

Hispanic immigrants in the U.S. are suffering significantly from a lack of healthcare access compared to non-Hispanic white citizens

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Background

Social determinants of health (SDOH) are the factors apart from medical care that **dictate a person's access or quality of healthcare** (Braveman & Gottlieb, 2014).

Factors include:

- ❖ Socioeconomic status
- ❖ Immigration status
- ❖ Race
- ❖ Ethnic background
- ❖ Education

Figure 1. The rates of health-insured immigrant citizens versus natural born citizens

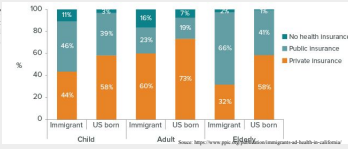


Figure 2. Social determinants of health



Hispanic immigrant and unauthorized immigrant population in the United States is one of the most affected in terms of poverty and health disparities (Chang, 2019).

- ❖ **Healthcare access** is a significant barrier contributing to Hispanic immigrant health disparities.
- ❖ The **uninsured rate** of unauthorized immigrants is **four times more prevalent compared to citizens** (Chang, 2019).
- ❖ **Poverty** is also a major contributing factor as unauthorized immigrants experience disproportionately high rates of poverty (Chang, 2019).

Immigration is foretold to be a key diver in the national population growth as **the population of Hispanic people is projected to double by 2050** (Passel & Cohn, 2008). **As the United States becomes increasingly diverse in race and ethnicity, society must allow for efforts that address inequality in healthcare and beyond.**

Significance

Figure 3. Interprofessional education is working together to achieve a common goal.



Healthcare professions implement **interprofessional teams** to deliver safe and effective care to patients and communities.

Delivery of safe care requires the team members to be **professionally competent** using:

- ❖ Communication
- ❖ Knowledge
- ❖ Clinical reasoning
- ❖ Values for the benefit of the individual or the community that is being served (Epstein & Hundert, 2002).

Each profession has its own specific competencies and it is each professional's responsibility to be aware of their set to deliver proper care.

Hispanic immigrant communities face more barriers to accessing healthcare services. It is the responsibility of healthcare providers to also remain **culturally aware** of the populations they are working with so these patient populations can receive appropriate care.

Healthcare systems can create **programs to educate providers on cultural competency** in diverse populations, which will improve the provision of services (Baldwin, 2003).



Figure 4. Professional and cultural competence are an essential part of healthcare

Findings

The communities in which Hispanic immigrants live also impacts their access to care:

- ❖ Living in an area populated with relatively fewer Spanish-speakers or fewer Hispanic immigrants is **negatively associated with access to care** (Gresenz et al., 2009).

According to the U.S. Census Bureau, more than **25 million Americans speak English less than very well.**

Effects of the language barrier:

- ❖ Populations have a lesser chance of accessing health care
- ❖ Populations are at a higher risk of adverse outcomes such as drug complications and decreased patient satisfaction (Juckett & Unger, 2014).

Current Statistics:

- ❖ **31%** of communications used professional interpretation.
- ❖ **65%** of patients received instructions on medication dosing.
- ❖ **55%** of patients were given return precautions (Gutman, 2018).

30.7 % of U.S. hispanics were uninsured in 2010 while only **11.7%** of non-hispanic whites were uninsured

Along with low english proficiency, non-citizenship status is a significant barrier to access. Non-citizenship status specifically inhibits program eligibility and also comes with **stigma and fear of deportation** (Pérez-Escamilla et al., 2010).

Studies show perceived **high costs of prescription drugs and health care services** throughout the Hispanic immigrant population are **also a determinant of health** (Luque et al., 2018).

- ❖ In addition to **costs** of seeking a doctor and affording medication, there are many concerns regarding immigrant patient's **work-life balance** and the **lack of social support** as furthering barriers to care (Luque et al., 2018).

The barriers to health care are also rooted in:

- ❖ A patient's inflexible work schedule
- ❖ The lack of interpreters and interpreting services offered by healthcare organizations
- ❖ Difficulties in finding ways of transport to and from appointments (Luque et al., 2018).

Solutions

There are efforts that society may accomplish that have the potential to ameliorate these concerning health disparities:

- ❖ **Overcoming language barriers** is a key component to culturally competent care to Hispanics. (Escarce & Kapur, 2006).
- ❖ **Growing cultural competence** through education and training to reduce disparities in care (Escarce & Kapur, 2006).
- ❖ **Promotoras** have begun to improve healthcare access and quality. Promotoras are culturally appropriate community outreach programs that are staffed by community health workers (Pérez-Escamilla et al., 2010).



Figure 5. Promotoras de salud is the Spanish term for "community health workers."

The barrier of healthcare costs of primary care can be addressed through the implementation of:

- ❖ Free clinics
- ❖ Health departments
- ❖ Increased federal funding for healthcare organizations around the country to include essential health services (Luque et al., 2018).

References

Baldwin, D. (January 01, 2003). "Obstacles to Health and Health Care Focusing Efforts to Eliminate Unequal Health." *Online Journal of Nursing*, Vol. 8, No. 1, Manuscript 1.
www.cisjournal.org/Manuscript.aspx?MANuscriptID=1&N=100046&CID=100046&N=2003%2Fno1%2F001
 Braveman, P. & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, 129(1), 18-31.
<https://doi.org/10.1177/0898019414259426>
 Chang, C. D. (2019). Social determinants of health and health disparities among immigrants and their children. *Crosscut: Profiles in Pediatric and Adolescent Health Care*, 19(1), 23-30. <https://doi.org/10.1016/j.pedap.2018.11.009>
 Espinoza, M. C., Prusoff, B. S., & Smith, J. C. (2011). Income, poverty, and health insurance coverage in the United States, 2010. *Health, poverty, and health insurance coverage in the United States*, 2010 (pp. 23). Washington, D.C.: U.S. Census Bureau.
 Faciano, J. J., & Kapur, K. (2006). *Access to and quality of health care*. <https://www.ncbi.nlm.nih.gov/books/eq-book-wp11534qpr=2006-04#AA000147>
 Gutman, C. R., Rajagopal, J., & Escame, J. J. (2009). Community interpretation and access to health care among U.S. Hispanics. *Health Services Research*, 44(1), 1542.
 Gutman, C. R., Coates, L., Gutman, J., Klein, G. J., Brown, J., & Escame, J. J. (2015). Professional Interpretation Use and Discharge Communication in the Pediatric Emergency Department. *Academy of Pediatrics*, 136(4), 932-943. <https://doi.org/10.1016/j.annals.2014.07.004>
 Jackson, G. (1992). *Appropriateness of medical interpretation*. *Annals of Physical Medicine and Rehabilitation*, 73(1), 100-105. PMID: 1353662.
 Laque, B., Snyder, C., Davila, C.B., Cornejo, K. Access to health care for noncitizen Latino immigrants in South Carolina. *BMC Health Serv Res*, 2015, May 2, 10(1):10. doi: 10.1186/s12916-015-1182-2. PMID: 25714066. PMC33795815.
 Passel, J. S., & Cohn, D. (2008, February 11). *U.S. population projections: 2005-2050*. Pew Research Center's Hispanic Trends Project, Pew Research Center's Hispanic Trends Project. <https://www.pewresearch.org/hispanic/2008-02/11/u-s-population-projections-2005-2050/>
 Pérez-Escamilla, R., García, J., & Song, D. (2010). Health care access among hispanics. *Immigrant, Latino and hispanic health* (pp. 109-129). <https://doi.org/10.1111/j.1524-4774.2010.01051.x>