EMERGING HISPANIC SERVING INSTITUTE: LESSONS LEARNED ABOUT IMPROVING ACCESS AND PROVIDING RELEVANT CARE TO A CHANGING DEMOGRAPHIC IN THE STUDENT HEALTH CENTER

INTRODUCTION
- As an Emerging Hispanic Serving Institute, Portland State University has a rapidly changing demographic with 23.1% of full time equivalent undergraduates identifying as Latino.
- Over the last 10 years, there has been an approximately 70% increase in the number of Latinx undergraduate students enrolled at the university.
- In order to intentionally serve our growing Latinx student population we wanted to understand the needs of our Latinx students and analyze whether we could increase access and provide culturally relevant care to better serve this rapidly growing student demographic.

METHODS
- **Project Design:** This quality-improvement project utilized two focus group discussions (one via ZOOM and one in person) to explore the experiences, barriers, and needs of Latinx students.
- **Focus Group Participants:** Between the two focus groups, there were a total of 21 student participants. 100% of the participants were either born in a Spanish speaking country themselves or had at least one parent born in a Spanish speaking country (primarily Mexico). All but one of the participants had Spanish as their first language. 50% had Medicaid.
- **Data Collection:** Discussions were facilitated by a Latina bilingual family physician for two focus groups and a bilingual therapist.
- **Participants could answer in English or in Spanish.** Interviews were audio-recorded with participant consent, and notes were taken to capture non-verbal cues and contextual information.
- **Over the last 10 years, there has been an approximately 70% increase in the number of Latinx undergraduate students enrolled at the university.**
- **Chicano/Latino studies department and contacted Latinx student organizations, cultural resource centers, and distributed flyers, and utilized social media platforms to contact participants.** There were participation prizes for both events and free food for the in-person event.

RESULTS
- <50% went to the student health center for their health concerns
- Approximately 50% stated they would not go to the student health center for emotional or medical concerns, for a variety of reasons

THEMES
- **Theme 1: Barriers to Access**
  - **Financial and Time Constraints:** Most students did not understand how health insurance functioned and had significant concerns about out-of-pocket expenses. Commuting to campus, working, family care and homework added to the barriers.
  - **Language and Cultural Barriers:** Language emerged as a prominent barrier during the interviews, with several participants expressing discomfort when navigating healthcare services even for students fluent in English. (Spanish was still a preferred way to read materials). Additionally, there are stereotypes and fears around seeking mental health treatment.
- **Theme 2: Information and Awareness**
  - **Lack of Awareness:** Many participants reported limited awareness of the services offered at the student health center and concerns about how to access them without incurring costs/penalties as Medicaid enrollees accessing the Student Health Center.
  - **Information Accessibility:** Participants emphasized the need for culturally and linguistically appropriate information about healthcare services. Possible solutions: offering orientation programming in Spanish, targeted outreach/information events which involve talking with students’ families as well as students, and social media platforms to improve understanding and awareness among students.
- **Theme 3: Support and Advocacy**
  - **Peer Support and Community Networks:** Peer support and initiatives are a key recommendation from this group to promote health-seeking behaviors and facilitate access to the student health center.
  - **Advocacy and Representation:** Many participants emphasized the need for greater representation of Latinx voices in decision-making processes and providing culturally informed mental and medical healthcare. Several students expressed not feeling comfortable relating mental health concerns to therapists who did not appear to have any understanding of immigrant experiences.
- **Theme 4: Physical space of clinic**
  - **Preference for Safe Spaces:** Participants expressed feeling uncomfortable coming to the clinic and highlighted how they are paying attention to signaling that they are welcomed into the space. This might look like culturally inclusive artwork, or people who look like them at the front desk. 100% of the participants in a post-session survey stated they would prefer a support group or talks about health to be in a space they are already more familiar with (rather than within the student health center), such as one of the cultural resource centers.

CONCLUSION
The findings of this qualitative project underscore the complex and nuanced interplay of factors influencing access and utilization of the student health center by Latinx students for both emotional and medical needs. Nearly one in every four students on campus identifies as Latinx. Student health centers across the country with similar demographics can best serve these students by recognizing that these barriers to access and health care lead to educational barriers and negatively impact student retention.

First generation, Latinx students have unique circumstances and unique needs. Universities need to take a multifaceted approach to: identify care barriers and implement structural changes to improve trust, accessibility and care delivery for Latinx students. Focus areas to achieve these goals include: targeted outreach efforts with trusted partners, improving culturally informed mental health care services, a review of written and electronic information to ensure language and format is welcoming/inclusive, and inclusive hiring practices so Latinx students (as well as other student demographics) see themselves reflected in their health care practitioners, and peer support initiatives.

**THEME 1: Barriers to Access**
- Financial and Time Constraints: Most students did not understand how health insurance functioned and had significant concerns about out-of-pocket expenses. Commuting to campus, working, family care and homework added to the barriers.
- Language and Cultural Barriers: Language emerged as a prominent barrier during the interviews, with several participants expressing discomfort when navigating healthcare services even for students fluent in English. (Spanish was still a preferred way to read materials). Additionally, there are stereotypes and fears around seeking mental health treatment.

**THEME 2: Information and Awareness**
- Lack of Awareness: Many participants reported limited awareness of the services offered at the student health center and concerns about how to access them without incurring costs/penalties as Medicaid enrollees accessing the Student Health Center.
- Information Accessibility: Participants emphasized the need for culturally and linguistically appropriate information about healthcare services. Possible solutions: offering orientation programming in Spanish, targeted outreach/information events which involve talking with students’ families as well as students, and social media platforms to improve understanding and awareness among students.

**THEME 3: Support and Advocacy**
- Peer Support and Community Networks: Peer support and initiatives are a key recommendation from this group to promote health-seeking behaviors and facilitate access to the student health center.
- Advocacy and Representation: Many participants emphasized the need for greater representation of Latinx voices in decision-making processes and providing culturally informed mental and medical healthcare. Several students expressed not feeling comfortable relating mental health concerns to therapists who did not appear to have any understanding of immigrant experiences.

**THEME 4: Physical space of clinic**
- Preference for Safe Spaces: Participants expressed feeling uncomfortable coming to the clinic and highlighted how they are paying attention to signaling that they are welcomed into the space. This might look like culturally inclusive artwork, or people who look like them at the front desk. 100% of the participants in a post-session survey stated they would prefer a support group or talks about health to be in a space they are already more familiar with (rather than within the student health center), such as one of the cultural resource centers.