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Social and Economic Factors Leading to Health Disparities in the Latino Population Living in the United States

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Social and Economic Factors Leading to Health Disparities in the Latino Population Living in the United States: An Integrative Review of the Literature

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Abstract

Background: Several studies suggest that the Latino population in the United States receive poorer access to health care compared to other ethnics group.

Objective: The purpose of this integrative literature review was to identify social and economic factors that lead to health disparities among Latinos in the United States and to provide research-based recommendations on addressing the factors that lead to health inequalities.

Methods: This integrative literature review utilized the Self-Care Theory by Orem (2016) as framework to organize and conceptualize the research information. The keywords "Latinos AND healthcare AND disparities" were used to search the literature between 2009 and 2019.

Results: Three factors were identified as contributing to health care disparities within the Latino population living in the United States. The identified factors were economic barriers, language barriers, and immigration status.

Conclusions: Current research suggests the impact of economic barriers, language barriers, and immigration status on health care for the Latino population. Considering Orem's Theory and the implication to nursing, addressing these health care disparities and the contributing social and economic factors, could potentially lead to an improvement in the overall health status of the Latino community.

Key words: Latinos, Hispanics, health disparities, social factors, economic factors, contributing factors, chronic illness, screening, management discrimination, barriers

Introduction

Background and Significance

In the United States, Latinos have disproportionately higher rates of hypertension, obesity, diabetes, but also poorer access to health care in relation to other ethnic groups (Brown, 2018). The 2010 Census reported that Latino Americans now compose the largest racial minority group in the U.S. with 50.5 million people (Lopez, 2012). The social and economic factors affecting health disparities in Latinos, including those with chronic illnesses, were widely explored. Researchers focused on explanations for disparities that Latinos are challenged with and consider factors such as inequality in health status, socioeconomic status, and adaptation to culture and environmental conditions in the United States. For example, the literature suggested that high rates of exposure to violence and other adversities among the Latino youth contribute to health disparities (Kia-Keating, 2017). The socioeconomic spectrum within the Latino population was explored and researchers also focused on the upper end of the spectrum in which actual racial disparities tend to be more pronounced (Colen, 2018). Discrimination was described as one of the most prominent factors contributing to health disparities in Latinos. Perceived discrimination was actually found to correlate with health care access and is persistent with social stressors that can adversely affect health (Vega, 2009). Current evidence in health care associated discrimination with adverse health care behaviors includes lack of cancer screenings, health care underutilization, lack of diabetes management indicators (e.g. hemoglobin A1C tests) and blood pressure exams, and delayed pharmacy prescription fillings (Perez, 2009).

Statement of Purpose

The purpose of this literature review was to identify social and economic factors that lead to health disparities among Latinos in the United States. Being able to identify these factors can

help improve the quality of health care for Latinos. This information can be used to further find resources for Latinos that can give them access to proper treatment and health care professionals. In turn, this can potentially help treat the high rates of chronic illnesses and decrease associated mortality rates within the Latino community.

Research Questions

1. What social and economic factors lead to health disparities in Latinos living in the United States?
2. What evidence-based programs are available that addresses the factors contributing to health disparities for Latinos?

Conceptual Model

This literature review was based on identifying factors leading to health disparities. Upon doing a search for “Latino health care disparities” and “Hispanic health care disparities”, some of key terms found among the literature were “discrimination”, “barriers”, “inequality” and “limited resources”.

In Dorothy Orem’s Self-Care Theory, she described the nurse’s role to fill in the gaps of care that individuals cannot fulfill for themselves (Nursing Theory, 2016). Orem believed that individuals initially care for themselves and they perform activities without assistance in order to maintain or increase their overall health. If individuals cannot care continuously for themselves, then it is appropriate for a nurse to intervene (Nursing Theory, 2016). According to Orem, when individuals can no longer care for themselves, they will seek for a health care professional, like a nurse (Nursing Theory, 2016).

