

# No Health Insurance?

*It's Enough to Make You Sick.*

## ***Latino Community at Great Risk***

White Paper of the  
American College of Physicians–  
American Society of Internal Medicine

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## Foreword

Evidence from hundreds of studies conducted over the last ten years confirms the real consequences of being uninsured. Given the fact that Latinos are more likely to be uninsured, they are also more likely to experience the health risks of being uninsured. The American College of Physicians-American Society of Internal Medicine (ACP-ASIM), representing 115,000 physicians of internal medicine and medical students, presents the significant data it has collected in "No Health Insurance? It's Enough to Make You Sick: Latino Community at Great Risk." (ACP-ASIM will also be making a Spanish translation of this paper available to the public because it feels it is important to share this information as widely as possible among the Latino community.)

Over 11 million Latinos, including 3.4 million Latino children, were uninsured in 1998. Although Latinos accounted for only 11.7% of the total population, they represented over 25% of the uninsured population. Because too many Latinos do not have access to health insurance coverage, they are less likely to have access to regular medical care. Access to medical care is particularly important for Latinos because they also have a higher prevalence of chronic diseases that can be managed with the proper treatment through a continuing relationship with a physician.

The Latino population is projected to grow faster than the average for the total population, making the Latino population the largest minority group by 2005. This rapid increase in the Latino population, combined with Latinos higher prevalence of certain diseases and their disproportionate number of uninsured, suggest that the health status of the nation will be at risk unless we take action now to ensure that all persons, including Latinos, have health insurance.

During the 2000 elections, candidates for the Presidency and Congress will be debating how best to appeal to the growing number of Latino voters. ACP-ASIM believes that a candidate's commitment to addressing the needs of the Latino population should be measured by the proposals that he or she puts forth to provide access to health insurance coverage to the uninsured, especially for Latinos. Failure to address the crisis in health insurance coverage for Latinos will inevitably result in more uninsured Americans. The health of the nation, as a result, will suffer.

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## Executive Summary

Census Bureau population projections portend a dramatic change in the composition of the U.S. population. The Latino group is projected to grow at an annual rate that may exceed 2% until 2030. (24) By the year 2005, Latinos are estimated to become the largest minority group in the United States. The Census Bureau estimates that the Latino population will increase to 36.1 million by 2005, accounting for 12.6% of the total U.S. population. By 2030 the Latino population is estimated to increase to 64.6 million or 18.9% of the total population, and by 2050 to increase to 96.5 million or 24.5% of the U.S. population. During this same time the non-Latino white population is expected to decrease from 72% to 53% of the U.S. population.

The Latino population has, unfortunately, been consistently over-represented in the uninsured population. Between 1989 and 1996, for example, the number of uninsured persons increased by 8.3 million. Because Latinos were the fastest growing segment of the population, they accounted for 3.0 million or 36.4% of the increase in the number of uninsured. (65) Even though Latinos represented 11.7% of the total population, they accounted for 25.3% of the total uninsured population in 1998. (14) *Given the current projected growth in the Latino population, the number of uninsured and the proportion of the U.S. population that is uninsured are also expected to increase through 2050.*

More than half of the Latino population is made up of women, infants, and children. They face the most pressing health challenges and barriers to health care. By the year 2005, Latino children will be the largest minority population under age 18. Of these children, 34.4% will live in poverty. (68)

In 1998, among children under 18 years of age, Latino children were the most likely to be uninsured. Three out of 10 or 30.0% of Latino children were uninsured compared with 19.7% of black children and 12.7% of non-Latino white children. In 1996, among young adults aged 19 to 24, 58.5% of Latino men were uninsured compared with 33.5% of young non-Latino white men and 45.9% of Latino women were uninsured compared with 28.9% of young non-Latino white women. (43)

As the U.S. continues to grow and diversify, the lack of health insurance among the Latino population will have an increasing impact on the nation's health status. Numerous studies have documented the consequences of being uninsured. (4) All of these consequences are disproportionately born by the Latino community. Given the fact that Latinos are more likely to be uninsured, they are also more likely to experience the health risks of being uninsured.

Health risks experienced by the uninsured Latino population include a reduced access to care and poorer medical outcomes. The uninsured are less likely to have a regular source of care, less likely to have had a recent physician visit, more likely to delay seeking care, more likely to report they have not received needed care, and less likely to use preventive services.

- Uninsured Latinos are 2.6× less likely to have a usual source of care.
- Uninsured Latino men are 2.1 x less likely and uninsured Latino women are 3x less likely to have had a recent physician visit.
- One-third of Puerto Ricans and 40% of Mexican-Americans and Cuban-Americans have not had a recent physician visit. Over one-quarter of Mexican-Americans have never had a physical exam.
- Latinos are 1.5× more likely to use the hospital ER as a primary source of care compared with the general population.

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“Hispanic” and “Latino” are used interchangeably to refer to persons of Hispanic descent from Mexico, Puerto Rico, Cuba, and Central and South America living in the United States. The designation “Hispanic” is a federal designation used in national and state reporting systems. “Latino” is a self-designated term used by members of different groups. “Hispanic” and “Latino” are used in this paper without preference or prejudice.

- Uninsured Latino adults are 1.7× more likely and uninsured Latino children are 1.6× more likely to self-report only fair/poor health.

Uninsured persons, including Latinos, experience a generally higher mortality and a specifically higher in-hospital mortality, may be up to three times more likely than privately insured individuals to experience adverse health outcomes, and have been found to be up to four times as likely as insured patients to require both avoidable hospitalizations and emergency hospital care.

- Incidence of diabetes-related end-stage renal disease (ESRD) in the Latino population is up to 6x greater than in the non-Latino white population. Latinos suffer a death rate from diabetes 1.6× that for non-Latino whites.
- Mexican-American men and women are up to 3.5× less likely to seek care to control hypertension than is the general population.
- Uninsured Latino women with breast cancer are 2.3× more likely to be diagnosed at a later stage.
- Uninsured Latino men with prostate cancer are 3.75× more likely to be diagnosed at a later stage.
- Uninsured Latino children who are ill are 1.7× less likely to receive medical treatment for sore throat or tonsillitis, 1.2× less likely for a recurrent earache, and 1.3× less likely for asthma.

