

WORCESTER POLYTECHNIC INSTITUTE
HUMANITIES AND ARTS DEPARTMENT

ELDERLY HISPANICS AND THE HEALTHCARE SYSTEM IN WORCESTER, MA

A major qualifying report

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Abstract

According to the last census the Latino population is the fastest growing ethnic population in the Massachusetts, with 6.8% of Hispanics in the Commonwealth residing in Worcester County. With the establishment of the population in the United States it is necessary to ensure that they are provided with equal services in healthcare regardless of their cultural background, language proficiency, education, insurance or income. This study focuses on the elderly population of Worcester, Massachusetts and their use and access of the healthcare system.

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Introduction

According to the last census the Latino population is the fastest growing ethnic population in the Massachusetts, with 6.8% of Hispanics in the Commonwealth residing in Worcester County (Donta). With the establishment of the population in the United States it is necessary to ensure that they are provided with equal services in healthcare regardless of their cultural background, language proficiency, education, insurance or income. This study focuses on the elderly population of Worcester, Massachusetts and their use and access of the healthcare system. The state has required health insurance for its residents since 2006 (Massachusetts Trial Court Law Libraries), and therefore the variable of health insurance does not complicate the analysis. This study focuses on the frequency of use of medically related services and its correlation with income, age, and gender in the Worcester area.

Methods

With the current concerns of health care and insurance in the United States due to the increasing price of services it is important that barriers to equal healthcare be identified. This study is designed to identify the experience of Hispanics in the Worcester healthcare system. This exploratory study attempts to identify important issues in this particular community. The age group of the study is chosen because in comparison to the other age groups, the elderly are more likely to have experience in the healthcare system due to the frequency of chronic illness in that population. This exploratory study is meant to identify areas for further study and so a small group of elderly Latinos have been selected as a focus. This group generally has community outings from their respective homes to the Centro de Américas which serves as a meeting place for their exchanges. The survey was administered with limited help from the administrators who provided assistance with the writing and reading for those who could not complete the survey themselves.

The survey was organized around four research questions:

1. Does the Elderly Hispanic Population of Worcester, MA experience difficulty in accessing medical care?
2. Does income affect the frequency of use of medically related services?
3. Does language ability affect the frequency of use of medically related services?
4. What types of sickness are most prevalent among the Hispanic population in Worcester MA?

There were eleven multiple choice questions on the survey identifying key independent variables such as age, gender, health status, insurance status, and income and dependent variables such as the frequency with which they saw the doctor. Participants were asked to relate which diseases

they and their family suffer from, their satisfaction with the health care services they received, how frequently they saw a doctor, and what factors they considered important in healthcare. The results were stratified by age and in some cases income to help determine differences between the age groups.

Results

A total of 51 individuals completed the survey twelve were ages 60-65, nine were ages 65-70, thirteen were ages 70-80, thirteen more were 80-90, and there were four respondents age 90 or more. Of these 51 respondents 21 were male and 30 were female. A total of 45 respondents, or 88% earned \$30,000 or less a year. Respondents were asked to self report diseases that they and their family suffer from, none of the respondents acknowledged that they suffer from AID/HIV, drug abuse, or alcoholism and only one respondent acknowledged that they knew someone with cancer in their family. Almost all respondents responded that they had received excellent to good care in the health care system and when asked what was most important in health care they rated good service and the language spoken by the doctor the highest. Women were more likely to see a doctor more than once a year and men more likely to see a doctor only once a year. More people were likely to see their doctor once a year, and slightly less saw their doctor once every two or three months.

