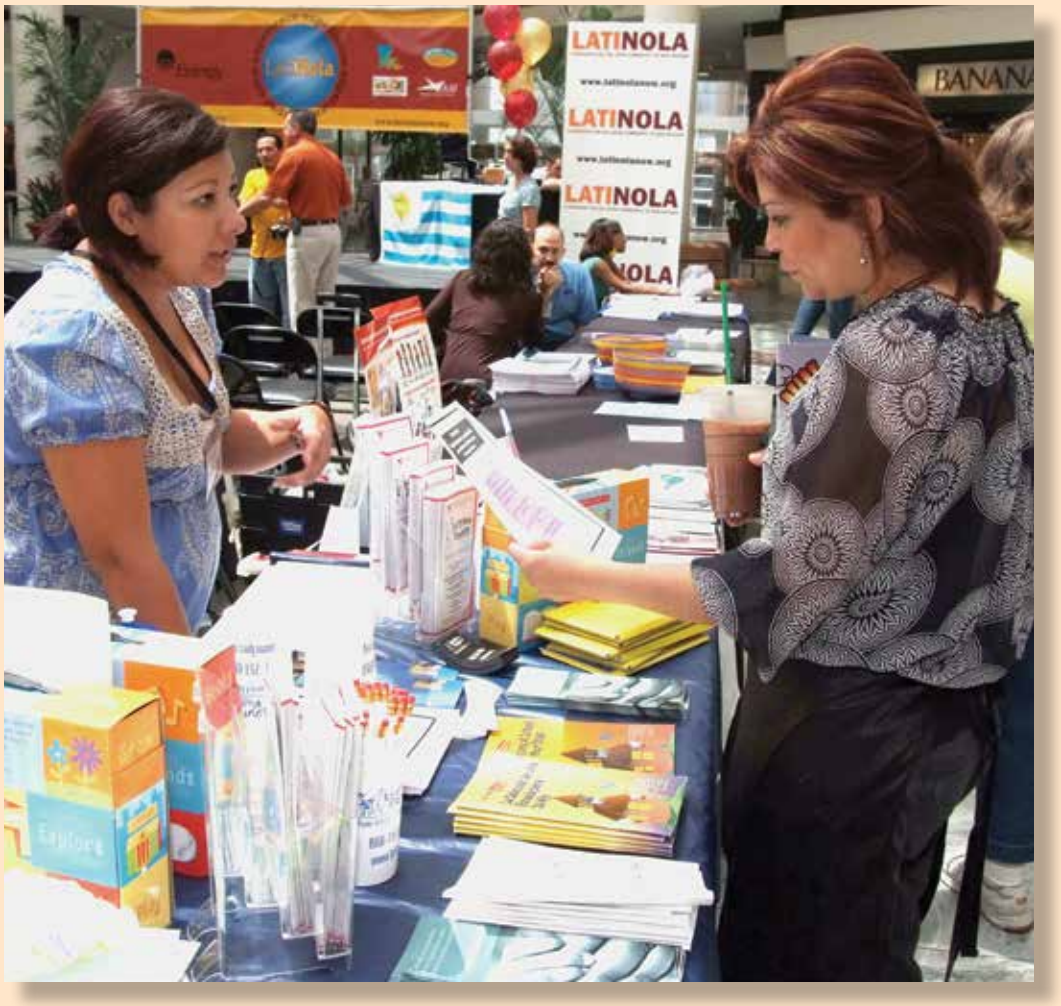
"I Don't Know Where To Go"

Latino Community Health Issues in New Orleans

A survey report by Puentes New Orleans, the Committee for a Better New Orleans and the New Orleans Health Department



Committee For A BETTER New Orleans

PUENTES NEW ORLEANS LATINOLA

new orleans health department

Chevron

Puentes New Orleans, Inc. a Latino run 501 (c) (3) nonprofit community organization in the Greater New Orleans area supporting Latinos in becoming a force for change.

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November 14, 2014

Dear New Orleans,

Puentes New Orleans is a nonprofit organization that works in partnership with the Latino community in developing a thriving multicultural community, enriched with Latino leadership, culture, and economic influence. At our core we work with our fellow community members to foster the prosperity of Latino families and all vulnerable communities. Puentes strives to make communities more immigrant-friendly by strengthening the values of diversity and tolerance in Louisiana. Like people everywhere, we are teachers, reconstruction workers, business owners, cleaning professionals, students, office executives, oil refinery workers, architects, barbers, musicians, and pastors, among many others. We are also your neighbors and we understand that strong and healthy communities are those in which everyone prospers rather than just a few. What we want is a community where everyone has equitable access to healthcare. Only together as one community will we prosper.

In our efforts to make government more transparent, Puentes became a founding member of the New Orleans Coalition for Open Government (NOCOG). This work spawned a valuable partnership and a very special project. The Latino Community of Interest Project (LCIP) emerged from our participation in the Committee for a Better New Orleans' (CBNO) Citizen Participation Project and would not have been possible without the unwavering support of this organization. A sincere attempt to gauge what inhibits Latinos in New Orleans from civic participation took root and organically transitioned to focus on community health. Why health? Because health is directly linked to quality of life, which, in turn, impacts resident's investment in their neighborhood and community.

Ultimately, the findings and recommendations you will find in this report and our unique collaboration with the New Orleans Health Department will have a positive impact on all vulnerable communities, not just Latinos. Research suggests that health is not only influenced by the environment in which we live but the quality of our social interactions with others. This introduction to the Latino community, the health disparities affecting their families and neighborhoods, as well as the opportunities our recommendations highlight will move New Orleans forward in building stronger, more connected communities, positively affecting the health and well-being of ALL.

Your fellow community member,

Carolina G. Hernandez
Executive Director

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Committee For A
BETTER
New Orleans

To our fellow New Orleanians:

Much of the focus of the Committee for a Better New Orleans is on connecting community and government in true partnership. We believe that this is the best, and perhaps the only, way to achieve truly open and effective government in our city.

In order for community to be effective partners with government, residents must have the opportunity and the capacity to provide informed input to city decision-makers. Our proposed Citizen Participation Program (CPP) is designed to do exactly this.

As we have worked to demonstrate the value of various aspects of the CPP, none of our pilot programs has been more important than the Latino Community of Interest pilot. Communities of Interest are a groundbreaking new method to engage more people in the community-government dialogue.

The Latino Community of Interest is so critical because on the one hand, Latinos are the fastest-growing population segment in New Orleans; and on the other, Latinos are among the least likely residents to be engaged in civic discourse. Working closely with Puentes New Orleans, CBNO has endeavored to understand the reasons behind this disconnect, and to address them to the highest degree possible.

The Latino Health Survey grew out of this project, as we surveyed Latino residents about their priority issues and concerns. Not surprisingly, most of the issues they identified were the same as every other New Orleanian: education, personal safety, economic opportunity, and health. The New Orleans Health Department expressed a great deal of interest in our initial data gathering, so CBNO and Puentes joined with NOHD to conduct this Survey.

This report identifies many barriers to good community health among our Latino residents; more important, it offers many solutions to overcome these barriers. Many of the solutions can be implemented fairly easily; many will also benefit other under-served New Orleans residents.

We hope and trust that this report will serve as a clear road map for improving health status and outcomes among Latino residents in our city. New Orleans as a city can only be truly healthy when everyone who lives here has access to health care and healthy lifestyles. So really, this report is for all of us.

