

Paving the way to healthcare for the future Latino generation

Jennifer Lievanos

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Background and significance of the project

Currently representing 3.3 percent of Ohio's population, 383,113 Latinos make up an increasing portion of this population. Since the year 2000, this population alone has increased by 76 percent in the state ("Ohio Hispanic Americans.pdf," 2013). As this population increases, so do problems understanding and accessing healthcare services. Physical communication between healthcare providers and patients is often ineffective. Contributing to this problem, functional health literacy levels are also found to be marginal or low for minor and ethnic communities (Britigan, Murnan, & Rojas-Guyler, 2009). Additionally, many barriers to healthcare access exist for this large Latino population. Patterns in literature reveal that many Latinos avoid obtaining medical attention due to language barriers, financial instability, and lack of trust or knowledge.

According to the Census Bureau's 2013 American Community Survey, the average Latino Ohioan is 25 years old. Of 39,000 marriages, 62 percent have children and 40 percent of families with children only have the presence of a single mother. The high rate of expansion of the Latino community is due primarily to fertility, whereas immigration is second. Latino children make up 4.6 percent of Ohio's student population (Vega, Rodriguez, & Gruskin, 2009). Sources report that Latino children are the largest ethnic group of children in the United States and "disproportionately experience poverty, food insecurity, and encounter a host of environmental factors that are detrimental to health" (Hofwegen & Killion, 2011). The hardships experienced by Latino families are clearly noted in literature, but those same hardships also reflect on family functioning and especially affect Latino children.

As of 2013, 75,200 Hispanic children were enrolled in Ohio's public school system ("Ohio Hispanic Americans.pdf," 2013). This extreme growth in population poses a challenge to rural areas unable to cater to the needs of Latino Americans. The long-term impact on Latino

families is well documented, but the impact on children is not well studied. Children remain vulnerable without healthcare access; therefore, further research is needed to address issues and explore models to help improve Latino health overall (Hofwegen & Killion, 2011).

Problem Statement

Considering that the Latino population has doubled in the State of Ohio in recent years, it is vital to question whether this growing population has access to healthcare; but more importantly it is also important to question whether the upcoming generation is properly educated about their healthcare options, rights and wellbeing. Children, naturally, inherit similar thoughts, values, beliefs, traditions, and even fears that their parents hold. Therefore, the cycle of misperception that prevents Latinos from access healthcare must be terminated in order to further advance a population of Latinos who lacks education and healthcare access.

Purpose

Therefore, the purpose of this research is to study current literature and analyze the patterns into Latino thinking that may be preventing them from accessing healthcare providers. We will then accumulate a list of common barriers that Latinos face and look at how these barriers may, positively or negatively, affect Latino youth. Based on the literature review, a survey will then be created that aims to ask questions, to junior high and high school students, that will provide a better view into the thoughts of Latino youth and healthcare. This survey will then be available to future researchers if they wish to carry on this research study. Lastly, recommendations will then be provided, based on the literature review, to help further educate the Latino population, as a whole, on how to access healthcare and eliminate current barriers.

Research Question

Based on their understanding and life experiences, what is the perception of Latino youth's access to healthcare?

Definitions

- Latinos represent individuals whose origins belong to Spanish speaking countries including: the Dominican Republic, Spain, Central or South America.
- Hispanic refers to people of origins from Mexico, Puerto Rico, Cuba, and Central or South America. Therefore, Hispanic and Latino are used interchangeably in this paper.
- Migrant worker refers to a person who moves from place to place to obtain work, especially a farm laborer who harvests crops seasonally.

Research Design

In order to gain knowledge of the Latino youth perspective on healthcare, a survey will be written for future researchers to arrive to. The survey will aim to gain insight on barriers Latino Families face when accessing healthcare. Such barriers include discrimination, language barriers, finances/insurance, patient provider trust, and acculturation.

Literature Review

The literature review will utilize online journal articles accessed via the EBSCOhost search engine. Search terms include multiple combinations of the following: "Latinos in Ohio," "Migrant Workers," "Latino Children," "Hispanic Children," "The Latino Family," "Hispanic Healthcare Barriers," and "Hispanic Demographics." Articles prior to 2005 were excluded from this research in order to only focus on recent data.

