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The Perception of Latino Mothers' Experience with the Healthcare System in East Tennessee

By

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An Undergraduate Thesis Submitted in Partial Fulfillment
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Abstract

As the Hispanic population continues to grow in the United States, especially in the South, it is critical for healthcare workers to provide culturally competent care as required by certain laws. The Latina experience is of significant importance due to the role Latina mothers play in their families and communities. It is necessary to understand the perspective of this population and the experience of the Latina mother in regards to healthcare; specifically, how have language barriers hindered care, what perceptions of bias or discrimination have been encountered, and how do these factors influence their healthcare decisions and outcomes. Research has been conducted that identifies language and bias as barriers to access; however, further research is necessary to identify how these barriers influence a Latina mother's perception of the healthcare system with an emphasis placed on East Tennessee. Therefore, it is critical for more studies to be conducted in order to identify what public health officials can change in order to provide equal access to this significant demographic.

Background:

The Hispanic population in the United States has continued to grow over the past several years to 17.3% of the population as of 2013 (U.S. Census Bureau USA Quickfacts, 2013). For the state of Tennessee, 4.9% identify as “Hispanic or Latino” and in Washington County, where this study took place, the percentage was 3.1% as of 2013 (U.S. Census Bureau, Washington County Tennessee, 2013). The numbers demonstrate the growth of the population, which demands further research to identify how care can be better delivered. The terms “Hispanic” and “Latino” are used interchangeably in this thesis and have been defined as having origins in the Spanish-speaking countries of North, Central, and South America.

Purpose:

The purpose of this study was to identify the perception Hispanic mothers have in relation to the health care they have received in East Tennessee. This study aimed to answer one primary question: how do Latina mothers in East Tennessee, specifically Washington County, perceive the health care they have received and how their language and culture have influenced that perception. The study also identified the demographic composition of participants while garnering a better understanding of the specific factors that promote and hinder this population's healthcare encounters. Mothers were chosen as the specific sub-population based on their role in the family. As examined in Durand (2011) and Parra-Cardona et al. (2008), it is clear that the role of the Latina mother is that of unification of the family and she plays a pivotal role in child development and health outcomes. Durand writes, “...mothers play a key roles in children's development, socialization, and earliest school experiences,” (Durand, 2010, p. 258). Previous research has primarily focused on language and culture biases on a general scale without stratifying by sex. Therefore, the Principal Investigator (PI) hopes that this information can be

utilized as a resource to provide a better experience for this specific group of patients by providing gender-specific information.

Literature Review:

A number of studies have already identified factors such as socioeconomic status (SES), language, race and ethnicity, as characteristics that influence patient access to health services, as demonstrated by Fagan, Klein, and Shavers (2012). The editorial document for the *American Journal of Public Health* (2012) calls for more research on bias and discrimination in U.S. minority groups, with specific emphasis placed on Hispanics. According to the research, studies should focus on both the provider and the patient: how discrimination is recognized and perceived and how patients respond to it.

Specifically in Bundy and Decamp (2012), immigration status in health insurance coverage in children and participation in public benefit programs were examined. The purpose of this research focused specifically on Latino children, which were further stratified by generation status. The outcome of the research found that 1st and 2nd generation Latino children were more likely to be uninsured than their 3rd generation counterparts. First-generation Latino children, who are not yet citizens, have a compounded disadvantage when compared to second and third-generation Latino children due to their ineligibility to receive public assistance. This lack of coverage hinders them from accessing the U.S. health care system, which arguably contributes to more stress within the family, especially on the population of immigrant mothers.

The results from the study indicated serious disadvantages within an already marginalized population (Bundy and Decamp, 2012). If a mother cannot access health care for her children, how does this perception contribute to her faith in the U.S. system of health care? Not only does immigration status play a role in insurance eligibility and coverage, but it was also

discussed that limited English proficiency (LEP) has its role in lack of coverage and services as Bundy and Decamp (2012) writes,

“children living in households where the primary language was not English had twice the odds of uninsured versus continuous coverage compared to children in primarily English speaking households,” (p.741).

This research presented a spectrum of barriers that contribute to lack of coverage and ultimately lack of medical care. Researchers did not analyze the role these barriers play in the mothers' perceptions. Further research is needed to evaluate the perceptions the mothers of these children hold with respect to the healthcare system.

