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Experiences Using Health Care among Latinas in the Capital Region of New York State

Janine M. Jurkowski
and Blanca Ramos

Latinos are the largest and fastest growing ethnic group in New York State. Their population has grown by 30% within the last 10 years.¹ They comprised 15% of the total population in 2002.^{1,2} The majority of the Latino population in New York State is of Puerto Rican and Dominican origin, but there is a growing number of Latinos from other countries. The Capital District of New York, which is comprised of three small cities with surrounding suburban and rural communities, has been termed as a “new Latino destination.”³ The area has seen a 185% rise in Latino population from 1980 to 2000.⁴ Latinos now comprise 3% of the approximately 800,000 people living in this area.⁴ While all Latinos in the state face barriers to health care, Latinos in rural areas and in smaller communities may face different barriers than those in areas with larger Latino populations.⁵

Health Care Use Among Latinas

Latinos are less likely to use regular preventive services and obtain regular screenings for risk factors for diseases. Evidence suggests that these disparities are partially due to lower socioeconomic status and less access to health care coverage. However, there are also potential problems with language and cultural barriers that may contribute to these disparities. This may be exacerbated in small cities and towns where the Latino population is only recently growing. Health care disparities may be magnified because providers and government services in the small cities and towns may not be used to accommodating an influx of Latino immigrants, who have different languages or cultures.

Why are these health care disparities important?

Chronic diseases are major causes of disability and death among Latinos living in New York State. Cardiovascular disease and diabetes are among the top 10 causes of death among Latinos. Latino adults living in the U.S. have 2 to 5 times the rate of diabetes compared to non-Hispanic Whites.^{6,7} About 10.2% of

1 US Census Bureau. (2008) New York Quickfacts from the US Census Bureau. *US Census Bureau State and County Quick Facts*. [Online] July 25. [Cited: July 31, 2008.] <http://Quickfacts.census.gov/qfd/states/36000.html>.

2 Public Health Information Group. (2007) *New York State Minority Health Surveillance Report*. Office of Minority Health, New York State Department of Health. pp. 1-106.

3 Capital District Population Estimates. (2008) *Capital District Regional Planning Commission*. [Online] Jul 24. [Cited: Jul 31, 2008.] <http://www.cdrpc.org/>.

4 <http://www.city-data.com/> accessed January 6, 2005

5 Freeman G, Lethbridge-Cejku, M. (2006) *Access to Health Care Among Hispanic or Latino Women: United States, 2000–2002*. Vital and Health Statistics, CDC. Advance Data. 368.

6 *Heart Disease and Stroke Update—2003 Update*. (2002) American Heart Association: Dallas, TX.

7 National Diabetes Information Clearinghouse. National Diabetes Statistics. NIH publication 02-3892. (2002) Fact sheet. Available at: www.niddk.nih.gov/health/diabetes/pubs/dmstats/dmstats.htm. Accessed April 4, 2002.



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all Latinos living in the U.S. have diabetes and it is estimated that about 1/3 of diabetes among Latinos is undiagnosed.^{7,8} They also exhibit a high prevalence of many chronic disease risk factors.⁹ When it comes to chronic diseases, preventive care and early detection are important for delaying onset and improving prognosis. Delaying care when it is needed may result in increased morbidity and mortality as well as potentially higher cost of care due to the disease being treated at a later stage.^{10,11,12}

What are factors that influence use of health care among Latinos?

Unfortunately, there appears to be an absence of knowledge as to why Latinos are not using preventive health care, obtaining screenings, and seeking mental health services. Studies have documented that demographic factors such as socioeconomic status and lack of health care coverage play a role in use of health care among Latinos.^{13,14} Latinos have lower household incomes and less education than most Americans.^{13,14} Acculturation, or the process of adapting to the mainstream culture, has also been shown to influence delay in care. Less acculturated Latinos are more likely to delay mental health care and utilize preventive care practices.^{15,16} These social determinants are known to contribute to but not fully explain health disparities among Latinos.