Introduction

Traditionally, Latinos have been known to settle in urban areas; however as of recently, trends have shifted and Latinos are now settling in non-traditional, less populated areas. A growing population of Latinos has been noted in recent years, notably due to fertility rates and immigration (Vidal de Haymes, 2007). This is particularly important because the Latino population in Ohio was previously very minimal, but, as of recent years, the Latino presence in Midwestern states, such as Ohio, is continuously multiplying. Most interestingly is that statistics illustrate that the high rate of expansion of the Latino community is primarily due to fertility, and secondarily due to immigration. Latino children make up 4.6 percent of Ohio's student population (Vega et al., 2009). In addition to this fact, research states that one of every five children in the US, under the age of 18 years old, is the child of an immigrant; the rate of this statistic is much higher in states with larger Latino populations (Vidal de Haymes, 2007). With such population growths in the Latino community contributed to by expansions in youth, it is important to understand both adult and youth perceptions of medicine here in Ohio. According to researchers Hofwegen and Killion, Latino children are the largest ethnic group of children in the United States. Similarly, Ohio must follow the trend and anticipate that Latino youth populations will continue to grow within its very borders, therefore, must ensure the best access to this growing population of individuals.

Barriers such as language barriers, healthcare access, undocumented status, education, and health literacy and socioeconomic disparities are all documented challenges noted within the Latino population that make this population less likely to seek or receive healthcare services or less likely to live healthy lifestyles. Such facts leaves them vulnerable to diabetes (DM), cardiovascular disease (CVD) and cancer (CA) (Mitchell, 2012). US Latinos are less likely to

receive preventative healthcare or a regular source of healthcare access (Jacquez, Vaughn, Pelley, & Topmiller, 2015). The problem is that barriers to healthcare access contribute to poor health and higher rates of morbidity and mortality (Vega et al., 2009). Such facts illustrate researchers that improving such barriers may increase morbidity and mortality for future Latino generations. Therefore, if the Latino population is facing barriers keeping them from accessing healthcare, future Latino generations are at risk of following the same trends their parents currently face. The question remains as far as what can be done to change such trends in favor of Latinos accessing healthcare. In order to work toward shifting trends, this research will look at six barriers the current literature recognizes as problematic in Latino healthcare access. This research will then be compared to current thoughts and perspectives Latino Youth hold on barriers their parents face in order to make recommendations to contribute to future shifts in trends.

Discrimination

Currently discrimination is discussed much more than ever before. For the first time, in 2009, Pew Research Center found that Latino discrimination was higher than African American discrimination with 23% of Americans, compared to 18%, believing that Latinos are discriminated against “a lot.” Such rates are believed to have increased in recent years as a result of political attention aimed at the increasing Latino population and immigration (Jacquez et al., 2015). News headlines continuously cover immigration legislation, events, and controversies. Therefore, Latinos, documented or not, are affected by such social issues, and such issues transpire into how Latinos approach healthcare as a whole. When looking at statistics, researchers state that racial and ethnic minorities receive lower quality care than non-minorities

(Britigan et al., 2009). The questions remain as to whether lower quality stems from healthcare providers having a lack of knowledge in Latino culture or whether the discrimination is a result of current social issues. Regardless, many Latino families separate themselves from the total population and tend to congregate with like-minded Latinos in support of each other. Current census records show that Latino families of Ohio tend to live in areas with other Latinos, separating themselves from Anglo-Americans and African American communities regardless of their status. Isolation, secondary to discrimination, is a result of misrepresentation and misperception of Latinos by Anglo-Americans. Anti-immigration movements denote a negative attitude toward Latino Immigrants. Latinos are discriminated against because many assume they are newly immigrated, undermining Latinos in US society (Cohen & Chavez, 2013). Such attitudes reinforce the concept of isolated communities, allowing existing discrimination to continue.

Adding to the conversation, Jeffrey H Cohen and Nidia Merino Chavez state that many Ohio cities, such as Columbus, lack resources that help support and incorporate Latinos into local laws and city programs. In addition to a lack of programs, existing healthcare resources are costly and not realistically accessible. Researchers state Latinos describe healthcare as more costly in the United States, and several participants report a trend of feeling that health care staff discriminate against Latino families because they feel finances are unavailable to pay for medical services received or because families were unable to speak English. Many feel that the quality of care in the US is limited and, therefore, do not completely trust their US providers.