In addition, the Latino community is burdened by a greater prevalence of highly preventable diseases including hypertension, tuberculosis, and diabetes. (5 1) All of these illnesses can be better controlled by early detection and treatment. However, because over 35% of the Latino population is uninsured and therefore less likely to seek preventive care, these illnesses are more likely to be diagnosed and treated at a later stage. Specific health risks in the Latino community include:

- Diabetes is twice as prevalent in Latinos than in the non-Latino white population. (40) Latinos experience a death rate for diabetes that is 1.6× that for non-Latino whites. Moreover, this disease strikes a younger age group and often leads to complications that have been attributed in part to the difficulties encountered in obtaining adequate health care. (75)
- Only 71% of Latino children are fully vaccinated against childhood diseases by age 2 versus 79% of non-Latino white children. (40) Latino children living in poverty between the ages of 19 and 35 months are vaccinated at a rate that is 1.3× less likely than all children and 1.4× less than non-Latino white children; 74% of Latino children, compared with 81% of non-Latino white children and 78% of non-Latino black children, are fully vaccinated. (82)
- Vaccination levels against pneumococcal infections and influenza among people over 65 years of age in the Latino population are below that of the general population. (40) In 1996, Latinos were 1.3× less likely than non-Latino whites to be vaccinated for influenza and 2.2~ less likely to be vaccinated for pneumonia than non-Latino whites.
- Latinos are twice as likely to have tuberculosis as the total population.
- Latino pregnant women of all education levels are up to 1.8× less likely to seek prenatal care in the first trimester. In 1995, infant mortality for Puerto Rican infants (8.9 deaths per 1000 live births) was about 40% higher than infant mortality for non-Latino whites. Compared with infant mortality for non-Latino white babies, Puerto Rican neonatal mortality (death before 28 days of age) was 50% higher and post-neonatal mortality (death in the first through eleventh month of life) was nearly 30% higher.

- Mexican-American men and women with hypertension are less likely to have the hypertension controlled by medication than the general population diagnosed with hypertension. This holds true across all income levels. Mexican-American men are 1.2× to 2.0× less likely to seek care, and Mexican-American women are 1.4× to 3.5× less likely to seek care.

In short, as is true for the total uninsured population, uninsured Latinos tend to live sicker and die earlier.

Lack of insurance contributes to the endangerment of the health of each uninsured American as well as to the collective health of the nation. Because Latinos are at greater risk of being uninsured, particular attention must be paid to reducing the numbers of uninsured Latinos. Lack of health insurance coverage should be viewed with the same degree of national urgency as other known health risk factors such as obesity and smoking. It is particularly urgent that the United States reduce the number of Latinos who are uninsured. The Latino population is the fastest growing population group in the country but also the group with the greatest proportion of uninsured individuals.





## Introduction

This second White Paper in the American College of Physicians-American Society of Internal Medicine (ACP-ASIM, or “the College”) series on the health risks of uninsured Americans is the first to address the health risks of a specific population. The focus here is on the uninsured Latino’ population. The Latino population has the greatest proportion of uninsured individuals, with 35.3% of the Latino population lacking health insurance coverage in 1998. (14)

This paper analyzes data on the proportion and number of Latinos that are uninsured, demographic characteristics of uninsured Latinos, projections on growth in the Latino population, health characteristics and disease prevalence in the Latino population, indicators of access to care and health outcomes of Latinos, and the impact of the lack of health insurance on illness, death and unnecessary suffering for uninsured persons—with particular attention paid to uninsured Latinos. Although there are extensive data available on the health risks of Latinos and on the health risks of the uninsured in general, ***there has not been adequate attention in the research literature to the health risks of uninsured Latinos.*** However, ACP-ASIM believes that the data presented in the paper persuasively demonstrate that:

- Latinos are more likely to be uninsured than the general population.
- The Latino population in the United States will grow rapidly, leading to more uninsured Americans unless steps are taken now to provide health insurance coverage to the uninsured, particularly uninsured Latinos.
- Latinos are at great risk for experiencing certain serious diseases that, if not diagnosed and treated promptly, can lead to unnecessary suffering and premature death.
- Latinos have less access to regular medical care than does the general population.
- Lack of health insurance coverage has been demonstrated to be associated with reduced access to regular medical care, delays in getting necessary diagnoses and treatment, poorer outcomes, increased suffering, and even premature death.
- Because Latinos are more likely to be uninsured, they are at far greater risk than other population groups of experiencing reduced access to regular medical care, delays in getting necessary diagnosis and treatment, poorer outcomes, increased suffering, and even premature death.

In other words, the lack of health insurance is itself a serious health risk factor for uninsured Latinos, as it is for uninsured Americans generally, even after other demographic and social factors are taken into account.

## Growth in the Latino Population

Census Bureau population projections portend a dramatic change in the composition of the U.S. population. The Hispanic group is projected to grow at an annual rate that may exceed 2% until 2030. (24) By the year 2005, Hispanics are estimated to become the largest minority group in the United States. The Census Bureau estimates that the Hispanic population will increase to 36.1 million by 2005, accounting for 12.6% of the total U.S. population. By 2030 the Latino population is estimated to increase to 64.6 million or 18.9% of the total population, and by 2050 to increase to 96.5 million or 24.5% of the U.S. population. During this same time the non-Hispanic white population is expected to decrease from 72% to 53% of the U.S. population.

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The Latino population has, unfortunately, been consistently over-represented in the uninsured population. For example, between 1989 and 1996 the number of uninsured persons increased by 8.3 million. Because Hispanics were the fastest growing segment of the population, they accounted for 3.0 million or 36.4% of the increase in the number of uninsured. (65) In 1998, Hispanics represented only 11.7% of the total, yet they accounted for over 25% of the total uninsured population. ***Given the current projected growth in the Latino population, the number of uninsured and the proportion of the U.S. population that is uninsured is also expected to increase through 2050.***

## Sociodemographic Characteristics of the Latino Population

The diversity of the Latino population is noteworthy. The largest subgroups are those of Mexican, Cuban, and Puerto Rican descent. (36) According to the Census Bureau, approximately 65.2% of the Latino population living in the continental U.S., Alaska, and Hawaii are of Mexican origin; 9.6% are of Puerto Rican origin; 4.3% are of Cuban origin; 14.3% are of Central and South American origin; and the remaining 6.6% are of "other Latino" origin, which includes Dominicans and European Spaniards. (68) Hispanics belong to all races-white as well as black, Asian and Native American. The Hispanic population reflects diversity not only in race but also in nationality, ethnicity, culture, religion, socioeconomic status, and social class.

