SUD, promote a more supportive and understanding community, and encourage individuals struggling with SUD to seek treatment without fear of judgment.

Recommendation #3: Spread Information about Resources for SUD

Information sharing is important in helping access essential treatment services. We recommend putting in the effort to raise awareness and promote available treatment services to the Latino community. Information should be shared in multiple languages and presented in a clear and direct manner to enhance accessibility and comprehension.

In addition to multilingual availability of information (English, Spanish, and Portuguese), we recommend utilizing diverse media platforms to reach targeted demographics effectively on a large scale. This includes distributing program and treatment information through

media commonly used by Latino community members, such as flyers, YouTube, and WhatsApp.

Moreover, it is important to include collaboration with community-based organizations that can act as a safe hub for obtaining information on SUD. This could include churches and other faith-based organizations, NGOs, beauty salons, bodegas, barber shops, etc. By enhancing access and expanding the reach of resources provided by BSAS and its partners, we aim to reduce barriers to information and ensure that individuals in the Latino community can access the support and services they seek.

Recommendation #4: Expand Resource Distribution and Allocation to Address Latino Community Needs

Disparities in access to services and even availability of certain resources prevent individuals in the Latino community from receiving proper treatment for SUD. Distribution of resources based on the needs of the Latino community and the needs of the treatment facilities will help to maximize the effectiveness of the services.

Investing in the diversification of treatment service staff, by distributing more funds for hiring bilingual staff, is important. In addition to the bilingual staff, investing in staff with lived experience who are well-versed in interacting with individuals with SUD and treatment for SUD is also vital. This makes for a supportive treatment environment that will enhance the quality of care and services that individuals seeking treatment will receive. This funding distribution will address current demand and issues within treatment facilities pointed out by service providers and patients but also ensure that individuals seeking help can receive timely treatment.

Furthermore, distributing funds to expand treatment facility infrastructure, such as increasing beds and other essential resources, will allow for the accommodation of more patients within the treatment service. Resources could also be allocated to focus on harm reduction, as it is important in promoting safe substance use practices and access to medicine like naloxone. One strategy could be to establish naloxone dispensaries or distribution centers at key locations in the community. This will make naloxone accessible for individuals at risk, their families, and the community in general.

Recommendation # 5: Enhance Continuity and Integration of Care for Improved Patient Follow-Up

Relapses often occur among individuals with SUD due to not enough patient follow-up and not sufficiently seamless transitions between treatments. It is important to address this difficulty faced by individuals with SUD and prioritize the improvement of continuity of care and integration across different levels of care. We suggest increasing collaboration and communication between different healthcare providers such as primary care, SUD specialists, outreach staff, and behavioral specialists so that patient information is effectively shared. Increased communication among healthcare providers will ensure that individuals with SUD will receive in a timely manner specific treatments that are tailored to their needs. It is also important to improve current referral pathway to facilitate better transitions for patients moving between different treatment levels, minimizing confusion and ensuring continuity of treatment.

Equally important is ensuring that everyone under treatment is supported with the necessary services that address their social and mental health needs. This includes providing access to housing, employment opportunities, transportation assistance, and mental health treatment resources. Addressing these aspects of care can improve treatment engagement and support individuals through completion of their treatment journey.

Recommendation #6: Expand Harm Reduction Initiatives

Harm reduction was not extensively discussed in our research findings, especially when asking for suggestions, however, we still believe that it is important to address it to help improve some challenges associated with SUD. There could be training sessions focusing on explaining what harm reduction is, what naloxone is, what the signs of overdose are, and the health risks associated with unsafe substance use practices. The session can be used to provide community members with harm reduction training including safer substance use practices, access to naloxone, and utilization of naloxone to reverse the effects of opioid overdose. Access to naloxone needs to be expanded and this can be achieved by installing

naloxone dispensaries around cities and dispensing naloxone kits at trusted locations such as churches, hospitals, and treatment centers.

Overall, other than service providers, participants did not seem aware of harm reduction programs. Therefore, more research should be done to address this topic, including Latino communities' knowledge and positionality about harm reduction.

In addition, there should be increased research on harm reduction and its effectiveness and how communities can be informed about its results. For example, even though we did not hear much about Safe Consumption Sites in this study, it would be worth investigating the perception of the Latino community about the possible establishment of these sites in their communities, especially regarding the positive impact they can have in reducing opioid related deaths. This will help to provide better evidence-based strategies to maximize treatment effectiveness and the safety of individuals seeking treatment.

Recommendation #7: Create and Strengthen Partnerships with Organizations

During this research, we contacted organizations and partners that have been providing SUD-related services to the community with positive feedback from the participants. We suggest that BSAS explore partnerships with these types of organizations to learn more from their experiences and enhance collaborative efforts between organizations.

