

Access to Care for Rural Latinos: Challenges and Potential Solutions

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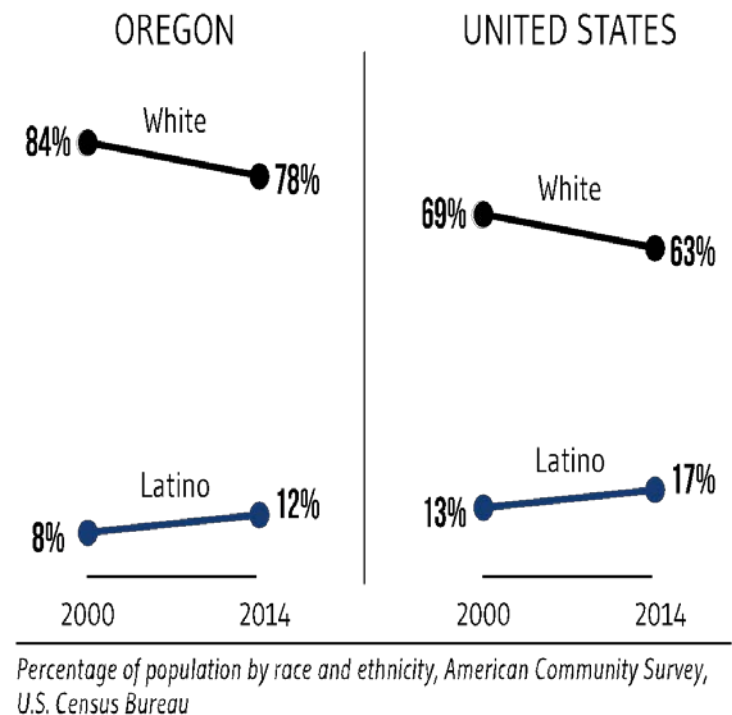
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34th Annual Oregon Rural Health Conference
October 20, 2017

Population

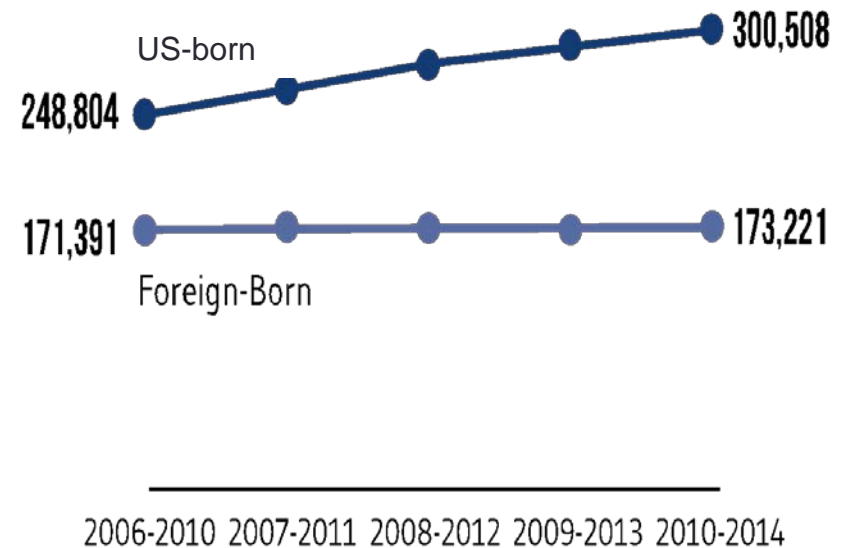
1. Latinos make up **12%** of Oregon's population.
1. Oregon's Latino population has grown **72%** since 2000.
1. Latinos make up **5%**, or more of the population in most Oregon counties.



Population

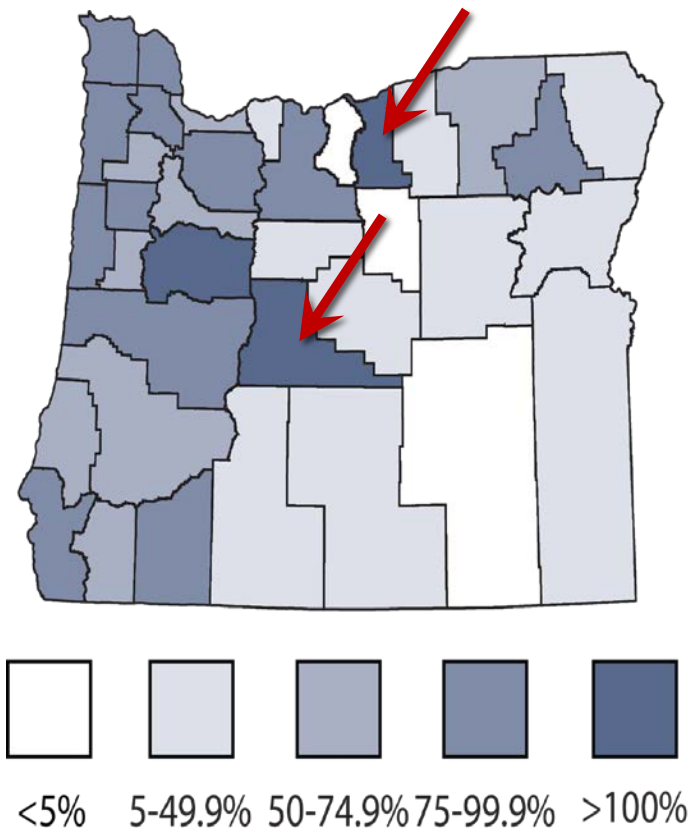
- 4. **64%** of Latino Oregonians are U.S.-born.
- 4. **49%** of Oregon Latinos are bilingual.
- 4. **15%** of Latino Oregonians report Hispanic origins outside of Mexico.

The number of US-born Latinos has grown much faster than the number of Latino immigrants in Oregon.



Hispanic or Latino nativity, American Community Survey, U.S. Census Bureau

Population



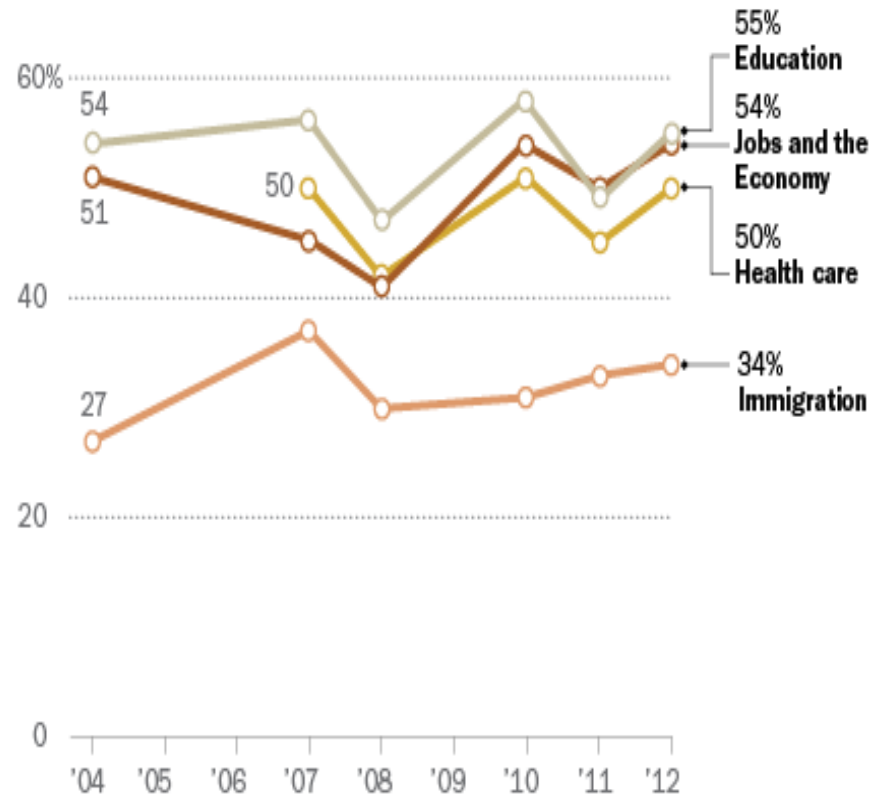
Percent change in Latino population between 2000 and 2010-2014, American Community Survey, U.S. Census Bureau