Furthermore, immigration is a factor that contributes to access in preventive services as demonstrated in Castañeda, Gutiérrez, and Wallace (2008). Researchers found that recent Mexican immigrants were the least likely to access preventive health services and was further stratified by linguistic ability: monolingual Spanish speaking immigrants were least likely to have accessed preventive services (Castañeda, Gutiérrez, Wallace, 2008, p. 363). Basic preventive services such as pap smears, mammograms, and flu shots were examined in relation to immigration status, language use, and other socio-demographic factors in order to evaluate what role these had on preventive healthcare access. The study did not stratify by sex, but included services that are specific to women such as pap smears and mammograms. The study demonstrated that immigration played a role in how Hispanics, specifically of Mexican origin, accessed care. A similar study conducted by Torres and Wallace (2013) examined the role of immigration for Latinos and how that related to their self-reported physical health. The researchers used data from the National Latino and Asian American Survey and found that women had higher reports of psychological distress and fair or poor physical health (Torres &

Wallace, 2013, p. 1619). Immigration and movement patterns have been shown to affect health as demonstrated by these two studies. The lack of service usage demonstrates a need to assess the community in order to provide interventions that will enable them to take control of their health regardless of immigration or other influences (e.g. language).

Under Title VI of the Civil Rights Act of 1964, access to language services for LEP patients is required by federally-funded healthcare providers, which is ultimately every hospital and clinic in the United States ("What are the," 2012, para. 2). Research indicated that language services continued to hinder LEP patients with regard to the Hispanic population (Davis et al., 2012). In this specific study researchers focused on the perception Latino mothers have in seeking out primary care providers (PCP) for their young children, specifically looking at what factors were important for them during their healthcare encounters. Though the mothers were classified as LEP, they did not allow this inability to communicate factor into how their physician should treat their children. Duckett and Garcia (2009) also studied language barriers in Hispanic access to health services by interviewing young adults of Mexican origin. The first theme identified was, "It's hard to get care when you don't speak English," which was supported by quotes and participant discussion remarks (Duckett et al., 2009, p.122). This demonstrated the pre-defined perception of bias and limitations before the patient sought care. The research further discussed how the inability to communicate even while accessing appropriate services resulted in a negative perception of the system. Another study concluded, "Language barriers can result in exclusion from programs and delay or denial in services from federally funded programs or its subcontractors," which highlighted the continued emphasis that is placed on this aspect of minority populations (Suleiman, 2003, p. 185). Suleiman (2003) studied other barriers that are faced by this specific population, combining the need for an understanding of LEP patients

across the healthcare spectrum. In the report created by Fratta (2011), interviews were conducted with respondents from upper East Tennessee in order to identify the challenges faced by the population as a whole. One such challenge identified as a common theme among the seven interviewees was that they often had to provide their own interpreter; in those encounters with interpreters and healthcare support staff, it is vital for these lay health professionals to be culturally adapt and competent in promoting health programs for this population (Fratta, 2011, p. 38; Brown et al., 2011). As evidenced by the literature that has been researched, language is indeed a barrier to access of care that does influence the perception of care received, especially for mothers.

Methods:

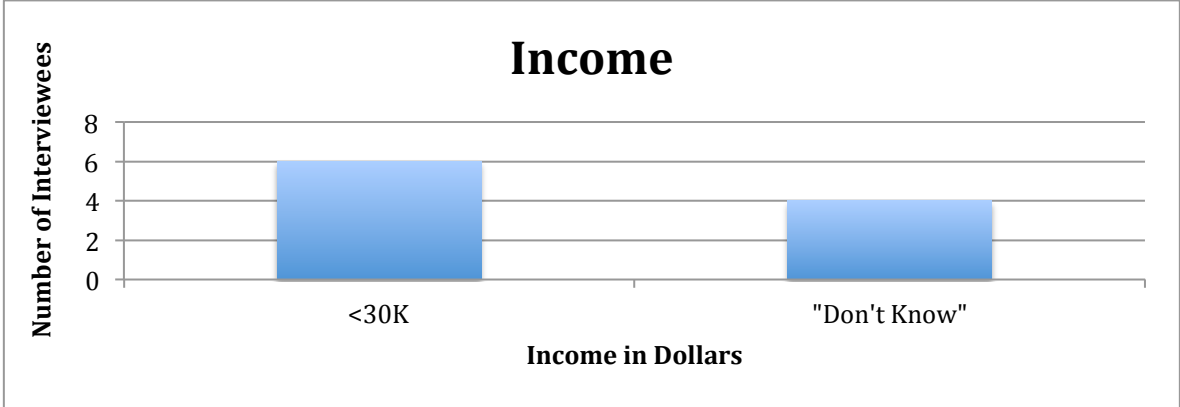
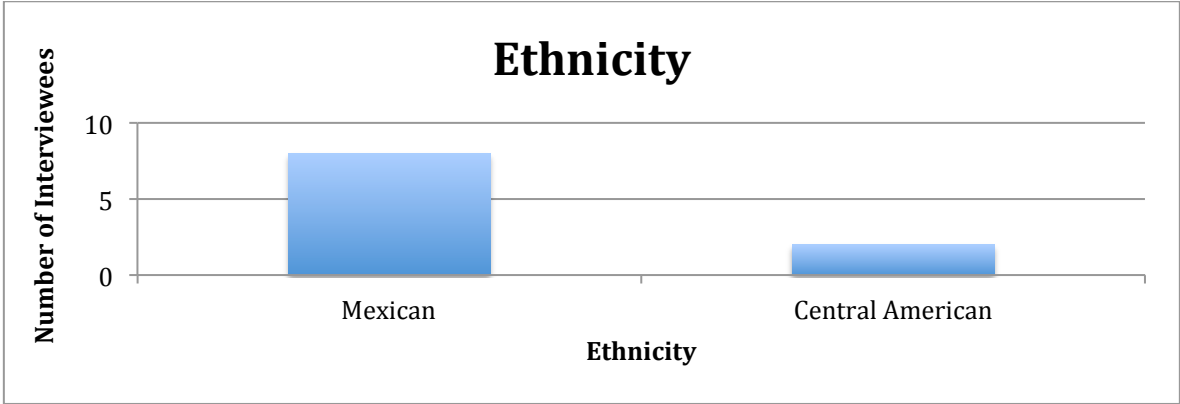
ETSU Institutional Review Board approved this study for the PI to begin his research. Participants were randomly selected and interviewed by the PI from a sample of Hispanic mothers who were recruited from the Johnson City Community Health Center (JCCHC) beginning in February 2015. The staff of the JCCHC assisted the PI with subject recruitment. The majority of the mothers were recruited from the pediatric area, however others also came from Women's Health and General Health sections of the clinic. The participant was then taken to a private room or area where the PI could conduct the interview with the mother. At the conclusion of the research, ten women completed interviews that took place directly after their child's, or in some cases their own, clinical visit. Each interview consisted of 26 questions from various surveys as well as questions independently generated by the PI (Appendix 1). Of the 26 questions, two were open-ended and allowed the participant to discuss factors that shape her perception of time spent with her provider. Each interview was recorded and then translated to help in the descriptive analysis of the research. At the conclusion of the interview, the participant

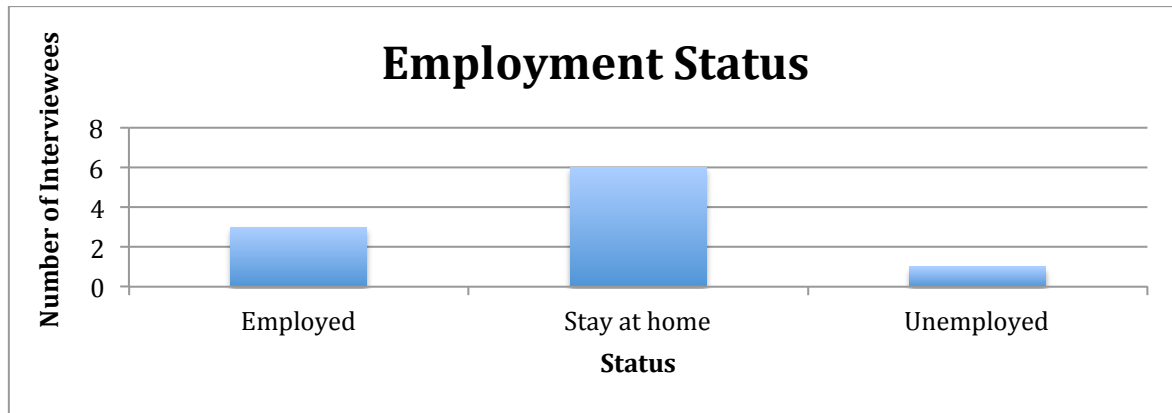
was given a \$10 Walmart gift card. Interview responses were entered into an Excel spreadsheet and basic statistical analyses were utilized to identify common themes among the participants. The responses to the two open-ended questions from the recordings were used to provide qualitative support in the discussion section. Direct quotes from participants were provided as well as shared themes among the group.

