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Barriers to Accessing/Utilizing Preventative Healthcare for the U.S. Hispanic Population: Integrative Literature Review

Maya Gejman Rosenberg

Background
Utilization of healthcare in U.S. Hispanic populations is significantly lower compared to other population groups in the U.S. (Peiris & Lethbridge-Cejku, 2007). Many of the prevalent health conditions in the Hispanic population are ones that can be prevented or at least have better outcomes if detected and treated earlier (Vega et al., 2009). Despite the understanding that the Hispanic population is rapidly increasing and the growing concern of underutilization of healthcare services amongst Hispanics, there are limited studies that identify factors affecting healthcare access and utilization for this target population.

Purpose
This integrative literature review will explore barriers to accessing and utilizing preventative healthcare services in the Hispanic population. The purpose of this integrative literature review is to identify barriers to accessing and utilizing healthcare within the Hispanic population and its relationship with poorer preventable health outcomes.

Methods
Research Design
An integrative literature review was conducted to determine barriers to preventative healthcare for Hispanics. Integrative literature reviews are the most comprehensive research method and is not exclusive to specific study types and methodologies (Whittemore & Knaff, 2005). The target population for this integrative literature review is the Hispanic population living in the U.S. The variables of interest are the barriers to accessing or utilizing preventative healthcare services.

Search Methods
Relevant literature was found through and CINHAL and PubMed. The following keywords were used: Latino, Hispanic, barrier, determinant, access, utilization, use, health, treatment, screening, diagnosis, intervention, modifiable, timely, early, prevent, outcome, disparities, adverse, disease, illness, impact and consequence.

Data Analysis and Synthesis
The data analysis section of an integrative literature review entails that data is extracted from the chosen literature and is sequenced, grouped and summed up in a cohesive manner (Whittemore & Knaff, 2005). The purpose of the research synthesis section is to identify common themes on the topic at hand (Smith & Stullenbarger, 1991). Barriers identified in the literature were selected and designated into either financial, structural or cognitive barriers. Common themes and values between the studies were grouped together along with the type of preventative health service that was non-accessible or underutilized due to barriers.

Findings
Three major categories of barriers to preventative healthcare were identified: cognitive, structural and financial (Box 1). The health services that were identified as being inaccessible due to these barriers were: cervical cancer screenings; colorectal cancer screenings; screening mammograms; HIV testing; preventive screenings for diabetes, hypertension, and high cholesterol; and outpatient care for chronic conditions (Box 2).

Discussion
Cognitive, structural and financial health access barriers are linked to declines in medical examinations and workups, delayed medical attention and even failure to receive medical care. The literature confirms that these barriers deter Hispanics from accessing and utilizing preventative healthcare services ultimately ending in poorer health prognoses and discrepancies in health. T

Nursing Implications
This literature review has demonstrated a demand for programs that consider the influences of cognitive, structural and financial factors. The identification of barriers that Hispanics face when trying to access preventative healthcare will provide nurses with the necessary context to provide culturally competent care. Nurses will be aware of the barriers that members of this community face and be able to implement interventions to overcome them.

Conclusion
This integrative literature review identified cognitive, structural and financial barriers to accessing and utilizing preventative healthcare within the U.S. Hispanic population. Furthermore, these barriers were found to be linked to declines in medical examinations and workups, delayed medical attention and even failure to receive medical care ultimately ending in poorer health prognoses and discrepancies in health.

Box 1. Structural, Financial, And Cognitive Barriers To Health Care Access

Cognitive Barriers
- Misinformation
- Misconceptions about diseases and rationales for preventative health services.
- Knowledge deficit
- Fear of pain/positive diagnosis
- Lack of preventive healthcare system
- Unable to navigate healthcare system
- Language barriers
- Health literacy
- Acclimation

Structural Barriers
- Internal
  - Under-staffing
  - Time-constraints
  - Long wait period
- External
  - Lack of necessary documents needed to access the healthcare system
  - Constraints from jobs
  - Lack of employee benefits or ability to collect unemployment
  - Unsafe working conditions
  - Low availability of healthcare facilities and healthcare providers
  - Insufficient interpreter services
  - Distance from affordable or free healthcare options.
  - Public transportation limitations
  - Child care limitations

Financial Barriers
- Limited affordable or free healthcare options/resources to help patients pay
- Lack of insurance

Box 2. Associated Health Outcomes

Financial, structural and Cognitive barriers

Inaccessible Health Care Service

Knowledge deficit
- Cervical cancer screening, colorectal cancer screening, HIV testing and prevention services

Fear of pain/positive diagnosis
- Cervical cancer screening, CRC screening, HIV testing

Distrust of healthcare system
- Cervical cancer screening, HIV testing and prevention services

Language barriers
- Cervical cancer screening, HIV testing and prevention services

Low health literacy
- Screening mammograms, cholesterol/diabetes screening, outpatient services

Higher acculturation (language)
- Cervical cancer screening, CRC screening

Cultural influence (machismo)
- CRC screening

Under-Staffing/Short Appointments
- CRC screening, HIV testing and prevention services

Long waiting periods
- CRC screening, HIV testing and prevention services

Lacking the necessary documents to access the healthcare system
- HIV testing and prevention services

Disadvantages from employer
- Cervical cancer screening, outpatient services

Low frequency and accessibility of healthcare facilities and providers
- Cervical cancer screening

Public transportation limitations
- Cervical cancer screening

Child care limitations
- Cervical cancer screening

Affordability/high costs
- Cervical cancer screening, screenings for diabetes, hypertension and high cholesterol

Lack of insurance
- Cervical cancer screening, screenings for diabetes, hypertension and high cholesterol