There is evidence that specific cultural as well as other barriers to care may cause Latinos to delay using health care.¹⁶ As mentioned, acculturation has been shown to influence care, but acculturation is a proxy for culturally based attitudes, beliefs, and behaviors that may be different among Latinos than among the majority of people living in the United States. Research conducted in the 1980's has indicated that Latinos do not believe in going to the doctor when a person is not sick.^{10,12,17} Also, a study found that high perceived severity of symptoms and religious faith were associated with greater use of medical services while past bad experiences such as embarrassment and an attitude of avoidance were negatively associated with seeking medical care.¹⁸

Methods

This report presents data from a quantitative study carried out in 2007 among Latino women living in Albany, Schenectady, Montgomery, and Rensselaer Counties. A community-based convenience sampling strategy was employed because of the difficulty in identifying a sample of Latinas in the Capital District region. Latinos make up a much smaller proportion, albeit growing proportion, of the population in the Capital Region compared to New York City. Unlike major cities or areas of high concentration of Latinos, there are no large regions or neighborhoods in the Capital Region known to have a concentration of Latinos. This study's sample was recruited through churches, Latino organizations, and work sites known to be frequented by Latino women. Although this is not a representative sample, this report will present an up-to-date and more comprehensive look at the demographics of Latino women in the Capital Region, where there is a growing Latino population.

8 Harris M.I., Flegal K.M., Cowie C.C., Eberhardt M.S., Goldstein D.E., Little R.R., Wiedmeyer H.M., & Byrd-Holt D.D. (1988) Prevalence of diabetes, impaired fasting glucose, and impaired glucose tolerance in U.S. adults: The Third National Health and Nutrition Examination Survey (NHANES), 1988-94. *Diabetes Care* 21,518-524.

9 American Heart Association. Hispanics and Cardiovascular Disease—2003 Update. (2002) Dallas, TX. <http://www.americanheart.org/downloadable/heart/1059108199897FS05HIS3REV7-03.pdf>

10 Facione, N.C. (1993) Delay versus help seeking for breast cancer symptoms: A critical review of the literature on patient and provider delay. *Social Science and Medicine*, Vol. 36, pp. 1521-34.

11 Lesenski M. (2000) Delay in seeking treatment for acute myocardial infarction: Why? *Journal of Emergency Nursing*, Vol. 26, pp. 125-9.

12 Harralson, T.L. (2007) Factors influencing delay in seeking treatment for acute ischemic symptoms among lower income, urban women. *Heart Lung*, Vol. 36, pp. 96-104.

13 Jurkowski, J.M. (2003) Cardiovascular disease behaviors among Latinas, non-Hispanic black and non-Hispanic white women. *Dissertation Abstracts International*, DA1-B 64/03, pp. 1206.

14 Smedley, B.D., Stith, A.Y., Nelson, A.R. (2003) *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington DC: The National Academies Press.

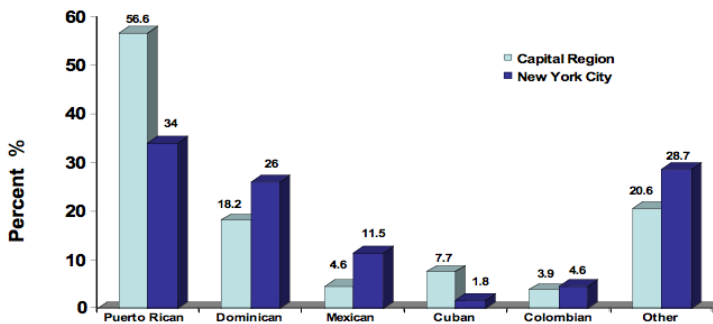
15 Vega, W.A., Kolody, B., Aguar-Gaxiola, S. et al. (1999) Gaps in service utilization by Mexican-Americans with mental health problems. *American Journal of Psychiatry*, Vol. 156, pp. 928-934.

