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Access to Healthcare for the Hispanic/Latino Population

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Identifying Barriers to Health Care of the Hispanic and Latino Population: An Exhaustive Literature Review

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ABSTRACT

Background: The U.S. Hispanic/Latino population faces significant barriers to accessing healthcare. The most common barriers Latinos face are language barriers, cost barriers, immigration statuses, insurance coverage barriers, transportation barriers, health literacy and education barriers, as well as lack of access to healthcare providers. These barriers impact not only their ability to access healthcare but also the quality of healthcare they receive.

Purpose: To synthesize the existing literature evaluating that identifies barriers to healthcare.

Methods: CINAHL and PubMed were systematically searched, along with a manual internet search for journal articles that studied access to care issues for the Latino population in the United States, barriers to care from the subject perspective and, thereby, to recommend interventions as an outcome of care.

Results: When compared with their non-Hispanic White counterparts, it was found that the Hispanic/Latino population faced more barriers and had lower levels of access to care. Discrimination was a barrier that both providers and participants of studies thought was one of the most harmful barriers, this was an unexpected finding.

Conclusion: Despite the varied focus of the articles selected there was adequate support of diminished care for this population due to 1) lack of education, 2) immigration status, 3) lack of money to pay for care, 4) transportation, 5) discrimination, 6) insurance coverage issues, 7) lack of health literacy or health education, and 8) lack of providers that are accessible. There are

multiple barriers that the Hispanic/Latino population faces when accessing healthcare. The articles support the seriousness of the disparities in health care citing a high incidence of cancer, hypertension, diabetes, obesity, and cardiovascular disease in this population.

INTRODUCTION

Historically, Latinos in the United States have faced barriers that often prevent them from accessing healthcare. The Latino population in the United States has been named one of the populations most at risk of not having access to medical care (Figuereo et al, 2018). All people deserve access to healthcare and the ability to live a healthy life. There are proven socioeconomic and racial/ethnic implications on healthcare access and it is important that healthcare professionals are aware of them and know their impact for this population. The most common barriers Latinos face are language barriers, cost barriers, immigration statuses, insurance coverage barriers, transportation barriers, health literacy and education barriers, as well as lack of access to healthcare providers. Additionally, cultural differences act as a barrier, creating confusion between the healthcare team and patients. The Hispanic/Latino population also face discrimination within healthcare which literature has shown dissuades people from pursuing care (Lightfoot et al, 2019).

In studies, immigrants have reported that an increased anti-immigrant climate causes fear and mistrust of institutions such as hospitals (Luque et al, 2018). This fear is amplified for immigrants who are undocumented since the threat of deportation surrounds even simple activities like going to the doctor. The Hispanic/Latino population has the highest percentage of

uninsured individuals in the United States, as well as the lowest level of health literacy amongst other racial and ethnic groups (Figuereo et al, 2018; Becerra et al, 2016). Immigration status plays a role in a person's ability to be insured, especially as undocumented immigrants are not eligible for government funded health insurance and often cannot afford private insurance (Guadamuz et al, 2020). As of 2017, there were approximately 18 million foreign-born Hispanic/Latino adults in the US and 7 million were undocumented, this creates a large population that has no access to insurance (Guadamuz et al, 2020). Since the cost of healthcare and being uninsured create a financial burden, patients often reported that they were unable to see a physician in the past year due to the cost (James et al, 2017).

All of the barriers mentioned above almost always intersect and act together to make obtaining quality healthcare difficult. Facing any one barrier, but especially transportation or cost issues when attempting to obtain quality care often leads to the postponement of medical care, thereby exacerbating chronic illnesses and leading to more admissions of preventable conditions (Wolfe et al, 2020). The leading causes of death for the Hispanic/Latino population are cardiovascular disease and colon cancer (Luque et al, 2018). Increased access to treatment, primary prevention and screenings would lower the rates of these diseases in the population. The Hispanic/Latino population often receives low quality healthcare this is a direct result of the barriers they must overcome when attempting to access care; self-reported low quality healthcare has been associated with low treatment adherence (Figuereo et al, 2019). The Hispanic/Latino population is the largest, fastest growing ethnic group in the United States therefore knowing how to improve access to quality healthcare is urgent (Figuereo et al, 2019).

METHODS

Information Source and Search Strategy

A Boolean search was conducted in the CINHAL database and the MEDLINE COMPLETE database using the following keywords: (a) Hispanic OR Latino; (b) access to healthcare. This search resulted in 546 results; the majority of results came from the CINHAL database. To narrow it down further, I introduced the following limitations: no articles before 2010, journal articles only, peer-reviewed, and the full text is available online. The search also removed all duplicates between the databases; these limitations narrowed the results to 96 articles.

