Access to Care for Latinos: Challenges and Potential Solutions

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Oregon Society of Physician Assistants Annual Conference
October 25, 2019
Latino Community

• ¿Quiénes somos? (Who are we?)
• ¿Cuáles son nuestras raíces? (What are our roots?)
• ¿De donde venimos? (Where do we come from?)
• ¿Porqué estamos aquí? (Why are we here?)
• ¿Cómo contribuimos? (How do we contribute?)
Population

1. Latinos make up **12%** of Oregon’s population.

2. Oregon’s Latino population has grown **72%** since 2000.

3. Latinos make up **5%** or more of the population in most Oregon counties.

Oregon Community Foundation (2016) *Latinos in Oregon, Trends and Opportunities in a Changing State*
Population

4. **64%** of Latino Oregonians are U.S.-born.

4. **49%** of Oregon Latinos are bilingual.

4. **15%** of Latino Oregonians report Hispanic origins outside of Mexico.

The number of US-born Latinos has grown much faster than the number of Latino immigrants in Oregon.

- US-born: 248,804 to 300,508
- Foreign-Born: 171,391 to 173,221

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Oregon Community Foundation (2016) *Latinos in Oregon, Trends and Opportunities in a Changing State*
Most growth in the Latino population has occurred in Oregon’s western counties.

Largest number of Latinos reside in Washington Co.

Percent change in Latino population between 2000 and 2010-2014, American Community Survey, U.S. Census Bureau

Oregon Community Foundation (2016) *Latinos in Oregon, Trends and Opportunities in a Changing State*
Place of birth of Foreign-Born & Language spoken at home

Figure 7. While most Oregon Latinos are of Mexican descent, populations from other backgrounds have been growing.

- Mexican: 85.5%
- Other Hispanic or Latino: 4.7%
- Central American: 4.1%
- South American: 2.4%
- Puerto Rican: 2.2%
- Cuban: 0.9%
- Dominican: 0.2%

Figure 8. Nearly half of Oregon Latinos are bilingual.

- Bilingual: 206,543
- English-Dominant: 130,390
- Spanish-Dominant: 80,088

Language spoken at home by Latinos, American Community Survey, U.S. Census Bureau

Percentage of Latinos by Hispanic origin, 2010-2014, American Community Survey, U.S. Census Bureau

Oregon Community Foundation (2016) Latinos in Oregon, Trends and Opportunities in a Changing State
Table 1. The 10 districts with the largest Latino populations account for about half of all enrolled Latino students.

<table>
<thead>
<tr>
<th>District</th>
<th>Latino Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salem-Keizer SD 24J</td>
<td>15,273</td>
</tr>
<tr>
<td>Beaverton SD 48J</td>
<td>9,859</td>
</tr>
<tr>
<td>Portland SD 1J</td>
<td>7,640</td>
</tr>
<tr>
<td>Hillsboro SD 1J</td>
<td>7,584</td>
</tr>
<tr>
<td>Reynolds SD 7</td>
<td>4,681</td>
</tr>
<tr>
<td>Woodburn SD 103</td>
<td>4,584</td>
</tr>
<tr>
<td>Medford SD 549C</td>
<td>3,401</td>
</tr>
<tr>
<td>Tigard-Tualatin SD 23J</td>
<td>3,227</td>
</tr>
<tr>
<td>Gresham-Barlow SD 10J</td>
<td>3,207</td>
</tr>
<tr>
<td>Forest Grove SD 15</td>
<td>3,128</td>
</tr>
</tbody>
</table>

Figure 17. Latinos in Oregon are less likely to have postsecondary degrees than their white counterparts.

- Less Than High School Diploma: 41% Latino, 9% White
- High School Graduate: 24% Latino, 25% White
- Some College or Associate Degree: 23% Latino, 36% White
- Bachelor's Degree or Higher: 12% Latino, 31% White

Educational attainment for the population 25 years and over, 2010-14, American Community Survey, U.S. Census Bureau

*Latino enrollment by district, 2015-16, Oregon Department of Education*

Oregon Community Foundation (2016) *Latinos in Oregon, Trends and Opportunities in a Changing State*
Employment

Figure 18. A large percentage of Latinos are in the workforce.

- Latino: 74% (2005-2009), 72% (2010-2014)
- White: 64% (2005-2009), 61% (2010-2014)

Figure 19. A higher percentage of Latinos are unemployed compared to their white counterparts.