The subgroups of Latinos vary by their patterns of geographic distribution. The Mexican population tends to live predominantly in the Southwest, the Cuban population lives primarily in Florida, and the Puerto Rican population resides mostly in the Northeast. (36)

### States with the Largest Hispanic Populations

State	Hispanic Population	% Total Hispanic Population	% Mexican-American	% Puerto Rican	% Cuban	% Central/South American	% Dominican
California	9,453,667	34.3%	80.3%	1.7%	1.0%	10.9%	
Texas	5,639,907	20.5%	90.8%	1.1%	0.5%	3.2%	
Florida	2,080,097	7.5%	10.0%	15.5%	43.5%	20.6%	2.2%
New York	1,989,939	7.2%	3.9%	48.7%	3.6%	19.6%	16.6%
Illinois	1,144,641	4.2%	69.7%	16.8%	2.0%	7.0%	
Arizona	963,442	3.5%	91.0%	1.3%	0.4%	1.6%	
New Jersey	866,002	3.1%	3.9%	42.2%	12.1%		7.3%
New Mexico	669,106	2.4%	57.1%	0.5%	0.1%	0.7%	
Colorado	541,213	2.0%	66.4%	1.7%	0.5%	1.9%	

**Source:** U.S. Census Bureau, *Population Estimates for States by Race and Hispanic Origin - July 1, 1998*. Proportions for the various groups were identified by the National Latino Research Center at California State University, San Marco. Demographics are based on 1990 U.S. Census Bureau data.

Although some Latinos live in every state, the majority, roughly 69.5%, live in four of the nation's most populous states-California, Texas, Florida, and New York. The health policies in these states, therefore, will have a direct impact on access to care for Hispanics.

Notably, nearly 4 of every 10 New Mexicans are Hispanic. In California and Texas, one in four persons is Hispanic. Latinos tend to reside in urban cities: A greater proportion of Latinos (90.4%) live in metropolitan areas than non-Latinos (76.2%).

Almost 66% of all Hispanic-Americans were born in the U.S. (79) Nearly 75% are native-born or naturalized citizens. About 67% of Mexican-Americans were born in the U.S. and another 7.5% became citizens after arrival. Among Cuban-Americans, 64% are native-born or naturalized compared with 46% of South Americans and 36% of Central Americans.

The overall Latino population is younger than the non-Hispanic white population, with the exception of the Cuban population. In 1995, the median age for Mexican-Americans was 24.4, for Puerto Ricans 26.9, for Cuban-Americans 40.4, and for Central and South Americans 28.4, in comparison to the non-Latino median age of 35.5. (45)

The Mexican-American, Puerto Rican, and "other Hispanic" subgroups are significantly younger than the Cuban-American subgroup. Forty percent of Mexican persons, 38% of Puerto Rican persons, and 33% of "other Hispanic" persons were under 18 years of age compared with only 24% of the Cuban and non-Hispanic white persons. (45)

**Percent of Latinos Working in Specific Job Categories - 1996**

Occupation	White Collar	Blue Collar	Service	Farm
<b>Men</b>				
Hispanic	26.1%	49.4%	15.4%	9.0%
All Races	48.4%	39.2%	8.7%	3.8%
<b>Women</b>				
Hispanic	<b>52.3%</b>	18.4%	<b>26.7%</b>	<b>2.7%</b>
All Races	72.9%	10.2%	15.8%	1.1%

**Source: Health, United States, 1998, Socioeconomic Status and Health Chartbook (82)**

Latino males participate in the labor force at a higher rate than non-Latino white men (78.4% versus 74.3% respectively). However, Latino women participate at a lower rate, 55.8%, than non-Latino women at 60.3%. (68) Latino men are 1.4x less likely to be employed in a white-collar position than the general population and 1.3x more likely to be employed in a blue-collar position. **These positions tend to be lower skilled and lower paid positions that often do not offer employer-based health insurance.** In March 1999, 6.7% of Latinos were unemployed. (68)

**Percent of Latinos that are Poor or Near Poor - 1996**

1996	Median Family Income	% Poor	% Near Poor
<b>All Persons</b>			
Hispanics	\$24,906	29.4%	<b>30.5%</b>
All Races	\$35,492	13.7%	19.8%
<b>Children Under 18</b>			
Hispanics		<b>40.3%</b>	<b>31.7%</b>
All Races		<b>20.5%</b>	<b>22.7%</b>

**Source: Health, United States, 1998, Socioeconomic Status and Health Chartbook (82)**

Persons of Hispanic origin are disproportionately represented among the poor and near poor. (82) In July 1996, 40% of Hispanic children were among the poor and near poor. In March 1998, 34.4% of Latino children lived below poverty. (68) In 1998, 43.5% of Puerto Rican children lived below poverty, 35.4% of Mexican-Americans, 26.6% of Central and South Americans, 16.4% of Cuban-Americans, and 3 1.6% of other Hispanic children. In 1998, Latino children represented 15.7% of all U.S. children but accounted for over 28% of all children in poverty. (68)

In March 1999, Hispanic families were 1.8x more likely than non-Hispanic white families to be headed by a female householder with no spouse. In 1998 Latinos were 3x more likely to be living below the poverty level than non-Hispanic whites. (68)

## Who Are the Uninsured Latinos?

Latinos living in the Southwest and South are more likely to be uninsured than Latinos living in other parts of the country. (83) California, the state with the greatest population of Hispanics, reported in a recently released study, "The State of Health Insurance in California, 1999," that in 1998 40% of California's Latino population was uninsured, 45% of Latino women were uninsured, and 32% of Latino children were uninsured. Only 40% of the state's Latino population had job-based insurance and only 17% were covered by Medicaid. In Texas, 40% of Latinos are uninsured. (77)

