

ACCESS TO HEALTH CARE FOR LATINOS IN THE UNITED STATES

The Issue

As of 2014, Latinos were the largest (17.4% of the total population) and one of the fastest growing (2.1% from 2013) minority groups in the United States (U.S.). Around 55.4 million people of Latin-origin currently reside in the U.S., with a 35.6% increase in the Latino population in the last 15 years. Most of them live in California (15 million).¹ Despite being the largest minority population, lack of access to health care and health insurance remain prominent issues for this community, making them the most vulnerable population in the U.S. in terms of health care.

To effectively address the needs of the Latino population and to create health care policy interventions, it is important to understand the underlying factors that create these significant barriers to their health.

Health Coverage among Latinos in the U.S.

- Hispanics have the highest uninsured rate among any racial or ethnic group within the U.S. In 2014, 34.1% of the adult Hispanic population (aged 18-64) was not covered by health insurance, as compared to 11.5% of the adult non-Hispanic White population.²
- In 2014, 27% of the adult Hispanics did not have a “usual place to go for medical care”, as compared to 14.4% of their non-Hispanic White counterparts.² Whereas for young adults (aged 19-25), these percentages were 34.9% for Hispanics and 25.7% for White non-Hispanics.³
- Hispanic adult population has the largest percentage of people, 29%, going without coverage because its cost, as compared to 15% of the White non-Hispanics.⁴
- The Affordable Care Act (ACA) has helped Latinos by providing new coverage options for pre-existing conditions, removing limits on health benefits, providing new coverage for young Latinos as well as decreasing cost and increasing coverage. ACA gave 10.2 million Latinos access to health coverage.⁸ However, evidence suggests that this population is not enrolling for health coverage at the level that one would expect for a group with such high numbers of uninsured.⁵

Barriers to Health Insurance

- **Socio-economic challenges:** when compared to non-Latino Whites, Latinos are more likely to live in poverty, have lower levels of educational attainment, have higher levels of unemployment and to be employed in job sectors less likely to provide health insurance.⁶
- **Cost:** around 60% of Latinos indicate that cost is the primary reason for not having health insurance, followed by employer not offering it (17%), and lack of employment (15%).⁷

- **Lack of awareness:** according to a 2014 study, 8 out of 10 Latinos could receive health insurance from the marketplace, medicaid, or the children’s health insurance program (CHIP) but they lack awareness of these health care options.⁸

Documentation status:

Undocumented immigrants: this population faces even greater barriers to accessing health insurance. They are banned from receiving federal subsidies to purchase exchange coverage or from enrolling in Medicaid and CHIP. Even among those adult Latinos with documents, 1 out of 4 is uninsured; in California this percentage reaches 27.6%.⁸

Citizenship: among the 15.5 million nonelderly uninsured Hispanics, 43% are U.S.-born citizens; 46% are non-citizens, and 11% are naturalized citizens. By definition, immigrant population is the non U.S.-born population, thus 57% of the nonelderly uninsured Hispanics are immigrants, as compared to 36% of immigrants in the total Latino population. These figures include documented as well as undocumented people. Documented immigrants are banned from receiving Medicaid and CHIP for their first five years living in the U.S. Twenty-four states allow lawfully residing children to access Medicaid and CHIP without the waiting period; 18 states have extended this access to pregnant women.⁹

Barriers to Health Care

- Along with a lack of health coverage, there are a number of additional barriers to care. These include: lack of knowledge regarding available services, cost of health services, as well as barriers that are related to differences in culture, language, and beliefs about health and medicine.⁵
- The under-representation of Latino health care professionals has also been found to be a barrier. In California, while Latinos represent over one-third of the state’s population, Latino physicians account for only 5% of the state’s physicians indicating a severe shortage of physicians who have both the language and cultural connection to care for Hispanic patients.¹⁰