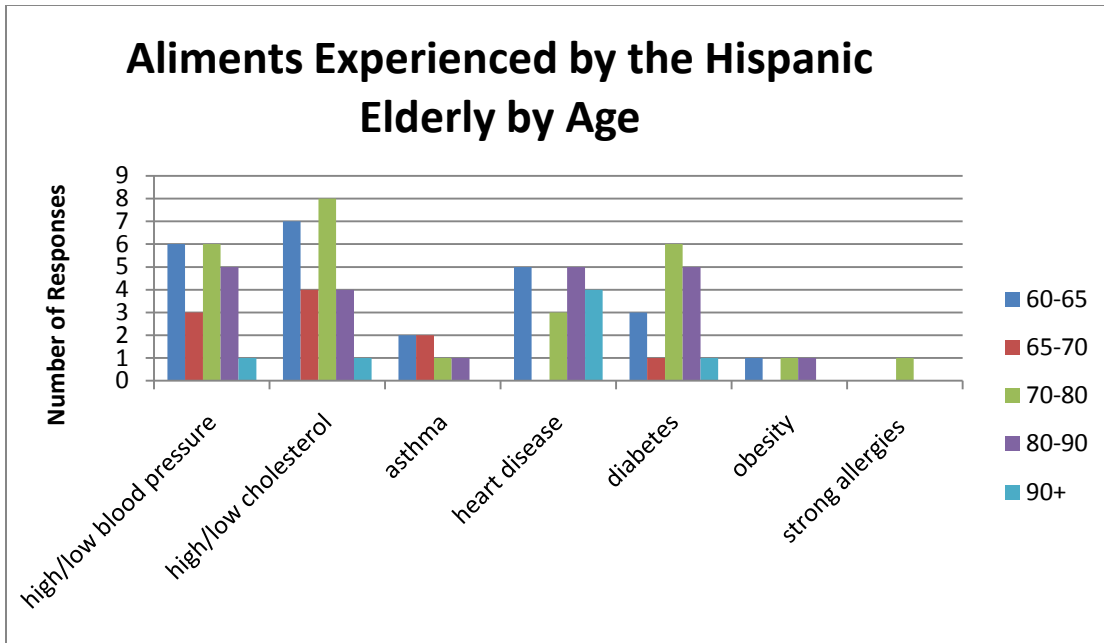


Figure 1 Aliments Experienced by the Hispanic Elderly by Age: The elderly suffer from high/low blood pressure and cholesterol the most followed by diabetes and heart disease.

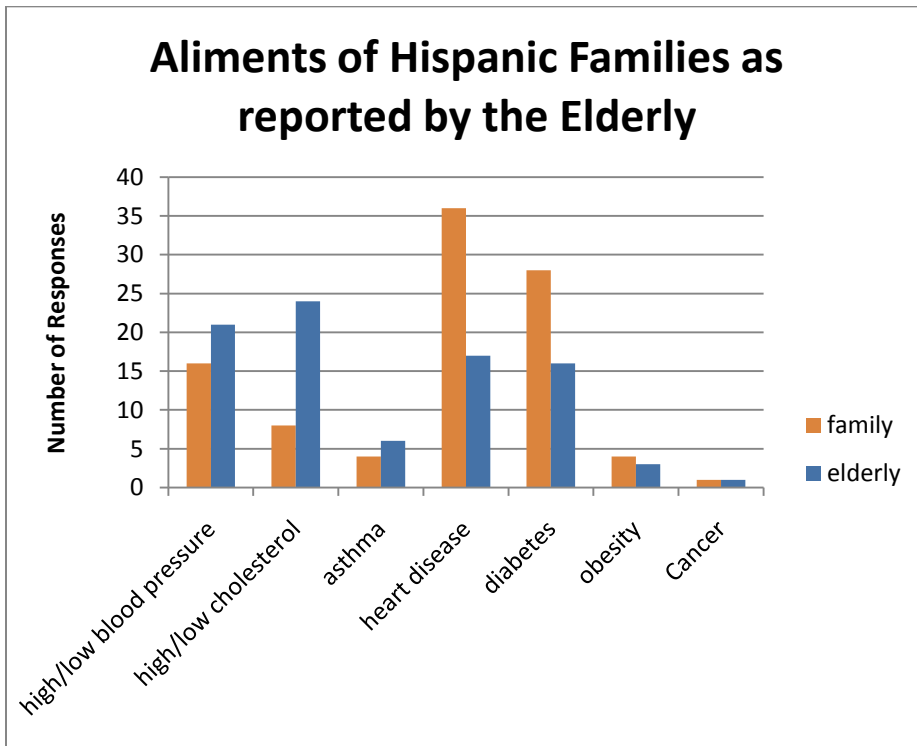


Figure 2 Aliments of Hispanic Families as Reported by the Elderly. The elderly reported that heart disease and diabetes were the two most common diseases that they suffer from.