- Latino: 10% (2005-2009), 9% (2010-2014)
- White: 5% (2005-2009), 6% (2010-2014)

Labor force participation rates, American Community Survey, U.S. Census Bureau

Unemployment rates, American Community Survey, U.S. Census Bureau

Oregon Community Foundation (2016) Latinos in Oregon, Trends and Opportunities in a Changing State
Employment

Figure 21. Latino Oregonians have a lower median household income than do white Oregonians.

- White: $49,846 to $51,397
- Latino: $36,572 to $39,723


Median household income, American Community Survey, U.S. Census Bureau

Figure 22. Latino Oregonians have a lower per capita income than do white Oregonians.

- White: $27,267 to $28,690
- Latino: $12,447 to $13,740


Per capita income, American Community Survey, U.S. Census Bureau

Oregon Community Foundation (2016) Latinos in Oregon, Trends and Opportunities in a Changing State
Sources of Vulnerability

1. Socio-economic background
2. Immigration status
3. Limited English proficiency
4. Policies on access to public services
5. Residential location
6. Stigma and marginalization

Health care discrimination

Discrimination & medical mistrust

**Latino Health Paradox**

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**Latinos Are Less Likely To Have Health Insurance**

Percent uninsured (18–64 yrs, 2011–2013)

- U.S. population: 20.8%
- White, non-Hispanic: 15.1%
- Hispanic/Latino: 41.5%
  - Mexican: [Bar Chart]
  - Puerto Rican: [Bar Chart]
  - Cuban: [Bar Chart]
  - Central American or South American: [Bar Chart]

Note: Persons of Hispanic/Latino ethnicity can be of any race or combination of races.

Source: CDC

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THE HUFFINGTON POST
Health insurance

• Hispanic Oregonians had the highest uninsurance rates.

• About one in five (21.2%) Hispanic Oregonians were uninsured at some time in the past year.

Prenatal care

- FewerLatinas receive prenatal care, but the gap between white women and Latinas is decreasing.

Oregon Community Foundation (2016) *Latinos in Oregon, Trends and Opportunities in a Changing State*
Teen pregnancy

The teen pregnancy rate among Latinas has decreased more than the rate among white teens, but the rate among Latinas is still more than double the rate for non-Hispanic white teens.

Pregnancy rates among 10-to-17-year-olds, Oregon Health Authority

Oregon Community Foundation (2016) *Latinos in Oregon, Trends and Opportunities in a Changing State*
Foreign-Born Latinos Are Healthier

Percent of increased prevalence of selected diseases and risk factors of U.S.-born Latinos compared to Latino immigrants

- Obesity: +30%
- Hypertension: +40%
- Smoking: +72%
- Heart disease: +89%
- Cancer: +93%

Note: Persons of Hispanic/Latino ethnicity can be of any race or combination of races.

Source: CDC
Healthcare Challenges

- Higher incidence of stroke, cancer, heart disease, diabetes

- Hispanics are 66% more likely than non-Hispanic Whites to have diabetes (CDC, 2011)

- 50% more likely to die from diabetes or liver disease than white. (CDC Vital Signs, 2015)

- 24% more poorly controlled high blood pressure

- 23% more obesity, 1/3 Latino youth is overweight

- 28% less colorectal screening

- Women’s health: annual PAP, mammography: dispel fears and taboos
Latinos Have Lower Death Rates Than Whites For Most Leading Causes Of Death In The U.S.

Mean death rates per 100,000* for selected populations and the leading causes of death in the U.S., 2013

- U.S. population
- White, non-Hispanic
- Hispanic/Latino

*Bold* indicates Latinos have a higher death rate than whites

- Malignant neoplasms (cancer)*
- Heart disease*
- Unintentional injuries
- Cerebrovascular diseases
- Diabetes mellitus
- Chronic liver disease and cirrhosis
- Chronic lower respiratory diseases
- Alzheimer’s disease
- Influenza and pneumonia
- Nephritis/Nephrotic syndrome and nephrosis (kidney disorders)
- Suicide
- Homicide
- Septicemia (bacterial infections)
- Certain conditions originating during the perinatal period
- Essential hypertension and hypertensive renal disease

*Note: Persons of Hispanic/Latino ethnicity can be of any race or combination of races.

