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Experiences of Hispanic Women Navigating the Healthcare System in Rural South Carolina

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Abstract

Hispanics represent one of the fastest growing minority populations in the United States, yet their health outcomes are among the worst in the nation. Access to care is one of the biggest reasons for their poor health outcomes. While there has been increasing attention on the experiences of Hispanics accessing healthcare, little is known about the specific experiences of women, particularly those in rural communities. This qualitative study attempts to fill this gap by exploring the experiences of eight rural Hispanic women accessing healthcare in rural South Carolina. The study used a semi-structured interview guide. Results showed that rural Hispanic women face an intersection of structural barriers – race, low economic status, and rurality – when accessing healthcare. The intersection of these factors signals the need for targeted programs and policies to address these structural barriers to care for rural Hispanic women.

Keywords: Hispanic women, Healthcare, Access

1. Introduction

According to *Health Care for Women International*, the Hispanic population in the United States has grown significantly in the past twenty-five years, and has become the largest minority group in this country.[1] Today there are more than 26 million Hispanic women living in the United States, or about one in every five women. That number is expected to go up to one in every three women by the year 2060. The Hispanic female population faces several disparities in this country including receiving lower wages, higher poverty rates, and being less likely to obtain a higher education.[2]

More alarming still, in terms of healthcare Hispanic women have the highest rates of being uninsured of any group in the United States – more than white men, white women, black men, black women, etc.[2] Moreover, women as a whole tend to have poorer health outcomes when compared to men, with women spending 15% of their lives in unhealthy conditions compared to only 12% for men, and these disparities are even worse for Hispanic women.[3] For example, only 52% of Hispanic women 18 years and older reported seeing a dentist in the previous year, while 68% of white women reported seeing a dentist in that same period. Hispanic women are also more likely to be obese than their white and Asian counterparts. In fact, 62% of Hispanic women are overweight or obese compared to only 49% for white women and 28% for Asian women, Hispanic women are also more likely to have diabetes, and are less likely to have access to recreational parks that improve health when compared to their white counterparts.[2] Although the Affordable Care Act helped to provide healthcare to about 1.8 million Hispanic women, many still face several barriers that prevent them from receiving adequate healthcare for themselves as well as their children.[2]

Even worse are the health conditions for Hispanic women living in rural areas of the United States. Although they face many of the same health risks as their non-rural counterparts (high rates of obesity, diabetes, etc.), they also face several others such as high risks of anxiety and depression.[4] Lack of access to adequate healthcare among this

group is also much worse, due to several factors such as lack of transportation, language barriers, and lack of physicians and interpreters.[5] However, while current research on the experiences and barriers that Hispanic women face when accessing healthcare, research on the experiences of rural Hispanic women in particular is greatly limited. This study seeks to address this gap in the literature by shedding light on the experiences of rural Hispanic women in accessing healthcare in South Carolina. This study raises awareness of the needs of rural Hispanic women, and provides a basis for expanding services for this population.

2. Literature Review

2.1. Healthcare Needs Of Hispanics

Many of the obstacles that Hispanic women face directly correlate to attempting to meet their healthcare needs. In order to examine the barriers that rural Hispanic women face when trying to access healthcare, it is first essential to understand the various needs of Hispanics in terms of healthcare. For instance, one crucial need of Hispanics is access to healthcare professionals who speak Spanish. Although language is certainly a social barrier for Hispanics, it has proven to be a crucial concern in terms of how they communicate with their healthcare professionals as well. In a 2008 study, Wallace, DeVoe, Heintzman, and Fryer found that English-speaking participants were more likely than their Spanish-speaking counterparts to report that their healthcare provider always listened to them carefully, explained things in a way that they could understand, always consulted them in decision-making, and always respected them when it came to making healthcare decisions.[6] This study highlights the need for healthcare providers to consider the language-related needs of patients whose first language is not English.

