HISPANIC PATIENTS' DOUBLE BURDEN: LACK OF HEALTH INSURANCE AND LIMITED ENGLISH

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The Commonwealth Fund

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OVERVIEW

The Hispanic population grew dramatically over the past decade. In 2003, Hispanics number 37 million and account for 12.5 percent of the U.S. population. As the Hispanic population has grown, so have the ranks of its uninsured. Across all age groups, Hispanics are substantially more likely than non-Hispanic whites or African Americans to lack health insurance. For more than a decade the uninsured rates for Hispanic adults and children have been two to three times those for non-Hispanic whites.

Lack of health insurance and the resultant barriers to health care are pressing issues for many Americans. However, because of their high uninsured rates, Hispanic populations are disproportionately at risk for lacking basic access to medical care. The Commonwealth Fund 2001 Health Care Quality Survey also finds that within the Hispanic population, adults who do not speak English fluently have greater difficulties communicating with and understanding their health care providers, exacerbating inequities in access and compromising quality of care.

This report focuses on the effects of insurance and English language proficiency on access and quality of care experiences among Hispanic adults in the United States. It is based on a national survey of adults ages 18 to 64 conducted by telephone in April through November of 2001.

KEY SURVEY FINDINGS

Hispanics have less access to the health care system and experience less continuity in their care compared with whites or African Americans. Spanish-speaking Hispanics are particularly vulnerable.

- Only 69 percent of Hispanic adults with health problems had at least one medical visit in the past year, whereas a significantly higher proportion of white (83%) and African American (84%) adults with health problems did so.

- Even when insured, Hispanics, especially Spanish-speaking populations, have a harder time accessing care than do non-Hispanic whites or African Americans. Nearly 20 percent of Spanish-speaking and 16 percent of English-speaking Hispanics did not visit a doctor in the past two years, compared with less than 10 percent of non-Hispanic whites and African Americans.

- Hispanics lacking English language proficiency face the greatest barriers to care, especially if they are uninsured. Two-thirds (66%) of uninsured Spanish-speaking Hispanics did not have a regular doctor, compared with a substantially smaller proportion of uninsured whites (37%) and African Americans (44%).

Once Hispanics gain access to the health care system, they have more difficulty than non-Hispanic whites or African Americans understanding what doctors tell them and comprehending written health information. Moreover, according to the survey, Hispanics are more likely than other groups to have little choice about where to go for care and have less satisfying doctor–patient interactions. Hispanics who lack English proficiency are most likely to be dissatisfied with their medical encounters.

- Nearly half (45%) of the Spanish-speaking Hispanic population without insurance had problems communicating with their doctors, compared with less than a third of uninsured whites (28%) and African Americans (30%).

- Spanish-speaking Hispanics had more difficulty than whites and African Americans comprehending prescription bottle instructions and written health information obtained from a doctor's office—even after taking into account differences in insurance status, educational levels, and income among these populations.

- Across all racial or ethnic groups, the uninsured (54%) were substantially less likely than the insured (70%) to have a "great deal" of confidence and trust in their doctor. However, Spanish-speaking Hispanics without insurance were the least satisfied, with only 43 percent reporting a "great deal" of confidence and trust in doctors.

There is a great unmet need for trained, Spanish-speaking medical interpreters. Forty-four percent of Hispanics surveyed reported that they "always," "usually," or "sometimes" had a hard time speaking with or understanding their doctor. Yet, only half of those who needed an interpreter reported "always" or "usually" having access to one.

- Of those who were assisted by an interpreter, most likely a staff person, family, or friend, only 70 percent "fully" understood what the doctor was saying.

POLICY IMPLICATIONS

Survey findings suggest that improvements in health care access and quality care for Hispanic populations may be best achieved by focusing on the most vulnerable—individuals who do not have health insurance and are not fluent in English.

Community or public health centers may provide the best opportunities to reach this segment of the Hispanic population. Notably, one-third of Spanish-speaking Hispanics identify community or public health centers as their regular source of care, compared with one of 10 or fewer English-speaking Hispanics, African Americans, and whites.

The health needs of the burgeoning Hispanic population will continue to grow and long-term negative health effects are likely if barriers to care, both financial and linguistic, persist. Expanding health insurance coverage to working Hispanics and their families, as well as investing in programs that improve patient–provider communication in health care settings that serve the most vulnerable individuals, are imperative for achieving better levels of care for Hispanics and other underserved Americans.

METHODOLOGY

Data for this report were primarily drawn from The Commonwealth Fund 2001 Health Care Quality Survey, conducted from April through November of 2001 with a random, nationally representative sample of 6,722 adults ages 18 and older. This analysis restricts the sample to nonelderly adults ages 18 to 64; it includes 2,773 non-Hispanic whites, 885 African Americans, and 1,078 respondents who identified themselves as Latino or Hispanic. Hispanics are further categorized by language ability into two groups: those who primarily speak English (N=691) and those who primarily speak Spanish and lack English proficiency (N=387). The grouping is based on the language in which the survey was administered and on respondents' reports of the primary language spoken at home. The analyses also compare the experiences of respondents who were continuously insured throughout the year with those who were uninsured all or part of the year.

Because part of the observed differences by insurance status may also be due to differences in income and education levels, logistic regressions were estimated to explore the extent to which access and quality of care disparities by insurance status are a function of these additional underlying factors. The adjusted percentages presented in Table A-3 and in Figures 10, 11, 12, 15, 16, 17, 19, 20, and 21 take into account the underlying differences in poverty status and educational levels between insured and uninsured populations.

I. HEALTH INSURANCE COVERAGE IN THE HISPANIC POPULATION

As the Hispanic population has grown over the past decade, so has the number of its uninsured. Based on annual national surveys, it is estimated that from 1990 to 2000, the number of Hispanics without health insurance increased from 7 million to more than 11 million (Figure 1). Throughout the past decade, one-third or more of all nonelderly Hispanics have been uninsured each year—a rate two to three times that of non-Hispanic whites.[1] Across all age groups, Hispanics are substantially more likely than non-Hispanic whites or African Americans to be uninsured. Among Hispanics, insurance coverage varies greatly by national origin and immigration status.

- Two of five (40%) Hispanic adults ages 19 to 64 were uninsured in 2000, compared with 14 percent of whites and 25 percent of African Americans. More than one-quarter (27%) of Hispanics under age 19 were uninsured in 2000, versus 9 percent of white youths and 15 percent of African American youths (Figure 2).

- Hispanics of Central American (55%) and Mexican (49%) descent were more likely than Puerto Ricans (35%) to have lacked insurance coverage during 2001 (Figure 3). Nonelderly Puerto Ricans (20%) were more likely to be covered by Medicaid than were Mexicans (6%) or Central Americans (8%), a circumstance that accounts for some of the differences in uninsured rates among Hispanics (not shown).

- Immigration status is directly related to the low rates of health coverage reported within the Hispanic population. In 2000, a striking 58 percent of Hispanic noncitizens lacked insurance coverage—double the percentage of U.S.–born or naturalized Hispanics (Figure 4). Yet, even after living in the United States for 15 years, foreign-born Hispanics have low rates of coverage and are two to three times more likely to be uninsured than other immigrant groups (not shown).[2]

- Not surprisingly, the survey found that Spanish-speaking Hispanics (61%) were significantly more likely to be uninsured during the year than English-speaking Hispanics (36%), whites (20%), or African Americans (30%) (Figure 5).

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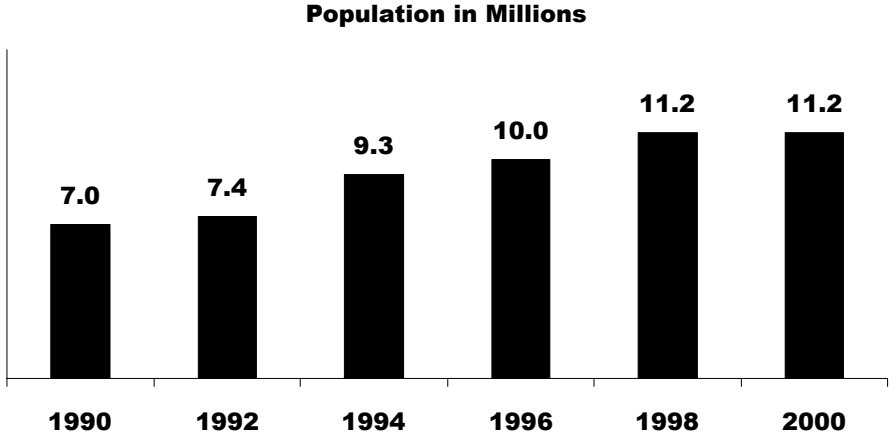
[1] The Current Population Surveys are conducted annually in March by the U.S. Census Bureau among the civilian noninstitutionalized population of the United States. Health insurance status is based on coverage during the previous year.

[2] Claudia Schur and Jacob Feldman. *Running in Place: How Job Characteristics, Immigrant Status, and Family Structure Keep Hispanics Uninsured* (New York: The Commonwealth Fund, May 2001).

1

Number of Uninsured Hispanics Increased Dramatically, 1990–2000



Source: Analysis of *Current Population Surveys*, March 1991–March 2001 by Columbia University for The Commonwealth Fund.

