Development of the Missouri Hispanic Health Survey Instrument

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All Missourians should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, race, color, religion, national origin, sexual orientation, gender identity or expression, age, or disability status.

Health starts in our communities, where we live, learn, work and play.

Hispanic Health-Background

- Nationally, CDC[1] finds the leading causes of illness and death:
  - heart disease, cancer, unintentional injuries, stroke and diabetes
- Additional struggles:
  - asthma, chronic obstructive pulmonary disease, HIV/AIDS, suicide and liver disease
  - Obesity is also a major concern; Hispanics overall have higher rates of obesity than non-Hispanic Caucasians and certain Hispanic subgroups have even higher rates of obesity.

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Missouri

- Growing population
  - Hispanics living in Missouri:
    - Accounts for 3.5% of the population, up from 2.1% in 2010 (CDC)
- Need to better understand perspectives and needs regarding health and healthcare
  - Surveys and studies have a small sample size
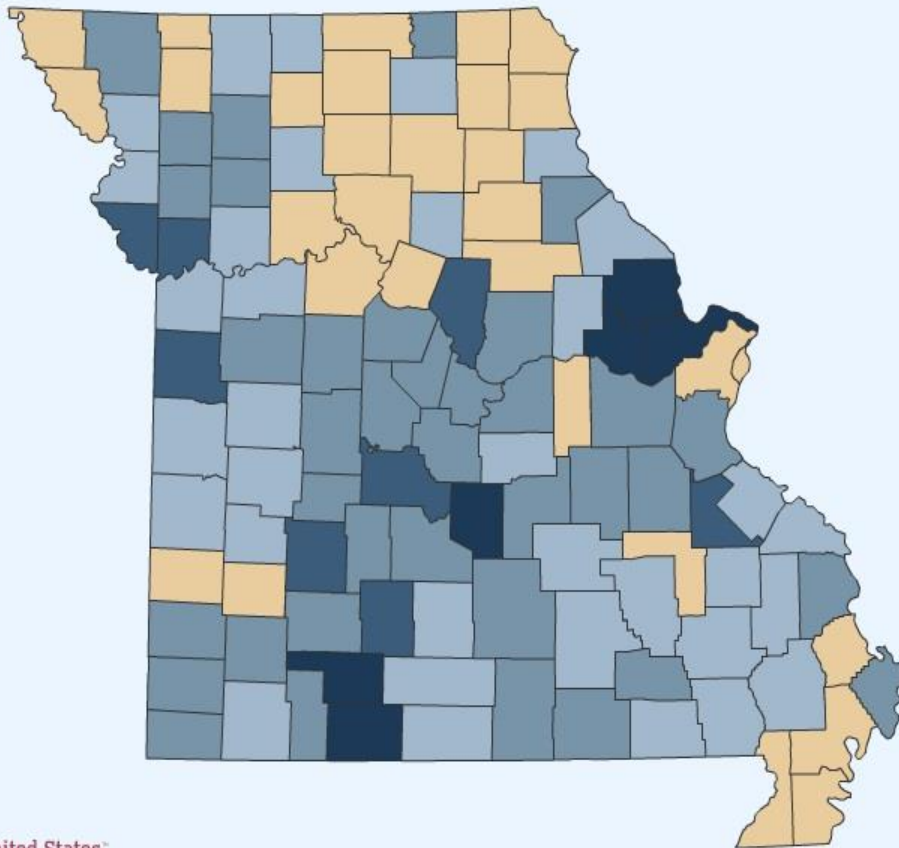 - Better understanding of why disparities exist

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Hispanics in rural Missouri

- Milan, Sullivan County - 43.5 % is Hispanic.
- Monett , Barry County - 21.1 % is Hispanic
- Verona, Lawrence County – almost 50 % is Hispanic
- Noel and Southwest City in McDonald County are 50 percent Hispanic
- Hispanics in Carthage (Jasper County) make up a quarter of the city population (25.6 percent);

Hispanics in Missouri

- There are Hispanic people in every county of the state of Missouri

- Only 20/114 counties in the state have fewer than 100 Hispanics

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Purpose

- To better understand factors related to how and why people make choices about accessing healthcare.

- To contribute an understanding of how social determinants of health impact accessing health care services for the target population.

