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## Health Disparities among Latinx Communities: Issues of Access to Information, Interpreters, and Bilingual Providers

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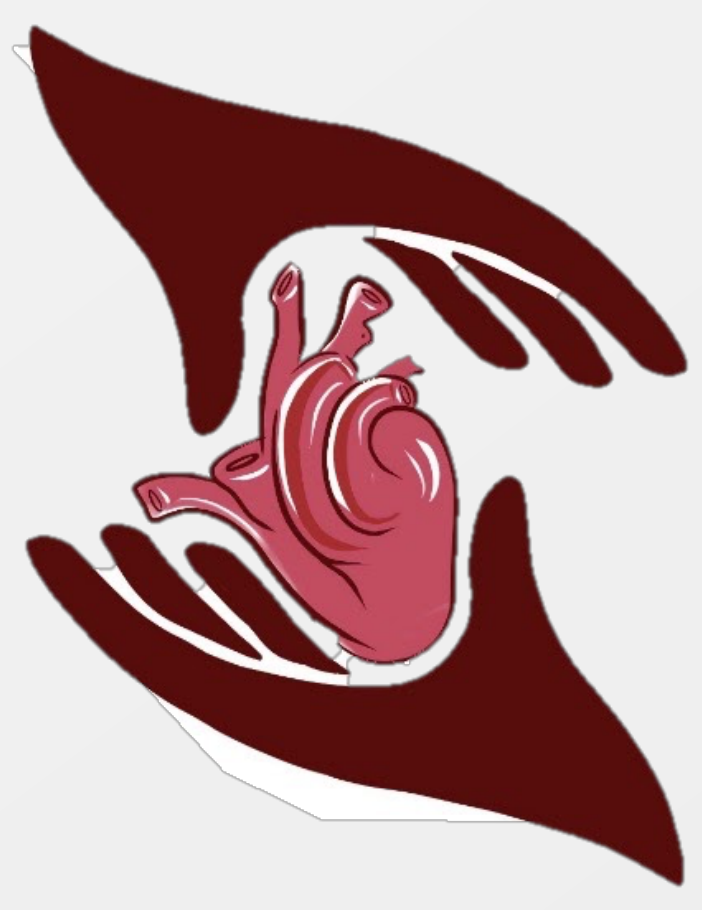
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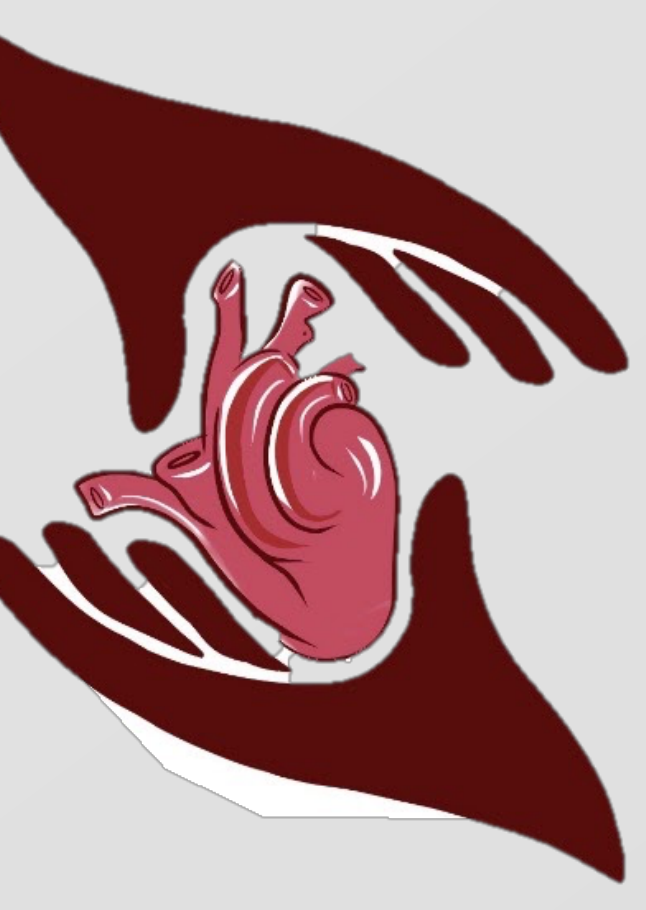
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# Health Disparities among Latinx Communities: Issues of Access to Information, Interpreters, and Bilingual Providers