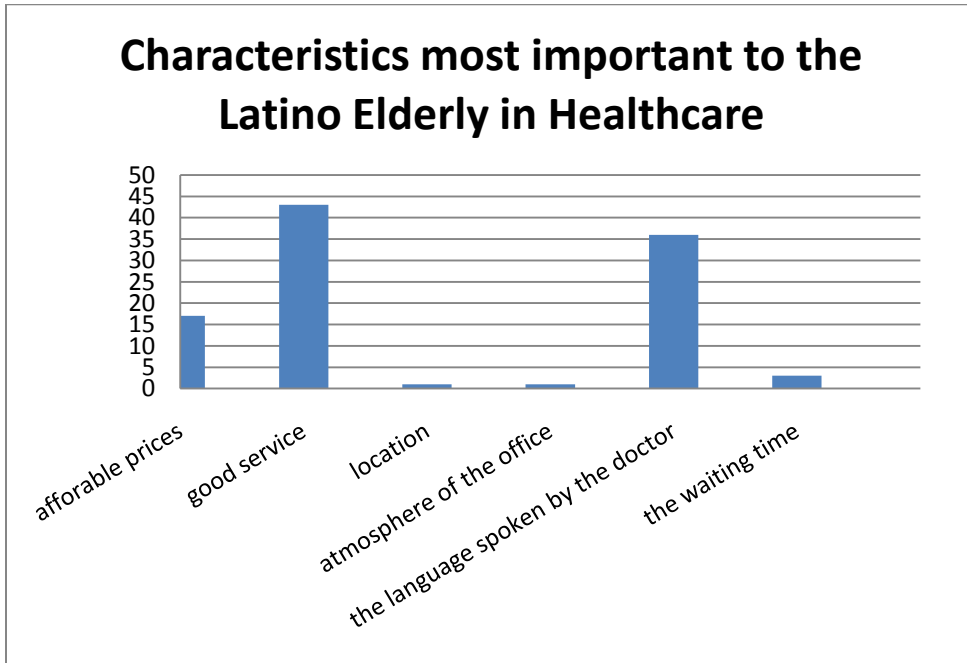


Figure 3 Characteristics most important to the Latino Elderly in Healthcare: The elderly identified that good service and the language spoken by the doctor were their two highest priorities in identifying a healthcare provider.

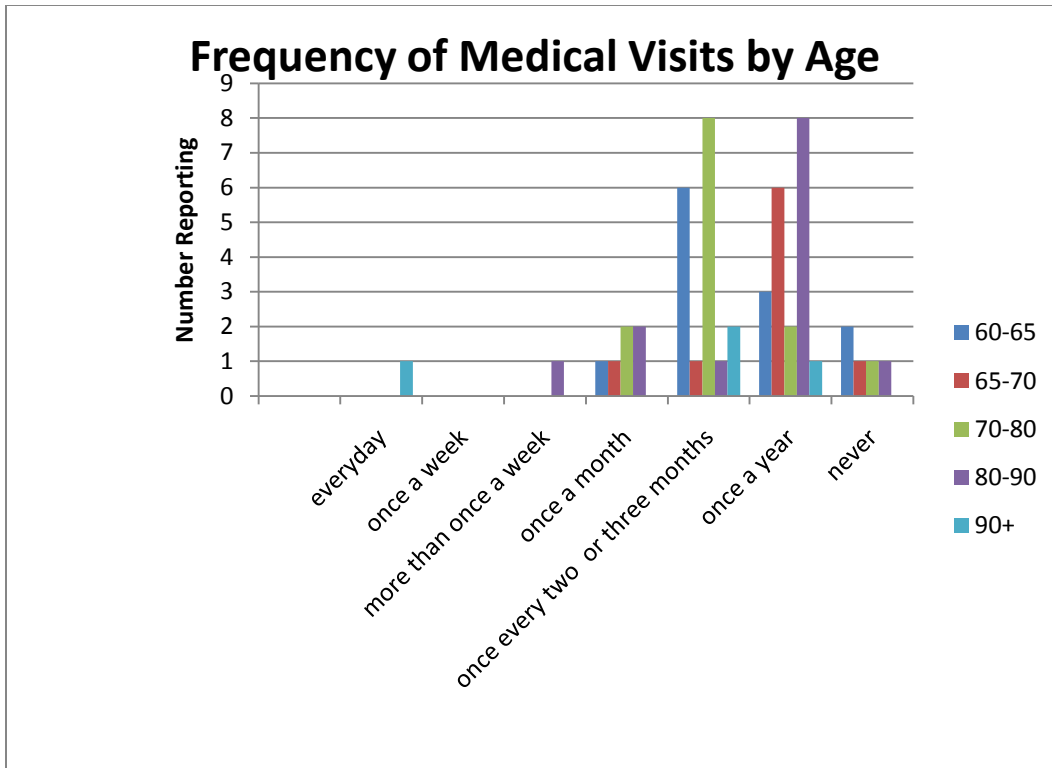


Figure 4 Frequency of Medical Visits by Age: Overall more people saw the doctor once a year, followed closely by the number of people who saw the doctor once every two to three months.