Keith G.C. Twitchell
President

A message from the Health Director

It is my pleasure to present the Latino Health Survey report in partnership with the Committee for a Better New Orleans and Puentes New Orleans, Inc.

In 2010, Mayor Mitch Landrieu called for a transformation of the New Orleans Health Department from one that treats disease to one that prevents disease and promotes health. Over the past four years, we have moved away from a focus on direct services. Our nationally-accredited department now emphasizes assessment, assurance, and policy-making to improve health.

Reports such as this one provide data to assess health and assure progress toward improved health outcomes. These data show that while the City and its partners have recently made great strides in building towards a healthier New Orleans, we must continue to ensure that we are protecting, promoting and improving the health of *all* where we live, learn, work and play.

With the Latino Health Survey report findings and recommendations, the Health Department and partners citywide are better equipped to make data-informed decisions to improve health care access and overall health outcomes for Latinos in New Orleans.

We are honored to be a partner on this project and are committed to addressing the needs of this population, as we are for all people who live, learn, work and play in our great city.

Sincerely,

Charlotte M. Parent, RN, MHCM
Director of Health, City of New Orleans

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The Latino Community Health Survey project was led by Julissa Gonzales of Puentes and Breonne DeDecker of CBNO.

Puentes and CBNO would like to thank the New Orleans Health Department for its valuable collaboration at every stage of this project, and to thank Chevron Corporation for its many forms of support for the project.

Executive Summary

The following report details the findings of a 2013 / 2014 study regarding the Latino community's health and health care access in the city of New Orleans. The Committee for a Better New Orleans (CBNO), Puentes New Orleans Inc. (Puentes), and the New Orleans Health Department (NOHD) developed a Spanish-language survey targeting New Orleans Latinos. The survey was augmented by focus groups and a language access investigation into the phone systems of health care providers. The findings of the survey, focus groups, and language access investigation are presented in this document. The findings are followed by recommendations on how to improve not just health care access to the Latino community, but health indicators and conditions within the community, as well as how to foster a greater sense of connection and belonging between the City of New Orleans and its growing Latino population.

CBNO and Puentes collected 279 completed surveys. The demographic profile of the surveyed population is working age Latino adults, many of whom immigrated to New Orleans within the past eight to ten years and intend on making New Orleans their home. Nearly every survey respondent speaks Spanish as their first language, with 21% of respondents able to speak English and 13% being able to read English.

The survey found that many Latinos in this demographic profile are not accessing health care. This is linked to language barriers, inadequate provision of health-related information and lack of outreach to the Latino population by health care providers. An additional barrier cited by the community is the cost of insurance and health care. Many of those surveyed do not get regular check-ups due to concerns regarding cost, and many expressed that they are not even aware of where to go to receive care.

Common health issues in the surveyed population include high blood pressure and cholesterol, obesity, dental health and concerns about alcohol abuse within the community. An additional common concern was mental health and depression, which can be exacerbated by poor health, alcohol abuse, and perceived alienation from the wider community. Extrapolating from survey data, this alienation could stem from language barriers, perceived racial tension, and a lack of recreational opportunities designed with this community in mind.

Reducing disparities in health care access and health outcomes is a goal for the NOHD. Issues such as an inability to access care and an inability to afford care exacerbate the high rates of health problems in this community that, when not prevented or treated, can develop into life-threatening illnesses. CBNO and Puentes' recommendations on how to help reduce such disparities, especially in regards to the Latino community, include greater focus on translation and interpretation services, improved outreach and communication, improved access to healthy foods, improved access to recreational opportunities, and fostering connectivity between the Latino community, the wider resident community of New Orleans, and local government.

The problems facing the New Orleans Latino community and the wider New Orleans community are not temporary issues but systemic ones that need to be addressed to ensure better health and safety for all.

Introduction

The Latino Community of Interest Project

The Latino Community of Interest Project (LCIP), launched in 2011, is a partnership between CBNO and Puentes. CBNO created the project when it realized that, although neighborhood associations and civic engagement opportunities exist, the Latino population of New Orleans faces many barriers to participating in the development of their neighborhood. The LCIP focuses on simultaneously organizing Latinos and the larger community. Specifically, LCIP looks to improve neighborhoods and community resources and to better include Latinos in the decisions that affect their lives. Consequently, as the Latino community grows and Latino residents further establish their lives in New Orleans, their needs and the issues affecting their well-being grow as well. The LCIP arose from the need to understand the lack of Latino participation in New Orleans civic life, to define the priorities of New Orleans' Latino residents, and to advocate with Latinos at neighborhood, city and organizational levels. The LCIP works to create a community-driven agenda, and to organize, empower and improve the

quality of life for Latino residents in New Orleans.

The Latino population of New Orleans grew significantly following Hurricane Katrina. According to the US Census, the Latino population in Orleans Parish numbered 14,826 in the year 2000. The 2010 census estimated that the Latino population grew to 18,051. This number is most likely smaller than the actual population, however, since undocumented residents tend to be reluctant to answer census questionnaires.

A 2006 study estimated that there might be as many as 10,000 to 14,000 undocumented workers in New Orleans, with the majority being Latino immigrants[1]. However, the entire Latino population of New Orleans includes both recent immigrants and Latinos who have called New Orleans home for generations. These two population groups have very different needs, especially in regards to issues such as language access. With a sample size of 279 and a census number of 18,051 which likely does not capture the full breadth of the New Orleans immigrant Latino population, it is difficult to estimate how representative our sample is.

Project Goals

The LCIP's goals are to understand the Latino community's characteristics and pressing concerns, and to address the issues inhibiting Latino development and wellbeing in the New Orleans area. As a result of the first LCIP community survey in 2011, it became abundantly clear that health and health care issues are a top priority for Latinos in New Orleans. The following LCIP report and recommendations highlight changes necessary to create inclusive health resources that support a healthy future for Latino residents. Many of the recommendations we propose in the following report will also influence the LCIP's community-driven projects, campaigns, organizational advocacy efforts, and most importantly, inform the New Orleans Health Department's community health improvement plans.

Methods

The LCIP used a mixed methods approach to gather data on Latino health access in New Orleans, including Spanish-language surveys (self-administered and administered by staff), focus groups, and an investigation into language access administered by Puentes.

Surveys

The Latino Community of Interest health survey was developed by CBNO and Puentes, with the support of the Health Department in fall 2013, with formal data collection occurring from October of 2013 through January 2014. The goal of the survey was to determine how Latinos in New Orleans are accessing health care, what their primary concerns are regarding their health, and what barriers exist that might be preventing them from receiving the care that they need. Both the survey questions and the answers have been translated into English for this report. LCIP received 279 completed surveys during this collection period. The chart below indicates the number of surveys collected in different locations, and whether the surveys were filled out independently by a participant or administered by staff.

The survey was distributed at local churches that serve the Latino communities of Orleans Parish: El Milagro, Vida, and Mary Queen of Vietnam. Surveys were also distributed at English as a Second Language (ESL) classes convened by Catholic Charities and the Latino Farmers Cooperative. Surveys distributed to churches and at ESL classes were written in Spanish and self-administered.

LCIP also surveyed Latinos living in neighborhoods of New Orleans heavily populated by Latinos. Of the 279 total surveys collected, 104 resulted from canvassing efforts. These surveys were administered by Puentes in Spanish. The target area for canvassing was the Mid-City neighborhood of New Orleans, specifically between Tulane Avenue and Orleans Avenue, and between Broad Street and Carrollton Avenue. Canvassing was conducted door-to-door by foot, and canvassers spoke to people exiting local stores. We canvassed this area because this section of Mid-City is densely populated by low-income Latino and African American families. Common to the area is a lack of resident participation which, when combined with low income levels and a lack of access to resources, negatively impacts the neighborhood's infrastructure. Common sights include abandoned construction sites, litter, broken glass, inefficient public lighting, potholes, inadequate sidewalks, blighted property, overgrown lawns, and leaking water pipes.

