

A Behavioral Health Evaluation of Hispanic Youth in Rural Communities

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Introduction

- Hispanics are the largest ethnic minority group in the United States.⁵
- About ⅓ of Hispanic youth are under the age of 18; making the group the youngest ethnic majority in America.⁶
- Between 2000 and 2006 the Hispanic populations in rural communities increased by 22%.
- Since 1990, the Hispanic population in small towns and rural areas has *more than doubled*.
- Highest reported behavioral health issues include:
substance use, risky sexual behaviors, and violence. ^{1,4,7}



Substance Use

- Hispanic youth are more likely to use all classes of drugs compared to white and black Americans
- Reported increase in marijuana and nonmedical prescription drug use

Risky Sexual Behavior

- An estimated 60% of Hispanic youth engage in unprotected sex^{7,10}
- 15.7% of Hispanic immigrant youth reported having 8 or more sexual partners.^{7,10}

Violence

- Second leading cause of death ages 15-24: Firearms
- Approximately 50% of Hispanic gang members are younger than 18.¹



Barriers to Care

- Barriers are presented in the intrapersonal, interpersonal, and environmental context.^{13,14} This

includes:^{3,20,21,11}

- Cultural differences or attitudes toward care
- Immigration status
- Financial insecurities
- Insurance coverage limitations
- Inadequate transportation
- Healthcare service deficits



Purpose of Study

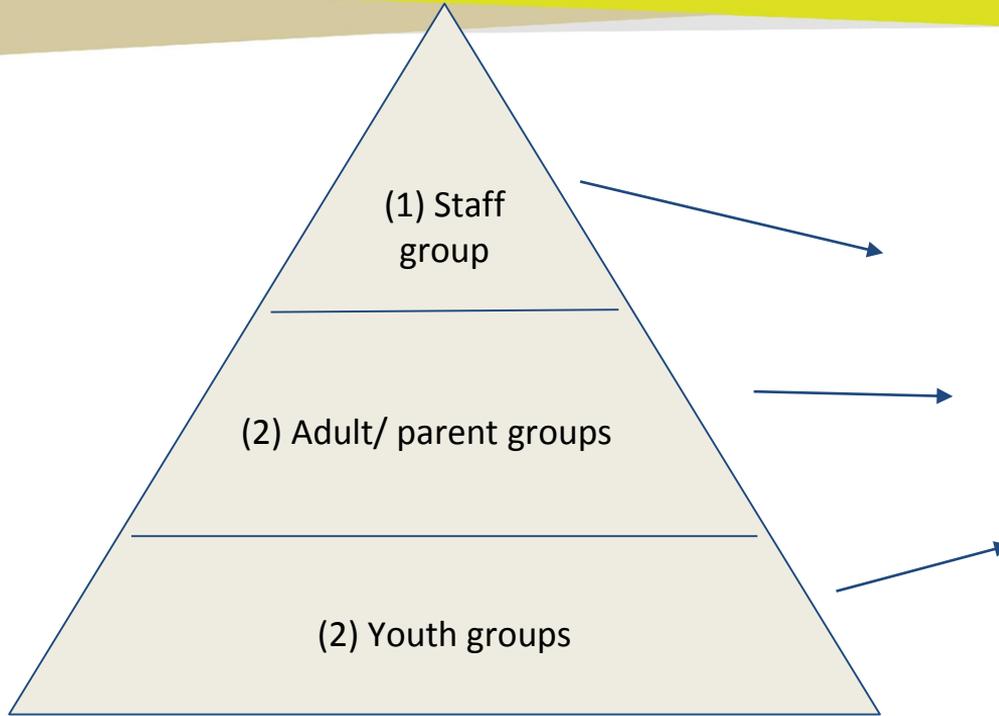
- Investigate behavioral health concerns
- Identify barriers to accessing behavioral health services
- Understand challenges in service implementation
- Establish innovative service delivery solutions
- Translate research findings to policy and practice



- Farmworkers Self-Help Inc.
- Leadership support: Margarita Romo, Diane Hankins
- Establish community relationship and trust
- Autonomy in organizing groups
- Optional participation



