

Looking at the Present and Towards the Future:
The Perinatal Outlook for Latina Women and Children
In the Midlands Region of South Carolina



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IMPETUS FOR THE STUDY

Perinatal Systems at Palmetto Health Richland Hospital

Founded in 1892 as Columbia Hospital, Palmetto Health Richland is now a regional community, teaching medical center that serves over 225,000 patients each year (Palmetto Health, n.d.). Women's Services of Palmetto Health Richland is the main hospital department that cares for women throughout all phases of life. The department offers a full range of childbirth services to patients, from labor and delivery to prenatal, childbirth and parenting classes. The Neonatal Intensive Care Unit, an integral division of Women's Services, offers the highest level of critical care for newborns in the Midlands area.

The Division of Perinatal Systems is a vital component of the Women's Services division at Palmetto Health Richland in partnership with the South Carolina Department of Health and Environmental Control (DHEC). The Division of Perinatal Systems focuses on perinatal regionalization, a comprehensive and systematic approach to ensuring risk-appropriate care for pregnant women and infants in their first year of life. Some of the activities of the perinatal regionalization program include obstetric and neonatal outreach education, neonatal and maternal transport systems development, data analysis and consultation on risk-appropriate care for women and babies.

The Need for an Assessment

The Perinatal Systems Regional Systems Developer (RSD) of the Midlands Region works closely with both Women's Services of Palmetto Health Richland and the Division of Perinatal Systems of DHEC. After making preliminary assessments and inventories of services available through these agencies, the RSD realized the apparent gaps in educational and

healthcare services for the growing Latino population¹ in the area. Palmetto Health Richland Hospital, as the Regional Perinatal Center, wanted to gain a more complete understanding of the current situation in order to provide better services. DHEC also supported the project idea.

In order to achieve this goal, the RSD requested a bilingual and bicultural, advanced-year Master's student from the School of Social Work at the University of South Carolina to engage in research and develop a comprehensive assessment of the alternatives available to the Latino population, and to make recommendations regarding the programs or services needed. The purpose of this report is to share and disseminate the project and its findings.

BACKGROUND AND SIGNIFICANCE OF THE STUDY

The Importance of Prenatal Care and Education

Two objectives of *Healthy People 2010*, developed by the U.S. Department of Health and Human Services (DHHS), are to increase the percentage of women receiving early and adequate prenatal care and to increase the proportion of pregnant women who attend a prepared childbirth class (United States Department of Health and Human Services, 2000). The secretary of the U.S. DHHS, Tommy Thompson, decreed that prenatal healthcare is “one of the most important investments we can make for the long-term good health of our nation” (March of Dimes, 2002).

Prenatal care involves risk assessment, treatment for medical conditions and education. Early and adequate prenatal care can reduce the threat of perinatal illness, disability and death by identifying and addressing risk factors. The educational component of care can address

¹ The term Latino is defined as a person of Latin American origin living in the United States. The term Hispanic is defined as a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race, and living in the United States. Because the term Latino is more inclusive, this term will be the one used throughout most of this document. When used in this document, the term Hispanic should be considered interchangeable with the term Latino.

behavioral factors such as smoking and alcohol use as well as the importance of prenatal vitamins, good nutrition, and taking folic acid during pregnancy, among other topics.

In addition to improving birth outcomes, prenatal care has been shown to be very cost effective. DHHS reports in *Trends in the Well-Being of American's Children and Youth* that increasing the number of women receiving early prenatal care can lower health care costs (Gold, 2003). Lu, Lin Prieto and Garite (2000) report that every dollar spent on prenatal health care has been shown to save \$3.00 on immediate after-care and \$4.00 on problems requiring long-term care. The March of Dimes (2003) relates that a baby born with birth defects, which often can be prevented with prenatal care, costs the government \$8 billion over his or her lifetime.

Prenatal care has a better chance of being successful if it is begun early in a woman's pregnancy. Between 1990 and 2000, the overall percentage of pregnant women in the U.S. receiving early prenatal care jumped from 76 to 83 percent (USDHHS, 2000). However, this number varies significantly across racial and ethnic lines, as well as income levels.

Besides prenatal health care and education, the Expert Panel on the Content of Prenatal Care recommends that all pregnant women attend childbirth classes taught by a certified childbirth educator, to better prepare them for the delivery and help decrease their anxiety (USDHHS, 2000). The classes should include information on the labor and birth process, relaxation techniques, the role of family and support people, and preferences for care. In addition, the classes are an opportunity for the mother and her partner to ask questions about prenatal care, her physician, the hospital, and other relevant issues.

The Increasing Latino Population in South Carolina

The Latino population is the largest minority group in the United States, comprising approximately 13.3 % of the population (Ramirez & de la Cruz, 2002). According to U.S.

