

Access To Health Care at Community-Based Clinics for Disease Prevention And Treatment: Addressing The Latino Community As An Emerging Majority.

Access to health care involves how feasible it is for individuals to attend clinics in order to address and meet healthcare needs: Transportation, language and cultural comprehension, ability to follow-up and to integrate into a health care system. These are important considerations for individuals with limited resources.

Encompassing 12.5% of the U.S. population, 35.3 million Hispanics reside in the U.S. It is well-established that different disease entities are more prevalent in specific populations and are associated with different ethnicities. As an emerging majority, the Latino population faces diverse challenges. Dallas is an urban center with a longstanding, well-established Latino community plus an immigrant population largely from Latin America. Hispanics account for 35% of the population in Dallas. This group has a high prevalence of chronic diseases, including: Hypertension, Diabetes, Hyperlipidemia, and Obesity. When health care is inaccessible to any large part of a community, the disease burden is shared; thereby the of the community's overall health, its economy and stability are compromised.

Our research at a non-profit community clinic and at an acute-care free clinic, through patient interviews, led us to define how individuals access various health care systems and to derive how this affects their health status. Chart review studies showed that continuity of care and education regarding acute and chronic illnesses improves health outcomes. Prevention is key to reducing risks of disease and disease progression. Defining obstacles to access and identifying how this affects long-term health status, allows us to address the health of the Latino community.

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