

The Health Status of the Hispanic Community in Delaware

An Issue Brief Presented by the Governor's Consortium on Hispanic Affairs

In Collaboration with the University of Delaware Center for Community Research and Service

Issue Brief 3 | October, 2008

Delaware is quickly becoming more diverse with the increasing population growth of people from a variety of Hispanic cultures. In fact, between 2000 and 2007, the Hispanic population in Delaware grew by 50%, much faster than the national rate of 29%. In order to identify and address the needs of Hispanic Delawareans, Governor Ruth Ann Minner established the Governor's Consortium on Hispanic Affairs. The Consortium began its work in 2007 by contracting with Bendixen & Associates (B&A) to conduct a comprehensive Delaware Hispanic Needs Assessment (DHNA) including: a statewide survey of over 800 Hispanic adults, in-depth interviews with community leaders, and focus groups with community members. Through data gathered through the DHNA, it was found that health care is a major issue within the Hispanic community. Some of the key issues within the issue of health include: health disparities related to certain illnesses, a large number of uninsured within the community, and barriers to accessing health care. This issue brief presents key health-related findings from the DHNA and from other government and nonprofit organizations.

What are Key Issues Related to Health in the Hispanic Community?

Similar to other minority groups, Hispanics experience health disparities in relation to rates of morbidity, mortality, and risk factors for some diseases. Although there are some positive health trends in the Hispanic community, such as the fact that they are less likely than Whites to have heart disease, cancer, or die from a stroke (Office of Minority Health, 2008), there are still many key health issues within the Hispanic community that are concerning. For instance, when examining health data for the Hispanic community, we find that:

Mexicans are twice as likely as Whites to be diagnosed with diabetes from a physician (DHHS, 2007).

- Hispanics are 1.6 times more likely to die from diabetes than non-Hispanics (DHHS, 2007).
- Hispanic women are 1.6 times more likely than Whites to suffer from cervical cancer (NCI, 2008).
- Compared to Whites, Hispanics are 11 percent more likely to be overweight or obese (DHHS, 2007).

- Hispanic males are almost three times more likely than white men to have HIV/AIDS. Hispanic women are five times more likely (Centers for Disease Control and Prevention, 2006).
- In the 2007 National Health Interview Survey, Hispanics were more likely than non-Hispanics to report that they experienced serious psychological distress in the past 30 days (National Center for Health Statistics, 2008).
- In regards to children, from 2001-2004, Mexican boys ages 6-11 were more likely than other races to be overweight (25.6%, versus 16.9% of whites and 17.2% of African Americans) (DHHS, 2007).

Generational Health Trends in the Hispanic Community

While comparing Hispanics to other races indi-

Written by, Nicole Ruggiano, Ph.D.

Funded by the Arsht-Cannon Fund at the Delaware Community Foundation.

An electronic copy of this brief can be found at www.delcf.org

cates that there are many health disparities in the community, studies have also suggested that there are health disparities across generations of Hispanic immigrants (Taningco, 2007). When comparing first generation Hispanics (those who migrate to the U.S. from another country), second generation Hispanics (their children), and third generation Hispanics (their grandchildren), we find that the overall health of the population is declining over time. For instance, first generation Hispanics are healthier in relation to their instances of diabetes and heart disease, but later generations perceive their health to be better overall (see Table 1).

Unfortunately, many of the health disparities experienced by Hispanics are related to preventable diseases or conditions. For instance, chronic liver disease was the 8th most common cause of death for Hispanics in 2007 (and coincidentally was not a leading cause of death for other racial groups studied) (U.S. DHHS, 2007). Considering that the leading cause of chronic liver disease is alcohol abuse (Riley & Bhatti, 2001), mental health services could be instrumental to reducing Hispanic’s risk of dying from the condition. However, according to the DHNA, *more than two-thirds of Hispanic Delawareans said they are without access to mental health services*. Similarly, during the same year, perinatal diseases were the 10th most common cause of death for Hispanics (U.S. DHHS, 2007). This may be related to the decreased likelihood for Hispanic women in Delaware (compared with Whites and African Americans) to receive prenatal care during the first trimester, a critical time in fetal development (Delaware Health Statistics Center, 2005).