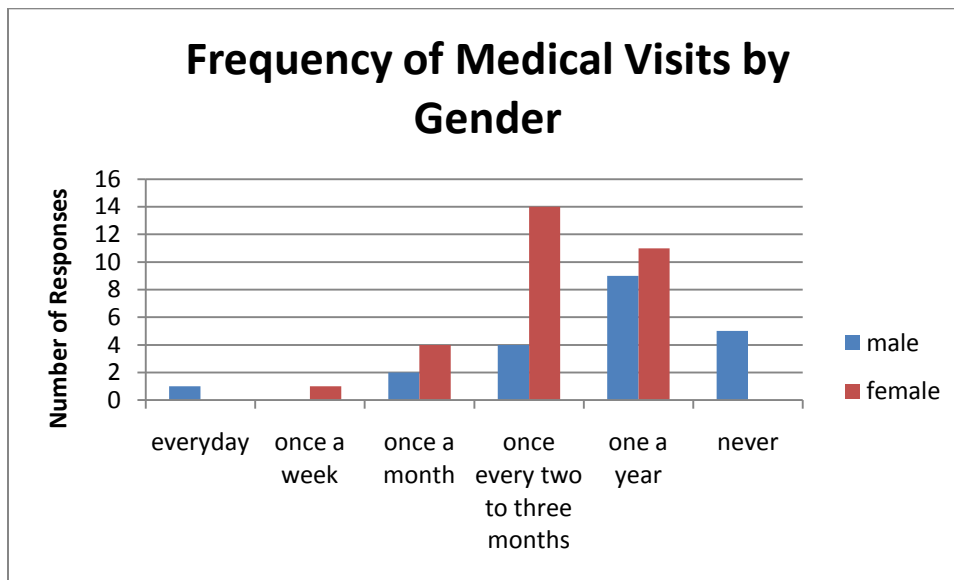


Figure 5 Frequency of Medical Visits by Gender: Females were more likely to see a doctor more than once a year than their male counterparts.