Although the need for more Spanish-speaking healthcare professionals is significant to Hispanics, many more of their needs stem from their health trends. According to the Centers for Disease Control and Prevention, Hispanics have a 50% higher death rate from diabetes, more poorly controlled high blood pressure, and are 23% more obese than whites. These disparities can be in part attributed to the fact that 34.5% of Hispanic children suffer from food insecurity, and Hispanic neighborhoods have one-third the number of fresh grocery stores as white neighborhoods.[7]

Hispanics also tend to be disproportionately affected by HIV and other sexually transmitted diseases. In fact, Hispanics have the second highest rate of AIDS diagnoses of any racial or ethnic group in the United States, according to the Centers for Disease Control and Prevention. Prevention of STDs in this group tends to lag in comparison to other groups as well, creating a high need for intervention to reduce the numbers of Hispanics contracting HIV and other STDs.[8]

In addition, Hispanics also have high mental healthcare needs. Rates of depression and other psychiatric disorders among Hispanics are actually quite similar to those of whites. In comparison to whites, however, Hispanics are generally undertreated for depression and other mental disorders.[9]

Although these healthcare needs apply to Hispanics as a larger group, Hispanic women as a subgroup have several other needs when it comes to healthcare and healthcare access. A study by Marshall, Urrutia-Rojas, Mas, & Coggin of almost 200 Latina participants found that these women have extremely low incomes (around $12,000 a year), low educational levels, and low healthcare coverage, and these rates were even lower for undocumented compared to documented participants. The findings from this study indicated that Latinas are a highly vulnerable population, especially the undocumented, and the researchers' results supported the need of providing Hispanic women with health services such as health fairs, affordabel health insurance programs, community health services, and increased participation in government health programs.[1]

These combined factors – health disparities, poor access to health-related resources, poverty, and immigrant status – present a high need for access to resources among this group, such as health and dietary education, fresh grocery stores, Spanish-speaking healthcare professionals, affordable healthcare coverage, and more adequate mental health treatment.

2.2. Factors Influencing Hispanics' Access To Healthcare

The healthcare needs of Hispanics living in the U.S. are numerous and critical; however, meeting those needs is extremely difficult. A study by Pérez-Escamilla, Garcia, and Song (2010) found that Hispanic immigrant families are at a high risk of not having access to healthcare compared with non-Hispanic Whites. This study found that Hispanic children have less access to healthcare than children of other ethnic or racial groups, possibly due to poverty, immigration status, labor policies, discrimination, language barriers, and several other factors, and that

Hispanic women, while they have less instances of breast cancer than their white counterparts, tend to have higher case-related mortality rates as a result of lack of access to screening and lack of access to early detection.[10]

Although several factors influence this lack of access, lack of citizenship is a huge barrier for two reasons. First, government policies extensively limit the eligibility of non-citizens for certain healthcare benefits such as Medicaid or Medicare. Second, fear of deportation greatly limits healthcare-seeking behaviors of undocumented immigrants. Even if their children were born in the United States, many still fear deportation, and this fear significantly limits their actions in terms of trying to access healthcare for both themselves and their children. As a result, Hispanic children tend to have worse healthcare outcomes than their non-Hispanic counterparts and are less likely to receive adequate care in response to those outcomes.[10]

Health literacy has also proven to be a prominent factor for Hispanics trying to access healthcare. Health literacy is defined as "the characteristics and social resources needed for people to access, understand and use information to make decisions about health".[11] Lower health literacy rates are associated with high rates of avoidable hospitalization, decreased self-care ability, poorer health outcomes, and higher mortality rates. People with chronic illnesses (such as diabetes, obesity, or heart disease) in particular are especially affected by health literacy, as optimal chronic illness care requires people to frequently access healthcare.[11] According to a study by Calvo (2016), Hispanic immigrants tend to have lower rates of health literacy than other groups in the U.S. and report worse quality of care.[12] Such low health literacy rates put Hispanic immigrants at high risk of having limited access to healthcare and prevent them from effectively managing chronic illnesses.