Mr. Cohen and Ms. Chavez conducted a study of Latino Americans from Columbus, Ohio and found that 66% of interviewed participants claimed to have experienced discrimination or knew of people who were discriminated against. Participants further added that they experienced

discrimination at several levels: in the workplace, school settings with teachers, from local and state officials, and even providers in the healthcare setting. Researchers add that 9% of their Latino participants state their children are harassed in the school setting by their classmates, teachers, and administrators (Cohen & Chavez, 2013). Discrimination and racism is commonly seen in Latino children located in lower income communities. Such environmental influences have noticeably become negative health stressors that require an increasing demand on mental health services, the presence of positive role models and more parenting classes directed toward the health of older children (Hofwegen & Killion, 2011). Lower social acceptance was correlated with more barriers to healthcare. Further, increased anti-immigration attitudes reflect an increase in mental health in Latinos, correlating to increased barriers to healthcare. The largest predictor of Latino health outcomes is primarily dependent on the degree to which a community accepts new immigrants (Jacquez et al., 2015). Research states that education begins in the classroom by promoting respect and understanding of people from diverse backgrounds and must have an emphasis on culture and personal identity (Vidal de Haymes, 2007). Therefore, targeting education at the school grade level may help eliminate discrimination and help improve healthcare awareness among minority youth.

Language

Trends in literature continuously illustrate that language barriers and lack of acculturation prevents Latino individuals from seeking medical attention. Based on previous studies conducted by Dr. Mitchell, barriers existing in “new or growing communities are attributed to underdeveloped infrastructure for culturally and linguistically competent health services as well as other local challenges faced when communities adjust to diversification of a previously

homogenous community” (Mitchell, 2012). Helping Latino communities become integrated to an existing community contributes to one that thrives in many aspects; such integrative activities may include programs designed to teach English or community events that integrate music or Latino traditions. Researchers add that cities with a long history of Latino immigration are well supplied with bilingual human service personnel and, therefore, are much better equipped and prepared for the presence of Latino persons. Contrasting areas of under-representation, a shortage of bilingual social workers are noted, leaving local Latino populations without professionals who speak their language and who are able to help them gain healthcare access. Further, social workers must also have an understanding of naturalization, immigration laws, eligibility for public benefits, and of local programs that aim to help the Latino community (Vidal de Haymes, 2007). Therefore, one must question if the state of Ohio mirrors communities who are not equipped to integrate the Latino community, or if Ohio mirrors those communities who are working to synchronize Latino individuals into an already existent community.

When a Latino community is unable to become integrated into an already established community, this acculturation and language barrier transitions into other aspects of life, eventually affecting Latino access to pertinent services such as healthcare. Researchers assert that when health literacy and communication levels are low for Latino communities, patients who are inadequate in these areas report experiencing poor health status compared to those with adequate reading skills (Britigan et al., 2009). Inadequate reading skills become a problem for Latino individuals when attempting to gain access to a healthcare provider, leading to a discouraged individual who may be responsible for several individuals, in addition to themselves. Participants in or from various studies express that language barriers begin when they attempt to schedule appointments because they are unable to express the severity of their

illness. Their problems continue during the appointment and progress as they receive discharge instructions regarding follow-up (Britigan et al., 2009). Such language barriers lead to patients who are not well educated and do not comply with healthcare treatments, leading to frustrating medical visits due to their lack of understanding.

Once acculturated Latinos manage to schedule an appointment and are sitting in the office with their medical provider, many face the problem of not being able to relate to the provider. For instance, when focusing on a plan to change current diet methods to reduce body weight, many providers are not educated on Latino traditional foods; therefore, an adequate and compliant diet plan is not formulated to successfully assist the Latino patient to sustain a healthy lifestyle. Studies show that many Latinos stray away from receiving medical attention because they are dissatisfied “with care received, which was often described as different from care in countries of origin” (Mitchell, 2012). As a result, many Latino individuals avoid seeing a medical professional and, instead, seek answers from other resources, regardless of whether such resources are credible or not; “When forced to rely on limited English skills to make crucial health decision, their quality of care is compromised, and disparities persist” (Victorson et al., 2014). Non-English speaking Latinos, or those who prefer to speak Spanish, experience lower levels of trust when receiving information from English sources of information, whether they include the internet, newspaper, or television. Such facts make the Latino population more prone to disease. 40% of Latinos with a ten-year history of living in the US state they feel less comfortable speaking English. Additionally, in their research, David Victorson and Jennifer Banas state that 40% of their 737 participants claim to receive healthcare information from the television; 27% from family and friends; 20% from providers; 15% from books, newspapers, magazines or pamphlets; and fewer than 10% from internet sources; “With only 46% of foreign-

