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Latinx Immigrants' Healthcare Access: Barriers, Consequences, and Strategies

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Socioeconomic Status and Demographics

- There is disproportionate poverty in the Latino population, with 22% living below the poverty line in 2006 as compared with 10% of white non-Latinos (Vega et al., 2009)
- The proportion of rural racial/ethnic minorities in high-poverty job classifications is startling: 68% of rural Blacks, 62% of rural Hispanics, and 48% of rural Native Americans hold such jobs, compared with 43% of rural Whites (Probst et al., 2004)

Latinx Health Status

Disproportionate Health Status

- Latinos are less likely to have health insurance, a regular source of health care, and at least one ambulatory health care visit a year (Timmins, 2010)
- Inadequate communication between patient and provider “can lead to inappropriate or unnecessary testing, clinical inefficiency, misdiagnosis, negative outcomes, and malpractice” (Fortier et al.)

Specialty: Prenatal Care

- 44% of Mexican immigrant women report that language barriers and/or poor communication caused decreased access to prenatal care (Sherraden and Barrera)
- Fewer of the Spanish-speaking cases than English-speaking controls reported medication fluency. (David and Rhee)
- Healthcare quality has correlation with low birth weight in infants of Hispanic descent (Scribner and Dwyer)

Adverse Consequences (Prenatal and Pediatrics)

- Parents who spoke little or no English reported poor medical care (8%), misdiagnosis (6%), and prescription of inappropriate medications (5%) of children (Flores et al., 1998)
- Low family income was significantly associated with
 - Greater odds of a child's having suboptimal health status
 - An increased number of physician visits

Barriers to Latinx Health Care

Barriers to Receiving Health Care	
Lack of Cultural Competency	1 in 9 parents did not bring their child to a physician because the staff didn't comprehend Latino culture (Flores et al., 1998)
Economic Barriers	1 in 5 Latino parents aren't able to afford health care (Flores et al., 1998)
Language Barriers	26% of parents reported that language being an issue (Flores et al., 1998) 15% of parents said that physicians didn't speak Spanish (Flores et al., 1998)
Cultural Stigmas	Stigmas faced by the immigrants make them feel reluctant to seek due to the concerns about poor treatment (Derose, Escarce & Lurie, 2007)

Healthcare Executive Survey on Hispanic Health

Top challenges for healthcare organizations when providing services to the Hispanic population

Language barrier	49%
Hiring culturally competent staff	40%
Cost of healthcare	39%
Building relationships with the community	34%
Access to healthcare	30%
Trust, retention, engagement	29%
Reaching Hispanic consumers	28%

(“Healthcare Executive Survey on Hispanic Health”, n.d.)

Strategies for Improvement

Addressing Language and Cultural Barriers

- Use professional interpreters to improve communication and understanding between physician and patient
- Build trust with the patients' family system and social network
- “Give explicit attention” to culture when treating patients (Kirmayer et al., 2011)

Community Resources

- Provide a list of community resources for housing, food, language courses, and social support
- Develop networks across social sectors and ethnocultural groups (Kirmayer et al., 2011)
- Important in the context of insurance affordability, hospital access, and clinical advocacy

School-Based Health Centers

- Build school-based centers accessible and trusted by uninsured youth and families
- Schapiro et al. (2018) surveyed current school-based health centers and found:
 - Over 77% serve Title I schools (> 40% low-income students)
 - Over 64% were successfully seen on site for all but dental services, for which students were given direct off-site appointments
 - Usage of services increased from 2,204 visits in 2014-2015 to 3,278 visits in 2015-16 without a major increase in registered clients
- Increase awareness of clinic through screened youth and newcomer classroom presentations

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