Access to Care for Rural Latinos: Challenges and Potential Solutions

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34th Annual Oregon Rural Health Conference
October 20, 2017
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.

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Oregon Community Foundation (2016) *Latinos in Oregon, Trends and Opportunities in a Changing State*
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.

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Oregon Community Foundation (2016) *Latinos in Oregon, Trends and Opportunities in a Changing State*
Population

• 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.

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Oregon Community Foundation (2016) *Latinos in Oregon, Trends and Opportunities in a Changing State*
Relevant Policy Issues for Latinos in the US
Sources of Vulnerability

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

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.

Oregon Community Foundation (2016) *Latinos in Oregon, Trends and Opportunities in a Changing State*
Perceived vs. evaluated health status

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

- Poor: 3% Latino, 1% White
- Fair: 15% Latino, 10% White
- Good: 42% Latino, 36% White
- Very Good: 28% Latino, 36% White
- Excellent: 13% Latino, 16% White

Underweight: 2% Latino, 3% White
Healthy Weight: 61% Latino, 71% White
Overweight: 20% Latino, 14% White
Obese: 17% Latino, 12% White

Self-described physical health of 11th graders, 2015 Oregon Healthy Teens Survey
Body Mass Index of 11th Graders, 2015 Oregon Healthy Teens Survey
Oregon Community Foundation (2016) *Latinos in Oregon, Trends and Opportunities in a Changing State*
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.

Oregon Community Foundation (2016) *Latinos in Oregon, Trends and Opportunities in a Changing State*
### Use of Health Services Among Vineyard and Winery Workers (n = 504).

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

### 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)**

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

*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 ($x^2 = 9.40, p = .310$) 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

Health care discrimination

Discrimination & medical mistrust

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)
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.

**Measure activity**

**SENATE**
- Jan 9, 2017: Introduction and first reading. Referred to President’s desk.
- Jan 17, 2017: Referred to Health Care, then Ways and Means.
- Feb 21, 2017: Public Hearing held.
- Jun 28, 2017: Returned to Full Committee.

**Sponsors**
Sen Roblan, Sen Kruse, Rep Huffman, Sen Boquist, Rep Alonso Leon, Rep Olsson

**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

Healthcare to the Latino Patient: a Latina Nurse Perspective
“Being able to understand another person’s culture…can be a key element of providing quality care”

National Alliance for Hispanic Health
<table>
<thead>
<tr>
<th>Patient Population</th>
<th>FY 2016 Service Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>White, Non-Hispanic Patients</strong></td>
<td><strong>Demographics</strong></td>
</tr>
<tr>
<td>2015</td>
<td>ER</td>
</tr>
<tr>
<td>2016 9 months</td>
<td>Urgent Care</td>
</tr>
<tr>
<td></td>
<td>Labs (OP/Referred/Pap/Other Labs)</td>
</tr>
<tr>
<td></td>
<td>Diagnostic Imaging</td>
</tr>
</tbody>
</table>
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.

Differences in 10 leading causes of death

<table>
<thead>
<tr>
<th>Hispanics</th>
<th>Non-Hispanic Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Heart Disease</td>
<td>2. Chronic Lower Respiratory Diseases</td>
</tr>
<tr>
<td>3. Unintentional Injuries</td>
<td>3. Unintentional injuries</td>
</tr>
<tr>
<td>5. Diabetes</td>
<td>5. Alzheimer’s Disease</td>
</tr>
<tr>
<td>7. Chronic Lower Resp. Dis.</td>
<td>7. Influenza &amp; Pneumonia</td>
</tr>
<tr>
<td>8. Alzheimer’s Disease</td>
<td>8. Heart Disease</td>
</tr>
<tr>
<td>9. Influenza &amp; Pneumonia</td>
<td>9. Suicide</td>
</tr>
</tbody>
</table>

(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.

Source: Mental Health Culture, Race, and Ethnicity: Mental Health Care for Hispanic Americans:NCBI.nlm.nih.org
• 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.”

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

* 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
- Create a welcome environment
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 everyone 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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