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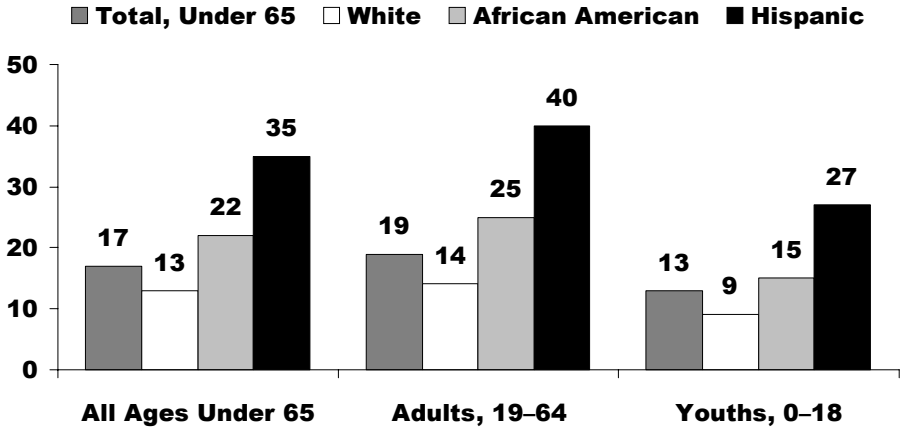
2

Hispanics at Any Age Are Most Likely to Be Uninsured, 2000



Source: Analysis of the March 2001 *Current Population Survey* by Columbia University for The Commonwealth Fund.

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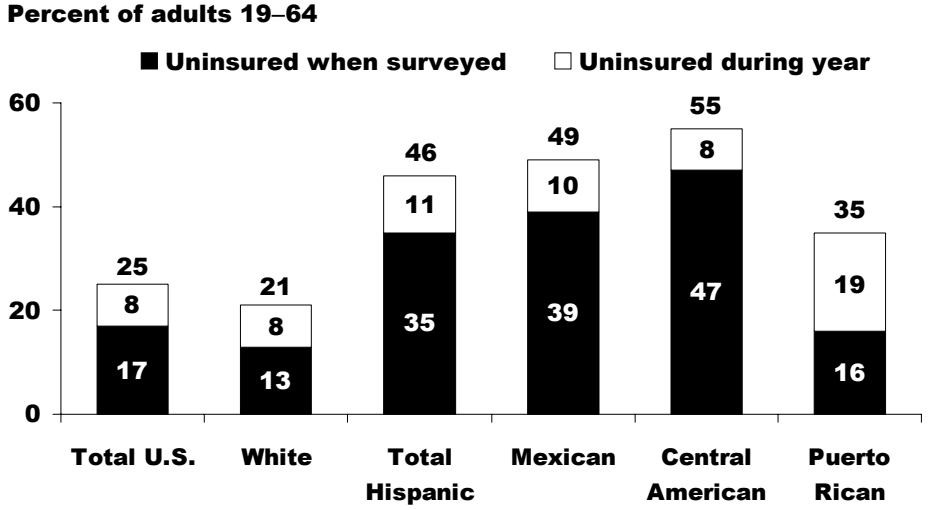
3

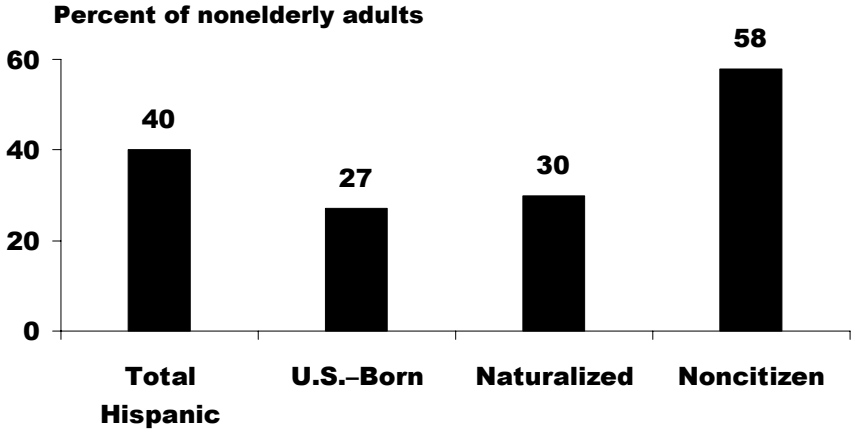
Health Insurance Coverage Rates Vary by National Origin, 2001



Source: The Commonwealth Fund 2001 Health Care Quality Survey.

4

More Than Half of Noncitizen Hispanics Are Uninsured, 2000



Source: Analysis of the March 2001 *Current Population Survey* by Columbia University for The Commonwealth Fund.

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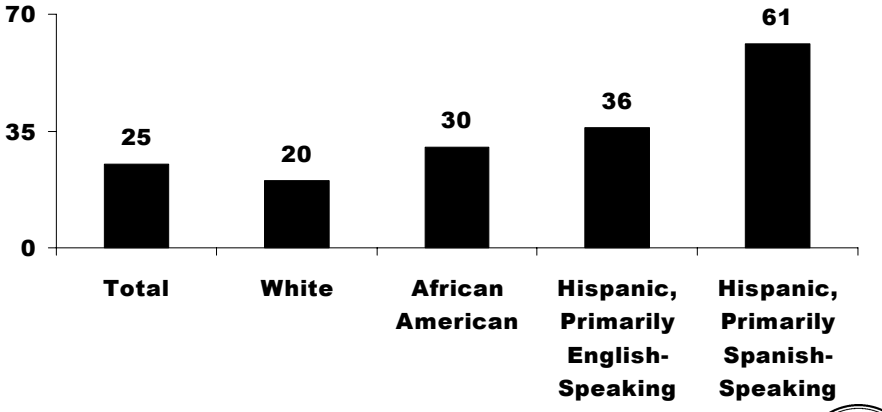
5

A Large Proportion of Spanish-Speaking Hispanics Lack Insurance

Percent of nonelderly adults uninsured all or part of year



Source: The Commonwealth Fund 2001 Health Care Quality Survey.

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II. SPANISH-SPEAKING HISPANICS: A POPULATION AT RISK

Consistent with previous research, the Commonwealth Fund 2001 Health Care Quality Survey found that Hispanics who primarily speak Spanish represent a population of more recent immigrants that is poorer, less educated, less healthy, and significantly more likely than any other ethnic or racial group in the United States to lack health insurance coverage.

Spanish-speaking Hispanics are just as likely as whites, African Americans, and English-speaking Hispanics to have at least one full-time worker in their family but are disproportionately more likely than members of these groups to be living in poverty.

- Nearly four of five (79%) Spanish-speaking Hispanics lived in a family with at least one full-time income earner—a rate not significantly different than that of whites (81%), African Americans (73%), and English-speaking Hispanics (75%) (Figure 6).

- The vast majority of Spanish-speaking Hispanics surveyed—81 percent—reported incomes below 200 percent of the federal poverty level. This rate is substantially higher than that for whites (28%), African Americans (50%), and English-speaking Hispanics (46%) (Figure 7).

Hispanics with limited English proficiency are least likely to have graduated from high school.

- Only 39 percent of Spanish-speaking Hispanics had a high school degree, whereas 92 percent of whites, 85 percent of African Americans, and 77 percent of English-speaking Hispanics had at least a high school degree (Figure 8).

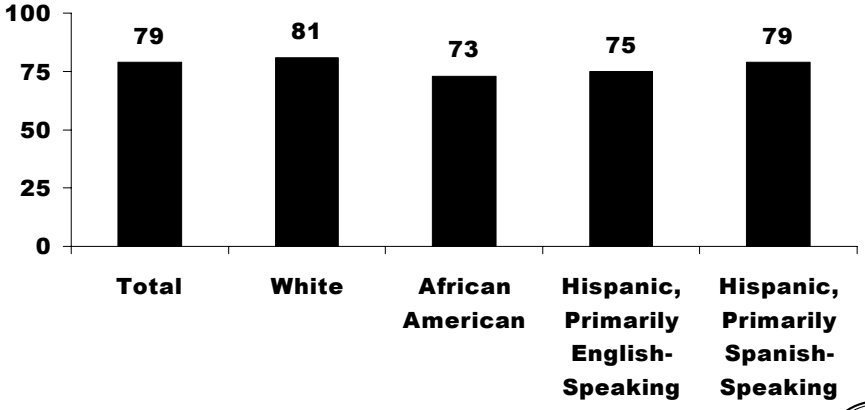
More Spanish-speaking Hispanics reported their health as fair or poor than any other group.

- Nearly one-third (31%) of Spanish-speaking Hispanics indicated that their health was fair or poor—more than twice the rate of whites (12%), African Americans (15%), and even English-speaking Hispanics (12%) (Figure 9).

