

Answers to the research questions that people are asking about Latinos' health and interactions with the health care system

QUESTION 6: Do Latinos have adequate access to health care?

ANSWER:

Hispanics¹ are less likely than non-Hispanics to have a consistent source of health care or to receive preventive services. Consequently, they are also more likely to be hospitalized for complications caused by chronic health conditions.

BARRIERS TO REGULAR CARE PROVIDERS

Latinos are less likely to have an ongoing source of health care or a regular care provider, particularly if they are uninsured.

- Among nonelderly adults, Hispanics (76.9%) are less likely to have a source of ongoing health care than non-Hispanic Whites (89.4%) and Blacks (85.8%).² Much of this pattern is driven by disparities between insured and uninsured populations. In 2005, while Hispanics with private and public coverage were nearly as likely as non-Hispanics to have a specific source of health care, fewer than half of all uninsured Latinos (46.5%) had a regular source of care.
- Furthermore, racial/ethnic disparities persist among the uninsured population. Only 46.5% of uninsured Latinos have a source of consistent health care, compared to 60.3% of Whites and 53.3% of Blacks (see Figure 1).³ Similarly, in 2004, only one-third (33.6%) of uninsured Hispanics had a regular care provider, compared to 52.1% of uninsured Whites and 44.7% of uninsured Blacks.⁴

REDUCED ACCESS TO PREVENTIVE HEALTH SERVICES

Latinos are less likely than their non-Latino peers to report accessing preventive health services, which can detect, mitigate, or prevent conditions that lead to poor health outcomes.

- One study found that Hispanic adults were significantly less likely than non-Hispanic adults to have received a number of preventive health services recommended by experts for specific age groups, including immunizations, screenings for breast, cervical, and colorectal cancers, and cholesterol tests.⁵
- While health coverage improves Hispanics' access to preventive care, some disparities in specific areas of preventive care persist for insured and uninsured Latinos alike. For example, in 2005 only 68.7% of insured Hispanic adults reported having had their cholesterol checked in the past five years, compared to their non-Hispanic White and Black peers (80.7% and 79.5%, respectively).⁶ Uninsured Latinos, for their part, were not only less likely (36.1%) than their insured counterparts to have had this screening, but they were also less likely than uninsured Whites (48.2%) and Blacks (53.6%) to have been screened (see Figure 2).⁷
- Even among insured Latinos, other factors—such as linguistic or transportation barriers—may impede access to preventive care. One study found that Spanish-dominant Latinos were significantly less likely than both non-Hispanic Whites and English-dominant Latinos to report having a physician or mental health visit (ages 18 to 65), mammogram (ages 50 and over), or influenza vaccine (ages 55–64).⁸

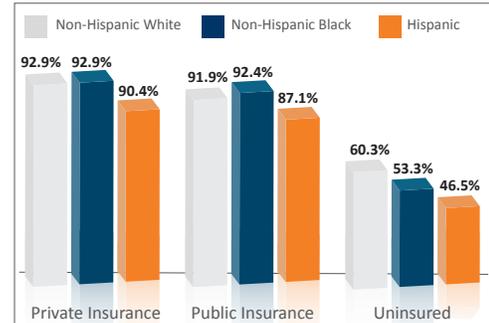
POOR CHRONIC DISEASE MANAGEMENT

With poorer access to health care that can facilitate disease management, Latinos are more likely than non-Hispanic Whites to be hospitalized for avoidable or serious complications from chronic diseases.

- In one study, the Agency for Healthcare Research and Quality concluded that in 2006, "potentially preventable [hospital] stays for chronic conditions were 42% higher among Hispanic adults than among non-Hispanic White adults."⁹
- Among patients with diabetes in 2004, Hispanics and Blacks were more likely than non-Hispanic Whites to be hospitalized for short- and long-term complications as well as lower-extremity amputations (see Figure 3).¹⁰
- Among people with asthma in California in 2005, Hispanics (24.3%) and Blacks (28.8%) were more likely than non-Hispanic Whites (11%) to report emergency or urgent care visits for asthma in the past year. This disparity persisted for both insured and uninsured Hispanics.¹¹

Figure 1:

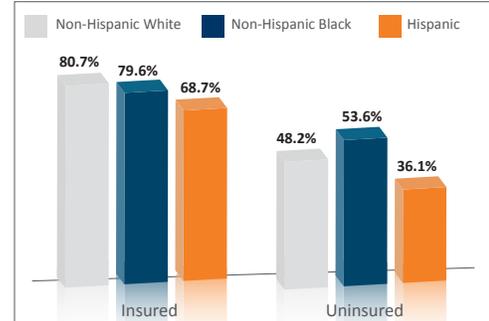
People Under Age 65 with a Usual Source of Health Care by Race/Ethnicity and Insurance Status, 2005



Source: Agency for Healthcare Research and Quality, 2007 National Health Disparities Report (Rockville, MD: U.S. Department of Health and Human Services, 2008), Table 216b, http://www.ahrq.gov/qual/nhdr07/access/barriers/T216_b.htm (accessed March 2009).