In 1996, 18.2% of the total population in Florida was uninsured. Latinos accounted for 17.3% of the total population but 28.9% of the uninsured population (594,968 uninsured Latinos out of a total 2,055,647 uninsured population). Florida had 25.1% uninsured Hispanic children in 1996 (158,883 out of 632,951 uninsured children). (26)

Nationally, 32.9% of Hispanics under 65 years of age were uninsured in 1994, versus only 17.8% of the total population. Mexican-Americans had the highest uninsured rate (37.2%) and only 14% of Mexican-Americans participated in Medicaid. (78, 80) Puerto Ricans had the lowest uninsured rate (17.4%) but more than one-third were covered by Medicaid (5.5x greater than Mexican-Americans and 5x greater than Cuban-Americans). Cuban-Americans had an uninsured rate of 2 7.4%. More Cuban-Americans are likely to have private insurance; there are also more Cuban-Americans participating in Medicare, reflecting their older age. (78) These data are confirmed by more recent data indicating that Central and South Americans (at 44.3%) and Mexican-Americans (at 41.6%) still have the highest uninsured rates among the Latino population. (45)

Latinos, particularly Mexican-Americans, are uninsured because their primary employment is in the lower skilled and lower paid sectors of the economy, which are less likely to provide insurance coverage as a benefit. (83) Eighty-five percent of non-Hispanic white workers have employment-based insurance versus 60% of Hispanic workers. Among part-time workers, 64% of non-Hispanic whites have employment-based insurance versus 40% of Hispanics. (37)

### **Percent of the Latino Populations with Health Insurance Coverage - 1992**

Insurance	All Hispanics	Mexican-Americans	Puerto Ricans	Cuban-Americans	Central/South Americans	Other Hispanics
Private	48%	45%	42%	53%	46%	57%
Medicaid	18%	13%	35%	8%	10%	13%
Medicare	6%	4%	6%	14%	3%	7%
Uninsured	32%	36%	14%	24%	40%	21%

*Sow-ce: "The Emerging Hispanic Population," J Natl Comm Inst Monograph No. 18, 1995 (67)*

In concert with a lack of insurance, evidence that race and ethnicity correlate with health disparities among U.S. populations demands national attention. Despite the advances in the nation's health care, the continuing disparities in the burden of illness and death experienced by Latinos and all other minorities, particularly those that are uninsured, necessitates action. The demographic changes that are anticipated over the next decade will only intensify the impact of these disparities on the nation's health.

## Uninsured Latinos Experience Reduced Access to Health Services

Latinos accounted for over 25% of the total uninsured population in the U.S. in 1998; 11.2 million Latinos had no insurance, including 3.4 million Latino children. As a consequence, Latinos are at great risk of experiencing reduced access to health services.

Numerous studies confirm that the lack of health insurance is linked to reduced access to health care services. (11, 29, 65, 82) These studies also show that the uninsured are less likely to receive preventive and primary care than the insured. (8, 10, 27, 29, 34, 55, 58) Uninsured persons are also less likely to have a relationship with a primary care physician (a regular source of care) (9, 10, 20, 55, 58, 92) or to receive required preventive services such as cancer screening for adults and checkups for children (5, 70). The uninsured are more likely to use the emergency room as a regular source of care (10, 29, 73). These differences exist even for those who have chronic conditions and special health care needs. (38) The uninsured are also more likely to self-report a poorer health status. (35, 87)

As noted earlier, there has been less research into the impact of the lack of health insurance coverage on access to care for subgroups of the uninsured population, including Latinos. The limited research that has been done on uninsured Latinos strongly suggests that they are at risk of reduced access to medical care and poorer outcomes as a result of not having coverage. Further, it is reasonable to conclude that where the evidence shows that uninsured persons in general have reduced access to care and poorer health outcomes, these findings are likely to hold true for uninsured Latinos.

Trevino (78) found that uninsured Hispanics are:

- Less likely to have a regular source of care
- Less likely to have visited a physician in the past year
- Less likely to have received a routine physical exam
- Less likely to rate their health status as excellent or very good

More importantly, since Latinos account for over 25% of the nation's uninsured population but only 11.7% of the total population, this group disproportionately experiences these measures of reduced access to care.

Although a *regular source of care* promotes continuity of patient care and has been found to be a strong predictor of the receipt of preventive care (8), uninsured Latinos aged 65 and under are up to 2.6~ less likely to have a regular source of care. Those 18 to 24 years of age are 1.7× less likely to have a regular source of care. (92) Mexican-Americans are the least likely to have a regular source of primary care. (80)

**Latinos with No Usual Source of Care (1996)**

Latinos	% Without a Usual Source of Care
<b>&lt; 65 years of age</b>	
Uninsured	50.9%
Insured	19.7%
<b>18-24 years of age</b>	
Uninsured	46.9 %
Insured	26.9%

**Source: Changes in Access to Care, 1977-1996 (92)**

Perhaps related to the lack of a regular source of care, in 1994, 22% of Hispanics reported trouble obtaining access to specialty care compared with 11% of the total population. Mexican-Americans reported this difficulty 19% of the time, Puerto Ricans 24%, and Cuban-Americans 27%. (22)

Also, as a result of such a widespread lack of insurance and the lack of a regular source of care, Hispanics are more likely than non-Hispanic whites to have hospital-based providers (including hospital clinics and outpatient departments) as their usual source of care. Latinos are 1.5× more likely to use hospital-based providers than non-Hispanic whites (11.9% vs. 7.8%). (86)

Despite the importance of a **recentphysician visit**, uninsured Latino men are 2.1× less likely to have had a recent physician visit than the insured. Uninsured Latino women are 3× less likely to have had a recent physician visit than the insured. Uninsured persons who do not receive timely and appropriate ambulatory care when ill may suffer adverse consequences that require more intensive care in the future. (82) Better access to primary care is important because primary care facilitates better preventive care and specialized services. A number of studies found that the uninsured had fewer health care and dental visits and fewer preventive visits. (8, 12, 33, 59, 65)

