

THE STATE OF PUBLIC HEALTH OF WASHINGTON LATINOS

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Introduction

The purpose of this project is to compile information regarding the health profile of Washington Latinos and assess the way nonprofit clinics for low-income patients address these specific needs. I gathered information from various published sources, especially the Washington State Department of Health and the National Center for Health Statistics. With the help of Margaret Caicedo, a diabetes educator, I conducted interviews with several residents of Walla Walla and College Place, WA. I also chose to focus my attention on the SOS Clinic in College Place, WA and the Quincy Community Health Center in Quincy, WA and compare the way these clinics operate and the services they provide. My research provided some statistics on certain aspects of health in Washington Latinos, and showed that Latinos are receiving disproportionately low medical care. The Latino population has unique health care needs, and they need to be treated accordingly. To accomplish this, more research is needed into the specific health trends of Washington Latinos. And because Latinos are disproportionately in low socioeconomic classes and uninsured, more funding and support is needed for medical facilities providing care for this demographic.

Methods

In creating this report, I gathered information on the health trends of Latinos in the United States and in Washington State in particular from a variety of medical journals, and various branches of the US Department of Health and Human Services and the Washington State Department of Health. I compiled information on incidence of disease, childbirth outcomes, access to health care, and the effectiveness of the primary care safety net for Washington Latinos.

I also chose two case studies to further examine the state of primary care safety net facilities. I looked into the SOS Clinic in College Place, WA, a free clinic run by volunteers, and the Quincy Community Health Center in Quincy, WA, a Federally Qualified Health Center with full-time, paid personnel. I chose these two facilities because they represent two different types of clinics, with different sources of funding and different available services. The Quincy Community Health Center also supports the *Promotores* program, a unique program that works within the Latino community of Quincy to promote better health.

I conducted several interviews to supplement the literature search I performed (Appendix A). I got in contact with three of my interview subjects through Margaret Caicedo, and she guided me in developing interview questions as well. The interview with Elena Enriquez, who has lived in College Place for twenty years, was conducted mostly in Spanish and lasted thirty minutes. She answered my questions directly but did not volunteer any additional information of her own accord. I also interviewed Lourdes and Fernando (they prefer their last names not be used), a married couple who have lived in Washington for thirty years. The interview was conducted in Spanish, and lasted over an hour. They were very open about their experiences and views, and the interview covered

areas not specifically referred to in my prepared questions. The fourth interview I conducted at the SOS Clinic in College Place with “Alvaro” (he prefers his real name not be used). Alvaro is an undocumented resident of the Walla Walla area. His interview lasted only 10 minutes, but I was also present during his preliminary exam at the clinic.

Background Data

There is a significant body of work reporting that Latinos are not receiving the same amount of healthcare coverage and care as the Caucasian American population. In a nationwide study, it was found that Hispanics are 22% more likely to report unmet medical needs.¹ And 37% of Latinos under the age of 65 are uninsured, as opposed to 14% of Whites in the same age group.² Yet the specific needs of the Latino population, which can vary drastically from the White population, is not well understood.³

One study suggests that the increasing the number of Latino healthcare providers would in part alleviate this discrepancy. Published by Bartman E. Moy in the *Journal of the American Medical Association*, the study found that minority patients who reported having a “usual-source-of-care physician” were more than four times more likely to have a nonwhite physician than white patients.⁴ And patients who visit physicians who are of the same race feel that their physicians have a more participatory decision-making style, a measure of the perceived quality of interpersonal care a patient receives.⁵ These findings suggest that increasing the number of Latinos in healthcare positions in will encourage more Latinos to seek medical assistance.

For that proportionately large Latino population without insurance, there are some options available to them. The primary care safety net, the network of medical facilities that provide care regardless of a patient’s ability to pay, plays a role in meeting the healthcare needs of uninsured Latinos. In a 2003 study published in *Health Services Research*, the “safety net of communities” – here defined to include both charity care and hospital emergency departments – accounted for 31 percent of the difference in reports of unmet medical care needs.⁶ A study published in the *American Journal of Public Health* in 2004 examined the state of health care for Latinos in three Midwestern communities. They found that safety net programs are partially meeting the need for health care among

¹ Hargraves, J. Lee, and Hadley, Jack. “The contribution of insurance coverage and community resources to reducing racial/ethnic disparities in access to care.” *Health Services Research* 38.3(June 2003): 809.

² Brown, E.R., V.D. Ojeda, R. Wyn, and R. Levan. UCLA Center for Health Policy Research and Kaiser Family Foundation. *Racial and Ethnic Disparities in Access to Health Insurance and Health Care*. Apr. 2000.

³ Hayes-Bautista, David. “The Latino Health Research Agenda for the Twenty-first Century.”

