



“I Don’t Know Where To Go”

Latino Community Health Issues in New Orleans



In 2013/2014, Puentes New Orleans and the Committee for a Better New Orleans, in collaboration with the New Orleans Health Department, surveyed 279 Latino residents about their health and related issues. The survey was augmented by two focus groups and a language access investigation of health care providers. The majority of participants were working-age Latino adults who speak Spanish as their first language. While many participants have immigrated to New Orleans since Hurricane Katrina, most indicated that they intend to stay in the city.

The survey found that many Latinos in this demographic profile are not accessing health care. The primary reasons for this are:

- Language barriers
- Inadequate provision of health-related information
- Lack of outreach to Latino residents by health-care providers
- Lack of, or cost of, health insurance

The most common health issues in the surveyed population include:

- High blood pressure
- High cholesterol
- Obesity
- Dental health
- Alcohol abuse
- Mental health



A closer look at the findings indicates clear patterns and trends that impede health care access and outcomes for New Orleans Latinos. These findings are the basis for solutions that can have rapid and substantial impacts on improving the general health of the city’s fastest-growing population group.

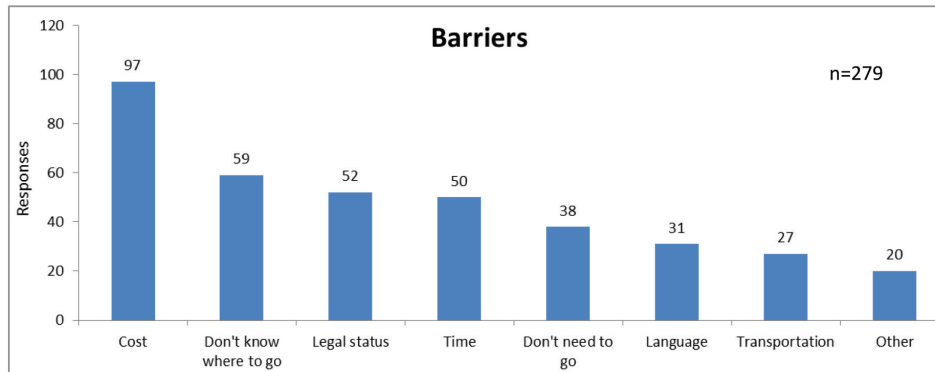
Health Status of New Orleans Latinos

As noted, this survey focused primarily on working age Latino residents, who theoretically should be in prime physical condition. Indeed, 46.2% of respondents indicated that they considered their health to be “excellent” or “very good”. However, 43% described their health as merely “adequate”, and 7.2% considered their health to be “bad”.

As noted above, high blood pressure, high cholesterol and

obesity were among the most common medical problems experienced by survey respondents. These ailments can all be categorized as “lifestyle” issues, directly linked to diet, nutrition and exercise. Even dental health can be impacted by dietary and nutritional factors. Similarly, the two issues of alcohol abuse and mental health frequently share a common genesis.

The focus groups were conducted after the initial survey, and afforded the opportunity to delve more deeply into the issues. Clear threads emerged in these conversations. Many Latinos in New Orleans are simply not leading a healthy lifestyle, though this is less a matter of choice than of circumstances. These residents generally experience a lack of access to healthy foods, recreational opportunities and health care information and services. Income status is an overarching factor, made worse by a sense of alienation from the larger New Orleans community; language barriers create a final obstacle to living healthy lives. Health Care Access and Quality Many participants in this study do not appear to be utilizing, or are under utilizing, the health care system in New Orleans. Only 45% of participants went to the doctor in the past two years; another 21.5%



went to the doctor within the past three to five years. However, an alarming 25% stated they had never obtained health care – even a physical check-up.

Among those who have accessed health care, the greatest number (38%) received such care from community clinics. The second most common source of care was emergency rooms (24%). While it is unclear whether these emergency room visits were due to medical emergencies, national data indicates that poor and uninsured populations frequently visit emergency rooms to receive non-emergency care.

Multiple barriers prevent more Latino residents from accessing more regular health care, as indicated by this graph (respondents could choose more than one answer):

Cost was clearly the greatest single impediment, which can be partially explained by the issue of health insurance: 62% of participants reported having no current health insurance, while only 14% stated that they did in fact have at least some form of health insurance. The rest either did not respond to the question or said they

did not have enough information to answer it.

Not knowing where to obtain health care appears to result from a mix of factors, including language barriers, lack of health care information, lack of health care services near where Latino residents live or work, and the simple fact that very few health care providers have external signage in Spanish to identify them as such.

While only 31 respondents identified language as a barrier to accessing health care, this number is almost certainly misleading. Language clearly impacts the “Don’t know where to go” category, among others. Further, even among Latinos who are accessing health care, only 46.6% stated that interpretation services were available when they receive care, which can only have negative impacts on the quality of that care. This data was further supported by the telephone investigation, which found that only 27.6% of the contacted health care providers had a bilingual person available to translate for Spanish-only speakers at the time the researchers called.

Recommendations

As this study so clearly indicated, the primary health issues among Latino residents are access to health services and resources, along with specific medical conditions, many of which are lifestyle-related. The following recommendations, grouped into three main categories, are designed to address these issues. A fourth category, “Interconnectivity Among Residents, Neighborhoods and Government”, is included in the full report on this survey, along with greater detail on the below recommendations.

