

Health Care Issues Affecting Hispanic Women, Infants & Children

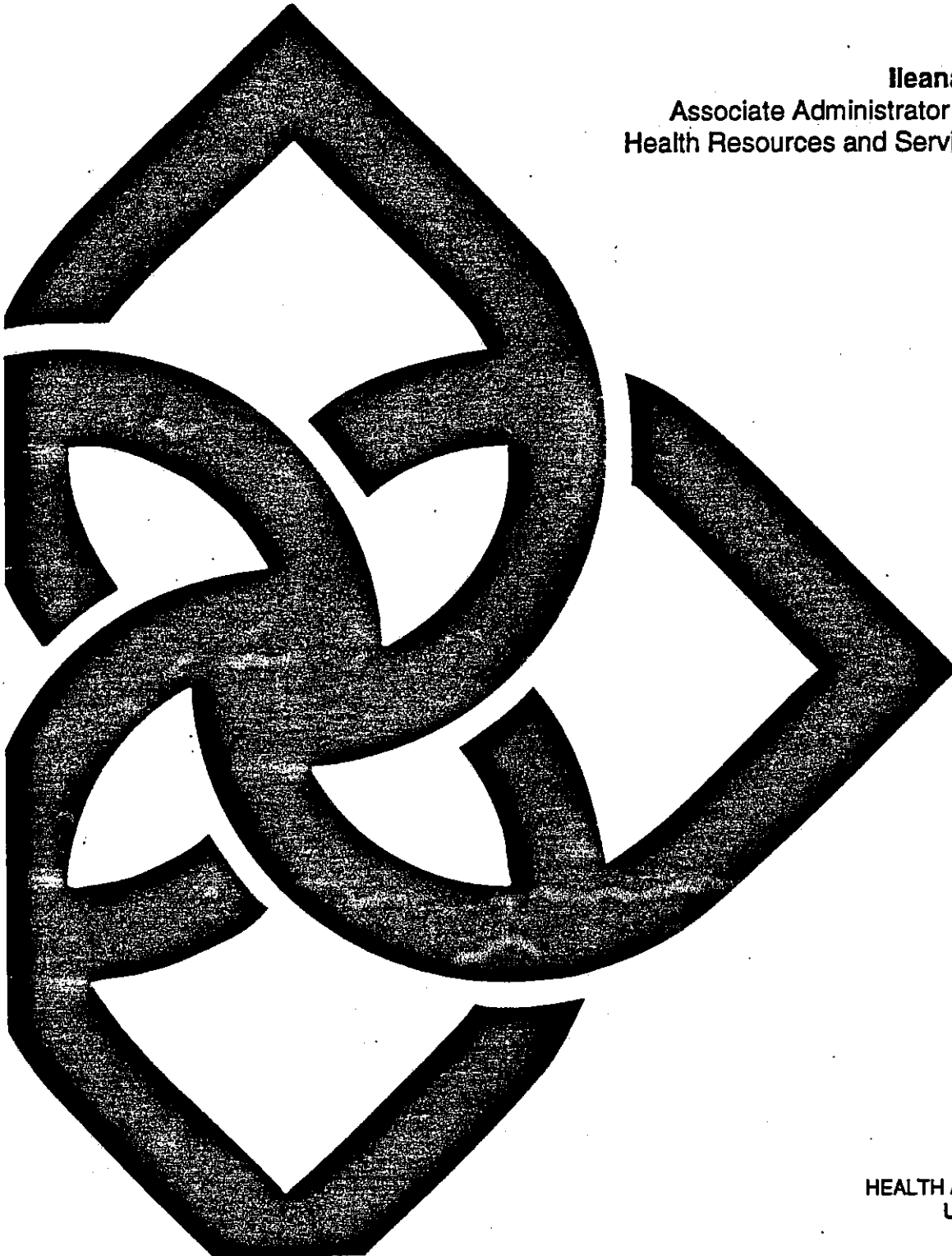
Submitted by:

Ileana C. Herrell, Ph.D.

**Associate Administrator for Minority Health
Health Resources and Services Administration**

Resource ID#: 4855

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**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
U.S. Public Health Service**

**"Health Care Issues Affecting Hispanic
Women, Infants, and Children"**

Prepared for

**Roundtable Discussion on Critical Health Care Issues
Affecting Latino Children and Latinas in the United States**

The White House
Washington, D.C.