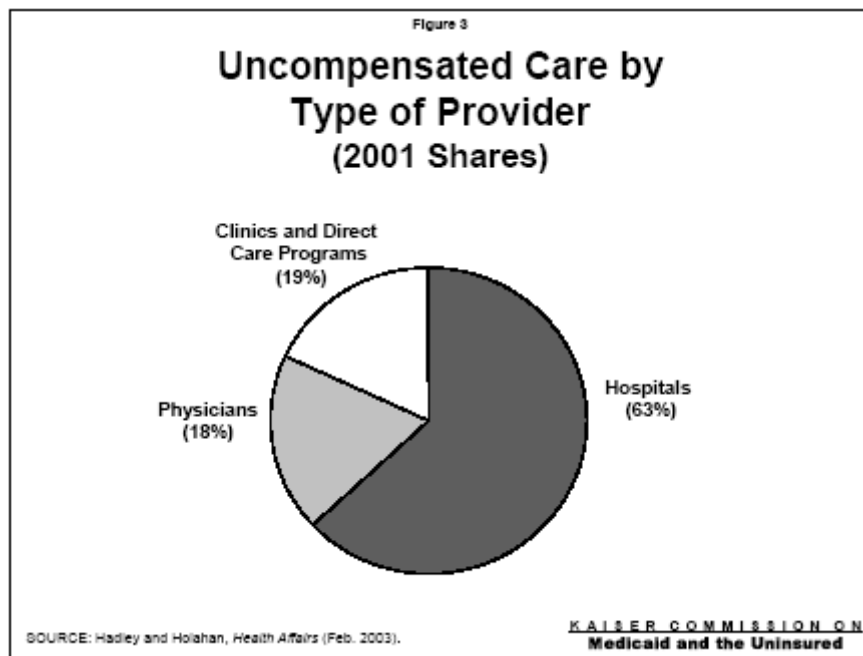
⁴ Moy, Bartman E. “Physician Race and Care of Minority and Medically Indigent Patients.” *Journal of the American Medical Association*. 273.19 (May 1995): 1515-1521.

⁵ Cooper-Patrick, Lisa, et al. “Race, Gender, and Partnership in the Patient-Physician Relationship.” *Journal of the American Medical Association* 282.6 (11 Aug. 1999).

⁶ Hargraves, J. Lee, and Hadley, Jack. “The contribution of insurance coverage and community resources to reducing racial/ethnic disparities in access to care.” *Health Services Research* 38.3(June 2003): 809.

Latino residents. Clinics receiving federal funding are doing especially well. However, there is still a reliance on hospital emergency departments. And there is still a lack of continuous care, which is important for patients with health conditions like diabetes. It also reflects a lack in mental health care, chemical dependency treatments, and prescription drug coverage. And a significant shortage of bilingual medical providers and translators was also noticed.⁷

The cost of providing care to uninsured, however, is felt largely by hospitals, where services are most expensive. Most of the federal funding for uncompensated care is given to hospitals in the form of disproportionate share hospital payments (DSH payments) which compensate hospitals for the expenses of treating patients who are unable to pay their medical bills. The following chart is supplied by The Kaiser Commission on Medicare and the Uninsured shows the nationwide distribution of federal funds for uncompensated care.⁸



Funding emergency room visits at hospitals is a costly and inefficient way of supporting the uninsured. Funding preventative and usual care, such as facilities in the core safety

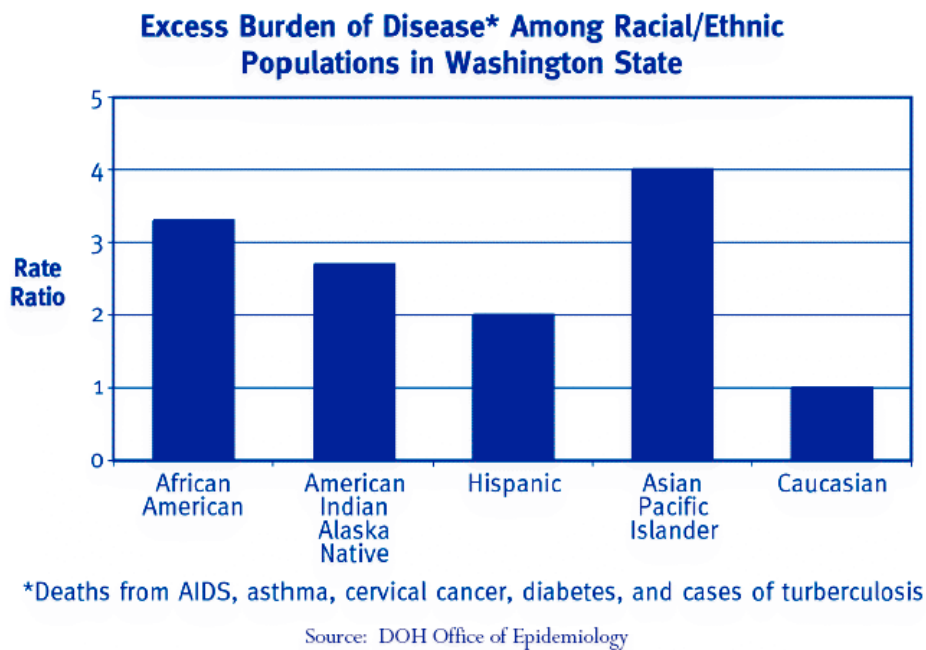
⁷ Casey, Michelle M, Lynn A Blewett, and Kathleen T Call. "Providing Health Care to Latino Immigrants: Community-Based Efforts in the Rural Midwest." *American Journal of Public Health* 94.10 (Oct. 2004) : 1709.