Census data, from 1990-2000 South Carolina's Latino population grew from 35,000 to over 90,000 (Population Reference Bureau, 2004). Between 2000-2002, the Latino population increased again by 14.9% and 2003 Census data estimates the Latino population in South Carolina at 114,000 (U.S. Census Bureau, 2004). Currently, South Carolina's Latino population growth is outpacing only Georgia, Nevada and North Carolina (South Carolina State Office of Research and Statistics, 2003). According to Elaine Lacy, Director of the University of South Carolina's Consortium for Latino Immigration Studies, general agreement exists that the Census undercounts the Latino population for a variety of reasons, which leads some federal agencies to multiply Census data by three or four. Using this calculation, the Latino population in South Carolina is actually closer to 300,000-400,000 (personal communication, October 26, 2004).

Both "push" and "pull" factors contribute to this phenomenon (Lacy, 2004). The push factors propelling people out of Latin American countries include stagnant economies that are not producing jobs, political unrest, a "culture of migration," and changes in the global economy. Pull factors which encourage Latin American citizens to migrate to South Carolina include a demand for low-wage workers, particularly in the food, construction, poultry and meat packing, manufacturing and service industries, existing networks of Latino communities, and the relatively low cost of living in South Carolina. The majority of South Carolina's Latino immigrants arrive from Mexico.

Nationally, Latino workers earn less than non-Hispanic White workers, and Mexicans earn even less than other Latino subgroups (Ramirez & de la Cruz, 2002). In fact, Latino people are more likely than non-Latino Whites to live in poverty. Similar to national trends, the new immigrant community in South Carolina is made up mostly of young, working-class people from Mexico with low levels of education and who work working mainly in low-wage jobs (Lacy,

2004). Many Latinos in South Carolina are undocumented and speak little English. Most of these families live in low-income housing and lack health insurance.

Despite these statistics, Latinos in South Carolina have a positive effect on local economies. South Carolina has been listed as one of the top ten fastest growing consumer markets for Hispanics in the U.S. between 1990 and 2004, while their buying power increases annually (Woodward, 2005). According to research conducted by the University of South Carolina, the total economic impact of Latinos in this state is an estimated \$2.35 billion annually.

The Midlands

Reflecting recent statewide trends, the Latino population in the Midlands area is growing exponentially. Richland County is home to the third largest Latino population in the state and Newberry County was home to the third highest percentage change in its Latino population, up 942.9% between the years 1990-2000 (SCSORS, 2003). Palmetto Health Richland Memorial Hospital, the largest hospital in the Midlands area, has seen a major increase in Latino patients in the last few years. In 1998, the hospital logged 287 hours of Spanish interpreting compared to 7200 anticipated hours for the year 2004 (Brooks, 2004).

Access to Health Care and the Latino Population

Nationwide, Latinos receive less preventive care and have less access to health care and health education than any other group, yet they are more likely to be diagnosed with certain diseases such as diabetes, tuberculosis and cervical cancer (López-De Fede & Torres, 2001). One of the main health issues among the Latino population nationally is access to health care, especially health care that is culturally and linguistically appropriate. Factors that affect access include language and communication problems; lack of information and knowledge; eligibility and immigration issues; poverty; logistical problems such as transportation and availability of

services; and cultural values, attitudes and practices (Flores, Abreu, Olivar & Kastner, 1998; Gardenswartz & Rowe, 1998; Giachello, 1994; Lassiter, 1995; Purnell & Paulanka, 1998; Torres, 1996).

According to the Kaiser Commission (2004), immigrants on the whole, both with and without legal residency status, are much more likely to be uninsured than native citizens. In 2003, approximately 52% of new immigrants were uninsured, while 15% of U.S. citizens lacked health insurance. Although 80% of immigrant families have at least one member in the workforce, a high percentage of them hold low-paying jobs without benefits. Further complicating this situation are sharp declines in Medicaid coverage for legal residents.² Because of these and other reasons, immigrants are less likely to get routine health care, regular visits to a doctor for a health problem, or access to preventive care than are U.S. citizens.

Access to Health Care for Latinos in South Carolina

In South Carolina, awareness of the health issues of this new and growing immigrant community has increased in recent years. In 2001, an Ad-Hoc committee sanctioned by former South Carolina Governor Jim Hodges presented a comprehensive study to the South Carolina Commission for Minority Affairs on the critical issues regarding the new Latino community. In this study, researchers indicated the increasing demands and needs for specific health services for the Latino population (South Carolina Commission for Minority Affairs, 2003). Another research paper, the *Hispanic Health Needs Assessment*, was commissioned by the South Carolina DHEC Office of Minority Health in 2001 and conducted by the Institute for Families in Society

² The 1996 Personal Responsibility and Work Opportunity and Reconciliation Act (PRSWORA) allowed states to choose whether to provide Medicaid coverage to qualified immigrants who were legally present in the United States on or before August 22, 1996. All states but Wyoming opted to provide this coverage. However, most legal immigrants who have entered after this date are barred from receiving Medicaid and other federal means-tested public benefits for their first five years in the U.S. After this five-year bar, states can establish eligibility rules.

at the University of South Carolina. This study also called attention to the various barriers confronting the new community (López-De Fede & Torres, 2001).

