

Healthcare Access for Latinos in South Bend

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Why is healthcare an issue for Latinos?

Navigating the American healthcare system is a challenge for the average wealthy, insured, American-born, English-speaking, white citizen. With the variety of coverage plans, regulations and high prices on medicine, medical philosophies of physicians, and drug warnings and advertisements, it is quite a challenge to obtain quality health care and live a healthy lifestyle without feeling overwhelmed by inconsistent information, high prices and red tape. Considering all of these challenges, it is nearly impossible for poor, uninsured, foreign-born, non-English-speaking, minority non-citizens to obtain healthcare that suits their needs, if they access healthcare at all. Regardless of insurance and citizenship status, immigrants receive about half of the healthcare that native-born Americans do (Moharthy 2005). With its ever-growing Latino population, the city of South Bend has cultivated several programs and initiatives to meet healthcare needs of Latinos. As everywhere in the U.S., there are still gaps in clinical interpretation, Spanish-language advertising, and health disparities, but for such a small city, South Bend offers a great deal of health services specific to the Latino community.

Health status:
Non-Hispanics in Indiana



American Census Bureau 2008

Health status:
Hispanics in Indiana



Barriers to healthcare for Latinos

We have broken down the needs of Latinos into three general but non-comprehensive categories in order to assess the services available in South Bend.

Cultural gaps

The American Medical Association reported in 2004 that there were only 197 Hispanic/Latino Nonfederal Physicians in Indiana, a marginal 1% of the 13,825 total (Indiana Commission on Hispanic/Latino Affairs). This means there are very few physicians in the state with a cultural and cohesive Latino population they can interview, we have noted that physicians may be unable to answer some questions if the immigrant nationality may present.

Language barriers

Communicating with physicians is difficult even for the average native English speaker. In the year 2000, 10,312 St. Joseph County residents spoke Spanish at home, 4,627 of which spoke English "less than very well" (American Census Bureau). That number has increased since then, so Latinos often find it difficult to find a provider with whom they are comfortable.

Financial issues

In 2008, roughly 75% of Hispanics in Indiana had medical insurance compared to 89% of non-Hispanics (American Census Bureau). This gap is likely due to confusion about health insurance resulting from the language barrier and a lack of access to federal insurance programs due to immigration status.



Language Barriers to Health Care

Another significant barrier to health care for the Mexican immigrant population is language. The majority of Latino immigrants to South Bend come directly from Mexico. Immigrants face greater language challenges than second generation families and those that have come through other US cities, such as Chicago, first. In census data from 2000, 7,227 people reported speaking Spanish at home and 3,658 reported speaking English "less than very well." The number of people that reported being of Latino descent was 8,916, meaning that over 40% of the Latino population in South Bend is uncomfortable conversing in English. There is a demand for Spanish-speaking medical professionals in South Bend. There are two options for Spanish speaking patients currently: use translator services or find a Spanish-speaking doctor.

Saint Joseph Regional Medical Center (SJPMC) created the

Multicultural Access Department in 1999. Its goal, according to director, Adriana Ros, has been to break the language and communication barrier between non-English speaking Hispanic patients and medical staff. Half of the staff at SJPMC's clinics, according to director Carla Brice, are bilingual. At Sister Maura Brannick Health Center, on the eastern edge of the Latino Enclave, for example, the front desk receptionist has been trained in Medical Interpretation. In addition, the eligibility intake specialist, nurses and certified nurse assistants are fully bilingual. Memorial Hospital and Health System (MHHS) offers similar support to Spanish-speaking patients with 24-hour Spanish translation services (in-person).

Pamphlets from the Hispanic Initiative state that translation services are also available to attend outside appointments. However, in one-on-one Spanish interviews with gestational diabetic patients at the Hispanic Initiative, the reality of the language barrier became apparent. The three women all mentioned that they had used translator

