

# ON THE THRESHOLD: Understanding Access to Sexual and Reproductive Health (SRH) Services for Latinas in Emerging Communities

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## Background

➤ The Hispanic/ Latino population in the US has the highest rates of uninsured, and very limited access to health care[1].

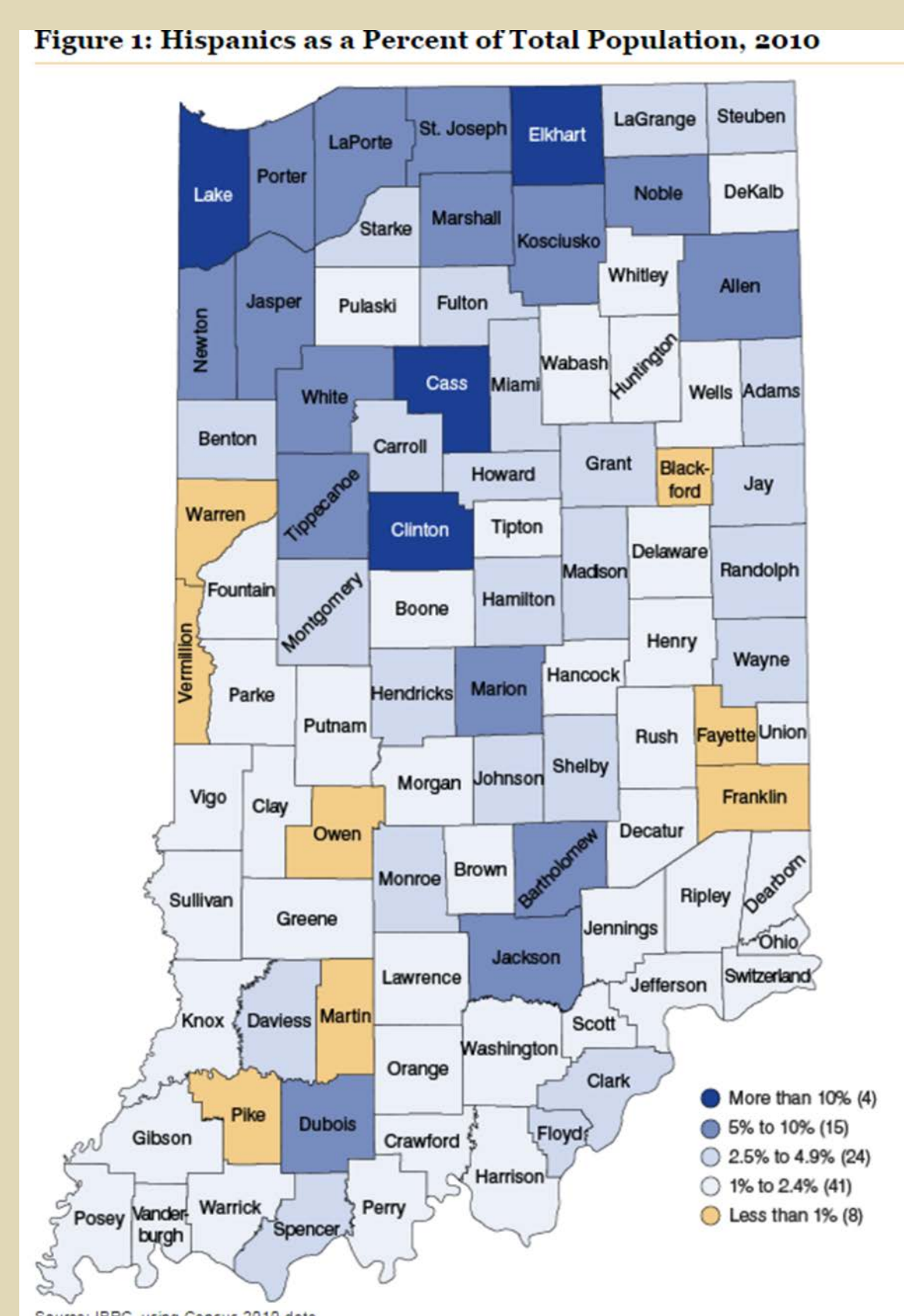
➤ Emerging Latino Communities (ELCs) present added challenges in accessing health care for Latinos:

- Few bilingual health providers and materials
- Unfamiliarity with local health service and social support organizations

➤ In ELCs unfamiliarity with the Latino community is also detrimental for health provider engagement.