- Most growth in the Latino population has occurred in Oregon's western counties.
- **Morrow County** has the highest percentage of Latinos.
- **Deschutes County** has experienced the most growth.

Relevant Policy Issues for Latinos in the US

For Latinos, Economy and Education More Important Than Immigration

Percent of Hispanic registered voters saying issue is “extremely important” to them personally

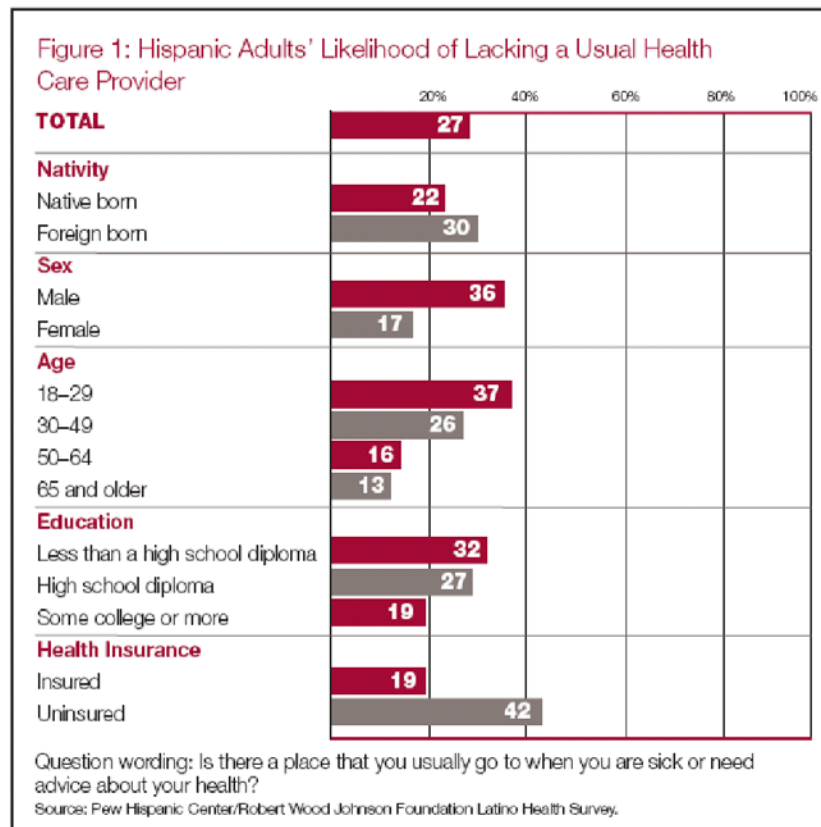


Note: The “jobs and the economy” item has slightly different wording in earlier surveys: The 2004, 2007 and 2012 surveys asked about “the economy and jobs”; the 2008, 2010 and 2011 surveys asked about “jobs.”

Source: National Survey of Latinos, 2004 and 2007-2012.

Sources of Vulnerability

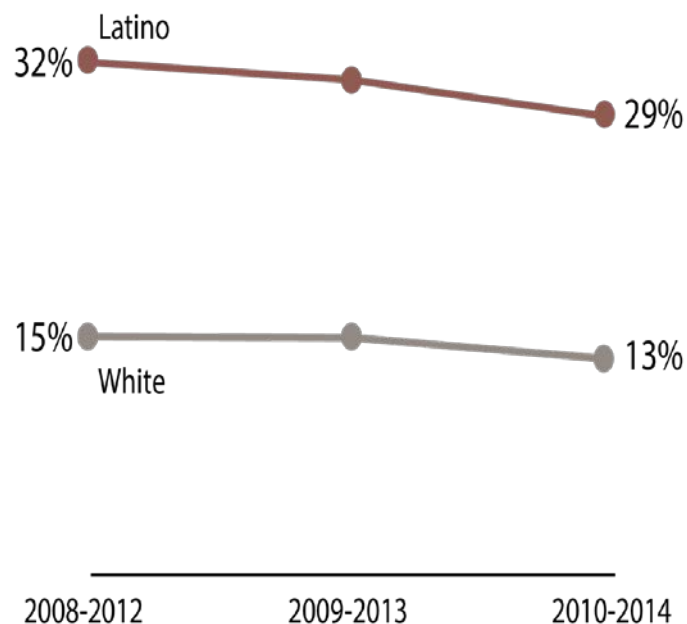
- Socio-economic background
- Immigration status
- Limited English proficiency
- Policies on access to public services
- Residential location
- Stigma and marginalization



th Aff; 26(Derose KP, Escarce JJ, Lurie N (2007). Immigrants and health care: sources of vulnerability. *Heal5*):1258-68.

Health insurance

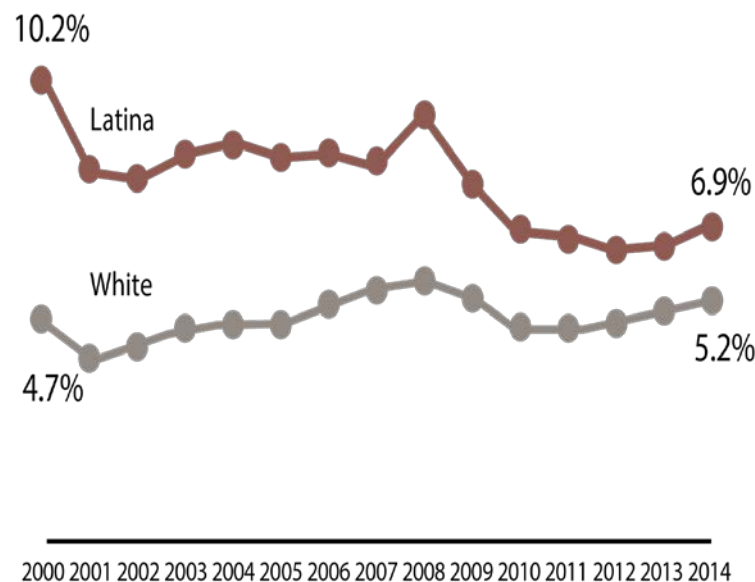
While more Latinos are accessing health insurance, over one-quarter still lack it.