The *Hispanic Health Needs Assessment* indicates that members of the Latino community denote language as the principal barrier to health care. Language barriers hinder communication with providers and comprehension of diagnoses and treatments (López-DeFede & Torres, 2001). Other barriers include long waits in clinics, transportation problems, discrimination, finding time to leave work and lack of insurance. In 2002, the South Carolina Hispanic Latino Health Coalition conducted focus groups with Latina women in South Carolina. Facilitators found that, similar to the results denoted above, the main barriers to accessing health care in the state include: anxiety around language barriers; confusion regarding payments and insurance; transportation obstacles; a perceived lack of respect or concern by health care workers; the cost of and lack of insurance; and the lack of access to information and support (Parra-Medina & Messias, 2002).

Upon realizing the needs of the Latino community, some health care agencies in South Carolina have adapted programs or created new services targeted especially for the low-income, Latino population. At the same time, many providers report increasing difficulties in meeting the needs of this population, because of the extensive scope of the need and the lack of economic and human resources to address it (López-De Fede & Torres, 2001). South Carolina has undergone budget cuts for a number of years and any health coverage that may have been available for low-income immigrant populations has either been depleted or is at risk (Kaiser, 2004). Many states such as South Carolina are unwilling to provide public benefits for new immigrants, based on the perception that they are here illegally. However, Latino immigrants who participated in the *Hispanic Health Needs Assessment* shared that since they contribute to

the economic well-being of South Carolina, they feel frustrated that they are not able to access government benefits as easily as other groups (López-De Fede & Torres, 2001).

Pregnancy-Related Care and Education among Latina Women

Birth rates and fertility rates among Latina women are higher than any other population subgroup (Hamilton, Martin & Sutton, 2004). Preliminary data from National Vital Statistics shows that in 2003 the fertility rate, which compares the number of births to the number of women in their childbearing age, was 66.1 overall, yet 96.9 for Latinas. This number has increased from the year before. In fact, 22% of all births in the United States in 2003 were Latino babies, although Latinos represent only 13% of the U.S. population.

Access to prenatal care by minority populations is increasing (Davis, Okuboye & Ferguson, 2000; USDHHS, 2004). However, research shows that Latina women are still more likely to start prenatal care late in their pregnancy or to receive no prenatal care than any other subgroup. According to March of Dimes data (2004), Latina women are twice as likely as white women to receive late or no prenatal care. In addition, the rates for preterm births and maternal deaths from pregnancy are higher among the Latino population than the native-born White population (National Center for Chronic Disease Prevention and Health Promotion, 2004).

In South Carolina, the birth rate for Latina women is proportionately higher than the national rate: 120.4 births per 1,000 women, compared to 58.4 to White women and 64.3 to Black women (March of Dimes, 2004). March of Dimes statistics also show that almost one-third of all Latina women (27.7%) in South Carolina received inadequate prenatal health care³, higher than any other subgroup. More than ten percent received late or no prenatal care.

According to the Kaiser Family Foundation (n.d.), whereas nationwide in 2002, 76.7% of Latina

³ According to the March of Dimes, inadequate care is defined as pregnancy-related care beginning in the fifth month or later, or less than 50% of the appropriate number of visits for the infant's gestational age.

women start prenatal care in the first trimester, in South Carolina that number is only 60.4%. In summary, more Latino babies are being born in South Carolina whose mothers have had less prenatal health care.

Although in some states prenatal care is available to the undocumented Latino population, some of these women do not seek it or delay their first visit. Many of the same barriers to accessing care mentioned above are cited as reasons for not getting adequate prenatal care, especially lack of information and lack of ability to pay (National Women's Health Information Center, 1998). Currently, under federal laws governing Medicaid, undocumented women are eligible for emergency Medicaid funds, which cover labor and delivery (Gold, 2003). However, this coverage does not include prenatal care or postpartum care.

The Hispanic Paradox

The Hispanic Paradox (sometimes referred to also as the Latina Paradox) refers to the observation over time that even though recently-arrived Latino immigrants are at a socioeconomic disadvantage compared to native-born citizens, their overall health and well-being, including the birth outcomes of their babies, are comparable to those of White women (McGlade, Saha & Dahlstrom, 2004). Some explanations researchers give to the apparent paradox regarding favorable birth outcomes include: underregistration of infant deaths for this population; differences in maternal behaviors; the effects of social networks, and the "healthy-migrant hypothesis" (Palloni & Morenoff, 2001). The first theory of underregistration of infant deaths may be valid, yet could not possibly explain the paradox by itself.

