

Health Interventions Designed to Address Health Needs Among Hispanic or Latino Population

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ABSTRACT

This review diverges from the prevailing discussion on vulnerabilities arising from healthcare inequalities based on racial criteria. Instead, it centers on scrutinizing the accessibility and efficacy of health programs tailored to address the healthcare needs of Latino populations in the United States. It commences by providing an answer to the question: "Are there indeed healthcare interventions addressing the health needs of racial minorities in the U.S.?" Subsequently, it addresses the inquiry: "To what degree are the presently operational health interventions effective in meeting the health communication needs of Latino populations in the U.S.?"

Keywords: Latino Populations; Health Needs; Availability and Effectiveness of Health Programs

Introduction

Minority and vulnerable ethnicities in the U.S have always shown susceptibility to Non-Communicable Diseases (NCDs) like Diabetes, obesity and heart diseases Swails [1]. The causative factors for the high prevalence of, and susceptibility to, chronic illnesses among racial minorities have not been fully documented. However, there are arguments in the literature as to the reasons for the trend Isasi, et al. [2,3]. Research on racial disparities in healthcare delivery and reception have touted a number of factors ranging from racial inequality, low socio-economic status, poor health communication and paucity of community-based health intervention programs targeted at sensitizing racial minorities about disease prevention and coping strategies Mitrani, et al. [4,5]. This review takes a different approach to the current topic on vulnerabilities arising from healthcare inequalities by racial standards. Instead, it focuses on examining the availability and effectiveness of health programs fashioned to cater for the health needs of Latino populations in the U.S. It begins by preferring answer to the question: "are there in fact health care interventions addressing the health needs of racial minorities in the US?" It then proceeds to tackle the question of: "to what extent are the available health intervention currently in operation efficacious to the effect of meeting the health communication needs of Latino populations in the U.S.?"

The National Alliance for Hispanic Health [6] posits that issues of morbidity constitutes greater concern to Hispanic communities than mortality.

This claim is supported by the report of the U.S Census Bureau [7] which states that Hispanics possess the tendency to live longer with an average life expectancy of 75.1 years for males and 86.2 years for women when compared to non-Hispanic whites (74.8 years for men and 80.1 years for women) despite healthcare inequalities and low socio-economic standard. Hence, contracting or developing disease is a bigger challenge for Hispanics than dying. Following the recommendations of the National Alliance for Hispanic Health (2004), it appears that Hispanic communities are in dire need of healthcare provisions, and sensitization on lifestyle and behaviors that adversely affect their health as well as the need to make use of existing health services and interventions designed to serve them.

Health Status of Latinos in the U.S.

Hispanics in the U.S constitute the largest racial/ethnic minority population in the country CDC [8]. Irrespective of the population density that Hispanics boast, it is subject to a disproportionate health status when compared to other ethnic/racial belonging in the country. High susceptibility to NCDs like obesity, heart disease, and type

2 Diabetes; and communicable diseases like the novel Coronavirus underscore the current health status of Latinos Aguilar Gaxiola, et al. [9]. The Centre for Disease Control CDC [10] notes that heart disease and cancer are the two leading causes of death in Hispanics. The health status of Latinos in the U.S has been associated with a wide range of causative factors such as low socio-economic status, lack of health insurance, and access to healthcare because of incommensurate fruit and vegetable consumption, obesity and a higher prevalence of chronic diseases among the population Calo, et al. [11]. In a national survey conducted by the Pew Research Center, a larger percentage of Hispanic adults disclosed that the COVID-19 is a major threat to their personal health. There is evidence in the literature to show that Hispanic people have higher rates of both hypertension and diabetes when compared with non-Hispanic white people. Fortmann, et al. [12] avers that Hispanics have 66% greater risk of developing type 2 diabetes, and equally show worse outcomes than non-Hispanic whites. More so, Hispanics are almost three times as likely to be uninsured as whites.

The Center for Disease Control CDC [10] avers that Hispanics have diverse degrees of illness or health risks than whites; they record 50% higher death rate from diabetes. More so, Hispanic sub-groups are in dire need of preventive screenings as recommended. Finally, being born within or outside the U.S. was observed to make a difference in health risks as social factors such socio-economic standard, education level and language barrier tend to play a major role in determining Hispanic health. Current health status of Hispanic/Latino centers on the prevalence of obesity, asthma, cancer and mental health disorder among the youth and adult population Mitrani [4]; Aguilar Gaxiola, et al. [4,9]. Mitrani [4] avers that infectious diseases such as HIV/AIDS are most common among Hispanics. The researcher notes that the rate of sexually transmitted infection among Hispanics is three times more severe when compared to that of non-Hispanic whites. Hispanics account for 18% of all new HIV/AIDS infections even though they only represent 15% of the U.S population. More so, the United States' Department of Health and Human Services DHHS [13] reports that anxiety and depression rate is higher among Hispanic adolescents than non-Hispanics for many reasons that revolve around acculturation and substance abuse. From the foregoing, it appears that Hispanics represent a minority group that is very much vulnerable to a wide spectrum of both infectious and terminal diseases CDC [7].