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## ABSTRACT

Members of the Latinx community in Richmond and the United States face challenges in obtaining equitable healthcare access because of socioeconomic and systematic barriers within the healthcare system. This analysis conducted by the Collective Corazón—a VCU student organization, mentored by Dr. Indira Sultanić, that addresses Latinx health equity through service and advocacy—examines the underlying causes of Latinx health disparities. Special emphasis is placed on access to just, equitable, and ethical care, information, qualified interpreters, and bilingual healthcare providers—with the objective of proposing viable solutions to alleviate health disparities. This study found that while the U.S. Census Bureau identifies the Latinx population as the fastest growing demographic in the country, the group's average income and educational attainment fall below the national average, causing increased amounts of stress and thus contributing to poor mental and physical health outcomes. The health disparities created by these socioeconomic factors are further exacerbated by discrimination by healthcare workers and language barriers that result from a lack of qualified interpreters and bilingual providers. This situation creates a cultural divide in which Latinx individuals who are less comfortable speaking English are more likely to turn to alternative forms of support, such as religious and community institutions. This study contends that increasing physician and interpreter training, designing and delivering culturally-specific eHealth and Telehealth tools, connecting language access to patient safety and quality of care, and encouraging connections with community leaders are ways to lessen the challenges faced by Latinx individuals in healthcare.

## HEALTH DISPARITIES AND EQUITY

- The U.S.'s Latinx population is projected to reach 119 million (29%) of the total population, by the year 2060. As one of the fastest growing populations in this country, Latinx people have gained economic and purchasing power (Pew Research Center, 2014), yet Latinx people's incomes and educational attainment fall notably short of the national average (U.S. Census Bureau, 2017).
- Childhood obesity, adult diabetes, advanced-stage cancer, and young female suicide attempts are noticeably higher among Latinx populations compared to the national averages. Specialty healthcare services, like mental health care, have also historically been reported underused by Latinos and Latinas.
- As summarized in the graphic below, healthcare disparities stem from a variety of factors, one being health determinants. Social determinants of health are nonbiological factors such as economic and social resources, living conditions, and social settings, and can account for up to 80% of population health. Examples of social determinants of health can be seen in the graphic to the right.

## SOCIAL DETERMINANTS OF HEALTH

### Environmental Societal Factors

- Immigration Status
- Education Level
- Economic Stability

### Environmental Physical Factors

- Residential Stress
- Segregation
- Lack of Access to Safe, Low Income Housing

### Community and Interpersonal Factors

- Social Mobility
- Religious Affiliation
- Prescribed Family Goals

### Socio-Cognitive-Behavioral Factors

- Immigration Trauma
- Ethnic Minority Status
- Cultural Stigma and Stereotypes

## ACCESS TO EQUAL AND EQUITABLE CARE

- 40% of Latino men and 42% of Latina women reported experiencing discrimination in a healthcare office.
- Young Latino men in rural areas reported experiencing discriminatory acts that bordered on harassment when seeking medical care. Latina women who experienced one discriminatory action when trying to seek treatment were 82% more likely to experience a repeat act. 70% of the Latinx population delays or ceases care because of discrimination.
- As a result, more Latinx individuals have chronic illnesses, like diabetes, cancer, asthma, and immunodeficiency disorders. Creating barriers to preventative medicine increases the cost of medical care and requires more invasive solutions. Routine care and testing such as mammograms, STI testing, blood testing, and regular physicals are also underutilized by the Latinx population.

## ACCESS TO INFORMATION AND INSURANCE

- The dissemination and reception of healthcare information is summarized in the graphic below.
- Latinx individuals who have poorer English fluency trust mediated sources less than those who are comfortable in English. Because there is low internet efficacy among Latinx individuals compared with whites, the Latinx community may be less likely to use patient portals.
- Traditionally, Latino men are more reluctant to consult with physicians; however, they are often the ones who determine when a family member needs medical care and who give permission for treatment. Although men often determine permission, the wife and mother also often serve as a primary target of health promotion interventions given traditional norms and roles.
- Latinx people make up about 56% of the U.S.'s undocumented immigrant population. Currently, all undocumented immigrants are ineligible for Medicaid or participation in other state or federal insurance programs. 43% of foreign-born Latinx people are uninsured, compared to the 14% of U.S.-born Latinx people.

## INTERPRETERS AND BILINGUAL PROVIDERS

- Physicians with low-level Spanish proficiency reported frequent use of ad-hoc interpreters for all information-based scenarios, except pre-rounding in the morning when most reported using their own Spanish skills. For difficult conversations and procedural consent, most used professional interpreters
- Physicians with medium proficiency reported higher rates of using their own Spanish skills for information-based scenarios, lower rates of professional interpreter use, and little use of interpreters, but they rarely used their own Spanish skills or ad-hoc interpreters for difficult conversations.
- Physicians with high-level Spanish proficiency uniformly reported using their own Spanish skill.
- Language barriers are associated with lower patient comprehension, satisfaction, and trust in physicians, as well as worse clinical outcomes. For clinicians, language barriers can invoke dread, with thoughts of wasted time, communication frustration, and increased difficulty in providing high-quality care.

