

# Health inequity in the United States: a systematic review of the limitations of the Latino community in accessing health services

Ana Espinosa

American School Foundation of Monterrey, Mexico

22espinosa9027@asfm.mx

## Abstract

Latinos are the most populous minority in the United States of America and continue to grow in size, significantly impacting the sociocultural character of their home nation. Notwithstanding, they have faced a significant barrier in accessing healthcare services; the lack thereof has resulted in a pressing healthcare disparity that impacts millions of citizens. A comprehensive literature review was conducted in order to understand the limiting factors to access to health services for Latinos in the United States. (n = 24) Sources were identified and used to analyze inequity and its subsequent impacts. Three main limitations were identified: legislative restraints in health insurance, financial barriers due to lower incomes and employability, and socio-cultural obstacles due to prominent cultural differences compared to other ethnic groups in the United States. The Affordable Care Act has made great strides to close these gaps. Still, there is a critical need to implement inclusive health policies and promote Latino voices in the healthcare industry.

*Keywords: Latinos, healthcare, cultural identity*

## Introduction

Having access to healthcare is a crucial need for all; health equity is a primary goal for legislators, physicians, and the general public. The eradication of healthcare disparities would eliminate inequalities by health status and further prevent and manage public health outbreaks similar to the global pandemic of COVID-19 (Krennerich, 2017). The World Health Organization (WHO) established in its 1946 constitution that each individual has the fundamental human right to the highest attainable standard of health, defining this concept by encompassing physical, mental, and social wellbeing (Krennerich, 2017). Moreover, the Agency for Healthcare Research and Quality claims that individuals need four components to assure they are obtaining efficient health services: they have an opportunity for insurance coverage, a usual source of care, access when the need is recognized, and a right to be treated by capable, qualified, culturally competent providers (Agency for Healthcare Research and Quality, 2020).

*The Current United States' Healthcare System*

The United States' healthcare system is the most expensive and, arguably, the least cost-effective compared to other developed nations (Squires, 2011). Economic forces continue to

drive the United States' healthcare system, both in function and in structure, which stems from different sectors, mainly the private branch, owning and operating health care facilities. A financial drive in the United States healthcare system has led the public's social belonging and identity to be a lower priority when accessing health resources (Squires, 2011). Thus, the U.S. has fewer physicians and hospital beds and received fewer hospital and doctor visits than in most of the other developed countries from the 2010 Organization for Economic Cooperation and Development's (OECD) health data (Squires, 2011). Likewise, social determinants place different cultural groups than the rest of the U.S. population on a less significant status, furthering the disparities created by this system (Carillo et al. 2001). This finding directly leads to disproportional detrimental effects on those in vulnerable positions, notoriously racial and ethnic minorities (Squires, 2011). With the need to ensure healthcare access for all, individuals' cultural identity is a significant determinant for receiving adequate healthcare.

#### *The Importance of Cultural Identity*

The public considers how individuals belong to a group and how they perceive themselves in correlation to their nationality, ethnicity, religion, and other social categories as their cultural identity. Therefore, an individual's ethnicity is a crucial component to one's identity. For example, a major ethnicity in the United States are Latinos who make up for almost twenty percent of the U.S. population. (Cabral & Cuevas, 2020). 'Latino' is the short-handed version of the Spanish word *Latinoamericano*, referencing people born in or with ancestors from Mexico, Central, and South America. A study from the early 2000s predicted that Latinos were expected to increase from thirty-one million (eleven percent of the U.S. population) to fifty-nine million (eighteen percent of the U.S. population) by 2025 (Carillo et al. 2001). By 2020, the Latino community is now the largest minority in the United States (Cabral & Cuevas, 2020). It is imperative to assess the systematic and social limitations that impact how healthcare is

distributed to this group in order to provide effective health services to almost 20% of the population, not just for humane reasons but to have a healthy workforce.