Although this neighborhood represents only a small portion of New Orleans' total area, many surveys were completed in centers that attract Latinos from all across Orleans Parish. The neighborhood possesses two highly

[1] Eaton, L. "Study Sees Increase In Illegal Hispanic Workers in New Orleans". The New York Times. June 8th, 2006. http://www.nytimes.com/2006/06/08/us/nationalspecial/08workers.html

trafficked Latino grocery stores in Orleans Parish, Ideal and Norma's, suggesting that the Latinos surveyed are not exclusively Mid-City residents.

The survey respondents were nearly split between male and female. The majority of respondents were between the ages of 25 – 40, therefore primarily representing working-age adults. Nearly 100% of the survey respondents were immigrants. Over 50% of respondents emigrated from Honduras; the second largest country represented in the survey is Guatemala at 19%, followed by Nicaragua at 6%. 8.6% of respondents stated that they attended college. Only 13% reported being able to read English, indicating that literacy levels need to be considered when designing programs and outreach strategies. Moreover, only 21% reported that they are able to communicate fluently in English, meaning there is a significant language barrier that also needs to be considered when designing programs and outreach strategies.

Focus Groups

CBNO and Puentes supplemented the health survey by holding two focus groups, one for males and one for females. Focus group participants were recruited from survey participants from churches and canvassing. The intent of the focus groups was to add further context to the surveys by engaging individuals in further conversation, questions, and dialogue around their health care needs and challenges. There were 11 participants in the male focus group and 8 in the female focus group. Each focus group was audio recorded.

Table 1: Survey Distribution

Survey Distribution		
Location	**Self-Administered**	**Administered by Staff**
ESL Classes	105	0
Churches	70	0
Canvassing	0	104
Sub-total	175	104
Total		**279**

Language Access Investigation

LCIP also conducted a language access investigation where staff and volunteers at Puentes called 29 health clinics and hospitals in Orleans Parish and spoke in Spanish in order to see how easy or difficult it is for non-English speaking individuals to navigate the health care system via the telephone. Fourteen of the 29 locations we contacted were federally qualified health clinics from a total of 8 federally qualified health clinic networks. Other sites include non-profit and private clinics providing primary care, specialty care, and/or behavioral health care or support in New Orleans. Each clinic or hospital is part of 504HealthNet. LCIP received the list of health clinics and hospitals from the NOHD.

Results

Accessing Health Care

Many participants in the 2014 Latino Community Health Survey do not appear to be utilizing, or are under utilizing, the healthcare system in New Orleans. By and large, survey responses indicate that they are not regularly seeking or receiving care. Only 45% of respondents indicated that they went to the doctor for medical care in New Orleans in the past two years. An additional 21.5% reported having gone to the doctor within the past 3 to 5 years. Nearly a quarter of respondents, though, stated that they had never gone to a doctor for a check-up or care, either in New Orleans or elsewhere.

Those that received care in the past five years tended to be "very satisfied" or "somewhat satisfied" with the care they received, with 60.9% of these respondents falling into those categories. Only 11.4% respondents who received care indicated being "somewhat unsatisfied" or "very unsatisfied" with the care they received. When asked where they go to receive care, only 60.2% of the initial 66.5% who had received care in the past five years responded. The most common places to receive care are community clinics, with 38% of these respondents indicating that is where they access care. The next most common place is the emergency room, with 24% of respondents indicating they have sought care there.

While it is unclear whether or not these trips to the emergency room were due to medical emergencies stemming from accidents or chronic conditions that are worsened by lack of primary care or check-ups, national data indicates that poor and uninsured populations tend to visit emergency rooms to receive care for preventable chronic conditions.[2] Moreover, visiting the emergency room is seen as more cost-effective since it does not

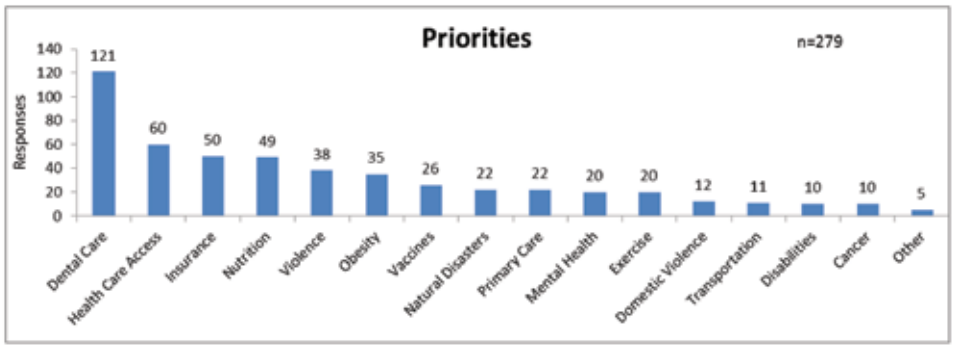
[2] *Choudhry, Lina, Mackenzie Douglass, Jaclyn Lewis, Courtney Howard Olson, Rachel Osterman, and Paras Shah. The Impact of Community Health Centers & Community-Affiliated Health Plans on Emergency Department Use. Rep. Washington, D.C.: National Association of Community Health Centers, 2007. Print.*

require co-pays up front and can be less time consuming for populations who do not have a primary care physician since they might need to go to several appointments and referrals to different doctors in order to receive treatment.[3] More information regarding why we think that Latinos in New Orleans utilize emergency care services can be found in the Barriers to Healthcare section on page 9.

Primary Health Concerns

The LCIP survey asked the participants to describe how they feel about their current state of health. 46.2% of respondents stated that they considered themselves to be in "excellent" or "very good health". 43% stated that they considered themselves to be in "adequate" health, and 7.2% stated that they considered their health to be "bad". Another 3.6% did not respond to the question.

In order to determine the primary health concerns of the community, as well as to determine possible health risks within the community, we asked participants to disclose any official medical diagnoses. The most common diagnosis was high cholesterol, with 9% of respondents stating they were diagnosed, followed by hypertension with a 6% diagnosis rate. An earlier question indicated that 23% of respondents had never been to a doctor, which implies that they could not have received a formal diagnosis of any condition. If these individuals are excluded from this question, the percentage of respondents who have received a formal diagnosis of high cholesterol rises to 12%, and the percentage of respondents who have received a formal diagnosis of hypertension rises to 8%. It is also worth noting that survey respondents are working age adults, and that these conditions often worsen with age.



When survey participants were asked about the top three health issues that are most important to them, responses broke down as follows:

The most pressing concerns are dental care, access to health care, insurance, and nutrition. It is important to note that obesity is also a high-level concern, especially since nutrition and obesity are linked. Nutrition and obesity are also linked to high cholesterol and hypertension, which were the two most commonly diagnosed medical issues that the survey identified.

Alcohol Abuse

The survey also gathered data on alcohol abuse within the Latino community. When asked whether or not they think alcohol is a problem in their community, 76% of respondents said yes. When asked whether or not they personally drink alcohol, 71% stated that they "never" use alcohol. This high level of abstinence from alcohol might be influenced by two factors. First, a high number of survey respondents attend evangelical churches, where drinking is religiously prohibited. Secondly, traditional Latino cultural pressure against women imbibing alcohol might lead them to deny participating in drinking alcohol.