⁸ Hadley, Jack, and John Holahan. The Kaiser Commission on Medicare and the Uninsured. [The Cost of Care for the Uninsured: What Do We Spend, Who Pays, and What Would Full Coverage Add to Medical Spending?](#) 2004.

net category, would in the long run be cost effective and better serve the uninsured population, of which Latinos make up a significant proportion.⁹

The Situation in Washington State
Health Statistics

A study conducted by the Washington State Board of Health into the “excess burden of disease” for Washington Minorities found that the death rate of Hispanics, while lower than all other minority groups included in the study, is still twice that of Caucasians. The “excess burden of disease” is measured by combining the death rates of five diseases – AIDS, asthma, cervical cancer, diabetes, and tuberculosis.¹⁰

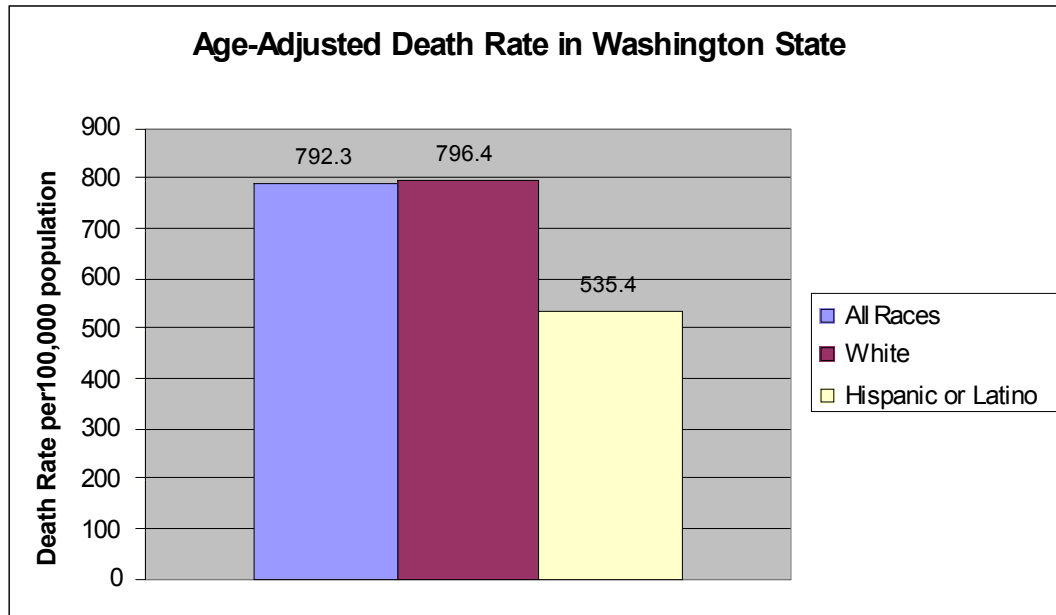


This study shows that a glaring disparity exists between Hispanics and Caucasians in Washington, a trend that is important consider. However, it only takes into account the five diseases known to show significant disparities among race. There are several areas in which Latinos in Washington fare better than Caucasians.

⁹ Hadley, Jack, and John Holahan. The Kaiser Commission on Medicare and the Uninsured. The Cost of Care for the Uninsured: What Do We Spend, Who Pays, and What Would Full Coverage Add to Medical Spending? 2004.

¹⁰ Committee on Health Disparities. Washington State Board of Health. Washington State Department of Health. Final Report - State Board of Health Priority: Health Disparities. Olympia, Washington: 2001.

The US Department of Health and Human Services published a report entitled *Health, United States, 2004* in which the following information about Washington State was included.¹¹