What are Barriers to Health in the Hispanic Community?

Lack of Health Insurance The topic of health care has become a national agenda as public costs for Medicare, Medicaid and the Children’s Health Insurance Program (CHIP) have increased over the last several years. Despite increases in spending and coverage of government health care programs, large portions of the population still find that they cannot access health insurance or find affordable health care that meets their needs. This has been especially true in the case of the Hispanic population.

The DHNA indicates that a large proportion of Delaware Hispanics are without health insurance. Some of the concerning facts from the DHNA survey include:

- More than 45.7% of respondents reported not having public or private health insurance.
- Hispanics who are currently employed are no more likely to have health insurance than those who are unemployed.
- Hispanics living in households earning less than \$20,000 are significantly less likely to have any health insurance (41.7% versus 66.0%).
- Only 40.2% of Hispanic with limited English proficiency (LEP) report having health insurance, compared to 72.0% of Hispanics who speak English.

Table 1. Health Comparisons between First, Second, and Third Generation Hispanic Immigrants

Outcome Measure	Healthier Group
Mental Health	Generations 1 & 2
Overall Health	Generations 2 & Later
Overweight or Obese	No Difference
Diabetes	Generation 1
High Blood Pressure	Generation 1
Heart Disease	No Difference
Asthma	Generations 1 & 2

Source: Taningco, 2007

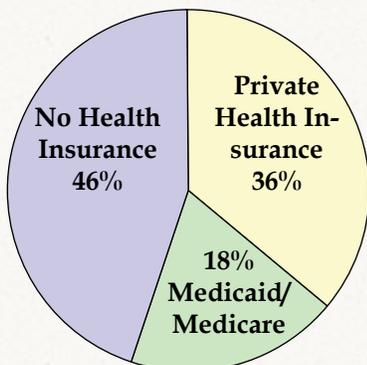


Figure 1. Percentage of Delaware Hispanics With and Without Health Insurance Coverage (DHNA)

-
- Hispanics with a high school diploma are more likely than those who don't to have health insurance (61.3% versus 43.1%).

Limited Access to Needed Health Care Services as a Barrier to Health Although lack of health insurance may present a significant barrier to services, research indicates that Hispanics who have health insurance access health services at lower rates compared to other racial groups (National Center for Health Statistics, 2008), suggesting that there are other factors that determine whether Hispanics in Delaware will receive the preventative healthcare services they need, including:

- **Poverty:** Hispanics with household incomes of less than \$20,000 per year are half as likely as those with higher household incomes to report that they have had a checkup by a doctor or nurse in the last five years. They are also less likely to have access to mental health care.
- **Education:** Hispanics who do not have a high school diploma are significantly less likely to report that they have had a regular checkup in the last five years (21.2% versus 12.2% of high school graduates).
- **Transportation:** Hispanics who do not have a driver's license are 2.5 times less likely than those with licenses to report having a regular checkup in the last five years.
- **English Proficiency:** Hispanics who have limited English proficiency (LEP) are significantly more likely than English speakers to report not having a health checkup (22.3% versus 7.3%) or health screening (42.6% versus 31.3%) in the last five years.

While these factors may influence Hispanics' ability to access care, research demonstrates that LEP status presents communication problems between medical professionals and patients, which may compromise the quality of care received. For instance, according to the DHNA, 39% of LEP Hispanics reported communication problems with health care professionals. Similarly, the Commonwealth Fund (2001), found that only 45% of Hispanics report that it is easy to understand instructions given by their doctor's office (versus 59% Whites); 64% say that it is easy to understand the directions on their prescription bottles (versus 79% Whites); and 16% of Hispanics say that they did not follow their doctor's instructions because they did not understand them (versus 5% Whites). Although patients who have LEP may request the use of an English interpreter, the 2001 National Health Care Quality Survey (Commonwealth Fund, 2001) reported that only 48% of individuals who needed an interpreter always or usually receives one.