A recent survey on alcohol abuse in the Latino community by the Council on Alcohol and Drug Abuse (CADA) serves to support the perceptions of participants that alcohol is a problem in the community. CADA used the CAGE questionnaire, a commonly used screening tool for alcohol abuse[4]. The name CAGE is an acronym that derives from the four questions of the survey:

1. **Have you ever felt you needed to Cut down on your drinking?**
2. **Have people Annoyed you by criticizing your drinking?**
3. **Have you ever felt Guilty about drinking?**
4. **Have you ever felt you needed a drink first thing in the morning (Eye-opener) to steady your nerves or to get rid of a hangover?**

According to CADA, a total of 59 males, ages 13-64 were asked to fill out the questionnaire voluntarily. 64 males ages 18-64 were surveyed on January 25, 2014 at the Latino Community

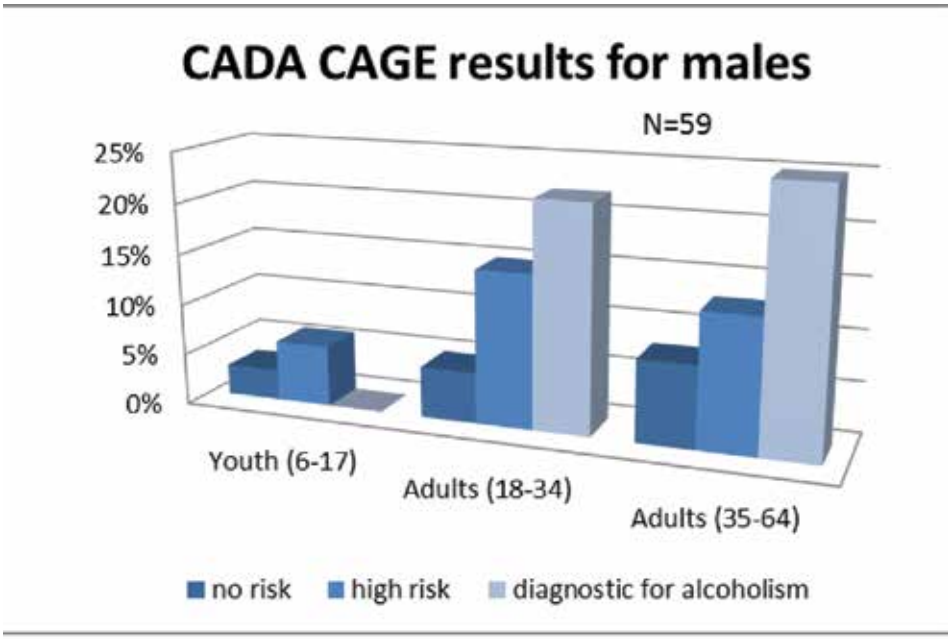
[3] *"New RWJF Clinical Scholar Research Helps Debunk Commonly-held Myths about Frequent Emergency Room Use." Weblog post. Robert Wood Johnson Foundation. N.p., 9 July 2013. Web.*

[4] *The CAGE questionnaire has been shown to be a simple, reliable and efficient screening tool for alcohol dependence in a clinical setting (Liskow, et al. 1995). As a screening tool, the CAGE is one of the best predictors of lifetime alcohol dependence (Soderstron, et al, 1997). It is well-suited for alcohol screening in older adults (Hinkin, et al, 2001).*

Health fair organized by Puentes New Orleans. The male sample was randomly selected at the Health Fair by a trained professional counselor, who gave the following directions to each participant: "To take the questionnaire, please check the square next to the selection which best reflects how each statement applies to you. The questions refer to your feelings and behavior over your whole life. Carefully read each statement and decide whether your answer is yes or no. Please give the best answer or the answer that is right most of the time. Your answers are absolutely confidential and you may choose not to participate at any point."

CADA intended to survey both male and females, but low participation rates among females lead us to question the reliability of the data. This low participation rate could be due to religious beliefs or cultural pressures to underreport alcohol intake. The data regarding Latino males and alcohol abuse is as follows:

Findings of the CADA questionnaire show 25% of Latino men aged 34 – 64 scored at either high risk of or diagnostic for alcoholism with only 8% showing low risk. High levels of alcohol consumption can negatively contribute to health issues, especially mental health problems. These results, in addition to the perception of alcohol being a problem seen through Latino Community of Interest health survey results, indicate that alcoholism may be a problem in specific sectors of the Latino community, particularly among working age male adults.



[5]

Barriers to Health Care

One question specifically asked respondents about the barriers they face when trying to access health care in New Orleans. The following chart shows the most frequently chosen barriers.

Since participants were allowed to circle all issues that applied, frequency of choice would indicate the largest barriers to care in the population. The most frequently chosen barrier to healthcare is cost, with 35% people indicating that the cost of care is why they are currently not receiving any medical treatment for current conditions or visiting a doctor for routine check-ups.

The issue of cost can partially be explained by the issue of health insurance coverage. A June 2013 report by the NOHD entitled "Health Disparities in New Orleans" indicated that 32.2% of African Americans and 16.6% of white New Orleanians over the age of 18 are currently without health insurance[6]. Our survey indicates that the rate of Latinos without health insurance, particularly among recent immigrants to the city, is nearly double the rate of uninsured African Americans. 174

[5] To fall into the category of No Risk, participants would have a score of 0 – 1, indicating the individual is in the normal range and at low risk of problem drinking. To fall into the category of High Risk, participants would have a total score of 2, indicating the individuals has a high risk of problem drinking, alcohol abuse or alcoholism. The definition of alcohol abuse is 1 or more of the following things:
1) Failure to fulfill major role obligations at work, school, or home due to recurrent drinking
2) Recurrent drinking in hazardous conditions (e.g., driving a car, operating machinery)
3) Recurrent legal problems due to alcohol
4) Current use despite recurrent interpersonal or social problems.
To fall into the category of Diagnostic, participants would have a total score of 3 or more, which is clinically significant. The definition of alcoholism indicates 3 or more of the following things:
1) Tolerance, withdrawal symptoms, or drinking to relieve withdrawal
2) Impaired control (i.e., difficulty in limiting alcohol consumption)
3) Drank more or longer that intended
4) Increased overall time spent drinking or recovering
5) Continued use despite recurrent psychological or physical problems

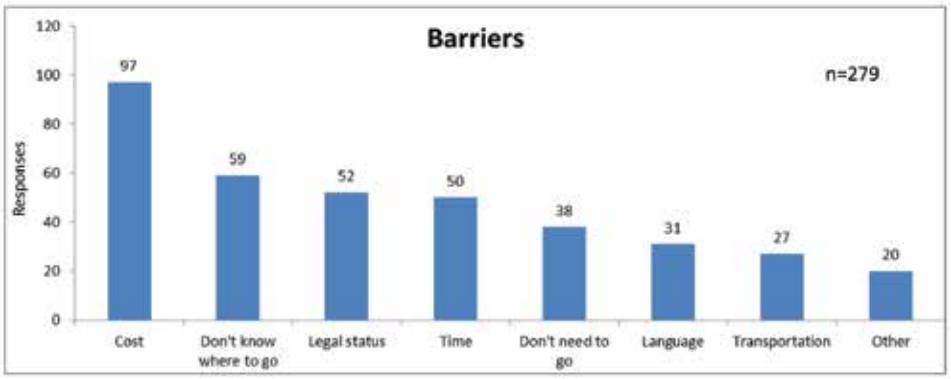
[6] Health Disparities in New Orleans. Rep. New Orleans: New Orleans Health Department, 2013. Print.

respondents, or 62%, reported that they were currently uninsured, with only 14% responding that they currently had any form of health insurance. 16.9% did not respond to the question, and 5.7% indicated that they did not know or have enough information about their insurance status to answer the question.

