

BRIDGING THE GAP OF UNCERTAINTY AND DOUBT BETWEEN THE LATINO
IMMIGRANT COMMUNITY AND THE HEALTH CARE SYSTEM

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A Senior Honors Project Presented to the

Honors College

East Carolina University

In Partial Fulfillment of the

Requirements for

Graduation with Honors

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2 May 2019

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HNRS 4550

2 May 2019

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Abstract:

The underprivileged Latino community currently exists as a minority in the United States, yet as their numbers continuously increase, their access to certain services in the health care field requires serious attention and modifications to create a system with reliable, permanent, and accessible resources. The Pew Hispanic Center/Robert Wood Johnson Foundation Latino Health explored the amount of access Hispanics have to health care including understanding the type of information received by Hispanics. Approximately 79 percent of Latinos reported receiving health care information through social groups or media outlets such as television which can setback the overall health of this community by limiting the possibility of receiving reliable facts regarding their health. The reasons for this vary among the Latino community ranging from difficulty in deciphering the medical system to seeking alternative herbal medicines in place of traditional Western treatments (Machado 2014). Language also serves as a continuous barrier to this target population, and a lack of qualified interpreters can additionally diminish the experience and quality of care received by Latinos. Ever-present health concerns make understanding and receiving health care services vital for this minority population (Office of Minority Health). Not knowing how to access these services can cause serious

problems for the Latino community, and which can be instilled in future Latino generations. This is a problem that should be addressed to create a more comfortable environment for Latinos seeking medical assistance. The long-term goal for this project will be to provide the necessary resource base that the Latino community can rely on to seek and receive information about different aspects in the health care system. The project will consist of initially conducting seminars on certain medical topics while receiving feedback in the form of surveys to assess the best method of getting information across. Another purpose for this project will be to create long-lasting partnership with the organization of AMEXCAN, which is a non-profit organization in Pitt County dedicated to serving the Latino community through advocacy, leadership, health, community, and education. This project will serve to initiate the conversation regarding how to improve Latino access to health care in order to lead to the establishment of an accessible outlet for information regarding services geared towards this population.

Introduction:

When the opportunity arises to help a minority population, there are many aspects that must be first considered when deciding the best way to accomplish such a task. Initially, undertaking an endeavor that consists of providing resources or services to an underserved group may seem like a modest gesture, but bearing in mind the logistics, strategic planning, and desired focus area, can seem like an insurmountable mission. Therefore, the movement to advocate for a minority group requires self-motivation and a desire to fulfill the needs that are lacking. Health is one of the most vital needs for all people, and this need is especially greater in those who have difficulty accessing, understanding, and paying for these kinds of services and resources. The health care field can be perplexing and difficult to navigate, so to expect immigrants with a language and cultural barrier to be able to easily accomplish this is not realistic. There are many

ways to make this system more accessible to certain communities, so that an array of topics may be targeted. In order to ensure this, all the factors that make the system challenging for Latino immigrants must be regarded and addressed appropriately. Latino immigrants face many influential factors that play a role in impeding proper health care access including cultural and language barriers, that can affect certain groups, like H-2A migrant farmworkers, more than others; therefore, services offered to the Latino community must be continuous and long lasting in order to provide greater effects. Without this longevity, the purpose of the project in question becomes inefficient and ultimately with only a temporary outcome for this community.

Cultural and Language Barriers

Navigating the health care system is a difficult task in any country, but for an immigrant, the challenges become much more significant. Conducting health seminars really helps to put these ever-present challenges into perspective. Seeking reliable resources in the health care community can be difficult for immigrants, and this can lead to avoidance of even attempting to access medical care in times of need. There are several factors that play a role in the decreased ability of immigrants to access health care services including low health literacy, decreased understanding of diagnostic tests, unqualified interpreters, lack of medical follow-up care, complementary alternative medicines, and evading the health care system in general. Creating a reliable resource base to provide Latino immigrants with a better understanding of certain aspects of the health care system can make them more comfortable and willing to access these services.