Hispanics as Likely as Whites and African Americans to Have at Least One Full-Time Worker in Family

6

Percent of nonelderly adults with at least one full-time worker in family

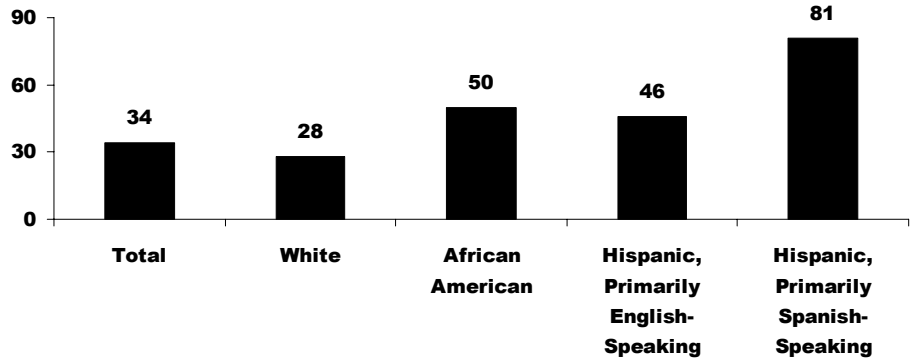


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Vast Majority of Spanish-Speaking Hispanics Have Income Below 200% of Federal Poverty Level

7

Percent of nonelderly adults reporting incomes below 200% FPL*

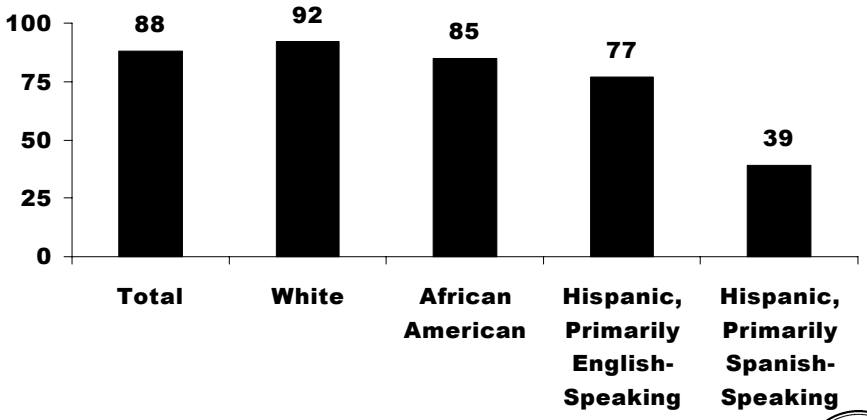


* The Federal Poverty Level (FPL) in 2001 was $18,104 for a family of four.
Source: The Commonwealth Fund 2001 Health Care Quality Survey.

8

Spanish-Speaking Hispanics Are Far Less Likely to Have High School Diplomas

Percent of nonelderly adults with at least a high school education



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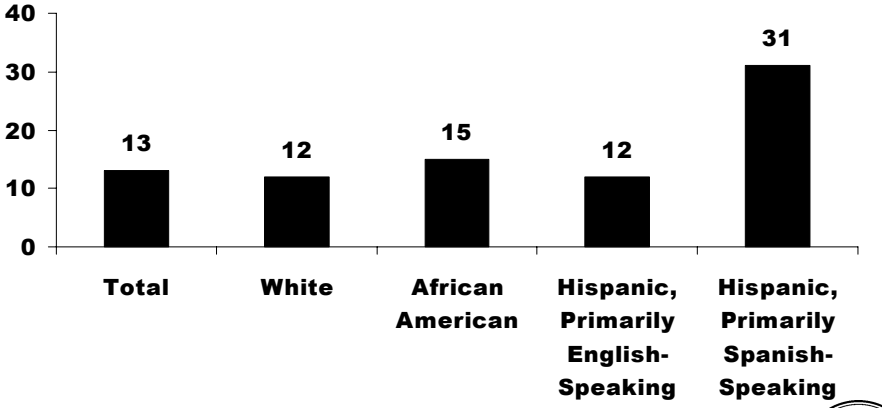
Source: The Commonwealth Fund 2001 Health Care Quality Survey.

9

One of Three Spanish-Speaking Hispanic Adults Reported Fair or Poor Health

Percent of nonelderly adults reporting being in fair or poor health



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Source: The Commonwealth Fund 2001 Health Care Quality Survey.

III. HEALTH CARE ACCESS DISPARITIES IN THE HISPANIC POPULATION

The survey found that Hispanics were less likely than whites and African Americans to have had a health care visit in the past two years and to have a regular doctor. Spanish-speaking Hispanics, especially those without insurance, are particularly vulnerable and are at a substantially higher risk than African Americans and non-Hispanic whites of encountering health access barriers and compromised patient–provider communication.

Access to the Nation's Health Care System

Hispanics overall—whether Spanish or English speakers, insured or uninsured—are less likely than whites or African Americans to have had a health care visit within the past two years. But among the uninsured, Spanish-speaking Hispanics are the least likely to have had a health care visit.

- One-quarter of uninsured Spanish-speaking Hispanics did not visit a doctor in the past two years, compared with half as many uninsured non-Hispanic whites (13%) and African Americans (12%) (Figure 10).

Individuals in fair or poor health, including those with a chronic disease or disability, are most in need of health care. Yet, the survey revealed that lack of health insurance prevents a substantial number of these individuals from visiting a doctor.

- Among adults with health problems, 24 percent of the uninsured did not have a medical visit in the past year, compared with 17 percent of those who were insured (Figure 11).

- Spanish-speaking adults in poor health faced the greatest barriers to health care, particularly if they were uninsured. As many as 40 percent of uninsured sicker Spanish-speaking Hispanics did not have a medical visit within the past year, compared with 18 percent of African Americans, 22 percent of non-Hispanic whites, and 28 percent of English-speaking Hispanics without insurance.

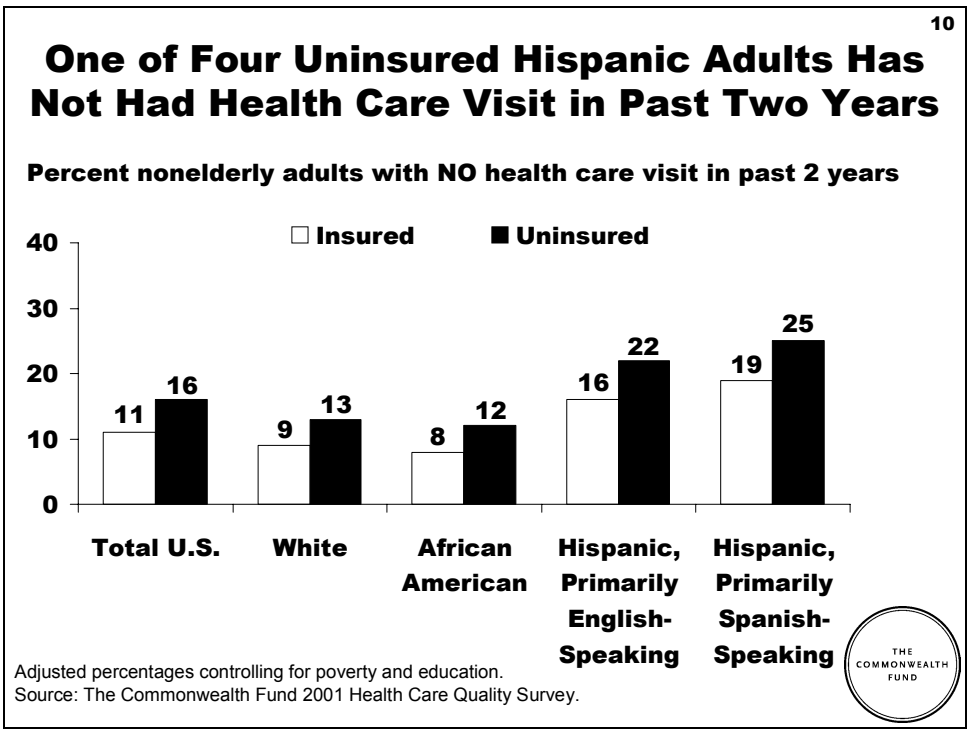
Having No Regular Doctor

Lacking health insurance reduces one's likelihood of having a regular doctor, which among other consequences inhibits the early detection of disease and effective management of chronic illness. Survey findings indicate that, across all

racial and ethnic groups, the uninsured were more than twice as likely as the insured to be without a regular doctor, even after accounting for differences in education and poverty levels. Spanish-speaking Hispanics were among the least likely to have a regular physician.

- Among uninsured Spanish-speaking Hispanics, 66 percent reported having no regular doctor, compared with 37 percent of uninsured whites (Figure 12).

