

HEALTH AND HEALTH SERVICES: THE VOICES OF OLDER LATINA WOMEN IN RURAL MISSOURI

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Missouri Foundation for Health

Rural residence and health are inextricably intertwined.

Differences in specific health risks

Disproportionate distribution of health care
providers

Mediating factors of poverty and ethnicity

Women's unequal social and economic status

Women from Ethnic Minorities Particularly High-Risk

- ▣ Limited access to services
- ▣ Lack of insurance (over 1/3)
- ▣ Lack of awareness of available services
- ▣ Language barriers
- ▣ Isolation
- ▣ Worsened health status associated with increased duration of stay in U.S.

Purpose of Study

The purpose of this assessment was to:

- ▣ 1) assess perceived access to health services
- ▣ 2) document the perceived health status of older rural Missouri women

Methods

- ▣ Two focus groups (N =25) Hispanic women
- ▣ Semi-structured interview guide and written informed consent translated into Spanish and back-translated into English.
- ▣ Dinner served and participants given gift card for participation.
- ▣ Group conducted by native Spanish speaker
- ▣ Transcripts recorded, transcribed and translated by native Spanish speaker.
- ▣ Content analysis

Specific Health Issues

- ▣ Hypertension
- ▣ Diabetes
- ▣ Stress including anxiety and sleeplessness
- ▣ Chronic pain
- ▣ Issues related to menopause.

Four Major Themes

- ▣ The interrelated challenges of minimal personal and infrastructure resources
- ▣ Denial
- ▣ A badly stretched primary care system
- ▣ Need for improved health literacy
- ▣ Much cross-over between themes

Limitation of Personal Resources

- ▣ Costs (medications; seeing consultants; little value for the money paid)
- ▣ Uninsured and Underinsured
- ▣ Transportation

- ▣ “One must look for someone to take you, interpret what you have, and pay the person. If you do not have someone to take you, you have to find someone to take you and pay. Because there is not even a bus here. Anyway there is not even a doctor. And then you lose a day of work and you need to look for the person to take you. Lose one day you get a point and then they fire you because of the points. You even lost a job for going to the doctor. Many do not go to the doctor for not losing points at work.”

Self-medication

- ▣ “...one often self-medicates. I was taking birth control without supervision, then I didn't want anymore babies but I took them without prescription. I took them and had accumulated hormones and they had to do a hysterectomy on me because I developed cancer cells because of self-medicating and so that is a big problem”

Neglect of Acute and Chronic Conditions

“Then again, often our fear is that some weekend or at midnight we can be serious or something and we are afraid to go to the hospital because we do not have money to pay; no facilities that is our fear. We are afraid to die at home, but more afraid to go to the hospital.” and “like me. I have diabetes and I have no medicine, no money to pay for the consultation and then I wait up to 3 or 4 months go to, really, one has to pay for a visit and the medicine too. So I try to endure and then when I got there the doctor scolds me. How will I pay? I prefer to put up with it and when I go, I have worse diabetes, more intense.”

Denial

- ▣ There are many people who do not do checkups because they don't want to know if they have something wrong. But with time anything can be healed. Everything can be healed with time."
- ▣ "I'm afraid because when I go to a doctor he will say I have bad things, serious, and I will have real problems.
- ▣ "Thinking like that, thinking 'what if I get sick of it?' And then it comes and one gets sick of what one is thinking."

A Badly Stretched Primary Health Care System

Lack of Trust in the System

“You don’t know if they are going to help you or not going to help you”

Discourtesy

“They treat you badly for being Spanish”

Frequent lack of interpretive services

“One does not go because one does not know how to say anything. Better not to go”

Need for Improved Health Literacy

- ▣ Women desire information
- ▣ More information about health and preventing health problems
- ▣ How to take blood pressure
- ▣ How to manage stress
- ▣ Menopause education

Next Steps

Validate findings with population

Identify potential solutions/interventions and how they can be implemented with target populations, key stakeholders, and health care providers

Continue to collect and analyze quantitative health provider data

Potential Approaches

- ▣ Health Promotoras program that would recruit older women in the community and train them to become part-time case finders and health educators within their own communities.
- ▣ Help women build social support for stress reduction and emotional support.