born Hispanics completing a high school education, it is imperative that targeted health interventions account for the linguistic proficiency... Individuals with limited English proficiency often find themselves overwhelmed and confused by physicians' use of jargon, which magnifies health disparities" (Victorson et al., 2014).

Statistics show that growing Latino populations in areas of underrepresentation are more poor, less proficient in the English language, and have lower rates of citizenship compared to other more established Latino communities (Mitchell, 2012). In addition to a lack in English proficiency, many Latinos avoid integration into an already existent community in fear of potential deportation as a result of their current citizenship status. This fear of deportation ensures that a Latino community separates itself from other communities, and also leads to families who, without access to pertinent medical services, leading to families with children who also learn to fear community interactions and live without vital medical attention; "There is a fear in local Latino communities that visits to healthcare settings may result in immigration investigations, and individuals are afraid their families may be put at risk. Because the lack of interaction between immigrant Latinos and the healthcare system, healthcare providers in our area currently know little about Latino health in our community" (Jacquez et al., 2015).

When families face difficulty due to acculturation and language barriers, naturally, children also gain the fears of their parents. In addition to fears learned from their parents, children, too, face their own battles rooting from discrimination. Cohen and Chavez (2013) state their research demonstrates that discrimination students face in the school setting is centered on the language used. Participants to their studies state: "Teachers and students who did not speak Spanish assumed that native Spanish speakers did not know English, were not smart and were illegally in the USA, taking resources (Hofwegen & Killion, 2011)." Facing such discriminatory

issues in school teaches children they are not accepted and instills a feeling of insecurity, inadequacy, and insufficiency. These feelings and fears are seen in children who are both documented and not documented, solely because several studied individuals perceive all Latinos as insufficient. Researchers from The Pew Hispanic Center educate individuals by informing that of the millions of undocumented Latinos in the US, the majority of their 5 million children are official US citizens who do not receive medical access because of fears that reside within their parents. The parents of those 5 million documented US citizen children withhold from accessing medical attention due to their communication difficulties, economic pressures, and their immigration status. Therefore, many children find themselves living in poverty, in hunger, and in environments that have negative impacts on their health (Hofwegen & Killion, 2011).

Acculturation

For newly migrated Latinos, living in the Midwest may present new health factors that were previously nonexistent. Researchers state that many Latinos lack the knowledge of how to simply treat seasonal allergies. Further added, many Latinos stray away from exercising due to the cold weather, but the most fearful reasons are attributed to authorities (Hofwegen & Killion, 2011), such as police officers (Mitchell, 2012). Latinos, especially newly (Hofwegen & Killion, 2011) migrated individuals, experience new living conditions they are not accustomed to. Many lack the knowledge or education required to overcome such new challenges. This is why culturing is very important, for the sake of Latinos to learn the culture they are become part of, and for the sake of the already established culture in learning new traditions they are not accustomed to. The problem becomes obvious when language prevents two cultures from merging. 80% of participants sampled in the Midwest prefer Spanish-speaking environments

instead of English, indicating that there is a low level of acculturation in such geographies. Such language barriers lead to ineffective communication, compliance, satisfaction, and healthcare access (Britigan et al., 2009).