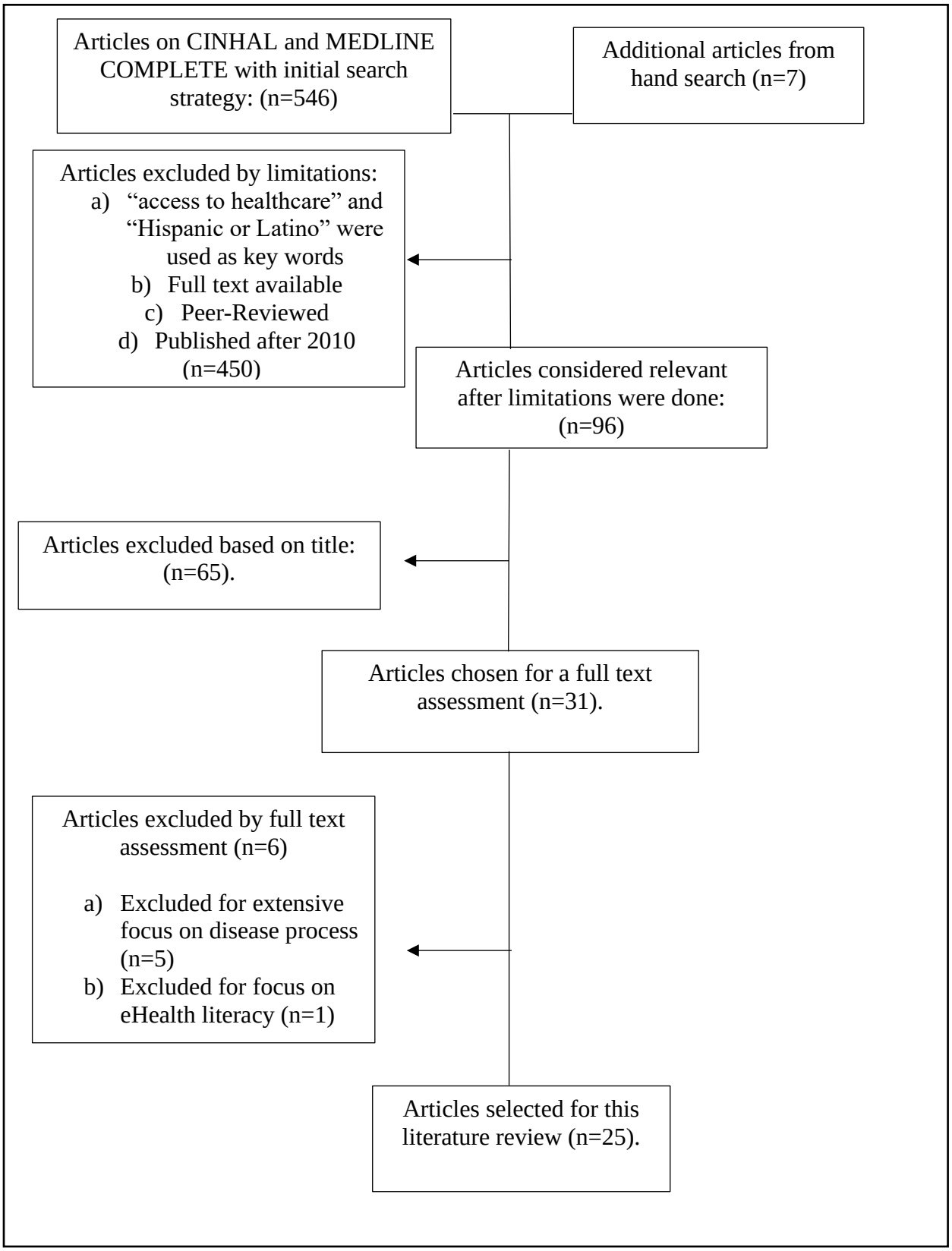
Eligibility Criteria

To narrow the search further I excluded 79 articles based on titles that were not specific to the Hispanic/Latino population and did not focus on the United States. This resulted in 31 articles that I selected for a full text review. After reading the articles five were excluded because they focused more on disease processes than access to healthcare and one article was excluded for focus on eHealth literacy. The final outcome was 25 articles that were selected for this this literature review as shown in Figure 1.