Source: CDC  THE HUFFINGTON POST
Differences in 10 leading causes of death

<table>
<thead>
<tr>
<th>Hispanics</th>
<th>Non-Hispanic Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Heart Disease</td>
<td>2. Chronic Lower Respiratory Diseases</td>
</tr>
<tr>
<td>3. Unintentional Injuries</td>
<td>3. Unintentional injuries</td>
</tr>
<tr>
<td>5. Diabetes</td>
<td>5. Alzheimer’s Disease</td>
</tr>
<tr>
<td>7. Chronic Lower Resp. Dis.</td>
<td>7. Influenza &amp; Pneumonia</td>
</tr>
<tr>
<td>8. Alzheimer’s Disease</td>
<td>8. Heart Disease</td>
</tr>
<tr>
<td>9. Influenza &amp; Pneumonia</td>
<td>9. Suicide</td>
</tr>
</tbody>
</table>

(CDC, 2013: Vital Statistics Cooperative Program, Mortality Data Files)
Health care for all children

Healthcare Challenges

❖ Latinos have made gains in health indicators, however, racial and ethnic disparities remain, performing worse on most measures of access and utilization of care than non-Latino whites.

❖ Citizenship status, language, socioeconomic factors and lack of awareness of ACA’s provisions add to persistent disparities.

Figure 2. Leading Sites of New Cancer Cases and Deaths among Hispanics – 2015 Estimates

**Estimated New Cases***

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>Breast</td>
</tr>
<tr>
<td>13,000 (22%)</td>
<td>19,800 (29%)</td>
</tr>
<tr>
<td>Colon &amp; rectum</td>
<td>Thyroid</td>
</tr>
<tr>
<td>6,400 (11%)</td>
<td>6,000 (9%)</td>
</tr>
<tr>
<td>Lung &amp; bronchus</td>
<td>Colon &amp; rectum</td>
</tr>
<tr>
<td>5,000 (9%)</td>
<td>5,300 (8%)</td>
</tr>
<tr>
<td>Kidney &amp; renal pelvis</td>
<td>Uterine corpus</td>
</tr>
<tr>
<td>3,800 (7%)</td>
<td>5,100 (8%)</td>
</tr>
<tr>
<td>Liver &amp; intrahepatic bile duct</td>
<td>Lung &amp; bronchus</td>
</tr>
<tr>
<td>3,600 (6%)</td>
<td>4,600 (7%)</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>Non-Hodgkin lymphoma</td>
</tr>
<tr>
<td>3,300 (6%)</td>
<td>2,900 (4%)</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>Kidney &amp; renal pelvis</td>
</tr>
<tr>
<td>2,500 (4%)</td>
<td>2,800 (4%)</td>
</tr>
<tr>
<td>Leukemia</td>
<td>Ovary</td>
</tr>
<tr>
<td>2,400 (4%)</td>
<td>2,100 (3%)</td>
</tr>
<tr>
<td>Oral cavity &amp; pharynx</td>
<td>Leukemia</td>
</tr>
<tr>
<td>1,900 (3%)</td>
<td>2,100 (3%)</td>
</tr>
<tr>
<td>Stomach</td>
<td>Uterine cervix</td>
</tr>
<tr>
<td>1,800 (3%)</td>
<td>2,000 (3%)</td>
</tr>
<tr>
<td>All sites</td>
<td>All sites</td>
</tr>
<tr>
<td>58,400 (100%)</td>
<td>67,500 (100%)</td>
</tr>
</tbody>
</table>

**Estimated Deaths**

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung &amp; bronchus</td>
<td>Breast</td>
</tr>
<tr>
<td>3,400 (17%)</td>
<td>2,800 (16%)</td>
</tr>
<tr>
<td>Liver &amp; intrahepatic bile duct</td>
<td>Lung &amp; bronchus</td>
</tr>
<tr>
<td>2,300 (12%)</td>
<td>2,400 (13%)</td>
</tr>
<tr>
<td>Colon &amp; rectum</td>
<td>Colon &amp; rectum</td>
</tr>
<tr>
<td>2,100 (11%)</td>
<td>1,700 (9%)</td>
</tr>
<tr>
<td>Stomach</td>
<td>Pancreas</td>
</tr>
<tr>
<td>1,000 (5%)</td>
<td>1,400 (8%)</td>
</tr>
<tr>
<td>Leukemia</td>
<td>Ovary</td>
</tr>
<tr>
<td>1,000 (5%)</td>
<td>1,100 (6%)</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>Liver &amp; intrahepatic bile duct</td>
</tr>
<tr>
<td>800 (4%)</td>
<td>1,000 (6%)</td>
</tr>
<tr>
<td>Kidney &amp; renal pelvis</td>
<td>Leukemia</td>
</tr>
<tr>
<td>700 (4%)</td>
<td>800 (4%)</td>
</tr>
<tr>
<td>Uterine corpus</td>
<td>Stomach</td>
</tr>
<tr>
<td>700 (4%)</td>
<td>700 (4%)</td>
</tr>
<tr>
<td>All sites</td>
<td>All sites</td>
</tr>
<tr>
<td>19,900 (100%)</td>
<td>17,900 (100%)</td>
</tr>
</tbody>
</table>