A 2006 study by Durden and Hummer found that while Hispanics tend to access less healthcare than non-Hispanic whites, the reasons may vary slightly across Hispanic subgroups. For instance, Mexican-Americans, Cuban-Americans, and other groups are were less likely to report a regular source of care, whereas Puerto Ricans did not differ significantly from whites when reporting having regular sources of care. While immigration status and socioeconomic status proved to be the major factors in regards to Cuban-Americans' access to care, Mexican-Americans and other groups reported lower access to healthcare regardless of such factors. This implies that certain other barriers may influence this group's lack of access or that access to healthcare may not just be limited to Hispanics, but to Hispanic subgroups on an even greater scale.[13]

2.3. Healthcare Access Of Rural Hispanics

Hispanics encounter certain barriers as a large demographic when it comes to accessing healthcare (lack of citizenship, fear of deportation, low health literacy, poverty, etc.). However, rural Hispanics have an even more difficult time overcoming the same barriers than their non-rural counterparts do, or face even more barriers when doing so such as lack of transportation, shortage of physicians, and reluctance of healthcare professionals to participate in government healthcare programs.[5]

A study by Vitale and Bailey in 2012 examined barriers to accessing healthcare services of Hispanics living in rural Georgia and found that access depended on five primary factors: accessibility, availability, affordability, accommodation, and acceptability. Researchers found that accessibility proved to be the greatest determining factor in Hispanics' ability to access healthcare. The majority of healthcare facilities such as doctors' offices and hospitals were focused in one central location; however Hispanics tended not to live in those central locations, but in the most rural parts of the area. Even more startling still, the researchers found that the poorest Hispanics tended to live in one concentrated geographic location, and that this area was where Hispanics most needed primary healthcare assistance.[14]

This long distance between Hispanics and care facilities proved to be the greatest obstacles for rural Hispanics trying to access healthcare because of one crucial issue – lack of transportation. Many Hispanics lived up to 45 minutes away from their usual sources of care and could either not afford to travel there via private transportation, or did not have private transportation at all, something that could generally be alleviated by public transportation. However, because of the rurality of this study, public transportation was virtually non-existent and left many Hispanics in this area without a means to access healthcare at all.[14]

Another study by Cristancho, Garces, Peters, and Mueller (2008) used a community-based participatory assessment to discover what perceived factors limit rural Hispanics in the Midwest United States from accessing and using healthcare. They found that many Hispanics attributed their inability to access healthcare to lack of health insurance, high costs of health services, lack of Spanish-speaking healthcare professionals, and transportation. Participants also noted that medical interpreter services were ineffective in their rural communities. Not only were there very few medical interpreters, but the few that were available did not have adequate professional training, knowledge about medical terminology, or skills to address ethical issues. As the introduction of interpreters into the medical field came as a way to reduce discrimination against non-English speakers, this negative view by rural

Hispanics is participularly startling and can have several negative effects such as inability of Hispanics to use healthcare services and communicate effectly about those services.[15]

In another study, researchers Casey, Blewett, and Call (2004) examined three rural Midwestern Hispanic communties to assess local healthcare systems and found that many healthcare access problems were the result of lack of insurance, low income, and language and cultural barriers that are closely related to their immigrant status. However, many rural Hispanics' problems in regards to accessing healthcare in this area also reflected larger systematic access problems related to rural healthcare. These include a lack of physicians and the relunctance of healthcare professionals to participate in government healthcare programs.[5] The lack of physicians is a signifcant problem because it makes existing providers reluctant to take on new patients and often forces them to spend less time with individual patients in order to meet high demand, which can lead to uneffective and inadequate healthcare. The reluctance of healthcare professionals to participate in government programs is also a significant problem as it means that people of lower socioeconomic status have even fewer options to choose from when selecting a healthcare provider. These problems, while substantial for all rural people, are even greater for rural Hispanics who are extremely limited on the services they can receive due to a lack of, not only healthcare professionals, but bilingual healthcare professionals and medical interpreters as well.[5]

While these three studies focus on rural Hispanics' access to healthcare and the barriers they face when doing so, very little research has been done on rural Hispanic women specifically and the unique barriers they face in accessing healthcare. As this is one of the fastest growing populations in this country, it is important to understand and evaluate not only the barriers that Hispanic women face when trying to access healthcare, but also what their needs are in terms of healthcare.

