

Improving Health Access for Latinos in Rural Kentucky and Tennessee

In October 2001 the U.S. Department of Agriculture and its Fund for Rural America awarded a four-year, \$539,000 grant to the University of Kentucky's Department of Preventive Medicine in support of a pilot project aimed at improving access to health care among Hispanics in rural communities. The goals of this project, which included Montgomery and Shelby Counties in Kentucky and Bedford and Coffee Counties in Tennessee, were as follows:

- establish and main local coalitions to help identify and address health access issues among Latinos
- increase access to health care by removing language barriers for Spanish speakers
- improve the cultural competency of health care professionals and other service providers through opportunities for learning and cultural immersion
- empower coalition members to work collectively in seeking locally supported strategies and solutions
- create an Extension / Public Health partnership model that advances the land grant-missions of the University of Kentucky, the University of Tennessee, and Kentucky State University

Compared to other regions of the United States, the Southeast had the greatest percent increase in Hispanic residents from 1990 to 2000 (U.S. Census). Among all states, the increase in Tennessee ranked fourth, while Kentucky ranked seventh. Although the numerical increase in Hispanic workers remains small compared to other states, these immigrants constitute the rapidly changing face of rural Tennessee and Kentucky (Table 1). Hispanic immigrants often work on farms, in poultry processing, or in construction and service jobs. Few of these workers are proficient in English; likewise, few Extension professionals or health care providers speak fluent Spanish. Language barriers limit access to health services, yet such access is important for immigrants to stay healthy and be productive workers in America's rural economies.

Table 1. Change in Hispanic population in target counties, 1990-2000

County	Hispanic Population 1990	Hispanic Population 2000	Percent Change
Montgomery (KY)	56	259	362%
Shelby (KY)	90	1,505	1572%
Bedford (TN)	172	2,819	1539%
Coffee (TN)	261	1,056	305%

The Montgomery County Migrant Coalition was formed in 2001, and member organizations used several data collection methods to identify the unmet health care needs of Latinos and other low-income, uninsured, and underinsured persons in the region. With the aid of a Spanish interpreter the Montgomery County Health Department conducted two focus groups of Latino workers in 2003 and 2004. The health department joined fellow coalition members in compiling anecdotal evidence and case studies illustrating unmet health care needs. Additional data was collected from state and federal organizations including the Kentucky Department for Public Health, the University of Kentucky, USDA, and the U.S. Health Resources and Services Administration (HRSA).

Analysis of focus group findings and secondary data revealed that the target population lacks a general knowledge of health and wellness issues and does not place a great deal of importance on preventive health care. The coalition learned that work and family concerns frequently supersede the personal health care needs of many Latino immigrants. Limited transportation, inability to communicate in English, inability to navigate the local health care system, and inability to pay were identified as substantial barriers to care. Case studies and focus groups also identified specific health conditions among the target population, including dental problems (such as gingivitis, missing and/or broken teeth, or decayed teeth) and chronic diseases such as diabetes and hypertension.

Among various grant activities, the Southeast Center trained coalition members in asset mapping; i.e., identifying and categorizing potential resources including individuals, institutions, and informal organizations in the target counties. The Center also hosted annual meetings and workshops of the member coalitions: a two-day multistate meeting in 2002; a three-day meeting (October 1-3) in 2003, a joint meeting of the Kentucky coalitions on July 13, 2004; and a three-day meeting of the Tennessee and Kentucky coalitions from July 12-14, 2006.

Member organizations in the Sterling Health Care Access Network began informing community leaders about a new HRSA grant opportunity in 2003. (The Network is an integrated vertical health care network of six partners in Montgomery County, whose mission is to improve access to primary care and dental care for low-income, uninsured, and underinsured residents in a six county region in eastern Kentucky. Partners include the Montgomery County Health Department, Mary Chiles Hospital, Family Care Clinic, the Montgomery County Industrial Authority, A.M. "Dutch" Vollmer" III, DMD, and the Montgomery County Cooperative Extension Service.) By sharing this information and providing an opportunity for feedback, coalition members gained valuable insight into local needs as well as buy-in from the community. In 2004, the Southeast Center for Agricultural Health and Injury Prevention assisted the Montgomery County Health Department in revising and resubmitting its application for a Rural Health Care Services outreach grant from HRSA. The Department received notice of a \$375,000 award in May 2006. The Southeast Center also assisted the Kentucky coalitions in submitting \$5,000 grants to the Foundation for Healthy Kentuckians, to increase outreach to migrant farm workers and other Hispanic populations. Both of these mini grants were awarded by the Foundation.