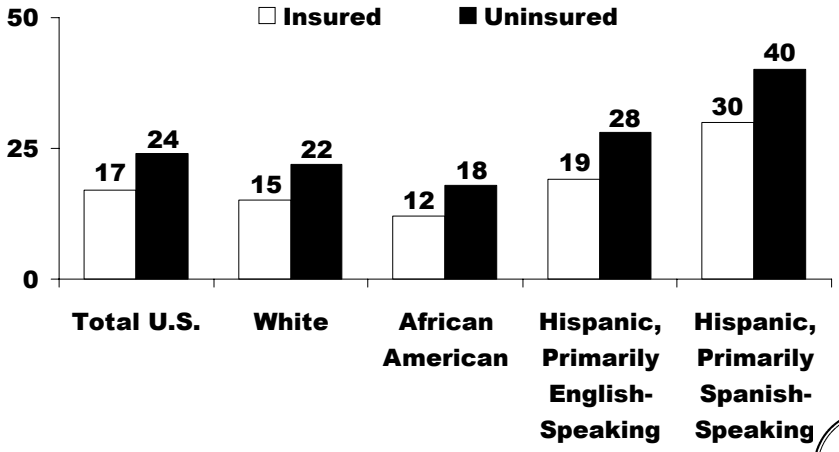
- Even when insured, Spanish-speaking Hispanics were less likely than other groups to have a regular doctor. As many as 37 percent of insured Spanish-speaking Hispanics were without a regular doctor, a rate twice that of insured whites (16%), African Americans (19%), and English-speaking Hispanics (21%)



11

Uninsured Spanish-Speaking Hispanics with Health Problems Are Least Likely to Visit Doctor

Percent sicker nonelderly adults with NO health care visit in past year



Base: Adults with fair/poor health status, chronic illness, or disability.
Adjusted percentages controlling for poverty and education.
Source: The Commonwealth Fund 2001 Health Care Quality Survey.

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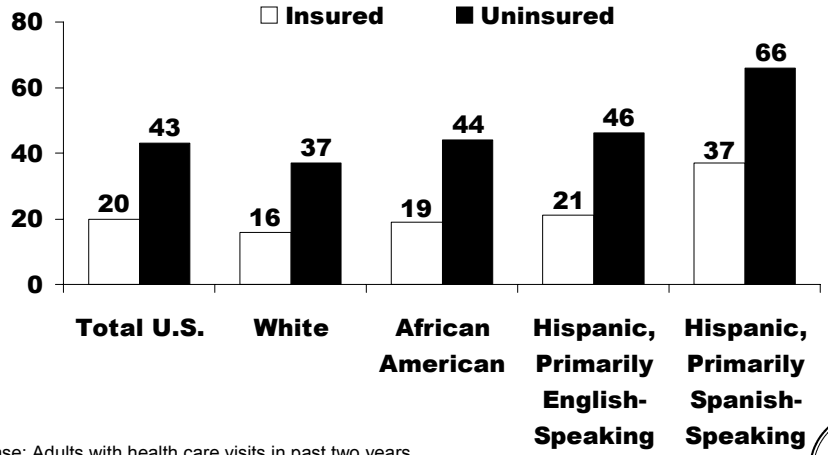
12

Two-Thirds of Uninsured Spanish-Speaking Hispanics Are Without a Regular Doctor

Percent of nonelderly adults without a regular doctor



Base: Adults with health care visits in past two years.
Adjusted percentages controlling for poverty and education.
Source: The Commonwealth Fund 2001 Health Care Quality Survey.

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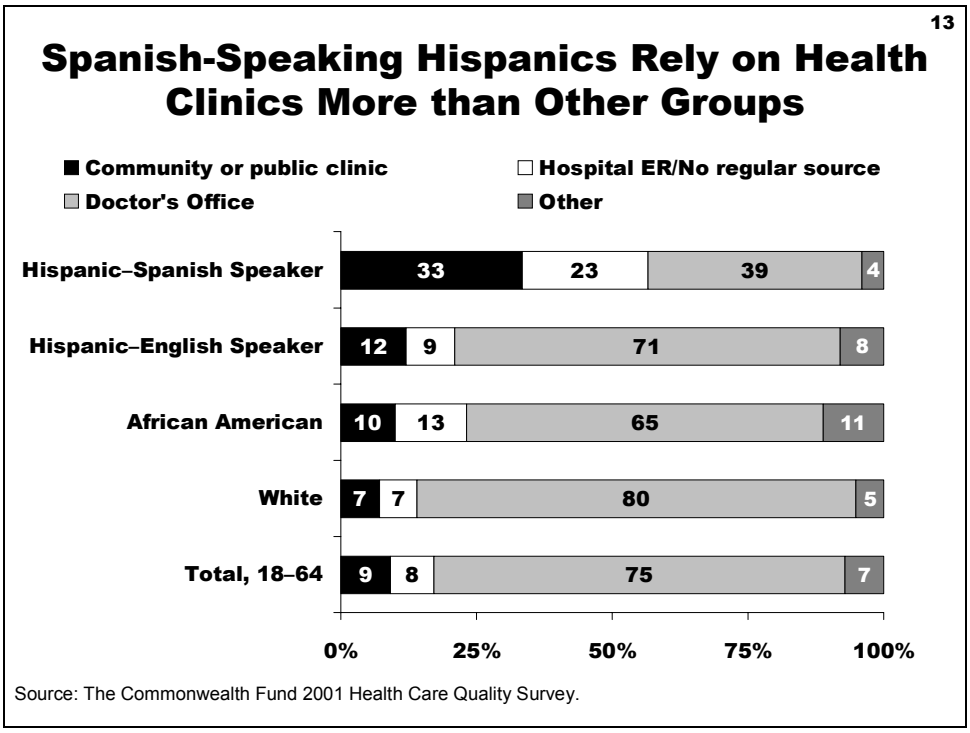
Regular Source of Care

Spanish-speaking Hispanics are more likely than any other group to use community or public health centers as their regular source of care.

- One-third (33%) of Spanish-speaking Hispanics used community or public health centers, compared with less than half as many English-speaking Hispanics (12%), African Americans (10%), and whites (7%) (Figure 13).

- Only 39 percent of Spanish-speaking Hispanics reported that they used a doctor's office as their regular source of care, compared with 71 percent of English-speaking Hispanics, 65 percent of African Americans, and 80 percent of whites.



Communication Barriers

Even if Hispanics are able to obtain health care services, survey findings indicate that language barriers as well as a lack of insurance interfere with the quality of patient–provider interactions and compound communication problems between patients and physicians.

The Commonwealth Fund 2001 Health Care Quality Survey included three questions that assessed patient–provider communication among respondents who had a health care visit in the previous two years. The questions examined the degree to which respondents understood their doctor and felt that their doctor listened to them, and asked whether respondents left their last health care visit without asking questions that they would have liked to asked.

Hispanics with limited English proficiency are more likely to encounter problems communicating with their provider than Hispanics with English as their primary language.

- One of four Hispanics with limited English proficiency felt that their doctor had listened to them just "somewhat" or only "a little," and reported that they understood "some" or "only a little" of what their doctor told them. In contrast, only one of 10 Hispanics who speak English reported the same (Figure 14).

- One-quarter of Hispanics with limited English proficiency reported that—even though they had questions about their care—they left a health care visit without asking those questions.

- In all, 45 percent of Spanish-speaking Hispanics experienced at least one communication problem, compared with 27 percent of English-speaking Hispanics.

Insurance status also influences patient–provider communication, even after taking into account education and poverty status. Across all racial, ethnic, and language groups, the likelihood of having communication populations is much greater among the uninsured.

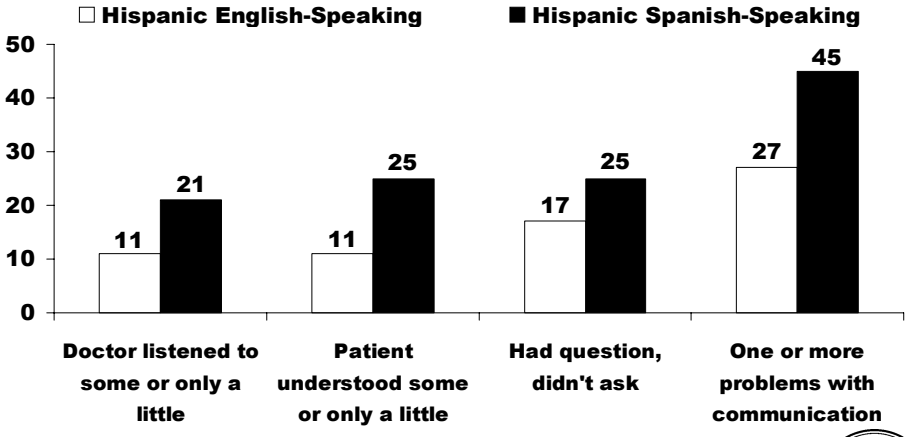
- Twice as many of the uninsured (31%) as the insured (17%) reported communication problems, but uninsured Hispanics were particularly at risk (Figure 15).

- Nearly half of uninsured Hispanics with limited English proficiency (45%) reported communication difficulties, compared with 30 percent or less of uninsured English-speaking Hispanics, African Americans, and non-Hispanic whites.

- Notably, English-speaking Hispanics with health insurance were no more likely than insured whites or African Americans to report communication problems, even when considering differences in education and income. In fact, having insurance appears to reduce the extent of communication problems for Spanish-speaking Hispanics as well.