*Estimates exclude basal and squamous cell skin cancers and in situ carcinoma except urinary bladder.
Oral Health

- A large disparity.
- 68% of Latino children 6-9 years old had a cavity
- 25% had untreated decay
- 24% had rampant decay

Oregon Health Authority: Oral Health Oregon 11.3.2015
Oral Health

- **Certain counties in Oregon have fewer dentists compared with the number of residents they serve**, and only about 2 of every 5 dentists report seeing Medicaid patients (41.5%). This could pose a challenge for members trying to access services.

- **Adult CCO members receive oral health services at lower rates than children.** Only about 1 in 3 adults receive dental services in a given year, compared with a little more than half of children. Adults are also less likely to report having a regular dentist (57% of adults compared to 79% of children).

- **Many members do not receive preventive dental services, like regular cleanings, fluoride treatments, and dental sealants.** Only 1 in 5 adults and just over half of children (50.1%) had a preventive service between July 2015 and June 2016. This is important, because dental diseases are largely preventable.

- **When stratified by race/ethnicity, the data show variation between groups.** Members who identify as Hawaiian/Pacific Islander consistently receive services at lower rates than other members. Members identifying as Asian American generally have higher rates of utilization and follow-up.

Mental Heath Support

- US born Latinos: higher rates of depression and phobias
- Acculturation may lead to an increased risk of mental disorders
- Latino youth more anxiety-related problem behaviors, drug use and Suicide.

Source: Mental Health Culture, Race, and Ethnicity: Mental Health Care for Hispanic Americans. NCBI.nlm.nih.org
Latina women are “in charge” of the family’s health needs, and therefore serve as an important communicator of health information.
• The Latina Paradox

Top three health-related causes of death for women as a whole:
  o Heart conditions
  o Cerebrovascular diseases
  o Cancer.

<table>
<thead>
<tr>
<th>Mortality Rates/100,000 (2013 numbers)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiovascular</strong></td>
</tr>
<tr>
<td>• Latinas: 78.3</td>
</tr>
<tr>
<td>• Whites: 267.6</td>
</tr>
<tr>
<td>• Blacks: 211.9</td>
</tr>
<tr>
<td>• Asians: 94.1</td>
</tr>
<tr>
<td><strong>Cerebrovascular</strong></td>
</tr>
<tr>
<td>• Latinas: 16.1</td>
</tr>
<tr>
<td>• Whites: 50.6</td>
</tr>
<tr>
<td>• Blacks: 39.2</td>
</tr>
<tr>
<td>• Asians: 23.8</td>
</tr>
<tr>
<td><strong>Cancer: Leading cause of death</strong></td>
</tr>
<tr>
<td>• Latinas: 298</td>
</tr>
<tr>
<td>• Whites: 155</td>
</tr>
<tr>
<td>• Blacks: 180.6</td>
</tr>
</tbody>
</table>

Breast cancer leading cause of death
Work Related Conditions – Agricultural Work

- Pesticide Exposure
- Heat stress
- Dermatitis due to poison oak, dog fennel, hops, celery and latex gloves
- Eye related injuries
- Hypersensitivity pneumonitis
- Occupational dust diseases of the lung
- Occupational asthma
- Occupational respiratory conditions due to toxic agents
- Bronchitis, Emphysema
“Culture is learned, it is possible to learn the way of different cultural groups. The goal for all of us is not just to learn a fact about a culture but to know when and how the fact may apply.”