Submitted by

Ileana C. Herrell, Ph.D.
Associate Administrator for Minority Health
Health Resources and Services Administration
United States Public Health Service
Department of Health and Human Services

April 14, 1993

EXECUTIVE SUMMARY

Women and children represent more than half of the US Hispanic/Latino population. They present unique and serious health needs, and also face complex financial and other barriers to care. The author advocates development and adoption of new health care delivery models which would affect both the provider and the consumer, and which would address both language and cultural barriers. The author notes that health data concerning Latinas/Hispanic women and children is extremely limited, and calls for development of better data which can be used for health planning, research, prevention, and delivery. Hispanic women/Latinas and national Hispanic health organizations could make significant contributions toward establishing priorities in health research, prevention efforts, and development of culturally-competent models of health care.

HEALTH CARE ISSUES AFFECTING HISPANIC WOMEN, INFANTS, AND CHILDREN

Ileana C. Herrell Ph.D.

BACKGROUND

Issues of Data and Census Undercount

Even without considering the fact that the US Hispanic/Latino population is undercounted by census and other sources, females constituted 49.1 percent of the 22.3 million Hispanics/Latinos in the US during 1990. By the year 2010, the Hispanic female/Latina population will represent nearly eleven percent of the total US female population. Children aged 18 or younger represent almost one-third of the Hispanic population. Considering that Hispanic women/Latinas, infants, and children together comprise such a major population segment, surprisingly little data are available concerning their health status and needs. According to a 1991 US Public Health Service survey, Hispanic women/Latinas, infants, and children "...face the most complex set of obstacles to health access of any major minority group in the US," including language and cultural barriers as well as financial ones.

Incongruence Between Culture and the Health Care Delivery System

When considering the health concerns of Hispanic women/Latinas and their children the following issues/needs emerge as paramount:

- attention to a unique combination of both financial and other barriers;
- collection and development of better data on Hispanic health status (for health planning, prevention, and service delivery);
- development and appropriate use of models of care, which include cultural attitudes toward receiving health care; and
- inclusion of Hispanics in policy-making, program development, and decision-making roles.

Hispanic/Latino adults are the ethnic group least likely to see a physician and most likely to be uninsured for medical coverage. Hispanic children are the least likely to see a physician for a wide range of childhood diseases, and Hispanic teenagers are least likely to use family planning services.

Access to health care for Hispanics/Latinos is often severely hampered by language and cultural barriers. These barriers frustrate Hispanics' use of the mainstream health care systems not only with regard to clinical assistance to Hispanic/Latino patients, but in the lack of special services to assist staff who work with monolingual Spanish speaking clients. One study of cross-cultural health care conducted by the US Conference of Local Health Officers noted that "...differences in language and non-verbal communication patterns present major barriers to effective care. Cultural differences in perceptions of illness, disease, and medical roles can cause misunderstanding and mistrust, and differences in cultural preferences can render standard medical procedures irrelevant to patients' needs."

Frequently, hospital admission forms, informed consent, and other legal documents required prior to treatment or admission are not available in Spanish. This becomes, yet another issue in denying access to health care to Hispanics/Latinos.

The Issue of Mortality Vs. Morbidity

The funding of major health initiatives based on mortality data rather than morbidity measures of need has had an exclusionary effect on Hispanic/Latino access to care. In the maternal and child health field, Hispanic women/Latinas have been particularly affected. By using a mortality model of health care in federal policy and program funding, Hispanic women/Latinas and children have been overlooked. As an aggregate category, mortality numbers for Hispanics are similar to those of non-Hispanic Whites, and as a result mask serious health problems which exist within Hispanic subgroups (such as infant mortality among Puerto Ricans). It is indeed unfortunate that maternal and child health initiatives are usually driven by mortality.

While an Hispanic/Latino child may be as likely as a non-Hispanic white child to survive their first year of life, Hispanic/Latino infants have higher rates of certain birth defects than non-Hispanic white children, are most likely to contract measles and other infectious diseases, and as they move into adolescence and adulthood, more likely to suffer from a number of chronic and disabling conditions. For Hispanics/Latinos, use of a morbidity model of care that describes the quality of life for their particular community is crucial.