14

Spanish-Speaking Hispanics Have Greatest Communication Problems with Their Doctor

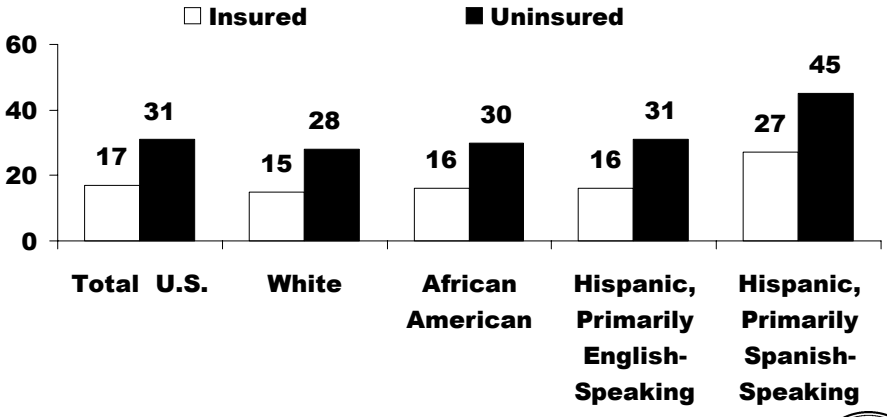


Base: Hispanics with health care visit in past two years.
Source: The Commonwealth Fund 2001 Health Care Quality Survey.

15

Lack of Insurance and English Proficiency Are Associated with Communication Problems

Percent nonelderly reporting one or more communication problems*



* Doctor didn't listen to everything, patient didn't understand fully, or patient had questions but didn't ask them. Base: Adults with health care visits in past two years. Adjusted percentages controlling for poverty and education.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Developing comprehensible written health information and instructions are important components of patient-responsive health care. The Commonwealth Fund 2001 Health Care Quality Survey included two questions assessing whether or not respondents found it difficult to understand directions on prescription medication bottles, health pamphlets, or booklets. The survey also asked a series of questions to gauge the need for language interpretation services, determine the extent to which respondents receive these necessary services, identify who usually interprets, and assess the degree to which patients are better able to comprehend their doctor because of these services.

The survey finds that Hispanics—regardless of their language ability, insurance status, educational attainment, and poverty status—were substantially more likely than whites and African Americans to have had difficulty fully understanding prescription instructions. Hispanics who lack English proficiency were at an obvious disadvantage.

- Among the insured, only 55 percent of Spanish-speaking Hispanics reported it was "very easy" to understand prescription instructions, compared with 77 percent of English-speaking Hispanics, 82 percent of African Americans, and 83 percent of whites (Figure 16).

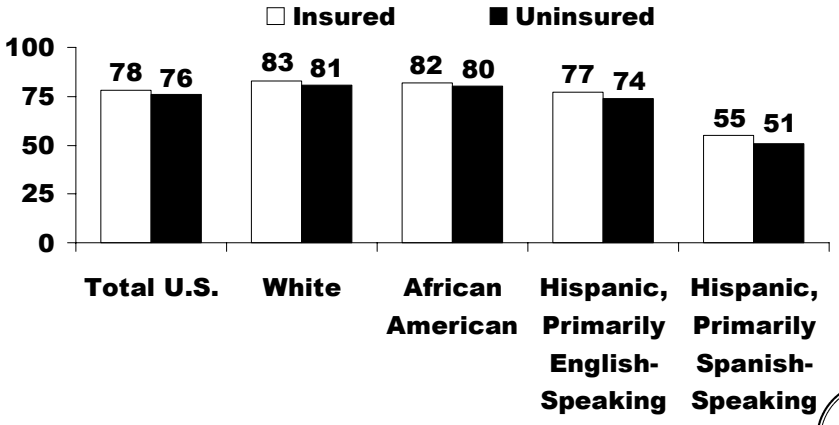
- Spanish-speaking Hispanics without health insurance were even more disadvantaged. Just half (51%) of this group felt that it was very easy to understand prescription instructions, compared with four of five uninsured whites and African Americans.

- Less than half of all Spanish-speaking Hispanics—with or without health insurance—reported that it was very easy to understand written information from their doctor's office. About 60 percent of all whites and African Americans reported that it was "very easy" to understand such information (Figure 17).

16

Spanish-Speaking Hispanics Have Most Difficulty Understanding Prescription Instructions

Percent adults reporting it is "very easy" to understand and read instructions on prescription bottle



Adjusted percentages controlling for poverty and education.
Source: The Commonwealth Fund 2001 Health Care Quality Survey.

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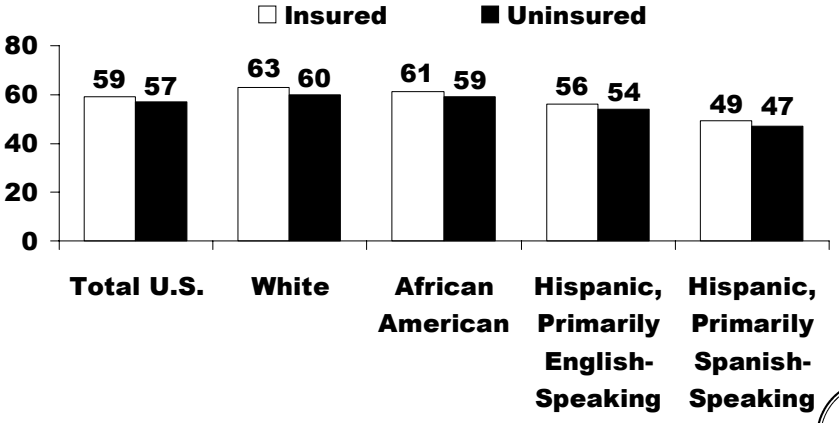
17

Spanish-Speaking Hispanics Have Most Difficulty Understanding Information from Doctor's Office

Percent adults reporting it is "very easy" to understand Information from doctor's office



Adjusted percentages controlling for poverty and education.
Source: The Commonwealth Fund 2001 Health Care Quality Survey.

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The Need for Language Interpretation Services

A little under half (44%) of all surveyed Hispanics reported that they "always," "usually," or "sometimes" had a hard time speaking with or understanding their doctor because of a language barrier, indicating that a substantial proportion of Hispanics would benefit from interpretation services.

- Despite this fact, only half (49%) of those who needed an interpreter to help them speak with and understand their doctor reported "always" or "usually" having access to one (Figure 18).

- Only extremely rarely—1 percent of the time—were respondents assisted by a trained medical interpreter. Instead, respondents reported that either a staff person (55%) or family member or friend (43%) served as their interpreter.

- Of those who were assisted by an interpreter—most likely a staff person, family, or friend—only 70 percent "fully" understood what the doctor was saying. These findings indicate that having limited access to a trained medical interpreter hampered a patient's ability to comprehend what was said during a medical encounter. Clearly, there is ample room to improve the type and quality of interpretation services that are available.

18

Availability of Language Interpretation Services Is Limited Among Hispanic Adults

Always, usually, or sometimes have a hard time speaking with/understanding doctor because of language barrier	**44%**
Of those who need interpreter, percent who always or usually get interpreter	**49%**
Usual interpreter:	
Staff person	**55%**
Family or friend	**43%**
Trained medical interpreter	**1%**
With interpreter's help, fully understood what doctor was saying	**70%**

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

THE COMMONWEALTH FUND

Satisfaction with Doctor–Patient Interactions

Solid relationships between patients and health care providers are essential to building continuity of care. Yet, the Commonwealth Fund survey finds that Hispanics are encountering more barriers to creating strong patient–doctor ties than whites or African Americans. Hispanics are more likely than other groups to report they have "very little" or "no" choice about where to go for care; they are also more likely to feel their doctor did not spend as much time with them or to feel less involved as they would have liked in their health care decisions.

Having little choice about where to go for care and experiencing less satisfactory interactions with their doctors partly explains why Hispanics have less confidence and trust in their doctors than do whites or African Americans.

- All uninsured populations were substantially more likely than those with coverage to say that they have "very little" or "no" choice of where to go for their health care. But uninsured Spanish-speaking Hispanics stand out—nearly two of five (38%) said that they have very little or no choice of where to go for care (Figure 19).

- The uninsured were also less likely than the insured to feel that their doctor spent an adequate amount of time with them at their last health visit. Sixty percent of the uninsured versus 68 percent of the insured were satisfied with the amount of time spent with their doctor (Figure 20).

- Hispanics, in particular English-speaking Hispanics, were less satisfied than whites with the amount of time they spent with their doctor. Among the uninsured, only about half (52%) of English-speaking Hispanics felt that their doctor spent a sufficient amount of time with them, compared with 59 percent of Hispanic Spanish-speakers, 63 percent of whites, and 65 percent of African Americans.