The theories pointing to differences in maternal behaviors, the existence of social networks and the "healthy migrant hypothesis" are the most widely accepted (Palloni & Morenoff, 2001). Women of Mexican origin, which account for a large percentage of recent

immigrants, tend to offset their impoverished conditions by healthier lifestyles. The protective factors associated with a healthier lifestyle include few incidences of smoking and drinking during pregnancy, cultural support for maternity, healthy diets and self-sacrificing commitment to the maternal role (McGlade, et al, 2004). Also, the fact that many recent immigrants belong to strong social networks which provide informal care seems to act as a buffer against the stressors of being socially and economically disadvantaged. Current mothers support soon-to-be mothers, even those outside their immediate family. The “healthy migrant hypothesis” refers to the superior health conditions of those immigrants willing and able to migrate to another country and establish residency there, even under deleterious conditions.

The need to increase access to prenatal care for Latina women may seem insignificant in light of this paradox. However, evidence proves the contrary. In a study of 1.1 million births to Mexican American women, infant mortality rates were 2.5 times higher among women who did not receive prenatal care compared with women who did receive care (McGlade et al, 2004). A study in the *American Journal of Obstetrics and Gynecology* showed that undocumented women in California without prenatal care were four times more likely to deliver low birth weight babies and seven times more likely to deliver prematurely than undocumented women with prenatal health care (Lu, Lin, Prieto & Garite, 2000). According to the Center for Budget and Policy Priorities (2000), due to the lack of access to Medicaid and most private insurance, the outcome gap between the Latino population and other racial and ethnic groups is widening, resulting in higher costs to the system.

The second rationale for increasing access involves the effects of acculturation on immigrants’ behaviors and outcomes. Once immigrants begin to acculturate and adopt the norms of the mainstream culture in the U.S., their protective advantage seems to decrease (Centers for

Disease Control and Prevention, 2002; McGlade et al, 2004 & Kieffer, 2003). According to data from the Hispanic Health and Nutrition Examination Survey (as cited in McGlade et al, 2004), increased acculturation among Mexican American women was associated with increased rates of low birth weight babies. Their rates of smoking and alcohol consumption tend to increase, as do rates of teenage pregnancy. In addition, some of the immigrants' traditional practices and social networks may be difficult to maintain in the new culture, or may lose their meaning in the new environment (Maldonado-Duran, Munguia-Wellman, Lubin & Lartigue, 2000).

Not only is the idea of offering prenatal care to undocumented immigrants economically sound and necessary in order to counteract the deleterious effects of acculturation, but it also provides many of these women their first opportunity to enter into the U.S. health care system, allowing them to be tested and treated for communicable diseases such as tuberculosis, Chlamydia and HIV. By identifying such diseases, both the mother's and the child's lives can be saved and communities can be better protected. Epidemiologists have determined that spending a dollar on preventive care for undocumented women saves over \$13 overall and preventing a case of fetal HIV saves approximately \$400 (National Conference of State Legislatures, 2004).

POTENTIAL STRATEGIES FOR IMPROVING ACCESS AND EDUCATION

A variety of different strategies exist for addressing the limited access to prenatal healthcare and education for the Latino population, with special emphasis on undocumented Latino immigrants. Each strategy has particular strengths and limitations.

The Immigrant Children's Health Improvement Act

Several groups of lawmakers have proposed allowing documented immigrant women, who under current Medicaid regulations are not eligible, to use Medicaid funds for prenatal

health care. The Immigrant Children's Health Improvement Act, presented to Congress but not yet passed, hopes to restore Medicaid coverage to legal immigrants who will give birth to U.S. citizens (Gold, 2003). This legislation does not include any benefits for undocumented immigrants.

State Children's Health Insurance Program (SCHIP)

Because the high birth rate among the Latino population, combined with issues affecting access to adequate prenatal health care, endangers an entire generation of Latinos in this country, an amendment to the regulations of the Department of Health and Human Services' State Children's Health Insurance Program (SCHIP) allows states to garner federal funds for prenatal care for undocumented or "not-qualified" immigrants who are not allowed to receive Medicaid funds (National Immigration Law Center, 2003). States are permitted to enroll fetuses in SCHIP, thereby bypassing the 1996 welfare regulations. Similar to Medicaid, the SCHIP program is a federal matching program, requiring states to provide a certain portion of the funds; however, the percentage states are required to supply in order to draw federal funds is actually lower than for Medicaid, making it more feasible.