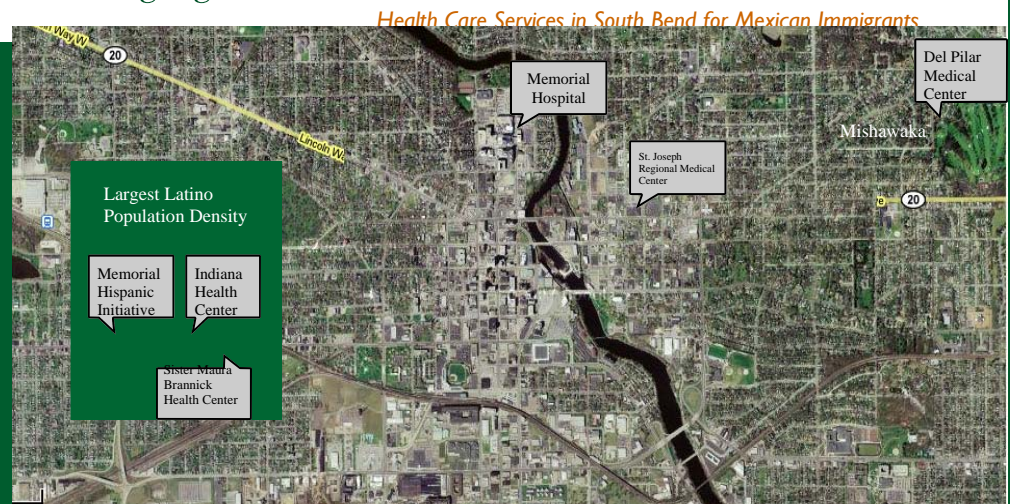
services, with varying success. One of the women, Maria,* reported giving birth to a child with an English speaking doctor and without a doula or translator, because "no habia nadie" (there was no one). Another woman, Myra, when asked if she feels that the translators accurately express her feelings to the doctors, stated "tengo dudas" ("I have doubts").

All three women stated that they would prefer to have a Spanish speaking doctor, but in reality this is not always an option. There is a sizable population of Spanish-speaking family practice doctors, but there are very few specialists. Irma reported that she struggled to locate an obstetrician and only found one after one was recommended by her sister. Maria summarized the feelings of the women in the Spanish-speaking population when she said, "*Me siento desparada para un doctor que habla espanol.*" (I feel desperate for a doctor who speaks Spanish).



Title VI and American Laws on Language

Title VI was enacted as part of the 1964 Civil Rights Act. Its goal is to prevent discrimination on the basis of race, color, or national origin in organizations that receive federal funding. In 2000 this law was changed to specifically target organizations that work with "limited English proficiency" populations. This applies to many of the programs that provide medical treatment to immigrants who speak Spanish. According to national law these organizations must provide important paperwork as well as oral translation in the dominant languages of the community they serve, to allow all people to be effectively informed of the program and to participate in it.



Health Care Services in South Bend for Mexican Immigrants

Map of health services for Latinos in South Bend

*Names in this article have been changed to protect the privacy of our interviewees.

Local Hospitals' Diabetes Outreach Program

Healthcare providers that serve the Latino community of greater South Bend, seem to agree that obesity and diabetes are two of the most pressing health concerns facing this population.

Diabetes Outreach Programs for Latinos operate at clinics located at the clinics associated with SJRMC and MHHS hospitals.



Patients are expected to attend education classes once a month which focus on healthy eating and management of diabetes. At the classes, patients' blood pressure, weight, and waist measurements are taken and compared to previous levels, and the glucose levels on their meters are checked from over the course of the past month. Patients that show continued improvement in the management of their diabetes receive supplies for free. This program provides the resources to allow Spanish-speaking diabetics patients to understand and take control of their own treatment in a way that is culturally and linguistically sensitive to their needs.



The primary program, "Diabeticos Saludables" treats patients, who are predominantly Spanish-speaking Mexican immigrants, diagnosed with both Type I and Type II diabetes. Patients are referred to the program from their primary doctors and are assigned a case manager. All case managers are native Spanish speakers and many come from Mexico. Patients go through an initial case meeting to discuss proper nutrition, how to use a glucometer, and how to care for additional related health concerns such as blood pressure, obesity, and podiatry health.

A unique part of the Diabetes Outreach program at MHHS's Diabetes Clinic is the gestational diabetic program "Bebes Dulces sin Azucar" (Sweet babies without sugar). This program works only with expectant mothers who have been diagnosed with diabetes since their pregnancy began.

Every patient referred to the program meets first with a case manager. The primary case manager is Sylvia Manguia. Sylvia explains the patient's diagnosis, how to begin properly testing her blood sugar levels, what types of foods she can eat, and also what can be done to prevent problems with the baby or the development of diabetes later in life. Women are also provided with free testing supplies and also gifts for their babies, such as baby blankets and diaper coupons in exchange for committing to improving their blood sugar levels and attending education sessions.

One of the unique aspects of this program is that the education sessions are more of a support group than a lecture session. The women meet once a month to discuss their unique

Bebes Dulces sin Azucar



concerns as diabetic mothers and Mexican immigrants. They frequently compare their pregnancies in the United States with past pregnancies in Mexico. They discuss the challenge of trying to balance the Mexican foods they love, like tortillas and frijoles with the carbohydrate restrictions placed on them. They learn how to cook healthier meals for themselves and their families. The classes provide an opportunity to ask

questions about their health and their babies' health, such as "Will my baby get diabetes?" or "Can I continue to take my medications?"