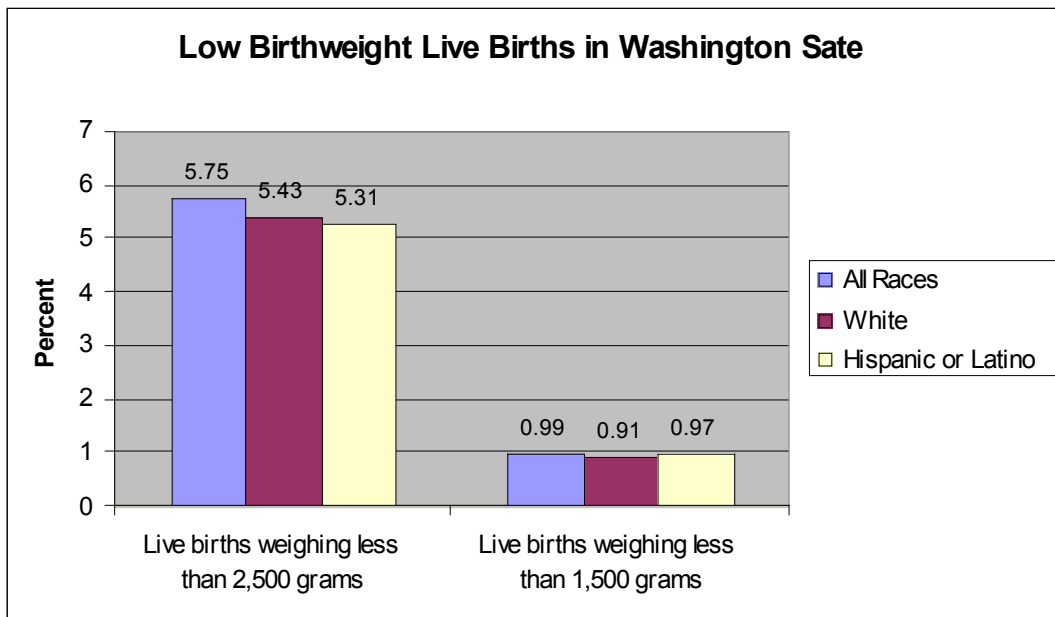
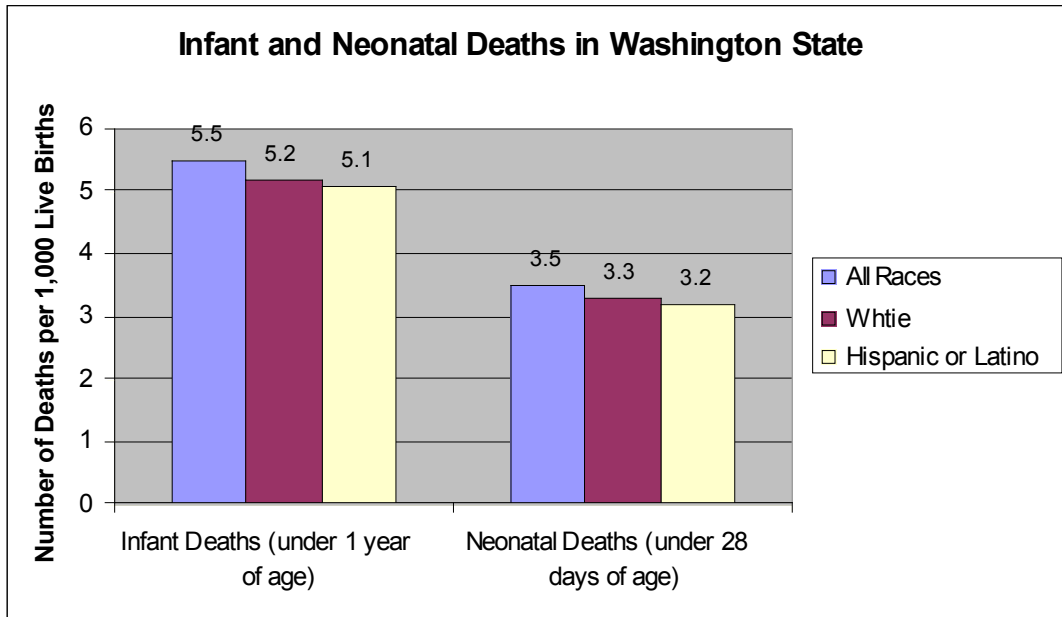


Because the Hispanic Latino population in Washington is younger than the White population, age has been adjusted to provide a more accurate means for comparison. The death rate for Hispanics and Latinos in Washington is significantly lower than that of Whites, which is seemingly surprising considering the statistics regarding the excess burden of disease of Hispanics presented earlier.

The percentage of Hispanics and Latinos suffering from infant and neonatal deaths and from low birthweight in live births are also lower than the respective percentages of Whites.¹²

¹¹ National Center for Health Statistics. Center for Disease Control. US Department of Health and Human Services. *Health, United States, 2004*. Hyattsville, Maryland: US Government Printing Office, 2004.

¹² National Center for Health Statistics. Center for Disease Control. US Department of Health and Human Services. *Health, United States, 2004*. Hyattsville, Maryland: US Government Printing Office, 2004.