Other options for coverage

Additional strategies to help increase access to prenatal care for undocumented immigrants include Medicaid-financed prenatal care (currently available only in New York); Maternal Child and Health Services block grants; community health centers; state and local health department appropriations; special state-funded prenatal care initiatives; and restricted MediCal (currently in place in California) (NCSL, 2004). However, increasing concerns on the part of some community members and policy makers regarding the perceived negative impact of illegal immigration on budgets, combined with the idea that granting public benefits encourages

undocumented migration, deter policymakers from providing publicly-funded benefits to these persons, even though their U.S. born children will be citizens.

Lay health workers and prenatal education

As mentioned above, many recent immigrants belong to strong social networks that provide them informal care and act as a buffer against the stressors of being socially and economically disadvantaged. By relying on these social networks and using them to reach pregnant women, lay health workers can be a crucial factor in ensuring positive outcomes for immigrants (Sheppard, Williams & Richardson, 2004). Integrating traditional prenatal care with lay health visits can help alleviate stress experienced by this population and help get them into the health care system. Community health workers can provide outreach to ensure that pregnant women access formal prenatal care.

Health workers can also train more long-term community members, already part of the social network, to help pregnant mothers maintain those beliefs and practices that initially protect them yet seem to get lost during the acculturation process (McGlade et al, 2004). Prenatal education programs can emphasize the importance of receiving prenatal health care, promote the healthy habits already being practiced by the immigrant population and provide additional knowledge regarding important topics such as the signs of premature labor and the importance of prenatal vitamins (March of Dimes, 1995).

DESIGN AND WORKPLAN

Research Questions

The research questions developed for the comprehensive needs assessment included:

- What is the problem?
- What facets does it involve?

- What appear to be its causes?
- How severe or widespread is the problem?
- How adequate are existing programs for addressing the problem?
- What would be the best programs or services to propose?
- What would be reasonable objectives for the programs or services?
- If offered, what potential clients should the programs or services target?
- How should the programs or services be marketed?
- What logistical obstacles to client participation exist? How could they be overcome?
- What might be the effects of not addressing the problem?

Plan of Action

To gain a comprehensive understanding of the undocumented Latino immigrant population and their prenatal health care needs in the United States, with emphasis on South Carolina, I reviewed reports and articles in scholarly journals and data reported by the March of Dimes, the Kaiser Commission, the U.S. Census Bureau and the Centers for Disease Control and Prevention. Once I collected and reviewed background information, I began the process of interviewing 32 key informants from a variety of settings in September, 2004.

The list of key informants includes health care professionals working in the perinatal and/or public health care fields, professionals and paraprofessionals working directly with the Latino population in South Carolina and researchers who have been or currently are involved with research regarding this population and their access to health care. (See the Appendix for a complete list of those individuals interviewed). The questions I asked key informants included, but were not limited to:

- What services do your agency or organization provide?
- What services or programs do you know of for Latina pregnant women and babies?
- Which services are being utilized, underutilized or not utilized?

- What are the major problems still facing this community with regards to perinatal healthcare?
- What are some of the ways to address these problems?

In addition to interviewing key informants, I gathered information in several additional ways: by attending a focus group of Latina women hosted by the Obstetrics Clinic of Palmetto Health Richland; attending the annual health conference of the South Carolina Hispanic Latino Health Coalition; and taking an informational tour given by an administrator of Eau Claire Cooperative Health Care. Once all the information was gathered, I analyzed it to determine areas of agreement and disagreement. The list of recommendations following the assessment is based on all the information gathered.

The Scope of the Assessment

I limited the scope of this assessment to the Midlands area, including the counties surrounding the city of Columbia: Richland, Lexington, Fairfield and Newberry counties. To further enrich the assessment, I investigated programs in other counties and areas of the state including Clarendon, Orangeburg, Greenville, Oconee and Pickens counties; nonetheless, since I did not complete comprehensive studies in these areas, the assessment cannot pretend to adequately present all programs and services available in those areas. At the same time, because many of the people interviewed are leaders of programs and services encompassing the entire state of South Carolina, interested persons can use the assessment to get a general idea of the array of programs available and the recommendations for improving services to the Latino population throughout the state.

FINDINGS

Following analysis of the data and interviews a number of themes emerged, which I discuss in this section. I list existing resources first, followed by identified gaps in the system and

barriers to comprehensive perinatal health. Comparatively more resources exist for those members of the Latino community who are legal residents and/or United States citizens, some of which are similar to those available to the native-born population.

The focus of this document, however, is that population of mostly undocumented immigrants who have recently moved to South Carolina and whose main language is Spanish because the obstacles to prenatal health care for this group are both numerous and unique. Concluding this section are recommendations for better serving this group of immigrants based on information gathered throughout the process.

