

Hispanics in N.O. are hurting for health care

Language, transportation woes keep them from getting treated

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When Francisco Ramirez noticed an abnormal growth and skin irritation on his leg, he went to Tulane Medical Center's emergency room to get help. After some confusion, he says he left no better off.

Although the 45-year-old native Honduran spoke broken English, a communication gap proved big enough that medical workers told him they couldn't help, he recalls from the episode two years ago.

"I couldn't get help because I didn't speak English very well and they didn't speak Spanish," Ramirez said.

A few days after his visit to the downtown hospital, Ramirez came across a mobile health clinic across the street from the Lowe's building supply store on Elysian Fields Avenue. A nurse practitioner at the clinic, offered by Common Ground Health Clinic's Latino Health Outreach Project, told him he had a fungus on his leg and gave medicine to treat it.

The immigrant construction worker, supporting a wife and 3-month-old child, hasn't seen a doctor for a checkup since his visit to the mobile clinic, saying he expects another medical setting to bring more hassle.

Tulane Medical Center officials note that they serve many Hispanics and, with language interpretation available for years at the downtown ER, don't know how the service breakdown reported by Ramirez could have happened. But the immigrant's experiences sound quite familiar to advocates for Hispanics in New Orleans.

Ramirez is one of large numbers of Hispanics -- many of them drawn to the area by rebuilding jobs after Hurricane Katrina -- who say they face several hurdles in obtaining medical care.

--- Vulnerable population ---

Like other working-class or low-income people, immigrant Hispanics are troubled by limited public transit options and lack of money for out-of-pocket fees. But they face additional problems that arguably make them the metro area's most vulnerable population, medically speaking: language barriers, exceptionally low rates of medical insurance coverage, and their own anxiety in providing personal information to medical providers -- out of fear that it could lead to closer scrutiny of their legal status in America.

"We anticipate that they are going to have language issues, we anticipate that they are going to have transportation issues," said Antor Ndep, executive director of the Common Ground Health Clinic, a facility in Algiers that provides free primary and preventive care and has a clientele that is about 10 percent Hispanic.

Dr. Jaime Bustamante, medical director of an international services department at Ochsner Foundation Hospital, said emergency rooms are rife with Hispanic patients who, lacking any relationship with a doctor, appear with urgent and nonurgent needs. Some of them are undocumented, and they require a sophisticated response, he said.

"The use of ER for non-ER care has created a backup in the system," he said. "We don't turn anybody down . . . We do our best to treat their medical needs."

New Orleans has counted Spanish-speaking immigrants among its citizens since colonial days, with a Cuban presence reaching back generations and Central American and Mexican natives making inroads more recently -- especially since Hurricane Katrina in 2005. But there are no reliable estimates of how many local Hispanics might be lacking medical care.

As of 2007, about 9 percent of Jefferson Parish residents and 4 percent of Orleans Parish residents identified themselves as Hispanic or Latino, according to sample surveys by the U.S. Census Bureau. But experts say such surveys don't account for many undocumented Hispanic workers and their relatives.

--- Lost in translation ---

The most prevalent obstacle for Spanish speakers seeking medical care is the language barrier. This gap is frequently seen at the front desk of a hospital or on the phone when someone tries to book an appointment -- and is cut off immediately because the receptionist doesn't understand them.

Beyond the front desk, access to trained medical interpreters also is a major hurdle as patients try to explain their needs in Spanish. Although many facilities have bilingual staff members, experts say that's not the same as having an interpreter who specializes in conveying the patient's needs to the physician or nurse.

Among seven major hospitals in the metro area with emergency rooms, four offer medical interpreters on site, at least during regular office hours. The remaining three rely on an interpreter phone line. But miscommunication is a risk with such phone lines, and they prevent more nuanced exchanges between patients and doctors, some say.

"What we are finding in the city of New Orleans, specifically in hospitals, is that they are hard-pressed to find even someone who speaks Spanish who works in the office," said Daesy Berhorst, a volunteer with the Language Access Coalition. "So what we see a lot is someone who is not related at all to the health field, not a doctor or a nurse, who is now intervening and interpreting for someone about their health care." Some patients bring in their children to try to interpret, she said.

"That's probably not the best situation for the child to be in," Berhorst said. "There are certain cases where the mother has cancer, for instance."