Health literacy is the ability to comprehend basic information relayed in a health care setting in order to make a logical decision on ones' own health. Latino immigrants make up part of the vulnerable population that have low health literacy. This decreased knowledge about

health care understanding can lead to a deficiency in familiarity of illness symptoms, methods of prevention, adequate medication usage, and unsatisfactory patient-doctor relationships (Basagoiti, 2014). This decreased health literacy can also contribute to less cancer screenings, decreased diabetes management, higher mortality rates, higher confusion during doctor visits, decreased overall health, and an increased amount of emergency service usage (Konfino, 2009). Initiating programs that would make the vulnerable Latino immigrant population feel more comfortable in a health care setting would aid in the empowerment of this population. An empowered individual will demand higher quality medication, promote better health policies, use health care services more efficiently, and conduct more research regarding their own health (de Sanmamed, 2013). Not only will such programs empower individuals, but they can be the force necessary to drive communities to become more health literate about other important health-related topics including mental health.

Mental health is a serious concern and should be addressed adequately or serious long-term consequences can present themselves without proper treatment. In the case of the Latino community, there has been a growing concern regarding Latinos not utilizing, seeking, or receiving necessary medical treatment for mental health concerns (Kouyoumdjian, Zamboanga, and Hansen 395). There are certain socioeconomic and cultural barriers that contribute to this underutilization of vital services, but treatments ensuring an augmentation of the access to such services are available. From a socioeconomic perspective, disadvantages can become prominent especially in low-income individuals who are more vulnerable to mental health problems. A low socioeconomic status has been linked to depression and chronic stress. There is also the concern of how acculturation affects the experiences, values, and traditions of an individual from a psychosocial standpoint. Latinos tend to demonstrate a strong identity, so integrating the beliefs

and ideas of another culture with their own values. Stressors faced by the Latino immigrant community include personal pressure associated with being successful in a new environment, language barriers, and not being close to family and friends (Kouyoumdjian, Zamboanga, and Hansen 396). Links factors associated with acculturation and psychological distress and maladjustment, depression, and an increased chemical dependence rates have been associated with Latino mental health. Despite the evident mental health concerns growing in the Latino community, few take initiative to pursue resources or services to address their needs. For those who do, early termination of treatment becomes a common pattern which correlate with racial status, low levels of education, and economic factors. The goal for mental health programs within the community should be to bridge the gap between required mental health amenities and the lack of use of these amenities. To ensure this, these services must be more accessible, medical providers must be more “culturally competent”, and efforts must be taken to reduce the barriers that exist which prevent this accessibility (Kouyoumdjian, Zamboanga, and Hansen 406). By improving the accessibility of services, the broadcasting of these services, awareness among mental health providers, communication services, and assessment techniques, a change can be initiated to bridge that gap between the health care system and the Latino community (Kouyoumdjian, Zamboanga, and Hansen 411).

Cultural and language barriers can prevent high-quality care given to Latino immigrants in many aspects of the health care system. By increasing the health literacy of individuals in the Latino community, an empowerment movement can begin to develop. This will cause Latino immigrants to conduct more research on health services including the diagnostic tests used to examine their health status. In order to accomplish this, reliable interpreters must be available for patients to ask the right questions in the health care setting. Better patient-provider interactions

will then lead to an increased adherence to medical follow-up care which will improve the health of an individual. This will require Latino immigrants to partly abstain from complementary alternative medicines and to rely more on medical practices provided by traditional U.S. providers. Increasing the use of medical treatment provides positive benefits which will help reduce unnecessary hospitalizations and expensive medical costs. Administering a program to foster these medical pursuits can help the Latino immigrant community to be more comfortable in the health care environment. Once this comfort is created in the general Latino population, this can possibly be transferred to the even more underserved immigrant population of H-2A migrant farmworkers.

H-2A Migrant Farmworkers Access to Health Care

The H-2A program is useful to employers in the United States when they are in need of foreign agricultural workers. Usually employment time is 1 year or less, but extensions may be requested if necessary. General rights that farmworkers have, according to the United States Department of Labor, include information about the employment and wages, proper payment for the number of hours worked, safe transport, and clean housing. The migrant workers must be repaid for any costs incurred while obtaining their visas. They must also be reimbursed for costs associated with transportation, food, and housing.