Percentage of residents without health insurance, American Community Survey,
U.S. Census Bureau

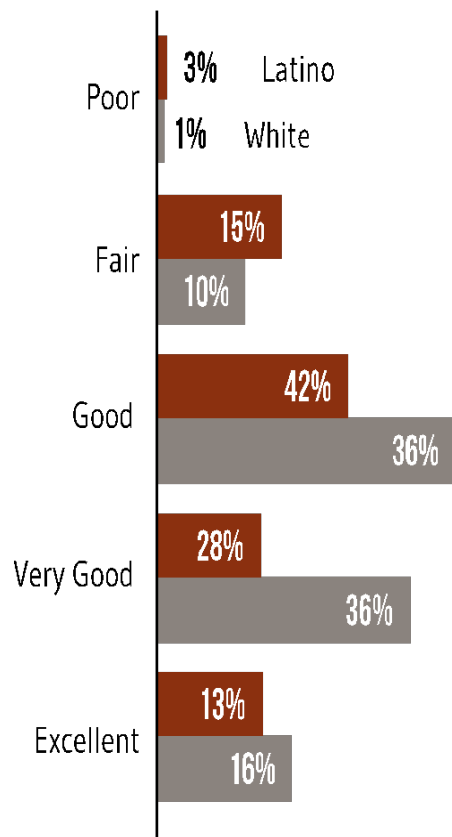
Prenatal care

Fewer Latinas receive prenatal care, but the gap between white women and Latinas is decreasing.



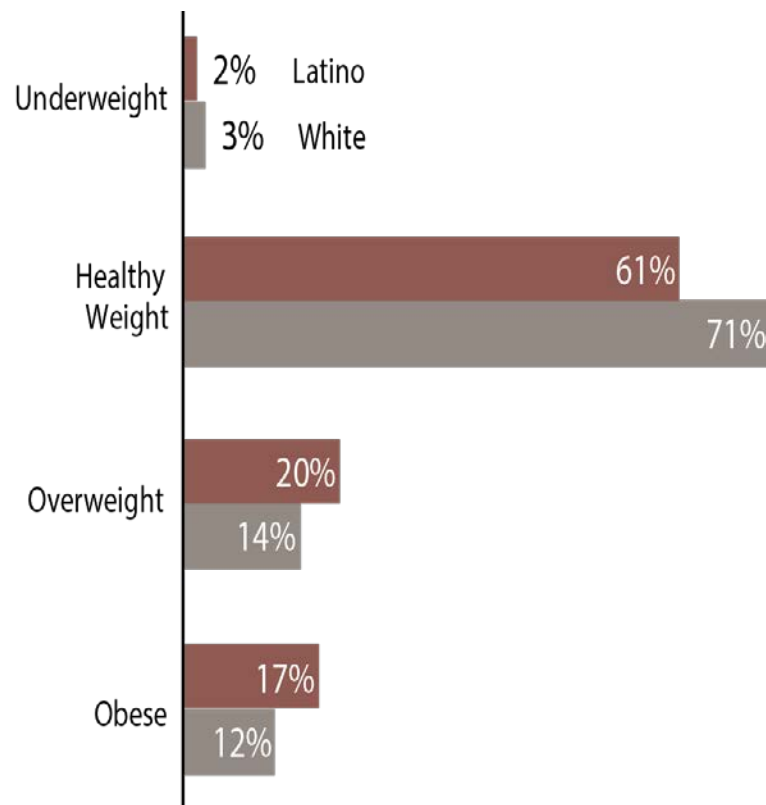
Percentage of women receiving inadequate prenatal care, Oregon Health Authority

Perceived vs. evaluated health status



Self-described physical health of 11th graders, 2015 Oregon Healthy Teens Survey

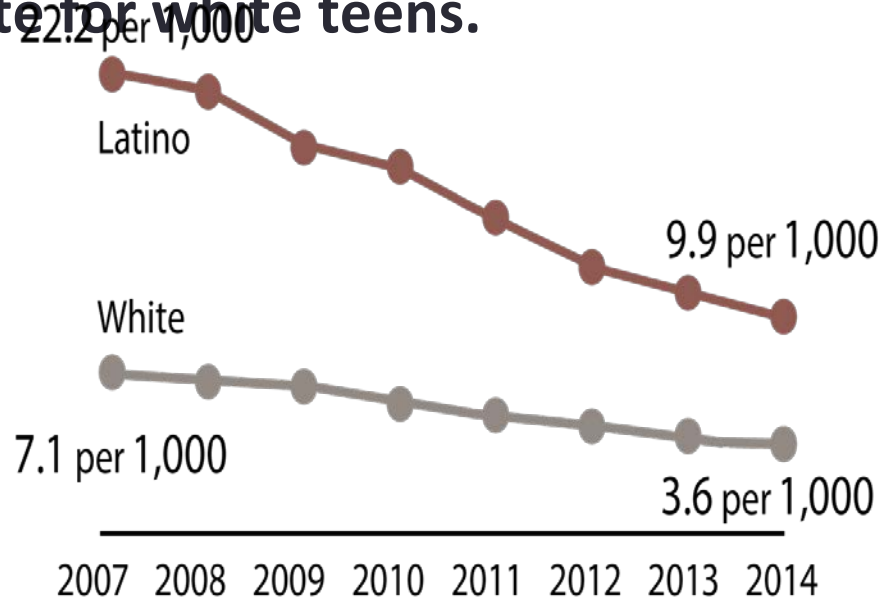
Over one-third of Latino youth are overweight or obese.



Body Mass Index of 11th Graders, 2015 Oregon Healthy Teens Survey

Teen pregnancy

The teen pregnancy rate among Latinas has decreased more than the rate among white teens, but the rate among Latinas is still more than double the rate for white teens.



Pregnancy rates among 10-to-17-year-olds, Oregon Health Authority

Use of Health Services Among Vineyard and Winery Workers (n = 504).

Variables	Odds ratio	90% Confidence interval	P-value
Predisposing factors			
Age	1.01	(0.99–1.03)	0.345
Female	3.49	(2.09–5.82)	0.000
Married/living with a partner	1.08	(0.75–1.54)	0.737
Has children	1.60	(1.10–2.33)	0.041
Speaks english	1.54	(0.73–3.24)	0.480
Years of education > 6	1.44	(1.01–2.05)	0.089
Works full time	2.08	(1.44–2.99)	0.001
Enabling factors			
Has health insurance	1.80	(1.17–2.78)	0.025
Currently enrolled in school	2.66	(1.22–5.79)	0.039
Shares housing	1.12	(0.79–1.58)	0.588

López-Cevallos DF, Garside LI, Vazquez L & Polanco K (2012). [Use of Health Services Among Vineyard and Winery Workers in the North Willamette Valley, Oregon.](#)

J Community Health, 37 (1): 119-122.