3. Methodology

3.1. Study Design And Participants

This study utilizes a qualitative design to gain a deeper understanding of the experiences of rural Hispanic women as they access healthcare. A qualitative approach is ideal for this study, as it allows the researcher to gain a deeper understanding of a topic on which little is known.[16] While quantitative studies have the ability to provide data on a large number of participants, qualitative studies (because they are conversational in nature) have the potential to uncover issues and factors important to participants that the researcher may not have anticipated. Participants in this study were asked the following five questions:

1. What has been your experience accessing healthcare in rural South Carolina?
2. What barriers do you face, if any, when accessing healthcare?
3. When you get sick, what do you do?
4. How does your race and/or culture affect where you go to access healthcare?
5. Tell me about any help you receive when accessing helalthcare.

The research was approved by the Institutional Review Board (IRB) at Winthrop University. The participants for this study were Hispanic women over the age of 18 living in rural South Carolina. Most participants were married and all but one participant had at least one child.

3.2. Sample

The study utilized a non-probability sampling technique to reach study participants. Eight Hispanic women living in rural South Carolina were interviewed. These participants were all over the age of 18 and under the age of 74. Five of these participants were recruited from English as Second Language (ESL) classes in the Rock Hill area while the other three were recruited from a local adult literacy center. Participants were approached during class breaks and asked if they would be willing to participate in a research study about their experiences accessing healthcare while living in a rural area. Participants who agreed reviewed and signed a consent letter, which explained the study's purpose and any risks associated with the study.

3.3. Measurement And Interview Logistics

Face-to-face, semi-structured interviews were conducted with participants to capture their experiences with accessing healthcare in rural South Carolina. Five open-ended questions were used to guide the interviews in regards to their experiences accessing healthcare. Each interview lasted about 10 – 15 minutes, depending on the depth of participants' responses. They were conducted face-to-face following ESL classes at Life Builders ESL Ministries and at the Adult Literacy Center in the area. Six interviews were conducted in Spanish to allow the respondents to better express and elaborate on their experiences. The other two interviews were conducted in English at the request of the participants. The consent letter was read to each participant prior to the interview. The participants were told about the purpose of the study and their rights to discontinue the interview at any time. Permission was also sought from the participants to record the interviews.

3.4. Data Analysis And Coding

Each interview was transcribed into English and then coded using a theme-based approach. These themes were related to the structural barriers that Hispanic women face when accessing healthcare. These themes were informed by the literature on access to healthcare for Hispanics as well as the common ideas that surfaced in interviews.

4. Findings

The purpose of this study was to examine the experiences of Hispanic women as they navigate the healthcare systems in rural South Carolina. In analyzing the results, three central themes were presented as structural barriers that this population faces when attempting to access healthcare: race/ethnicity, socioeconomic status, and rurality. A small number of participants also discussed issues regarding reproductive health; however, these comments were not large enough in number to demonstrate a pattern throughout the study.

4.1. Race/Ethnicity

Race/ethnicity proved to be a prevailing theme as a structural barrier that rural Hispanic women face when accessing healthcare. When analyzing race/ethnicity as a structural barrier, three subtopics emerged: language, feelings of being marginalized, and a lack of culturally competent services.

