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In Plains Sight: Improving Access to Healthcare for Hispanics in Rural Communities

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Executive Summary

- Hispanics experience numerous barriers in navigating healthcare services, leading to health inequalities.
- In the geographically expansive and medically deserted areas of the rural United States, there are too few services available for communities of color and underrepresented groups.
- Data identifies three barriers to healthcare access: health personnel shortages, lack of access to comprehensive care, and inadequate language services.
- Rural healthcare providers are strongly encouraged to avoid the outdated one-size-fits-all approach to ensure access to care for Hispanics.
- To address these barriers, we look to a future that has flexible and innovative solutions: new locations and technologies for care delivery, culturally competent and diverse health providers, and scaling up healthcare financing to dramatically improve access.

Background

Hispanics in the United States

The 2020 Census revealed Hispanics¹ represent the largest share of the rural minority population, with

a population of 4.1 million or 9.0 percent, which surpasses African Americans as the largest minority group in rural settings.² The Hispanic community is not a monolith of one heritage or race. An estimated 64 percent of Hispanics in the U.S. identified as Mexican³; other predominant backgrounds include Puerto Rican, Cuban, Salvadoran, Dominican, and Guatemalan. Although Hispanics make up a diverse group, many face similar health and economic barriers.⁴ Subsequently, 17.0 percent of Hispanics in the U.S. in 2020 were in poverty⁵ and 17.7 percent lacked health insurance coverage.⁶ Approximately 55 percent of Hispanics have settled in California, Florida, and Texas, but Hispanics live in all fifty states and territories. Health risks can vary by Hispanic subgroup by country of origin. The leading causes of death for Hispanics are COVID-19, heart disease, and cancer.⁷ As of 2019, the overall life expectancy was 82.2 for the Hispanic population; this is longer compared to their white counterparts.⁸ Despite the federal government's efforts to improve access to high-quality healthcare services, the reality for Hispanics is defined by multidimensional barriers.

What is Healthcare Access?

The Health Resources and Services Administration (HRSA) defines the term access, used in the Bureau of Health Workforce, as "The ability to use needed health services by a patient or population in terms of the following:

- health services delivery system characteristics such as availability, organization, and financing of services;
- characteristics of the population such as demographics, income, care-seeking behavior; and
- whether or not the care sought adequately met the person or group's basic medical needs."⁹

Barriers to access can be complex, but we can look at access to healthcare like we look at access to other necessities, like groceries. Barriers to buying groceries can include an inadequate form of payment, high cost, long distance to store, lack of transportation options, limited hours of operation, unavailable culturally appropriate foods, inability to read food labels, lack of literacy about nutritional food values, and so on. The parallels to

“While only fourteen percent of the population live in rural areas, rural communities represent nearly two-thirds of primary care health professional shortage areas.”

accessing healthcare services are transferable and just as complex, if not more so.¹⁰

Healthy People 2020 identified four components that impact access to care:¹¹

- **Insurance coverage** - facilitates entry into the healthcare system
- **Services** - having a usual source of care to receive recommended screening, treatment and prevention services
- **Timeliness** - ability to provide and receive healthcare when needed
- **Workforce** - capable, qualified, culturally competent providers

Rural Healthcare

Although many rural communities are widely racially diverse, most have the following common features: limited economic resources, shared values, lower health status, limited availability of and accessibility to healthcare services, and caregiver stress.¹² While only fourteen percent of the population live in rural areas, rural communities represent nearly two-thirds of primary care health professional shortage areas, served by only nine percent of practicing physicians.¹³ Seventy percent of the primary care Health Professional Shortage Areas (HPSAs) are in rural or partially rural areas.¹⁴ Under those circumstances, an already fragmented national healthcare delivery system with a systemic misalignment of incentives, coordination, resources, and outcomes to patients is even more problematic in rural settings.¹⁵ Though we tend to shift the focus to geography

and long distance for rural healthcare access, the current rural health crisis is more complex.¹⁶