Results:

Demographic Averages:

Age	Number of years in the U.S.	Number of Children
37.3	13.5	2





Of the 10 participants interviewed by the PI, eight were Mexican and two were from Central America. Participants were asked if English or Spanish was preferred for the interview. All interviews were conducted in Spanish. Interviews, on average, lasted eight minutes. The interviews took place from the beginning of February 2015 until March 2015. There were seven mothers who declined taking part in the survey and interview due to various reasons such as: scheduling conflicts, a lack of interest, other responsibilities, or they were simply not comfortable. One participant was deemed ineligible after the conclusion of the interview, so an additional participant was recruited and interviewed.

The average amount of time spent in the continental United States was 13.5 years, with the average age being 37.3 years and an average of two children under the age of 18 for each mother. Chi-square and p-values were calculated to identify the strength of associations between the various responses. Two questions were found to have a statistical association: question six, "Would you say you can carry on a conversation in English, both understanding and speaking, -- very well, pretty well, just a little, or not at all?" and question 22, "How difficult is it to receive medical care?" The Chi-square and p-value ($p=0.054$) support the claim that English language skills influence the perception of how difficult receiving medical care is. All other questions were not found to have an association after calculating Chi-square and p-values.

Discussion:

The association found between questions 6 and 22 is not only supported by the Chi-square and p-value but also through the responses to the open-ended questions asked. For example, when discussing question 17 and describing an example of what would be the best medical appointment in the participant's opinion, several answers were given that support the association found between questions 6 and 22. Participant three stated, "when they [nurses and providers] understand us," alluding to both a linguistic understanding and for the reason of the clinical visit. For the same question, participant five stated, that "they have treated us well. That they don't ask you if you have a Social Security number...and [that] they understand me." These responses indicate that, aside from the statistical association found between language ability and the perception of how difficult it is to access the healthcare system, the mothers verbalized how language and social factors influence their perceptions of rendered care and access. However, other responses can be thematically grouped according to the treatment received in the clinical visit. Although the literature review identified that language was indeed a barrier to care, some respondents indicated that a "good" appointment consisted of other factors that were not linguistic or cultural. For example, participant four was more concerned with the news she received from her test results, "When I come and they do some tests on me, [that] they tell me, 'your tests are good.'" Participants seven, nine and ten had similar statements that identified the information shared within the appointment was valuable and that all of the patient's concerns were addressed. This finding is consistent with previous literature; mothers were found in one study to want providers who were caring, spent time with the child, knew the child's name, and the clinic environment itself provided a sense of respect and dignity for the mother and her child (Davis et al., 2012).

Although only 40% of participants stated they perceived their health to be “good” or better, 70% rated the quality of care they had received in the last 12 months as “good” or “excellent”, highlighting that the perception of the care they have received is, overall, well received. The Chi-square and p-value found in relation to language and ease of access also identify that language does, in fact, influence the perception of care and how easy, or difficult, access is. The statements provided from the open-ended questions reinforced this association. Overall, the results of this study demonstrate that this population is sensitive to the healthcare delivered in East Tennessee and that the patient’s language and culture influence the perception of how that care can be accessed.

Limitations and Implications:

The results from this study indicate that language does influence Latina mother’s perception of how difficult it is to access the healthcare system in East Tennessee. Although most participants indicated in their remarks that “good” medical care resulted in questions being answered, healthy test results, and other similar responses, it is important to note that JCCHC has on-site interpreters available for patients which could influence the responses to not be as consistent with the literature. More studies would need to be conducted that further look at language as a factor that influences perception. Additionally, some of the questions in the survey were phrased in a manner that was difficult to understand. For example, when asking question 17, “Could you give me an example of this?” (for the answer to question 16) participants were confused as to what the question was asking without further explanation. The question could have been phrased in a manner that was easier to communicate what the PI wanted to learn: what were the components of a healthcare encounter that influenced the mother’s perception of the care she received. The size of the study population also limits the applicability of the results and

does not encourage generalizations to the larger Latina population in the region. It also limited the statistics in their strength; a higher number of participants would have most likely resulted in more statistical associations between the questions.

The results of this study provide a valuable resource for the JCCHC and other local healthcare facilities as an evaluation tool. Identifying that language ability influences the perception of how easy or difficult receiving care is indicates that more emphasis could be placed on marketing strategies for providers. Accessing care should not be influenced by a patient's lack of English skills, and in compliance with the Civil Rights Act of 1964, more attention should be directed towards LEP patients.