Methods



Total Sample: 48
95% Hispanic
5% Other
72% Female
28% Male

Bottom-Up Needs Assessment

Focus Groups

Group 1: Youth

Group 2: Youth

Group 3: Adults

Group 4: Adults

Group 5: FWSH Staff

Focus Group Questions

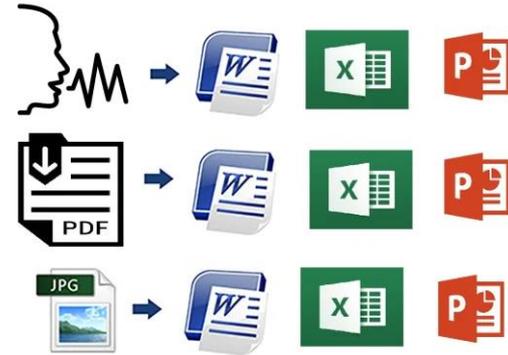
Question 1: What are the observed behavioral health issues in the youth of the community?

Question 2: What factors influence the behaviors?

Question 3: What current services are being offered and what are the barriers to care?

Question 4: What services are needed and what is needed to facilitate accessing services?

1. Audio record sessions
2. Transcribe data
3. Create qualitative data
code book
4. Interobserver agreement
5. Code data
6. Compare findings



Methods: Analyzing Results Cont.

| Broad codes | Short Descriptions | Detailed Description | Subcodes |
|--------------------------------|---|------------------------|----------|
| Behavioral Health Issues (BHI) | Observations in youth | | |
| | | Risky Sexual Behaviors | (RSB) |
| | | Violence | (VI) |
| | | Substance use | (SU) |
| | | Theft / vandalism | (T/V) |
| Influential Factors (IF) | Hypothesized motivating factors (e.g., I think they do ___ because ___) | | (HMF) |
| | Factoral motivating factors (e.g., I feel) | | (FMF) |
| Current Services (CS) | Medical | | (M) |
| | Behavioral | | (B) |
| Barriers/ Improve Care (BIC) | Financial | | (F) |
| | Environmental/ geographic | | (E/G) |
| | Communication | | (C) |
| | Language/ Culture | | (L/C) |
| | Education | | (Ed) |
| | Immigration Status | | (IS) |
| | Transportation | | (T) |
| | Requested Services/Needs | | (REQ) |
| | Feeling Judgment and Discrimination | | (FJ/D) |

Question 1:

***What are the
observed behavioral
health issues in the
youth of the
community?***

| | |
|------------------------|--|
| Substance Use | -Marijuana use -Selling substances |
| Risky Sexual Behaviors | -Unintended pregnancies -Frequent unprotected sex |
| Violence | -Verbal, physical, sexual violence; between adults and youth -Bullying |

Question 2:

What factors influence the behaviors?

| | |
|------------------------|---|
| Substance Use | <ul style="list-style-type: none">-Feel supported-Peer pressure-To cope with stress, bullying, and to escape-Sell to make money <p><i>"Needing money or wanting to buy stuff like the rich kids"</i></p> |
| Risky Sexual Behaviors | <ul style="list-style-type: none">-Embarrassed to talk about what could happen-Schools not teaching about it |
| Violence | <ul style="list-style-type: none">-Result of being bullied-Being in a gangs or to support others |

Question 3:

What current services are being offered and what are the barriers to care?

| | |
|------------------------|--|
| Substance Use | <p style="text-align: center;">Access</p> <p>-Services from Farmworkers Self-Help Inc.</p> <p style="text-align: center;">Barriers</p> <p>-Funding, insurance coverage -The schools are not educating</p> <p><i>"The schools just say- hey don't do drugs. But they don't teach us anything"</i></p> |
| Risky Sexual Behaviors | <p style="text-align: center;">Access</p> <p>-Responses varied among groups</p> <p style="text-align: center;">Barriers</p> <p>-Embarrassment or judgment with learning about sex or accessing protection</p> |
| Violence | <p style="text-align: center;">Access</p> <p>-Activities from Farmworkers Self-Help Inc.</p> <p style="text-align: center;">Barriers</p> <p>-No funding for services</p> <p><i>"No one cares about us on this side of town"</i></p> |

Question 4:

***What services are needed
and what is needed to
facilitate accessing services?***

-Counselors and therapists to
come to our community

-Activities in our community

-Education

-Free care

-Support for youth and families

“Have skills for us to learn at school so we can use them in the real world so we have things to do outside of college. Not everyone wants to go to college so we all just end up here in bad things.”

