

Listening to the Voices of Latinos in Omaha:

**Responses of Community-Based
Health Care Providers**

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UNIVERSITY OF
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LISTENING TO THE VOICES OF LATINOS IN OMAHA:

RESPONSES OF COMMUNITY-BASED HEALTH CARE PROVIDERS

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About the College of Public Affairs and Community Service

The College of Public Affairs and Community Service (CPACS) was created in 1973 to ensure that the university was responsive to the critical social needs of our community and state. The College was given the mission not only to provide educational programs of the highest caliber to prepare students for leadership in public service, but also to reach out to the community to help solve public problems.

The College has become a national leader among similar colleges, with nine programs ranked in the top 25 in the nation. Our faculty ranks are among the finest in their disciplines. Faculty, staff, and students are integral to the community and state because of our applied research, service learning, and community partnerships. We take our duty seriously to help address social needs and craft solutions to local, state, and national problems. For more information, visit our website: <http://www.unomaha.edu/college-of-public-affairs-and-community-service/>

CPACS Urban Research Awards

Part of the mission of the College of Public Affairs and Community Service (CPACS) is to conduct research, especially as it relates to concerns of our local and statewide constituencies. CPACS has always had an urban mission, and one way that mission is served is to perform applied research relevant to urban society in general, and the Omaha metropolitan area and other Nebraska urban communities in particular. Beginning in 2014, the CPACS Dean provided funding for projects with high relevance to current urban issues, with the potential to apply the findings to practice in Nebraska, Iowa and beyond.

INTRODUCTION

A recent report, titled *Listening to the Voices of Latinos in Omaha: Their Experiences and Ideas for Improving Access to Health Care*, (2017) shared the results of four focus groups held in South Omaha during the summer of 2015. Participants discussed the following issues affecting their access to, and experiences with, the health care system:

1. Preventive care
2. Immigration status
3. Children's health care
4. Bilingual and bicultural providers and interpreters
5. Dental health
6. Occupational health

This report summarizes the results of two additional focus groups held during May of 2017 with community-based health care providers. Dr. Christine Reed from the UNO School of Public Administration continued as the Principal Investigator, and Mr. Alberto Cervantes continued as the Project Consultant who recruited participants and facilitated the focus groups. Mr. Nick Juliano, a doctoral student in Public Administration, took notes during each session, because there were no recordings. In addition, the names of the organizations and the participants representing them are confidential.

The first objective in conducting these follow-up sessions was to ask community-based health care providers if their clients share the same concerns as the Latino residents who volunteered for the first round of focus groups, and if there are additional concerns to include in this study. The second objective was to ask participants what steps they and others should take to help Latinos in the community. The names of the community-based health care providers and their organizations are

confidential. This report summarizes their ideas and recommendations for improving the health and wellness of Latinos. The hope is that this report will generate further areas of collaboration among community partners.

Client Concerns

Participants reported that their clients have many of the same concerns as the original focus groups. The issue of accessing preventive health care was a concern because the health care system in the U.S. is complex and confusing compared to Latino countries of origin. As one community-based health care provider explained, their clients are used to getting a single bill for multiple services provided during the same visit. When clients receive multiple bills for the same visit, they find it hard to understand, especially when they thought that their insurance covered those services.

The combination of multiple bills from physicians and hospitals, combined with statements from insurance companies, can confuse and discourage people from accessing the U.S. health care system, especially for preventive care. Undocumented clients are afraid to access preventive care if they will have to fill out paperwork. They may avoid making and keeping appointments because of fears about being stopped, searched and deported.

The issue of children's health care was a major concern for clients. Participants reported that parents become strong advocates for their children once they become aware of the supportive services, such as PT and OT, covered by Medicaid. They discussed the problems associated with changes in Medicaid rules, such as copays and coverage, and how they have trouble keeping up with government policies. Participants confirmed what the original focus groups reported, that parents take whatever steps are necessary to protect their children's health but often neglect their own unless they have insurance.

Providers and community partners reinforced the need for more bilingual and bicultural providers

and interpreters in accessing the health care system, communicating with the doctors and nurses in offices and hospitals, and following up with appointments. They reported that their clients are willing to wait for hours or days to see a bilingual doctor. Latinos prefer to go to OneWorld despite the wait times because providers and staff are bilingual and bicultural. The need to improve trust is a big issue for Latinos, who want their providers to take the time to understand them and their individual needs. The perception is that in the U.S. health care is a business rather than a caring profession.

This issue generated a lengthy discussion in one of the focus groups about the role of the interpreter versus the responsibility of the patient. One participant pointed out that interpreters are trained to relay what is said, but not to be patient advocates. A second participant said that interpreters can misrepresent what patients are telling them. A third participant argued that patients need to speak up and ask for interpreters when they come to the reception desk: health facilities are required to provide interpreters, but they find it is impossible to cover all 375 languages that are spoken in Omaha.