Conclusion:

The study supports that a relationship between language and healthcare perception among Latina mothers exists. Further efforts should be made in area healthcare facilities that will enable more interpreters to be of service to this population. It should also be noted that more attention should be focused on the needs of the patient with regard to the actual experience. It is clear from the participants' comments that once communication barriers have been removed, the patient can focus her attention on the clinical aspects of care. The PI was not expecting to see a majority of participant comments alluding to the actual clinical experience and content within. This surprise exemplifies JCCHC's commitment to their LEP population and serves as an example for other community health centers and local healthcare facilities. The results of this research provide a platform upon which providers and healthcare administrators can begin to evaluate the services provided to Latina mothers and their needs and opinions. It is of utmost importance that healthcare facilities provide the appropriate translation and interpretation services so their LEP patients, specifically Latina mothers, have the opportunity to experience similar clinical visits

and outcomes as their non-LEP counterparts. Once these services are provided, as exemplified by JCCHC, the mother's focus can be specifically directed towards the actual clinical visit instead of other social aspects such as her citizenship or language use. By shifting the mother's focus from these social aspects to her time spent with the provider and in the clinic, better health outcomes for this at-risk population could finally be realized. This would lead to the promotion of health equality, overall better health, and decreasing costs for the patient, provider, and overarching healthcare system.

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Appendix 1

Questionnaire:

1. Are you, yourself of Hispanic or Latino origin or descent such as Mexican, Puerto Rican, Cuban, Dominican, Central or South American, Caribbean or some other Latin American background?
2. Would you prefer to be interviewed in English or Spanish?
3. The terms Hispanic and Latino are both used to describe people who are of Hispanic or Latino origin or descent. Do you happen to prefer one of these terms more than the other?
4. In what country were you born?
5. How many years have you lived in the continental U.S.?
6. Would you say you can carry on a conversation in English, both understanding and speaking, - very well, pretty well, just a little, or not at all?
7. How confident are you filling out medical forms by yourself? Would you say...? (EXTREMELY, QUITE A BIT, SOMEWHAT, A LITTLE BIT, NOT AT ALL, DON'T KNOW, REFUSED)
8. How many children do you have under the age of 18?
9. What is your age?
10. What is the last grade or class that you completed in school?
11. Now thinking about work, what is your employment status? Are you...? (EMPLOYED, SELF-EMPLOYED, STAY-AT-HOME PARENT, UNEMPLOYED, DISABLED, REFUSED)
12. Is your total annual household income from all sources, and before taxes: (LESS THAN 30K, 30K BUT LESS THAN 50K, 50K+, DON'T KNOW, REFUSED)

HEALTH-SPECIFIC QUESTIONS:

13. In general, how would you describe your own health? Would you say it is excellent, very good, good, fair or poor?

14. Is there a place that you USUALLY go to when you are sick or need advice about your health?

15. (IF "NO" TO QUESTION 2) What is the ONE main reason you do not have a place that you usually go to when you are sick or need advice about your health?

16. Overall, how would you rate the quality of medical care that you have received in the past 12 months? Was the medical care excellent, good, fair, or poor? (DON'T KNOW, REFUSED)

17. Could you give me an example of this? (for the answer to question 16).

18. When you see a doctor or other health care provider, in what language is the appointment usually conducted?

19. About how long has it been since you last saw a doctor or another health care provider about your health? Has it been...? (6 MONTHS OR LESS, 6 MONTHS-1 YEAR, MORE THAN 1 YEAR-LESS THAN 3 YEARS, 3+ YEARS, NEVER, DON'T KNOW, REFUSED)

20. Are you, yourself, now covered by any form of health insurance or health plan? This would include any private insurance plan through your employer or that you purchase yourself, as well as a government program like Medicare or Medicaid?

21. During your time in East Tennessee, have you ever felt that you received poor quality of medical care or treatment? (if yes) What do you think the reason was? (you couldn't pay, race or ethnicity, something in your medical history, your accent or how you speak English)

22. How difficult is it to receive medical care?

23. Do you feel your time spent with the physician has always been sufficient (never, sometimes, always, refused).

24. Do you feel comfortable asking your doctor questions?

25. Do you use an interpreter when you visit your doctor?

26. Have you always been satisfied with the translation and interpretation services?