Many of these recommendations, when implemented, will address concerns shared with the larger New Orleans community, and will bring important benefits to them as well.

1. Access to Health Care Services and Information

Greater access to health care services: create a 5 year plan to expand access to care for Latino residents. This can include establishing more service-providing locations that are accessible to Latino residents, as well as programs to specifically address the primary Latino health conditions. Accessibility includes locations in neighborhoods with high concentrations of Latino residents, as well as effective language access. More effort is needed to inform Latinos on how and why to access existing services.



Outreach: more, and more focused, efforts to bring information to Latino residents. This includes:

- Use of Spanish-language media, both paid and free
- Use of non-traditional methods; examples would include church bulletins, flyers in businesses frequented by Latino residents, etc.
- Health-related presentations and programs targeted to Latino residents
- Dual language signage both outside and inside health care facilities
- Bi-lingual community health workers and outreach staff

211 / 311: Establish a partnership between 311 and 211 to provide health care information in Spanish, or train 311 operators to transfer calls regarding health care to 211. Both services need to be widely publicized to Latino residents.

Interpretation and Translation: make more information about medical conditions, health care information, health insurance, nutrition, and even health care policies needs available in Spanish (as well as other languages). More certified translators and interpreters are needed, and certification classes need to be made available at affordable prices.

Language access: enable health care facilities must to accommodate Spanish speakers. The

number of bilingual community health workers must be increased. When health policies and related issues are being considered by city agencies, interpreter services must be available so Latino residents can provide input.

Modify existing programs: connect existing health programs and services with Latino residents. Minor modifications, incorporating sensitivity to Latino cultural and lifestyle factors, can help. Additional barriers, such as transportation, location and awareness of these programs, need to be addressed.

Cultural competency training: provide such training to health care workers and health care providers, inclusive of all staff who will interact with clientele.

Dental Care: increase outreach in Spanish to publicize clinics offering affordable dental care. Programming should be developed that teaches dental hygiene to the Latino community.

Alcohol Abuse Treatment: develop programming that specifically targets the Latino population, from how to prevent alcohol abuse to how to identify problem drinking and treatment options. This is substantial issues that needs much more study and attention.

2. Access to Recreational and Exercise Opportunities

Facilities: More communication is needed to inform Latino residents about where they can find nearby recreational facilities and what these facilities offer. Programming at these facilities should be culturally relevant and provided in an environment where Latinos feel safe and welcome. All recommendations relating to health care access from the previous section are applicable here.

Programs: activities, coaching, competitions, leagues, etc. must be accessible to Spanish-speaking residents. Recreation programs that appeal to Latino residents must be developed and offered.

Safe neighborhoods: many New Orleans residents exercise by walking or jogging around their neighborhoods; many Latino residents do not feel safe doing this. Law enforcement must put extra emphasis into creating a safe environment in neighborhoods with high concentrations of Latino residents.

Community centers: while they would serve all residents in these neighborhoods, such centers must be established with a clear intention of providing programs, services and general access to Latino residents.



3. Access to Healthy Foods and Nutritional Information

Healthy foods: poorer neighborhoods throughout New Orleans suffer from a lack of access to healthy foods. Existing programs should emphasize providing healthy food access to Latino residents. This includes understanding traditional Latino cuisine choices and ensuring that high-quality ingredients for this cuisine are available in Latino-centric neighborhoods.

Nutrition information and education: translate important information about nutrition into Spanish; this should be followed by a substantial and focused outreach effort to get the translated materials into the hands of Latino residents. Spanish-language, culturally relevant cooking classes should be developed and delivered.

Action!

New Orleans has a large and growing Latino population that is increasingly permanent. Improving the health status of this community is imperative not just for these individuals but for the city as a whole. The city itself, along with health care providers, must make every necessary effort to ensure that health care is available to New Orleans Latinos.

Puentes, CBNO and the New Orleans Health Department are already collaborating to implement the recommendations from the



Latino Community Health Survey. For example, a Spanish-language signage package for health clinics has been developed, and generous support to begin installing them has already been received from Chevron Corporation and the Greater New Orleans Foundation. The New Orleans Health Department and partners are also including a focus of primary and behavioral health care access for Latinos into the City's Community Health Improvement Plan.

We call on all relevant governmental agencies to adopt policies and procedures that will maximize access to all government services and to meaningful civic engagement.

We call on the universities and medical schools to build language access, cultural sensitivity and related needs into their curricula. We call on the private sector to look at everything from customer service to economic opportunity in helping Latino families thrive in every way.

And we call on nonprofit organizations to integrate Latino residents into every aspect of the programs and services they provide.

A healthy, thriving Latino community benefits every New Orleans resident. More important, every Latino resident is entitled to every benefit of being a New Orleanian.

The full Latino Community Health Survey report may be found at www.nola.gov/health-department; at www.puentesno.org; and at www.cbno.org/newsroom. For a hard copy of the English language version, email info@cbno.org. For a hard copy of the Spanish language version, call Puentes at (504) 821-7228.

Puentes and CBNO would like to thank the New Orleans Health Department for its valuable collaboration at every stage of this project, and to thank Chevron Corporation for its many forms of support for the project.