4.1.1. language

Of the eight total participants, seven said that they felt that language and the lack of translators were barriers to them when they were attempting to access healthcare. Even those who had some English-speaking abilities said that a lack of Spanish-speaking professionals was a major problem for them. Many noted that, in order to receive services, you must be able to speak English or you must have someone with you who can translate the conversation. "Roberta", a mother struggling to find adequate healthcare for her and her children, said, "Language is almost always [an issue] for me… It's very difficult for me because, who can interpret for me? I am trying. I am. It's very, very difficult."

4.1.2. marginalization

Five out of eight participants expressed feelings of being marginalized by healthcare professionals because they are Hispanic. For instance, "Camila", the only unmarried participant, stated, "Sometimes people are so rude when they see that you are Hispanic." "Roberta" said, "When you don't know the language, the people that tend to you don't have the patience to listen to you."

4.1.3. lack of culturally competent services

Five out of eight of the participants also expressed opinions that there is a lack of culturally competent services for Hispanics in their communities. These participants stated that they felt that there are not enough healthcare facilities and healthcare professionals who are capable or willing to meet the needs of this population. "Gloria", a married woman originally from New York, noted that she would be more comfortable if she had a Latino doctor, while "Camila" said, "Latino doctors are not good because they have a lot of people waiting on them." Another participant, "Maria", even said that, "We are self-medicating because there is no doctor for us."

4.2. Socioeconomic Factors

The social and economic positions of the participants in this study proved to be a huge factor in determining the types, extent, and adequacy of the healthcare services they accessed. When analyzing the socioeconomic factors, both cost and lack of insurance arose as the two primary barriers.

4.2.1. cost

Six of the eight participants said that cost was a barrier to them when accessing healthcare. Cost proved to be a barrier in several different ways because participants discussed the high costs of multiple facets of healthcare, such as cost of medication, doctor visits, dental procedures, hospital visits, surgeries, and more healthcare costs. "Maria" said, "For only four or five hours of medical attention – a bill of $4,000. I didn't like that. All I came to get was two pills, an injection, and for that it was going to be $4,000." "Gloria" said, "[The cost] of medicine and of medical appointments [is very high]. I paid a cost of $130 and that was with a discount – $130!"

4.2.2. lack of insurance

While not all participants expressed lack of insurance as a barrier for themselves, five said that it was a problem for them or for someone they know because of a lack of funds to purchase health insurance, legal residency status, or a combination of both factors. For example, "Maria" said, "I am legal, and for that I thank God. I have my papers and I have insurance right now, but I suffered when I didn't have insurance. It's very hard." "Angela", a married woman originally from Idaho, said, "The majority [of Hispanics] don't have documents, so they don't have social insurance… So where can we go to not pay $5,000? I can afford $5,000, but the rest? Where can a person go?"

4.3. Rurality

All participants in this study live in rural or nearly rural areas. As a result, some participants discussed the barriers they faced in getting to or finding healthcare services. Transportation and availability of information about services were two subtopics that emerged within this structural barrier.

4.3.1. transportation

Of eight participants, three said that transportation was a barrier for them when trying to access healthcare. "Gloria" said, "There is none–no bus, no train, no nothing. If you don't have a car, you can't go anywhere." "Daniela", a married woman originally from California, said that while there is a community center she can go to, it is far away and difficult to find, even if transportation is available.

4.3.2. availability of information

One of the most interesting and surprising results that came from this study was an expressed lack of information in the rural community about available healthcare services for the Hispanic population. Four participants expressed that this was a problem for them when attempting to access healthcare. For example, "Roberta" said, "I am always asking, 'Where is [a Latino doctor]? Where is one?' but there almost never is one," while "Angela" said, "Where do I ask questions? Where do I find information? And the doctor that wants to help, where can I find him?" These

findings suggest that, while Hispanic healthcare resources may be available in the broader community, a lack of knowledge of these resources could prevent rural Hispanic women in the area from accessing them.