These articles were chosen because they discussed either the implications of lack of access to health care or barriers to health care experienced by the Hispanic/Latino population. They were purposefully chosen because they were written by experts in health care policy or

public health. A majority of authors have previous research in issues related to health care access in minority groups and the implications of issues related to access. Authors were professionals in public health, social work, medicine or worked within the Centers for Disease Control and Prevention (CDC). Articles were sourced from universities that had relevant research in either identifying and examining barriers to care or the implications of barriers to care. A variety were chosen in order to examine both of these ideas. The articles contained relevant data and statistics that were useful in understanding the prevalence of barriers to care, and interpreting the significance of their impact on the process of obtaining and receiving health care.

FIGURE 1


Articles on CINHAL and MEDLINE COMPLETE with initial search strategy: (n=546)
Additional articles from hand search (n=7)
Articles excluded by limitations:
a) "access to healthcare" and "Hispanic or Latino" were used as key words
b) Full text available
c) Peer-Reviewed
d) Published after 2010
(n=450)
Articles considered relevant after limitations were done: (n=96)
Articles excluded based on title: (n=65).
Articles chosen for a full text assessment (n=31).
Articles excluded by full text assessment (n=6)
a) Excluded for extensive focus on disease process (n=5)
b) Excluded for focus on eHealth literacy (n=1)
Articles selected for this literature review (n=25).

RESULTS

Out of the 25 articles selected to be included in this review, some barriers to health care were consistent in a significant number of the articles. Common barriers were language barriers, cost barriers, immigration statuses, insurance coverage barriers, transportation barriers, health literacy and education barriers, as well as lack of access to healthcare providers. Discrimination was also a significant factor for this population when deciding whether or not to seek healthcare. Four articles provided slightly different lenses to further analyze the barriers – Lightfoot, A.F. et al, 2019., Wolfe, M.K. et al, 2020., Shen, M. et al, 2016., & White, K. et al, 2014. The characteristics all the studies included are summarized in Table 1.

The barriers that were most commonly discussed were immigration statuses, insurance coverage barriers, and discrimination. Overall, the literature agreed that these were some of the barriers that most often led to people having reduced access to healthcare. Cost was another barrier that was cited as dissuading people from pursuing care. All of these barriers can coexist at the same time exacerbating the impact that each has individually. The Lightfoot study had a participant report that sticker shock was what led his mother to forego care for her diabetes. This decision undoubtably led to a negative outcome regarding her health. Having undocumented status is often connected to exacerbated financial burden and a lack of health insurance that further increases the burden. All of the studies found this connection, and recorded that requiring documentation for jobs creates barriers that in turn lead to cost burdens for individuals (White, K et al, 2014). Healthcare costs have been found to be particularly harsh for undocumented residents who are prohibited by immigration laws from accessing public health insurance (Lightfoot, A.F. et al, 2019). Even for documented immigrants there is a 5-year waiting period

before they can apply for Medicaid (Shen, M. et al, 2016). Between studies the number of people who were uninsured varied, one study found that 43% of Latinos in North Carolina were uninsured (Lightfoot, A.F. et al, 2019) and another found that 30% of people under the age of 65 in the U.S.-Mexico border region had no insurance which is much higher than the 17% national average (Shen, M. et al, 2016).

Discrimination was a barrier that was discussed more frequently in two of the studies, but the effects it had could be measured in each study. It was found in one study that patient reported discrimination led to treatment seeking delays, interruptions in care and medical mistrust (Lightfoot, A.F. et al, 2019). Another study confirmed that it led to medical mistrust when it discovered that following implementation of stricter immigration laws, immigrants reported increased fear of discrimination when going to access health care (White, K. et al, 2014). Discrimination was described as a "constant form of stress" which increases the odds of negative health outcomes (Lightfoot, A.F. et al, 2016). Having undocumented status increased the odds that a patient was fearful of interacting with healthcare professionals. Fear of being deported led to missed appointments or delayed medical care (White, K et al, 2014).

Barriers that were mentioned less but remain significant with regards to accessing healthcare are language barriers, transportation barriers, lack of access, education barriers and health literacy. Transportation barriers were not discussed in each article, and the impact of transportation as a barrier was disputed, but its connection to other barriers was discussed across multiple articles. 5.8 million people in the United States delayed medical care because they did not have transportation (Wolfe, M.K. et al, 2020). It was reported that immigrants often limited driving out of fear of deportation which led to missed appointments (White, K. et al, 2014). It

was found that the Hispanic population was 1.5 times more likely to report having a transportation barrier when compared with non-Hispanic whites (Wolfe, M.K. et al, 2020). Education levels were found to be connected to the likelihood of having health insurance with 865% of Hispanics with college or higher education reported insurance coverage and 58.81% of Hispanics with high school or less education reporting having coverage (Shen, M. et al, 2016). Health literacy also had a connection to Medicaid enrollment and accessing services. One study found that women did not know which services they were eligible for in spite of whatever their immigration status was, and low enrollment in Medicaid was often explained by a lack of knowledge (Shen, M et al, 2016 & White, K. et al, 2014).