The second largest barrier to receiving care is not knowing where to go to receive health care. This lack of knowledge is most likely the result of a complex mix of factors, including language barriers, a lack of information printed in Spanish, external signage on clinics not being printed in Spanish, and a lack of clinics close to where Latinos live and work.

11.1% of respondents indicated that they felt language was a barrier to receiving health care in the city, though this figure should be viewed with the high number of respondents who have not received care or do not know where to go to receive care in mind: if many of the Latinos surveyed have not engaged with the healthcare system, the issue of language barriers might be larger than what is indicated by this percentage. Of those who received care in the past five years, 46.6% respondents stated that they had access to interpretation services, 23.6% stated that they were not able to receive interpretation services, and a further 19.4% stated that they were not sure if they had access to interpretation services when they received care. While many people did report having access to interpretation when they receive care, the large number of people reporting that they were not able to communicate with their provider indicates that there is much room for improvement.

Concerns regarding legal status is the third largest barrier to care, with 18.6% indicating that their legal status impacts their decision to seek medical care.



Focus Groups

The LCIP conducted two focus groups in February of 2014 in order to deepen the conversation around health concerns and health care access for the Latino community of New Orleans. Eleven men and eight women participated in the focus groups, which were conducted separately by gender.

Much of the information gathered at the focus groups reinforces the data trends found in the survey, from common health concerns to issues navigating the local health care system and not knowing where to go to receive care. Most of the participants in the focus groups stated that they felt like they were in "adequate" to "good" health. A few men reported recent injuries at work that required visits to the emergency room, a woman reported that she was recently diagnosed as diabetic, and another woman stated she suffered from high blood pressure and high cholesterol.

In general, the men were less likely than the women to have received a routine check-up within the past few years. None of the men had gone for a check-up within the past three years, whereas several of the women, particularly the four women who have given birth since relocating to New Orleans, seem to have accessed care with more regularity.

Both men and women stated that they felt they received inadequate care at local hospitals and clinics due to their race and language proficiency.

All participants agreed that health care was too expensive. None of the men currently had health insurance, though one was working on obtaining some. Only one of the women had health insurance. One woman stated that even though she is a "legal" resident, insurance is too expensive for her to purchase. All of the children of the male and female participants, however, are currently covered with health insurance.

Since LCIP conducted the focus groups after we conducted the initial health assessment survey, we included questions about lifestyle habits that were not originally included in the survey. These questions primarily focused on access to fresh foods and exercise regimens, since improving diet and activity levels are two ways to combat high blood pressure and cholesterol levels. Focus group responses suggest that a complex web of factors contribute to a lack of healthy lifestyles amongst some of the local Latino community.

For example, several men in the focus group remarked that they have not adjusted to living in New Orleans, are having a hard time making friends, and watch TV or stay inside and listen to music during their free time. Others stated that they play soccer by Bayou St. John or in City Park. One of the men mentioned that he was made to feel unwelcome at a park by African-American men who were utilizing

the facilities. Similarly, many of the women stated that they like to go walking and use City Park, but that people "look at them weirdly" and that they are afraid of getting assaulted.

The women all feel as though it is hard to buy fresh, healthy food in their neighborhood. While there are several grocery stores around Mid-City, transportation issues make it difficult for women to access these stores. They often shop at the Ideal market on Broad Street, but complain that it is too expensive.

Both the male and female focus groups agreed that substance abuse, and in particular alcohol consumption, is a large problem in the Latino community. Both agreed that there are not enough other recreational options for their community, and that people often drink because of that lack of other options. Participants stated that there is a lack of recreational activities and community centers, and that they sometimes feel uncomfortable and unsafe in their neighborhood. Moreover, the women in particular felt as though Tulane Avenue in Lower Mid-City is a dangerous place, with too many bars and drug transactions occurring. A woman also stated that alcohol consumption contributes to domestic violence, which she insinuated is a large problem in the community.

Language Access Investigation

LCIP's language access investigation also provides insight into how Latinos, especially Spanish speakers, are able to navigate the health care system to determine where they need to go to receive care. The majority of the clinics and hospitals offer some level of interpretation, especially for patients who physically come into the center. Access to information and interpretation via phone is quite different. Of the clinics contacted by phone, only eight had a bilingual person able to speak on the phone. Two additional locations had a Spanish speaker available by phone, but we were informed that there were no interpretation services available at either facility for potential patients to utilize when seeking treatment in person.

Limitations

There are some limitations to our methodology and research. First, the sample size is somewhat small, and it is also difficult to accurately calculate how representative it is of the entire New Orleans Latino population, as well as the undocumented Latino population, due to a few reasons. The 2010 Census estimated that there were 18,501 Hispanics in Orleans Parish. This represents an increase from the 2000 Census, when, per the Census, 14,826 Hispanics were living in Orleans Parish. There is no accurate count of how many of these residents are undocumented, nor an estimation of how many Latinos are left out of the 2010 Census due to fears of being recognized as undocumented.

Another limitation is the length of the survey collection period. LCIP collected surveys for a period of six months, and each survey was administered once. This means that the data reflects participants' knowledge of their health needs at one specific time, so the data is not longitudinal and does not indicate how needs might change or what health issues might develop.

Additionally, the survey sample was not random. We chose a specific geographic area to canvas, and chose specific churches and ESL classes to survey, which means that the results might not fully represent the healthcare needs or health problems of the entire Latino immigrant community. The survey did not ask participants where they lived, however, so it is possible that Latinos living outside of Orleans Parish were included in the survey.

A potential limitation with our language access investigation is the short duration of the investigation. The investigation occurred over a few weeks in February and March of 2014, and each clinic was called only a few times. It is possible that we reached the clinics during poor service times, or that, for whatever reason, our experiences were not standard. We do believe that our investigation is representative for what a community member might experience, however, and believe that language access via phone lines remains a critical issue that needs to be addressed.

Finally, the survey and focus group data was self-reported, and was not verified by outside sources. There is potential for both over- or under-reporting of illnesses, especially in regards to illnesses that have social stigma attached to them such as mental illness or alcoholism. The potential under- or over-exaggeration of either positive or negative experiences with the health care system is present as well.

Discussions and Implications

According to a 2008 report by the Pew Hispanic Center and the Robert Wood Johnson Foundation, accessing regular health care can be difficult for demographic groups that are present within our survey population, namely immigrants, individuals with low education levels, and individuals with no insurance coverage. The Pew Report, which surveyed 4,013 Hispanic adults across the United States, found the following:

Among Hispanic adults, the groups least likely to have a usual health care provider are men, the young, the less educated, and those with no health insurance... foreign-born and less-assimilated Latinos—those who mainly speak Spanish, who lack U.S. citizenship, or who have been in the United States for a short time—are less likely than other Latinos to report that they have a usual place to go for medical treatment or advice.[7]

The LCIP survey respondents face the challenges mentioned in the Pew Report regarding access to regular healthcare. By and large, their contact with local healthcare services indicates that they are not regularly seeking or receiving care. Additional information gathered at the focus groups indicate that people feel disconnected from not just health care services, but the community that surrounds them, and that this alienation is compounded by lack of programming and resources specifically geared towards the low- income and undocumented Latino population.