“Medical support for physical needs. The schools only come out here once a year to help and it’s not enough when we cannot afford even a small payment to visit the doctors. We need the schools to come more and help us.”

“The kids need something fun to do where they also do not think they are in therapy.”

Discrepancies in Results

| Theme | Youth | Adults |
|-----------------------|---|---|
| Substance Use | “Marijuana, pills, and other drugs is easier to get than alcohol and cigarettes.” | Alcohol and marijuana are both negatively affecting youth. |
| Risky Sexual Behavior | “We do not have access to protection on sex.” | “The kids have condoms and education at school. They also can get birth control from the health department.” |
| Violence | Physical violence- Fights at school. -Murders in the community. | Youth engage in cutting behaviors. -Theft and forced entry into homes. -Parents feel they cannot discipline their kids because they will call the cops. |

Discrepancies in Results Cont.

| Theme | Youth | Adults |
|-------------|---|--|
| Language | No language barrier. | Language barrier. |
| Culture | Would like to have people who look and speak like them to help. | Hispanic background is not necessary for working in the community. |
| Environment | Do not feel safe outside. | Feel safe outdoors. "So at least walking is a lot better." |

Implications for Adolescent Behavioral Health and Practice

- Teaching and building resilience within the youth: Surroundings and feelings VS behavior
- Education on methods to utilize positive coping skills
- Implementing evidence-based practices: Social and emotional learning, trauma informed care, parent training programs
- Outside community support and engagement



Implications for Implementation Science

- Evaluate the implementation of self sustaining programs:
 - Task shifting/ “train the trainer”
 - Community collaboration approach: USF, Pasco County Schools, BRIDGE Clinic
- Service delivery in the community
- Infrastructure improvements for safety: Cross walks, fix road conditions, better lighting throughout the community

- Enhance community leadership support
- Congressional support
 - Engage stakeholders to facilitate change
 - Emphasize systemic impacts of disparities
 - Utilize evidence based theoretical model to facilitate empowerment for marginalized groups and encourage policy change⁸



References

United States Census Bureau. *Facts for Features: Hispanic Heritage Month 2017*. U.S. Department of Commerce. Available online at <https://www.census.gov/newsroom/facts-for-features/2017/hispanic-heritage.html>. Accessed on June 20, 2018.

United States Census Bureau. *The Nation's Older Population is Still Growing, Census Bureau Reports: June 22, 2017*. U.S. Department of Commerce. Available online at <https://www.census.gov/newsroom/press-releases/2017/cb17-100.html>. Accessed on June 20, 2018.

Population Reference Bureau. *Hispanic Gains Minimize Population Losses in Rural America*. Population Reference Bureau. Available online at <https://www.prb.org/hispanicgains/> Accessed on March 3, 2019.

Khubchandani JJ, Price JH. Violence related behaviors and weapon carrying among Hispanic adolescents: Results from the national youth risk behavior survey, 2001-2015. *Journal of Community Health*. 2018;43(2):391-399. doi:10.1007/s10900-017-0436-2

Bridges AJ, Andrews AR, Deen TL. Mental health needs and service utilization by Hispanic immigrants residing in mid-southern United States. *Journal of Transcultural Nursing*. 2012;23(4):359-368. doi:10.1177/1043659612451259

Trejos-Castillo E, Vazsonyi A. Risky sexual behaviors in first and second generation Hispanic immigrant youth. *Journal of Youth & Adolescence*. 2009;38(5):719-731. doi:10.1007/s10964-008-9369-5

Haderxhanaj LT, Dittus PJ, Loosier PS, et al. Acculturation, sexual behaviors, and health care access among Hispanic and non-Hispanic white adolescents and young adults in the United States, 2006–2010. *The Journal of Adolescent Health*. 2014;55(5):716–719.

Telzer E, Gonzalez N, Fuligni A. Family obligation values and family assistance behaviors: Protective and risk factors for Mexican–American adolescents' substance use. *Journal of Youth & Adolescence*. 2014;43(2):270-283. doi:10.1007/s10964-013-9941-5

Letiecq BL, Anderson EA. From education to advocacy and activism: Alternative approaches for translating family science to policy. *Family Relations*. 2017;