Existing Resources

Resources within the Latino population

- Members of the Latino community are very supportive of one another. An informal network of support, both for family and non-family members, exists for some of the population. Much information is spread by word of mouth.
- A dominant feature of Latino culture is strong concern for their children's welfare and health. Families tend to comply with pediatric appointments and medical treatments for their children.

Palmetto Health

- Palmetto Health has worked to accommodate the new and growing Hispanic population by employing full-time interpreting services. In addition, the out-patient pediatric clinic at Palmetto Health Richland has predetermined half-days when interpreters are routinely present and can assist the Latino patients.

- The Obstetric Clinic of Palmetto Health Richland Hospital offers prenatal classes in English with competency-proven Spanish-speaking interpreters available to interpret.

The Department of Health and Environmental Control (DHEC)

- The Department of Health and Environmental Control (DHEC) offers various services to this population including, but not limited to: WIC (Women, Infants and Children), a supplemental food program to improve the nutrition and overall health of low-income women and children; Baby Net, which provides services to children with developmental delays or diagnosed disabilities; family planning services; immunizations; newborn home visits; and family support services.
- Most Latina women who know of the services at DHEC learn of their existence by word of mouth.
- Some DHEC offices have Spanish-speaking personnel, and others use the HABLA (Hispanic Assistance and Bilingual Access Project) phone line for interpretation and translation of documents.
- The CARE Line, which provides callers with health care assistance and referrals, has bilingual staff.
- When Latina women access these services at DHEC, they receive some prenatal education and, depending on availability, information about local resources.
- DHEC will accept patients who do not have Medicaid insurance, even though often they cannot bill Medicaid to be reimbursed for these services.
- There are materials at DHEC in Spanish for Spanish-speaking clients. Some of the community clinics also offer these materials.

Community health clinics

- A number of community-based clinics exist whose goal is to break the health disparity by offering basic medical care to underserved populations. The clinics that serve undocumented, Spanish-speaking, pregnant women include, but are not limited to: the Eau Claire Cooperative (Waverly Women's Health Center at Palmetto Health Baptist Hospital, Ridgeway Family Practice and Brookland-Cayce Medical Practice) and the Obstetrics Clinic of Palmetto Health Richland Hospital at 1801 Sunset Boulevard. In addition to the community clinics, some private clinics have income-based or low-cost programs to better serve this population.
- Some of the community clinics offer incentive programs to encourage women to follow through with their prenatal visits, such as infant care supplies and clothes for those women who complete a certain percentage of their visits.
- At the Hispanic Free Clinic, located at the First Hispanic Baptist Church on Old Percival Road, Latino individuals can receive medical consultations free of charge on Tuesdays from 6-8pm. However, routine prenatal care is not available through this clinic or other free clinics.
- The South Carolina Primary Healthcare Association has a Migrant Health Fund that helps reimburse obstetricians who live in an area where there is a significant population of migrant and/or seasonal farm workers and who attend to this population.

Community advocates

- The Commission for Minority Affairs recently established a Hispanic Advisory Committee that will make recommendations to the Commission on a variety of issues, including health care for Latina women.

- The OB Task Force, which collaborates with DHEC’s Perinatal Systems Division, is an advocate of undocumented pregnant women and has been investigating alternatives to provide prenatal care to them.
- The South Carolina Hispanic/Latino Health Coalition works to address identified needs related to the health issues of the Latino population of South Carolina and to advocate for equal access to health care for the Hispanic/Latino community. The Coalition fosters collaborative efforts and partnerships, promotes “best practices”, and acts as a liaison between the Hispanic community and public and private agencies.
- Both formal and informal community advocates in different locations are able and willing to provide information on resources and services when they encounter a Hispanic individual.
- Many local churches are involved in outreach activities and efforts to the Latino community in the Midlands.
- Hispanic Connections, Inc. has produced a Hispanic Business Directory listing the phone numbers of some health and social services available to members of the population.
- Alma Puente Ruiz, Baby Net Supervisor of DHEC’s Palmetto Health District, is working on a resource directory to include detailed and descriptive information about accessing social services, including health care.

Other community resources

- Emergency Medicaid funds are available to cover labor and delivery expenses for undocumented immigrants.
- Other community programs such as Healthy Families (a division of Prevent Child Abuse, SC) and Healthy Start of the Midlands provide prenatal education and case work, and

have done some outreach within the Latino population. At this point in time however, a very small percentage of their caseloads are of Latino origin. Funding these services to undocumented women presents a difficult challenge.

- There are various alternatives for U.S.-born infants whose families speak Spanish and who have Medicaid. Some of the pediatric clinics in the Midlands have interpreters on staff; others provide interpreters on certain weekdays.