**Latinos With No Doctor Visit In Last Year (1995-1996)**

Latinos	% Without a Recent Physician Visit
<b>Men</b>	
Uninsured	40%
Privately insured	19%
<b>Women</b>	
Uninsured	24%
Privately Insured	8%

**Source: Key Facts: Race, Ethnicity & Medical Care, Kaiser Family Foundation (42)**

Latinos, especially Mexican-Americans, have the lowest level of medical and mental health care utilization in the country. (78) Overall, 17% of Hispanic adults with a health problem have not had a physician visit within the year. Hispanic adults with a health problem are 1.5× more likely than non-Hispanic whites not to have seen a physician. (40) At every income level, there are more Hispanics **with a health problem** who have not received care from a physician. (40)

One-third of Puerto Ricans and 40% of Mexican-Americans and Cuban-Americans have not had a recent physician visit. Uninsured Mexican-Americans are three times more likely than Cuban-Americans and almost four times more likely than Puerto Ricans to never have had a physical exam. Twenty-nine percent of Mexican-Americans, 9.9% of Cuban-Americans, and 7.7% of Puerto Ricans have never had a physical exam. (78)

The incidence for hypertension has been reported to be 16.8% in Mexican-American men, 14.1% in Mexican-American women, 15.6% in Puerto Rican men, 11.5% in Puerto Rican women, 22.8% in Cuban-American men, and 15.5% in Cuban-American women. (45) Mexican-American men and women with hypertension are less likely to have the hypertension controlled by medication than the general population with hypertension. This holds true across all income levels. Mexican-American men are 1.2× to 2.0× less likely to seek care (with poor men having the greater risk), and Mexican-American women are 1.4× to 3.5× less likely to seek care (with near-poor women having the greatest risk). (82)

Hispanics are twice as likely to have tuberculosis as the total population. The average number of cases in the total population is 8.7 per 100,000, while among Hispanics the average number of cases is 18 per 100,000. (80)

Although the prevalence of certain diseases in the Latino population cannot necessarily be attributed solely or directly to lack of health insurance coverage, the data suggest that because Latinos are more likely to be uninsured, they are less likely to receive needed medical care, which results in poorer outcomes when they obtain treatment for such conditions.

## Uninsured Latinos Experience Poorer Medical Outcomes

Uninsured persons, including Latinos, are more likely to experience avoidable hospitalizations (7, 9, 88), be diagnosed at later stages of life-threatening diseases (5, 70), be hospitalized on an emergency basis (9), be hospitalized for chronic conditions that could be better controlled with reliable access to physician services (88), and experience an increased risk of mortality. (28, 32) The Latino community is disproportionately burdened by poorer medical outcomes in large part because they account for 35.3% of the uninsured population. (14)

Delay in receiving or failure to obtain timely, effective ambulatory care can result in **avoidable hospital admissions** for many conditions such as asthma, diabetes, or congestive heart failure. Higher rates of admission for these conditions in a specific geographic area or among a population subgroup can be an indication of serious access or performance problems. (7) The incidence of diabetes-related end-stage renal disease in the Latino community has been reported to be six times greater than that of the non-Hispanic white population. (5 1)

Much of the burden of diabetes can be prevented with early detection, improved delivery of care, and better education on diabetic self-management:

- Early detection and treatment (via an annual dilated eye exam) can prevent 90% of blindness due to diabetic eye disease.
- At least half of the new cases of diabetes related kidney failure could be prevented.
- Over half of the lower-extremity amputations could be prevented.
- Prevent adverse maternal and infant health outcomes associated with diabetes.
- Diabetics are at risk for increased death due to influenza or pneumonia yet only 50% get an annual flu shot. Flu/pneumococcal vaccinations can prevent these deaths. (15)

Previous studies of Hispanic elders suggest that Puerto Ricans may be the most likely to seek the care of a physician, though perhaps not in an office visit, and Mexican-Americans the least likely. A study which reviewed data from the 1988 National Survey of Hispanic Elderly People (with an average age of 73 years), found that Cuban-Americans and Puerto Ricans were 2.3× and 2.6× more likely, respectively, to have seen a physician than were Mexican-Americans. (13)

Vaccination levels against pneumococcal infections and influenza among Hispanic people over 65 years of age are below that of the general population. (40) In 1996, among adults over 65 years of age, Hispanics were 1.3× less likely than non-Hispanic whites to be vaccinated for influenza (49.9% of Hispanics were vaccinated compared with 60% of non-Hispanic whites). In 1996, Hispanics were 2.2× less likely to be vaccinated for pneumonia than non-Hispanic whites; 14% of Hispanics were vaccinated compared with 31% of non-Hispanic whites. (50)

**Delayed care** may result in a more serious illness for the patient, a worse prognosis, or a longer or avoidable hospital stay. (82, 88) Several studies found evidence that the uninsured were more likely to be hospitalized for conditions that could have been managed with appropriate outpatient care. (7, 9, 88, 89) Latinos are at a greater risk because they are more likely to be uninsured and because of the prevalence of chronic, yet manageable, diseases such as diabetes or hypertension that benefit from early diagnosis and treatment and ongoing management under the direction of a personal physician. Hispanics are more likely to enter hospitals via emergency departments for such conditions. Compared with white non-Hispanics, Hispanics have longer and more expensive hospital stays. (51)

Although the emergency room is meant to be used for treating life-threatening illness or injury, the uninsured, compared with the insured, are more likely to receive their care in an emergency room rather than in a physician's office. (29) Bloom et al report that uninsured adults are four times more likely to use the emergency room as a regular source of care. (10) Simpson et al report that uninsured children are five times more likely than privately insured children to use the emergency room as a regular source of care. (73) Hispanics have been found to be more likely to use the hospital emergency room, outpatient department, or clinic as a source of medical care. Latinos are 1.5× more likely, generally (both insured and uninsured), to use the hospital emergency room as a primary source of care. In 1997, roughly 53% of the Latino community identified this as the primary source of care compared with 35% of the total population. (22)