TABLE 1

Authors	Study Design	Subjects	Findings
Wolfe, M.K., et al. (2020)	Survey Study	A sample of 892,235 adults and children across 21 years	In 2017, 5.8 million people in the US delayed medical care because they did not have transportation. The Hispanic population was one group who had greater odds of reporting a transportation barrier.
Klein, A., et al. (2018)	Retrospective Study	3968 women with newly diagnosed breast cancer	The rate of advanced breast cancer was 21.3% whereas it was 13.5% among non-Hispanic patients. Being Hispanic was found to be an independent predictor of having advanced malignancies at a young age. This is tied to low rates of insurances and decreased access to screenings for breast cancer in this population.
Topmiller, M et al. (2017)	Survey Study	439 people who were first-generation immigrants	This study found that the number of clinics within a person's neighborhood impacted their access to care, they also found that a lack of knowledge of available resources was also found to be a barrier.
Shephard, S.M., et al. (2018)	Survey Study	106 racial and cultural minority Americans who reside in a Mid-Western junction	The reports pointed to the existence of discrimination in health care interaction along with inequalities in treatment options and that this discrimination dissuaded members of minority groups from seeking care.

Doshi, M., et al. (2020)	Interviews	28 health care providers in Southeast Michigan	Undocumented immigrants face three phases of delay: delay in the decision to seek care, delay in identifying and traveling to healthcare facilities, and delay in receiving adequate and appropriate care at healthcare facilities.
Martens, C.E., et al. (2015)	Interviews	38 Spanish-speaking individuals across four counties in North Carolina	The Latino population has a strong interest in screening but experiences barriers such as lack of access to resources, cost uncertainty, and stigma.
Lightfoot, A.F., et al. (2019)	Photovoice study	13 Latino/a youth	The findings reflected that it is important to understand their perspectives, and that discrimination and stereotypes experienced within health care lead youth to not seek health care.
Becerra, B.J., et al (2016)	Cross sectional study	1154 participants from the California Health Interview Survey(CHIS) data	The study found that low health literacy was associated with living in poverty, lacking health insurance and limited English language proficiency. These associations along with low health literacy itself are known to be barriers to health care, highlighting the importance of health literacy related to access to care.
Barnert, E.S., et al (2020)	Qualitative study	69 interviews with 22 Latino youths and their parents post-incarceration	Latino youths experienced cultural barriers to care as well as barriers because of undocumented status, and stressors related to poverty and neighborhood environment.
Whittle, S.B., et al. (2019)	Retrospective Study	104,597 childhood cancer admissions across 44 states	Hispanic ethnicity was associated with higher cost of hospitalization regardless of payer, this creates an additional burden on families and could dissuade them from pursuing care.
Delavar, A., et al (2020)	Retrospective Study	67,061 children and adolescents diagnosed with a first primary malignant cancer	Racial/ethnic minority children and adolescents were observed to have a higher risk of death than non-Hispanic white children and adolescents with more amenable cancers having larger survival differences. This disparity may be associated with differences in access to health care resources.