A 2012 report by Orleans Parish Place Matters entitled "Place Matters for Health in Orleans Parish: Ensuring Opportunities for Good Health for All", declares that, within New Orleans, "The overall pattern [of our data] suggests that socioeconomic conditions make it more difficult for people in these communities to live healthy lives"[8]. What the focus groups made clear was that many in the Latino community feel alienated from City services and health care institutions within New Orleans. Alleviating this alienation might be one of the largest, and most necessary, challenges to improving health indicators and access to care for the Latino community in our city.

As aforementioned, the vast majority of people who responded to our survey are immigrants. A common misconception about the Latino community of New Orleans is that it is composed of migrants who will leave the city after a brief stay for either personal or work-related reasons. Our data shows that a large percentage of Latino immigrants have lived in the city for quite some time. The graph entitled 'Years Living in New Orleans' depicts the length of time respondents have lived in New Orleans, with the majority of respondents reporting that they have lived in the city for at least six years. Moreover, a survey conducted by CBNO and Puentes in 2011 indicates that the Latino community of New Orleans is not transient, but instead composed of immigrants who intend to remain in New Orleans[9]. According to the survey report, it is true that many of our survey participants are recent arrivals to New Orleans; 45% said they had been in the city for six years or less. This is consistent with a survey done by the Greater New Orleans Community Data Center, which notes a spike in the Latino populations in New Orleans since Katrina.[10] However, it is also clear that the majority of these individuals have long term plans to remain in the city. 22% of survey participants stated that they only planned to be in New Orleans for 10 years or less, while 34% plan to stay and another 34% have no plans to leave. While, the majority of survey participants (84%) stated that their country of origin was "very important" to them, 87% said that they are also concerned about the future of Latinos in New Orleans. This is supported by the fact that when asked if they considered New Orleans their home, 79% of survey participants responded "Yes". 67% of survey participants responded that their reason for being in New Orleans was to work, 29% because of family and 22% because of church involvement.[11]

The idea that the Latino community of New Orleans is transient is sometimes used as a justification for not making efforts to reach out to these communities. But if these individuals and families are indeed long-term

[7] *Livingston, Gretchen, Susan Minushkin, and D'Vera Cohn. Hispanics and Health Care in the United States: Access, Information and Knowledge. Rep. Washington, D.C.: Pew Hispanic Center, 2008. Print.*

[8] *Place Matters for Health in Orleans Parish: Ensuring Opportunities for Good Health for All: A Report on Health Inequities in Orleans Parish, Louisiana. Rep. New Orleans: Joint Center for Political and Economic Studies, 2012. Print.*

[9] *Committee for a Better New Orleans and Puentes New Orleans, "Latino Community of Interest Report on the Latino Community Survey". October 2012. CBNO and Puentes hosted 11 community meetings, where we gave a presentation in Spanish on civic engagement and the concept of a formalized citizen participation process (CPP) in New Orleans. Following the presentation, we distributed a thirty-six question survey, in Spanish, to willing individuals. The survey focused on personal identity, reasons for participating, and attitudes towards city issues, city government and neighborhood associations. The survey was designed by staff at Puentes and CBNO with input from various individuals familiar with the target population and civic engagement practices; in particular, individual meetings were held with a variety of prominent Latino community leaders, which helped greatly to inform the entire survey process. CBNO and Puentes met with faculty from the Center for Latin American and Caribbean Studies at Loyola University during the design phase of the survey to discuss content and delivery methods. We also invited feedback from local church leaders and members of the New Orleans Coalition for Open Governance. In some cases, we did not give a presentation but went to locations where our target population would already be and asked them to fill out the survey. We received a total of 71 completed surveys.*

[10] *Plyer, Alison. "Homeownership, Household Makeup, and Latino and Vietnamese Population Growth in the New Orleans Metro." Weblog post. Http://www.datacenterresearch.org/. New Orleans Community Data Center, 4 June 2011. Web. <http://www.datacenterresearch.org/reports_analysis/homeownership-household-makeup-and- latino-and-vietnamese/>.*

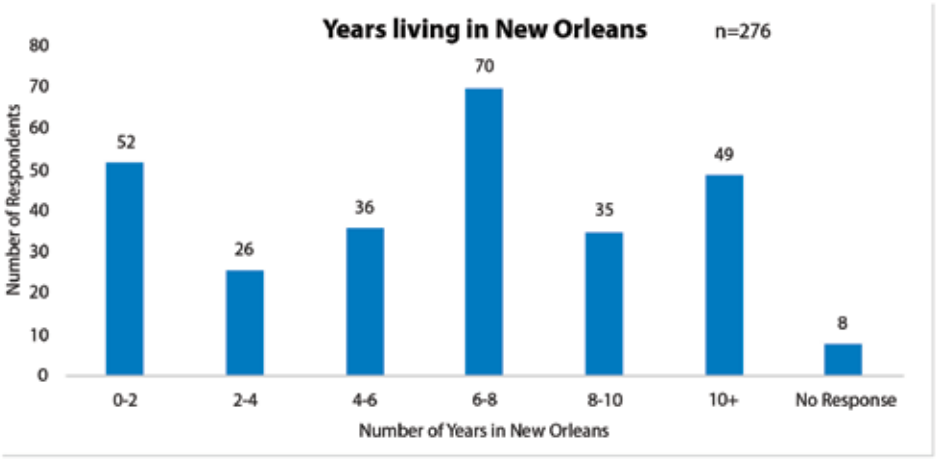
[11] *Latino Community of Interest Report on the Latino Community Survey. Rep. New Orleans: Committee for a Better New Orleans and Puentes New Orleans, 2011. Print.*

residents who are making New Orleans their home, it is imperative to connect them to the resources they need to improve their health outcomes and access to care. Our data suggests that there is a disconnect between this population and the health care system, resulting in lower levels of health care treatment and high levels of poor health outcomes within this community[12].

As aforementioned, 18.6% of survey respondents stated that they felt their legal status was a barrier to receiving health care. Information regarding accessing medical care needs to be specifically designed for this population to mitigate fears and concerns and ensure that people feel comfortable approaching healthcare providers in the city.

While only 11.1% of respondents indicated that they felt language was a barrier to receiving health care in the city, our investigation into language access indicates that Spanish speaking interpreters are not evenly spread across clinics in the city and that the system is confusing to participants.

21.1% of survey participants do not know where to go to receive care. Not knowing where to go may also be related to how information is communicated and where information is located. 22.6% of respondents indicated that they receive their information regarding healthcare from listening to the radio, watching television, and reading newspapers, indicating that these communication points are worth targeting in order to communicate with the Latino population. 19.4% indicated that they received information regarding healthcare from the NOHD. This potentially indicates that the Spanish language outreach materials prepared by the NOHD on where to access care are simply not reaching their target audiences.



Local Latino health issues mirror the national health issues facing the Latino community. According to the American Heart Association, cardiovascular disease is currently the leading cause of death within the Hispanic population, accounting for 27.4% of deaths for adult males and 29.6% of deaths for adult females. High blood pressure and high cholesterol, which are two contributing factors for cardiovascular disease, are prevalent conditions among the Hispanic population. A 2010 estimate of high cholesterol rates indicated that 14.5% of Hispanic adults had the condition, compared to 13.5% of non-Hispanic whites and 10.3% of non-Hispanic blacks[13].