The health statistics expressed in the literature bear testament to the current health status of Hispanics in an albeit code red fashion. Hispanics are in dire need of additional health interventions to combat the increasing rate of new cases of diseases and mortality. More so, there is also a need to review the efficacy of existing health interventions in a way that provides a leeway for improvements and modifications to be implemented. In the sections that follow, a review of existing efforts at salvaging current Hispanic health status as well an efficacy assessment is outlined.

Literature Review

Scientific works addressing health inequities among racial minorities in the United States abound. The bulk of these works have demonstrated that vulnerable populations in the U.S such as the African Americans, and the Latino/Hispanics are liable to continually record unwholesome trends bothering access to, and utilisation of health care services Chelsa [1,14-16] and the National Diabetes Statistics Report, 2020, high uninsured rates CDC [7], and language barriers. More so, some other studies have explored how racial inequalities and discriminations amplify Latino, Hispanic and African American vulnerability to NCDs and terminal illnesses Elder, et al. [3,11,17-19]. This review holds the position that health disparities are attributable to a number of factors that can be biological, psychosocial, socio-economic, linguistic, and racial Marshall [20,21]. The literature is replete with studies bothering on the effect of racial discrimination in fostering health inequality in the U.S Ricci-Cabello; Karlsen [22,23] The efficacy of health interventions for Latino populations have been hampered by language barriers in the communication of health messages and strategies. Velasquez, Uppal and Perez [19] cites the lack of reliable information in Spanish, the major code of Hispanics to have impeded efforts aimed at curtailing the disparities in the health status of the population under review. Ortega, et al. [24] examined the policy challenges in Latino Health Care as embodied by the implementation of the Affordable Care Act.

The study posits that the successful implementation of the ACA can only be measured when Medicaid eligibility are extended to the larger number of Latinos that currently do not have access to the ACA. In light of these, the researchers identified four current policy dilemmas relevant to ACA implementation as it affects Latino health as follows: the need to extend insurance coverage to the documented; the growth of Latino populations in states with limited insurance expansion; the demands on public and private systems of care; and the need to increase the number of Latino physicians to ameliorate language barriers. Elsewhere, Mitrani [4] explored culturally tailored interventions aimed at reducing health disparities among Hispanics through the lens of the El Centro research program addressing Hispanic health disparity. The researcher posits that "culturally-tailored interventions are necessary because Hispanics possess unique values, beliefs, behaviors, and histories that directly impact their health and efficacy assessments of health interventions. In this regard, the efficacy assessment of existing health interventions is predicated on the availability of information on the impact of four culture-related processes that are very relevant for the success of health interventions namely: acculturation, family functioning, familism and culturally related stress Mitrani [4].

Summary of Health Interventions

The CDC's REACH (established in 1999) program is at the forefront of health interventions that is aimed at reducing racial and eth-

nic health disparities in the U.S. The Affordable Care Act is yet another insurance coverage targeted at eligible Hispanics living in the U.S. The Affordable Care Act was instituted through federal legislation in 2010 to address high rates of insurance, in-access to healthcare services, and variation in health care quality administered in the U.S via Medicaid Buchmueller, et al. [25]. Velasco Mondragon, et al. [3] avers that the implementation of the Affordable Care Acts has yielded positive outcomes including improved access to health services to Hispanics. However, the researchers were quick to add that challenges posed by acculturation barriers, cultural sensitivity, shortages of healthcare providers and literacy as well as high underinsured or uninsured status have constituted drawbacks to healthcare access for Hispanics. The Juntos Por La Salud (JPLS) is another health initiative that was instituted as part of efforts to increase health care access for Hispanics living in, and around eleven metropolitan cities in the U.S via mobile health units Rangel Gomez, et al. [26]. The health intervention was created with the singular aim of offering health promotion and disease prevention services all in a bid to mitigate the healthcare barriers faced by the Hispanic population.

The JPLS is described by Rangel Gomez, et al. [26] to provide health education on priority health issues such as nutrition, diabetes, obesity, women and children's health, mental health, substance use and abuse, exposure to sexually transmitted infections, and HIV/AIDS. Since its creation, the JPLS has demonstrated potentials to reduce health care disparities, and costs for Hispanic populations via education, health diagnosis and scheduled screenings. There are many other health programs readily available to vulnerable populations besides the popular ones cited above. Rangel Gomez, et al. [26] notes that health programs such as MEDI-CAL (in California), Child Health Plus (in New York) are specifically tailor-made for women and children. There is equally the curious case of the Federally Qualified Community Health Centers (FQHCs) that are made available and affordable for persons of low socio-economic standing and bereft of health insurance irrespective of whether they are bonafide U.S citizens or not. Mitrani [4] avers that there are culturally tailored health interventions that incorporate cultural components in their constitution and delivery. The researcher cites laudable parent-centred interventions such as the Familias Unidas which was found to significantly reduce unprotected sex and indiscriminate substance abuse among Latino youths attending middle schools in Miami, Florida. More so, Salud, Education, Prevention Autocuidado (SEPA) intervention program designed to cause risk reduction among Hispanic women was equally found to be efficacious after a series of randomized trials.