Some participants working at these organizations have suggested the implementation of hubs so that community partners from different areas can discuss and share experiences, challenges, and opportunities of services. We recommend that BSAS facilitate these connections via website forms, advertisement, and funding when necessary. Overall, BSAS should make it easier for community partners from SUD organizations to access resources in the form of information, partnership, and funding.

Recommendation #8: Expand Research on SUD in the Different Latino Subgroups

We suggest expanding the scope of the research to investigate specific subgroups of the Latino community such as LGBTQ+, veterans, indigenous, race-specific, adolescents, and others. We understand the importance of studying these subgroups in the context of SUD

and reiterate that further studies should consider these groups for more specific and representative data and insight into their specific needs in relation to SUD.

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Appendix I. Focus Group Protocol

The opioid crisis in Massachusetts: Understanding its impact and developing effective responses among Latino communities

Focus group protocol template

Questions for Network of Response groups and Questions for Community Members

This series of focus groups will be aimed at exploring community perspectives around substance abuse including opioid abuse.

During today's group we want to hear your ideas, experiences, and perceptions around the issues around substance abuse in our communities; how familiar you are with resources or programs to work with substance abuse; and what are your recommendations to continue improving these systems to address substance abuse in our state.

We will have a guided conversation for about 90 minutes during today's session. We have prepared a few questions to get us started.

We want to make sure you all consider this a safe space of conversation, so you can feel free to express your thoughts. As a safe space, we also want to ensure that our team will preserve your confidentiality and we expect that those participating will do the same.

1. Please review the Consent form.
2. Are there any questions about the consent?

We are going to start recording.

1. **Problem Perception**

As we mentioned before, we want to explore your perspectives around substance abuse in your community.

Our first question looks at exploring your perspective of the issue of substance use and misuse.

- What comes to mind when you think about substance use and misuse, and how do you think this is affecting your community?
 - o Potential follow ups:
 - What are community perceptions of substance use?
 - Who is involved in the problem?
 - What factors seemed to be associated?

- What substances do you think are part of the problem in your community?
 - Explore perceptions of specific substances (alcohol, opioids, etc.)
- How big of a problem do you think it is?
- What is the role of institutions and agencies?
- What is the role of the community in this issue?

2. Identification of Resources

Thank you very much for those responses. We would like to move to an area connected with what you shared with us in the first question. After hearing some of your thoughts around the issues, we would like to know about the areas of help or response to these issues that you may be aware of.

- What resources are available that you know to deal with substance abuse (use examples of the areas of concern in the first part)?
 - o Potential follow ups:
 - Where can people go for help?
 - Who do people reach out to (clinician, trusted community person, police, etc.)?
 - Do you know of people from the community that have used any of these resources?
 - Do these services respond to the needs of the community?
 - Cultural needs
 - Functional needs
 - Are there other programs you think should be offered in the community?
 - Which agencies should be involved in offering programs?
 - State
 - Community Organizations
 - Clinical Systems
 - Police

- Other?

3. Improvement of Systems

Thank you for sharing your ideas around resources of help in the community. In connection with this, we want to explore your feedback so these programs, resources, etc. can better help considering the needs of your community. How can they be more effective.

- What needs to be improved in the available programs and services to respond to substance abuse issues in the Latino Community?
 - o Potential follow ups:
 - What makes people not being able to access these services?
 - Language
 - Insurance
 - Culture, etc.
 - What are some barriers to
 - Learning about services?
 - Identifying and choosing services?
 - Starting services?
 - Staying engaged once receiving services?
- What needs to improve at the community level?
 - o Community attitudes or biases around substance abuse and service utilization

Thank you for your ideas and thoughts. They are very valuable to us so we can inform service providers about these community perspectives. We hope that your insight serves to improve and tailor better services for substance abuse in our Latino Communities.

Before we end, are there any comments, questions, or ideas you would like to share ha we did not explore with our questions? Are there any other issues that you think we should have mentioned during the focus group? Thank you for your participation.

Appendix II. Table of Quotes in their Original Language

Theme 1

“... Vivimos con traumas aquí-aquí. Y ser inmigrante es una experiencia traumática... Y ser inmigrante de cualquier país, más que todo América, eh, en la que la media y todo, todo, todo, todo tiene ese- esa-esa sábana de moralización.”