Research Team

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Methods

- Qualitative analysis of interview data of adult newcomer patients living in Missouri (N=36)

  - Countries of origin: Iraq, Sudan, Somalia, Kenya, Mexico, Cuba, Colombia, Ecuador and Guatemala

- Grounded theory methodological approach

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Methods

- Review of current existing instruments
  - National
  - State
- Selection of relevant questions/scales to be included in the survey
  - Literature review
  - Qualitative findings
- Translation to Spanish
- IRB Approval
- Enumerator Protocols

Qualitative Findings

❑ Qualitative analysis revealed several thematic areas to be represented in the survey:

- ability to pay for services

- system navigation

- health literacy

- relationship with provider (s)

- availability of interpretive services

- transportation

- individual cultural norms

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Qualitative Findings

- ❑ Perceived complexity of U.S. and Missouri health care system
  - ◼ need for guidance
  - ◼ third party community-based programs brokering access to health care resources → level of trust
- ❑ Concern over the cost and affordability of health care services
  - ◼ importance of payment plan
- ❑ Perceived unfairness of health care rate and fee calculations
  - ◼ criteria that do not accurately reflect patient ability to pay

Qualitative Findings

- Value of services that make Hispanic patients' experiences more positive
  - medical interpretation services, transportation services and educational materials in Spanish
- Use of the Emergency Department for general health needs.
  - Home country norms
  - Dental care stood out in this way

Literature Findings

- demographic and household variables
- a person's acculturation status
- one's social capital
- current health status
- capacity for trust
- resilience
- current access to healthcare services
- health literacy
- patient satisfaction

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Conceptual Approaches to Acculturation[3] (Berry)

- Analyze the extent to which immigrants are integrating into communities in the US.

- Language as a proxy for acculturation

- 3 Scales
  - Language use
  - Linguistic proficiency
  - Electronic media

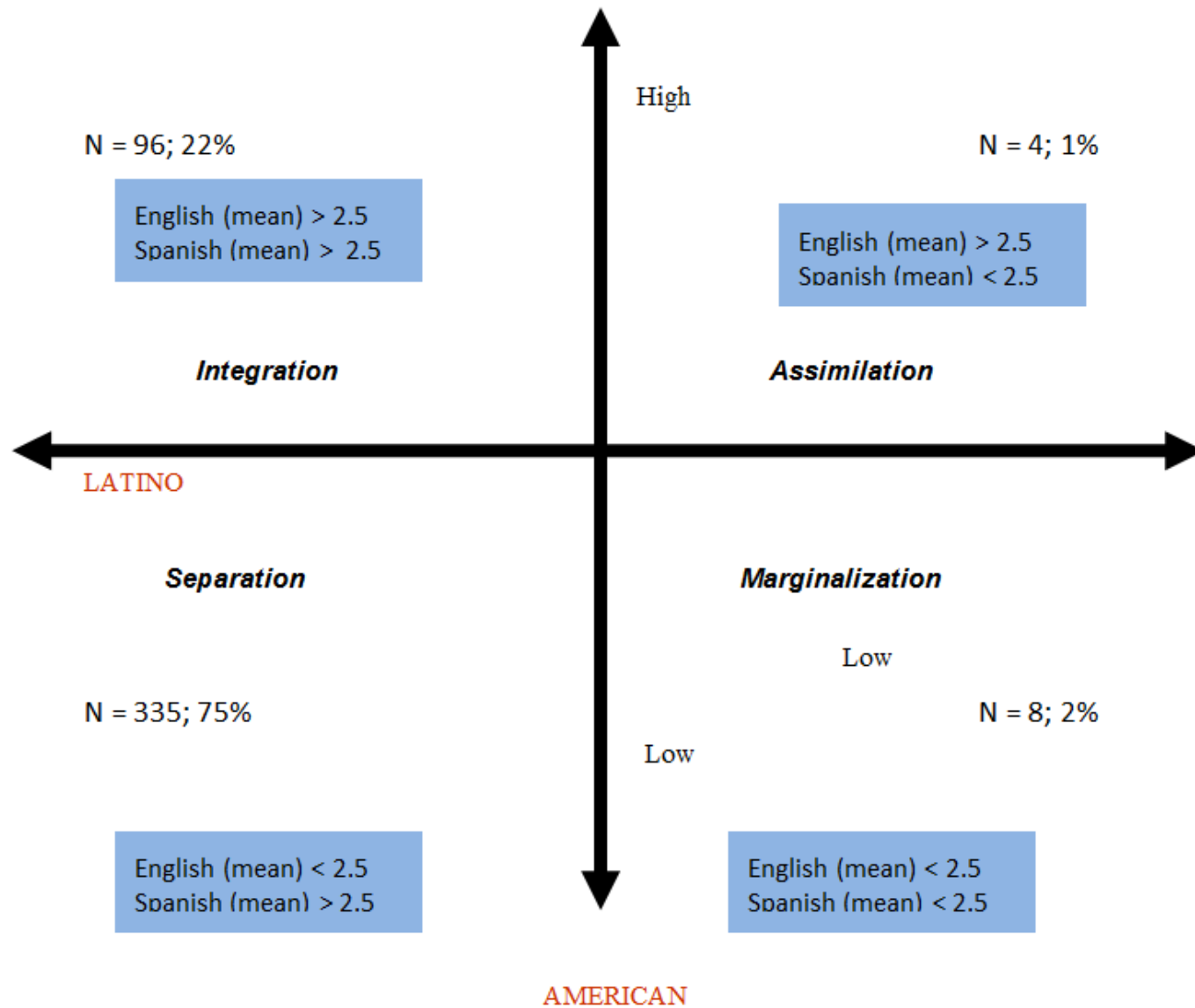**Center for Health Policy**
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- English and Spanish scoring
- Combined average from each language gives a score and a quadrant
  - **Integration**: preserving their culture of origin & adopting some of the new culture
  - **Assimilation**: adopting the new culture & abandoning the old
  - **Separation**: preserving their culture of origin but not adopting the new culture and
  - **Marginalization**: neither preserving the old culture nor adopting the new