Problem Analysis

U.S Rural Hispanic

Almost 50 million people in the United States live in rural areas of those nine percent are Hispanic.¹⁷ Half of all rural workers work in industries such as blue-collar and agricultural jobs, where less than 80 percent of workers are covered by employer-sponsored insurance coverage.¹⁸ Rural Hispanics are a major contributor to our economy and our good nutrition.¹⁹ According to previous studies from UnidosUS, Hispanics' health is significantly impacted by country of origin, race, and other demographic or cultural components.²⁰ This complexity impacts the disease prevalence among Hispanic subgroups.²¹ This can pose a unique barrier for rural primary care providers because each subgroup has variations in culture, behaviors, screening approaches, and treatment plans. In other words, primary care providers that treat rural Hispanics have to be mindful of a traditional one-size-fits-all care style.²² Among the nonelderly population, 26 percent of lawfully present immigrants and approximately 42 percent of undocumented immigrants were uninsured compared to eight percent of citizens.²³ Immigration status is an added layer for Hispanics in rural areas, as it affects access to the Affordable Care Act (ACA) and federal health benefits; only legal status holders can qualify for Medicaid, Medicare, and government subsidies. Hence, legal status is a focus

of attention in the debate over healthcare reform.²⁴

Rural Hispanics and Healthcare Access

In comparison to non-Hispanic whites, Hispanics experience more chronic diseases and are more vulnerable to public health crises as seen during the COVID-19 pandemic.²⁵ This is in part due to racial disparities endured by minorities that play a role in the social determinants of health. These are the conditions in the environments where people are born, live, work, play, and age that affect a wide range of their health.²⁶ Rural Hispanics' socioeconomic, political, and cultural hierarchies, also known as structural vulnerability, are impacting their health outcomes negatively.²⁷ Hispanic patients in rural areas often struggle to navigate language and cultural barriers to develop relationships with providers in complex healthcare systems.²⁸ Language fluency varies among Hispanic subgroups who reside in the United States. Census data from 2019 shows that 71.1 percent of Hispanics speak a language other than English at home, and 28.4 percent of Hispanics state that they are not fluent in English.²⁹

Contributors to Health Inequities for Rural Hispanics

There are three major barriers to healthcare for rural Hispanics: shortages of health personnel,³¹ lack of access to comprehensive care, and adequate staff who can speak Spanish or other indigenous languages to communicate.³² The average rural patient has to drive

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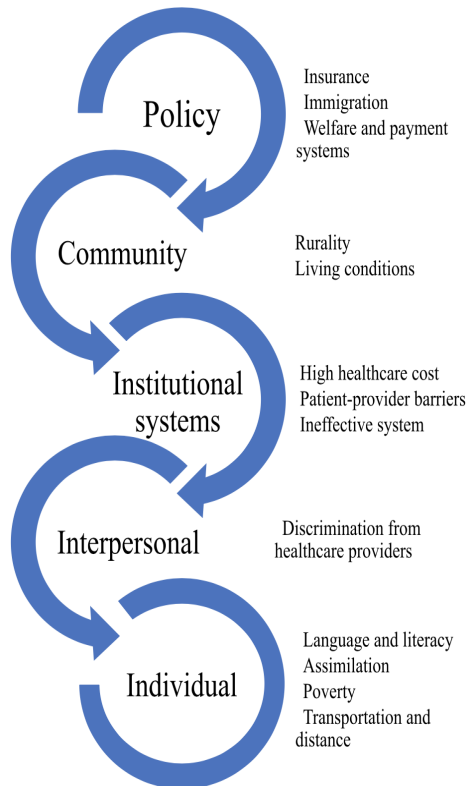


Figure 1- Framework of health disparities in Latino populations.³⁰

17 minutes to the nearest hospital, nearly 65 percent more than in urban communities, assuming the patient has access to a car.³³ Racism is also pervasive in healthcare and has evolved historically into medical bias.³⁴ Hispanics contend with a wide variety of consequences of such bias, including assumptions of more tolerance of pain leading to less pain control; traditional foods considered less nutritious than the standard U.S. diet and tied to obesity; and the sterilization of Hispanic women without consent, leading to mistrust of all systems and providers.³⁵ Medical racism is often missed by research in the health access conversation.