INDIANA AT A GLANCE	
HISPANIC POPULATION	397,000
HISPANICS AS PERCENT OF STATE POPULATION	6%
MEDIAN AGE OF HISPANICS	23
MEDIAN ANNUAL PERSONAL EARNINGS, HISPANICS 18+	\$20,000
POVERTY RATE, HISPANICS 17 AND YOUNGER	41%
HISPANICS WITHOUT HEALTH INSURANCE	30%
HISPANIC HOMEOWNERSHIP	52%
HISPANICS AS PERCENT OF ALL K-12 STUDENTS	9%

How does living in an ELC impact Sexual and Reproductive Health services available to Latino Women?



## Study Objectives

- To assess sexual and reproductive health care available to Latinas.
- To explore providers' perceptions of the needs of this population group

## Location and Methods

➤ Monroe County:

- 3.3% of county population are Latino/Hispanic
- 95% growth between 2000-2010
- Anecdotally seem to be growing

➤ Interviews with key informants, representatives of relevant health services organizations and health professionals (n=7).

## Results

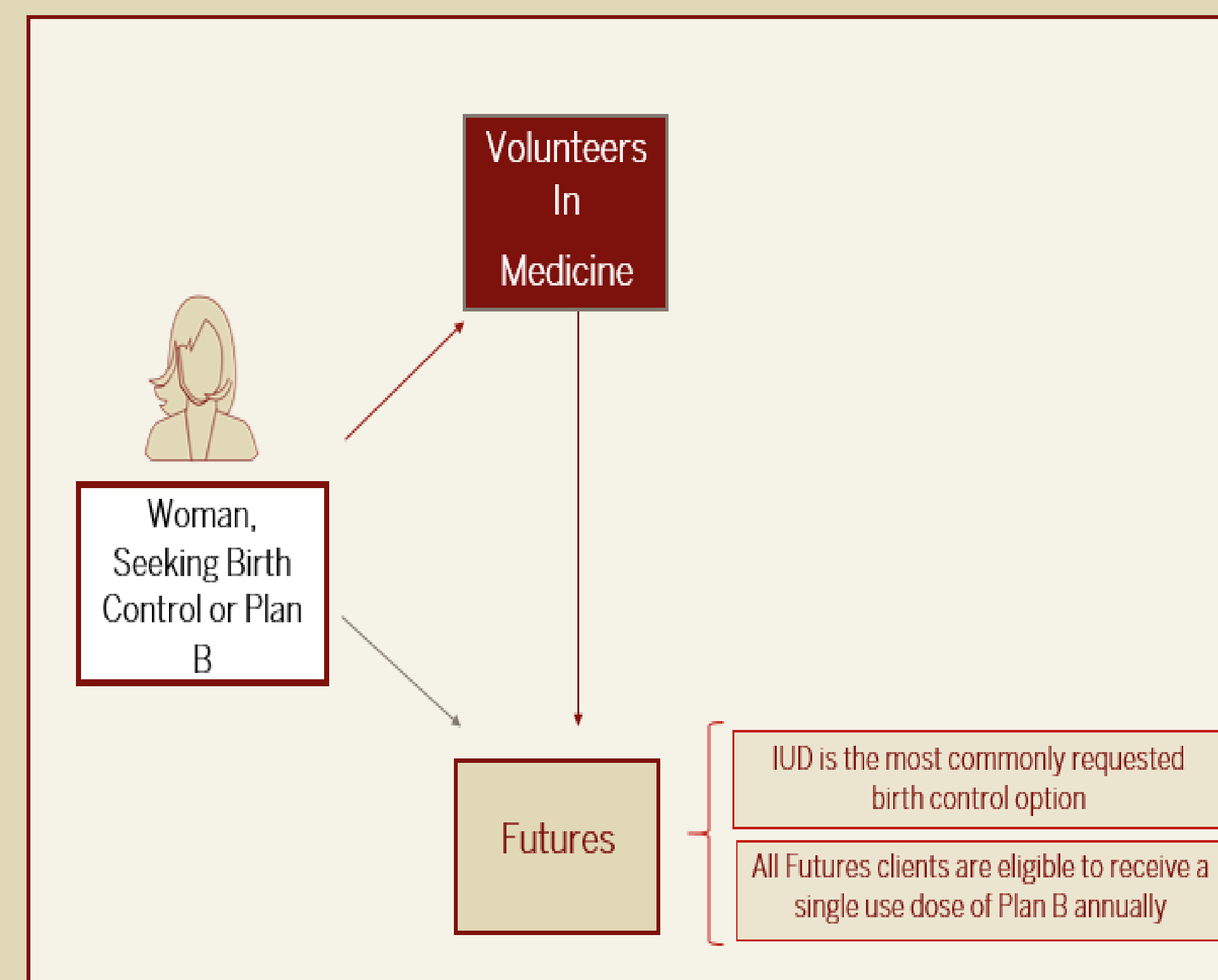


Figure 1. Woman Seeking Birth Control: 1-2 Steps

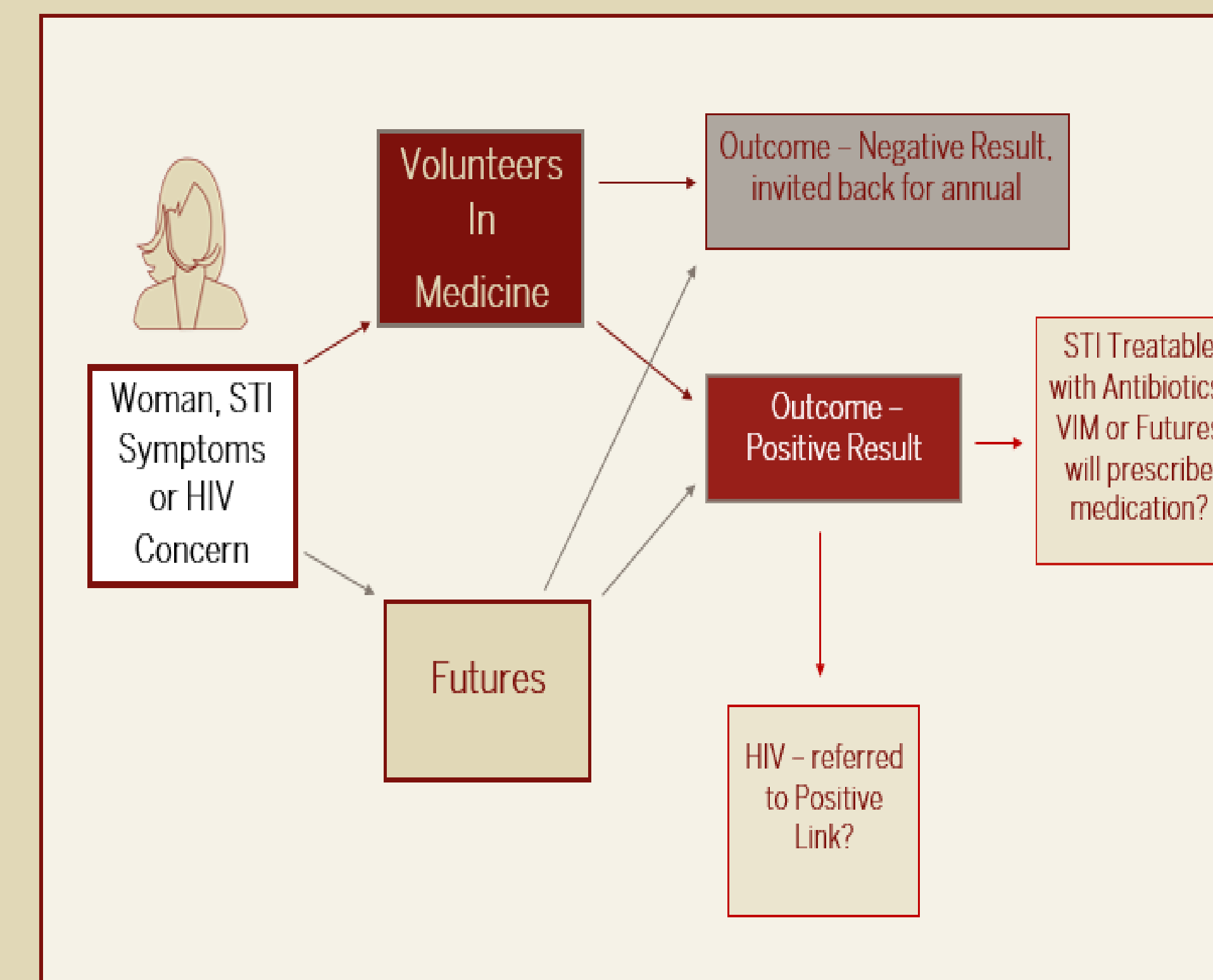


Figure 2. Woman With STI Symptoms: 2-3 Steps

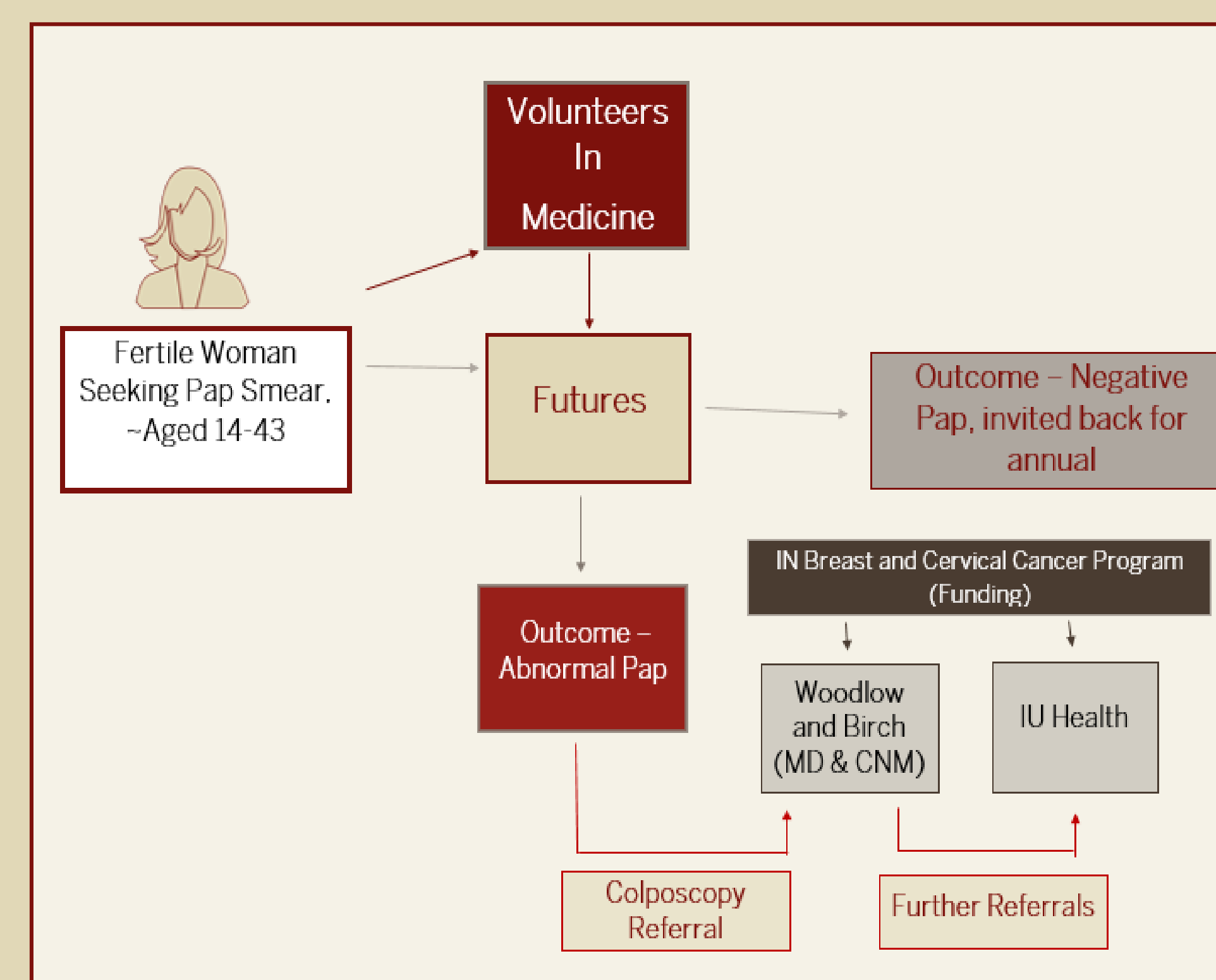


Figure 3. Fertile Seeking Pap Smear: 2-4 Steps

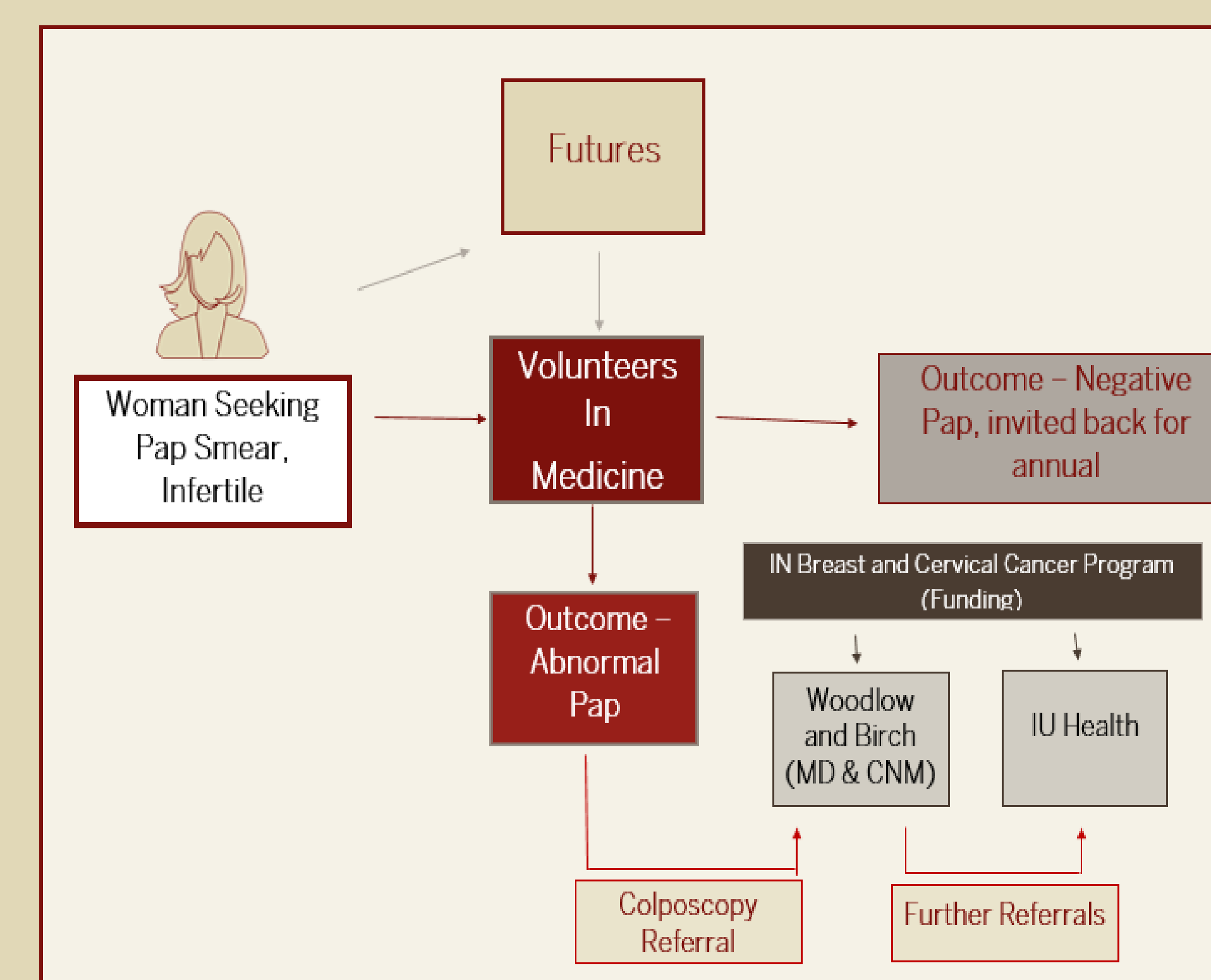


Figure 4. Non-fertile Seeking Pap Smear: 3-5 Steps

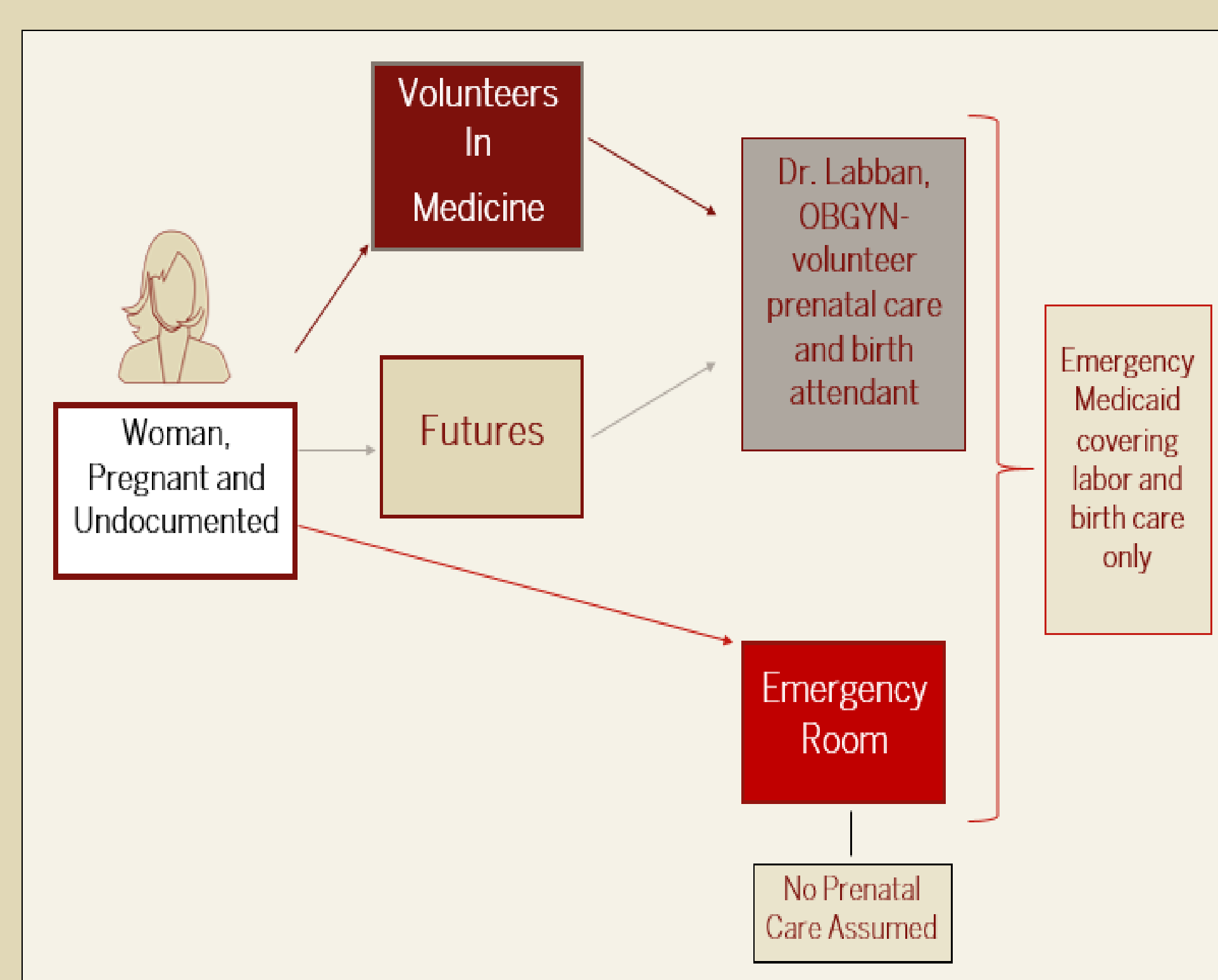


Figure 5. Pregnant and Undocumented: 1-2 Steps

On availability of care :