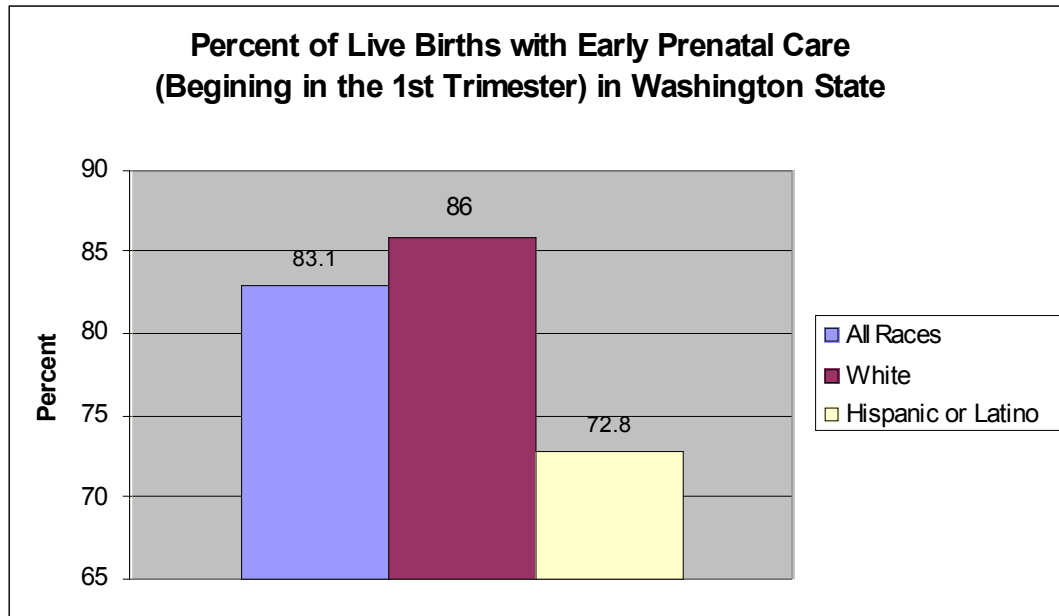


In general, these results show that Hispanics and Latinos in Washington statistically have a better chance of giving birth to a live child with normal birthweight.¹³ More research is needed to understand why this disparity exists.

¹³ National Center for Health Statistics. Center for Disease Control. US Department of Health and Human Services. Health, United States, 2004. Hyattsville, Maryland: US Government Printing Office, 2004.

Healthcare Access

Latinos in Washington are receiving less healthcare than Caucasians. This may explain in part the discrepancies in the “excess burden of disease” that Latinos face as noted by the Washington State Board of Health. However, it only makes the statistics regarding death rate, birthweight, and infant and neonatal mortality in Washington Latinos more surprising. The US Department of Health and Human Services found that the percent of Latinos receiving prenatal care beginning in the first trimester of pregnancy is significantly lower than that of Caucasians in Washington State.¹⁴

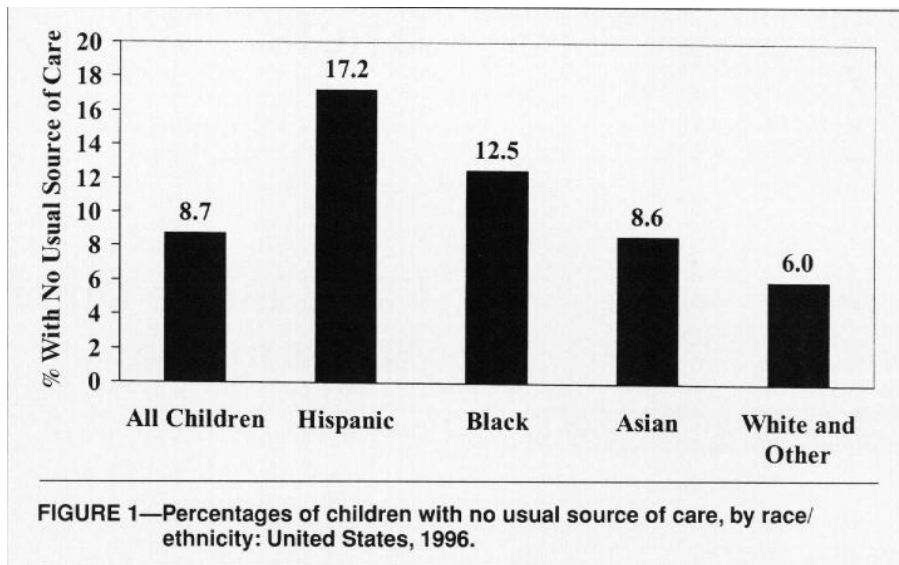


This suggests that something other than medical care is contributing to Latinos’ statistically favorable birth outcomes.

Latino children are less likely to have medical care as well. A study published in the American Journal of Public Health in 2000 provides statistics regarding the number of children nationwide receiving medical care by race. The study was based on information of nearly 6900 children under the ages on 18 as reported by the Medical Expenditure Panel Survey. Over 90% of these children had their information reported by one of their parents.¹⁵

¹⁴ National Center for Health Statistics. Center for Disease Control. US Department of Health and Human Services. Health, United States, 2004. Hyattsville, Maryland: US Government Printing Office, 2004.

¹⁵ Weinick, Robin M, and Nancy A. Krauss. “Racial/Ethnic Differences in Children’s Access to Care.” American Journal of Public Health. 90.11 (Nov 2000): 1771-74.



While children of minority groups as a whole are less likely to have a usual source of medical care, Hispanic children are by far the most at risk. Interestingly, Hispanic children whose Medical Expenditure Panel Survey interview was conducted in Spanish were 27% as likely as White children to have a usual source of care, but between Hispanic children whose interview was conducted in English and White children, there was no significant difference. And in comparison with all English speaking children regardless of race, children whose Medical Expenditure Panel Survey was conducted in English were 2.6 times more likely to have a usual source of care than children whose interview was conducted in Spanish. While this does not necessarily mean that English language ability dictates one's ability to access care, it is clear that English language ability is a good indicator of one's likelihood of having a usual source of medical care.¹⁶