Since H-2A workers are living in the U.S. legally under non-immigrant visas, they are able to buy insurance policies through the federal Marketplace. Since H-2A are not “qualified immigrants”, they are not eligible to receive Medicaid (“Helping H-2A Workers Understand Their Insurance Options,” 2015). In North Carolina, the state with the highest number of H-2A workers, many migrant workers have had limited past experience with health insurance due to living in rural parts of their native countries without access to clinics. Another cause of this lack

of experience is due to a preference for traditional healers and practices conducted in their native lands as opposed to medical care practiced in the United States. Under the H-2A program, employers are required to provide workers' compensation should injuries or sickness arise as a consequence of agricultural work conducted by H-2A workers ("Helping H-2A Workers Understand Their Insurance Options," 2015). Most migrant workers also have "migrant health centers" which get funding from the federal government specifically for this population. There are also health centers with outreach programs, such as the NC Farmworker Health Program, that provide services such as health education, tests, and case management through partnerships with health departments, hospitals, and community health centers ("Affordable Care Act Outreach & Enrollment" 2018). These programs decrease some obstacles faced by many farmworkers, and they also provide trusted care, transportation, and interpreters during health appointments ("Helping H-2A Workers Understand Their Insurance Options," 2015).

A survey of 2,905 Latino agricultural workers found that depression increased in this population. Only half of the farmworkers sought assistance with mental care, meaning one visit or less to a private health clinic. The research concluded that health care providers in rural areas need to properly identify and treat mental illness like depression in Latino agricultural workers (Georges, 2013). Another study was conducted in North Carolina on 304 seasonal H-2A farmworkers regarding their access to health care regarding skin diseases, which are occupational hazards for this type of employment. Skin problems were found to be very common (96.4%) among the migrant workers, yet only 34 visits to health clinics were reported during a work season for reasons not even related to skin diseases. The study concluded that the young men who were employed as seasonal workers rarely took advantage of medical services. Latino men, as compared to other men in the United States, are not as likely to seek health care. Latino

farmworkers are much less likely to access health care services. This may be due in part to skin problems not directly affecting their ability to work, and the use of self-treatment as opposed to visiting a doctor's office. There are many cultural, legal, financial, language, and transportation obstacles associated with this lack of access to health care. Increasing accessibility of health care clinics, assisting with transportation services, and providing simple medications to this population would increase the quality of life of these workers during their temporary employment, but these actions would require a lot of effort, planning, and dedication from the surrounding community (Feldman, et.al., 2009). Interactions with migrant farmworkers demonstrated the ever-present need to provide resources to a community that remains isolated and without the same kind of access as general Latino immigrants.

Conclusion:

The factors of cultural, language barriers, and being in the United States as an underserved Latino immigrant farmworker can contribute to the lack of access to services and resources within the health care system, so advocacy must be implemented to make the system more accessible to the Latino population. Cultural barriers also play a vital role in preventing Latinos from seeking help for their medical concerns. The acculturation associated with transitioning from one country to another will lead to the avoidance of certain services, because the Latino immigrant population feels the stressors and confusion that comes with navigating a new country and health care system. The language barrier also limits this population from fully understanding services offered, treatments needed, or care provided by physicians. These barriers become even more significant when it comes to the H-2A migrant farmworker population that travels to the United States with the assistance of a work visa. This population tends to be more isolated with less access to health care resources than the general Latino immigrant population.

Due to this isolation, services and programs should be implemented to grant more access and outreach specifically dedicated to helping this community. Through this project, future endeavors have been instigated to have more outreach associated with the AMEXCAN Latino community.

The first project consists of assembling a network of health care professionals to converse and present on certain topics that affect the Latino community. Topics that have thus far been presented include diabetes, mental health, migrant farmworker access to health care, and future topics which will hopefully serve to provide the momentum for change on behalf of health care providers. Once this attention of a need for support from within the health care system is obtained, programs could be implemented to further the accessibility of certain services to people in need within the Latino community. The second project focuses specifically on providing certain health care services to the isolated migrant farmworker camps located in Wilson, North Carolina. The migrant farmworkers come for a series of weeks, but designing a program to visit the workers on a weekly bases to teach and provide services on specific health care topics could provide them with a more beneficial stay during their work season. If the program proves to be successful, the same techniques can be used for future migrant farmworkers in surrounding camps in Eastern North Carolina. These projects have the potential to cause life-changing effects, but the logistics and support from volunteers and members of the community interested in being a part of this change is vital. Such projects require continuity and dedication in order to put into effect a long-lasting impact which is the ultimate goal of advocacy for health within the Latino community to reduce the breach that exists between them and the health care system.

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