16 Isnaf, T.Z. & Jurkowski, J.M. (unpublished). Socio-Cultural factors influencing delay in seeking routine health care among Latino women.

17 Molina, C. W., & Aguirre-Molina, M. (Eds.). (1994) *Latino health in the U.S.: A Growing Challenge*. Washington, D.C.: American Public Health Association.

18 Doty, M.M., Ives, B.L. (2002) *Quality of Health Care for Hispanic Populations: A Fact Sheet*. s.l. : The Commonwealth Fund.

National Origin of Latino Women in Capital Region and New York City



A 70-item survey was conducted to understand the social and cultural factors that influence use of health services, specifically past health care experiences, and perceived cultural competency of providers. The report presents findings of the survey administered to 289 Latino women in and around the Capital Region. The answers to three questions will be presented in this report:

1. What are the demographic characteristics of the Latino women in the Capital Region?
2. Why do Latinas living in the Capital Region delay seeking health care?
3. What do Latinas' experience using health care in the Capital Region?

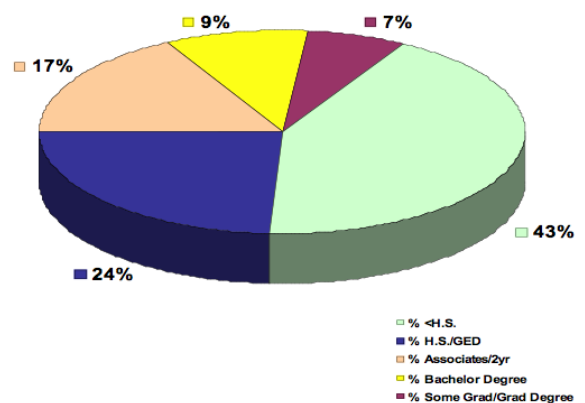
Survey questions asked about experiences using health care in the past year.

What is the demographic composition of Latino women in the Capital Region?

Although the Latina population in the Capital Region is diverse with nine countries of origin represented in the sample, the majority of women were Puerto Rican (57%), 75% of whom were born in Puerto Rico. The second largest group represented was Dominican (18%), 90% of whom were born in the Dominican Republic. The mean number of years the women have lived in the United States is 30 years (confidence interval 26 to 33 years), with a range from less than one year to 70 years. Seventy-six percent of Latinas immigrated at age 16 years old or older. The mean age of immigration was 26 years old (confidence interval 24 to 26 years old).

The majority of Latinas, 42.4%, reported having obtained less than a high school education; 24% reported having a high school diploma or GED. A much lower percentage of these women had higher degrees; 17% had an associates or two-year degree and only 16% had a bachelor's degree or higher. These percentages have implications for their employment opportunities, in that a majority of women are limited by the fact that they do not have a high school diploma. Further, as mentioned previously, lower education level is associated with health care disparities.

Education Level Reached by Latinas



A majority, 51%, were married or living with a partner, 22% were divorced or separated and 19% were single/never married. Only 34.3% had private coverage through an employer or their spouse or through purchasing it themselves. The majority of Latinas in this sample, 37.8%, reported having Medicaid for their health care coverage. Although 16.4% of the sample was age 65 years or older, only 12.6% reported having Medicare coverage. About 15% of those women over the age of 65 years old reported having private health insurance.

Why do Latinas in the Capital Region delay seeking health care?