A study with semi-structured in-depth interviews was conducted by thirty professionals who work with Latino youth in community settings. The authors concluded on the importance of having a sense of belonging and cultural identity for the healthy socio-emotional development of Latino youth (Porta et al., 2016). With the understanding of the vitality of cultural identity for an individual's growth, there is a clear connection on how this perception of oneself represents a focal point when providing healthcare (Porta et al., 2016). The importance of the Latino identity in individual values, actions, and attitudes indicates the need to understand the current challenges this community faces in accessing health services in the United States in the 21st century.

#### *Healthcare Disparities in the Latino Community*

A peer-reviewed study displays that 34% of Latinos do not have health insurance, while 27% do not have a usual healthcare source (Perez-Escamilla, 2009). The lack of accessibility of Latinos' health services stems from factors at the legislative level to socio-cultural and systematic components. A systematic analysis of sources was carried out to understand health inequity for Latinos in the United States. This literature review focuses on the thematic evaluations of various peer-reviewed journal articles, community-engaged studies, analysis from major influential surveys, and renowned websites' entries to evaluate the limiting factors to access to health services for Latinos in the United States. Legislative restraints, financial barriers, and socio-cultural obstacles had the most considerable impact on accessing health services.

#### **Methodology**

For the thorough identification and classification of multiple themes, specific search terms were used in various academic search engines. These terms include, but are not limited to, 'Latinos' AND 'U.S. healthcare,' 'cultural factors' AND 'Latino community' AND

'healthcare.' Entering this combination of keywords in Google Scholar generated (n=1,476) results. Comparably, JSTOR's database (with a personal log-in from the author's school) yielded (n=1,275) outcomes. EBSCO's portal (with a personal log-in from the author's school) provided (n=37) results. Mainly from Google Scholar's and JSTOR's databases, relevant articles were screened (n=42, n=27), although some (n=3) were acquired and screened from EBSCO's Explora Secondary Schools portal. Continuously, some sources (n=6) listed as references from this peer-reviewed journal articles, book chapters, and relevant websites were also screened.

Due to the intertwining of both social categories, some selected sources were identified focused on Hispanics (n=4), or even some more specific to Mexican-origin individuals (n=2). These sources are fit for this literature review as the findings and discussions for these peer-reviewed articles were similar to those referring to the Latino community, which helps broaden this review's reachability, while maintaining the specifications within this community.

From the sources screened (n=75), some (n=43) were excluded for lacking relevance with the topic, publication date (older than twenty years), a language other than English (some articles were translated), and for lacking any discussions or solutions. However, two sources from the early 1990s are included, as they are two of the most discussed studies on this topic with more than a hundred citations each and are sustained by more recent sources in this discussion. Next, sources (n=32) were assessed for their content by reading and highlighting the most relevant details. The sources' currency, relevancy, authority, and accuracy were accessed by applying the CRAAP Test and the results were recorded in a spreadsheet. Additionally, the authors' background, methods and sources, the publication source, and the conclusion and discussions on each source were placed in a Google Document to access the connections between these academic media.

Finally, twenty-four sources were selected to be included in this literature review and were kept in track in a Google Document to be later clustered into themes, with the original information from the CRAAP test and the additional notes. The chosen sources are from peer-reviewed journals, renowned academic book publications, and websites from national institutions, making all the sources in this synthesis reliable and credible. Additionally, Table 1 illustrates this source selection process.

TABLE 1. Methods for comprehensive review.