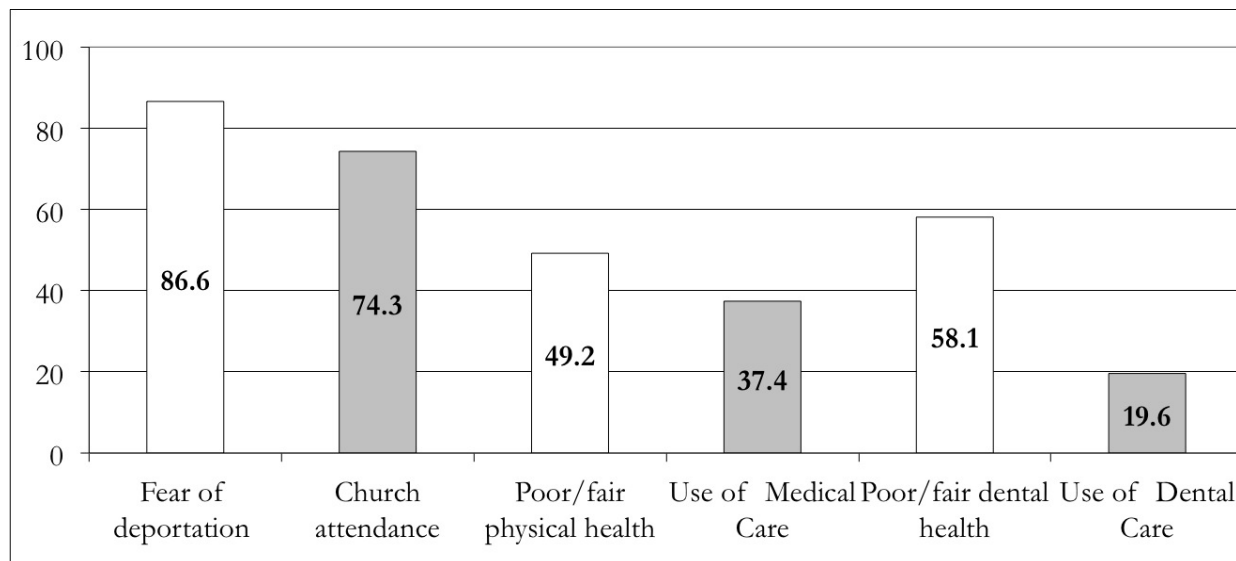
Employment and Family Conditions

TABLE 2. Multivariate *Logit* Regression Model of Factors Associated With Use of Health Care Services Among Foreign-Born Farmworker Men (N = 397)

Variables	OR	95% CI	<i>p</i>
Social			
Works full time	2.49	(1.46–4.27)	.001
Employed directly by vineyard or winery	1.96	(1.11–3.45)	.020
Cultural			
Immediate family lives in Oregon	2.65	(1.61–4.35)	>.001
Access to care			
Has health insurance	1.92	(1.04–3.56)	.037

Note. OR = odds ratio; CI = confidence interval. Final model includes only significant predictors; adjusted for other biogenetic (age), social (married/living with a partner, has children, years of education > 6, shares housing), and cultural (speaks English, has never visited country of origin since moving to the United States) factors. The Hosmer-Lemeshow test ($\chi^2 = 9.40$, $p = .310$) was not significant which indicates a good model fit.

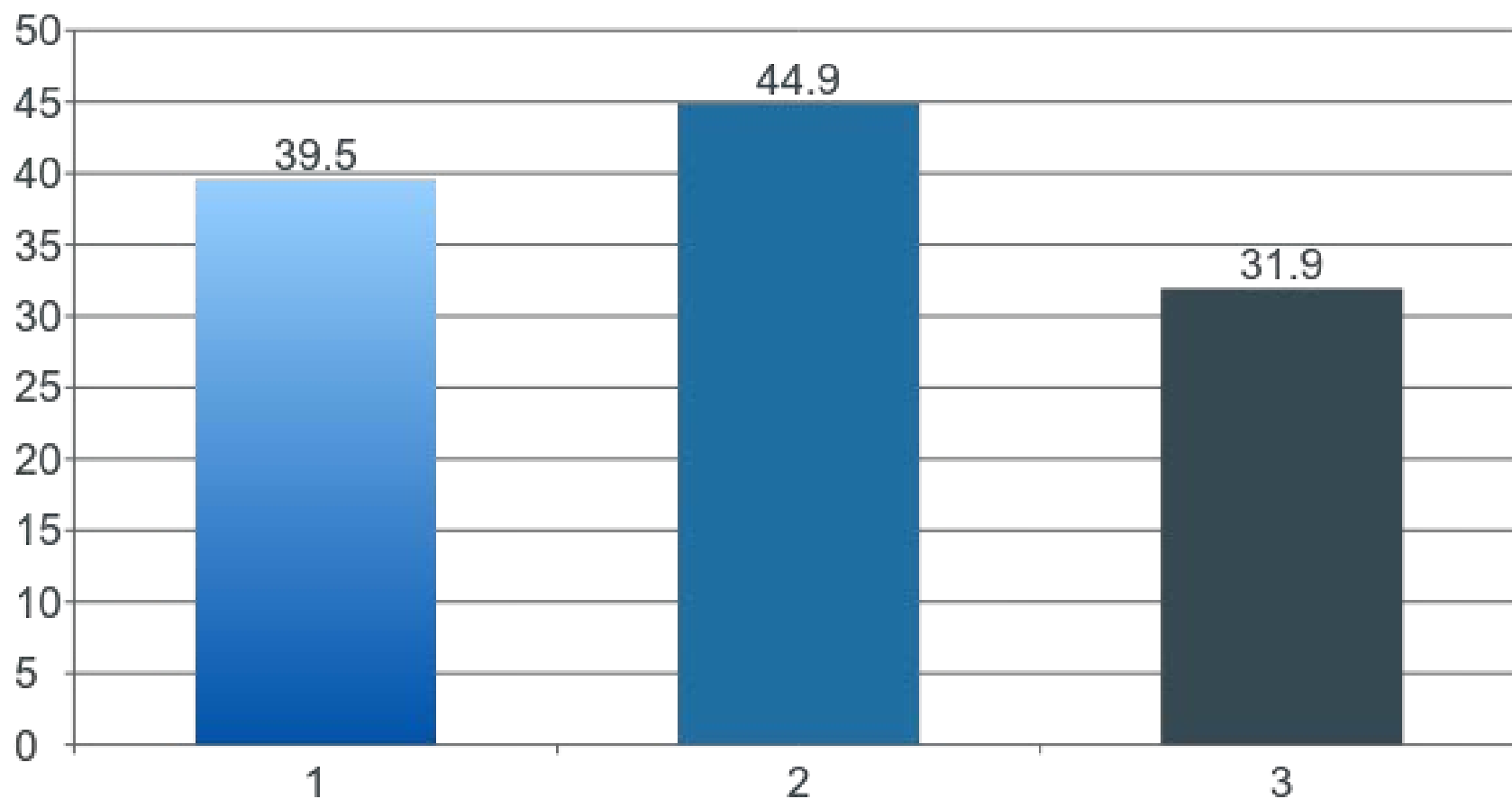
Fear of deportation, church attendance & health care utilization



Despite high prevalence of fear of deportation, support by FQHCs and churches may enable farmworkers to access health care services