Further, it is important to ask why people are afraid to venture out, learn the culture, and become more involved in the community. Reality is that many Latinos live in fear of deportation. Though the majority of Latinos are US citizens, “most have at least one immigrant family member residing under the same roof, who may or may not be a citizen” (Vidal de Haymes, 2007). Therefore, many choose to live a life of isolation, because isolation means safety and the risk of becoming discovered is very minimal. This isolation is dangerous to families with children because they go unseen by medical providers unless a severe life-threatening event occurs or after disease is no longer preventable, but actually existent. Research suggests that fear keeps many parents from allowing their children to access care in the case of significant injury or illness. Fear is embedded in the idea that their children will not receive proper care because they are “unknown to their doctor.” The most significant cause of their fear was rooted in citizenship and documentation. Parents live in fear that they will be separated from their loved ones if deported. This is why so many Latinos isolate themselves in their homes (Hofwegen & Killion, 2011).

Finances

Several Latino individuals also face barriers in the form of finances or insurance. Many have difficulty obtaining an insurance plan due to fluctuating incomes. Once they obtain insurance, Latinos face the trouble of obtaining enough money to pay copays. Regardless, the Latino community faces several obstacles in financing their healthcare. Most Latinos taking part in the

“Hazlo Bien” study accessed medical attention in community clinics, doctor’s offices, hospitals or urgent care setting; yet, 80% of them did not have health insurance, begging the question of how often they access medical care considering they have to pay cash each time they need medical attention. Researchers also noted that 45% of their participants could not afford to participate in existing physical activity groups and programs (Mitchell, 2012). Further, Latinos, of all people in the US, are less likely to have any form of health insurance and the most likely to encounter health care barriers. Latinos who do not receive health care due to barriers are less likely to be received with respect and empathy when they are finally granted access to health care services, more likely leaving them out of the decision making process and not allowing them to establish rapport and receive empathy (Victorson et al., 2014).

Once Latinos obtain health insurance, they then report difficulty in accessing healthcare because of which provider their insurance allows them to see. For example, many Latinos may live near a large private hospital, but their Medicaid is only accepted at a county hospital located 60 plus miles away. Although many local community clinics, with limited services, may be available to the Latino community, the copay is many times too great of a financial burden on families (Hofwegen & Killion, 2011). Such issues present as problems for families with children who require medical access but do not have the means to travel such long distances. Families are not able to make the long trips due to working hours, transportation or school hours. Current protocol prevents many Latinos from accessing healthcare that is already available. Therefore, one must beg the question is the established methods are sufficient for allow Latinos to access their healthcare providers.

Hofwegen and Killion inform that 80% of Latino children have health insurance. The problem remains in the fact that Latino parents report difficulty in maintaining or obtaining

insurance for their children. Further, parents showed great frustration because not all their children receive the same benefits and some were granted insurances that the others do not have access to. Their US born children qualify for healthcare access that their other children do not have access too because they were born outside of the US. Therefore, some of their children had privileges others did not have; for example, dental or eye insurance. Researchers add that many Latinos have difficulty maintaining their existing insurance because their income fluctuates, making their income-based-eligibility difficult to reestablish. Adding to the fact that if a child is sick, they may not have insurance after a year of having insurance to treat a severe medical condition. Such realities cause stress on families and children to not trust current healthcare opportunities that exist for their benefit.

Patient-provider trust

Patient provider mistrust is rooted in the fact that there are language barriers, false perceptions and stereotypes, and a lack of education regarding beliefs and traditions on both provider and patient end. In “Hazlo Bien!” researchers noted that isolation and mistrust are especially high in first-generation Latinos. Cohen and Chavez (2013) provide stories with repetitive themes of Latinos sharing experiences of miscommunication between themselves and providers. Participants shared personal experiences of being ignored when their children needed medical service and feeling that doctors and healthcare workers would not share information because “doctors don’t think I understand them when they speak English and they don’t think I can pay for service! But I have money to pay. I can cover my expenses!” Study participants inform that Latino healthcare problems are attributed to the poor treatment they receive from others, in addition to their restricted access to healthcare services. Cohen and Chavez state that

“Studies have demonstrated that Spanish-speaking immigrants do not have equal access to medical care and struggle to find care as they face discrimination by doctors, who falsely believe they cannot speak English, cannot afford care and cannot understand instructions.”