Step	Included	Excluded
Screening	75	2,713
Second Screening	32	43
Final	24	8

Reasons for exclusion: In English, publication date, lack of solutions and discussion

## The Impact of Limiting Legislation

### *The Influence of Documentation Status*

Within the Latino community, one of the most vulnerable populations is undocumented individuals, as their legal status presents unique challenges when accessing health care in the United States. The lack of legal status, correlated with a lack of health insurance, suggests a fear when seeking medical services, as most assume that their documentation status will be informed to authorities by healthcare professionals (Wallace et al., 2012). Ph.D. graduate Steven Wallace and his colleagues from the University of California, Los Angeles, conducted four focus groups of uninsured Mexican immigrants in Los Angeles, California (Wallace et al., 2012). The authors sought to identify the policies that may increase Latino immigrants' access to health services (Wallace et al., 2012). They concluded that the most significant problems lay with health insurance problems, precisely that of employer-provided. Thus, the need to expand community health centers, as immigrants already obtain services from these spaces without fear about their legal status (Wallace et al., 2012). It is

evident how immigrants continue to be the most vulnerable group within this community when accessing health care, as their unique legal status places them in a situation that most health providers lack to acknowledge.

Some United States citizens claim that this fear of legal status poses a threat to only illegal residents; contrarily, a recent study offers an opposing view. A peer-reviewed article published by the American Sociological Association suggests parental legal status significantly influences the youth's mental health matters, regardless of the child's legal status (Landale et al., 2015). In this journal article, the authors reinforce the need to differentiate between youth with legal parents and those with undocumented parents in further research of accessibility of healthcare services (Landale et al., 2015). A public opinion survey by the University of New Mexico described that individuals were more supportive of state officials providing health care to undocumented children than to their parents (Sanchez & Sanchez-Youngman, 2013). Regardless of this lack of support to direct undocumented immigrants, most of the respondents agreed on the positive impacts that including an ethnic perspective in legislation effectively lead to the inclusion of undocumented Latino immigrants in healthcare (Sanchez & Sanchez-Youngman, 2013). There is a need for a political model that tailors the needs of the Latino community, especially of undocumented populations, by taking a multidisciplinary approach towards legislation (Chavez et al., 1992). Currently, the health policies in place have brought contradictory results to the accessibility of medical services to the Latino community.

#### *The Limitations of Current Health Policy*

Most Latinos in the United States face limits in their accessibility to health care services from the lack of inclusion in health policy for those in the most vulnerable positions: undocumented immigrants, those who lack a stable income source, and those who face a persistent language barrier. A recent research article about returning Latino immigrants' health insurance coverage and access to medical care was published by Dr.

Wassink from the University of North Carolina at Chapel Hill (Wassink, 2018). He noted a large and persistent gap between recent return Latino migrants and nonmigrants and high rates of uninsurance with unemployment and disproportionately lack of a regular source of care being the main factors limiting this demographic in accessing health services (Wassink, 2018). Health policy, especially the process involving obtaining health insurance, lacks to consider the specific legal, social, and economic challenges of Latinos, leading to legislation disproportionate hindering this community rather than improving access to health care.

Nonetheless, there exists a turning point for health care access that resulted in significant impacts for the Latino community: the Affordable Care Act (ACA). A recent analysis of the 2011 to 2014 National Health Interview Survey was conducted by Dr. Chen and his colleagues. Authors noted that there has been a significant decrease in racial and ethnic disparities after the initial years of the ACA implementation, as it has expanded access to health insurance (Chen et al., 2016). The uninsured rates in 2014 have reduced by five percent compared to uninsured rates in 2011; however, Latinos still have the highest rates in 2014 of uninsured rates compared to all other racial/ethnic groups (Chen et al., 2016). This analysis has also demonstrated how the implementation of ACA has increased the possibility of Latinos having a physician visit during the survey year in 2014 compared with 2011 by five percent (Chen et al., 2016). For example, immigrants in New Jersey documented that their health care needs and physician visits had faced a considerable improvement (Pandey et al., 2014). The ACA is a turning point for the accessibility of health care access to the Latino community by increasing the beforehand persistent statistics of physician visits and health insurance.