- Those with health insurance were substantially more likely than those without coverage to have a "great deal" of confidence and trust in their doctor. Overall, 70 percent of the insured compared with only 54 percent of the uninsured reported a great deal of confidence and trust in their doctor (Figure 21). Even so, having insurance does not seem to inspire among Hispanics the same degree of confidence and trust in their doctor as it does among whites or African Americans. On average, only about 60 percent of insured English- and Spanish-speaking Hispanics

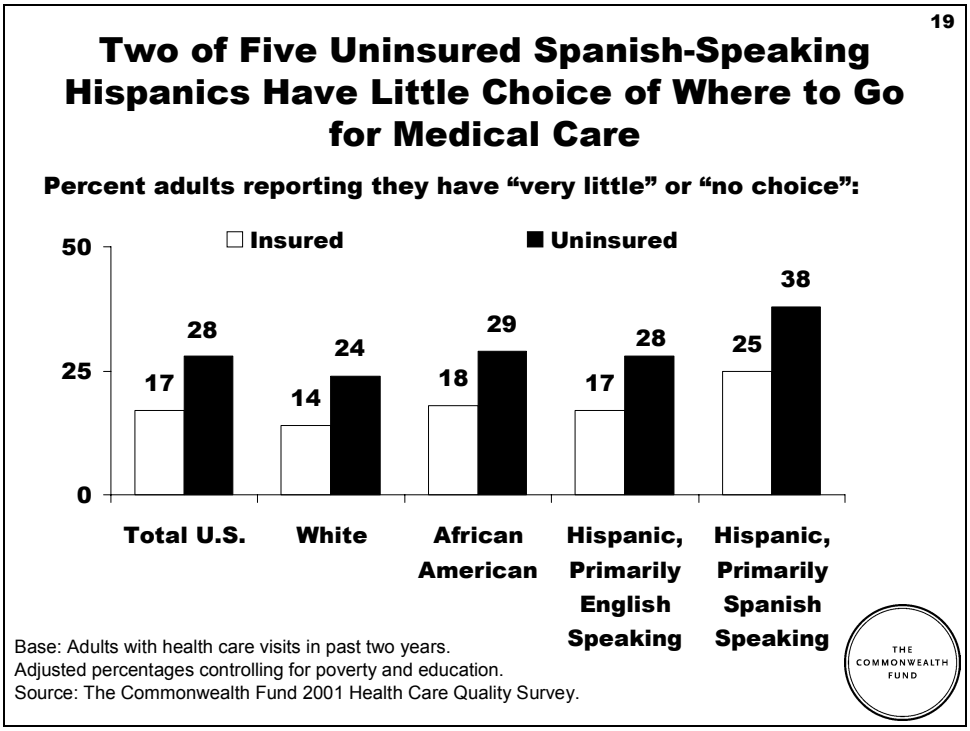
had a great deal of confidence in their doctors, compared with 73 percent of insured whites and African Americans.

- Spanish-speaking Hispanics without insurance were the least likely to express confidence and trust in their doctors, with only 43 percent reporting a great deal of confidence and trust.

Survey findings also suggest that trusting and having confidence in one's doctor depend not only on insurance status but also on whether or not one has a regular doctor.

- Even after taking into account insurance status, education, and income, seven of 10 adults with a regular doctor had a great deal of confidence and trust in their doctor, compared with only 56 percent of adults who lacked a regular doctor (Figure 22).

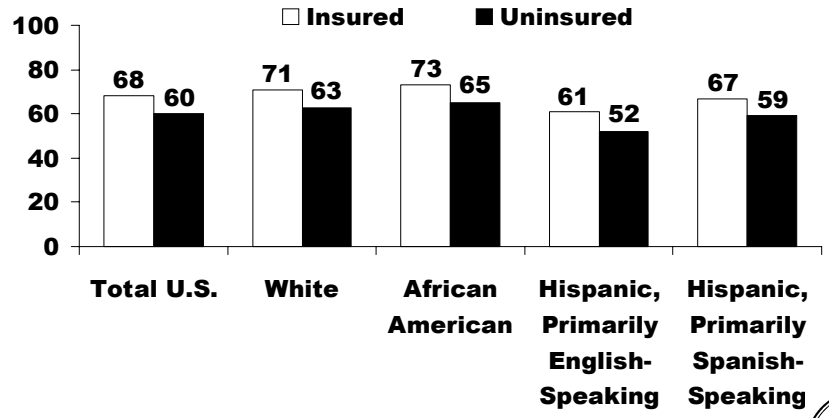
- Spanish-Speaking Hispanics without a regular doctor are among the least confident and trusting. Among surveyed respondents who did not have a regular doctor, only 43 percent of Spanish-speaking Hispanics reported a great deal of confidence and trust in doctors they have seen in the past two years, whereas nearly 60 percent of English-speaking Hispanics, African Americans, and non-Hispanic whites did so.



20

English-Speaking Hispanics Less Satisfied with Amount of Time Spent With Doctor

Percent adults reporting doctor spent sufficient amount of time with them



Base: Adults with health care visits in past two years.
Adjusted percentages controlling for poverty and education.
Source: The Commonwealth Fund 2001 Health Care Quality Survey.

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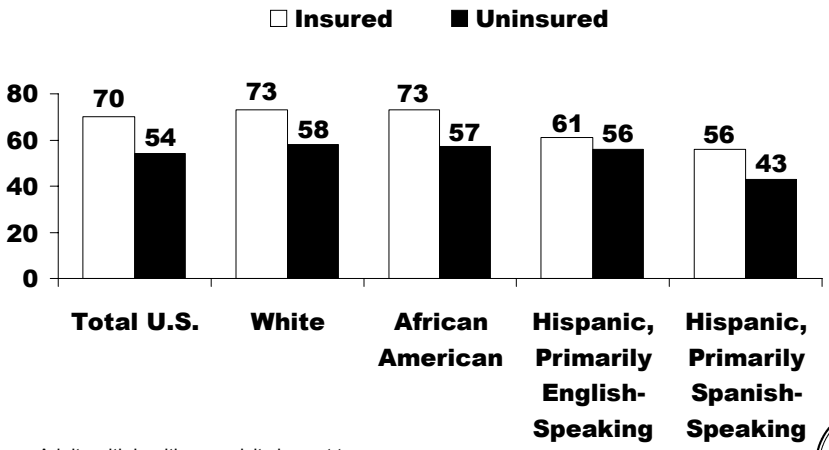
21

Uninsured Spanish-Speaking Hispanics Are Least Likely to Report "Great Deal" of Confidence in Their Doctor



Base: Adults with health care visits in past two years.
Adjusted percentages controlling for poverty and education.
Source: The Commonwealth Fund 2001 Health Care Quality Survey.

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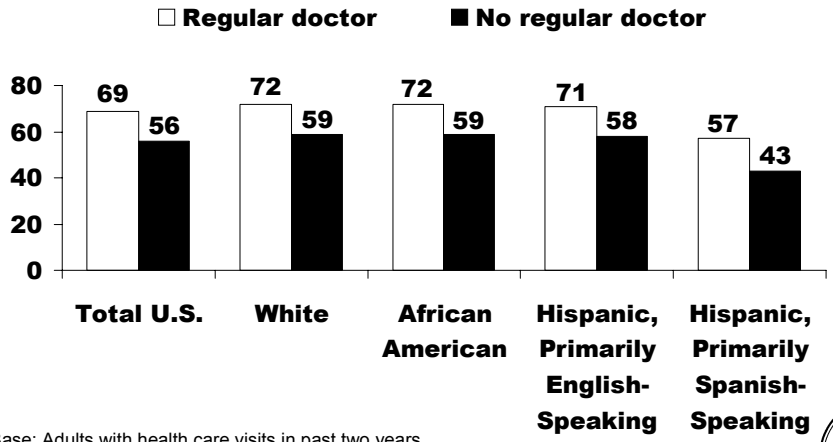
22

Respondents Without Regular Doctor Report Less Confidence and Trust in Doctor

Percent nonelderly reporting a "great deal" of confidence and trust in doctor



Base: Adults with health care visits in past two years.
Adjusted percentages controlling for poverty, insurance, and education.
Source: The Commonwealth Fund 2001 Health Care Quality Survey.

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IV. CONCLUSIONS

The Commonwealth Fund 2001 Health Care Quality Survey finds that Hispanic adults—especially those who lack English fluency—are at great risk of lacking basic access to medical care. This can be attributed in part to their high uninsured rates, but also to the difficulties they experience in establishing ongoing care relationships with their physicians, either because they have no regular doctor or because they have problems communicating with and understanding their physicians.

The survey also finds that Hispanics are less satisfied than non-Hispanic whites or African Americans with the quality of their medical encounters. Moreover, Hispanics who lack English fluency are the least confident and trusting of doctors. Research has shown that the quality of the medical encounter influences comprehension of critical health messages, adherence to health-promotion and disease prevention interventions, and ultimately, health outcomes.[3]

Policies that seek to reduce the number of uninsured Hispanics and improve the quality of their medical encounters are essential if the nation's health care system is to become more responsive to the needs of this population. In particular, policies that increase the availability of trained medical interpreters and the provision of health care services in community or public health centers would reach Hispanics who carry the double burden of lack of health insurance and limited English proficiency.

[3] J. E. Carillo, F. M. Trevino, J. R. Betancourt, and A. Coustasse, "The Role of Insurance, Managed Care, and Institutional Barriers," in *Health Issues in the Latino Community,* edited by M. Aguirre-Molina, C. Molina, and R. E. Zambrana (San Francisco: Jossey-Bass, 2001), pp. 55–73.