New Orleans also faces high rates of diseases associated with high blood pressure and cholesterol levels, such as diabetes and cardiovascular disease. The state of Louisiana ranks 41st out of 50 states in diabetes rates, with 10.3% of the population diagnosed as diabetic. Louisiana is 47th out of 50 states in cardiovascular deaths.[14] This shows that the health problems facing the Latino community are not unique, but are shared with the other residents of Orleans Parish. As the city increasingly works to tackle these health issues, it is imperative that all programs are designed to be inclusive and mindful of the barriers facing Latino participation in healthcare treatment and preventative programming.

How these outreach materials are distributed, their content, and where they are distributed, should be re-evaluated to ensure that the Spanish-speaking Latino population receives the information that they need.

[12] Reasons why this gap exists was explored in the section Barriers to Healthcare on page 9.

[13] Carroll, Margaret D., M.S.P.H., Brian K. Kit, M.D., M.P.H., and David A. Larcher, M.D., M.Ed. Total and High- density Lipoprotein Cholesterol in Adults: National Health and Nutrition Examination Survey, 2009–2010. Rep. 92nd ed. Atlanta: Centers for Disease Control and Prevention, 2012. Print.

[14] New Orleans Community Health Improvement Report Community Health Profile & Community Health Improvement Plan. Rep. N.p.: New Orleans Health Department, 2013. Print.

Recommendations

The expansion of the Latino community all over the city is a post-Katrina reality in New Orleans. Through LCIP's work we estimate that a substantial majority of post-Katrina Latinos are undocumented, living in fear of deportation, and hence feel unfamiliar and unwelcomed when accessing resources in non-Latino surroundings. This is further hindered by their lack of ability to understand English, and their low levels of schooling, all of which may contribute to the communities' low-self-esteem. This negatively influences their willingness to approach resource providers and non-Latinos in general. The City and resource providers must improve their efforts to create and promote more inclusive resources for the Latino community of New Orleans, especially considering that this community is putting down roots in the city.

Improving not just health, but all resources is a high concern of the Latino residents encountered; even stronger is the need to create a more welcoming environment. The Latino community expressed that they frequently experience racism, and more particularly and commonly, that they experience black and brown tension. Latinos commonly expressed that they feel targeted by the African-American community, referring to problems with intolerance, dislike, and distrust between both groups. Part of this may be due to competition over limited resources in both communities, such as jobs, resulting in racial tensions. Addressing the needs of the Latino community can also be a mechanism to improve resources for other under served New Orleans communities.

As the survey and focus group data have so clearly indicated, the top three health issues among Latino residents in New Orleans are access to health services and resources, certain specific medical conditions, and substance abuse. The following recommendations, grouped into four main categories, are designed to address these issues, and to improve the health status and outcomes for this population.

1. Access to Health Care Services and Information

Greater access to health care services: create a 5 year plan that charts how to expand access to care for Latino residents. Expanding care can include establishing more clinics and other service-providing locations that are genuinely accessible to Latino residents (and their neighbors), as well as establishing programs to specifically address the health issues that Latino residents are at risk of developing, such as diabetes and obesity. Accessibility includes location in neighborhoods with high concentrations of Latino residents, as well as effective language access and other factors discussed in the following recommendations. Existent clinics can expand on or better promote programming targeting Latino residents, and develop sustainability strategies to ensure long-term service delivery and improvement of current programming. Sustainability strategies could include trainings in grant writing, maximizing insurance payments, or other revenue generating activities.

Outreach: more, and more focused, efforts to bring information to Latino residents. This includes a variety of methods, including the following methods:

- Use of Spanish-language media, both paid and free
- Use of TV and radio in order to reach residents with low literacy levels
- Use of non-traditional methods; examples would include church bulletins, flyers in businesses frequented by Latino residents, etc.
- Health-related presentations and programs targeted to Latino residents
- Dual language signage both outside and inside health care facilities; city fees for signage should be waived for clinics
- Bilingual community health workers and outreach staff
- Targeted canvassing efforts in neighborhoods with concentrated Latino populations

How current outreach materials are distributed, and where they are distributed, should be re-evaluated to ensure that the Spanish-speaking Latino population receives the information that they need.

211 / 311: 211 is a state-run phone number that provides callers with information about health and human services in their community. 211 currently provides callers with clinic addresses, hours, and services in several languages, including Spanish. Many residents, however, are not aware that 211 exists as a resource. 311, New Orleans' city service hotline, is fairly well known at this point. 311 should partner with 211 to provide health care information in Spanish, or train 311 operators to transfer calls regarding health care to 211. If 311 is unable to offer health care information, 211 needs to be highlighted in a bilingual public information campaign to increase community awareness of the resources available to them. Popularization of this phone resource could be an important, and cost-effective, way to improve language access for clinics and address the gaps found in the language access investigation.

Interpretation and Translation[15]**:** improved interpretation services, when combined with improved translated materials and improved distribution tactics, regarding where to go to access care, could combine powerfully to increase access to health care for Spanish-speaking Latinos in New Orleans. Much more information about medical conditions, health care information, health insurance, nutrition, and even health care policies needs to be available in Spanish (as well as other languages). This includes printed materials, broadcast media, billboards and bus signs, etc. There is also a lack of certified translators and interpreters in the area. In order to address this problem, the following steps should be taken:

- Work to provide more translating and interpreting certifications by offering additional trainings at an accessible price to bilingual residents
- Contract local bilingual nonprofit organizations to provide translation services
- Seek partnerships at universities that offer interpreter / translator certification and incorporate this into a service learning component for students

Language access: health care facilities must be able to accommodate Spanish speakers seeking their services. One way to achieve this is to increase the number of bilingual community health workers available. In addition, when health policies and related issues are being considered by various city government agencies, interpreter services must be available so that Latino residents can provide input into the deliberations.

Modification of existing programs: there are good health programs and services currently available that are not connecting with Latino residents who need them. Some of this disconnect is related to outreach, language access and literacy issues; in some cases, minor modifications to the programs themselves, incorporating sensitivity to Latino cultural and lifestyle factors (i.e., cuisine or recreational preferences), can help the programs to better serve Latino residents. Additional barriers, such as transportation, location and education levels, should also be addressed.

Cultural competency training: NOHD can help develop cultural competency trainings that specifically address the diversity of New Orleans. This type of training should be provided to health care workers and health care providers, inclusive of all staff who will interact with clientele. Trainings on customer service should also be available to staff in order to ensure pleasant interactions between the public and the patients. This will directly lead to more connectivity between Latino residents and health care services.

Dental Care: dental care was identified as a top health concern. Increased outreach and education in Spanish should be undertaken to publicize clinics where affordable dental care is offered. Programming should be developed that teaches dental hygiene to the community. Limited access to affordable dental care is a citywide concern and needs further examination well beyond the scope of the present survey.

Alcohol Abuse Treatment: partner with local organizations that are working on issues of alcohol abuse. Programming should be developed that specifically target the Latino population, from how to prevent alcohol abuse to how to identify problem drinking and treatment options. Alcohol abuse is also a concern of far greater scope than the present survey, and the issue requires considerably more in-depth examination.

2. Access to Recreational and Exercise Opportunities

Facilities: More communication is needed to inform Latino residents about where they can find nearby recreational facilities and what these facilities offer. Programming at these facilities should be culturally relevant and provided in an environment where Latinos feel safe and welcome. Existing facilities need to be better maintained. Lighting, and where necessary, staffing must be enhanced so that these facilities can be open for the maximum number of hours per day, the better to serve working-class residents. All the recommendations relating to health care access described in the previous section, specifically including outreach and language access, are also applicable here.