ACA and other health policies that have been developed since have lacked inclusivity towards the entire Latino community. Members of the Department of Health Policy and Management from the University of California, Los Angeles,

have identified four policy dilemmas relevant to Latinos' health services and the ACA implementation (Ortega et al., 2015). To be effective, authors agree that the ACA needs to extend coverage to undocumented immigrants, acknowledge Latino populations' growth in states with limited insurance expansion, understand the demands on the public and private systems of care and increase Latino health care workers. The authors of these findings and Dr. Alcalá et al. argue that policy action beyond ACA implementation is needed to encompass those excluded from coverage options notably (Alcalá et al., 2017).

### **The Influence of Socio-Economic Limits**

#### *Structural Barriers in Financing and Delivering Health Services*

Generally, public health services in the United States are underfunded or ignored. In an influential report, authors reported how Latinos face reduced appropriate access to medical care by financial, structural, and institutional barriers (Valdez et al., 1993). The lack of the socio-cultural concerns of the communities surrounding healthcare facilities in the delivery system organization is only decreasing the accessibility of these services to the Latino community (Valdez et al., 1993). Associate Professor Lehman from the Institute for Latino Studies at the University of Notre Dame asserted the need to focus on prevention and public health funding and better the financial planning for medical workers to ensure accessible health services to the Latino community (Lehman, 2013). Therefore, the authors agree that it is imperative to consider the social determinants within the healthcare system and restructure the financial distribution to have a larger focus on physicians and other health care workers that have direct patient relationships.

Nonetheless, Latinos tend to be employed in less stable jobs, with less pay, and are less likely to possess health care coverage, which is what researchers assert as secondary barriers to health care. The difficulty of getting appointments, lack of after-hours medical service, or long waiting time for medical specialist referrals is the product

of the economic obstacles that this community faces with the structural challenges within healthcare (Carrillo et al., 2001). The structural barriers, mainly the economic distribution within this institution and lack of Latino health providers, limit the opportunities of health services that this community has.

#### *The Impact of Social Determinants, Behavior, and Culture in Healthcare*

The demographic patterns of Latinos in the United States have given rise to their health disparities (Walker et al., 2007). Social determinants, such as the high Latino immigration rates to rural areas because of the labor market and low socioeconomic status have influenced the quality and accessibility of medical services (Walker et al., 2007). The evident socioeconomic struggles and limitation of availability of health services in these communities represent the need to consider the social and economic factors of Latinos for an equitable healthcare system.

The socioeconomic status and unique conditions of Latinos need to be taken into account within the healthcare system. Still, other social behaviors and cultural factors also play a crucial role when accessing medical resources. Authors from renowned universities (such as The Wharton School at the University of Pennsylvania and Johns Hopkins Bloomberg School of Public Health) have evaluated the Latino community's expansion; they have even categorized emerging destinations (Nathenson et al., 2016). The healthcare system has demonstrated to have a limiting availability of resources for resources to Spanish-speakers with a limited English proficiency (LEP) (Nathenson et al., 2016). Hence, as the LEP Spanish-speaking community continues to grow, the need for these institutions to adapt and have a more inclusive, personal, and availability of bilingual materials also increases (Nathenson et al., 2016).

Continuously, a research-based community partnership from 2007 to 2009 of Latinos in the Appalachian Mountains of North Carolina reported that only 20% of those in the sample considered health as a primary concern of their daily lives. Most (82%) reported cost of care

as the most significant barrier to accessing health care along with language fluency and fear of discrimination (Lippard & Price, 2011). Finally, many respondents felt that only faith and family could help them when in need of health services, as they viewed the United States healthcare system as a luxury that could not be afforded.