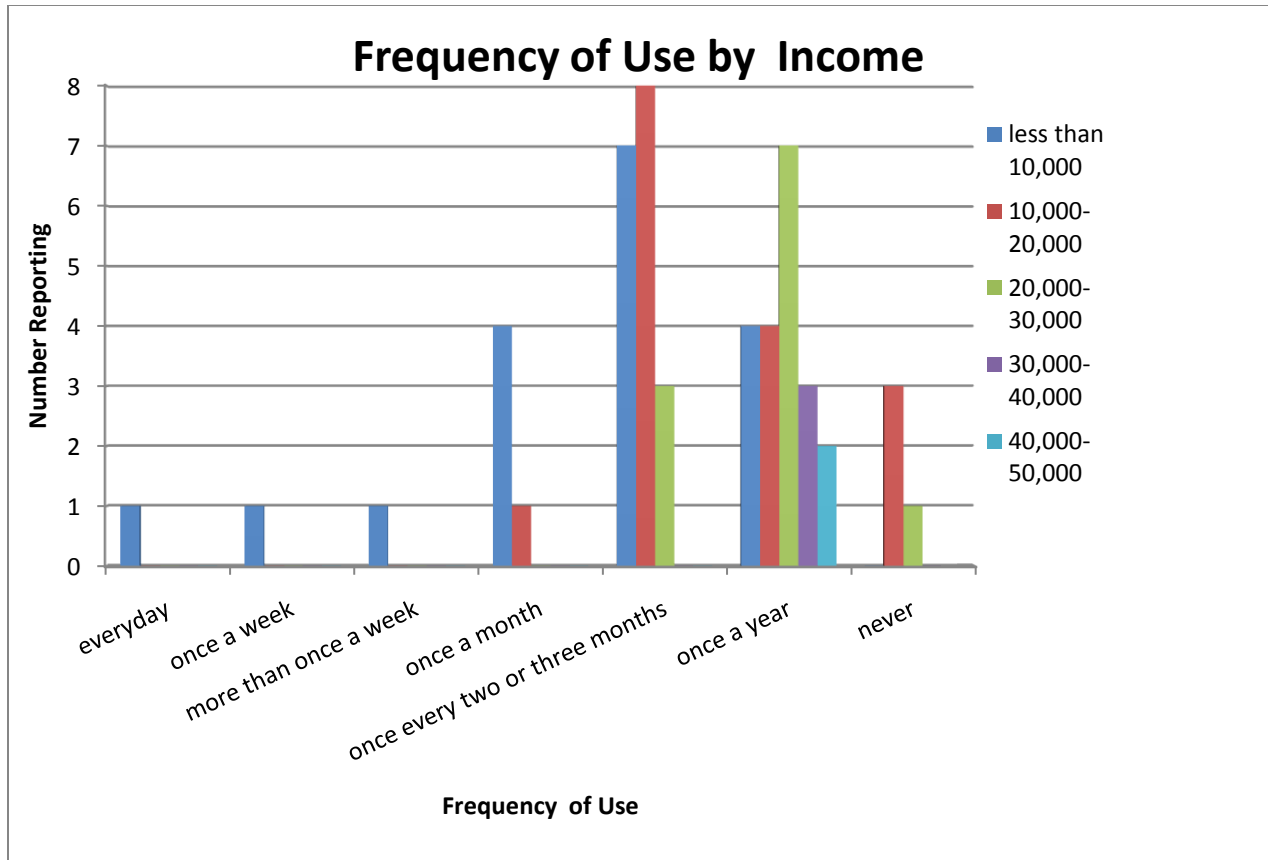


Figure 6 Frequency of Use by Income: Those who earned less than 10,000 dollars a year were more likely to visit the doctor. With increased income the frequency of medical visits decreases.

Discussion

The results from this study must be read with the understanding that it is an exploratory study involving one particular group of people. These results should be interpreted with several limitations in mind such as the size of the study which precludes us from making more generalized statements and comparisons to other groups.

According to the U.S. National Healthcare Disparities Report published in 2007 the Hispanic population is more likely to receive poor quality care and have worse access to the health care system (Agency for Healthcare Research and Quality). The elderly are more likely to require care because of their age; however, Latino elderly are more likely to not receive care when it is wanted due to factors such as affordability, language barriers, and transportation. In addition to these factors the Latino elderly preserve stigmas about certain diseases and are therefore more likely to ignore symptoms or treatment for fear that they will be identified with their disease. The lack of access to health care services or the limited access to quality health care has been linked to depression among elderly Latinos (Rodríguez-Galán and Falcón).

This study found that most Hispanics in the Worcester area would rate the healthcare they received as good to excellent. When comparing age those over seventy were more likely to see the doctor, when comparing incomes those who had an income below \$20,000/yr were more likely to seek medical services. This is probably due to the physical nature of the work available to those who do not have a good education. According to the Census Bureau's 2008 American Community Survey (ACS) more than 23.5% of the Hispanic population have less than a ninth grade education, 15.7% have less than a high school degree, 36.0 % have a high school degree, 21.9% have some college, and the remaining 12.9% have a college degree (Pew Hispanic

Center). The lack of higher education among the Hispanic population is indicative of the level of acculturation of the population and the socioeconomic problems faced by the population. According to a report published by Pew 32% of Hispanics who lacked a usual healthcare provider have less than a high school diploma, 27% have high school diploma and 19% had some college education (A Joint Pew Hispanic Center and Robert Wood Johnson Research Foundation Report). Education plays a key role in the healthcare system; an informed patient can actively cite their concerns and can more readily interpret and apply key components of healthcare.