(Resident of Boston) – [Return to text](#)

...“Ah, como latino-como latinos tenemos una-unas características muy, ah, diferentes a otras culturas, y en el proceso de-de tratamiento y de apoyo es muy complicado porque, eh, los latinos no procesamos solos. Los latinos procesamos en comunidad y con familia...” (Resident of Boston) [Return to text](#)

“... no solo pasa en las clínicas comunitarias, ¿verdad? Es- también pasa en las clínicas privadas, ¿verdad? Eh, y miran a la persona que va vestida de diferente forma y lo primero que piensan, “Ese es un latino”, ¿no? Y le miran el color de la piel y es un latino. Entonces, empiezan a ponerle muchos peros y muchas propuestas [sic] a-a-al seguro médico y entonces, eh, prácticamente terminan o no atendíéndolos o diciéndoles que es una cantidad bien alta, ¿verdad? ...” (Resident of Boston) [Return to text](#)

“... Desde ahí se-se divide cómo es- eh, qué tipo de-de acceso, qué tipo de-de cuidado va a recibir el latino o la persona de color, aquel que es blanco. Ahm, y no estoy diciendo que estoy en contra de-de-de la persona blanca, más simplemente es el mensaje que se, que-que viene desde la estructura, que ya tiene esa base fundamentada en el hecho de que, eh, la persona de color es problemática, entonces es un criminal, metámoslo preso, a la persona blanca, ha-hagamos, creamos programas...” (Resident of Boston) [Return to text](#)

“Já é muito preocupante, ainda mais sem aquele suporte emocional, sem acesso a psicólogo, já saiu do seu país e já está aqui com tanta coisa, já apertada de tantas coisas.” [Participant 1]

“E os pais imigrantes quando chegam, eles têm que trabalhar tanto, eles não passam muito tempo... [prestando atenção] nesses detalhes dos filhos, até porque eles não acham que o filho vai vir alguma coisa [ruim], vai fazer alguma coisa [errada].” [Participant 2] (Residente of Fall River) [Return to text](#)

Theme 2

“ Às vezes é uma pessoa que usava já alguma coisa lá, vem e encontra a facilidade de conseguir aqui e aí ela acaba se afundando e não consegue se dar conta ou pensa assim: "Nossa, aqui é tão fácil. Aqui eu posso fumar, eu posso cheirar." O que seja. "Vou fazer, e aqui é muita fácil." Acaba sendo cômodo para a pessoa que já fazia uso ou não.” (Resident of Fall River) [Return to text](#)

“... [T]rabajo con, eh, muchachos jóvenes y adultos. Lo que yo encuentro hasta ahora más que nada es, dentro de los adultos, ah, los hombres son los que están, ah, participando, ¿verdad? En el abuso de sustancia. Más que nada es el alcohol... Eh, principalmente son centroamericanos, la mayoría. Entre ellos guatemaltecos y dentro de ellos la- en su gran, gran mayoría, sino todos, son, ah, [Maya] Ki'che'. ¿Okay?” (Resident of Boston) [Return to text](#)

“Ajá, un día yo con mi nieta, tenía cinco años mi nieta y al rato iba mi nieta con una jeringa así en la-en la mano y decía, "Abuela, mira", "Mi amor, bote eso, no lo agarré". Con la jeringa en la mano... Los niños ahí jugando y-y ellos encuentran las jeringas, y como ellos no saben, la recogen.” (Resident of Chelsea) [Return to text](#)

“Eu acho que ultimamente qualquer denominação estão ficando mais cientes do real problema e não estão com aquela "Ah não, vamos orar que vai passar" Tem muita gente, principalmente quando eu trabalhava aqui no centro das mulheres, que acontecem os problemas, então a mulher chega e fala: "Olha, ele bebe muito. Ele me bate." Daí vai falar com... o pastor, com o padre, com quem for. Aí fala: "Ah não, vamos orar, porque esse é seu problema".” (Resident of Fall River) [Return to text](#)

Theme 4

“... Para dar um exemplo que é para a igreja católica, eu tive uma reunião com o pessoal da igreja dela, eles abriram as portas para mim [sic]estar lá, cheio de recurso no dia e isso é incrível, porque mostra o que a igreja está querendo ali ser parte da solução. Só da igreja abrir as portas para dar algum recurso já ajuda bastante...” (Service provider in Fall River) [Return to text](#)

About the Institute

Established in 1989, the Massachusetts Legislature created the Mauricio Gastón Institute for Latino Community Development and Public Policy in response to a need for an improved understanding of the Latino experience in the commonwealth. Now in its 34th year, the Gastón Institute continues its mission of informing the public and policymakers about issues vital to the state's growing Latino community and providing information and analysis necessary for effective Latino participation in public policy development. To learn more about the Gastón Institute, visit <https://www.umb.edu/gaston-institute/>.

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