## Discussion and Conclusion

This literature review aims to evaluate the factors that influence Latinos' health disparity in the United States. The legislative barriers, institutional and financial challenges, and cultural behaviors are identified through the thematic analysis of (n=24) sources. One of the most notable legal factors that must be considered to ensure the accessibility of health care is Latinos' documentation status, as undocumented immigrants are hindered the most within this community. They are disproportionately affected by a lack of health insurance, which is considered the most critical limiting of medical services for this ethnic group. Nonetheless, a recent turning point has been the ACA as it has demonstrated positive statistical changes in health insurance numbers and physician visits for Latinos. Contributing to this health disparity, there are also social and systematic barriers for Latinos. There is an inadequate financial distribution available for Latinos compared to other U.S. residents that act as a primary barrier for the healthcare system. The lack of inclusion of the social and cultural determinants for Latinos is also influencing their health disparities; furthermore, the lack of Latino healthcare providers reduces the trustworthiness Latinos have with the healthcare industry. An illustrative demonstration of the content of this literature review can be found in Figure 1.

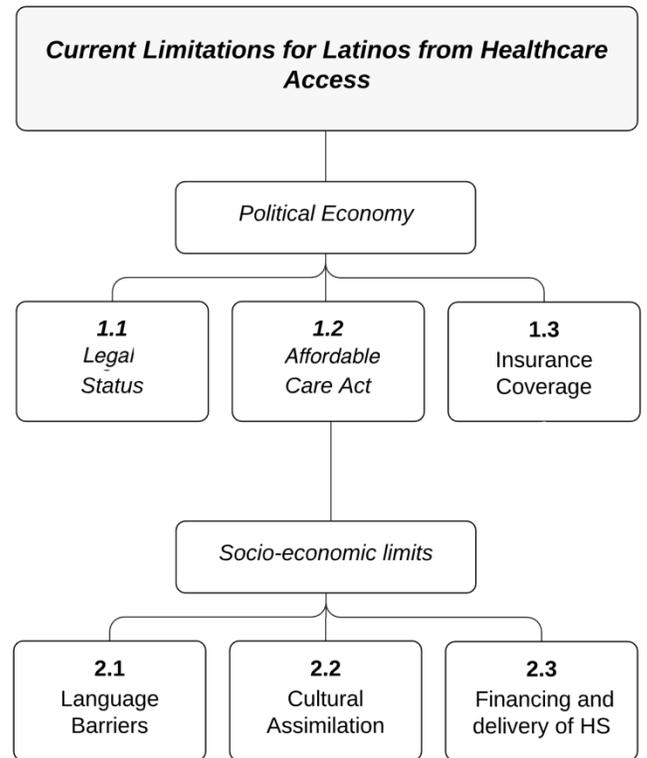


FIGURE 1. The fundamental causes of healthcare access disparities for Latinos in the U.S.

### *Trends Between Conclusions*

Wallace et al., Landale et al., Sanchez, and Sanchez-Youngman agree that the most effective way of improving access to healthcare for those Latinos in a more vulnerable position is to improve immigration reforms (Wallace et al., 2012; Landale et al., 2015; Sanchez & Sanchez-Youngman, 2013). Many consider that further research is necessary to qualify the importance of the documentation status on their access to health services (Landale et al., 2015; Chavez et al., 1992; Wallace et al., 2012). Health insurance's importance as the most influential barrier between Latinos and health care access is also a point of discussion among authors (Carrillo et al., 2001; Morales et al., 2002; Wassink, 2018). Even though there are two decades apart from each publication, all authors agree on the importance of reallocation of financial distributions, the need for more Latino health workers, and the need for inclusion of social and cultural aspects within the healthcare industry (Valdez et al., 1993; Lehman, 2013). In all

sources, the need to improve health policy and create a more culturally sensitive environment was a persistent solution.

### Limitations

From the sources evaluated, most included either a community-engaged study by the authors or an analysis of a survey or pre-collected data that the same organization did. This methodology can lead to an error analysis or a misinterpretation of the results. Another limitation to the proposed solutions of these barriers, including health policy and restructuring of the healthcare system, would require multi-disciplinary action within the political, scientific, academic, and public sectors. The collaboration among these fields will require clear communication methods that are worth developing to ensure health equity among all United States citizens.