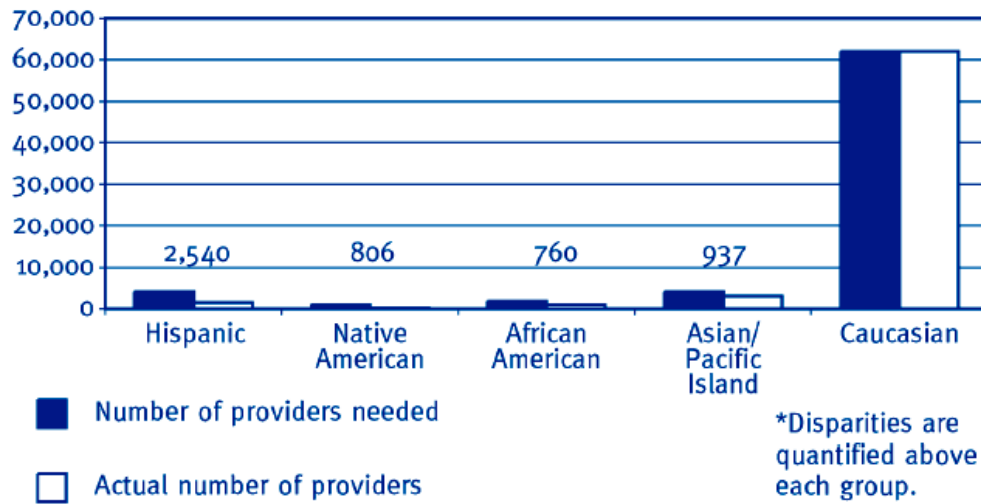
There are significantly less Latinos in healthcare professions in Washington State than there are Caucasians. As Bartman E. Moy's publication suggests, this is likely another reason that Latinos in Washington are not accessing medical care to the extent that Caucasians are. The following graphs, published by the Washington State Board of Health's Committee on Health Disparities show the prevalence of minority healthcare providers in Washington. The term "provider" in this study is used to refer to physicians, physician assistants, nurse practitioners, registered nurses, and practical nurses.¹⁷

¹⁶ Weinick, Robin M, and Nancy A. Krauss. "Racial/Ethnic Differences in Children's Access to Care." *American Journal of Public Health*. 90.11 (Nov 2000): 1771-74.

¹⁷ Committee on Health Disparities. Washington State Board of Health. Washington State Department of Health. *Final Report - State Board of Health Priority: Health Disparities*. Olympia, Washington: 2001.

$$\frac{\text{Number of Minority Providers Needed}}{\text{Minority Population}} = \frac{\text{Number of Actual Caucasian Providers}}{\text{Caucasian Population}}$$

**Actual vs. Needed Health-Care Providers
By Race/Ethnicity—Population Ratio***

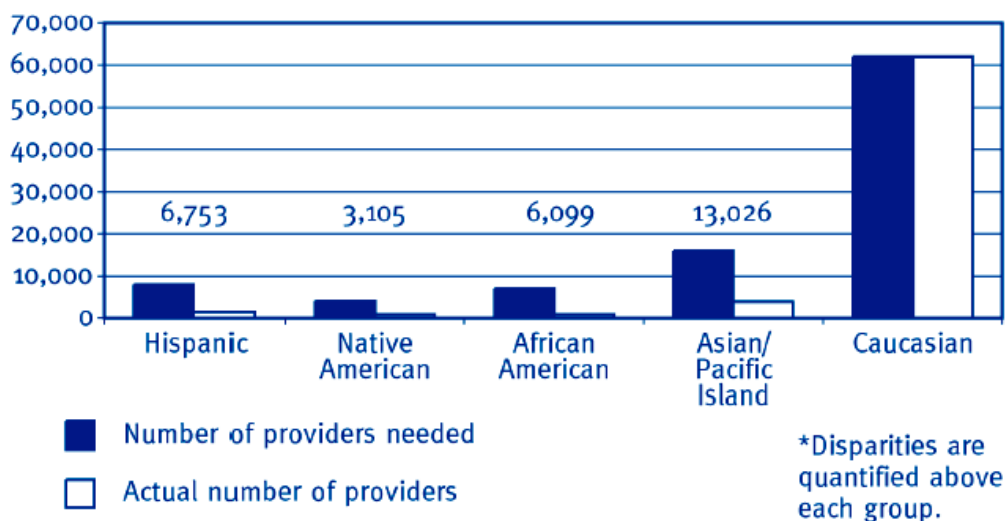


In the following graph, the diseases considered were AIDS, asthma, cervical cancer, diabetes, and tuberculosis, the same five diseases the Washington State Board of Health used to calculate “burden of disease.”¹⁸

$$\frac{\text{Number of Minority Providers Needed}}{\text{Cases of Disease in Minority Population}} = \frac{\text{Number of Actual Caucasian Providers}}{\text{Cases of Disease in Caucasian Population}}$$

¹⁸ Committee on Health Disparities. Washington State Board of Health. Washington State Department of Health. Final Report - State Board of Health Priority: Health Disparities. Olympia, Washington: 2001.