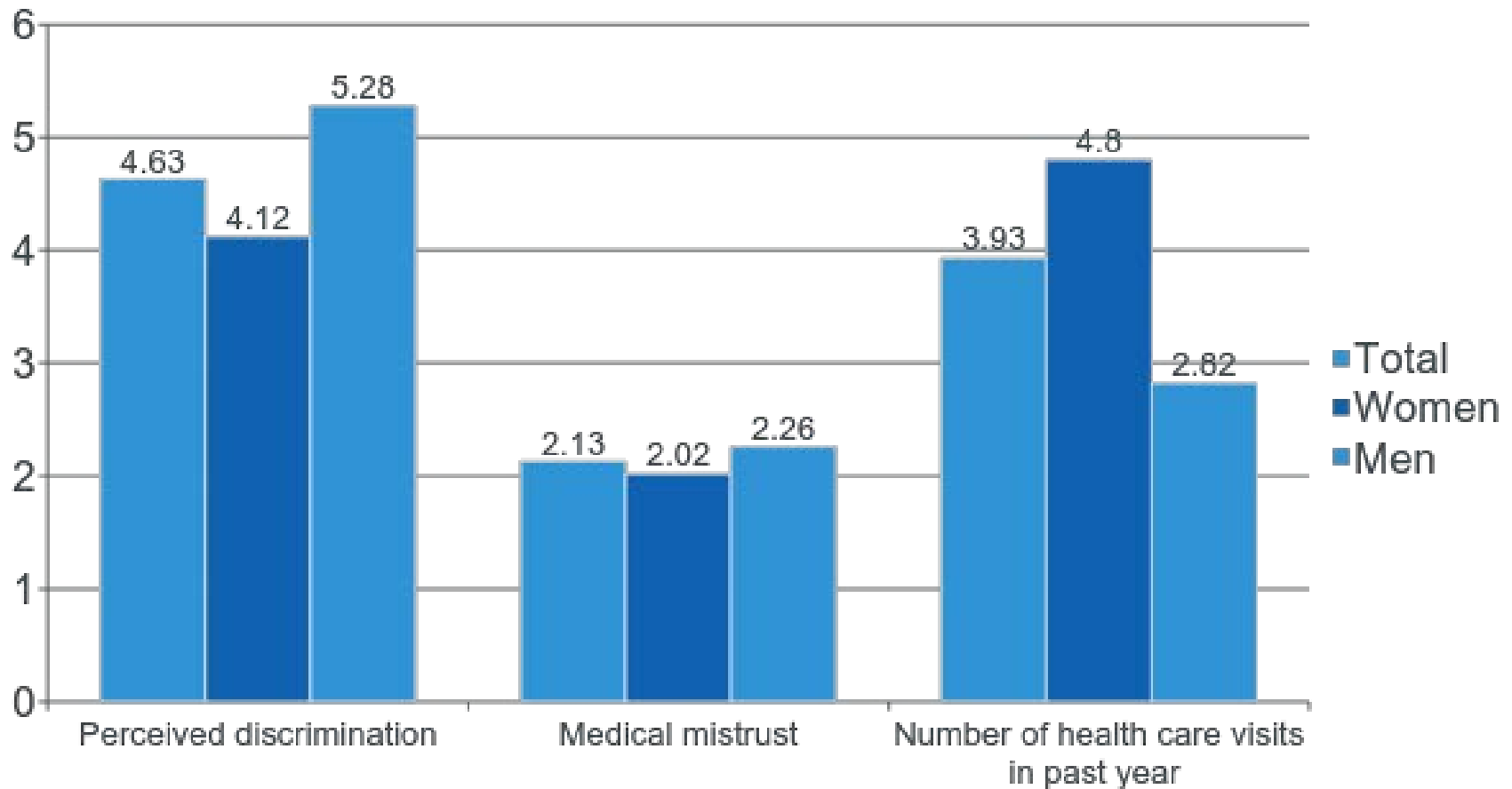
López-Cevallos DF, Lee J & Donlan W (2014). [Fear of Deportation is not Associated with Medical or Dental Care Use among Mexican-origin Farmworkers served by a Federally-Qualified Health Center - Faith-Based Partnership: An Exploratory Study](#). *J Immigrant and Minority Health*, 16(4): 706-711.

Health care discrimination



López-Cevallos DF, Harvey SM (2016). [Foreign-born Latinos are more likely to experience health care discrimination: Results from Proyecto de Salud para Latinos](#). Journal of Immigrant and Minority Health, 18(4), 928-934.

Discrimination & medical mistrust



López-Cevallos DF, Harvey SM & Warren JT (2014). [Medical Mistrust, Perceived Discrimination, and Satisfaction with Health Care Among Young-Adult Rural Latinos](#). *The Journal of Rural Health*, 30(4): 344–351.

Prenatal care for all women

Oregon expands prenatal care access for undocumented pregnant women



Dr. Yves Lefranc, Medical Director Providence Family Medicine Southeast, cradles 1-month-old Brian as mom, Teresa looks on. Teresa was in for a postpartum exam. Yves, is committed to improving healthcare in the Portland-area Latino community, especially providing Latinas easier access to prenatal health care. (Bob Ellis/2004)



By Andrea Castillo | The Oregonian/OregonLive
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Health care for all children

2017 SESSION

Senate Bill 558

Requires Oregon Health Authority to convene work group to advise and assist in implementing targeted outreach and marketing for Health Care for All Oregon Children program.

BILL PROGRESS

INTRODUCED IN SENATE → PASSED SENATE → PASSED HOUSE → SIGNED INTO LAW

Measure activity

- SENATE Jan 9, 2017:** Introduction and first reading. Referred to President's desk.
- SENATE Jan 17, 2017:** Referred to Health Care, then Ways and Means.
- SENATE Feb 21, 2017:** Public Hearing held.
- SENATE Mar 7, 2017:** Work Session held.
- SENATE Mar 8, 2017:** Recommendation: Do pass and be referred to Ways and Means by prior reference.
- SENATE Jun 26, 2017:** Assigned to Subcommittee On Human Services.
- SENATE Jun 28, 2017:** Public Hearing and Work Session held.
- SENATE Jun 28, 2017:** Returned to Full Committee.

Sponsors

Sen Roblan, Sen Kruse, Rep Huffman, Sen Boquist, Rep Alonso Leon, Rep Olson

Full text

From the official Legislature [site](#)

- » [Overview](#)
- » [Measure text \(PDF\)](#)
- » [Amendments](#)