Pardasani, M., et al. (2014)	Cross sectional study	137 low-income or poor consumers who receive health care and social services in publicly funded facilities	Minority consumers identified language barriers and trust barriers along with a lack of resources and a reluctance of health care staff to incorporate their cultural values into the care plan.
Luque, J.S., et al. (2018)	Qualitative study	30 uninsured Latina immigrants	Participants identified that their primary health care access barriers included high costs, lack of health insurance, family and work responsibilities and language barriers. They reported using social networks to cope with these barriers.
Guadamuz, J.S., et al. (2020)	Cross sectional study	Hispanic/Latino immigrants with high cholesterol (n=3974), hypertension (n=3353) or diabetes (n=2406)	Undocumented and documented immigrants had less access to healthcare than naturalized citizens. They were less likely to receive treatment for high cholesterol, hypertension and diabetes.
Okoro, C.A., et al. (2017)	Survey Study	456,119 adults who completed the insurance coverage study	States that expanded Medicaid had higher rates of health insurance coverage, a usual source of care, having a routine checkup and not experiencing unmet health care need. They also had higher rates of breast and cervical cancer screenings and influenza vaccination.
James, C.V., et al. (2017)	Survey Study	263,054 adult respondents in rural counties in all 50 states and DC	Ethnic minorities were more likely to report their health as fair or poor, that they had obesity and that they were unable to see a physician in the past 12 months because of cost than their non-Hispanic counterparts. They were also less likely to have a primary care provider.
White, K., et al. (2014)	Interviews	30 women of Latina descent	Immigration law affects access to care by causing increased fear among immigrants of being detained and this leads them to avoid care. An increased sense of mistrust and discrimination is evidenced to be a barrier to care.
Bauer, S.R., et al. (2015)	Cross sectional study	Census block groups in Boston, MA	Waiting time, transportation, financial and effort costs, ease of use, and social stigma can all be significant barriers to the use of beneficial social services. Geographic access remains to be a major barrier to use of services or low-income individuals with limited means of transportation and resources.

Askim-Lovseth, M.K., et al. (2010)	Review Article	81 articles relating to health care disparities of the U.S. Hispanic population	Among U.S. Hispanics, access to health care is encumbered by poverty, lack of insurance, legal status and racial or minority status.
Figuereo, V., & Calvo, R., et al. (2018)	Interviews	3,997 Latinx adults	Health care seeking is not simply an individual decision solely driven by one's sociodemographic background, access factors, and health status, but also involves the reliance on social networks.
Caldwell, J.T., et al. (2016)	Analytical Study	Adults aged 18-64 years, sample groups ranging from 49,839-105,306	Living in a rural area corresponded with lower levels of screenings and dental visits, these levels were even lower among the Hispanic population as compared to the White population.
Avila, R.M., & Bramlett, M.D. (2013)	Interviews	91,642 children, an adult knowledge about their health completed the survey	Hispanic children are more than twice as likely as non-Hispanic, white children to be in fair/poor health or to lack a usual source of care, almost twice as likely to lack consistent health insurance, and about 50% more likely to lack current insurance. A need for health care services to be provided in a multi-language platform is essential, as not speaking English was shown to be a barrier to health care.
Shen, M., et al. (2016)	Analytical Study	78,944 Hispanic adults between 18-64	Hispanics living the US-Mexico border region had significantly lower odds of having health insurance and access to doctors. The border region is associated with lower likelihood of healthcare access.
Leung, P., et al. (2014)	Survey Study	90 Mexican American/Latino adults	Discrimination and concern about access to health care were found to be stressors that made a person more likely to possess depressive symptoms.
Rodriguez-Acala, M.E., et al. (2019)	Meta-Study	83 articles published from 1981-2016	In addition to structural barriers, acculturation and social capital also have a large impact on Latinx access to healthcare.

DISCUSSION

The literature confirmed the presence of numerous and varied barriers to accessing healthcare faced by the Hispanic population in the United States. Highlighted throughout some

articles were the implications of healthcare professionals not understanding how these barriers affect people. Education of services available to immigrants regardless of immigration status for healthcare providers is important, as the literature showed that when there was a lack of knowledge in this area services were withheld. The results of this study show that healthcare providers need to be mindful of cultural background when caring for patients, and especially when discharging them from care. This mindfulness is important because their cultural identity has been shown to impact both their access to healthcare, and their overall health.

Limitations of the study: Some studies had smaller sample sizes, which could have skewed the results by not collected enough opinions in order to account for differences that likely occur within the focus population. Varying geographic areas were represented in the studies that were chosen, but obviously each region of the United States was not covered so access to health care could potentially look different in regions that were unrepresented in this review. There were no discrepancies among the literature, but a general consensus about what the barriers were and their effect was present across the literature.

It is clear from the research that the things that keep this population from accessing healthcare includes: discrimination, language barriers, cost barriers, immigration statuses, insurance coverage barriers, transportation barriers, health literacy and education barriers, as well as lack of access to healthcare providers. And all of these barriers, when recognized by health care providers, makes it clear why the health outcomes of Latinos and Hispanics tend to be poorer than health outcomes of other populations. More research is needed on the effects of poor health literacy on quality of care. There is a research gap regarding the importance of health

teaching among minority groups, evidenced by the percent of people who know the signs and symptoms of heart attack were lower in all minority groups than the national average. There are numerous articles on what the barriers are and their implications, but research on how to create opportunities to overcome barriers to access for this population would be highly beneficial.

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