Actual vs. Needed Health-Care Providers By Race/Ethnicity – Disease Ratio*



The data presented here shows that to equalize the number of Hispanic health care providers and Caucasians based on population, 2,540 Hispanic healthcare providers would need to be hired – a higher number than any other minority group would need. When compared to the incidence of certain diseases, the number of Hispanic healthcare providers needed is significantly more – 6,753. It is clear that the disparity between the ratio of Latinos in Washington State to the number of Latino healthcare providers in the state is significant.

Evidence demonstrating the affinity of Latinos to medical providers of their own ethnic background is further supported by an interview I conducted with Fernando, a resident of Washington State who emigrated from Mexico 30 years ago. He has noticed that many Latinos in his neighborhood choose to drive out of their way to a rural clinic to receive medical attention because they know of a particular Mexican doctor who works there, even though they might speak English or be able to afford to go to a better facility. He also noted that among the Latinos he knows who frequent one of the two hospitals in the area, nearly all prefer to go to St. Mary Medical Center because of its Catholic affiliation as apposed to the Adventist Walla Walla General Hospital. All people, Fernando believes, tend to stick to their comfort zones.¹⁹

One particular medical care facility that is using this tendency to their advantage is the Quincy Community Health Center in Quincy, WA. The Health Center supports the *Promotores* Program. Natural health promoters, or *promotores*, from the community are given training and resources so that they can combine their traditional medical and healing practices with current information and treatments. These promoters can be anyone, from a nurse trained in Mexico to the grandmother that everyone goes to with

¹⁹ Fernando and Lourdes. Personal Interview. 19 Oct. 2005.

aches and pains. This method of working within the Latino community has been met with positive feedback from the community.²⁰

Options for the Uninsured – The Safety Net

In Washington state, 18% of Latinos are uninsured, as opposed to 10% of Whites, closely mirroring the national statistics.²¹ This leaves them few options for receiving healthcare. A variety of community health centers that provide care regardless of a patient's ability to pay are available throughout Washington State. The Washington Department of Health calls these health centers Washington's primary care safety net. Of these facilities, the core safety net is made up of community and migrant health centers, free or charity care clinics, and public health clinics. Community and migrant health centers focus on serving patients who are uninsured or on Medicaid or Washington's Basic Health Plan. Those that receive federal grants are referred to as Federally Qualified Health Centers (FQHCs), though federal grants to help the uninsured usually comprise less than 10% of the facility's operating budget. Free or charity care clinics are operated by community organizations, sometimes churches, using donated supplies and labor. This often restricts hours of operation to a minimum. Public health clinics are organized and run by local health jurisdictions, and are scarce in Washington.²²

In 2003, 548,086 people in Washington were uninsured, and of those, 183,403 received care at Washington's community health centers. That is 33%, a significant number who rely on community health centers for their medical needs.²³ This is consistent with nationwide trends. In a 2005 report, the Department's Office of Community and Rural Health states that "Federally Qualified Health Centers provide the majority of capacity available to serve the uninsured in most Washington counties and are essential providers of care for Medicaid and Basic Health."²⁴

The difference in the quality of care between Federally Qualified Health Centers and free or charity clinics is apparent. The Quincy Community Health Center, for instance, has several full time, paid medical staff, including physicians, nurses, and counselors, many of whom speak Spanish, and the Center provides dental and prenatal care and prescription drug coverage. Their staff are knowledgeable about insurance, Medicaid, and Basic Health Plan claims, and can help their patients complete the right measures to receive the most assistance they can. In contrast, the SOS Clinic, a free clinic in College Place, WA, cannot provide as comprehensive of services. The clinic is run completely by

²⁰ Ibarra, Mary-Jo. Personal Interview. Oct. 2005.

²¹ Office of Financial Management, State of Washington. "Talking Points About Washington's Uninsured." Access to Health Insurance. Aug. 2005
<<http://www.ofm.wa.gov/accesshealth/profiles/0805talkingpoints.pdf>>.

²² Schueler, Vince. Office of Community and Rural Health. Washington State Department of Health. Washington's Primary Care Safety Net: Structure and Availability. 9 Jul. 2004.

²³ Save Health Care in Washington. Stretching the Safety Net: The Rising Uninsured at Washington's Community Health Centers. Dec. 2004.
<<http://www.savehealthcareinwa.org/wedo/research/rsrch00001-exec.php>>.

²⁴ Office of Community and Rural Health. Washington State Department of Health. Health Care Access Research Update. 28 Jan. 2005 <<http://www.doh.wa.gov/hsqa/ocrh/har/FQHCRole.doc>>.

dedicated volunteers, and as such, can only be open to patients six hours a week. The SOS Clinic still serves a much needed role in its community; it serves patients regardless of insurance coverage or legal status, and charges no fee for visits or medications.