—Delivering Health Care to Hispanic: National Alliance for Hispanic Health
Latino health & cultural beliefs

- The Latino culture tend to be highly group-oriented.
- Extended family model

- Respeto/Respect
- Cortesía/Courteous
- Personalismo, Simpatía/Personality-
- Personas de Confianza/Trustworthy
- Familism
- Religiosity/Religious beliefs
- Fatalism vs. destino/Destiny
“Latino culture has several normative values and must be recognized in clinical settings. These include simpatía (kindness), personalismo (friendliness), and respeto (respect)”

Gregory Juckett, MD, MPH
Healing traditions
Latino Health & Cultural Beliefs

• Traditional Practices (self care)
  – Teas, herbs
  – Home remedies
  – Antibiotics or other medications from other person or from country of origin
  – Over the counter
  – Massage
  – Other treatments
Health and Cultural Beliefs: Curanderismo

- **Antojo**: cravings during pregnancy, failure may lead to injury to baby.
- **Ataque de nervios**: episodic, dramatic, response to stressors
- **Barrevillos**: obsessions
- **Bilis**: bile flowing into blood stream after traumatic event
- **Caída de la mollera**: sunken fontanel in an infant
- **Decaimientos**: fatigue and listlessness from a spiritual cause
Health and Cultural Beliefs: Curanderismo

- **Empacho**: intestinal painful obstructions
- **Mal de Ojo**: “evil eye” affect infants or women, cause by a person with strong eye, admiration or jealousy
- **Nerviosismo**: “sickness of the nerves”, treated medicinally and/or spiritually
- **Pasmo**: paralysis extremities, face. Treated with massage
- **Susto**: a fright, “soul loss”. Can be acute or chronic, affect both women and men
“Being able to understand another person’s culture...can be a key element of providing quality care”

National Alliance for Hispanic Health
HEALTHCARE RECOMMENDATIONS

- Covey a welcome environment
- Involve the family during hospitalizations
- Multiple family members will come and visit
- Assess patient’s language of choice
- Family members may want to interpret for the patient, explain why it is not allow, invite them to be in the room with the interpreter
HEALTHCARE RECOMMENDATIONS

• Explain all medical procedures and treatments thoroughly, use teach back methods

• Ask for spiritual needs, respect *amuletos*, religious medals.. Explain why it needs to be removed before a procedure is done

• Positive experiences leads to loyalty to the provider/clinician

• Bad experiences are shared with family and friends
HEALTHCARE RECOMMENDATIONS

• Bilingual staff

• Basic Spanish in-service training for staff

• Ensure adequate care and follow up: TEACH BACK

• Know the health insurance status of the patient, can he/she able to fill prescriptions?

• Provide and assist how to access financial assistance information

• Know which social services are needed and available
HEALTHCARE RECOMMENDATIONS

• Spanish health education materials, correctly translated with the adequate health literacy levels

• Provided health information to the head of household, or the identified family member taking care of older adult

• Convey a welcoming environment 😊
HEALTHCARE RECOMMENDATIONS

• Spanish health education materials, correctly translated with the adequate health literacy levels

• Provided health information to the head of household, or the identified family member taking care of older adult

• Convey a welcoming environment 😊
Oregon Workforce

Figure 1: Increasing diversity in Oregon

Figure 2: Health care workforce vs Population

Note: Providers with missing data were excluded from the analysis. Racial categories exclude Hispanics.

Figure 4: Languages spoken by Oregon’s health care workforce

- English only: 79.6%
- Spanish: 10.3%
- Other Indo-European languages: 5.7%
- Asian and Pacific Islander languages: 4.5%
- Other languages: 1.2%

Note: See Methods and sources for definition of Indo-European languages.
Cultural Competent Workforce

• **Provides us with:**
  – A set of cultural behaviors and attitudes that allows workforce to work effectively in cross cultural situations.
  – Recognizes unique patient needs
  – Ability to be self-aware of our own cultural values, attitudes, perspectives, etc.

• **What is it not?**
  – An end point, but rather a work in progress.
Best Practices Language Services

- State of Oregon language services requirements for healthcare interpreters
- Tools available
- Business case for language services
Models of Care: Health Care System/Private Industry

Tuality Healthcare ¡Salud! Services

Providing access to healthcare services for Oregon’s vineyard workers and their families.
What We Do

Provide healthcare outreach services where the clients live and work, and promote wellness, prevention, and facilitate access to care. The program is staffed by four full-time bilingual/bicultural employees—two registered nurses, a health educator, and a program assistant.