Figure 2:

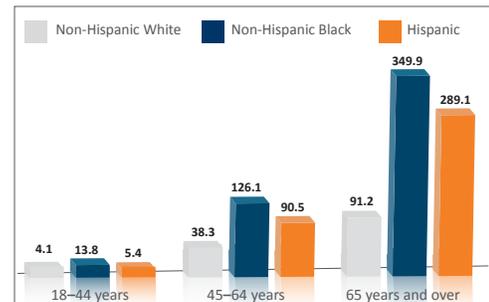
Adults Reporting Having Had a Cholesterol Screening in the Past Five Years by Race/Ethnicity and Insurance Status, 2005



Source: NCLR calculation using Centers for Disease Control and Prevention, "Behavioral Risk Factor Surveillance System," web-enabled analysis tool, 2005 BRFSS Data, "Cholesterol: Had Cholesterol Checked in Past 5 Years," http://apps.nccd.cdc.gov/s_broker/htmlsql.exe/weat/freq_analysis.hs?q=survey_year=2005 (accessed March 2009).

Figure 3:

Diabetes Patients Hospitalized for Lower-Extremity Amputation per 100,000 People by Race/Ethnicity and Age, 2004



Source: Agency for Healthcare Research and Quality, 2007 National Health Disparities Report, Table 28B, http://www.ahrq.gov/qual/nhdr07/quality/effectiveness/diabetes/T028_b.htm (accessed March 2009).

Endnotes

- ¹ The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Furthermore, unless otherwise noted, estimates in this document do not include the 3.9 million residents of Puerto Rico.
- ² Agency for Healthcare Research and Quality (AHRQ), *2007 National Health Disparities Report* (Rockville, MD: U.S. Department of Health and Human Services, 2008), Table 216b, http://www.ahrq.gov/qual/nhdr07/access/barriers/T216_b.htm (accessed March 2009).
- ³ Ibid.
- ⁴ AHRQ, *2007 National Health Disparities Report*, Table 220b, http://www.ahrq.gov/qual/nhdr07/access/barriers/T220_b.htm (accessed March 2009).
- ⁵ Centers for Disease Control and Prevention, “Access to Health-Care and Preventive Services Among Hispanics and Non-Hispanics—United States, 2001-2002,” *Morbidity and Mortality Weekly* 53, no. 14 (2004): 937–941, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5340a2.htm> (accessed March 2009).
- ⁶ NCLR calculation using Centers for Disease Control and Prevention, “Behavioral Risk Factor Surveillance System,” web-enabled analysis tool, 2005 BRFSS Data, “Cholesterol: Had Cholesterol Checked in Past 5 Years,” http://apps.nccd.cdc.gov/s_broker/htmsql.exe/weat/freq_analysis.hspl?survey_year=2005 (accessed March 2009).
- ⁷ Ibid.
- ⁸ Kevin Fiscella et al., “Disparities in Health Care by Race, Ethnicity, and Language Among the Insured,” *Medical Care* 40, no. 1 (2002): 52–59.
- ⁹ Elizabeth Stranges, Rosanna Coffey, and Roxanne M. Andrews, *Potentially Preventable Hospitalizations among Hispanic Adults, 2006*. Healthcare Cost and Utilization Project Statistical Brief no. 61 (Rockville, MD: Agency for Healthcare Research and Quality, October 2008), <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb61.pdf> (accessed March 2009).
- ¹⁰ AHRQ, *2007 National Health Disparities Report*, Table 26B, <http://www.ahrq.gov/qual/nhdr07/quality/effectiveness/diabetes/T026B.htm>; Table 27, <http://www.ahrq.gov/qual/nhdr07/quality/effectiveness/diabetes/T027.htm>; and Table 28B, http://www.ahrq.gov/qual/nhdr07/quality/effectiveness/diabetes/T028_b.htm (accessed March 2009).
- ¹¹ AHRQ, *2007 National Health Disparities Report*, Table 119b, http://www.ahrq.gov/qual/nhdr07/quality/effectiveness/respdis/T119_b.htm (accessed March 2009).