Discrimination and lack of respect by health care providers and staff is a problem, and doctors can be insensitive even if they are bilingual. Participants questioned whether Latinos as a culture advocate for themselves by asking if procedures are covered by insurance; challenging their doctors; and leaving if dissatisfied with the care they are getting. Many Latinos are from small towns and accustomed to deferring to the experts.

Dental health emerged as a priority in the original focus groups, and participants agreed that it was an issue. Many dentists don't accept Medicaid, and an even smaller number are bilingual. Latinos go to one dentist in particular, even though it can take several months to get in for a checkup. There is a need for education about the benefits of preventive dental care, but it is expensive without insurance. Many people don't take care of their dental health.

Mental health emerged as a major new issue with community-based health providers. They wondered if the volunteers in the original focus groups were reluctant to discuss this topic. Parents might interpret behaviors as discipline problems, rather than mental health issues. Families are experiencing chronic stress because of the Trump administration's executive orders and deportations. Some parents are planning who will care for their U.S. born children if they will have to leave the country. In addition, participants reported that there is a big impact on Latino students from bullying on social media.

Recommendations of Health Care Providers and Community Partners

Community-based health care providers in both focus groups recommended collaboration to fill in gaps and improve services for Latinos. They also emphasized the importance of education for their clients, not only in preventive health and wellness but also in navigating the health finance system. Clients become confused and concerned about what they owe when they receive multiple bills on top of insurance statements. If Latinos feel intimidated they are more likely to avoid going to the doctor or hospital for a symptom that could become more serious and require more extensive care.

Community-based education about how the U.S. health care system works, especially how hospitals and health providers bill for services, would help to build confidence and self-advocacy among Latinos. Participants mentioned making short, thirty-minute, informative videos that could be used on social media or at parent meetings held at schools. They also underscored the importance of expanding awareness of available resources. OneWorld and the South Omaha Community Care Council health committee offer free health fairs. OPS is another important source of wellness education. School principals in South Omaha host parent teas to educate parents about health and wellness.

OPS school-based health clinics are another important resource available to children and youth. Undocumented families can pay based on a sliding fee scale. Participants suggested that OPS provide them better information about these centers so that they can better advise their clients. Parents are often unaware of health-related services available through the Medicaid program. Schools should be educating parents, but staff will need training in the specialized knowledge about ancillary services covered by Medicaid. School nurses and health aides also need a better understanding about what Latino families are going through and why they might not follow up with recommended health care appointments. These training needs point to the important role of OPS in improving the health and wellness of families in the Latino community.

Each school has a wellness plan (a condition for receiving federal free and reduced lunch funding) including nutrition and physical activity, and students can be the change agents in their families in developing healthier eating habits. Parents often bring fast food snacks to their children when they are in school, and they may equate being overweight with being healthy. Yates Community Center offers ongoing education for immigrant and refugee families about storing and cooking healthy foods. Schools are also well positioned to share information with Spanish speaking families about support for behavioral problems in middle and high school, such as skipping school and using drugs.

The South Omaha Community Care Council partners with Nebraska Medicine to provide education for chronic conditions related to diet and lifestyle, such as obesity and diabetes. Nebraska Medicine also offers screenings for cancer and other diseases. Community-based health care providers recommended that researchers find ways to connect with families about unfamiliar concepts. While these clinics are a key resource in the community, there are cost barriers to follow-up appointment for referrals to specialists.

Policies at the National Level Impacting Latino Families

Recent executive orders and changes in immigration policy from the Trump administration have left many Latino families fearful of deportation. They are frightened about visiting health care locations or food pantries where they fill out paperwork or show identification. They are even reluctant to drive to health appointments or to school events because they are afraid of being pulled over and detained by ICE agents. As one focus group participant stated, it is a bad time for Latinos to be self-advocates because of the risk of retaliation by the federal government.

Repeal of the Affordable Care Act is another policy change that will have a major impact on Latino families. Parents of children with special health care needs have relied on insurance coverage, as well as on Medicaid services. These families will likely rely on Medicaid for the rest of their lives, and the cuts to that program in the GOP plan (The Affordable Health Care Act) would have a negative impact on them.

Conclusion

The focus groups held with community-based health care providers identified client concerns that overlapped with the six priority issues from the first report, especially children's health care and bilingual/bicultural interpreters. The perspectives of these providers, however, led to additional issues, especially the need for mental health care. Education about the U.S. health care system, including how the billing system works, emerged as a second additional topic. Participants generally agreed that they and other community-based health care providers need to find ways to exchange information about resources to help their clients. Community-based preventive health care and OPS school-based health clinics and health education programs, help families access needed medical care and prevent more serious problems.



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