This program provides a strong support system to help these women deal with the sudden onset of diabetes and then learn how to be healthier both through their pregnancy and beyond.

Financial Barriers to Health Care Access



One of Mexican immigrants' greatest barriers to healthcare access in South Bend is financial status. These barriers are created by several factors.

Wages

First, many immigrants do not have the money to purchase health insurance or pay for medical treatments. Immigrants work in industries, such as manufacturing and construction where they receive low wages that do not allow them to budget for health insurance. Also, in many families remittances are sent back to Mexico, which reduces the families' financial resources.

There are several resources in South Bend that offer health services at little or no cost. In a personal interview with Leonora Battani she explained that many immigrants are seen at the Indiana Health Center. The Center accepts all forms

of health insurance, including state issued, and also offers a sliding fee scale based on income and family size for those without insurance. The Center offers treatment, prenatal care, preventative care, immunizations, dental services, family planning, health education, and assistance with filing for state issued insurance, transportation, and referrals. The Hispanic Initiative program at MHHS also offers treatment options for low-income immigrant families. Doulas are provided to pregnant mothers before, during, and after birth. Diabetes education and support programs provide free testing supplies and educational classes to Gestational, Type I, and Type II diabetics, and there are also interpreting services available.

Health Insurance

Secondly, many immigrants are employed in industries that do not provide health insurance plans, such as agriculture and construction. To address this situation, Indiana provides two resources. The first is Hoosier Healthwise. This insurance program covers pregnant women

children under age 19 whose eligibility is based upon family income.

A new health insurance program has been created under governor Mitch Daniels. This program, entitled "Healthy Indiana Plan" provides treatment options to cover all low-income documented immigrants that are not covered by Hoosier Healthwise.

Undocumented Options

A third financial barrier is related to documentation status. According to Leonora Battani, immigrants must be documented to be eligible for the HIP program. The Hispanic Initiative has attempted to register undocumented immigrants, but it is unknown yet whether this will work because the program is so new.

Undocumented immigrants are able to receive emergency care at hospitals, but the money for this treatment comes from special federal funds. Ongoing care is not covered by these funds; the only ongoing treatment options available to undocumented immigrants is hospice, according to Leonora.

Options for documented immigrants in South Bend are improving as the community continues to develop. Many of the immigrants in South Bend are first generation and the community is only beginning to develop outreach programs for this rapidly expanding population.

The HIP plan also has great potential to improve options for documented immigrants. However, resources for undocumented immigrants are failing to meet the needs of this population.

	Latino share of employment						Avg. hourly wage 2005-2007	
	1990-92	1993-95	1996-98	1999-01	2002-04	2005-07	Non Latino	Latino
Agriculture	-	-	-	-	3.6%	5.7%	-	-
Construction	-	-	-	3.0%	3.6%	10.9%	12.6	4.3
Manufacturing	3.3%	1.5%	3.5%	3.6%	4.4%	5.1%	13.8	6.4
Trans., utilities	-	-	-	-	2.1%	2.4%	14.0	-
Wholesale trade	-	-	-	5.7%	-	3.7%	9.2	-
Retail trade	0.9%	2.7%	2.1%	1.8%	3.3%	5.2%	7.1	2.6
Fin., ins., real estate	-	-	2.2%	3.4%	-	-	10.5	-
Services	0.7%	2.0%	1.6%	1.6%	1.8%	2.3%	9.8	1.2
Federal	-	-	-	-	2.9%	-	14.5	-
State and local	-	-	-	-	-	5.4%	10.9	-
Total	1.4%	1.7%	2.0%	2.4%	2.8%	4.1%	10.65	3.79

- Not enough cases to report wages (minimum five unweighted cases)
Source: Author's calculation using CPS.



What is the "Healthy Indiana Plan"?

This plan covers uninsured Hoosiers between the ages of 18 and 64, who have been without health insurance for over 6 months and whose employer does not offer a health insurance plan. Individuals must also earn

wages that place below the Federal Poverty Level.

Participants pay between 2% and 5% of their family income to health insurance and are expected to make monthly contributions to a "POWER" account. The amount placed

in the account is matched by the state and used to pay for the first \$1,100 of medical treatment required. The state will then cover treatment up to \$300,000. \$500 worth of free preventative care is also provided.