V. APPENDIX

Table A-1. Select Sociodemographic and Health Characteristics by Race/Ethnicity and Language Groups

	Total	White	African American	Hispanic Total	Hispanic English-Speaking	Hispanic Spanish-Speaking
Unweighted N	4736	2773	885	1078	691	387
Adults 18–64 (weighted distribution)		68%	12%	12%	7%	5%
Age						
18–29	25	21	29	37	38	35
30–39	24	24	26	26	22	32
40–49	26	28	22	21	25	16
50–64	25	27	23	16	15	17
Educational Attainment						
Less than high school	12	8	15	38	23	61
High school or more	88	92	85	62	77	39
Annual Income						
Less than $20,000	15	12	25	25	18	35
$20,000–$34,999	20	19	24	23	23	22
$35,000–$49,999	16	16	17	18	23	9
$50,000 or more	34	40	19	15	21	5
Poverty Status*						
Under 200% poverty	34	28	50	58	46	81
200% poverty or more	66	72	50	42	54	19
Family Work Status						
At least one full-time worker	79	81	73	76	75	79
Only part-time workers	9	8	10	10	10	10
No worker	12	10	17	14	15	11
Self-Rated Health Status						
Excellent or very good	55	59	44	37	49	19
Good	32	29	40	43	39	49
Fair or poor	13	12	15	19	12	31
Insurance Status						
Uninsured when surveyed	17	13	23	35	22	54
Insured now, time uninsured in past year	8	8	8	11	14	6
Continuously insured	75	80	70	54	64	39
Regular Source of Care						
Doctor's office or private clinic	75	80	65	58	71	39
Community health center/public clinic	9	7	10	20	12	33
Hospital ER/No regular place of care	8	7	13	14	9	23
Other	7	5	11	6	8	4

* Poverty status calculated among respondents reporting income.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Table A-2. Access Barriers and Quality of Care Experiences Among Racial/Ethnic and Language Groups, Unadjusted Percentages

Adults (18–64)	Total	White	African American	Hispanic Total	Hispanic English-Speaking	Hispanic Spanish-Speaking
Access to Care						
No regular doctor	26	22	29	45	34	62
Had health care visit in past 2 years	88	89	89	80	83	74
Among sicker population, percent with at least one medical visit in past year★	81	83	84	69	76	58
Health Information						
Read and understand prescription instructions						
Very easy	79	83	80	63	73	48
Somewhat easy	16	13	14	24	20	32
Somewhat difficult/very difficult	5	3	5	11	7	18
Read and understand written information						
Very easy	58	61	56	44	50	35
Somewhat easy	30	29	33	37	35	40
Somewhat difficult/very difficult	9	7	9	17	13	12
Patient–Provider Communication						
Doctor listened to what you had to say						
Everything	64	66	68	56	57	54
Most	26	25	23	28	31	23
Some/Only a little	9	9	8	15	11	21
Understood what the doctor said						
Everything	65	68	62	56	59	51
Most	28	26	27	28	30	24
Some/Only a little	7	5	11	16	11	25
Had questions about care or treatment that wanted to discuss, but did not	13	11	13	20	17	25
One or more measures of poor communication	20	17	22	33	27	45
Satisfaction with Patient–Provider Experiences						
Amount of time doctor spent with you						
As much as wanted	68	70	69	56	54	61
Almost as much	20	18	19	26	31	17
Less than wanted/A lot less than wanted	12	11	11	17	15	20
Confidence and trust in doctor treating you						
Great deal	67	70	68	57	64	46
A fair amount	27	25	28	34	28	44
Not too much/None at all	5	5	4	9	8	10
Treated with dignity and respect						
Great deal	74	75	75	76	69	87
A fair amount	23	23	23	21	26	12
Not too much/None at all	2	2	2	3	4	1
Involved in health care decisions						
As much as wanted	75	77	75	66	65	68
Almost as much	18	16	19	23	24	22
Less/A lot less than wanted	7	6	6	10	11	8
Choice of Where to Go for Medical Care						
Great deal	49	50	51	43	45	40
Some	32	34	27	29	33	21
Very little or no choice	20	16	22	28	22	39

★ Sicker adults report fair/poor health status, at least one chronic disease, or a disability.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Table A-3. Adjusted Percentages Based on Logistic Regression Analysis:[a] Access Barriers and Quality of Care Experiences Among Racial/Ethnic and Language Groups, by Insurance Status

Adults (18–64)	Total	White	African American	Hispanic English-Speaking	Hispanic Spanish-Speaking
UNINSURED					
Access to Care					
No regular doctor	43***	37	44	46*	66***
Had health care visit in past 2 years	84*	87	88	78**	75**
Among sicker population, percent with at least one medical visit in past year	76**	78	82	72	60**
Health Information					
Very easy to read and understand instructions on prescription bottle	76	81	80	74*	51***
Very easy to read and understand information from doctor's office	57	60	59	54	47**
One or more measures of poor patient–provider communication	31***	28	30	31	45**
Satisfaction with Provider Interaction					
Doctor spent sufficient amount of time	60**	63	65	52**	59
Great deal of confidence and trust in doctor	54***	58	57	56	39**
Treated with great deal of dignity and respect	64***	64	68	63	83***
Involved in decisions about care as much as wanted	68**	72	72	63*	67
Very little/no choice of where to go for care	28***	24	29	28	38***
INSURED					
Access to Care					
No regular doctor	20	16	19	21*	37**
Had health care visit in past 2 years	89	91	92	84**	82**
Among sicker population, percent with at least one medical visit in past year	83	85	88	81	70**
Health Information					
Very easy to read and understand instructions on prescription bottle	78	83	82	77*	55***
Very easy to read and understand information from doctor's office	59	63	61	56	49**
One or more measures of poor patient–provider communication	17	15	16	16	27**
Satisfaction with Provider Interaction					
Doctor spent sufficient amount of time	68	71	73	61**	67
Great deal of confidence and trust in doctor	70	73	73	72	56**
Treated with great deal of dignity and respect	77	77	80	76	90***
Involved in decisions about care as much as wanted	76	79	79	72*	75
Very little/no choice of where to go for care	17	14	18	17	25***

[a] Models control for poverty status and education. Significance tests compare total uninsured with insured for column one, and whites are the referent group for columns 3, 4, 5.

*p<.05, **p<.01, ***p<.001.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

RELATED PUBLICATIONS

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#598 *Building Quality into RIte Care: How Rhode Island Is Improving Health Care for Its Low-Income Populations* (January 2003). Sharon Silow-Carroll, Economic and Social Research Institute. RIte Care, Rhode Island's managed care program for Medicaid beneficiaries, Children's Health Insurance Program enrollees, and certain uninsured populations, has made quality improvement a central goal. This report examines the state's initiatives aimed at improving care for pregnant women, children, and others, including efforts focused on preventive and primary care, financial incentives, and research and evaluation.

#596 *Expanding Health Insurance Coverage: Creative State Solutions for Challenging Times* (January 2003). Sharon Silow-Carroll, Emily K. Waldman, Heather Sacks, and Jack A. Meyer, Economic and Social Research Institute. The authors summarize lessons from 10 states that have innovative strategies in place for health insurance expansion or have a history of successful coverage expansion. The report concludes with recommendations for federal action that could help states maintain any gains in coverage made and possibly extend coverage to currently uninsured populations.

#585 *Small But Significant Steps to Help the Uninsured* (January 2003). Jeanne M. Lambrew and Arthur Garson, Jr. A number of low-cost policies could ensure health coverage for at least some Americans who currently lack access to affordable insurance, this report finds. Included among the dozen proposals outlined is one that would make COBRA continuation coverage available to all workers who lose their job, including employees of small businesses that are not currently eligible under federal rules.

#589 *Health Insurance Tax Credits: Will They Work for Women?* (December 2002). Sara R. Collins, Stephanie B. Berkson, and Deirdre A. Downey, The Commonwealth Fund. This analysis of premium and benefit quotes for individual health plans offered in 25 cities finds that tax credits at the level of those in recent proposals would not be enough to make health insurance affordable to women with low incomes.

#586 *Staying Covered: The Importance of Retaining Health Insurance for Low-Income Families* (December 2002). Leighton Ku and Donna Cohen Ross, Center on Budget and Policy Priorities. This report examines why many low-income adults lose their health coverage, what the effects of losing coverage are, and which strategies can help people retain their insurance.

#576 *Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches* (October 2002). Joseph R. Betancourt, Alexander R. Green, and J. Emilio Carrillo. This field report spotlights a diverse group of health care organizations striving to improve access to and quality of care for a growing minority and immigrant population through innovative programs that develop minority leadership, promote community involvement, and increase awareness of the social and cultural factors that affect health beliefs and behaviors.

Racial and Ethnic Disparities in Coronary Heart Disease in Women: Prevention, Treatment, and Needed Interventions (September/October 2002). Paula A. Johnson and Rachel S. Fulp. *Women's Health*

Issues, vol. 12, no. 5. Copies are available from the Jacobs Institute of Women's Health, 409 12th Street, SW, Washington, DC 20024, Tel: 202-863-4990, Fax: 202-488-4229.

#574 *Employer Health Coverage in the Empire State: An Uncertain Future* (August 2002). According to this report, the combination of a weak economy, higher unemployment, and rising health care costs is placing pressure on New York State employers to eliminate or scale back health benefits for workers, their dependents, and retirees.

#559 *The Erosion of Employer-Based Health Coverage and the Threat to Workers' Health Care* (August 2002). Based on a Commonwealth Fund survey of health insurance in the workplace, this report finds that two of five workers experienced increases in their premiums or cost-sharing, or both, during 2001. Although public support for job-based health insurance remains strong, many workers are not confident that employers will continue to offer coverage to them down the road. Workers are even more uncertain about their ability to get good health care in the future.