Discrimination in the Health Care System Although not explored in the DHNA, research also indicates that Hispanics experience discrimination in the health care industry. When examining results from the 2001 Health Care Quality Survey (Commonwealth Fund, 2001) it becomes apparent that Hispanics, along with African Americans and Asians, do not receive the same quality of care. For instance, 18% of Hispanic respondents felt that they were treated with disrespect by a health care provider, compared to 9% of White respondents. Also, 13% of Hispanic respondents felt that they would receive better health care if they were of a different race or ethnicity, compared on only 1% of white respondents.

To address the health care problem in the short term there should be more bilingual health care providers from doctors to nurses to staff. In the long term, the federal government will have to address the insurance problem.

~ Public Sector Leader

Where Do We Go from Here?

Using DHNA data as well as information reported by government and nonprofit sources, it becomes evident that Hispanics in Delaware experience many health-related disparities, most notable elevated rates of disease. Although the DHNA, government, and nonprofit sources indicate that many of these disparities relate to preventable diseases, there are several barriers that have been identified to improving the health status within the Hispanic community, including: lack of health insurance, limited access to health care services, limited English proficiency, and discrimination in the health care industry. Given all of the barriers presented in the DHNA, the Consortium has proposed some activities that professionals in Delaware's public and nonprofit sectors can undertake to improve Hispanics' health status. They include:

- State officials should explore options to expand health coverage to the Hispanic community, particularly for those who are low-income and/or limited in English proficiency. Such initiatives may include closing the Medicaid gap and expanding the Children's Health Insurance Program (CHIP) to cover immigrant Hispanic children and pregnant Hispanic women regardless of immigrant status.
- An increase in community-based initiatives to increase access to preventative health services within the Hispanic community.
- Initiatives that increase the cultural and linguistic competency of health care providers in Delaware. Activities that could facilitate this may include Spanish language education for health care professionals; partnerships between health care providers and Hispanic community-based groups; initiatives to recruit Hispanics (and culturally and linguistically competent non-Hispanics) into health care professions and health-related higher education programs; and/or the development of educational and support programs with materials translated in Spanish.
- Initiatives that increase patient access to well-qualified interpreter services in the health care industry.
- Programs in primary and secondary schools that engage Hispanic students into health service careers.

While these problems and solutions are complex, through partnerships and collaborations of professionals across the state, Delaware now has the opportunity to set an exemplary model for the future of health care for Hispanic families.

References:

- Centers for Disease Control and Prevention. (2006). HIV/AIDS Surveillance Report, 2006. Vol. 18. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention.
- Commonwealth Fund. (2001). Health Care Quality Survey. New York, NY: Author.
- Delaware Health Statistics Center. (2005). Delaware vital statistics, annual report, 2005. Dover, DE: Delaware Division of Public Health.
- National Cancer Institute (NCI). (2008). Seer Cancer Statistics Review, 1975-2005. Washington D.C.: Author.
- National Center for Health Statistics. (2008). National Health Interview Survey (NHIS). Washington D.C.: Center for Disease Control National Center for Health Statistics.
- Office of Minority Health. (2008). Hispanic/Latino profile. Washington D.C.: U.S. Department of Health and Human Services.
- Riley, T.R. & Bhatti, A.M. (2001). Preventative strategies in chronic liver disease. Leawood, KS: American Academy of Family Physicians.
- Taningco, M.T.V. (2007) Revisiting the Latino health paradox. Los Angeles, CA: The Tomás Rivera Policy Institute.
- U.S. Department of Health and Human Services. (2007). Health, United States, 2007. Washington D.C.: Center for Disease Control.

* Statistics derived from: Bendixen & Associates (2008). Delaware Hispanic needs' assessment. Coral Gables, FL: Author. (This report to the Governor's Consortium on Hispanic Affairs is available at www.delcf.org). All statistics used from this report were found to be significant at or above the 95 percent confidence level.