Data collection on health issues is critical for planning and program development. Because Hispanic women's/Latinas' health data are limited at best, key policy development, program planning and implementation activities in health care of Hispanic women have been negatively affected. While it has been reported that there are at present 21 major DHHS health data systems, a review of the information reveals that Hispanics/Latinos as a category

remain excluded from several of the national health data collection systems, while data on Hispanic/Latino subgroups are virtually non-existent. Even today, many state health statistics do not specify "Hispanic" as a reporting category. This means that there is little long-term health data on Hispanics/Latinos available or in development. Much of the data that exist have been compromised by the amount of time that has passed since the data were collected as well as by geographic limitations, and by a rapid change in demographics/population within a relatively short period of time. Further, there is little reporting of major disease incidence delineated along Hispanic/Latino female-male lines. A key to rapid acquisition of more accurate and more useful statistics on Hispanic women's/Latinas' health will be a shift in reporting emphasis to rates of "morbidity" as opposed to mortality. This would be a more realistic approach for meaningful planning and eventual action.

The Need for Involvement in Health Care Planning

If health issues affecting Hispanic women/Latinas and children are to be thoroughly addressed, the current lack of inclusion and participation of Hispanic women/Latinas in decision-making and program development should be a prime consideration. The participation of Latinas/Hispanic women in leadership and decision-making roles will be critical to the success of any efforts directed towards the development, implementation and evaluation of health policies and strategies to improve health status and quality of life of Hispanics/Latinos in this country.

A HEALTH PROFILE OF HISPANIC WOMEN AND CHILDREN

The information in this section is distilled from over 40 published and unpublished academic, government, and private-sector sources. The intent is to indicate both status and trends in the areas covered, as well as to present the need for a broader collection of data specific to the subject. Health data in some key areas specific to Hispanic women's/Latinas' health are listed in the following areas: General/Maternal Health and Child/Adolescent Health.

General and Maternal Health

- Cervical cancer among Hispanic women is reported at more than twice the rate for non-Hispanic whites.
- Hispanic women/Latinas are less likely than non-Hispanic women to have had cancer screening services. For example, Hispanic women/Latinas are two and a half times less likely than non-Hispanic women to have ever had a Pap smear, and five times more likely to have never heard of the Pap smear test.
- Breast and colorectal cancers are the most common cancers reported among Hispanic women/Latinas.

- Hispanic women/Latinas report depressive symptoms more frequently than non-Hispanic whites.
- Hispanic women/Latinas account for nearly 20 percent of all AIDS cases reported among women. Most Hispanic women with AIDS are in the 30-39 age bracket, indicating that infection occurred in their twenties.
- Overweight Hispanic women/Latinas are more likely to have diabetes than overweight non-Hispanic women. Gestational diabetes is also frequently reported among Hispanic women/Latinas.
- Hispanic women/Latinas are the female group most likely to have started or increased cigarette smoking.
- Despite a birth rate for Hispanics that is 50 percent higher than for non-Hispanic whites, Hispanic/Latina mothers are the racial/ethnic minority most likely to have late or no prenatal care.
- Under 60 percent of Latinas/Hispanic women receive perinatal care (compared to 81.5 percent of non-Hispanic white mothers).
- Major causes of death related to maternity among Hispanic women/Latinas are embolism, hemorrhage, toxemia, and ectopic pregnancy.

Child and Adolescent Health

- Births to adolescent Hispanic women/Latinas are more prevalent than births to non-Hispanic whites.
- Hispanic/Latino infants have higher rates of certain birth defects than non-Hispanic white children, including Down's Syndrome and anencephaly.
- Incidence of pediatric AIDS is 5.8 times greater for Hispanic/Latino children than for non-Hispanic whites.
- Hispanic/Latino preschool children are the racial/ethnic minority group most likely to contract measles. The 1990 measles incidence rate for Hispanic/Latino children under age five was approximately seven times higher than for non-Hispanic whites.
- Hispanic/Latino children are less likely to be covered by health insurance than any other racial/ethnic group under age 18.