## ALLEVIATING HEALTH DISPARITIES

Create programs providing cultural humility and awareness training and to healthcare workers.

Increase physician and interpreter training to create more qualified bilingual healthcare providers

Design and deliver culturally specific eHealth and Telehealth tools in English and Spanish

Connect language access to patient safety and quality of care at an institutional level

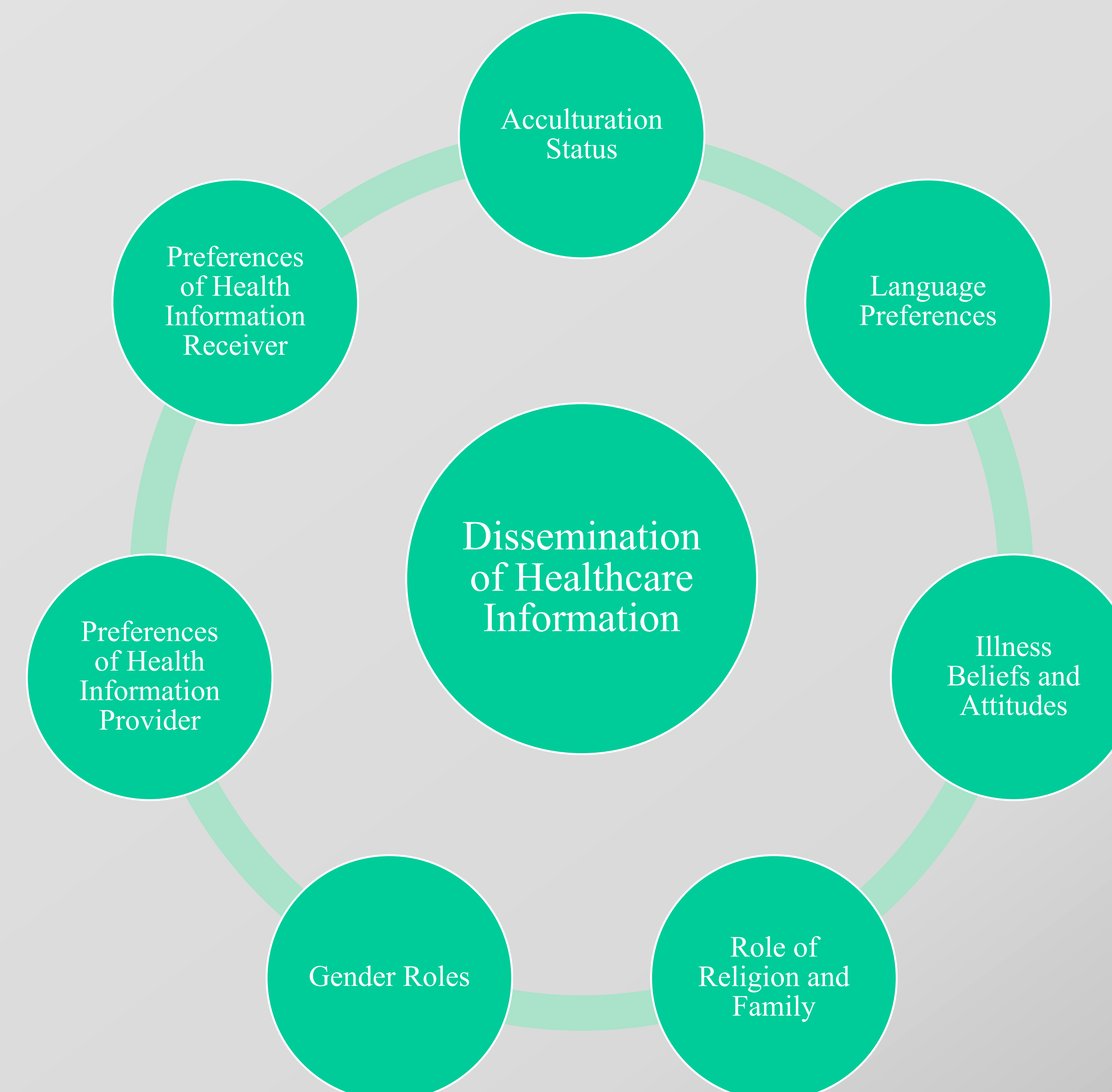
Encourage connections with Latinx Community and Religious organizations

## Health Disparities

Differences between subgroups in health outcomes

Differences between subgroups in health determinants

Differences in health due to social or economic disadvantages



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