Association of Health Literacy with Diabetes Outcomes (July 24–31, 2002). Dean Schillinger et al. *Journal of the American Medical Association,* vol. 288, no. 4. Copies are available from Dean Schillinger, MD, University of California, San Francisco, Primary Care Research Center, Department of Medicine, San Francisco General Hospital, San Francisco, CA 94110, E-mail: dean@itsa.ucsf.edu.

#547 *A Health Plan Report Card on Quality of Care for Minority Populations* (June 2002). David R. Nerenz, Margaret J. Gunter, Magda Garcia, and Robbya R. Green-Weir. In this study, eight health plans participated in a demonstration project designed to determine whether health plans could obtain data on race/ethnicity of their members from a variety of sources and incorporate those data in standard quality of care measure sets, and whether the analyses would show significant racial/ethnic disparities in quality of care within plans, and/or significant differences across plans in quality of care provided to specific groups.

Designing and Evaluating Interventions to Eliminate Racial and Ethnic Disparities in Health Care (June 2002). Lisa A. Cooper, Martha N. Hill, and Neil R. Powe. *Journal of General Internal Medicine,* vol. 17, no. 6. Copies are available from Lisa A. Cooper, Welch Center for Prevention, Epidemiology, and Clinical Research, Johns Hopkins University, 2024 East Monument Street, Suite 2-600, Baltimore, MD 21205-2223, E-mail: lisa.cooper@jhmi.edu.

Addressing Racial and Ethnic Barriers to Effective Health Care: The Need for Better Data (May/June 2002). Arlene S. Bierman, Nicole Lurie, Karen Scott Collins, and John M. Eisenberg, *Health Affairs,* vol. 21, no. 3. Copies are available from *Health Affairs,* 7500 Old Georgetown Road, Suite 600, Bethesda, MD 20814-6133, Tel: 301-656-7401 ext. 200, Fax: 301-654-2845, www.healthaffairs.org.

#557 *Eliminating Racial/Ethnic Disparities in Health Care: Can Health Plans Generate Reports?* (May/June 2002). David R. Nerenz, Vence L. Bonham, Robbya Green-Weir, Christine Joseph, and Margaret Gunter. *Health Affairs,* vol. 21, no. 3. The absence of data on race and ethnicity in health plan and provider databases is a significant barrier in the creation and use of quality-of-care reports for patients of minority groups. In this article, however, the authors show that health plans are able to collect and analyze quality of care data by race/ethnicity.

#541 *Providing Language Interpretation Services in Health Care Settings: Examples from the Field* (May 2002). Mara Youdelman and Jane Perkins, National Health Law Program. This field report profiles a variety of promising programs around the country that provide patients with interpretation services, and also identifies federal, state, local, and private funding sources for such services.

#532 *Racial Disparities in the Quality of Care for Enrollees in Medicare Managed Care* (March 13, 2002). Eric C. Schneider, Alan M. Zaslavsky, and Arnold M. Epstein, Harvard School of Public Health/Harvard Medical School. *Journal of the American Medical Association,* vol. 287, no. 10. In this article the authors report that among Medicare beneficiaries enrolled in managed care plans, African Americans are less likely than whites to receive follow-up care after a hospitalization for mental illness, eye exams if they are diabetic, beta-blocker medication after a heart attack, and breast cancer screening.

#523 *Diverse Communities, Common Concerns: Assessing Health Care Quality for Minority Americans* (March 2002). Karen Scott Collins, Dora L. Hughes, Michelle M. Doty, Brett L. Ives, Jennifer N. Edwards, and Katie Tenney. This report, based on the Fund's 2001 Health Care Quality Survey, reveals that on a wide range of health care quality measures—including effective patient–physician communication, overcoming cultural and linguistic barriers, and access to health care and insurance coverage—minority Americans do not fare as well as whites.

#526 *Quality of Health Care for Hispanic Populations* (March 2002). Michelle M. Doty and Brett L. Ives. This fact sheet, based on the Fund's 2001 Health Care Quality Survey and companion piece to pub. **#523** (above), examines further the survey findings related to the health, health care, and health insurance coverage of Hispanics.

#512 *Security Matters: How Instability in Health Insurance Puts U.S. Workers at Risk* (December 2001). Lisa Duchon, Cathy Schoen, Michelle M. Doty, Karen Davis, Erin Strumpf, and Stephanie Bruegman. This report, based on The Commonwealth Fund 2001 Health Insurance Survey, finds that in the past year one of four Americans ages 19 to 64, some 38 million adults, was uninsured for all or part of the time. Lapses in coverage often restrict people's access to medical care, cause problems in paying medical bills, and even make it difficult to afford basic living costs such as food and rent.

#511 *How the Slowing U.S. Economy Threatens Employer-Based Health Insurance* (November 2001). Jeanne M. Lambrew, George Washington University. This report documents the link between loss of health insurance and unemployment, estimating that 37 percent of unemployed people are uninsured—nearly three times as high as the uninsured rate for all Americans (14%). The jobless uninsured are at great financial risk should they become ill or injured.

#492 *Racial, Ethnic, and Primary Language Data Collection in the Health Care System: An Assessment of Federal Policies and Practices* (September 2001). Ruth T. Perot and Mara Youdelman. Using interviews conducted with administrators at federal health agencies, this report finds wide gaps between the goals of federal initiatives to eliminate racial and ethnic disparities in health care—such as Healthy People 2010—and the efforts of federal health agencies to collect and report data needed to help achieve these goals. The report provides the first comprehensive analysis of the policies and statutes governing the collection of health care data by race, ethnicity, and primary language.

#502 *Gaps in Health Coverage Among Working-Age Americans and the Consequences* (August 2001). Catherine Hoffman, Cathy Schoen, Diane Rowland, and Karen Davis. *Journal of Health Care for the Poor and Underserved,* vol. 12, no. 3. In this article, the authors examine health coverage and access to care among working-age adults using the Kaiser/Commonwealth 1997 National Survey of Health Insurance, and report that having even a temporary gap in health coverage made a significant difference in access to care for working-age adults.

#464 *Health Insurance: A Family Affair—A National Profile and State-by-State Analysis of Uninsured Parents and Their Children* (May 2001). Jeanne M. Lambrew, George Washington University. This report suggests that expanding Medicaid and State Children's Health Insurance Program (CHIP) coverage to parents as well as children may not only decrease the number of uninsured Americans but may be the best way to cover more uninsured children.

#**439** *Patterns of Insurance Coverage Within Families with Children* (January/February 2001). Karla L. Hanson. *Health Affairs,* vol. 20, no. 1. Using the 1996 Medical Expenditure Panel Survey, this article examines patterns of health insurance within families with children, determining that 3.2 million families are uninsured and another 4.5 million families are only partially insured.

#425 *Barriers to Health Coverage for Hispanic Workers: Focus Group Findings* (December 2000). Michael Perry, Susan Kannel, and Enrique Castillo. This report, based on eight focus groups with 81 Hispanic workers of low to moderate income, finds that lack of opportunity and affordability are the chief obstacles to enrollment in employer-based health plans, the dominant source of health insurance for those under age 65.

#392 *Disparities in Health Insurance and Access to Care for Residents Across U.S. Cities* (August 2000). E. Richard Brown, Roberta Wyn, and Stephanie Teleki. A new study of health insurance coverage in 85 U.S. metropolitan areas reveals that uninsured rates vary widely, from a low of 7 percent in Akron, Ohio, and Harrisburg, Pennsylvania, to a high of 37 percent in El Paso, Texas. High proportions of immigrants and low rates of employer-based health coverage correlate strongly with high uninsured rates in urban populations.

#370 *Working Without Benefits: The Health Insurance Crisis Confronting Hispanic Americans* (March 2000). Kevin Quinn, Abt Associates, Inc. Using data from the March 1999 Current Population Survey and The Commonwealth Fund 1999 National Survey of Workers' Health Insurance, this report examines reasons why 9 million of the country's 11 million uninsured Hispanics are in working families, and the effect that lack has on the Hispanic community.

Minority Health in America (2000). Carol J. Rowland Hogue, Martha A. Hargraves, and Karen Scott Collins (eds.). This book reviews findings from The Commonwealth Fund's 1994 National Comparative Survey of Minority Health Care, providing the documentation needed to assess the successes and failures of the current system with regard to minority health care and to chart productive directions for the future. Copies are available from the Johns Hopkins University Press, 2715 North Charles Street, Baltimore, MD 21218-4363, Tel: 410-516-6900, Fax: 410-516-6968, E-mail: www.press.jhu.edu.

#321 *U.S. Minority Health: A Chartbook* (May 1999). Karen Scott Collins, Allyson Hall, and Charlotte Neuhaus. This chartbook, which is intended to serve as a quick reference for currently available information on minority health, shows that minorities continue to lag behind whites on many important health indicators, including infant mortality rates, life expectancy, and health insurance coverage.

#311 *Medicaid Managed Care and Cultural Diversity in California* (March 1999). Molly Coye and Deborah Alvarez, the Lewin Group. The authors examine the effect of cultural competence contract provisions that were enacted in 1993 by Medi-Cal, California's Medicaid program. Analysis finds early promise in improving access to and understanding of health care services for low-income, non-English-speaking minority enrollees.