The uninsured report **poorer general health** than the privately insured. (35) The CDC found that the uninsured are, on average, 1.5× more likely to self-report only poor-to-fair health status than are the insured. (18, 27) Uninsured children are also 1.5× more likely to self-report only fair or poor health than are privately insured children. (87) Uninsured Latino adults are 1.7× more likely to self-report only fair/poor health and 1.4~ less likely to report excellent health. Uninsured Latino children under 18 years of age are 1.6× more likely to report only fair/poor health and 1.4× less likely to report excellent health. Latino children report most often that their health status is fair or poor, 2.5× more often than non-Latino white children. (85, 87)



**Self-Reported Health Status of Latinos - 1996**

	Excellent	Very Good	Good	Fair/Poor
<b>&lt;65 years old</b>				
Uninsured	28.4%	25.5%	31.2%	14.9%
Privately Insured	40.1%	27.6%	23.5%	8.8%
<b>&lt;18 years old</b>				
Uninsured	39.1%	27.9%	26.1%	6.9%
Privately Insured	54.7%	22.4%	18.7%	<b>4.2%</b>

**Source: Health Status and Limitations, MEPS Research Findings No. 10, Weigers (85)**

Approximately 24% of all Latinos less than 65 years of age self-reported a fair/poor health status. The diversity of the Latino community is again reflected in the proportions of the various subgroups self-reporting fair/poor health, including Mexican-Americans (24%), Puerto Ricans (27 %), and Cuban-Americans (13 %). Approximately 43% of the over 65 year old Latinos self-reported fair/poor health. (22) Puerto Ricans tend to report the worst health status. (51)

**Disease Prevalence in the Latino Community**

The Latino community experiences a higher prevalence of certain chronic and infectious diseases, including diabetes, hypertension, and tuberculosis. Diabetes is most prevalent among Mexican-Americans though Puerto Ricans experience a greater prevalence to some extent. (45) Mexican-Americans are 1.9x more likely to have diabetes than non-Hispanic whites of similar age (10.6% of Mexican-Americans compared with 7.8% of non-Hispanic whites). On average, Latinos are almost twice as likely to have diabetes. (15)

**Proportion of Latinos Diagnosed with Diabetes**

Age	Hispanic % with Diabetes	Non-Hispanic% with Diabetes
18-44	2.3%	1.2%
45-64	12.0%	6.0%
<b>≥65</b>	21.4%	10.4%

**Source: Self-Reported Prevalence of Diabetes Among Hispanics, United States, 1994-1997, Centers for Disease Control, 1998 (17)**

The prevalence of diabetes also varied by geographic location. Roughly 10.7% of Hispanic adults in Puerto Rico have been diagnosed with diabetes compared with 5.8% of the Hispanic adults in the West/Southwest, 4.9% in the South/Southeast, and 4.1% in the North East/Midwest. Compared with non-Hispanic whites, Hispanic adults in Puerto Rico were 2.9x more likely to be diagnosed with diabetes. Hispanic adults in the West/Southwest were two times more likely and in the Northeast/Midwest and South/Southeast were 1.4x more likely to be diagnosed with diabetes. (17)

Although diabetes is the seventh leading cause of death in the U.S. (16), it is the fourth leading cause of death among Hispanics. Hispanics experience a death rate for diabetes that is 1.6x that for non-Hispanic whites. The death rate for diabetes in 1996 was 18.8% for Hispanics compared with 11.6% for non-Hispanic whites. (49) Mexican-Americans and Puerto Ricans have a much higher incidence of type II diabetes, approximately twice that of the non-Hispanic population. Moreover, this disease strikes a younger age group and often leads to complications that have been attributed in part to the difficulties encountered in obtaining adequate health care. (75)

In a study of hypertension in more than 200 ethnic minority patients in New York, Shea et al (72) found that greater severity of condition was significantly related to absence of a relationship with a primary care provider. Moreover, those without health insurance had a greater tendency to use emergency departments for hypertension testing. Since Latinos are more likely than other Americans to be uninsured, they are also more likely to not have access to a primary care physician to manage their hypertension. The authors concluded that primary care access improved through health insurance can increase effectiveness in controlling hypertension among ethnic minority patients. Because hypertension has been linked to adverse outcomes, control of this condition suggests better health for these persons.

Mexican-American men and women with hypertension are less likely to have the hypertension controlled by medication than the general population with hypertension. This holds true across all income levels. Mexican-American men are 1.2- to 2.0× less likely to seek care (with poor men having the greater risk) and Mexican-American women are 1.4× to 3.5× less likely to seek care (with near poor women having the greatest risk). (82)

The uninsured are sicker upon hospital admission than are the insured, possibly an indicator that they wait longer before entering the hospital. In 10 of 16 age-sex-race-specific groups, the uninsured have been found to be significantly more likely to experience an *in-hospital death* than the privately insured. The increased probabilities ranged from 20% to 320%. (32) After adjusting for employment status, the working uninsured show mortality between 1.2 and 1.3 times greater than the working insured. (74) Latinos—particularly those who are uninsured—are at a greater risk due to the prevalence of chronic, yet manageable, diseases such as diabetes or hypertension. Hispanics are more likely to enter hospitals via emergency departments for such conditions. Compared with white non-Hispanics, Hispanics have longer and more expensive hospital stays. (5 1)

**Stage at diagnosis** is one of the most important prognostic factors for most cancers. For many cancers, early stage disease can be effectively treated with a good chance for a cure, whereas late stage disease is generally incurable. (70) The presence and type of health insurance have been consistently predictive of access to care and the provision of screening services. (5, 70)

Roetzheim et al (70) studied data from 1994 for all Florida patients with incident cases of four types of cancer for which screening is associated with detection of early stage disease: colorectal, breast, prostate, and melanoma. Persons who were uninsured were more likely to be diagnosed at a late stage (colorectal cancer odds ratio [OR] of 1.67 and melanoma OR of 2.59) than were persons with private insurance. For all four types of cancer examined, the presence and type of health insurance were statistically significantly associated with stage at diagnosis.

