

# Health Care Access in Missouri: A Profile of the Latino Community

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# Survey Study: University of Missouri Team

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# Survey Study among Hispanics in Missouri

- ❃ **Gain better understanding**
  - ❃ **The process Latinos go through to access healthcare services**
  - ❃ **Barriers faced to access healthcare services**
  - ❃ **Resources used to overcome challenges**
- ❃ **Conducted in 2014 and beginning of 2015**
  - ❃ **Face-to-face interviews (mostly in Spanish)**
  - ❃ **245 Latinos**
  - ❃ **7 communities across the state of Missouri: Kansas City, St. Louis, Sedalia, Milan, the Bootheel, Monett, and Columbia**

# Hispanics in Missouri

- ❃ 212,470 Hispanics (3.5% of population)
- ❃ 79.2% growth between 2000 and 2010
- ❃ Majority of Latinos in MO work in low-paying jobs, many of which pose high health risks.

# Key Findings: Financial Constraints

- ❃ **61% of respondents do not have health insurance**
- ❃ **23% of Latino children are not insured; those insured are mainly through Medicaid (37%)**
- ❃ **40% needed medical attention in the last year but fail to seek services for financial reasons**
- ❃ **16% did not take a child to the doctor in the last year for financial reasons**
- ❃ **86% report they owe out-of-pocket money when accessing healthcare services; 40% report paying for all services in cash; 35% paid through payment plans**

## Key Findings: Language Constraints

- ❃ 65% don't speak much English; 70% report needing interpretation.
- ❃ 64% were offered interpretation services while 58% have used this service.
- ❃ Of those who have used interpretation services, 16% feel these are not useful and 17% feel they're not always useful.

# Key Findings: Level of Trust

Overall results show

- ❃ High level of trust in their doctors,  
but,
- ❃ High levels of distrust in the administrative portion of healthcare services (not necessarily the staff), the availability of primary-care physicians, as well as availability of specialists

# Implications

- ❃ **Lack of insurance a major issue**
- ❃ **Cash payments should not be confused with affordability**
- ❃ **Some improvements needed with understanding of payment plans**
- ❃ **Improvements needed in navigating the system (based on language and cultural constraints)**
- ❃ **Interpreters may need training in being more sensitive when translating (not on translation per se)**
- ❃ **Improvements needed with access to primary care physicians and specialists**