Committee meetings

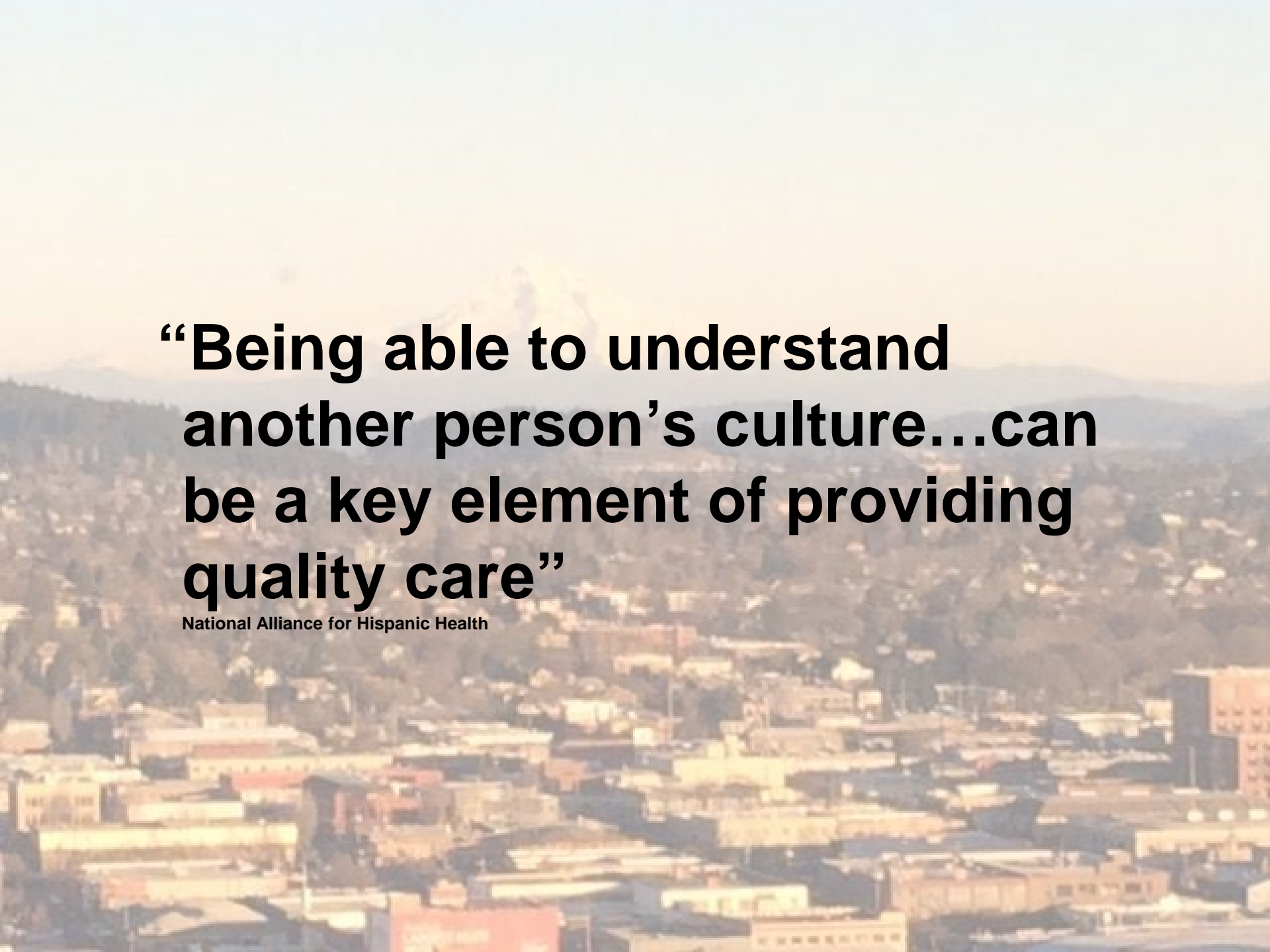
[Senate Health Care Committee](#)

1:00 pm, February 21, 2017
Public Hearing
Room: HR B
Agenda item: 2

Chapter 652, 2017 Laws. Effective date, August 2, 2017.

Healthcare to the Latino Patient: a Latina Nurse Perspective



An aerial photograph of a city, likely San Francisco, with a dense urban landscape and hills in the background. The image is slightly hazy, giving it a soft, atmospheric feel. The text is overlaid on the upper left portion of the image.

**“Being able to understand
another person’s culture...can
be a key element of providing
quality care”**

National Alliance for Hispanic Health

Tuality Healthcare Patient %

Patient Population

	White, Non-Hispanic	Hispanic Patients
2015	79%	21%
2016 9 months	79%	21%

Inpatient Services: Birth Center

FY 2016 Service Utilization

Demographics	White, Non-Hispanic	Hispanic Patients
ER	73%	27%
Urgent Care	73%	27%
Labs (OP/Referred/Pap/Other Labs)	81%	19%
Diagnostic Imaging	80%	20%

Latino Population: Washington County



Latino Population

County wide: 16.4%

THC Service Area

- Hillsboro: 22.6%
- Cornelius: 50.1%
- Forest Grove: 23.1%
- Banks: 7%

K-12 Public Schools

- State of Oregon: 22.5% of students
- Hillsboro: 36.4%
- Forest Grove: 50.6%
- Banks: 6.8%
- Beaverton: 22.5%
- Tigard-Tualatin: 22.2%

Source:

<http://www.census.gov/quickfacts/#table/PST045215/4126200,4115550,4134100>

Sources:

http://www.oregonlive.com/hillsboro/index.ssf/2014/02/hillsboro_becomes_majority-min.html

<http://www.ode.state.or.us/sfda/reports/r0067Select2.asp>



Healthcare Challenges

- Latinos have made gains in health indicators, however, racial and ethnic disparities remain, performing worse on most measures of access and utilization of care than non-Latino whites
- Citizenship status, language, socioeconomic factors and lack of awareness of ACA's provisions add to persistent disparities.

Alcala, HE, Chen J, Langellier B, et al. (2017) [Impact of the Affordable Health Act on Health Care Access and Utilization Among Latinos.](#)



Differences in 10 leading causes of death

Hispanics

1. Cancer
2. Heart Disease
3. Unintentional Injuries
4. Stroke
5. Diabetes
6. Chronic Liver Disease & Cirrhosis
7. Chronic Lower Resp. Dis.
8. Alzheimer's Disease
9. Influenza & Pneumonia
10. Kidney Diseases

Non-Hispanic Whites

1. Cancer
2. Chronic Lower Respiratory Diseases
3. Unintentional injuries
4. Stroke
5. Alzheimer's Disease
6. Diabetes
7. Influenza & Pneumonia
8. Heart Disease
9. Suicide
10. Kidney Diseases

(CDC, 2013: Vital Statistics Cooperative Program, Mortality Data Files)



Healthcare Challenges

- ❖ Higher incidence of stroke, cancer, heart disease, diabetes
- ❖ Hispanics are 66% more likely than non-Hispanic Whites to have diabetes (CDC, 2011)
- ❖ 50% more likely to die from diabetes or liver disease than white. (CDC Vital Signs, 2015)
- ❖ 24% more poorly controlled high blood pressure
- ❖ 23% more obesity, 1/3 Latino youth is overweight
- ❖ 28% less colorectal screening
- ❖ Women's health: annual PAP, mammography: dispel fears and taboos