### Gaps and Recommendations

Future research must focus on how health policies will be communicated in order to affect the Latino community's access to care. Additionally, overcoming the language barrier faced by millions is essential in the success of equal and fair health access. Another critical source of progress is the inclusion of Latino health care workers into the labor force. They provide critical insight into the challenges and intricacies of a specific cultural identity. Lastly, a multidisciplinary approach must be taken to educate both workers and patients to improve the efficacy, communication and provide better care for those in need of it. The healthcare system must reflect and act upon these issues and barriers in order to eliminate the disparity and discriminatory health care practices that the Latino community experiences.

### References

Alcalá, H. E., Chen, J., Langellier, B. A., Roby, D. H., & Ortega, A. N. (2017). Impact of the Affordable Care Act on Health Care Access and Utilization Among Latinos. *The Journal of the American Board of Family Medicine*, 30(1), 52–62. <https://doi.org/10.3122/jabfm.2017.01.160208>

Cabral, J., Cuevas, A.G. Health Inequities Among Latinos/Hispanics: Documentation Status as a Determinant of Health. *J. Racial and Ethnic Health Disparities* 7, 874–879 (2020). Retrieved from <https://doi.org/10.1007/s40615-020-00710-0>.

Carrillo, J. E., Treviño, F. M., Betancourt, J. R., & Coustasse, A. (2001). Latino access to health care: The role of insurance, managed care, and institutional barriers.

Chartbook on Access to Health Care. Agency for Healthcare Research and Quality. (2020). [https://www.ahrq.gov/research/findings/nhqdr/chartbooks/access/elements.html#:~:text=Access%20to%20health%20care%20means,%22%20\(IOM%2C%201993\)](https://www.ahrq.gov/research/findings/nhqdr/chartbooks/access/elements.html#:~:text=Access%20to%20health%20care%20means,%22%20(IOM%2C%201993).).

Chavez, L., Flores, E., & Lopez-Garza, M. (1992). Undocumented Latin American Immigrants and U. S. Health Services: An Approach to a Political Economy of Utilization. *Medical Anthropology Quarterly*, 6(1), new series, 6-26. Retrieved from <http://www.jstor.org/stable/648740>

Chen, J., Vargas-Bustamante, A., Mortensen, K., & Ortega, A. N. (2016). Racial and Ethnic Disparities in Health Care Access and Utilization Under the Affordable Care Act. *Medical care*, 54(2), 140–146. <https://doi.org/10.1097/MLR.0000000000000467>

Cristancho, S., Garces, D. M., Peters, K. E., & Mueller, B. C. (2008). Listening to Rural Hispanic Immigrants in the Midwest: A Community-Based Participatory Assessment of Major Barriers to Health Care Access and Use. *Qualitative Health Research*, 18(5), 633–646. <https://doi.org/10.1177/1049732308316666>

Escarce JJ, Kapur K. Access to and Quality of Health Care. (2006). Access to and Quality of Health Care. *National Research Council (US) Panel on Hispanics in the United States*. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK19910/>

Krennerich, M. (2017). The Human Right to Health.: Fundamentals of a Complex Right. In Klotz S., Bielefeldt H., Schmidhuber M., & Frewer A. (Eds.), *Healthcare as a Human Rights Issue: Normative Profile, Conflicts and Implementation* (pp. 23-54). Bielefeld: Transcript Verlag. Retrieved from <http://www.jstor.org/stable/j.ctv1fx7w.4>

Landale, N., Hardie, J., Oropesa, R., & Hillemeier, M. (2015). Behavioral Functioning among Mexican-origin Children: Does Parental Legal Status Matter? *Journal of Health and Social Behavior*, 56(1), 2-18. Retrieved from <http://www.jstor.org/stable/44001120>

Lehman, C. (OAD). Latino Immigrants and the Paradox of Health Care in America, 12(1), 1–16. <https://latinostudies.nd.edu/assets/136541/studentbrief12.1.pdf>