As crucial as the primary care safety net is, it does not completely meet every patient need. The same problems that the 2004 study in the Midwest noted are likely occurring in areas of Washington State as well. The lack of continuous care that was found in patients frequenting the facilities considered in the Midwest case study can also be seen in Washington.²⁵ The adverse effects of this is especially evident in diabetes patients. In her experience, Margaret Caicedo, a diabetes educator in the Walla Walla area, finds that uninsured Latino patients with diabetes often are not diagnosed with the disease until their symptoms are bad enough that they must seek emergency care. At this point, significant damage to the body has often occurred.²⁶

Conclusion

The statistics presented here show that Latinos in Washington are suffering disproportionately from certain diseases, but are faring better than the general population in other aspects of health. More research is needed to understand these discrepancies, both favorable and unfavorable. Latinos in Washington are clearly not receiving healthcare to the same extent that Caucasians are. Reasons for this include a lack of bilingual services for patients who do not speak English, and disproportionately low number of Latinos employed in healthcare professions, both of which make Latinos less comfortable seeking help, and a high percentage of Latinos without insurance. For patients without insurance, their best option seems to be facilities in the primary care safety net, namely community and migrant health centers and free or charity clinics. These facilities serve a vital purpose, serving a population that otherwise would have no usual source of care. More federal and state funding for the primary care safety net is needed to serve the uninsured of Washington. Doing is a cost-effective strategy, because it would cut down on the number of costly emergency room visits to hospitals from people who cannot afford to pay for the service, a bill which the federal government often picks up. And it would aid the Latino community of Washington to have a regular source of care, especially when dealing with diseases that require continuous treatment like diabetes, from which Latinos suffer in higher numbers than Caucasians. The Latino population in Washington State has unique health needs which are not fully understood, and they are disproportionately uninsured and uncared for. It is important to adequately fund the medical facilities that so many uninsured Latinos rely on, while continuing to find ways to better address the medical needs of Latinos in Washington State.

²⁵ Casey, Michelle M, Lynn A Blewett, and Kathleen T Call. "Providing Health Care to Latino Immigrants: Community-Based Efforts in the Rural Midwest." *American Journal of Public Health* 94.10 (Oct. 2004) : 1709.

²⁶ Caicedo, Margaret. Personal Interview. 20 Sept. 2005.

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Appendix A

Interview Questions

- Estoy haciendo un investigación para mi clase en la universidad de Whitman sobre el estado de Latinos en cuanto al sistema de salud en Washington. Lo que quiero aprender de Ud. es sus experiencias con la salubridad, con compañías de seguros, con hospitales y médicos y todo eso. Si tiene cuentos particulares sería muy ayudante. Entiendo que esta tema es muy personal, y si le pregunto algo a que no quiere responder, por favor, dígame. No quiero ofenderle, y lo siento mucho si lo ocurre.
- Hace cuanto tiempo vive Ud. aquí en Washington?
- Dónde nació?
- Dónde creció? En cuantas lugares ha vivido Ud. antes de Washington?
- Porque mudó a Washington – que pensaba que encontraría?
- Y encontró lo que esperaba?
- Le gusta Ud. viviendo en Washington?
- Usa la palabra “Latino” para describirse, o identificas más con la palabra Mexicano o Hispano, Hispanoamericano, Mexicano Americano, o solamente Americana? Tienen cada palabra sentidos diferentes, o solamente son palabras?
- Háblame, por favor, sobre su familia – tiene esposo, hijas, tiene parientes quien viven cerca?
- Tiene Ud. o su familia algunas problemas medicales?
- Qué medicinas toma(n) para sus enfermedades?
- Necesita(n) medicinas que no reciba(n)?
- Tienen Uds. seguro medico? Reciben el seguro por su trabajo o del trabajo de su esposo? Cubre todo que Uds. necesitan? Ha tenido problemas con los seguros?
- Sabe a alguien que no tiene seguro medico o que ha tenido problemas con su compañía de seguros?
- Esta pregunta es muy personal, y si no quiere contestarla, está bien. Está un ciudadano?
 - (si no) Sienta desventajada porque no es una ciudadano?
 - (si es) Hay desventajas para los que no son ciudadanos?
- Cuantas veces por mes o por año visita a un doctor? Va al hospital, o un clínico? Va a la sala de emergencia en el hospital? Como le trata allí?
- Prefiere ir con más frecuencia que va ahora?
 - (si así es) Qué no le permite a Ud. ir cuando quiere?
- Tiene UD. un cuento en particular que muestra como funciona o que hace cuando necesita recibir atención medical?
- Hubo un instancia cuando sentía que no estaba recibiendo lo que necesitaba?
- Siente intimidado por algún aspecto de la sistema de salud (compañía de seguros, los doctores y enfermeros, etc.)
- Con que frecuencia asiste a programas educacionales (en el hospital general de Walla Walla, Santa María, u otro clínico)?
- Que inquietudes o preocupaciones tiene Ud. sobre la salud suya y de su familia ambos ahora y en el futuro?
- Habla Ud. ingles?

- (si no) Hay instancias cuando siente que tiene una desventaja porque no habla ingles?
- En su vecindario, su comunidad, o entre amigos y parientes, que cree Ud. son las problemas medicales más común?
 - Los que tienen estas problemas medicales – pueden recibir la ayuda o tratamiento que necesitan?
- Que cosas, si hay algunas, puede hacer Ud para mejorar la calidad de su salubridad? Necesitas algo para hacerlo?
- Que cambios le quería ver en cuanto al sistema de salud?
- Tiene Ud. preguntas para mi, sobre mi proyecto, sobre sus opciones en cuanto a salubridad en Walla Walla, o