Oral Health

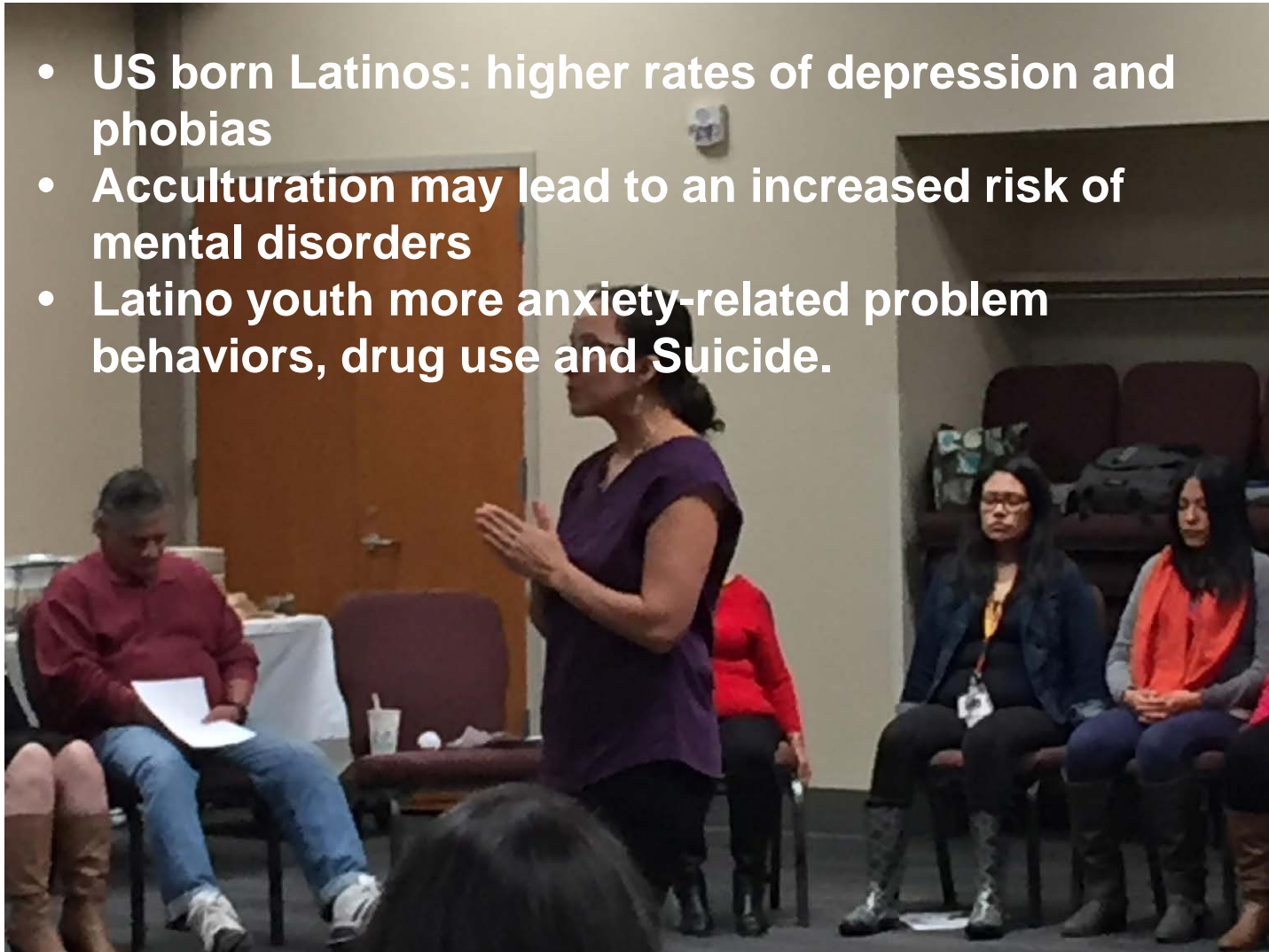
- A large disparity.
- 68% of Latino children 6-9 years old had a cavity
- 25% had untreated decay
- 24% had rampant decay

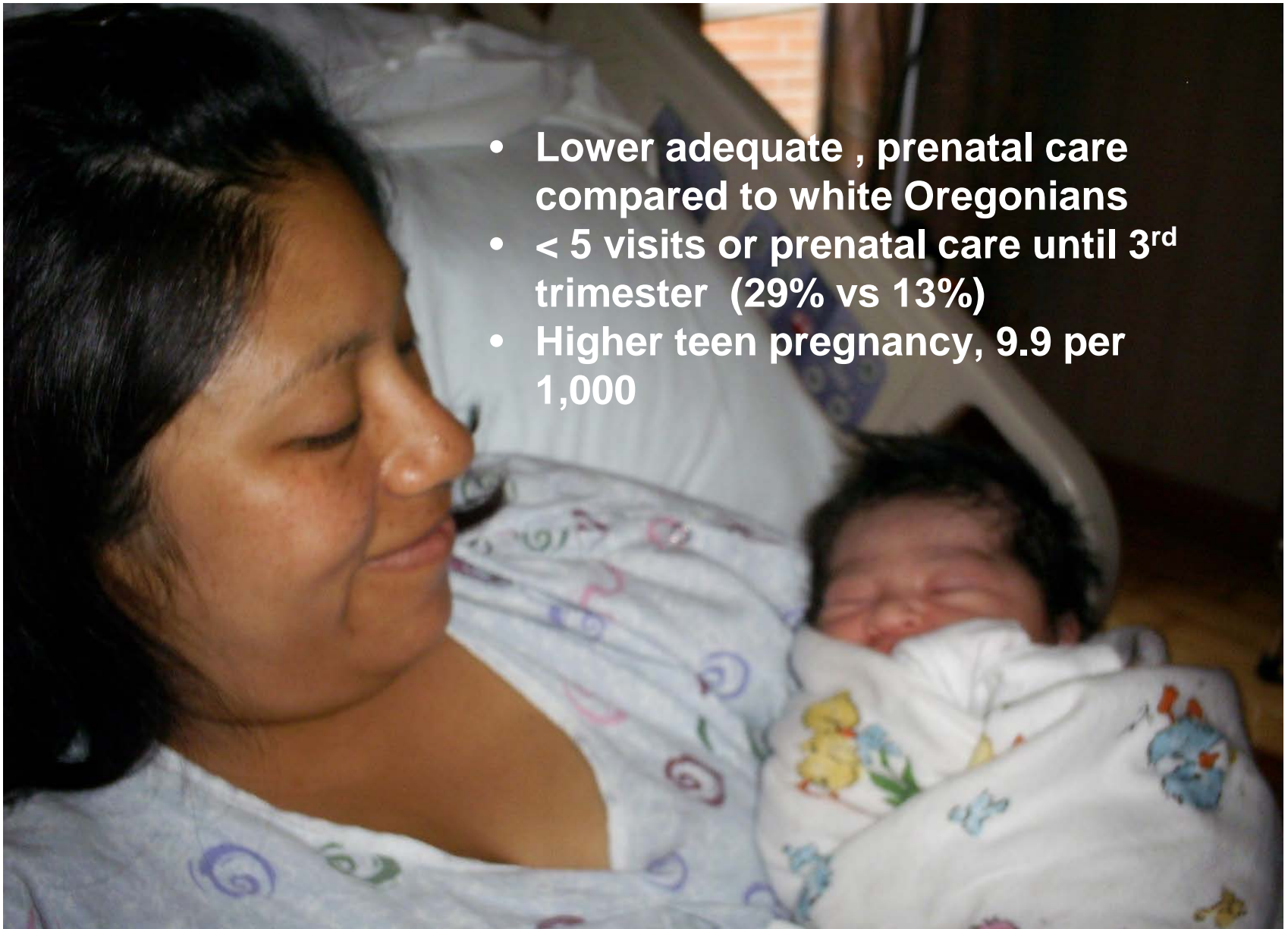
Oregon Health Authority: Oral Health Oregon 11.3.2015



Mental Health Support

- US born Latinos: higher rates of depression and phobias
- Acculturation may lead to an increased risk of mental disorders
- Latino youth more anxiety-related problem behaviors, drug use and Suicide.