In addition, because many providers are not trained to work with newly migrated Latinos, they are not aware of traditional foods, medicines and practices. Because of this lack of education, treatments remain ineffective when attempting to create a treatment plan for Latinos. By learning such aspects of the Latino culture, providers may become more effective, allowing Latinos feel like their visits are not rushed, and they are being listened to and understood. Many Latinos believe that interactions with their providers are too brief and not informative enough. Others add that they are simply given “Tylenol” without receiving a comprehensive physical examination or explanation. Hofwegen and Killion add that many of their participants were treated with disrespect and were approached as if they were ignorant to the health of their own children. Such experiences are reasons why many Latinos choose to not trust their healthcare providers (Hofwegen & Killion, 2011).

Cultural attitudes about beliefs, illness and medical care may decrease provider-patient relationships. Some Latinos believe health is a result of behavior. Therefore, providers must learn to tailor their language to take focus off negative perceptions. By taking time to learn about Latino Culture, provider-patient trust grows, families become more open and compliant, and children’s health benefits as they too learn to trust their medical providers.

Lack of Healthcare Education

Lack of health education leads many Latinos to learn from each other, instead of receiving education from a healthcare provider. Further, because many Latinos do not have

access to credible education, they lack information required to live healthy lives, affecting themselves and their children. Therefore, children grow up living unhealthy lifestyles and do not learn until they become ill. A study completed by Denise Britigan, Judy Murnan and Liliana Rojas-Guyler, revealed that when Latinos fall ill, their primary source to health information becomes the media (such as the internet), followed by a medical setting (Britigan et al., 2009).

Research conducted by A.H Skelly questioned how Latinos learned about various diseases and found that half of the participants learned what they know about healthcare from family and friends, “Hispanics relied more on self-efficacy and internet communications...” Skelly adds that Hispanic college graduates relied more on media for seeking information about physicians. To add to the discussion, two additional studies asked two independent groups of Latinos (200 and 500 participants) where they go for help when they are ill. The most popular answers for both studies were relatives (4% and 19% respectively) and television, books or magazines (1.5% and 17% respectively).

Therefore, it is vital to provide medical education that aims to target Latino populations. Whether the education comes in the form of television commercials, Spanish literature or community programs; “Educational programs and materials tailored to Latinos are important for increased awareness and early detection. Educational campaigns should use multiple vehicles, including television, radio, newspapers, and magazines, in both English and Spanish. These educational campaigns can be supported by federal, state, local and private resources” (Vega et al., 2009).

Spanish education is important because as “Hazlo Bien” researchers found, half of their participants admitted to drinking two or more sodas a day. Nearly 80% stated that they exercise less than three days a week for less than 30 minutes. Roughly 50% added that they simply do not

have time to cook healthy meals (Mitchell, 2012). Such lifestyles have potential of changing if they were simply educated in a way that the language barrier can be broken and changes are made, in order to pave the way to a healthy lifestyle.

Survey

Our intention is that this survey be utilized to receive research meant to further grow knowledge regarding Latino youth and their access to healthcare. In order to continue, another research team must proceed with this very same research. IRB approval must be obtained. Further, parent consent forms must be created, along school superintendent consent forms. Additionally, students must be given the opportunity to opt out of completing the survey.

The questions below are written to be understood by individuals at the Junior High and High School level. In order to create this set of questions, research conducted from other individuals was evaluated and molded for form questions to be understood by individuals at various educational levels.

General

1. Are you Latino?
2. What is your gender?
3. Grade Level
4. Language spoken at home

Discrimination

1. Do you feel accepted by your classmates?
2. Do you feel accepted by your teachers?
3. Are there other Latinos around the area in which you live?

4. Do you feel accepted by your doctor?

Language

1. Which language is spoken at home?
2. Do your parents speak English?
3. Do you and your doctor speak the same language as you?
4. Do you understand the instructions your doctor gives you?

Acculturation

1. What do your parents do when you become sick?
2. Circle the sources that teach you about health: TV, Radio, Internet, community members, school faculty, medical professionals
3. Do you feel there are people of various ethnicities where you live?
4. Do you and your family attend community events?
5. Do you know of community events available in Spanish?

Finances

1. Is money ever the reason you do not see your doctor?
2. Are your parents able to afford your medications?
3. Do you know what Insurance means?
4. Do you have insurance?

Patient Provider Trust

1. Have you gone to see a doctor in the last year?
2. Do you wish you could see your doctor more often?
3. Do you like your doctor?
4. Do you think your doctor understands the reasons you visit?