Effects of Latino Culture on Medical Treatment

Of the three medical facilities surveyed, two had a cultural sensitivity program, but none had a program focused specifically on special issues for Latinos. Although they have no formal training or education on Latino culture, South Bend physicians offered us significant insight into Latino culture and how it affects the care Latinos receive. In general, culture barriers overlap significantly with economic barriers to healthcare, so it is difficult to dissociate the two, but the physicians (who preferred to remain anonymous) provided excellent insight into the standard office visit and the cultural beliefs about health that arise. Here we focus on children, diet, and compliance, the three major issues our physicians addressed in their interviews.

Children (+)

A South Bend physician whose practice consisted of 50-60% Latino patients explained that his patients were extremely compliant when it came to their children. Latino parents tended to keep their children's immunizations more up-to-date than the typical non-Latino parent. They also frequently consulted the physician if they thought anything even minor was wrong.

Diet (-)

All of the physicians interviewed identified obesity and diabetes as major threats to the health of the Latino population in South Bend. The two major causes are likely the higher prices of healthy food and the cultural dishes Latino families prepare. The Indiana Committee on Hispanic/Latino Affairs and many of our interviewees agreed that heart disease was also a risk, so programs on healthy eating would certainly be beneficial to the Latino population. The Diabeticos Saludables program specifically addresses the issue of cultural eating habits in relation to diabetes, and the physicians interviewed often refer their patients to this program.

Compliance (+/-)

The physicians interviewed all considered compliance a cultural issue, but they disagreed on Latino compliance overall. One physician at a facility for the uninsured said his Latino patients valued their health very highly and were extremely compliant with his recommendations. The private practice physician, however, claimed Latinos did not actively seek treatment and were therefore more susceptible to infectious and chronic diseases. It is likely that the two physicians assumed that Latino compliance was a cultural issue rather than a financial one, considering their differential responses based on the type of facility.

Are immigrants bringing their health beliefs and traditions to South Bend?

In his essay "Immigration and Medical Anthropology," Leo R. Chavez lists a series of folk illnesses found among immigrants to the United States. He includes Latin American illnesses such as *aire*, *bilis*, *cholera*, *empacho*, *mal de ojo*, *mollera caída*, and *susto*. We interviewed a diverse group of Spanish-speaking South Bend physicians and clinical administrators to determine how often these ailments come up in the clinic and how physicians handle them.

Leonora Battani of MHHS informed us that most physicians are aware of these diseases and translators are trained to describe them to physicians. She herself had heard of *mal de ojo* and other diseases, but was unsure of how physicians actually dealt with the ailment in question besides treating the symptoms with typical Western

biomedicine. When a particular cultural issue repeats itself, the program will conduct workshops to better educate its staff on that issue.

A Spanish-speaking physician of non-Latino origin informed us that he had never heard of any of the diseases listed by Chavez, but he had seen the impact of traditional medicine on immigrants' health beliefs on clinical medicine. For example, although he had never heard of *mollera caída*, patients have asked him on several occasions to check their infant's fontanel for malformation. He also observed specific concern for the protection of the fontanel among the Latino families he sees.

The last physician of Dominican heritage had no knowledge of any of the folk



Photo by Elianne Castañeda & JudeAnne Jasso-Murad

illnesses mentioned and had not seen them in his practice. His typical patient demographic, however, is primarily well-established residents of South Bend rather than new immigrants, so they are likely more acculturated than patients at the other clinics who are primarily recent first generation immigrants.

In general, these health professionals agreed that the majority of the Latino population in South Bend patients did not present with these "folk illnesses", but many retain cultural beliefs about health from their home countries.

Improving Cultural Sensitivity in Future ND Doctors

Community Alliance to Serve Hispanics

The Notre Dame CASH program organizes many of the volunteer programs that ND students participate in. They coordinate the needs of many local organizations that serve the Latino population and match them with students hoping to improve their cultural understanding and Spanish-

Getting Involved in the South Bend Community: CASH medical opportunities

How Notre Dame is working to improve Latino medical and cultural understanding at home and abroad

As the world becomes a smaller place, the need to better understand other cultures continues to grow; this need is of critical importance in the field of medicine. Notre Dame has taken several steps to help improve the cultural sensitivity of many of their pre-med students through several avenues. The CASH program on campus coordinates student volunteer effects with organizations serving Hispanics throughout South Bend. There is also a unique study abroad program for Pre-Professional majors to Puebla, Mexico which allows for complete immersion into the Mexican culture.

