Improving Access to Health Care in Latino Communities

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Synopsis

Public debate about health care reform often focuses on the need for health insurance coverage, but in Latino communities many other barriers also inhibit access to medical care. In addition, basic public health services often go underfunded or ignored. Thus, health care reform efforts, nationally and in each State, must embrace a broader view of the issues if the needs of Latino communities are to be served.

This report reviews and summarizes information about the mounting problems Latino communities face in gaining access to medical care. Access to appropriate medical care is reduced by numerous financial, structural, and institutional barriers. Financial barriers include the lack of health insurance coverage and low family incomes common in Latino communities. More than 7 million Latinos (39 percent) go without health insurance coverage. Latinos without health insurance receive about half as much medical care as those who are insured. Structurally, the delivery system organization rarely reflects the cultural or social concerns of the communities where they are located. Therefore, providers and patients fail to communicate their concerns adequately. These communication problems are exacerbated by the extreme shortage of Latino health care professionals and other resources available. Institutional barriers often reflect the failure to consider what it means to provide good service as well as high-quality medical care.

Reducing these barriers to medical care requires modifying governmental and institutional policies, expanding the supply of competent providers, restructuring delivery system incentives to ensure primary care and public health services, and enhancing service and satisfaction with care.

NUMEROUS reports underscore the mounting problems faced by Latinos in acquiring medical care. Existing barriers to health care are reinforced by the growing lack of health insurance among Latinos (*1-6*). The nation often bears the burden of the lack of insurance as untreated health problems grow more severe, eventually requiring more expensive hospital and specialty care (*7*). Additional costs to society accrue when people are unable to work or contribute to society because of illness. Individuals and families also bear these costs through the pain and disability associated with illness. Yet many of these conditions can been prevented, treated, or controlled with early primary medical intervention.

Approximately 35 to 37 million Americans are uninsured; Latinos account for a disproportionate share of the total, numbering approximately 7 million (*1-3*). The current public debate about health care reform involves issues such as cost

containment, impact on business, governance, financing, health insurance, and the appropriate role of the private sector in the health care system. Important as these issues are, the debate ignores other extremely important issues, such as the financial, structural, and institutional barriers that specifically affect Latino communities and the ability of their members to safeguard their health.

Latinos live in regions of the country where assuring clean water is as important as acquiring medical care; areas where transportation can be as critical as affordable services; communities where violence rather than a virus produces the major health risk; and districts with working conditions and economic opportunities that overshadow the ability of medical care to maintain health. Ensuring clean water, decreased violence, and healthful working conditions are public health tasks that cannot be ignored in Latino communities as health care reform debates shift the focus to concerns about financing health care.

In this background paper, we discuss why Latinos fail to receive the medical care they need and deserve; highlight numerous recommendations proposed by scholars, community organizations, and providers for lowering barriers to care; and propose strategies for implementing reforms.

Understanding the Problem

The increased interest in health insurance reform in States across the country presents a timely opportunity to address the serious health problems experienced by many Latinos. These reforms, however, will benefit the Latino population only if the unique needs and circumstances of these various geographically concentrated communities are taken into account.

The heterogeneous composition of Latino communities along racial, ethnic, economic, political, and linguistic dimensions defies conventional public policy paradigms. Despite major differences among various Latino communities (for example, Mexican, Puerto Rican, Dominican, Salvadoran, Cuban), these communities share common cultures, language, historical development, and world views, including perspectives on health, death, and well-being. The blend of Latino (with its major Spanish, Indian, African, and Roman Catholic influences) and "American" (dominant Anglo, European, and Protestant influences) cultures creates a unique set of expectations, desires, and needs regarding health issues requiring special consideration by State and Federal Governments.

Lack of Adequate Health Care Financing

Health insurance coverage remains a key to gaining access to medical care. Lack of insurance or inadequate coverage significantly influences Latino health and the ability to obtain needed services.

- Without health insurance, Latinos are far less likely to obtain needed care (*4,5,8–10*). Latinos without health insurance receive half as much medical care as those with health insurance. Uninsured Latinos receive fewer physician services and wait longer between and during visits (*9–12*). For example, one-third of uninsured Puerto Ricans and almost 40 percent of Mexicans and Cubans reported that they had not seen a physician for more than a year (*5,8,9*).
- Studies on patient dumping, public testimony, and administrative records demonstrate the problems faced by Latinos without insurance. They are typically forced into public and quasi-public systems that characteristically have long queues and inadequate or seriously compromised physical facilities and services.
- Latinos without health insurance appear to be less healthy and to require more intensive care than those with insurance (*7,13–16*). For example, only about one-third of uninsured Latinos rated their health as excellent or very good, whereas one-half of the insured people rated their health in this way (*13*). Uninsured Latinos experience high rates of hospitalizations for conditions (for example, asthma, diabetes) that could have been prevented, treated, or controlled with inexpensive and timely primary care (*7*).