- Hispanic/Latino children are the racial/ethnic group least likely to see a physician for childhood illnesses. Regular health care for Hispanic children is likely to decrease after the pediatric care regimen (immunizations, etc.) is completed.
- Hispanic/Latino adolescents are the racial/ethnic group most likely to have attempted suicide, almost twice as often as non-Hispanic whites.
- Hispanic/Latino adolescents are the racial/ethnic group least likely to use family planning services.
- Approximately one in five Hispanic/Latino adolescents smokes cigarettes.

MISMATCH BETWEEN CULTURE AND THE HEALTH CARE DELIVERY SYSTEM

Access to health care for Hispanic women/Latinas and their children is often severely hampered by financial and nonfinancial barriers.

Language and Cultural Barriers

- Lack of on-site interpreters in many instances has led to the common practice of service providers requesting Hispanic/Latino patients to provide their own interpreters. Use of a child, spouse, partner, relative (even-another female family member or friend in the case of Hispanic women/Latinas) may prevent the individual from discussing health problems, both from a cultural sense of modesty and also to protect the confidential nature of such health concerns from gossip. Use of a child as an interpreter may also subvert family discipline due to the "role reversal" between parent and child.
- There is a lack of health care providers who are bilingual and possess the cultural competence skills necessary to provide appropriate health care to Hispanic women and children.
- Language barriers such as lack of printed Spanish language information, forms, and legal documents can also impede access to needed health care services.

Financial Barriers

- Hispanic/Latinos are the racial/ethnic group least likely to have any health insurance, or the financial resources to purchase health care out-of-pocket. This situation affects access not only to acute and chronic care, but also access to preventive care.
- One-third of Hispanics/Latinos are uninsured (relative to one-seventh of all non-Hispanic whites).
- Hispanics/Latinos have the highest utilization rate of hospital emergency rooms of any racial/ethnic group.
- Two out of three non-elderly Hispanics/Latinos in poverty (65.1 %) and without private health insurance, are not covered by Medicaid. Hispanic women/Latinas and children comprise a large segment of special population groups, such as migrant farm workers. For those enrolled in Medicaid, the lack of "portability" of benefits and wait for recertification may mean, particularly for pregnant Hispanic women/Latinas, that a hiatus in medical care occurs during pregnancy and other conditions where continuity of attention is needed.

Empowerment Barriers

- Underrepresentation of Hispanic women/Latinas on advisory committees, grant review panels, and peer review committees remains a strong concern.
- Lack of inclusion of national Hispanic health and women's organizations in policy development and the decision-making process in Hispanic/Latino focused health activities is a critical concern.

Limitations in Data Systems

Hispanic/Latino specific health data are seriously absent, particularly in the area of Hispanic women's/Latinas' health. The following is a partial list of concerns regarding data collection issues that impede access to health care:

- Birth and death certificates provide valuable public health data, yet before 1989 there was no requirement that "Hispanics" be recorded as such on birth and death certificates.

- An analysis of the 21 major DHHS health data systems indicates that:
 - Hispanics/Latinos are still excluded from several DHHS national health data collection systems;
 - data on Hispanic/Latino subgroups are virtually non-existent;
 - six of the 21 systems do not collect Hispanic/Latino population data, including the Medicare statistical system; and
 - 17 of the 21 data systems do not have adequate sample sizes for analysis for even one of the four major Hispanic/Latino subgroups.
- A truly comprehensive national health study of Hispanic/Latinos, including the health status of ethnic subgroups, women, children, and the elderly has yet to be conducted.
- Currently, many state health statistics still do not specify "Hispanic" as a reporting category.
- Available data in many cases have been compromised by the amount of time that has passed since the data were gathered, by geographic limitations, and by a rapid change in demographics within even a brief period.
- In addition to a dearth of Hispanic/Latino health data in general, there is little reporting of major disease incidence by gender in the subgroups.
- It has been reported that the lack of Hispanic/Latino morbidity and utilization data resulted in the lack of Hispanic-specific objectives in the "Healthy People 2000 Initiative;" with only 25 of 300 objectives containing specific components focusing on the Hispanic/Latino community.
- Validity of current data collection instruments and methodologies for data collection used with Hispanics/Latinos has been seriously questioned.
- Morbidity data are of far greater practical value in addressing health concerns among Hispanics/Latinos where health care is challenged to catch up. The mortality approach to health status assessment for Hispanics/Latinos ignores the prevalence of disabling chronic disease, as well as crucial considerations with regard to "quality of life".