Lack of Healthcare education

1. Who teaches you about health?
2. Where do you go to learn about health?
3. When you become sick, whom do you tell?

Discussion

Discrimination

Latino Americans are experiencing discrimination on several levels. In order to stop discrimination, for the sake of advancing the futures of Latino youth, education must begin with adults. A multifactorial problem must be addressed at various levels, such as local government and community, the healthcare system, and most important for youth, schools.

Cohen and Chavez (2013) provide suggestions based on the research and feedback received from their own studies and urge for local advocacy organizations to push beyond educating Latinos to become better citizens and begin to organize efforts to push business and state leaders to reform their practices and reach out to the Latino Community (Cohen & Chavez, 2013). Integrating Latino traditions such as food, music, sports and even holidays into local community events may (1) educate the local community on Latino culture, (2) attract Latinos to take part in local events, (3) and create a sense of community.

Overcoming the walls of discrimination must start in the classroom. Nine percent of Latinos, taking part in Cohen and Chavez research, noted that their children were harassed by students, teachers and administrators. Properly training school faculty on diversity acceptance will educate teachers to accept and understand their Latino students. Integrating crafts, lessons, music and sports derived from Latino culture will help Latinos feel included, and other students

to begin to understand and accept other cultures. This will allow Latino youth to trust their faculty when their teachers turn around and teach them to about health and to also trust their providers (Cohen & Chavez, 2013).

Patient-Provider Trust

Educating healthcare providers is a vital advancement that contributes to decreasing stereotypes, discrimination and helps improve trust between patients and providers. Thus, education for medical providers must also begin in the classroom. Integration of culture, diversity and personal identity into educational curriculums of medical professions and social workers is vital in developing programs, treatments and creating understanding providers (Vidal de Haymes, 2007). Further, in order to keep providers educated on an evolving Latino culture, Continuous Medical Education (CME) modules may be utilized as a form of education for both physicians and midlevel providers.

Additionally, healthcare workers must have a solid understanding of the communication channels utilized by the community in which they work. Such understandings include levels of health literacy, the sources by which patients in their communities receive health information and education, and programs available to help meet the needs of the local community. Once these understandings are established, programs may be developed that better address cultural and behaviorally appropriate health promotions, in hopes of changing health behaviors. Successfully providing healthcare to the Latino community begins with healthcare providers acquiring cultural understanding in order to provide culturally acceptable personal interactions, positive interventions, and precise and understandable explanations (Hofwegen & Killion, 2011)

Language Barriers

Implementing information in the language people understanding is the first step in advancing any form of healthcare. Therefore, Midwestern states, such as Ohio, must provide the same service for the Spanish speaking Latino population.

Dr. Mitchell provides suggestion based on personal research conducted by adding that it's vital to (1) provide Spanish advertisements via radio or posters posted at local grocery stores, (2) include events that will appeal to the Latino community at larger community events to draw in diverse groups of people, (3) consider financial costs such as transportation, childcare, and work schedules when attempting to engage Latino community members (Mitchell, 2012). If literature is provided in Spanish, Latino medical attendance increases, treatments become more compliant, and follow up appointments will be attended. Further, implementing visual aids and simple Spanish language, allows for better patient compliance to Latinos with limited English proficiencies.

Providing healthcare education to Latino youth in locations such as schools, churches, and community events also helps educate student Spanish speaking families. As many Latino children are raised bilingual, they have the capability to provide education, received in English, to their Spanish speaking families.

Finances

The issues of finances and insurance are the two components of health care that discourage and frustrate Latinos. Once insurance is obtained, the issue of covering copays becomes a problem. Therefore, finding ways to decrease visits to ensure lower medical costs becomes a solution to a growing problem. Based on their research, authors of eSalud believe that Latino communities can be reached by utilizing electronic technologies and systems to deliver

health information and resources between healthcare providers and patients. This concept of electronic medicine decreased the amount of face time patients have with providers, decreasing cost of healthcare. Such money saving systems include internet, mobile or tablet devices, and community kiosks. Technological resources include health internet forums, text messaging with reminders, smart phone apps and kiosks that promote healthy eating habits and daily activities; “The primary goal of eHealth applications is to facilitate rapid, accurate, real time health information, feedback, and skills training to improve patient care and allocate health care resources to patients in a more efficient accessible, and cost effective manner.” These technologies may be used to reach minority groups who lack immediate access to care by delivering information, education and symptoms management support to disenfranchised groups (Victorson et al., 2014).