Latino Opinions for Health Care

- Latinos rely on information from print media and informal sources such as family members and social support networks. For Latinos who rely solely on physician interactions for health information, this is somewhat problematic since they often have fewer participatory medical visits, are more likely to report unfair treatment, and have less trust in health care compared to Whites.¹¹
- These difficulties in patient–doctor interactions related to communication inequalities suggest the importance of racial and ethnic minorities seeking and using information from channels outside of the medical encounter to their health.¹¹

Conclusion

Latinos in the United States are disproportionately affected by barriers to health care. The overall poor socio-economic and immigration status places Latinos among the most vulnerable groups in the U.S. Undocumented Latinos in particular are even more susceptible as they have less access to services available compared to their U.S.-born counterparts. As the Latino population continues to grow, it is crucial to create solutions for the well-being of current and future generations of Latinos in the U.S.

Public Policy Recommendations

- Support community-based organizations in enrolling Latinos in a culturally and linguistically appropriate manner to available health coverage programs.
- Increase and support existing outreach programs that provide information about health care services and health promotion strategies to Latino populations.
- Evaluate the impact of these community-based organizations and focused programs.
- Promote collaboration between state and local government, universities, community colleges, hospitals, clinics and community-based organizations to create awareness around the barriers to care that the Latino population faces.
- Promote and increase educational opportunities for underrepresented Latinos into health professional careers.
- Advocate for the expansion of the Affordable Care Act to include documented immigrants under the 5 year bar in all states (there is no “waiting period” or “five-year bar” in California for permanent residents), as well as undocumented immigrants.

References

1. Krogstad, J. M., & López, M. H. (2015). Hispanic population reaches record 55 million, but growth has cooled. Retrieved from <http://www.pewresearch.org/fact-tank/2015/06/25/u-s-hispanic-population-growth-surge-cools/>
2. Martinez, M. E., Ward, B. W., & Adams, P. F. (2015). Health Care Access and Utilization Among Adults Aged 18-64, by Race and Hispanic Origin: United States, 2013 and 2014. NCHS data brief, (208), 1-8.
3. Martinez, M. E., Ward, B. W., & Adams, P. F. (2015). Percentage of Adults Aged 19–25 Years with a Usual Place of Care by Race/Ethnicity: United States, 2010 and 2014. *Weekly*, 64(32), 84.
4. Hayes, S. L., Riley, P., Radley, D. C., & McCarthy, D. (2015). Closing the Gap: Past Performance of Health Insurance in Reducing Racial and Ethnic Disparities in Access to Care Could Be an Indication of Future Results.
5. De Jesus, M., & Xiao, C. (2014). Predicting Health Care Utilization Among Latinos Health Locus of Control Beliefs or Access Factors?. *Health Education & Behavior*, 1090198114529130.
6. Motel, S., Patten, E. (2011) . Statistical Portrait of Hispanics in the United States. Found at: <http://www.pewhispanic.org/2013/02/15/statistical-portrait-of-hispanics-in-the-united-states-2011/>
7. Castañeda, X, et al. (2007) Migration, health & work: Facts behind the myths. The Health Initiative of the Americas
8. Gee, E. R.(2014). ASPE Research Brief. Eligible Uninsured Latinos. Found at: http://aspe.hhs.gov/sites/default/files/pdf/76756/rb_uninsuredLatinos.pdf
9. “Health Coverage for the Hispanic Population Today and Under the Affordable Care Act, April 2013”. Kaiser Family Foundation. Available from: <http://kaiserfamilyfoundation.files.wordpress.com/2013/04/84321.pdf>
10. UCLA International Medical Graduate (IMG) Program(2012). Available from: <http://fm.mednet.ucla.edu/IMG/about/about.asp>
11. Rooks, R. N., Wiltshire, J. C., Elder, K., BeLue, R., & Gary, L. C. (2012). Health information seeking and use outside of the medical encounter: Is it associated with race and ethnicity? *Social Science & Medicine*, 74(2), 176-184.

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