Delaying needed Health Care in the Past 12 Months

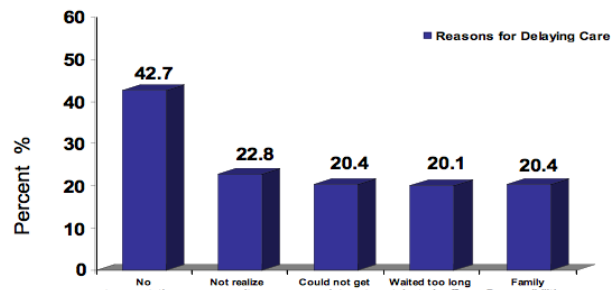
Almost 70% of Latinas reported delaying health care they thought they needed in the past twelve months. The predominant reason for delaying care was cost of care. Over 75% of Latinas who reported not having any health care coverage reported delaying health care due to cost. Having coverage did not eliminate cost as a reason for delaying care. Even though the majority of Latinas have some form of health care coverage, cost concerns were likely due to co-pays and services not covered by their plan. Almost 59% of Latinas who reported having Medicaid, 47.7% of Latinas who reported Medicare coverage, and 38.6% of Latinas with private coverage reported delaying care due to cost. Specifically, 51% reported that they delayed care because they could not afford to pay for the appointment, needed blood tests, procedures or prescriptions.

Although cost was the most commonly reported reason, there were several other reasons that have policy implications. The next most commonly reported reason for delaying care was that women did not realize that the severity of their symptom or illness required medical attention so they waited until the symptoms got worse. This finding supports the growing concern among public health professionals that health literacy is an issue that needs to be addressed to improve health. “Health literacy is

defined as the “degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions. Health literacy goes beyond the patient because it also depends upon the skills, preferences, and expectations of providers”¹⁹ and the inter-relationship between the patient and provider.

The third most commonly reported reason for delaying care was that women did not have transportation. The Capital District is a large geographic area with limited public transportation available so this finding is not unexpected. People without cars likely experience difficulty getting to a provider in their health care network. Twenty percent of Latinas reported delaying care because they could not get an appointment soon enough or that they waited too long at an appointment. Issues of child care and inconvenient clinic hours as well as difficulty in navigating the insurance or government program to pay for care were also listed as reason for delaying care. Some also reported that they had difficulty communicating with staff to make an appointment.

Reasons for Delaying Care among Latinas other than Cost



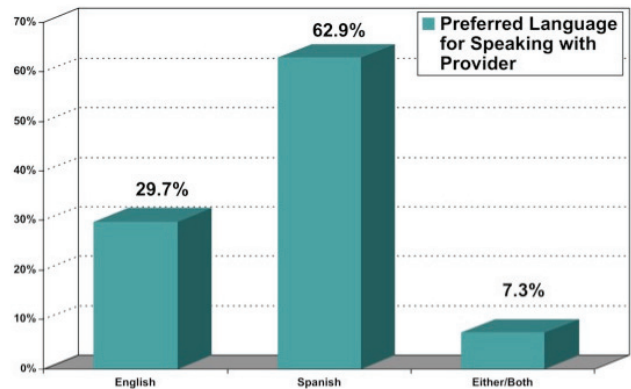
19 Colorado Department of Public Health and Environment. Office of Health Disparities. Glossary of a Few Key Public Health Terms. Retrieved: September 1, 2008 from <http://www.cdphe.state.co.us/ohd/glossary.html>

What are the experiences of Latinas using health care in the Capital Region?

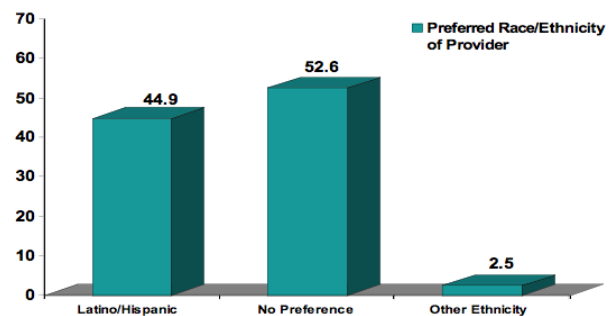
Provider Preferences

Studies show that Latinas are more likely to feel that they would receive better care^{8,12} or be treated with more respect^{20,21,22} were it not for their race/ethnicity, or their inability to speak English. Having a preference for a race/ethnic-concordant physician has been shown to be associated with delaying care among Latinas in the Capital Region.¹⁶ In our study, the majority of Latinas in the Capital District reported that they did not have a race/ethnic preference for their provider. However, 44.9% reported that they preferred a Hispanic doctor. Further, 63% reported that they are more comfortable speaking Spanish to their doctor. Of those 63%, 38% reported that in the past two years, they had not seen any doctors that spoke Spanish to them. A shortage of Hispanic physicians in underserved areas of New York State²³ may contribute to delay among Latinas who have preference for a race-concordant provider. This shortage may also contribute to the language and cultural barriers identified between Latinas and their providers.