Programs: activities, coaching, competitions, leagues, etc. must be offered in a way that they can be accessed by Spanish-speaking residents. Recreation programs that are culturally relevant and appealing to Latino residents must be developed and offered. The LCIP strongly recommends a concerted effort to engage Latino residents in a dialogue

[15] When discussing translation and language access, it is important to note that there are many other populations in New Orleans with language access needs. While our work focuses on the needs of Spanish-speaking residents, these recommendations speak also to the needs of other communities who face language barriers when accessing public services, such as the large Vietnamese population and the growing Brazilian population.

to identify such programs; community-advised programs are much more likely to be successful.

Cultural issues: all recreation facilities in the city must be places where Latino residents feel welcome and safe. Achieving this may include everything from dual language signage to intentional development of programs that bring together Latino and non-Latino residents.

Safe neighborhoods: many New Orleans residents take for granted that they can get exercise by walking or jogging around their neighborhoods; many Latino residents do not feel safe doing this in their neighborhoods. City law enforcement agencies must put extra emphasis into creating a safe environment in those neighborhoods with the highest concentrations of Latino residents while being cognizant of the communities' reluctance to engage with police. More dialogue between law enforcement agencies and Latino residents is crucial for creating safer neighborhoods. Law enforcement agencies should improve outreach to and communication with Latino residents. Implementing a public satisfaction survey in Spanish in Latino dense neighborhoods could be a way to identify ways to improve public safety and the relationship between Latinos and law enforcement.

Community centers: facilities of this nature are much-needed in neighborhoods with large numbers of Latino residents. While they would serve all residents in these neighborhoods, such centers must be established with a clear intention of providing programs, services and general access to Latino residents. These centers would provide a wide variety of activities with appeal to Latinos, including sports, music, cooking, visual arts, and drama in a way that is accessible to non-English-speaking residents. Local and national best practices should be studied when establishing community centers to maximize positive impacts.

3. Access to Healthy Foods and Nutritional Information

Healthy foods: economically disadvantaged neighborhoods throughout New Orleans suffer from a lack of access to healthy foods. Existing city programs are helping to address this, and solving this problem also creates economic and entrepreneurial opportunities. Existing programs, such as the Fresh Food Retailer Initiative[16], should emphasize – and where necessary, be modified accordingly – providing healthy food access to Latino residents. This includes understanding traditional Latino cuisine choices and ensuring that high-quality ingredients for this cuisine are easily available in Latino-centric neighborhoods such as Mid-City.

Nutrition information and education: a major effort should be made to translate important information about nutrition into Spanish; this should be followed by a substantial and focused outreach effort to get the translated materials into the hands of Latino residents. Presentations on nutrition should be prepared in Spanish (again, with particular awareness of traditional Latino cuisine choices) and be delivered via churches, community organizations and other entities that engage Latino residents. Spanish-language media should also be used; in general, a nutrition campaign should be developed and implemented following recommendations described in the Outreach recommendations in Section 1 above.

Cooking classes: experiential learning is particularly impactful, and so methodologies such as Spanish- language, culturally relevant cooking classes should be employed and delivered via similar avenues as the nutrition and general health information. This would also be another example of the value of community centers serving Latino residents.

4. Interconnectivity Among Residents, Neighborhoods and Government

Advocacy: government, the private sector and nonprofit/community organizations must all be more intentional in supporting better health for Latino residents. LCIP and other organizations that presently serve this population must develop specific proposals, policies and programs, and advocate strongly for their implementation and use by all sectors.

Language access: particularly within government, but again across all sectors, far more translation of documents, dual-language signage and interpretation services are needed. City law currently mandates that sign-language services be available at public events; federal laws impose the same requirements for Spanish (and other) language

[16] The Fresh Food Retailer Initiative (FFRI) is a financing program created by the City of New Orleans to increase the number of supermarkets, grocery stores, and other fresh food markets in low-income, under served communities across Orleans Parish by offering forgivable and / or low interest loans to businesses committed to offering fresh food.

interpretation services, and immediate compliance with these regulations must occur[17].

Community relationship-building: tensions between Latino residents and other segments of the New Orleans community remain high. Community events that intentionally bring together and promote mutual understanding among population segments should be regular occurrences, in partnership among all sectors. Methods ranging from musical performances to personal storytelling, sharing food to engaging in recreational opportunities, and more, should be employed.

Grasstops convening: bringing together Latino community leaders with neighborhood leaders in areas with larger Latino populations can help bridge current divides, identify common interests, and even lead to shared advocacy opportunities for significant community benefits. Similarly, bringing together Latino and African-American leaders can achieve the same kinds of results. LCIP and partner organizations can play a substantial role in this work.

Increased civic engagement: related to both of the previous recommendations, increasing Latino residents' participation in everything from city government input opportunities to various community events will raise the visibility and strength of this population. This in turn will generate more responsiveness to Latino issues and needs in general, and health care needs in particular; and again, will tend to benefit all economically disadvantaged New Orleanians. A crucial step for proliferating Latino civic engagement, however, is to approach them intentionally from top to bottom. City agencies and systems in place should not wait for Latinos to engage but rather provide incentives to do so by holding Spanish language forums and informational seminars on the importance of engaging as Latino residents and how it would benefit the entire community.

More research: while the above recommendations, when implemented, will unquestionably help to connect Latino residents to the larger New Orleans community – with the attendant benefits relating to health and other vital Latino issues – more work needs to be done to fully understand the issues that keep Latinos separated from the general population and fuel intra-community tensions.

Conclusion

The problems identified in the 2013/2014 Latino Health Care Survey are certainly serious, but they are all capable of being addressed with tactical interventions and care. The Latino community, particularly the immigrant community, is under-served and under-resourced, and efforts must be made to close these gaps before problems grow into crises. Many of the issues identified in our survey are problems that will worsen without immediate interventions. The challenges presented in this document should be viewed as opportunities to grow the health and security of a vulnerable community and to strengthen the bonds between the Latino population and the City of New Orleans. Our recommendations stress the need for inclusion of the Latino community in the planning and development of health programming across the city. Increasing visibility of this community and improving their access to health care and preventative care will greatly improve not only their health outcomes, but foster a healthier city as well.

[17] Title VI of the 1964 Civil Right Act states that, "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participating in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance". Further court cases, most notably Lau v. Nichols, set legal precedence that failure to provide resources for non-English speaking individuals is a form of discrimination based on national origin. Entities such as public schools, local governments, or public hospitals that receive federal funds are subject to Title VI requirements.

From the Cooperative Endeavor Agreement between the City of New Orleans and Community for a Better New Orleans/MAC Foundation, signed December 2, 2013:

All data collected and all products of work prepared, created, or modified by the Contractor in the performance this Agreement, including, without limitation, any and all notes, tables, graphs, reports, files, computer programs, source code, documents, records, disks, original drawings, or other such material, regardless of form and whether finished or unfinished, (collectively, "Work Product") are the exclusive property of the City, and no reproduction of any portions of such Work Product may be made in any form without the express written consent of the City. The City shall have all right, title, and interest in all Work Product, including without limitation the right to secure and maintain the copyright, trademark, and/or patent of Work Product in the name of the City. This City may use or distribute all Work Product for any purpose without the consent of and for no additional consideration owing to the Contractor.