- Lower adequate , prenatal care compared to white Oregonians
- < 5 visits or prenatal care until 3rd trimester (29% vs 13%)
- Higher teen pregnancy, 9.9 per 1,000

“Culture is learned, it is possible to learn the way of different cultural groups. The goal for all of us is not just to learn a fact about a culture but to know when and how the fact may apply.”

Latino culture:

Health and cultural beliefs

- The Latino culture tend to be highly group-oriented.
- Extended family model
- Respeto/Respect
- Cortesia/Courteous
- Personalismo, Simpatia/Personality-
- Personas de Confianza/Trustworthy
- Familism
- Religiosity/Religious beliefs
- Fatalism vs. destino/Destiny

“Latino culture has several normative values and must be recognized in clinical settings. These include simpatía (kindness), personalismo (friendliness), and respeto (respect)”

Gregory Juckett, MD, MPH

Healing traditions



Latino Culture: Health and Cultural Beliefs

- Traditional Practices (self care)
 - Teas, herbs
 - Home remedies
 - Antibiotics or other medications from other person or from country of origin
 - Over the counter
 - Massage
 - Other treatments



Health and Cultural Beliefs: Curanderismo

- **Antojo** cravings during pregnancy, failure may lead to injury to baby.
- **Ataque de nervios** episodic, dramatic, response to stressors
- **Barrevillos** obsessions
- **Bilis** bile flowing into blood stream after traumatic event
- **Caida de la mollera** sunken fontanell in an infant
- **Decaimientos** fatigue and listlessness from a spiritual cause



Health and Cultural Beliefs: Curanderismo

- *Empacho* intestinal painful obstructions
- *Mal de Ojo* “evil eye” affect infants or women, cause by a person with strong eye, admiration or jealousy
- *Nerviosismo* “sickness of the nerves”, treated medicinally and/or spiritually
- *Pasmo* paralysis extremities, face. Treated with massage
- *Susto* a fright, “soul loss”. Can be acute or chronic , affect both women and men



Latina women are “in charge” of the family’s health needs, and therefore serve as an important communicator of health information.



TABLE 7. ETHNICITY OF HEALTH CARE PROFESSIONALS 2014

Profession	Hispanic or Latino	Not Hispanic or Latino	Declined to answer	Missing
MEDICINE				
Physicians	2.9%	71.6%	6.0%	19.5%*
Physician assistants	2.9%	76.7%	4.2%	16.2%*
Podiatrists	1.3%	68.8%	5.8%	24.0%*
DENTISTRY				
Dentists	2.5%	83.8%	13.8%	0.0%
Dental hygienists	2.4%	90.2%	7.4%	0.0%
NURSING				
Nurse practitioners	3.1%	89.1%	7.2%	0.6%
Certified registered nurse anesthetists	1.8%	80.9%	17.3%	0.0%
Clinical nurse specialists	1.6%	89.1%	9.3%	0.0%
Registered nurses	2.5%	86.1%	11.4%	0.0%
Licensed practical nurses	5.1%	83.6%	11.1%	0.2%
Certified nursing assistants	10.7%	77.3%	11.9%	0.0%
PHARMACY				
Pharmacists	1.7%	87.4%	10.9%	0.0%
Certified pharmacy technicians	6.1%	83.7%	10.2%	0.0%
PHYSICAL THERAPY				
Physical therapists	1.9%	89.5%	8.6%	0.0%
Physical therapist assistants	1.7%	87.6%	10.6%	0.0%
OCCUPATIONAL THERAPY				
Occupational therapists	1.3%	90.9%	7.9%	0.0%
Occupational therapy assistants	2.2%	91.6%	6.2%	0.0%
DIETETICS				
Dietitians	1.5%	94.7%	3.8%	0.0%

* Missing ethnicity for large portion of licensees

HEALTHCARE RECOMMENDATIONS

- Convey a welcome environment
- Involve the family during hospitalizations
- Multiple family members will come and visit
- Assess patient's language of choice
- Family members may want to interpret for the patient, explain why it is not allow, invite them to be in the room with the interpreter

HEALTHCARE RECOMMENDATIONS

- Explain all medical procedures and treatments thoroughly, use teach back methods
- Ask for spiritual needs, respect amuletos, religious medals.. Explain why it needs to be removed before a procedure is done
- Positive experiences leads to loyalty to the provider/clinician
- Bad experiences are shared with family and friends

HEALTHCARE RECOMMENDATIONS

- Bilingual staff
- Basic Spanish in-service training for staff
- Ensure adequate care and follow up: TEACH BACK
- Know the health insurance status of the patient, can he/she able to fill prescriptions?
- Provide and assist how to access financial assistance information
- Know which social services are needed and available

HEALTHCARE RECOMMENDATIONS

- Spanish health education materials, correctly translated with the adequate health literacy levels
- Provided health information to the head of household, or the identified family member taking care of older adult
- Covey a welcome environment

Oregon Health Authority

Office of Equity and Inclusion



Equitable Care

Equitable care is care that does not vary **in quality** because of someone's race, gender, income or location. However, it may vary in practice, because quality care — the right thing at the right time—is different for different people.

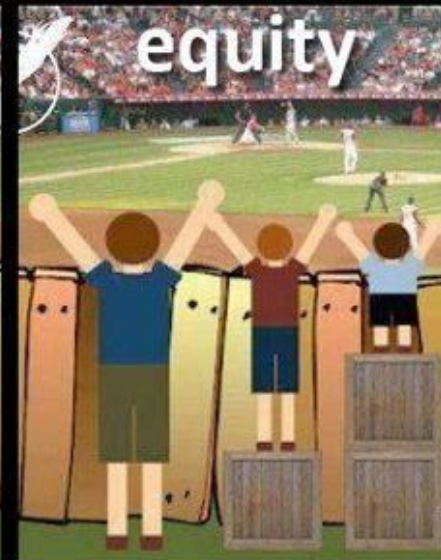
Equitable care **does not** mean treating every patient exactly the same. Instead, equitable care ensures optimal outcomes for all patients regardless of their background or circumstances.



Equality = SAMENESS

Equality is about **SAMENESS**, it promotes fairness and justice by giving everyone the same thing.

BUT it can **only** work **IF** **every-one** starts from the **SAME** place, in this example equality only works if everyone is the same height.



Equity = FAIRNESS

EQUITY is about **FAIRNESS**, it's about making sure people get access to the same opportunities.

Sometimes our differences and/or history, can create barriers to participation, so we must **FIRST** ensure **EQUITY** before we can enjoy equality.

Oregon Health Authority

Office of Equity and Inclusion



- Traditional Health Worker (THW) Program
- Health Care Interpreter (HCI) Training Programs
- Civil Rights Resources
- Regional Health Equity Coalitions (RHECs)

Questions?

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