Hispanic women with breast cancer were 1.26× more likely to be diagnosed at a later stage in the disease process than the non-Hispanic white women in the study. Uninsured Hispanic women were 2.32× more likely to be diagnosed at a later stage. Uninsured men were 1.47× more likely than insured men to be diagnosed at a later stage of prostate cancer. Uninsured Hispanic males were 3.75× more likely to be diagnosed with prostate cancer at a later stage. (70)

Ayanian et al (5) studied 4675 women, 35 to 64 years of age, diagnosed with invasive breast cancer. Uninsured women had significantly more advanced disease than privately insured women when their disease was initially diagnosed (53.9% local disease for uninsured women versus 44.4% for insured women; 12.3 % distant disease for uninsured women versus 7.3 % for insured women). Survival during the 54 to 89 months after diagnosis was significantly worse for uninsured patients. The **adjusted risk of death** was significantly greater for uninsured patients 35 to 49 years of age (relative risk of 1.56) and uninsured patients 50 to 64 years of age (relative risk of 1.43). Overall, uninsured women had a 49% greater chance of dying after a diagnosis of breast cancer than did privately

insured women. (5) Although this study did not look specifically at the impact of lack of health insurance coverage on Latino women with breast cancer, it is reasonable to conclude that they would also experience a higher adjusted rate of death.

## Uninsured Latino Children At Risk

In 1998, 11.1 million children under 18 years of age were uninsured, including 3.4 million Latino children. One in three Latino children was uninsured. (14) Access to health services is important to ensure that a child's acute and chronic conditions are diagnosed and treated in a timely manner, that health and development are adequately monitored, and that recommended age-appropriate preventive services are received. (2)

If a child does not have good access to primary medical care, acute conditions such as middle-ear infections or streptococcus infections can lead to chronic, often disabling, conditions. Inappropriate or insufficient medical management of chronic conditions such as asthma or diabetes can lead to life-threatening medical emergencies. (76)

In addition to health services needed by all children, those in immigrant families may have additional health care needs. Children who live in communities with high rates of tuberculosis should receive screening and treatment services. Many immigrant children are at higher risk of infectious diseases acquired in their homelands. (3)

Evidence from studies on uninsured children include data from the experiences of Latino children. Evidence from the studies indicates that uninsured children, including Latinos, experience a reduced access to preventive and acute or chronic health care. (41) Uninsured children are less likely to have an established relationship with a physician. A regular source of care increases the likelihood that a child will receive preventive or acute health care. (41, 56, 57)

All children under age 6 should have at least one physician visit each year to assess the child's growth and development and to ensure that vaccinations are up to date. (82) The lack of a recent visit is critical for children and adolescents. (55, 58, 82) Hispanic children are 1.3× less likely to be fully vaccinated by age 2 than non-Hispanic white children. Only 71% of Hispanic children are fully vaccinated (4 doses of DTP vaccine, 3 doses of polio vaccine, 1 dose of measles-containing vaccine, and 3 doses of Hib vaccine) (82) against childhood diseases by age 2 versus 79% of non-Hispanic white children. (40) Hispanic children living in poverty between the ages of 19 to 35 months are vaccinated at a rate that is 1.3× less likely than all children and 1.4× less than non-Hispanic white children; 74% of Hispanic children, compared with 81% of non-Hispanic white children and 78% of non-Hispanic black children, are fully vaccinated. (82)

Additionally, uninsured children are more likely to be hospitalized for conditions that could have been treated through primary care. Uninsured children are less likely to be up to date with well-child care, less likely to have had all recommended immunizations (88), less likely to receive treatment for common childhood illnesses (76), and less likely to receive treatment even for a serious injury (62), a chronic illness (71), or special needs. (1) Extending health insurance to uninsured children has been found to have a major positive impact on children's health. (57) Because Latino children are more likely to be uninsured than other Americans, they are also more likely to experience the negative effects on health associated with the lack of health insurance coverage. Mexican-American children are less likely to see a physician, average fewer physician visits, and are less likely to have completed the recommended immunization series by two years of age than non-Hispanic white children. (48)

**Uninsured Latino children who are ill are 1.7× less likely to receive medical treatment for sore throat or tonsillitis, 1.2× less likely to receive medical treatment for a recurrent earache, and 1.3× less likely to receive medical treatment for asthma.** Timely medical care can shorten the duration of symptoms associated with the conditions studied. Each of the conditions can also lead to other medical problems if left untreated. A sore throat caused by group A streptococci can lead to rheumatic fever. Untreated middle ear infections can lead to hearing loss and resultant speech and language deficits. (76)

Uninsured children are up to 30% less likely to receive medical attention for any injury and up to 40% less likely to receive medical attention for a serious injury. The results of this analysis show that uninsured children are less likely to seek medical attention for both total and serious injuries even after adjusting for potential complicating factors. The relative rates show that, for uninsured children, between 20% and 30% of total injuries in 1988 may not have been attended, ranging from 30% of injuries in children aged 12 to 17 to 20% of injuries in children younger than 6 years. At least 40% of serious injuries occurring in uninsured children aged 11 and younger may not have received medical attention. (62)

Many children have a **chronic condition**: One study has estimated that nearly one-third of children have one or more chronic conditions. (54) About 13% of children with chronic conditions and special health care needs are uninsured. Low-income, Hispanic, and non-suburban children are more likely to be uninsured. (1) Chronically ill Latino children are 1.3× more likely to be uninsured. On average, 20% of chronically ill Latino children are uninsured. (25)

Poor children with chronic conditions are more likely to lack a regular source of routine and sick care and have fewer annual physician visits (54). They are also less likely to have been hospitalized in the past year. (1) A lack of appropriate ambulatory care can cause chronically ill children to be inappropriately hospitalized when they could have been treated as outpatients. Most of the potentially avoidable hospitalizations for children younger than 15 years old are for pneumonia or asthma. (63) Latino asthmatic children are 6.3× more likely not to have taken a beta-antagonist inhaler or any anti-inflammatory medication before hospitalization for asthma. (90)

## **Uninsured Latino Adolescents at Risk (10 to 18 years of age)**

Experts have found that adolescents can benefit from the guidance of a health care professional during the time when their bodies are changing and when they may be tempted to take risks such as unprotected sex and drug, alcohol, or tobacco use. Yet uninsured adolescents have problems accessing care. Researchers found that adolescents who were not insured were less likely to have a regular health care provider. (46) Adolescents lacking a regular source of care were at greater odds for not receiving care. (6) Adolescent girls are more likely to miss care than boys. (44) Uninsured adolescents are also more likely to go without medical attention when they have symptoms of a variety of illnesses for which office visits are warranted. (76)

Hispanic adolescents are most likely to be uninsured (31.6%). They are twice as likely as non-Hispanic blacks and three times more likely than non-Hispanic whites to be uninsured. (55) Therefore, they are at far greater risk of experiencing the negative effects on health that are associated with lack of health insurance coverage in the adolescent population.