Gaps and Barriers

Limited access to prenatal health care

- In the past, SCDHEC offered prenatal health care services (the 204 Program) for high-risk patients. Many undocumented Latina women were able to access prenatal care through this program. However, the funds for this program were depleted and not replenished.
- Although the community clinics (the Eau Claire Cooperative clinics and the Obstetrics Clinic of Palmetto Health Richland Hospital) offer reduced-cost and often income-based services, many within the Latino population view the charges as being too high. In some clinics, the patient must pay over \$200 for her first visit. In other clinics, the upfront amount is negotiable, but the bills are sent to the patient and continue to accrue.
- In many rural areas of the state no community clinics exist, nor are there doctors willing to see this population at a reduced cost. In some areas, points of contact for the Spanish-speaking people are few to none.

- Dental services are important because periodontal disease can lead to preterm labor. Yet, few low-cost dental clinics exist that offer services beyond cleanings and extractions for uninsured pregnant women in this area.

Lack of and confusing information

- Very little organized and comprehensive information exists on different resources available for undocumented, pregnant women and the different practices regarding medical bills, payments and billing systems. Most of the information is received through word-of-mouth; therefore, many women are not aware of all their options and what will be expected of them.
- Since many undocumented Latina women do not have insurance and lack information about available services in the community, they often do not get into the health care system and proceed directly to the emergency department when they experience a complication during pregnancy, or for labor and delivery. Some women get no prenatal health care whatsoever. Others are seen at some point by a doctor, but their care is often interrupted and sporadic.
- The process of applying for Emergency Medicaid is confusing and changes from place to place. There is confusion about when a person can apply and what is required of the applicant.
- Many undocumented immigrants may be reluctant to apply for Medicaid coverage to which they may be entitled out of a concern that doing so may expose their immigration status or that of family members, despite attempts at both the federal and state levels to make clear that these fears are unfounded.

- Although information in Spanish exists at DHEC and some other places, many undocumented immigrants are not able to read in Spanish.
- Incomplete information exists on the exact numbers of the Latino population in South Carolina. This lack of information affects statistics and therefore services that could be created for them.

Limited opportunities for prenatal education

- Although comprehensive prenatal classes are offered at the Obstetric Clinic, the instructor is neither bilingual nor bicultural, and therefore cannot tailor the classes to the unique needs of the Latina population.
- Some Latinas have expressed interest in a prenatal education course but have not been able to attend due to transportation and child care issues.

Cultural and language issues

- There exist limited opportunities to increase cross-cultural understanding for prenatal care providers and clients. The Latino individual needs to understand the U.S. system and cultural expectations, and providers need to understand Latino culture and how Latina women view childbirth, motherhood and health care.
- Sometimes personal interpreters take advantage of Latina women in areas where interpreters are not provided, by charging them inflated fees for transportation and interpretation services.

Health care for young children who are undocumented

When young children or babies are not citizens and need further services, few to no resources are available to help them and their families.

Advocacy issues

According to some key informants, there is little political impetus for providing services for the Latino population, especially undocumented immigrants. However, many people agree that it is important to begin advocating for services now, rather than wait until an epidemic occurs or until the Latino community represents a significant voting block.

RECOMMENDATIONS

Immediate Recommendations

- Offer prenatal and parental education classes to Latina women, taught by a trained instructor who is bilingual and bicultural trained instructor. Classes should be marketed to the community through community clinics, obstetric clinics, and at places frequented by members of the Latino community. Other ideas for promoting the classes include:
 - making them a requirement for WIC services;
 - promoting them as a form of support group;
 - including other topics of interest such as immigration and other community resources;
 - offering incentives for attendance; and
 - work with local church outreach ministries.

Intermediaries should stress how prenatal health affects the overall health of the child, not just the mother. The classes may need to be easily accessible to the Latino communities and/or transportation and childcare provided.

- Create a new or expand an existing program to include or establish a perinatal outreach program (one example is the Perinatal Program at La Clinica del Cariño Family Health Center in Hood River, Oregon). The perinatal outreach program would include

comprehensive prenatal case management, support, education and outreach for pregnant women, with emphasis on culturally competent care for the Hispanic/Latina population and other uninsured and/or high-risk groups.

- Create or organize a community resource department or center through which bilingual, bicultural advocates could educate and support the Latino community regarding services available, the different types and options of care, patient rights, billing and other requirements, Emergency Medicaid, educational offerings, etc. The community resource center must be easily accessible and widely publicized. Outreach workers could be used; if so, they will need to establish points of contact in all areas where Latino families are concentrated. This recommendation could be implemented in conjunction with the previous one.
- Review state policies, forms and requirements for Emergency Medicaid and determine how the procedure for applying for it could be simplified and standardized. Provide detailed information and assistance to the Latino community through community outreach workers, community-based organizations, health clinics, DHEC and other places.
- Continue to examine the possibility of offering a low-cost insurance option for prenatal services, such as those available to pregnant women in California, or the possibility of lobbying for SCHIP funds to be available to undocumented, pregnant women in this state. The OB Task Force, community health centers, DHEC and the Medical Associations can unite to lobby the legislature to support funding prenatal care for undocumented women.

