LATINONET HEALTH FAIR 2015

By

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Abstract

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LatinoNet health fair project data was compiled from 71 surveys in fall, 2015. The participants’ identities were kept anonymous and included a wide range of age demographics from youth, college students, adults and the elderly; majority of the survey participants identified as Latino. The purpose of the survey was to describe survey responses as they related to indicators of breast cancer screening, access to health insurance, and access and participation in CalFresh. The findings demonstrated that attendance at the LatinoNet health fair is beneficial and should continue. Recommendations are made to create more opportunities for more outreach as these health fairs are imperative to the growing Latino communities of Humboldt and to develop survey questions that help measure more succinctly what was learned from this project.
Acknowledgments

I would like to thank LatinoNet for the opportunity to do evaluation work for an important community that is growing. It has been a great learning experience on how to conduct an evaluation on a sector of their programming for the community of Humboldt.
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Introduction

According to the Humboldt County, California data from the US Census Bureau (2015), within Humboldt County, Latinos are the largest minority group. LatinoNet is an organization within Humboldt County, California that is geared to aiding the growing number of Latinos. The LatinoNet health fairs aim to provide the community with bountiful information on healthcare provider’s services. The health fairs over the past nine years provided various health agencies and groups the opportunity to participate to increase awareness among Latinos and low-income people more about health resources available in the area of Humboldt. The health fairs have been conducting surveys to see what works.

The Center of Disease Center (CDC), as shown in Figure 1(Appendix A), displayed the rates of Latinas and other groups that had breast cancer from the years 1999 to 2012. Furthermore, breast cancer rates are lower in Latina women than in other races, but breast cancer remains the leading cause of cancer death in Latina women. Compared with those who identified as white women, breast cancer is more likely to be caught in Latina women when it has reached a more advanced stage and treatments are less successful. Structural barriers include poor geographic access and lack of transportation to providers. Latinos are the least likely to have health insurance of any racial or ethnic group. In the range of Latino population, the uninsured rates are high (CDC, 2015).

Latino families suffer food insecurity by more than double the national average (Garcia, 2011). The Supplemental Nutrition Assistance Program (SNAP), in California it is called
CalFresh, has shown to have short- and long-term health benefits to women and their children (Executive Office of the President of the United States, 2015). Finding out more about CalFresh awareness and participation among Latinos living in Humboldt will inform future outreach efforts. By using evaluation methods, I hope to uncover more possibilities and recommendations such as: breast cancer screening, health insurance access, and Cal Fresh outreach in order to have more accessible ways to provide healthcare services in the Humboldt community for the LatinoNet organization. This work is imperative to assist Latinos who may or may not receive information on healthcare overall.
Health promotion among Latinos is an important for a variety of reasons. Alleyne (2012) stated the study called *Health Disparities Cause Financial Burdens For Families, Communities And Health Care Systems*, discovered that between 2003 and 2006, 30.6 percent of direct medical care expenditures Latinos were excess costs due to health inequalities. Alleyne (2012) estimated that eliminating health disparities for minorities would have reduced direct medical expenditures by $229.4 billion and slashed indirect costs associated with illness and premature death by more than $1 trillion for those years. The cost is expected to increase; by 2042, people of color are expected to be 50 percent of the U.S. population, signaling significant economic implications for minority communities (Alleyne, 2012). These staggering numbers indicated how needed LatinoNet health fairs are in Humboldt County and beyond.

Alleyne (2012) about 47 percent of American children under 18 are children of color the fact that they don’t have the mentorship who can provide structure for them, either because of financial pressures, chronic disease or premature deaths, can be highly detrimental to their future.

Fewer Kids Uninsured, But Coverage For Latino Children Lags (Challet,2013) exposed the number of uninsured children in the United States is declining, especially among those living below the poverty line. Challet (2013) expressed there are still over 5
million uninsured kids in the country, and they remain disproportionately Latino. While 5 percent of white non-Hispanic children lack health coverage, the rate is 12 percent among Latino children (Challet, 2013).

Documet & Sharma (2004) analyzed the population of Latino’s in Southwestern Pennsylvania (SWPA) and their healthcare access is very scarce. "Income" was borderline significant, until "insurance status" was introduced (Documet et al., 2004). The study also revealed that financial factors exerted no statistically significant effect on realized access in logistic regression analysis (Documet et al., 2004). Access to doctors' visits could be considered equitable if determined by need. In such case, age and physical and mental health status would show strong influence on realized access (Documet et al., 2004). This was not the case. The only variable that reflected need and significantly influenced a doctor's visit was sex. These interesting findings in the study directly connect to my results to my data about income not playing a huge role in the awareness of healthcare.