Uninsured adolescents (aged 10 to 18) are five times less likely to have a usual source of care (8, 55) and two times less likely to have had a physician visit during the course of the year. (8, 55) Uninsured adolescents are also four times more likely to have unmet health needs, four times less likely to get needed dental care, four times less likely to get needed prescriptions and/or eyeglasses, and six times less likely to get needed medical care. (55)

## Uninsured Latino Women at Risk

In 1998, Hispanic women represented 11.4% of the total female population and were younger, had lower median annual earnings, and were more likely to be unemployed or employed in low-wage, service-sector jobs than non-Hispanic men or women. (14)

Health insurance coverage is an important factor associated with the use of preventive health care services for women. (47) Uninsured women use less preventive health care than insured women. (19, 20)

Prevention is thought to be key to the reduction of both the incidence and severity of chronic diseases. The lack of preventive counseling for uninsured women may lead to serious health outcome differences in the future. Routine screening is used to detect the presence of disease at an early stage. The effectiveness of Pap tests in reducing cervical cancer mortality for women of all ages has been clearly demonstrated as has the effectiveness of mammography screening in reducing breast cancer mortality for women over 50 years of age. (47) Yet, in 1994, only 74% of Hispanic women had received a Pap smear within the last three years. (50) Mexican-American women are least likely to be screened by Pap smear, mammogram, or clinical breast exam.

Breast cancer is the most common site of a new cancer among women and second to lung cancer as a leading cause of cancer deaths among women. The majority of currently identified risk factors (advancing age, first-degree relative with breast cancer, early menarche, late menopause, absence of breast feeding) are not easily amenable to changes in a woman's personal health habits. Therefore, especially because studies have found room for improvement in screening rates (19, 21, 47, 60), the main medical focus for breast cancer management has been on early detection through screening and effective treatment of diagnosed cases. (82)

***Uninsured Latino women are 1.3× less likely to have a Pap smear than are insured Latino women and 1.7× less likely to have a mammogram than insured Latino women.*** (91) Hispanic women tend to be younger when diagnosed with breast or cervical cancer, present with these cancers at a later stage of diagnosis, and have higher mortality rates than non-Hispanic women. (67)

Uninsured women with breast cancer have a 49% higher adjusted risk of death and are 1.4× more likely to be diagnosed with breast cancer at a late stage. Women without private health insurance who have breast cancer are diagnosed later and die sooner after their diagnosis than privately insured women with breast cancer. (5) Although this particular analysis did not specifically consider the adverse impact of lack of health insurance coverage on Latino women, it is reasonable to conclude that they would experience the higher adjusted risk of death associated with lack of health insurance coverage for the general population.

Data from 1994 for all Florida patients with incident cases of four types of cancer for which screening is associated with detection of early stage disease (colorectal, breast, prostate, and melanoma) showed that the presence and type of health insurance was statistically significantly associated with stage at diagnosis for all four types of cancer. The study concluded that women lacking health insurance are more likely to be diagnosed with late stage cancer at diverse sites. (70) Uninsured women were 1.43× more likely than privately insured women to be diagnosed at a later stage of breast cancer. Hispanic women with breast cancer were 1.26× more likely to be diagnosed at a later stage in the disease process than the non-Hispanic white women in the study. Uninsured Hispanic women were 2.32× more likely to be diagnosed at a later stage. (70)

## Uninsured Latino Pregnant Women and Their Newborns at Risk

Women who receive early and consistent prenatal care increase their likelihood of giving birth to a healthy child. Receiving prenatal care and maintaining good health behaviors during pregnancy are the first steps toward having a healthy child. Early and consistent prenatal care reduces the risk of poor birth outcomes. (82) However, Hispanic pregnant women (aged 20 years or older) are up to 1.8× less likely to seek prenatal care in the first trimester; over all education levels (less than 12 years to 16 years or over), than non-Hispanic women of comparable education. Hispanic women are, on average, 1.2× less likely to receive early prenatal care. (82)

In 1995, infant mortality for Puerto Rican infants (8.9 deaths per 1000 live births) was about 40% higher than mortality for non-Hispanic whites. Compared with mortality for non-Hispanic white babies, Puerto Rican neonatal mortality (death before 28 days of age) was 50% higher and post-neonatal mortality (death in the first to eleventh month of life) was nearly 30% higher. (82) Hispanics are three times more likely not to receive any prenatal care as non-Hispanics. Puerto Ricans receive prenatal care later and less often. (52) On average, 72% of Hispanic women receive prenatal care within the first trimester. Mexican-Americans receive prenatal care the least at 71%, Puerto Ricans at 75%, Cuban-Americans at 85%, and Central and South Americans at 75%. (22)

Pregnant women are encouraged to obtain regular prenatal care beginning in the first trimester of pregnancy to ensure a healthy pregnancy and birth. (82) Women without health insurance have been shown to obtain prenatal care later in pregnancy and to make fewer visits for care than do privately insured women. (61)

## Conclusion

Latinos are the fastest growing population group in the United States and they are also the least likely to have health insurance coverage. They have higher incidences of chronic diseases that can be managed with proper treatment through an ongoing relationship with a physician. Because too many Latinos do not have access to health insurance coverage, they are less likely to have access to regular medical care. As a result, Latinos are at greater risk for experiencing delays in getting needed medical care, suffering ill health, and even dying prematurely.

During the 2000 elections, candidates for the Presidency and Congress will be debating how best to appeal to the growing number of Latino voters. ACP-ASIM believes that a candidate's commitment to addressing the needs of the Latino population should be measured by the proposals that he or she puts forth to provide access to health insurance coverage to the uninsured, especially for Latinos. Failure to address the crisis in health insurance coverage for Latinos will inevitably result in more uninsured Americans. The health of the nation, as a result, will suffer.

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