Lippard, C., & Price, J. (2011). Latino Health Care in Southern Appalachia: A Community-Engaged Examination. *Journal of Applied Social Science*, 5(2), 66-87. Retrieved from <http://www.jstor.org/stable/23548976>

Nandi, A., Galea, S., Lopez, G., Nandi, V., Strongarone, S., & Ompad, D. C. (2011, September 20). Access to and Use of Health Services Among Undocumented Mexican Immigrants in a US Urban Area. *American Journal of Public Health*. <https://ajph.aphapublications.org/action/showCitFormats?doi=10.2105%2FAJPH.2006.096222>

Nathenson, R., Saloner, B., Richards, M., & Rhodes, K. (2016). Spanish-Speaking Immigrants' Access to Safety Net Providers and Translation Services Across Traditional and Emerging US Destinations. *The Milbank Quarterly*, 94(4), 768-799. Retrieved February 16, 2021, from <http://www.jstor.org/stable/24869208>

Ortega, A., Rodriguez, H., Bustamante, A. (2015). Policy Dilemmas in Latino Health Care and Implementation of

- the Affordable Care Act. *Annual Review of Public Health* 36:1, 525-544
- Pandey, S., Cantor, J., & Lloyd, K. (2014). Immigrant Health Care Access and the Affordable Care Act. *Public Administration Review*, 74(6), 749-759. doi:10.2307/24029499
- Pérez-Escamilla, R. (2010). Health Care Access Among Latinos: Implications for Social and Health Care Reforms. *Journal of Hispanic Higher Education*, 9(1), 43-60. Retrieved from <https://doi.org/10.1177/1538192709349917>
- Porta, C., Allen, M., Hurtado, G., Padilla, M., Arboleda, M., Svetaz, M., ... Sieving, R. (2016). Honoring Roots in Multiple Worlds: Professionals' Perspectives on Healthy Development of Latino Youth. *Health Promotion Practice*, 17(2), 186-198. doi:10.2307/26746782
- Sanchez, G., & Sanchez-Youngman, S. (2013). "The Politics of the Health Care Reform Debate: Public Support of Including Undocumented Immigrants and Their Children in Reform Efforts in the U.S." *The International Migration Review*, 47(2), 442-473. Retrieved January from <http://www.jstor.org/stable/24542828>
- Squires, D. A. (2011, June 30). The U.S. health system in perspective: a comparison of twelve industrialized nations. *Europe PMC*. Retrieved from <https://europepmc.org/article/med/21796847>
- Steven Paul Wallace, Rodriguez, M., Padilla-Frausto, I., & Orozco, E. (2012, December). Improving access to health care for undocumented immigrants in the United States. *ResearchGate*. Retrieved from [https://www.researchgate.net/publication/264537098\\_Improving\\_access\\_to\\_health\\_care\\_for\\_undocumented\\_Immigrants\\_in\\_the\\_United\\_States](https://www.researchgate.net/publication/264537098_Improving_access_to_health_care_for_undocumented_immigrants_in_the_United_States)
- Valdez, R. B., Giachello, A., Rodriguez-Trias, H., Gomez, P., & de la Rocha, C. (1993). Improving access to health care in Latino communities. *Public health reports* (Washington, D.C. : 1974), 108(5), 534-539.
- Walker, S., Dollar, S., & Amonker, R. (2007). POPULATION CHARACTERISTICS AND HEALTH SERVICE USE BY LATINO IMMIGRANTS TO SOUTHWEST MISSOURI. *Great Plains Research*, 17(1), 87-100. Retrieved from <http://www.jstor.org/stable/23779510>
- Wassink, J. (2018). Uninsured migrants: Health insurance coverage and access to care among Mexican return migrants. *Demographic Research*, 38, 401-428. Retrieved January from <https://www.jstor.org/stable/26457051>