- Increase efforts to provide cultural competency trainings for all health professionals as well as for the Latino population. If possible, form a cultural competency task force or employ a Cultural Initiatives Coordinator to provide expertise and leadership in this area.

Long-term Recommendations

- Investigate the possibility of establishing a free prenatal clinic for undocumented women without access to Medicaid, similar to one already in place in Oconee County where prenatal care is offered on Friday evenings by Rural Practice residents.
- Expand prenatal care assessment statewide and investigate available options in other areas, especially those areas with high concentrations of Latino people such as, but not limited to: Saluda, Beaufort, Jasper, Horry, Greenville and Charleston counties. Compare prenatal healthcare data and outcomes with neighboring states such as North Carolina and Georgia.
- Continue to examine and monitor the impact of adequate and/or inadequate prenatal care for Latina mothers on the health of their babies.
- Investigate options available for low-cost dental care and specialized care for young non-citizen children.

CONCLUSION

This paper has demonstrated that there is a pressing need to enhance healthcare services to the undocumented Latino population in South Carolina, especially for women during the perinatal period. The Latino population is continuing to increase, the Latino birth rate is higher than any other group and the barriers to healthcare access are numerous. While South Carolina is

welcoming the economic contributions of this group of immigrants, she has been slower to respond to their health care needs.

Janie Davis, Director of the South Carolina Minority Affairs Commission, spoke to participants of the South Carolina Hispanic/Latino Health Coalition health conference on October 14, 2004. She suggested that when considering what issues to address, a community must consider what it wants the community to look like down the road, twenty year or fifty years from the present time. “We must think about the impact of what we are doing and how we are doing it on the future of our community”.

This assessment has demonstrated the need and pinpointed ways to reach out to the Latino population and to increase the options for undocumented pregnant immigrants, most of who will be giving birth to United States citizens. Although it is easier to turn a blind eye and pretend that the issues are nonexistent, if we care about the future of our community we must begin to address immediate problems and look towards long-term solutions.

Appendix: Interviews Conducted

<u>Agency/ Organization</u>	<u>Person Interviewed</u>
Women's Services, Palmetto Health Richland Hospital	Carol Siegfried, Director
Perinatal Systems, Palmetto Health Richland	Amy Neinhuis, Regional Systems Developer
OB Clinic, Palmetto Health Richland	Cynthia Wilson, Nurse Manager
Pediatric Clinic, Palmetto Health Richland	Amy Richburg, Nurse Manager
DHEC State office	Elin Holgren, Director Perinatal Systems
DHEC Palmetto Health District	Karol Rembert, Social Work Supervisor
DHEC Palmetto Health District	JoAnn Carter, Nursing Supervisor
DHEC Palmetto Health District, Preventive Health Services	Barbara Charles, Nurse Manager
Baby Net, DHEC Palmetto Health District	Alma Puente, Supervisor
School of Social Work, USC	Dr. Julie Miller-Cribbs
School of Social Work, USC	Dr. Wendy Sellers-Campbell
Center for Latino Immigration Studies, USC	Dr. Elaine Lacy, Director
SC Hispanic/Latino Health Coalition & Health Literacy Program	Dr. Deanne Messias
Hispanic/Latino Health Coalition	Dr. Myriam Torres, President
Healthy Families, Program of Prevent Child Abuse SC	Carl Maas, Quality Assurance Manager
First Hispanic Baptist Church Free Hispanic Clinic	Lidia Navarette
Healthy Start, Columbia	Lucy Ridgeway, Program Manager
Eau Claire Cooperative Healthare	Latrell Bronson
SC Commission on Minority Affairs	Lee McElveen, Hispanic Liaison
SC Primary Health Care Association	Carlo Victoriano, Migrant Health Coordinator
Lexington County DHEC	Fred Tate, Medicaid Eligibility Worker
Newberry County DHEC	Gloria Lemus, Community Liaison
Greenville County DHEC	Ana Yanes, bilingual worker
Greenville OB clinic	Dr. Gailey
Greenville OB clinic	Vicky Sheridan, translator
Greenville Memorial Hospital	Yorlene Salazar, Prenatal Educator
Joseph F. Sullivan Center, Clemson University	Will Mayo, Outreach Coordinator
Santee Cooper OB/GYN	Dr. Moore
Orangeburg Family Health Center	Dr. Rivera

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