5. Conclusion

5.1. Summary

Hispanic women have the highest rates of being uninsured of any group in the United States, yet have disproportionately poorer health outcomes when compared to their white counterparts – and these outcomes only worsen for rural Hispanic women. By interviewing Hispanic women specifically living in rural South Carolina about their experiences accessing healthcare, this study highlighted a gap in services for a large and growing population in the United States and answered the question of how rurality affects the ability of Hispanic women to access healthcare services. While previous studies have addressed healthcare access of Hispanics as a larger group, Hispanic women, or rural Hispanics, no studies had previous addressed healthcare access for rural Hispanic women. This study analyzed the experiences of these women and, in doing so, found that this rural population faces several barriers to accessing healthcare such a lack of Spanish-speaking healthcare professionals, high costs, and transportation, which is consistent with previous studies.[15] This study also found that a lack of information in rural areas about available healthcare services proved to a be a barrier for this population, something that had been previoulsy unoted in much of the literature on rural Hispanic women.

The race/ethnicity of participants proved to be an extremely significant factor in limiting access to healthcare because of a language barrier, marginalization of this population by healthcare professionals, and a lack of services that meet the specific cultural needs of Hispanics. Many participants attributed this structural barrier to a lack of Spanish-speaking tranlators in their communities, which is consistent with the findings of Cristancho, Garces, Peters, & Mueller (2008).[15]

Another central theme that emerged was socioeconomic status as it related to cost of healthcare services and a lack of insurance. Many participants in this study attributed a lack of insurance to legal residency status. This is consistent with the findings of Casey, Blewett, & Call (2004) who found that many of the problems facing rural Hispanics in regards to healthcare access were the result of lack of insurance and other barriers related to their immigration status.[5] The results of this study, therefore, highlight lack of insurance due to legal residency status as an major obstacle in the healthcare attainment of rural Hispanic women.

While several of these issues have been shown to be obstacles for Hispanic women as a whole, this study found that these obstacles are also present and potentially more prevalent for rural Hispanic women, who are also facing several barriers not previously shown to be present for Hispanic women as a whole.

The results of this study also raises new questions for future research. For example, because this study found that Hispanic women in rural areas face a lack of information about available services, future research may wish to focus on where Hispanic women in rural areas are searching for information about these services.

5.2. Limitations

Although this study emphasizes the structural barriers that rural Hispanic women face when accessing healthcare, the study has some limitations. First, the study is limited by the small size. Consequently, findings cannot be generalized to the larger rural Hispanic population of South Carolina, or the United States. This is, however, consistent with qualitative explorations that are designed to raise new questions and explore gaps in research. Second, the study does not use a respresentative sample of the population of rural Hispanic women, as a convenience sample was used to obtain participants for this study. Despite these limitations, this study provides important insights into the barriers facing Hispanic women in terms of accessing healthcare in the United States.

5.3. Discussion

The results of this study are presented as structural barriers rather than as problems of the individuals whom they impede. In doing so, we draw the blame away from the individuals and focus on strucutral aspects of the community that can be improved and changed such as access to public transportation, affordable health insurance, and increased availability of Spanish-speaking healthcare professionals and translators. This study did not highlight barriers in

access to healthcare unique to Hispanic women versus Hispanic men; however, the growing number of Hispanic women in the United States as well as the poor health outcomes of rural Hispanic women , the experiences of these women can have reprecussions for the Hispanic population as a whole. The results of this study support clear policy changes to address these barriers and increase healthcare access, decreaing the number of rural Hispanic women who lack adequate healthcare.

5.3.1. implications for practice

The findings have important implications for social work practice and policy with this popultion. First, it suggests that greater effort should be placed on recognizing the needs of already vulunerable populations living in rural areas. As a marginalized racial and ethnic group, Hispanics may face additional burdens in rural areas relative to their White counterparts. The provision of translation services, for example, will help to address their language needs. In the absence of public transportation, efforts can be made to provide transporation services through churches or local agencies to support the needs of rurual residents, including rural Hispanic women. Implementing these and other services could make a tremendous impact on reducting the structural barriers faced by rural Hispanic women.

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