Further, it is vital to provide social workers who are familiar with insurance opportunities already available for Latino families; social worker who are available to help regardless of the current situations families are facing.

Acculturation

In order to prevent isolation, unifying the Latino community will allow Latinos to build a support system for each other to learn to live in a new community. Combining various community representatives to work together to improve Latino barriers would be beneficial. Such groups should include the health department, the school district, local universities, religious centers, recreational centers, libraries, local Latino-serving social groups, local medical staff, and Latino community formed committees. If all these groups work together, Latinos could learn to overcome language barriers, learn how to finance their healthcare, trust providers, overcome fears of discrimination and learn to live in a diverse community.

“Hazlo Bien” participants provided their own recommendations on how to improve Latino Healthcare access with the following suggestions: engage the Latino community by incorporating Spanish native propaganda, integrate the important role of music, dancing and even sports events that appeal to the Latino community. Local academic-community groups have the opportunity to organize volunteers to attend such cultural events to provide health screening and education to the Latino community.

Hofwegen and Killion inform that many of their participants found that when healthcare is integrated in the community with school and support groups, they are more likely to access that care and actually consider that care an asset to the health of their children. Such programs that were made available to this specific Latino community included support groups for first-time mothers, education classes for parents of newborns to five year olds, and parents interaction groups. At the conclusion of Hofwegen and Killion’s research, they implanted successful changes that positively influenced the local Latino community. Such changes included (1) communicating with and educated local healthcare providers, organizing community clinic events at local schools, and integrating health education classes at the local libraries (Hofwegen & Killion, 2011). These changes allowed for better access to the community, resulting in a healthier Latino community.

Healthcare education

Bridging academic-community gaps to pave the way for healthcare education would allow for students the opportunity to learn how to gain access to healthcare providers with an instilled trust and compliant state of mind when approaching their personal health. Taking education to schools will allow students to become accustomed to received health education at an early age. In “Hazlo Bien,” researches state that participatory strategies can be “empowering,

leading to engagement, and results in improved health outcomes in disparate populations at high risk for poor outcomes.”

Compared to the general population, Latinos watch more television, making them more likely to take action based on information learned from what they watch on television. H.A. Wilken conducted a study that found that there is an increased response from Latinos to public service announcements encouraging viewers to call a hotline regarding specific health conditions. The volume of callers increased on days that public service announcements were made. Further, Latinos encouraged others in their lives who may benefit from specific health conditions announced that day via public service announcement. Victorson also found that as English language skills increase, so does the likelihood that the internet will be used to access healthcare information and access. Such research suggests that children of Latinos will therefore more likely learn and access healthcare if they obtain strong English language literacy.

G. Makoul utilized a kiosk to educate Latinos on the anatomy and risks of colorectal cancer in simplified language, while integrated diagrams and illustrations, and found that Latino participation increased by 50% and were more willing to undergo various forms of colorectal cancer screening. Similarly, Leeman-Castillo made a kiosk available that provided health information in both English and Spanish and found that he was able to promote initiation and maintain healthy diets and physical activity among Latinos (Victorson et al., 2014). 2012 Pew Research states that Latinos are just connected to technology as other ethnic groups and are three times more likely to access online sources from a mobile device (Victorson et al., 2014). Therefore, mobile devices may serve as a medium of text message reminders, reaching online portals, or accessing search engines for further patient education modules.

Conclusion

Like every citizen in the US, each Latino too requires preventative health, health promotion and elimination of disease. Latino children remain vulnerable, with the lack of healthcare access, rooted from the fears of their parents. The long-term implications are still unknown, but together with support from health care providers, strides can be made toward improving access to the local Ohio Latino community (Hofwegen & Killion, 2011).

The issue roots from the fact that the lack of Latino youth education is a multifactorial problem; therefore, educating all Ohio Latinos will not be a quick or easy fix. The solution to the problem is a matter of reaching out to one individual at a time.

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