Preferred Language for Speaking with a Provider



Preferred Race/Ethnicity of Provider



20 Betancourt, J.R., Green, A.R., Carillo, J.E., Ananeh-Firempong, O. (2003) Defining Cultural Competence: A Practical Framework for Addressing Racial/Ethnic Health Disparities in Health and Health Care. *Public Health Reports*. 118(4):293-302.

21 Blanchard, J., Lurie, N. (2004) R-E-S-P-E-C-T: patient reports of disrespect in the health care setting and its impact on care. *Journal of Family Practice* 53(9):721-30

22 Saha, S., Arbelaez, J.J., Cooper, L.A. (2003) Patient-physician relationships and racial disparities in the quality of health care. *American Journal of Public Health* 93(10):1713-9.

23 Calman, N.S., Hauser, D., Forte, G., Continelli, T. (2007) New York State physicians: characteristics and distribution in health professional shortage areas. *Journal of Urban Health* 84(2):307-9.

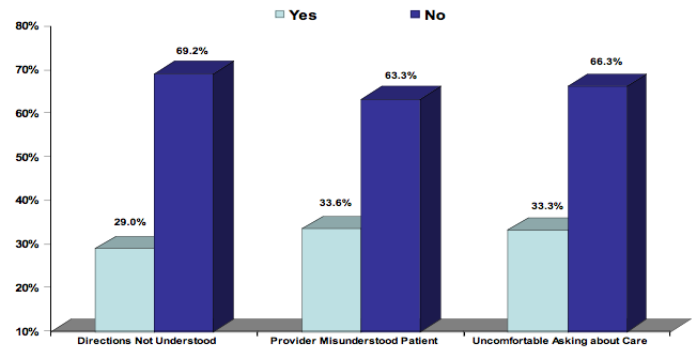
Past health care experiences of Latinas living in the Capital District

An important part of access to quality health care is doctor/patient communication. Difficulties in communication, whether due to language barriers, cultural differences, or a poor communication environment in which the patient does not feel comfortable participating in their own care, can be detrimental to patient satisfaction, proper diagnosis, and treatment adherence. In this study of Latinas, 67% strongly agreed and 26% somewhat agreed that they felt comfortable sharing their health concerns with their provider. This is a positive indication that Latinas trust their provider with their health concerns.

Patient/Provider Communication

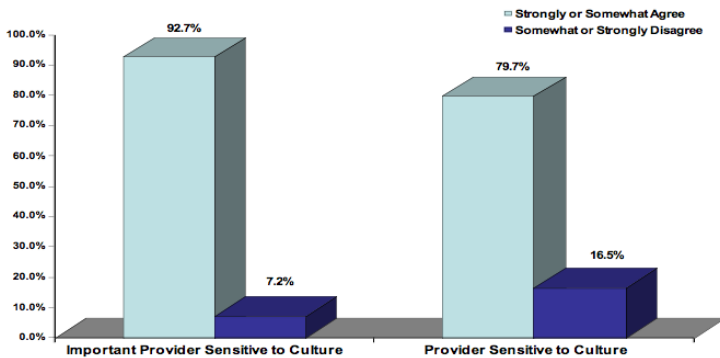
Poor communication whether due to language, culture, education level, or technical knowledge differences can lead to health disparities. Patient/provider communication includes being able to understand each other. About 29% of women reported leaving their provider's office with directions they did not understand, 33.6% felt that the doctor had misunderstood them when they described their symptoms, and one third felt uncomfortable asking questions about their care, treatment, or prescription. So although there is trust, whether it is language barriers, cultural barriers, education level differences, health literacy, or some other reason, many Latinas are having difficulty communicating with their provider. This can lead to misdiagnosis, improper treatment, or poor adherence to provider recommendations or treatment, which can potentially contribute to inadequate treatment, prolonged illness, or an increase in severity due to a symptom or illness not being addressed.