Despite high participation in the labor force, a large and increasing number of Latinos—especially children—have no public or private medical care insurance coverage:

- Nationally, more than 7 million Latinos younger than 65 years are completely uninsured (*1–3*). Children represent nearly two-fifths of all uninsured Latinos. In some States (for example, California and Texas), Latinos account for a major share of the uninsured population. The best estimates based on the Current Population Survey indicate that 33 percent of Latinos were uninsured during 1989, compared with 23 percent of blacks and 13 percent of whites (*3*). In absolute terms, there are more uninsured Latinos than blacks nationally.
- In the last 10 years, the number of uninsured

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Latinos increased by 151 percent, whereas Anglo numbers increased by 32 percent (*1,3*). Growth in the numbers of uninsured was especially problematic for communities of Mexican and Central American origin.

- Although most Americans acquire health insurance as a fringe benefit of employment, this is not the case in the Latino community despite the fact that Latinos are among the most active participants in the labor force (*17,18*). Employment in small firms and in low-wage sectors of the economy that do not offer fringe benefits accounts for some of the difference in coverage between Latinos and the general population (*1-3,6,19*).
- Medicaid coverage varies widely from State to State (*1-3,19*). For example, Latinos in New York and California are more likely to be enrolled in Medicaid programs than are those residing in Texas or Florida. This situation partially reflects differences in eligibility standards and administrative practices.

Moreover, having health insurance coverage does not ensure access to medical care in Latino communities (*8,11,12,14,20-24*). For those covered under Medicaid, finding the few providers willing to accept low payment schedules and deal with reimbursement red tape further limits access (*19*). Privately insured persons often do not understand their coverage well. Recent trends in health plan design, characterized by higher cost-sharing arrangements, imply that out-of-pocket costs have risen in the last 10 years, whereas family income and wages among the Latino population have stagnated or declined during the same period.

Health Care System—Structure and Impact

The U.S. medical care system operates as a fragmented, loosely tied network of providers and institutions (*25*). The organization and delivery of health care services rarely reflect the cultural or social concerns of the communities where the services are located (*26-28*).

- Few providers, especially physicians, locate their practices in Latino communities (*13,25,29*). As a result, many communities experience shortages in the supply of medical care. An extreme shortage of Latino health care professionals further complicates matters.
- Poor communications between patients and providers create undue barriers to high-quality care. Few providers speak Spanish, and many lack sufficient cultural competency (*26,30-34*). Reliance upon children or other interpreters diminishes the trust, rapport, and understanding required for good medical care. Cultural stereotypes and perceived differences between the social status of providers and that of patients increase prejudices observed throughout the system (*29,30,34*).
- Many Latinos, about 20 percent of the insured and 40 percent of the uninsured, report having no regular source of medical care (*5*). Demands on available public services often create system stress, encourage inefficient use of available supplies, and cause overcrowding, thereby diminishing the effectiveness of medical care (*35-37*). A disproportionately large share of resources is devoted to emergency programs and admissions for serious conditions (*7,14*).
- Basic public health efforts to prevent the pollution of water and air, thereby protecting communities against hazardous and solid wastes, the spread of infectious diseases, and other sanitary threats—particularly along the Southwest border—are inadequately funded and generally ignored (*38-41*).

Environmental, social, and physical health care issues must be given equal consideration in any health care reform agenda when addressing barriers to care faced by Latinos. Reducing barriers requires strengthened organization of public health and medical care delivery.

Role of Providers and Health Institutions

Satisfaction with medical care depends on high-quality medicine and good service. Many providers and institutions devote considerable resources to maintaining medical skills and knowledge, yet they ignore the service aspects that are critical factors to Latino access to care. The situation is evident in the following:

- Transportation and child care pose serious barriers for Latinos (*8,9*). For example, about 10 percent of Latinos report lengthy, time-consuming travel to reach a health care facility. Others forego

seeking medical care because of household, job, or family responsibilities.
• Latinos experience longer periods between appointments, and longer waits in the medical facility than do non-Latinos (*9–12*). For example, 10 percent of Mexican Americans report that they were refused care, had to wait too long for an appointment, or that the time spent in the waiting room was excessive.