“There wasn’t any place to go, except Planned Parenthood, and if you didn’t have any money, you couldn’t go there.. If you have a reproductive issue, say like you have an ovarian cyst, or you have a uterine problem, then it’s a lot more difficult, if you don’t have health insurance, then we have to tell you where you can go where they’ll take cash, but they won’t take a sob story. So you either have the money or you don’t get the care. You can always go to the emergency room, but I don’t like to tell people to do that” – Public Health Clinic

## Key Informant Quotes

On segmentation of care:

“Because VIM per se does not provide birth control, so Futures, I refer them, some people may go to Planned Parenthood, but Futures Clinic, they have some special sliding scale fee and if these women, they want to have an IUD, they probably will be cheaper for them” – OBGYN

“We triage them here, if pregnant we’ll send them to the Dr. who partners with us. He’ll take care of prenatal and birth. If it’s something we can do here like chronic disease care or preventions, nothing major then we do it. We can also see if they need STI treatment and fall under Public health clinic guidelines we’ll send them there. We’ll work with people but, yes! it sometimes takes going to 2-3 places to get care” – VIM

On the needs of Latinas:

“It’s kind of prevention, but also putting out fires, so somebody who hasn’t given a thought about birth control is suddenly concerned that they might be pregnant” –Public Health Clinic

## Results Summary

- Segmented care and Multiple steps to obtain care
  - Possible loss of patients along the way increase in adverse effects of manageable problems (for example-abnormal PAP smear)
  - Complicated by language and health literacy issues
- Risk focus and Funding limitations further burden those most vulnerable:
  - Older women with limited English proficiency
  - Uninsured
  - Undocumented
- Providers perceptions of Latina women are affected by this segmentation:
  - Viewed through lens of risk (pregnancy/STI) or victimization (machismo/domestic violence)
  - Limited perception of Latinas as rights bearing or agentive individuals.

## Discussion

- SHR services for Latina women in this ELC are difficult and complex to obtain.
- Services are segmented and require understanding of a multi-step process
- The longer the chain of steps, the less likely that women will access care due to limited time and work and family commitments.
- Women who are not currently reproductive (long term contraceptives and post- menopausal) who are at high risk for preventable and treatable health issues such as cervical and breast cancers are most limited in care options .

## Future Research

Understanding Latinas experiences accessing SRH care in an ELC

## Acknowledgements

Research Participants

## References

1. AHRQ. National Healthcare Disparities Report. Rockville, MD: Agency for Healthcare Research and Quality; 2014. US Department of Health & Human Services; 2015.