

Strengthening Engagement with Low-Income Latino Patients

Latinos account for more than half of the state's uninsured population and are the majority ethnic group among all low-income Californians. While they're estimated to make up nearly half of those newly eligible for healthcare subsidies under the Affordable Care Act, Latinos can be a challenging population to enroll and retain in coverage. Even when they do gain insurance, many Latinos remain underserved by the healthcare system.

Many of the state's community health centers (CHCs) have tried to overcome these issues by focusing their work on the unique needs of Latino populations. Healthcare reform provides CHCs with new opportunities and incentives to strengthen their relationship with Latinos by attracting newly eligible patients in their community and reinforcing bonds with existing ones.

Effectively addressing the healthcare needs of Latinos, especially those who are low-income, starts with understanding their current care experiences. New research commissioned by Blue Shield of California Foundation highlights the challenges that exist, yet also points to promising ways to improve patient satisfaction among California's low-income Latinos.

Survey findings show that, as a whole, low-income Latinos are less satisfied than other safety-net patients with the health care they currently receive. They also have weaker relationships with their care providers and are less trusting of medical professionals. However, the research also shows that these shortfalls are not the result of being Latino; rather, they're chiefly a function of education and language. CHCs that successfully adjust their approach to account for patients' varied education levels and preferred language therefore have great potential to improve the experience of their Latino clientele.

Many CHCs already possess the cultural competence to address language barriers and adapt to patients' levels of education and understanding. CHCs can strengthen these skills and further integrate them into other, dedicated efforts to improve the care experience for Latino patients specifically. Among them:

- Improving continuity of care and enhancing Latino patients' personal connections with their care facilities and providers.
- Increasing patients' access to health information and involvement in decision making.
- Encouraging the use of technology-based resources, including the internet, text messaging and smartphone applications to further engage patients.

Previous research has found that each of these elements is an important and worthwhile goal in its own right. They also hold the key to bridging the divide between the healthcare experiences of low-income Latinos compared with other low-income patients.

EXAMINING LOW-INCOME LATINOS' HEALTHCARE EXPERIENCES

The gap in patient satisfaction and engagement is most apparent when comparing low-income Latinos with low-income non-Latino whites. For example, 62 percent of low-income whites rate their health care as excellent or very good. Among Latinos, that number declines sharply, to 44 percent, including 54 percent of English speakers and just 39 percent of non-English-speaking Latinos.

Low-income Latinos also are 15 percentage points less likely than low-income whites to feel very informed about their health. And many Latinos have weaker patient-provider relationships; among other measures, they are 19 points less likely to be very comfortable telling a provider about health information from other sources, 13 points less apt to be very comfortable asking questions and 13 points less likely to feel they have a say in care decisions. They're also less trusting of information from care providers.

Compared with low-income whites, Latinos in the low-income population are far less likely to have internet access (43 vs. 78 percent). But even among those who do have internet access, Latinos are less likely to use health and wellness websites or applications, or to search online for health information or support forums. Because use of these resources is linked to stronger patient-provider relationships and greater patient engagement, CHCs should not only provide technology-based options to Latino patients, but also encourage their use.

WHAT'S DRIVING THE GAP?

The differences in patient engagement and satisfaction, as noted, are closely tied to education and primary language. Indeed, within the low-income population, English-speaking Latinos with more formal education report nearly identical satisfaction and engagement as do non-Latino white patients (and non-Latinos in general). The challenge arises because low-income Latinos are more than three times as likely as low-income whites to have less than a high-school education, and nearly three times less likely to speak English as their main language.

There are solutions. CHCs can ease the impact of these factors by ensuring that the information and guidance they offer is broadly understandable. That means staffing to achieve fluency in Spanish (and other languages), focusing on the delivery of sometimes

complex medical information in ways that are clear and easy to grasp, as well as understanding the cultural norms that may inhibit patient involvement. Based on our research findings, five specific strategies are suggested:

1 Increase connectedness. Patients who feel a personal connection with their care facility – that someone there knows them well – are more likely to have positive, trusting relationships with their care providers and to rate their care positively.