Doctor Exchange

To help prepare students going to study in Puebla several doctors from hospitals in Mexico come to visit in the spring before the semester abroad. These doctors work with the students to help prepare them for the experiences they will have in Mexico. These doctors also work with MHHS physicians to teach students techniques such as “scrubbing in” and suturing which they will be expected to know once they arrive to Puebla. In exchange, the Mexican doctors have the opportunity to work directly with American doctors in collaborative efforts to help Mexican patients.

Life in Puebla

Once the students arrive in

Puebla, the true cultural understanding of Mexican medical beliefs begins. Notre Dame students become interns in three unique Mexican hospitals, a large hospital for state workers, an orthopedic clinic, and a small

doctor/patient relationship in Mexico, a relationship that is at the core focused on respect. Cultural nuances, such as avoiding eye contact and the constant use of “Doctora” in reference to anyone in a white coat allow students to understand much



free clinic in a neighboring rural community. The students work one-on-one with the doctors to improve not only their medical Spanish terminology, but also their understanding of Mexican medical beliefs. Students are exposed to traditional diseases and cures, from *susto* and *mal ojo* to using honey and herbs to treat a sore throat. They often have the chance to assist in surgery and to witness the medical conditions in Mexico. They also have the opportunity to understand the unique

more than the language Mexicans speak.

The Puebla doctor exchange and student exchange program is a great opportunity for the ND medical community to grow in its understanding of other cultures. It allows people to understand much more than language and to firmly grasp the cultural beliefs of Mexican patients.



Going Further: A Summary of South Bend's Current Needs

While South Bend offers a significant amount of health care options and programs for its Latino population, there are still plenty of gaps and ways the community can improve. As always, there are certain needs for the community that have yet to be fulfilled, such as Spanish-speaking specialists and diverse educational programming. Here, we list the effective programs in South Bend and how they can be improved.



Xavier Cortada

Good

Diabetes outreach

The initiatives at Memorial Hospital and Health System (MHHS) and Saint Joseph Regional Medical Center (SJPMC) have been very successful in combating diabetes in the Latino population through translation services, culturally competent programming, and financial assistance.

Translation services

At MHHS and SJPMC, community health centers, and private practices, South Bend has a significant number of translators readily available. Several facilities have Spanish-speaking front-desk receptionists, fully-bilingual translators and some physicians on call.

Cultural sensitivity training

Most facilities had some sort of sensitivity program as part of staff training. Some had no such program, but the staff was still ethnically tolerant due to the diverse patient clientele of South Bend.

Financial services

The community health centers and hospitals offer significant financial counseling and care for the uninsured, including help registering for Medicaid and state insurance plans. The Consolidated Outreach Project (COP) also combines childcare services, medical and dental care, and food delivery to the Latino population in more rural parts of St. Joseph County to help with other financial needs.

Better

Diversified programming

Latinos are at risk for much more than diabetes, including heart disease, infectious diseases, and teen pregnancy. There remains a need for culturally competent programs addressing these issues, especially considering the sensitive nature of issues like teen pregnancy and STDs.

Spanish-speaking physicians and specialists

Many interviewees were worried that their translator did not communicate their whole message to the physician. Most preferred to have a Spanish-speaking physician, of which there are a few in South Bend. What is most needed, however, are Spanish-speaking physicians at facilities for the uninsured that accept state insurance plans. Bilingual specialists and doulas are also desperately needed.

Culture-specific training and programming

While “Mexican” or “Latino” diseases did not seem to appear much in the clinic, physicians were not even aware of their existence, and a simple informational packet or training session could fix that quite easily. Also, general culture-specific needs such as diet are still not being addressed in at all facilities.

Advertising and long-term care for the undocumented

The Healthy Indiana Plan and other insurance plans require documentation for enrollment, leaving many undocumented immigrants without insurance. Many undocumented immigrants do not realize they can use the community health centers for regular care, because these centers are federally funded and therefore can only advertise in public service announcements and through other organizations. Also, these facilities are not equipped for long-term care, so the undocumented have no real resource if they are chronically ill. It would be up to private organizations to offer the uninsured some source of long-term care.

For More Information, please see:

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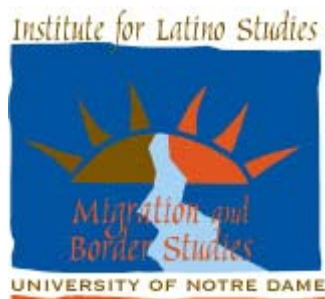
Patients and physicians in the South Bend community who wished to remain anonymous



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NOTRE DAME

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Professor Richman's ILS 45103 Class,
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