Comprehensive and culturally sensitive service, as well as a high quality of medical care, is a key element to improve the access of Latinos to medical care. Lack of community outreach efforts and the exclusion of, or limited participation by, Latinos in planning and managing health care services create intended and unintended barriers to medical care (*42–44*). Failure to target services and programs for Latinos further limits the providers and programs available to this community (*45–47*).

Recommendations

Numerous provider organizations, health services researchers, and advocates have offered recommendations for improving access to medical care for Latinos. These recommendations fall into four main categories.

Modify governmental and institutional policies. Numerous governmental policies—at local, State, and Federal levels—restrict or impede access to care. Health care policy usually is determined at the State level, with Federal policies defining the broader constraints. Diverse State and local policies often create a complex web of legal barriers and restrictions. We suggest these steps to reduce these barriers.

• Eliminate or reduce categorical and other eligibility restrictions for Medicaid coverage. Eliminate asset tests and require presumptive eligibility for pregnant women and children.
• Develop cooperative agreements—Federal-State and State-local—for improving and targeting services for Latino communities. The Federal Government must take financial responsibility for care provided to immigrants in States and localities affected most severely.
• Improve infrastructure and access to capital for the construction of health care facilities in Latino communities. Reformulate administrative rules for the designation of physician shortage areas. Support the development and growth of community-based organizations similar to the original provisions of the Office of Economic Opportunity's community health centers. Offer economic incentives for locating practices in Latino communities.
• Recruit Latinos into decision-making positions. Latino participation in decision-making is imperative at all levels. Policies that encourage Latino representation on boards, commissions, and advisory committees and the routine inclusion of Latinos in health care management at all levels must be promoted and maintained.
• Establish universal health care systems that cover every resident of the United States with health care coverage.

Expand the supply of culturally competent providers

• Offer educational grants or subsidies in the health professions for the advanced training of Latinos and others willing to locate practices in Latino communities. Introduce cultural competency training into professional curriculums.
• Create community-based health centers that offer job training in the health professions to local residents.

Restructure incentives to ensure primary care and health services

• Adopt reimbursement policies that reward primary and preventive care.
• Restructure the health care system by rewarding the development of community-based, consumer-sponsored comprehensive health plans.
• Increase sensitivity of public health and other government officials to Latino community needs. Adequately fund and staff public health initiatives in Latino communities.

Enhance services

• Augment medical care by offering transportation, child care, and weekend and evening services.
• Develop comprehensive health plans that include mental health, substance abuse, and long-term care and residential services. Community outreach, case management services, and health education services should be included in the organization and delivery of care in Latino communities.
• Promote changes in the institutional culture that reward service to and respect for the client.

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Considerations for Implementation

Develop a strategy targeting States with large Latino populations. Given the high concentrations of Latinos in specific regions of the country and the preeminent position of State governments in health care issues, a strategy for gaining State-level changes must be undertaken in the 12 States with the largest Latino populations. Federal assistance in prodding State officials to make necessary changes will be vital. The use of Federal waivers, where appropriate, may be required to accomplish goals.

Develop advocacy among national, State, and local officials. It is important to increase the number of Latino legislators, administrators, and other important public policy officials at the local, State, and Federal levels. Newly elected Latino officials need to be educated about health issues. Enlistment of non-Latino officials as supporters must be based on an agenda focused on equity and equal opportunity.

Faculty at schools for the health professions must recognize the importance of cultural competency issues. Curriculums need to be modified and training efforts reoriented to include greater understanding of culturally based perspectives regarding health, illness, and death. Initially schools of medicine, nursing, and public health should be urged to implement these changes in their curriculums.

Develop national Latino images recognizable to the American public. Latino communities are misunderstood by the American public at large and the press because of their diversity and geographic concentrations. The rhetoric necessary to implement this strategy must portray Latino congruence in social goals, aspirations, and dedication rather than emphasizing differences. Gaining seats on the boards of influential financial institutions, insurance companies, and large health care organizations and health plans, as well as working with and educating the directors of these organizations about the Latino communities, must be a key strategy.

Implementation of these and other recommendations requires broad political and community initiatives that create a simple paradigm for thinking about Latinos, yet distinguishes these communities from other political voices (*48*). Furthermore, economic development in Latino communities must be a cornerstone in a Latino health care initiative. Creating economic opportunities for Latinos to plan, organize, and operate health care institutions will ultimately result in improved access to health care.

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