By 2050, estimates suggest health disparities among Hispanics and Black communities will lead to an additional \$50 billion-dollar

economic burden on the entire U.S. healthcare system.³⁶ Ignoring the heterogeneous rural Hispanic population, inadequate health promotion, and ineffective communication by providers contributes to disparities and additional costs. Health disparities cost money to everyone. In fact, inequities are costly because healthcare expenses include unnecessary spending due to delayed care, access challenges, missed diagnosis, limited access to the latest scientific advances, and proper preventive services.³⁷

Reform & Rural Areas

Any policy discussions to roll back Medicaid expansion under efforts to repeal the ACA or place funding caps on the federal government's contribution to Medicaid funding disproportionately impact rural Hispanics and their ability to obtain affordable coverage and access.³⁸ Citizenship and permanent residence remain missing factors of the accessibility conversation for rural Hispanics.

Rural hospital closures are often the result of consolidation, provider shortages, and lower patient volumes. Many of these challenges were exacerbated by the pandemic. This can create a gap in services that are accessible to the Hispanic community. The Hispanics residing in these rural areas are forced to travel further to find available treatment.³⁹ Seventy-four percent of rural hospital closures happened in states where Medicaid expansion was not in place or had been in place for less than a year.⁴⁰ Before closures, the median distance to access general inpatient services was 3.4 miles in 2012, compared to

23.9 miles in 2018.⁴¹ Closing community hospitals creates a dire situation,

Rural Hospital Closures since 2005

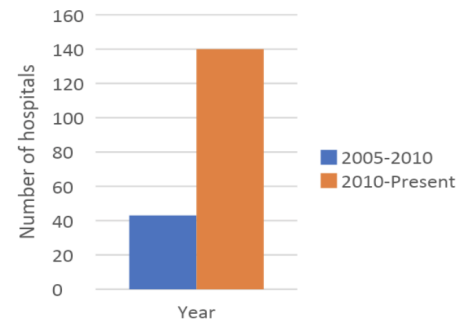


Figure 2 - Rural Hospital closures 2005-2020

depriving rural Hispanic communities of essential health services such as primary care, prenatal care, emergency services, psychiatric and substance abuse treatment, diagnostic services, and preventive services.

Rural Health During the COVID-19 Pandemic

The COVID-19 pandemic has exacerbated health disparities in rural communities. Rural hospitals received COVID-19 relief funds from the Coronavirus Aid, Relief and Economic Security (CARES) Act⁴³ and the American Rescue Plan Act.⁴⁴ These funding streams prevented hospital closures and shielded access for all communities; however, when the funds run out or the Public Health Emergency expires, these hospitals will once again shoulder the burden of costs when it is scheduled to end in Spring 2023. Additionally, the Centers for Medicare & Medicaid Services utilized waivers to aid the expansion of telehealth services during the COVID-19 pandemic.⁴⁵ These improvements have had a huge

impact on rural hospitals, which used these telehealth waivers to increase access, avoid hospitalizations and improve health outcomes.

The Present

There are rural access programs currently in place that are enhancing accessibility. A trusted messenger is key to expanding access. One example of this is promotoras de salud, or community health workers, who help provide health education and outreach services to Spanish-speaking communities. Promotoras come from within the communities or similar to the ones they serve, so they are well-equipped to help patients navigate language and cultural barriers in the healthcare system.⁴⁶ These programs have been found to improve health behaviors and prevention.⁴⁷ Many promotoras programs receive funding from the CDC's Racial and Ethnic Approaches to Community Health (REACH) program, HRSA and the Department of Labor. Data has shown outcomes have improved for patients that work with promotoras with fewer missed appointments, higher satisfaction rates and better management of chronic diseases.

