

Public Abstract

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Title: The role of social capital and acculturation in healthcare access: The case of Hispanics in Missouri

Hispanics are today the largest group with the lowest access to health care in the U.S. as measured by several studies that quantify rates of uninsured and percentages who lack a primary care physician. In states like Missouri, where the Hispanic population growth is relatively recent, the issue is new. Although the percentage of Latinos in Missouri is still low - about 4% - what is noteworthy is the group's population growth of 311% for the period 1990 to 2016. A theoretical analysis that applies Gramsci's idea of cultural hegemony shows that institutional barriers have been imposed over the years to restrict access to health care for Hispanics mainly through the intersection of federal healthcare and immigration legislation. A meta-analysis of 83 published studies further corroborate the institutional barriers in place and identifies additional ones that apply to acculturation and social capital. Although acculturation has been measured by various studies that focus on Hispanics' access to health care, overall, these usually fail to clearly explain and justify how and why they chose certain ways to measure such variable. In addition, social capital is practically neglected in this literature. Although there are studies that measure and discuss the importance of having social networks to access medical resources, almost no study uses the term social capital and even fewer measure or discuss it by subtypes. Data from a survey study conducted in the state of Missouri in 2014 is used as the basis of logistic regression analysis. The survey study further corroborates that there are institutional barriers, but also finds that acculturation and social capital impact access for this population. In particular, I find that Hispanics in Missouri possess low levels of acculturation as it applies specifically to the American healthcare system. Two types of social capital are found to be significant but in opposite directions. Bonding social capital, which stems from strong relationships, is found to hinder access. This may be because many such tight networks may not be as connected to the Anglo portion of the American society that is better linked to resources. On the other hand, bridging social capital, which stems from weak relationships, is found to be an enabler of access. These results indicate that we need to go beyond just offering medical insurance to this group. In order for Hispanics to increase access to health care they need to be better acculturated to the American healthcare system, as well as need to be connected to the proper social networks that can enhance access.