Mobile Wellness Clinics at the Work Site

- Healthcare screenings
- Health education
- Flu and Tetanus vaccinations
- Occupational health and safety

Mobile Dental/Vision Outreach

- Medical Teams International
- Pacific University Dental Health School
What We Do—Continued

Patient Navigation and Advocacy for Access to Care

• Case management and follow-up care
• Grants for care on behalf of the patient to support community-based health centers and private providers

Migrant Health Research

• Oregon Institute of Occupational Health Sciences
• Oregon State University
• Pacific University
# Employment and Family Conditions

**TABLE 2. Multivariate Logit Regression Model of Factors Associated With Use of Health Care Services Among Foreign-Born Farmworker Men (N = 397)**

<table>
<thead>
<tr>
<th>Variables</th>
<th>OR</th>
<th>95% CI</th>
<th>( \beta )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works full time</td>
<td>2.49</td>
<td>(1.46–4.27)</td>
<td>.001</td>
</tr>
<tr>
<td>Employed directly by vineyard or winery</td>
<td>1.96</td>
<td>(1.11–3.45)</td>
<td>.020</td>
</tr>
<tr>
<td><strong>Cultural</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate family lives in Oregon</td>
<td>2.65</td>
<td>(1.61–4.35)</td>
<td>&gt;.001</td>
</tr>
<tr>
<td><strong>Access to care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has health insurance</td>
<td>1.92</td>
<td>(1.04–3.56)</td>
<td>.037</td>
</tr>
</tbody>
</table>

*Note. OR = odds ratio; CI = confidence interval. Final model includes only significant predictors; adjusted for other biogenetic (age), social (married/living with a partner, has children, years of education > 6, shares housing), and cultural (speaks English, has never visited country of origin since moving to the United States) factors. The Hosmer-Lemeshow test \((x^2 = 9.40, \ p = .310)\) was not significant which indicates a good model fit.*

# Use of Health Services Among Vineyard and Winery Workers (n = 504).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Odds ratio</th>
<th>90% Confidence interval</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Predisposing factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>1.01</td>
<td>(0.99–1.03)</td>
<td>0.345</td>
</tr>
<tr>
<td>Female</td>
<td>3.49</td>
<td>(2.09–5.82)</td>
<td>0.000</td>
</tr>
<tr>
<td>Married/living with a partner</td>
<td>1.08</td>
<td>(0.75–1.54)</td>
<td>0.737</td>
</tr>
<tr>
<td>Has children</td>
<td>1.60</td>
<td>(1.10–2.33)</td>
<td>0.041</td>
</tr>
<tr>
<td>Speaks english</td>
<td>1.54</td>
<td>(0.73–3.24)</td>
<td>0.480</td>
</tr>
<tr>
<td>Years of education &gt; 6</td>
<td>1.44</td>
<td>(1.01–2.05)</td>
<td>0.089</td>
</tr>
<tr>
<td>Works full time</td>
<td>2.08</td>
<td>(1.44–2.99)</td>
<td>0.001</td>
</tr>
<tr>
<td><strong>Enabling factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has health insurance</td>
<td>1.80</td>
<td>(1.17–2.78)</td>
<td>0.025</td>
</tr>
<tr>
<td>Currently enrolled in school</td>
<td>2.66</td>
<td>(1.22–5.79)</td>
<td>0.039</td>
</tr>
<tr>
<td>Shares housing</td>
<td>1.12</td>
<td>(0.79–1.58)</td>
<td>0.588</td>
</tr>
</tbody>
</table>

Fear of deportation, church attendance & health care utilization

Despite high prevalence of fear of deportation, support by FQHCs and churches may enable farmworkers to access health care services

Field Case Study

• 44 Years Old Female - Multiple health Issues
  • Thyroid/GI/Hypertension/History of Depression /Anxiety /Panic Attacks/GYN acute symptom
  • Antidepressant medications from Mexico
  • Husband ongoing legal status issues
  • Teenager school Issues
  • Dealing with work environment stressors – work with family members
  • Expected to provides support to entire family (here & Mexico)
  • Housing insecurities
Sound public policy

Quality of life is the sum total of the fairness of our tax structure; the caliber of our homes; the cleanliness of our air and water; and the provision of affirmative assistance to those who cannot assist themselves. True quality is absent if we allow social suffering to abide in an otherwise pristine environment.

–Tom McCall

Questions?

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