Overall, low-income Latinos who don't mainly speak English are 19 points less apt than non-Latino whites to report having such a connection with someone at their place of care. Among English-speaking Latinos, however, the gap disappears. This disconnect among non-English-speaking Latino patients can be addressed by working to provide them with a regular point of contact who speaks Spanish, such as a navigator or team care member.

2 Enhance continuity of care. Continuity of care also strongly impacts patients' healthcare experiences. Patients who regularly see the same care provider report far better rapport, greater trust in medical staff and higher satisfaction with their care.

Low-income Latinos' continuity of care lags behind that of whites and other racial/ethnic groups. Again the gap stems predominately from low-income Latinos who don't speak English as their primary language. Just 43 percent in this group regularly see the same care provider, compared with six in 10 English-speaking Latinos and non-Latino whites alike.

Spanish-speaking Latinos currently might be assigned to any bilingual provider available, a procedure that would interfere with their forming the bonds necessary for a positive experience. As with connectedness, enhancing their continuity of care could be achieved through the use of assigned, Spanish-speaking healthcare navigators, ideally within the context of team-based care.

3 Help patients feel more informed. Feeling informed about one's health is another key element of positive healthcare experiences. Among low-income patients who feel very informed about their health, eight in 10 have an above-average relationship with their provider and 64 percent rate their health care positively – far more than among those who feel less informed.

Just 31 percent of low-income Latinos who don't mainly speak English feel very informed about their health, as do just a third of those who lack a high school diploma. That compares with 53 percent of English-speaking Latinos and a similar number of non-Latino whites. Again, outreach targeted specifically towards non-English-speaking Latinos, as well as those with less formal education, should help.

4 Provide a greater say in care decisions. Another driver of the gap in care experiences is the disconnect between how involved many low-income Latinos want to be in their care decisions, versus how involved they are. Among non-Latinos, 56 percent report a match between desired and actual involvement in their care. That shrinks to 44 percent among Latinos.

Giving low-income Latinos a greater role in the decision-making process follows some of the approaches mentioned above. Patients who communicate well with their provider (in the same language and at an appropriate level), feel connected to someone at their facility and feel informed about their health are all more likely to report that they have the amount of say they desire. Working on these factors has the potential to improve patient involvement and satisfaction.

CHCs also can address this issue directly by training staff on the importance of involving patients in their care decisions, again with a particular focus on non-English-speaking Latinos and those with less formal education. Such efforts could do much to reduce the existing gap in care experiences.

5 Encourage the use of communication technology. The last key factor is the use of technology-based health information and communication tools, such as computers and smartphones. As noted, low-income Latinos are far less likely to use such technology for health purposes, even when they have access to it.

However, use of these resources predicts stronger patient-provider relationships and greater engagement. Therefore, it is important for CHCs to not only provide technology-based options to their Latino patients, but also to make a concerted effort to promote their use.

One step is to focus on encouraging Latino patients who have internet access or smartphones to use them for health-related purposes – for example, recommending approved websites for health information, providing an online patient portal, and offering text or e-mail communication with CHC staff. A further approach may be to help identify ways in which Latinos who currently are offline can gain internet access, perhaps through community centers or public libraries.

In sum, there's a gap in the healthcare experiences of many low-income Latinos compared with their peers, notably in patient-provider rapport, trust in medical professionals and satisfaction with care. But CHCs and other healthcare facilities have options for closing the gap and clear strategies for better serving their diverse clientele and increasing patient satisfaction and trust.

Serving the Latino population is crucial to the success of California's healthcare safety net. Many CHCs already have established strong ties to their Latino communities, but more can be done. CHCs are well positioned to continue to lead the way toward closing the quality-of-care divide and improving the healthcare experience of low-income Latinos across the state.

This issue brief was prepared for Blue Shield of California Foundation by Langer Research Associates of New York, N.Y. The conclusions presented here are drawn from multiple regression analyses of a statewide survey on the healthcare experiences of low-income Californians conducted for the Foundation in 2013. For details on the Foundation's research see <http://www.blueshieldcafoundation.org>.