

## NEWS RELEASE

### HEALTH INSURANCE STATUS AMONG US LATINOS AFFECTS PERCEPTION OF QUALITY OF HEALTH CARE *Researchers Link Socioeconomic and Other Factors to Health Insurance Coverage*

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October 28, 2009. Los Angeles, Calif. For US Latinos, 82% of those who are insured and have a usual source of health care rated their healthcare experiences as excellent or good compared to 74% of those who are uninsured and reported the same. For those with chronic conditions, having health insurance also affected opinions on quality of care. Eighty-one percent of Latinos with health insurance and a chronic condition (diabetes, asthma, hypertension, arthritis, heart disease, or depression) said they had excellent or good care while only 61% of Latinos with a chronic condition and without health insurance thought their health care was excellent or good.

In a study released today, “*Effects of Health Insurance on Perceived Quality of Care Among Latinos in the United States*,”<sup>1</sup> Debra Perez and colleagues found these and other facts that point to the importance of insurance, especially for US Latinos, the fastest growing minority population in the US. Perez found the largest gap of excellent/good ratings occurred among US Latinos who were insured and reported eight or more doctor visits within the last year, compared to the uninsured (76.2% vs 54.6%, respectively).

“With more than one third of US Latinos not having health insurance, our study shows that disparities in quality of care could be reduced if more Latinos had access to health insurance,” said Perez. “And, because research has shown that patients who think well of the health care they receive are more likely to have better health outcomes, increased insurance coverage could make a difference in the health disparities for this Latino population,” she added.

The study also found that length of time in the United States was highly associated with having health insurance. Less than 50% of those who lived in the US for less than 10 years had health insurance. However, more than 80% of Latinos who lived in the US for 30 or more years had health insurance.

“The knowledge and understanding of the effects of health insurance among US Latinos should guide the development of programs that could improve quality of care among this population,” concluded Perez.

Data for this article are from the 2007 Pew Hispanic Center/Robert Wood Johnson Foundation Latino Health Survey – a nationally representative telephone survey of more than 4,000 Latino adults in the US.

In another study of this issue, Arturo Vargas Bustamante et al<sup>2</sup> examined factors affecting rates of health insurance between US Latino adults and US Latino adults of Mexican ancestry.

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By analyzing data from the National Health Interview Survey (1999-2007), the researchers found that Mexican Americans were more likely to be uninsured than their non-Mexican Latino counterparts. In the dataset, nearly 70% of the uninsured Latinos in the US were Mexican Americans. The uninsured were more likely to be male, single, young, foreign-born, employed, to have fewer years of school, to have income below the federal poverty line, to answer the interview in Spanish, and to report good health.

“While we found differences in health insurance coverage linked to many socioeconomic factors, other significant determinants may be related to attitudes, perception of need and preference for health insurance coverage,” explained Vargas Bustamante. “Risk aversion and cultural familiarity with the health insurance system in the US are other important variables discovered by our analyses.”

These two articles and another seven articles can be found in the *Journal of General Internal Medicine* supplement, *Confronting Inequities in Latino Health Care*, which resulted from efforts of The Network on Multicultural Research on Health and Healthcare, a consortium of researchers from major research institutions around the country. This team of multidisciplinary senior and junior faculty members conducts health disparities research on the care provided to minority subpopulations. Guest editors for the supplement, Michael Rodriguez, MD, MPH and his colleague William Vega, PhD also serve as the co-directors of The Network, which is funded by the Robert Wood Johnson Foundation and is located within the UCLA David Geffen School of Medicine, Department of Family Medicine.

#### **RELEVANT LINKS**

Additional information on these articles and relevant background information can be obtained by visiting <http://media.multiculturalhealthcare.net/>.

#### **NETWORK FOR MULTICULTURAL RESEARCH ON HEATH AND HEALTHCARE INFORMATION**

The Network for Multicultural Research on Heath and Healthcare is situated at UCLA, David Geffen School of Medicine, Department of Family Medicine. Supported by the Robert Wood Johnson Foundation, researchers established The Network to: 1) conduct disparities research on the care provided to minority subpopulations for chronic diseases; and 2) to mentor junior faculty investigators to develop a new generation of researchers with the skills needed to reduce the disparities through improved health care. For more information, visit <http://multiculturalhealthcare.net/>

#### **REFERENCES**

1. Perez D, Ang A, Vega WA. Effects of health insurance on perceived quality of care among Latinos in the United States. *J Gen Intern Med.* 2009;24(suppl3):555-560.
2. Bustamante AV, Fang H, Rizzo JA, Ortega AN. Heterogeneity in health insurance coverage among US Latino adults. *J Gen Intern Med.* 2009;24(suppl3):561-566.

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