

Advance Health Equity Now: Uniting Our  
Communities to Improve Health  
Outcomes:

Identifying and Decreasing Barriers to  
Health Care for Hispanic/Latino  
Populations

Judith Rodriguez, PhD, RD, FADA  
April 2013



# Goal

At the conclusion of this presentation the participant will review the barriers to health care for Latinos/Hispanics in Florida and discuss ways to close the barriers.

# Changing Demographics

- More than half of the growth between 2000 and 2010 (tot. pop) due to the Hispanic population.
- Overall US minority pop: 36.3%
- Majority of pop. (97%) reported only one race
  - ✓ White & Black; White & Other Race; White & Asian; White & AI/AN
  - ✓ 6% Hispanics reported multiple races

<http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>

Humes, KR, Jones, NA, Ramirez, RR. March 2011. Overview of Race and Hispanic

Origin: 2010. 2010 Census Briefs

# Changing Demographics

Name	Number Of Occurrences
Smith	2,376,206
Johnson	1,857,160
Williams	1,534,042
Brown	1,380,145
Jones	1,362,755
Miller	1,127,803
Davis	1,072,335
Garcia	858,289
Rodriguez	804,240
Wilson	783,051

Top ten surnames

<http://www.census.gov/genealogy/www/data/2000surnames/index.html>

# Changing Demographics

## Language spoken at home: 2009

Population 5 years and over	285,797,349
Speak only English	228,699,523 (80%)
Spanish or Spanish Creole	35,468,501 (12%)
French (including Patois, Cajun)	1,305,503 (0.5%)

About 37 other languages spoken at home

<http://www.census.gov/compendia/statab/2012/tables/12s0052.pdf>

# Barriers to Care

- 34.1% of all immigrants are uninsured due to
- Less access to employer sponsored care
- Documentation status
- Minimum five-year waiting period for CHIP, Medicare, etc. lawfully present persons
- Confusion about eligibility rules
- Unaffordable care
- Household financial insecurity

<http://www.nclr.org/images/uploads/pages/Question8.pdf>

# Barriers to Care

- Geographical impediments
- Health beliefs
- Attitudes or values regarding strength, when to seek care, etc.
- Use of traditional non-biomedical healing methods as primary source
- Lack of knowledge or use of preventive services

<http://www.nclr.org/images/uploads/publications/HealthCareHighBarrier102011NLR.pdf>

# Medical Beliefs and Values

## Modern Western Medicine

- Biomedical and germ theory
- Separated physical, mental, social categories (changing)
- Uses scientific method/evidence based
- Historically exclusionary and reductionist (changing)



# Medical Beliefs and Values

Some traditional non-biomedical explanatory models

- Reward/punishment
- Create balance - hot/cold  
Dislocation of body parts
- Emotional state/worry, fright
- Fatalism/luck
- Magic/supernatural/evil eye/hex

# Medical Beliefs and Values

## Prevention and treatment

- Diet, exercise, sleep, mental health
- Formal/biomedical healers
- Foods/medicinal teas
- Cleansing rituals/herbals and potions for baths
- Holy water, candles, prayers
- Religious rituals, spiritualistic healers, promises, etc.

# Health Literacy

- Distinguish health, educational and language literacy
- Health Literacy: obtain, process & understand basic health information
- Linked to poorer health outcomes
- Can be improved

IOM Health Literacy: A Px to End Confusion, April 2004

# Health Literacy

1. 12 % US Pop. proficient
2. 14% (30 million) below basic health literacy
3. At risk groups:
  - a) older,
  - b) racial and ethnic minorities,
  - c) non native speakers,
  - d) < HS or GED, low income

The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy.  
<http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006483>

# Physical Activity

60.1% Hispanics Inactive physical activity among adults 18 & over (did not meet federal physical activity guidelines vs. 45.1% NH White)

14.4 % Hispanics had Regular Leisure Physical Activity Among Adults 18 & over: (Met federal physical activity guidelines vs. 22.8 NH Whites)



Source: CDC 2012. Summary Health Statistics for U.S. Adults: 2010. Table 29. [http://www.cdc.gov/nchs/data/series/sr\\_10/sr10\\_252.pdf](http://www.cdc.gov/nchs/data/series/sr_10/sr10_252.pdf)

# What to do?

- Diversity of situations
- Diversity of solutions
  - “Diversified informal health communication ecologies related to health care access (regular doctor visits, uninterrupted health insurance, and regular health care location) and favorable health outcomes.” (1)

(1) Katz, V. Ang, A. Suro, R. 2012. *Hispanic Journal of Behavioral Sciences*, 34(3):437-456

# What to do?

- Situation: Access to health care
  - lack of insurance? Information about free or low cost resources, eligibility (esp. if provided to undocumented)
  - language barriers? Options for communicating with HC providers
  - Literacy barriers? Visual materials, oral communication techniques

# What to do?

- Situation: Geographical barriers
  - lack of transportation/geographical access?  
Car pooling, public transportation, other modes of communication and follow-up
  - Physical activity in the home or other safe location or methods

# What to do?

- Situation: Conflicting beliefs, adherence
  - Hot/cold vs. biomedical belief systems – emphasize commonalities of Tx and desired outcomes of both
  - Focus on what to do and tips for how to do
  - Link the “what to do” on whole person and extended family benefits

# What to do?

## ■ Action Tips

- Work with local Spanish language media – TV, Radio, Newspapers
- Placement at high traffic areas – food and other stores, schools, churches, etc.
- Work with community leaders and role models – local cultural organizations, etc.
- Have handouts – agencies, services, hours, etc.

# Any Questions?

Thank you!

[jrodrigu@unf.edu](mailto:jrodrigu@unf.edu)



College of Health