In the fall of 2022, the U.S. Department of Health and Human Services (HHS), through HRSA, made the announcement of an investment of almost \$60 million to strengthen the healthcare workforce and improve access to care in rural communities.⁴⁸ A portion of the funding will award \$2.9 million to fifteen community-based organizations to improve patient health outcomes and quality and delivery of care throughout rural counties. Hopeful this new source of funding will also reach Hispanics in rural communities. Mobile clinics represent an additional opportunity for states to lead in

the expansion of rural healthcare access.⁴⁹ Since mobile clinics bring services to the community, they are one example of addressing the barriers of time, money, and trust to provide community-based care to vulnerable populations. For example, mobile clinic patients in Baltimore were more than 6.5 times more likely to receive an HIV screening than patients from a traditional clinic in the city. Or in Louisiana, one-third of high blood pressure patients saw their blood pressure decrease after receiving care at a mobile clinic.⁵⁰

Telehealth has been more developed during the COVID-19 public health emergency. However, almost a quarter of people living in rural areas do not have regular internet access.⁵¹ Thirty-one percent of rural Hispanics still remain without access to high-speed broadband internet.⁵² Nevertheless, factors such as travel distance, distrust or dislike of digital health tools, or the insufficient availability of broadband continue to limit access to such health services.⁵³

Recommendations

States Can Expand Healthcare Access to Hispanics in Rural Communities through Mobile Clinics and Telemedicine

One way that states can expand access to Hispanics living in rural communities is to deploy mobile clinics. Mobile clinics are a good example to take on and dive deeper into for more effective solutions at improving health outcomes, particularly among populations without access to healthcare providers. These ethically serve community members regardless of race, ethnicity, or immigration status by providing means to overcome health disparities. Telehealth paired with mobile clinics can increase the

supply of nontraditional provider settings to deliver accessible care in rural communities. However, telemedicine's success will depend on improved access to the internet both for patients and clinicians. Furthermore, the internet is required for education and work responsibilities, which plays a dual role of functionality in these rural Hispanic communities.

States Can Expand Healthcare Access to Hispanics in Rural Communities through Staffing

To further improve language access, states and county health departments can employ hiring practices and pipelines for bilingual medical clinicians to take medical services directly to farming communities and factory workplaces and provide basic healthcare services for Hispanic employees regularly.⁵⁴

States Can Expand Healthcare Access in Rural Communities through a New Model

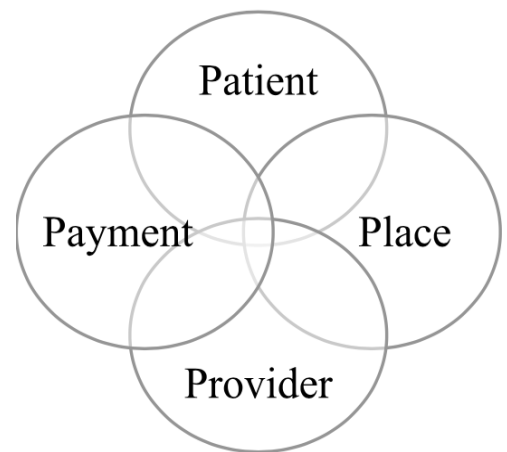


Figure 3 - Dynamic Model of Access

To ensure access to care for Hispanics, rural healthcare providers are strongly encouraged to avoid the outdated one-size-fits-all approach. The solutions applied by states and community need to take into account and emphasize cultural competency. Above all, moving

forward when designing healthcare policy, the change must consider all four dimensions: people (flexible and after-hour care offered), place (geographic barriers to provider removed), provider (culturally sensitive care delivered), and payment (model designed for the low-income population and includes scale).⁵⁵

Endnotes

¹ In this issue brief, I use “Hispanic” as the term to encompass the community. However, I recognize that there are multiple terms too such as Latinx. This last one and Hispanic are often used interchangeably although they have different meanings. On one end, Latinx refers to a person of Latin American descent or origin, whereas Hispanic refers to Spanish speakers including those who are not from Latin America. In addition, many immigrants from Spanish-speaking countries do not primarily speak Spanish, but they speak indigenous languages as their first language.

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