The SEPA health intervention and its sister program, the Culturally Informed Family Therapy for Adolescents (CIFTA) interventions were result-oriented health efforts geared towards addressing the health needs of Hispanic populations resident in the U.S. El Centro: Center of Excellence for Hispanic Health Disparities Research at the University of Miami provides the funds for the research initiatives:

SEPA and CIFTA. El Centro focuses on advancing culturally tailored interventions, that is, those that have been designed or adapted specifically for Hispanics. It can be said that both El Centro interventions are work in progress as the outcomes of the programs are not clearly indicated in the literature.

Efficacy Assessment of Health Interventions

In light of the palpable state of Hispanic health, it is evident that more efforts needs be geared towards reducing the health burden and rate of mortality among Hispanics. Proactive steps should be taken toward consolidating on existing health interventions by encouraging but individual and multisectoral collaborations among the stakeholders in the health sector: the federal government, healthcare professionals, community health workers and the public. The federal government should ensure that insurance coverage such as the Affordable Healthcare Act is beneficial to Hispanics. Furthermore, government should work to build capacity by recruiting community health workers to penetrate Hispanic communities with much-needed health education on lifestyle changes that would improve their well-being. More so, the federal government should leverage existing health interventions in order to enhance access to preventive care and community health services. The federal government should ensure that Hispanics are properly represented in national health surveillance data and research studies by health bodies such as the CDC. The data culled from such surveys and research could prove invaluable in the quest to significantly improve Hispanic health. Doctors and other healthcare professionals are expected to work with interpreters in scenarios where patients prefer to converse in the Spanish language Hudmut Buemler, et al. [27].

The input and expertise of the interpreter will ensure that language barriers are surmounted, and patient-doctor conversations can be hassle-free. Furthermore, healthcare professionals are to counsel patients on diet consumption, weight management and control in the aftermath that they are at risk of developing NCDs such as high blood pressure, cancer or diabetes. In a similar vein, patients with addictions such as smoking, or alcohol intake can be counselled on strategies that will help them quit. In addition, healthcare professionals should go into alliances with community health workers by collaborating with them on programs designed to educate and inform people about free or low-cost health services. Finally, the public have a role in reversing the current trend of Hispanic health in the U.S. Members of the general public who count themselves as eligible for cost savings or insurance are required to sign up for health insurance irrespective of whether they are currently nursing a health condition or not. Hispanic people should communicate with their health centers or hospital about the choice and duration of screenings to attend as well as follow-up on diagnosis. On a rather important note, it is crucial that the public make deliberate efforts to adhere to proven health tips such as healthy food consumption, exercising, avoiding smoking or excessive alcohol intake, adherence to drug prescriptions as well as regular vis-

its to the hospital for check-ups and screenings. Moreover, the general public should consult their health providers so they can learn about diseases and how to prevent type 2 diabetes. They can equally explore credible sources of information like medical journals and so on.

Conclusion

This review has examined the health interventions designed to address the health needs of Hispanic populations in the U.S. The study begins by situating the Hispanic population within the larger spectrum of racial groups in the U.S as racial minority group with a plethora of health vulnerabilities. From the research conducted, this study reaches certain conclusions. First, it is evident in the literature that the growing health needs of Hispanics are found to revolve around several factors such as acculturation, low socio-economic status, language barrier, dearth of insurance coverages among Hispanic populations, racial discrimination and favoritism, propensity for self-medication as opposed to hospital visits and many more. Second, it appears that the efficacy assessments of current health interventions addressing Hispanic health needs has produced mixed results. While there is ample evidence in the literature to show that a greater number of health interventions have produced stellar results in terms of attitudinal and lifestyle changes for improved well-being, it appears that additional efforts is required in stilling the tide of health disparity among Hispanic population. This review recommends that while existing interventions are accessed for their results and new interventions are mooted, multi-sectorial collaborations between stakeholders in the healthcare sector (government, health professionals, health NGOs, media houses, schools, and religious organizations) should be encouraged. Finally, the media should be utilized in communicating health messages to Hispanic population. There is evidence in the literature to suggest that many Hispanics are starved of valuable information on their health needs and challenges.

In equal measure, a greater percentage are keen to discover authentic sources of health information Hudmut Buemler, et al. [27]. The saturation of media with valuable health information will help abridge the gulf in current Hispanic health status when compared with non-Hispanic whites. On a rather significant note, the urgent need for collaborations between communication specialists and doctors was emphasized in the literature reviewed [28-33]. One advantage of such alliances is that doctors become more knowledgeable on the best way to communicate health diagnosis and messages to patients clearly, concise and does not disrupt their emotions.

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