The level of education among the Latinos can also be seen as a side effect of the level of literacy among Latinos. Literacy can affect awareness of certain health conditions and use of health care related services and systems (Wolff and Ellis). According to the 2003 National Literacy Survey limited English proficiency is common among Hispanics, with about 50% of Hispanic adults functioning below the basic literacy level (Wolff and Ellis). In fact English proficiency is considered a fundamental factor explaining the disparities in the health and healthcare access among older adults, especially within the Hispanic population (Rodriguez-Galan and Falcón). In the state of Massachusetts 80% of Hispanic households are non-English speaking (Pew Hispanic Center). The restricted ability to communicate contributes to the decreased use of healthcare related services and increased level of chronic conditions among the population. Decreased use of healthcare services foreshadows poor health awareness; implications of this include a decrease in knowledge that is available about the maintenance of good health and prevention of chronic diseases. This survey found that most elderly Hispanics considered the language spoken by the doctor as an important factor in choosing healthcare.

While residents in Massachusetts are required to have health insurance by state law, that does not mean that all residents receive quality healthcare. While insurance covers the necessary costs of emergencies, the rising cost of healthcare means that many times the patient is responsible for what their insurance does not cover. For many residents the price of health insurance is affordable and offsets the cost of medical bills significantly. However, the coverage only goes so far and out-of-pocket costs can add up quickly. In Massachusetts 23% of Hispanics ages 18-64 live in poverty this creates a situation where the insured are limited to access of healthcare by their income (Pew Hispanic Center). This survey finds that the third most important characteristic of healthcare to Hispanic elderly population was the price of the services offered by the healthcare provider.

Another factor affecting the use of medically related services is the presence of a usual health care provider. According to a report sponsored by Pew Hispanic Center 27% of Hispanics lack a usual healthcare provider (A Joint Pew Hispanic Center and Robert Wood Johnson Research Foundation Report). As many as 41% of those lacking a usual healthcare provider say that they are seldom sick and 13% say that they would rather treat themselves (A Joint Pew Hispanic Center and Robert Wood Johnson Research Foundation Report). Having a regular source for care and insurance is associated with better-perceived care (A Joint Pew Hispanic Center and Robert Wood Johnson Research Foundation Report). Of those that have perceived their treatment as poor 29% attributed receiving poor treatment to their race, while 23% attributed it to their accent or inability to speak English (A Joint Pew Hispanic Center and Robert Wood Johnson Research Foundation Report). Worcester elderly Hispanics rated their healthcare related services as good to excellent, with no fair to poor responses.

There was a general lack of response to some questions and to some answers in the survey. Participants were not willing to answer negatively about their experiences in healthcare, nor were they willing to acknowledge either personal or familial association with conditions such as cancer, HIV/AIDs, and alcoholism. These conditions generally hold a stigma in society and in the Hispanic community as well. While particular aversion to discussion of these conditions is lessened in the general population, it is still quite strong in the elderly Hispanic population. The lack of response to these questions when according to the Massachusetts Department of Public Health in 2005 22% of those with newly diagnosed HIV/AIDS cases were Hispanic, and the prevalence rate of HIV among that population was 9.9% (Massachusetts Department of Public Health). The present stigma of these issues in the Hispanic community could potentially be affecting how they consider services and treatment for them.

Overall the results of this study must be considered with limitations in mind. The size of the study precludes us from making more general statements. Many of the participants were unwilling to answer or acknowledge certain questions and treated the survey with a general mistrust even though they were informed that their participation was voluntary, that their identities would not be divulged with the added security that their names were not collected, and that they would not be associated with their responses. Attempting to make cultural generalizations about any group of people is always biased either because the observer is a part of the community or because they are not. For the sake of this study, it is concluded that while the results are valid they are not complete. Further studies should encompass a larger sample and address cultural and generational factors in the results.

Conclusions

The results of this study indicate that the Hispanic elderly community of Worcester, MA is generally pleased with healthcare in the city. However, the disparity in the health of wealthier Hispanics and those of a lower income is alarming, indicating that income is a significant factor in maintaining good health. The relative lack of response to questions pertaining to HIV/AIDS, cancer, and obesity demonstrates the sensitivity with which the elderly acknowledge those conditions. These factors should be approached with caution in the healthcare setting to ensure that they are addressed with equal understanding so that adequate education and treatment about disease can be insured.

8. ¿Por Favor, explique cómo fue su experiencia si no fue buena o excelente?

9. ¿Cómo describe su salud?

- Excelente - Nunca estoy enferma/o.
- Buena-Estoy enferma/o de vez en cuando.
- Mediando- Estoy enferma/o más de dos veces al año y menos de cinco.
- Pobre- Estoy enferma/o a menudo o siempre.

10. ¿Qué enfermedades padece? (Por favor marque todas las que apliquen.)