Patient/Provider Communication

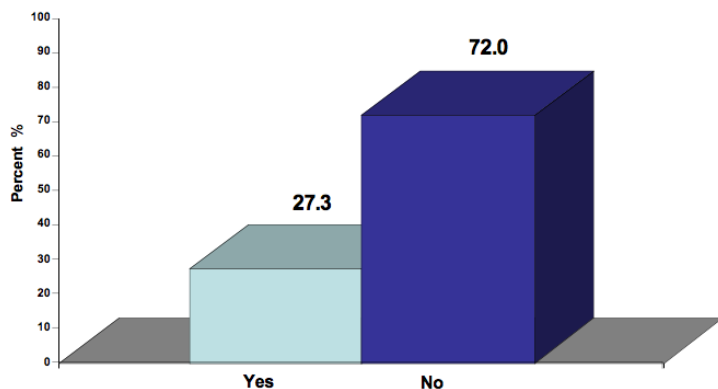


Cultural competence among providers includes cross cultural relations, vigilance towards consequences of cultural differences, and increased knowledge of cultural beliefs and practices.²⁰ The importance of provider cultural competency in health care access and quality is growing in recognition. This study examined whether Latinas thought cultural sensitivity was important, whether they perceived their provider to be culturally sensitive and whether the provider inquired about cultural practices that may influence health. Almost all Latinas, 93%, felt that it was important that their doctor was sensitive to their culture. Most Latinas, 80%, reported that the doctor they saw in the past year was sensitive to their culture. Although providers in the Capital District were perceived by Latinas to be culturally sensitive, health providers did not inquire about cultural practices or beliefs that may influence health. Only 27.3% of Latinas reported that their provider asked about specific cultural practices that may influence their health. Possible explanations include lack of cultural knowledge, discomfort asking questions related to cultural practices or beliefs, or time constraints. Research suggests that culture plays a role in symptom recognition, thresholds for seeking care, communication of symptoms, implementation of management strategies, and treatment adherence.¹⁹ Therefore, cultural knowledge and incorporation of discussions of cultural practices and beliefs into the patient/provider interaction is important for reducing health care disparities among Latinas.

Patient Experiences with Provider Sensitivity to Culture



Provider Inquires about Cultural Practices



Conclusion

Delaying health care when needed is a public health issue that needs to be addressed. However, it is important to understand the reasons why Latinas delay care. The literature emphasizes health care access in terms of having health care coverage. This study was conducted among Latinas who mostly had health care but delayed care nevertheless. One of the main reasons was cost of care due to out-of-pocket expenses not covered by their insurance plan.

Transportation was also a common reason that may not be a reason for Latinas living in larger cities with more public transportation. Not realizing the severity of the symptom or illness was also a common reason for delaying care, which suggests the need for increasing health literacy among Latinas and clarifying the expectations of providers. Having a provider that is sensitive to Latinas' culture as well as one who can speak Spanish was important to Latinas living in the Capital District. The data from this study suggests that increasing the number of Spanish speaking providers would help decrease the number of women who would delay care due to not having a provider that is of their ethnicity or who can speak Spanish with them. Cultural competency training for local providers could improve sensitivity of providers and also prevent misunderstandings that occur between a proportion of Latinas and their providers. A very positive finding of this study is that almost all Latinas trusted their providers with their health concerns, so an important foundation exists to build on for improving the health care of Latinas living in the Capital Region.