--- Insurance scarce ---

In addition to the language barrier, a lack of medical insurance poses a challenge, for medical providers as well as patients. It is a national problem: According to an analysis of 2008 census data by the Kaiser Commission on Medicaid and the Urban Institute, Hispanics comprise 15 percent of the population but make up 32 percent of the total uninsured population in the United States. And health officials say such numbers ring true in New Orleans.

Also, many Hispanics in New Orleans work in transient construction jobs that typically do not offer medical insurance. Out-of-pocket fees usually charged by clinics, even on a sliding scale, prompt many to avoid preventive care visits.

Even when Hispanic patients find out about free or low-cost clinics that have bilingual staff members - - as in the case of Common Ground and Daughters of Charity clinics -- transportation is a hurdle. Many immigrants do not have a valid driver's license or a car and must rely on public transit services that remain drastically reduced from pre-Katrina levels.

Many undocumented Hispanics, meanwhile, view health workers as authority figures and fear that

their personal information could be reported to immigration officials -- perhaps leading to deportations. Health workers say the fear is unjustified; nevertheless, it is common for Hispanics new to the area to provide false identification or incorrect addresses to health care providers. And that gets in the way of communication about follow-up treatment.

"I think there is a real fear," said Deborah Even, a nurse and care manager at the Daughters of Charity Services in Metairie. "Until they find out from someone or at a health fair or through a church that Daughters of Charity and other clinics in the city exist and are not going to ask them for legal status, they are scared of going to the doctor."

--- Multiple barriers ---

More than one issue often is at play when a working-class Hispanic family runs into obstacles with medical care.

Guadalupe Garcia, a native of Honduras, immigrated to New Orleans in 2003. That same year, she experienced intense pain in her hips. She sought out help at LSU Interim Public Hospital's emergency room.

There, she said, she was unable to explain her symptoms in English to a doctor who couldn't speak Spanish. Her son, 8 years old at the time, tried to explain her discomfort to the doctor in broken English. But Garcia, 39, said she never found out why she was in pain because she couldn't understand the doctor's responses, even with her son's help.

Garcia later found trained language interpreters at Daughters of Charity in Metairie, which provides services on a sliding scale. Now her greatest obstacle is getting to the clinic, a 30-minute ride, because she doesn't drive. As a mother of two teenage sons and a 22-month-old child, Garcia works from home as a caterer for construction sites, while her husband works long hours as a mechanic.

She must plan her doctor visits long in advance, and sometimes they can take up the majority of her day.

"At times it's very inconvenient," she said. "I'm always calling and calling for someone to drive me."

Daughters of Charity has three clinics in the area, including the St. Cecilia Medical Center in the Bywater neighborhood of New Orleans, but Even said transportation remains a huge issue for her patients.

Common Ground Health Clinic has developed a partial solution to the transportation problem by providing a mobile clinic a few days each month at day-labor pickup sites, such as the Elysian Fields location. The clinic, when available, arrives with Spanish-speaking medical interpreters.

The mobile clinic reaches out to male laborers who, usually young and in robust condition, won't look for a doctor unless they are in dire need.

--- Hoping to stay healthy ---

Mario Cerrato, 33, a Honduran immigrant with expertise as a welder, came to New Orleans weeks ago after living in Chicago for nine years. He waited one day at the corner of South Claiborne Avenue and Martin Luther King Boulevard in Central City, hoping to be chosen for construction work. It is there that Common Ground's mobile clinic usually sets up on Thursdays.

Cerrato has a constant reminder of what might happen should he need medical help. A friend from

Honduras who lives with him recently broke his ankle while working construction. The friend, he said, won't go to the doctor because he doesn't speak English and doesn't know where to find a free clinic. The friend is laid up, trying to heal without medical help.

"He don't want to go there (to the doctor) because he will have to pay and the emergency room is such a hassle," Cerrato said.

As for Cerrato, who has no medical insurance and has yet to visit the mobile clinic, said if he gets sick or hurt, he doesn't know what he will do.

"How am I going to pay for it?" he said. "It's going to be difficult because at this time I don't have a job. I don't have transportation either, and the public transportation here is bad.

"It's going to be very difficult. So for now, I just hope I stay healthy."

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