- | | |
|---|---|
| <input type="checkbox"/> Presión arterial alta o baja | <input type="checkbox"/> Cáncer |
| <input type="checkbox"/> Colesterol alto o bajo | (tipo_____) |
| <input type="checkbox"/> Asma | <input type="checkbox"/> Alcoholismo |
| <input type="checkbox"/> Enfermedad de corazón | <input type="checkbox"/> Abuso de drogas |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Alergias fuertes |
| <input type="checkbox"/> Obesidad | <input type="checkbox"/> Otros_____ |
| <input type="checkbox"/> VIH/SIDA | |

11. ¿Cuál/es enfermedades padece su familia? (Por favor marque todas las que apliquen.)

- Presión arterial alta o baja
- Colesterol alto o bajo
- Asma
- Enfermedad de corazón
- Diabetes
- Obesidad
- VIH/SIDA
- Cáncer
(tipo_____)
- Alcoholismo
- Abuso de drogas
- Alergias fuertes
- Otros_____

12. ¿Cuál de las siguientes repuestas resulta más importante para Ud. en el cuidado de su salud? (Por favor marque todas las que apliquen.)

- Precios accesibles
- Servicios buenos
- Localización
- Ambiente en la oficina
- El idioma que habla el medico
- El tiempo pasado en la sala de espera/ El tiempo de espera
- Otro_____

13. ¿Cómo catalogaría Ud. el cuidado de salud que ha recibido en Worcester, MA?

- Excelente
- Bueno
- Mediano
- Pobre

Gracias por su atención y su tiempo. Sus repuestas son muy importantes para mí.

- Good- I get sick once in a while.
- Average- I am sick a few times a year.
- Poor- I am always sick.

10. What diseases do you have? (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> High or low blood pressure | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> High or low Cholesterol | (type_____) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Severe allergies |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> HIV/AIDS | |

11. What diseases are in your family?

- High or low blood pressure
- High or low Cholesterol
- Asthma
- Heart disease
- Diabetes
- Obesity
- HIV/AIDS
- Cancer
(type_____)
- Alcoholism
- Drug abuse
- Severe allergies
- Other_____

12. What among the following is important to you in health care? Please check all that apply.

- Affordability
- Good service
- Location
- Atmosphere
- Languages spoken by the doctor
- Waiting room time
- Other _____

13. How would you rate the health care you have received in Worcester, MA?

- Excellent
- Good
- Average
- Poor

Thank you for your attention and your time. Your responses are very important to me.

Bibliography

Agency for Healthcare Research and Quality. National Healthcare Disparities Report 2007. Healthcare Report. United States Department of Health and Human Services. Rockville, MD, 2008.

A Joint Pew Hispanic Center and Robert Wood Johnson Research Foundation Report. Hispanics and Healthcare in the United States: Access, Information and Knowledge. Washington, DC, 2008.

Donta, Alison. "The Hispanic Population of Massachusetts." Massachusetts State Data Center Newsletter, Massachusetts Institute for Social and Economic Research 2001.

Massachusetts Department of Public Health. "Massachusetts STD, HIV/AIDS and Viral Hepatitis Report." 2006.

Massachusetts Trial Court Law Libraries. Massachusetts Law about Health Insurance. 1 Sept 2009. 10 3 2010 <<http://www.lawlib.state.ma.us/subject/about/healthinsurance.html>>.

Pew Hispanic Center. Demographic Profile of Hispanics in Massachusetts, 2007. 2010. 10 3 2010 <<http://pewhispanic.org/states/?stateid=MA>>.

—. Statistical Portrait of Hispanics in the United States, 2008. 2008. 10 3 2010 <<http://pewhispanic.org/factsheets/factsheet.php?FactsheetID=58>>.

Rodriguez-Galan, Marta B. and Luis M. Falcón. "Perceived Problems with Access to Medical Care and Depression Among Older Puerto Ricans, Dominicans, Other Hispanics, and a Comparison Group of Non-Hispanic Whites." Journal of Aging and Health 21 (2009): 501-518.

Wolff, Joanna and Charles Ellis. "A Brief Survey of Awareness of Common Health Conditions, Access to Health Services, and Utilization of Health Services in Limited-English Proficiency Hispanic Latino Adults." Journal of Allied Health 38.2 (2009): e43-e46.