The individual and joint efforts of the Tennessee and Kentucky Latino Health Access Coalitions have resulted in a variety of activities and products, including:

- Spanish language training and cultural immersion (in Morelia, Mexico) for service providers
- Technical assistance: coalition training, grant writing, health education, health program development and evaluation
- Hispanic Health Access Directory
- Cultural Reality and "Survival Spanish" Workshops

The four-week language and cultural immersion program in Morelia enables participants to communicate more effectively with Hispanic clients. To be eligible for the immersion program, which is administered by the Kentucky Institute for International Studies, the applicant's employer must agree to a 30-day educational leave (with pay). No prior Spanish language training is required. For four weeks participants live with a Mexican family, eat with family members, and attend classes Monday through Friday. With rare exceptions, Spanish is the only language spoken during the entire month. When individuals return to the U.S., they are reasonably fluent in Spanish. The intensive yet non-academic nature of the program is well-received by adult learners, and coalition members who participated in the program reported that the experience greatly improved both their Spanish-language skills and their cultural appreciation. These individuals included Extension agents, paramedics, public health nurses, and other health and human services providers.

The Cultural Reality Workshops developed by the Tennessee Latino Health Access coalition consist of a set of simulation exercises wherein health care providers who are not yet proficient in Spanish receive an identity and a health problem. These English-speaking "patients" must then visit a series of "offices" (workshop stations) to obtain health care and prescriptions from "personnel" who speak only Spanish. The simulation is designed to build empathy for the Spanish-speaking Hispanic immigrant who must navigate the American health care system.

In years 2 and 3 of the project, the Survival Spanish workshops (TN) focused on occupationally specific conversational Spanish. Approximately 60 health care providers, emergency medical technicians, and other professionals from Bedford and Coffee Counties participated in the Spanish language classes. During the 4th Annual Meeting of the Latino Health Access Coalitions (July 2006), representatives of Partners for Healing observed that, following the acquisition of Spanish-speaking staff

and volunteers, the percentage of Hispanic clients being served by this clinic for low-income and uninsured inhabitants of Coffee and Moore Counties, Tennessee, grew three-fold, from 5 to 15 percent. Members of the Latino health access coalition based in Shelby County, Kentucky, reported that some 200 people had been positively affected by its Fall and Spring Spanish classes: teachers, EMS personnel, farmers and their spouses. Depending on the materials needed by the student, the coalition charged between \$40 and \$80 for the course, which was less expensive than that offered by a nearby community college. The Shelby County Clerk and her entire office staff took the first-semester course (Fall), and several individuals continued in the Spring semester. They also had an in-house study group. Also, the local Sheriff's Department and the Department of Corrections paid for several of their employees to attend the Spanish classes.

The Montgomery County Health Department (KY) hired its first bilingual Family Outreach Worker in November 2001 and two nurses participated in the language and cultural immersion program in Morelia in September 2002. The health department conducted its first cultural competency staff training in May 2001 and coordinated the first Hispanic Health Fair in Montgomery County in May 2002, an event that attracted more than 100 Latino residents. A key element of Latino outreach in Montgomery County under the FFRA and HRSA grants has been the development of its Promotores Program, which utilizes specially trained, bilingual, culturally competent health educators to cultivate ties to the rural Hispanic community and to inform target population members about available services. Three promotoras had received training as of July 2006 and efforts have been initiated to recruit male workers. In addition to education and outreach, the health department developed a "voucher" program to provide basic primary care and primary dental services to uninsured Latino clients.

Summary:

The Kentucky and Tennessee Latino Health Access Coalitions were able to achieve marked progress in developing and implementing Spanish-language training opportunities for health care professionals and other human service providers in their communities. The coalitions also were successful in promoting cultural awareness, enhancing Extension-public health partnerships, and initiating systems change (e.g., ensuring the availability of Spanish-language materials and signage at health facilities). In many cases, the coalition approach was instrumental in attaining community "buy in" for project activities, and nearly three quarters of respondents (73%) to a small survey of coalition members reported that the coalition had improved their cultural competency. Nearly all respondents (93%) agreed that the coalition made valuable contributions to their community. See Gomez M. Improving access to health care: Evaluation of the Montgomery County Migrant Hispanic Coalition. Presented to the Annual Conference of the Kentucky Rural Health Association; Frankfort, Kentucky; 28 Jul 2006.

A limitation observed by at least one coalition leader was the lack of comprehensive care and continuity of care for Hispanic immigrants and other low-income, uninsured, or underinsured persons. Thus far, the 'health access' definition has been limited to health care services and has not included prevention and self-care. Moreover, since language proficiency and cultural competency are critical to health care access and other vital services, further study and promotion of cultural and linguistic competency as a "two-way street" may be warranted. It was suggested that future coalitions might consider efforts to build an advocacy network beyond Latino interpreters and to recruit more Hispanic men and women to coalition membership and advisory board roles.

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Additionally, an advisory committee for the project included stakeholders affiliated with the U.S. Department of Health and Human Services, the Kentucky and Tennessee Primary Care Associations, and the Tennessee Office of Rural Health and Hispanic Access.

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