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Dimension:	Linguistic proficiency
Code:	1= very poorly; 2= poorly; 3 = well; 4 = very well

G.	How well do you speak English?
H.	How well do you read in English?
I.	How well do you understand television programs in English?
J.	How well do you understand radio programs in English?
K.	How well do you write in English?
L.	How well do you understand music in English?
M.	How well do you speak Spanish?
N.	How well do you read in Spanish?
O.	How well do you understand television programs in Spanish?
P.	How well do you understand radio programs in Spanish?
Q.	How well do you write in Spanish?
R.	How well do you understand music in Spanish?

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Resilience Scale--CD-RISC[4] (Connor, Davidson)

- 25 point Scale; each item on 5 pt scale

- Higher score = more resiliency

- Resilience may be viewed as a measure of stress coping ability

- Important target of treatment in anxiety, depression, and stress reactions

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Resilience Scale (CD-RISC)

- Resilience is quantifiable
- Influenced by health status
  - (i.e., individuals with mental illness have lower levels of resilience than the general population)
- Resilience is modifiable
- Improve with treatment; and greater improvement in resilience corresponds to higher levels of global improvement

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1	2	3	4	5
NOT TRUE AT ALL	RARELY TRUE	SOMETIMES TRUE	OFTEN TRUE	TRUE NEARLY ALL OF THE TIME

a.	Able to adapt to change	
b.	Close and secure relationships	
c.	Sometime fate or God can help	
d.	Can deal with whatever comes	
e.	Past success gives confidence for new challenge	
f.	See the humorous side of things	
g.	Coping with stress strengthens a person	
h.	Tend to bounce back after illness or hardship	
i.	Things happen for a reason	
j.	Best effort no matter what	
k.	Achieving goals is possible	
l.	When things look hopeless, don't give up	
m.	Know where to turn for help	
n.	Under pressure, focus and think clearly	
o.	Prefer to take the lead in problem solving	
p.	Not easily discouraged by failure	
q.	Think of self as a strong person	
r.	Make unpopular or difficult decisions	
s.	Can handle unpleasant feelings	
t.	Have to act on a hunch	
u.	Strong sense of purpose	

Health Care Relationship Trust Scale[5] (Bova, et. al)

- 13 item scale; 5 pt scale
- Low patient–provider trust can lead to
  - poor treatment adherence and
  - negative health outcomes
- Can trust be useful to better understand if trust is a predictor, mediator, or moderator of key health behaviors such as:
  - decision-making, coping, adherence, weight reduction, physical activity, risk reduction, or smoking cessation

a.	Health care provider discusses options and choices with you before decisions about your health are made?	
b.	Healthcare provider is committed to providing the best care possible.	
c.	Healthcare provider is sincerely interested in me as a person.	
d.	Healthcare provider is an excellent listener.	
e.	Healthcare provider accepts me for who I am.	
f.	Healthcare provider tells me the complete truth about my health-related problems.	
g.	Healthcare provider treats me as an individual.	
h.	Healthcare provider makes me feel that I am worthy of his/her time and effort.	
i.	Healthcare provider takes the time to listen to me during each appointment.	
j.	I feel comfortable talking to my healthcare provider about my personal issues.	
k.	I feel better after seeing my healthcare provider.	
l.	How often do you think about changing to a new healthcare provider?	
m.	How often does your healthcare provider consider your need for privacy?	

What do we hope to learn?

- The development of this instrument should allow researchers across Missouri to collect data to better understand the extent to which barriers and facilitators affecting access to healthcare services reach across the Hispanic population.

Resources

1. U.S. DHHS Office of Minority Health, 2010. Hispanic/Hispanic Profile. http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=3&lvlid=31

2. 2010 Missouri Census Data Center http://mcdc.missouri.edu/

3. Berry, J. 2003. "Conceptual Approaches to Acculturation." In K. Chun, P. Balls Organista, and G. Marín, eds. Acculturation: Advances in Theory, Measurement, and Applied Research. Washington DC: American Psychological Association, pp.17-37.

4. Connor KM, Davidson JR. 2003. Development of a new resilience scale: the Connor-Davidson Resilience Scale (CD-RISC). Depress Anxiety,18(2):76-82.

5. Bova C, Route PS, Fennie K, Ettinger W, Manchester GW, Weinstein B. 2012. Measuring patient-provider trust in a primary care population: refinement of the health care relationship trust scale. *Res Nurs Health*:397-408. doi: 10.1002/nur.21484. Epub. 2012 Apr 17.

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Thank you/Muchisimas gracias!
Questions/Preguntas?

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