Mejia (2015) discussed in her study called *Latinas and Breast Cancer* about the lack of knowledge and resources in Latino communities. The study connected to the amount of participants in the survey done by LatinoNet that addressed the pressing issue of cancer. The study described a Cancer prevention network center for Latinos in Denver. By having the center, it can focus on how to better educate Latino communities. In order to address the cultural barriers, the network successfully created programs by Latinos for Latinos and presented in the Latino Community (Mejia, 2015).
American Cancer Society (2016) indicates, mammography prevalence among Hispanic women remains lower than among non-Hispanic whites despite a narrowing gap. American Cancer Society (2016) addressed, in 2013, 64% of Hispanic women 45 years of age and older had a mammogram occurring in the past two years compared to 69% of non-Hispanic whites. Among Hispanic subgroups, Cuban women were the least likely to have had a mammogram in the past two years (American Cancer Society, 2016). Additionally, the LatinoNet surveys presented that Latina women were more aware concerned about breast cancer.
Methods

During the LatinoNet health fair evaluation project, I conducted a descriptive statistical analysis using an existing data set that was collected by LatinoNet health fair staff in fall, 2015. The health survey questions 7, 8, 9 and 10 (refer to Appendices) were the questions I implemented in the study. I also looked at questions 19, 20, 21 and 22 (refer to Appendices) in the demographic information portion. There were 77 participants who took the survey (N=77).

Descriptive Statistics are used to present quantitative descriptions in a manageable form (Investorwords, 2015). Moreover, descriptive statistics also help to simplify large amounts of data in a sensible way (Investorwords, 2015). Each descriptive statistic reduces lots of data into a simpler summary (Investorwords, 2015). Descriptive data analysis is the process of extracting, compiling, and modeling raw data for purposes of obtaining constructive information that can be applied to formulating conclusions social science settings (Investorwords, 2015). Utilizing Excel and SPSS, I was able to formulate tables to show the frequency of participants answers.
Results

The data uncovered that out of N= 77 (62%) of women agreed that if there was a lump they would see a health provider for treatment; only, a small percentage said no. Most participants (81%) had seen a health care provider in the last two years.

The study investigated participants’ access to health insurance and how it connected to their education level. The data revealed 34.8% of participants with an elementary education had the most health insurance. However, 15 participants (65%.2) did not have health insurance. Between participants with an elementary education and a college education participant, (27%) had health insurance. Eighteen out of 23 people (78%) in the elementary educational level said this was not their first time seeing a doctor or a nurse. Twenty out of 25 college students (80%) said no it’s not their first time seeing a doctor, nurse or health worker in the U.S. I also noticed among the additional categories: elementary, secondary, college, graduate and post graduate levels of education, there were an increased number of elementary and college participants that had more health insurance than among those with other levels of education.

There were 32 of 71 participants that specified they have applied for CalFresh benefits, the remainder that have not applied. In addition, of those that have applied, 16 families would be CalFresh eligible based on their annual income of $30,000 or less per year with 3 or fewer people in a household and 17 of 39 families indicated they have not applied for CalFresh benefits, yet are likely CalFresh eligible based on their annual
income of $20,000 a year. Among all families with children, 19 families have 3 or fewer children.
Discussion

During this process of evaluation of the LatinoNet health fair data, I found it alarming and surprising that the results about the number of women who ultimately qualify for health insurance contradicts some of initial theories and literature about access to health care, specifically as it relates to: level education, income, number of children living in the household, and participation in CalFresh for Humboldt Latino communities.

In the literature review, Mejia (2015) wrote that there is a lack of awareness about breast cancer in Latina communities and the American Cancer Society (2016) states that Latina women are less likely to get a mammogram when compared with non-Hispanic whites. In the results for question10, stated, if you found a lump in your breast, would you do anything? I uncovered that 48 of 50 women who answered question 10 agreed to address a lump on their breast. Interestingly, Rural Breast Cancer Study of Humboldt (2015) found that more women in Humboldt County were diagnosed at early stage breast cancer compared to the rest of the state. However, Humboldt County breast cancer death rate is higher than the rest of the state.

Document et al. (2004) literature revealed that income and education can be a borderline correlation to access of healthcare. As the results stated, 34.8% of participants that marked an elementary level had health insurance. With the literature and the results having such a close relationship, these two aspects led me to believe that there can be other social and cultural barriers possibly occurring. When the study is done again, that
can be the next step to unlocking the truth from the alarming numbers of access to healthcare for both income and education level.

**Limitations of the Study**

First, a data entry assistant would be beneficial when inserting the massive raw data to an excel spreadsheet. By having the data entry assistant, it would have allowed me to explore more in depth analysis. For instance, I could have had more time to explore the correlation between women participants, where they lived, and how it affects the amount of children and income. The overall alarming number of participants with an elementary and college levels of education and healthcare access would have been another aspect I would have wanted to explore further.

**Recommendations**

Calfresh results regarding income and education level did not play a major role in determining which families did or did not have Calfresh. When viewing the CalFresh question, the term household income needed to be defined. By defining the term household income better, participants could have possibly clarified the question so the participant could have put the appropriate answer. A follow up question after the applied to Calfresh could have been essential. LatinoNet health fairs of Humboldt County are on the right track of continuously strategizing to provide quality access of health to all Latino communities in Humboldt County.
References


Appendices

APPENDIX A

Figure 1 Rates of Breast Cancer
APPENDIX B

7. Do you have health insurance?

8. Is today the first time you have seen a doctor, nurse or health worker in the U.S.?

9. How long has it been since your last with a doctor, nurse or health worker in the U.S.?

10. Women Only: If you found a lump in your breast, would you do anything?

19. What is your education level (circle the highest level):

20. What’s your yearly household income?

21. Have you ever applied for CalFresh? (the program that provided food money and the EBT card)

22. How many people in your household currently receive CalFresh benefits?