RECOMMENDATIONS TO IMPROVE THE HEALTH OF HISPANIC WOMEN AND CHILDREN

The following recommendations address vital needs in areas previously identified and related to data collection, research, health professions and access to health care:

Data Collection

- Ensure that adequate sample sizes, including oversampling, are included in all major DHHS data collection systems to allow for analysis of data by: ethnicity, ethnic subgroup, age, and gender, as collected under Public Law 94-311.
- Establish guidelines for scientific, language, and cultural competency in data collection, research activities and instrument development for use in Hispanic/Latino communities.
- Utilize researchers with scientific knowledge and understanding of the health status, living conditions, epidemiologic conditions and culture of Hispanic women and children for research and data collection activities.
- Encourage states to collect data and develop health status profiles for Hispanic women and children, including tracking systems, to ensure that "Healthy People 2000" objectives focusing on women and children are implemented in Hispanic/Latino communities.
- Establish an annual report on the progress made toward improving collection of Hispanic/Latino health data and the percentage of data analysis grant dollars awarded to Hispanic-focused programs, including those research grants providing data and information on Hispanic women and children.
- Provide funds to encourage partnerships between national Hispanic health organizations, Hispanic women's organizations, and state and federal data collection agencies to develop, assist, and provide technical assistance to Hispanic/Latino community-based organizations for the collection, analysis and use of data concerning Hispanic women and children.

Research

- Develop a national Hispanic women's health research agenda to analyze the health status and health risks of Hispanic women, including:
 - environmental risks related to migrant agriculture, assembly plants (including border "maquiladoras"), service professions and other industrial environments;
 - reproductive health issues;
 - access to health promotion and prevention;
 - the management of chronic illness;
 - mental illness;
 - domestic violence;
 - substance abuse; and
 - the applicability of established norms for disease diagnosis (i.e., hypertension, diabetes).
- Promote health services research in the area of Hispanic women's health, pediatrics and family health that will identify the quality of services provided, cultural competency of services and providers, client satisfaction, and barriers to services.
- Ensure that Hispanic women/Latinas are proportionately represented on federal scientific advisory boards, national research advisory councils, technical evaluation groups, in peer review committees, and in the development of Requests for Proposals (RFPs) for data analysis and research.
- Support the development of an Hispanic health research infrastructure to analyze Latino health data and research, including research on Hispanic women and children.
- Continue to include data on Hispanics/Latinos and Hispanic subpopulations in annual summary reports made by DHHS/PHS agencies, particularly the "Health, United States" series.

- Make data on Hispanic women and children, including research findings written for lay audiences, more accessible to health researchers and community-based organizations without access to mainframe computers.

Health Professions

- Increase the number of culturally competent health care providers to meet the full spectrum of health care needs of Hispanic women/Latinas and their children by:
 - recruiting health professions trainees from Hispanic/Latino communities;
 - providing health training opportunities at the community level; and
 - increasing the number of Hispanic women/Latinas entering health professions.
- Develop and support specific programs for graduate training of Hispanic women/Latinas in behavioral and biomedical research.
- Support the integration into health professions curricula of scientific and cultural competency for the delivery of services to Latino communities, including Hispanic women and children.

Access to Health Care

- Consistent with Title VII of the Civil Rights Act, ensure access to linguistically and culturally competent health care services for Hispanic women and children, including universal usage of external and internal signs in Spanish in health facilities serving significant Hispanic/Latino populations, the provision of appropriately trained and certified interpreters and translators, and continuing education courses in cultural competency for health professionals.
- Support staff development and training in cultural competency to include: appropriate involvement of family members, culturally appropriate screening, and culturally appropriate service delivery.
- Meet the needs of Hispanic women and children related to day care, single entry point services for mother and child at the same site, case management, extended operating hours, and transportation.

- Increase the representation of Hispanic women/Latinas in key positions to affect formulation of policy related to health and human services.
- Support community-based well-child services to provide a continuum of care throughout childhood.
- Support programs of Hispanic/Latino community-based outreach in the delivery of pre-school immunization services.
- Establish an interagency, interjurisdictional effort between the Department of Health and Human Services and the Department of Labor's Occupational Safety and Health Administration (OSHA) to comprehensively improve health factors affecting Hispanic migrant families.

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