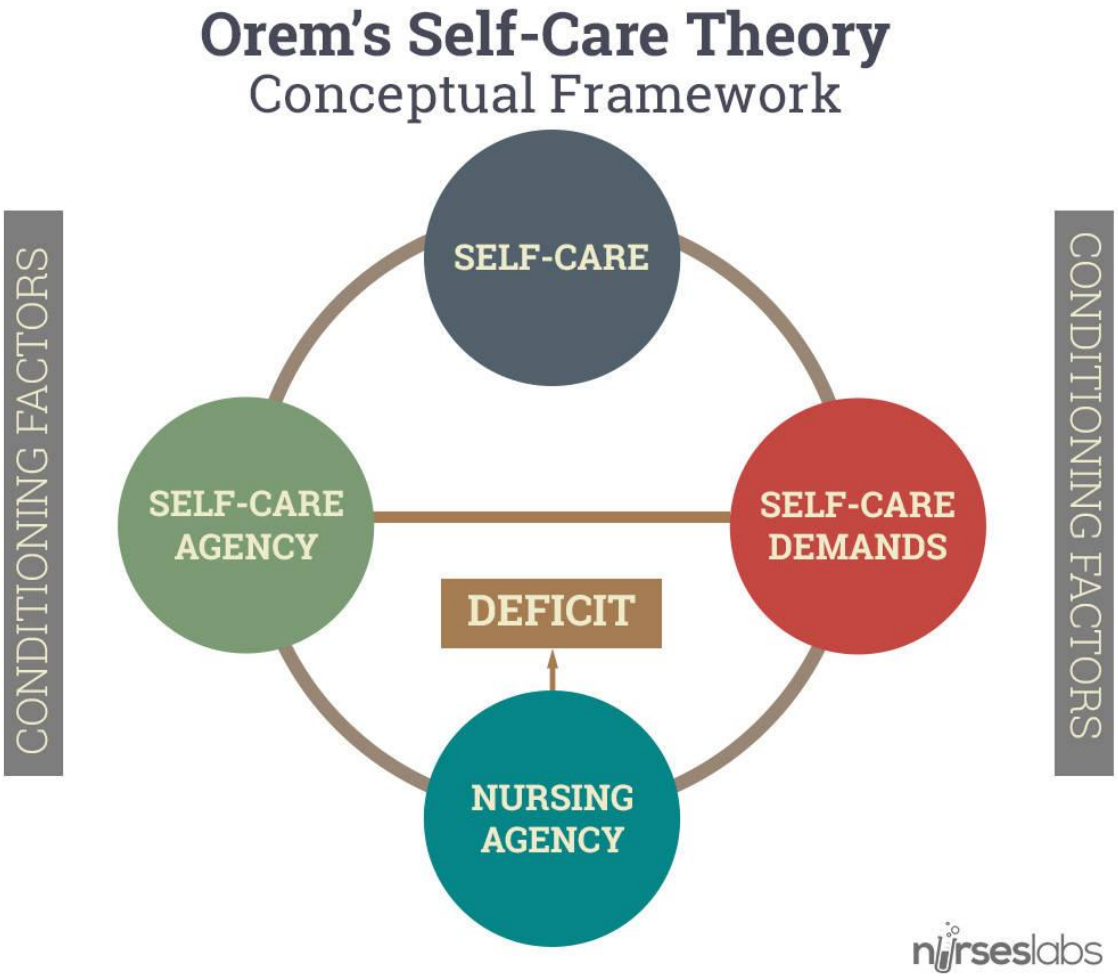


Figure 1. Orem's Self-Care Theory Conceptual Framework (2014) by Gil Wayne.

The Self-Care Theory was composed of three interrelated theories. The first one was the theory of "self-care". This component described the practice of activities that individuals must perform in order to maintain a healthy life and well-being. Some of the factors that influence this component are age, life experiences, socio-cultural orientation, and available resources (Nursing Theory, 2016). This relates to health disparities, as described by Conway (2012), which explained that the disparities result from discrimination, differences in access to quality health care, socioeconomic factors, and cultural barriers. Fulfilling the "self-care" component of

Orem's theory is difficult when access within the Latino community is hindered by lack of insurance, legal status, poverty, and racial or minority status (Conway, 2012). Furthermore, availability of resources within the Latino community is limited considering that Latinos are less likely to have a college degree, more likely to earn less than the median income, which in turn makes their population more likely to live in poverty and less likely to have health insurance than Whites (Gonzalez, 2012).

The second component of the Self-Care theory was the concept of "self-care deficit". This concept described when nursing is required due to the inability of an individual to partake in effective self-care (NursingTheory, 2016). According to this theory, a nurse can help an individual in a number of ways: acting for and doing for others, teaching others, guiding others, and providing an environment that promotes personal development to meet future goals (Nursing Theory, 2016). This category can be associated to the racial "discrimination" in health. When it comes to a self-care deficit and reaching out to the health care professionals, Latinos can be "accounted for by more frequent exposure to unfair treatment" (Colen, 2018). Even individuals within the Latino community of higher SES tended to report more instances of interpersonal discrimination (Colen, 2018). In a self-reported discrimination study done by Perez (2009), it was found that perceived discrimination among Latinos "has been shown to produce effects both in and out of the provider's office." This effect extends beyond the health care environment, preventing Latinos from seeking health-care services.

The third component of the Self-Care theory was the "nursing system". In this part of the theory, Orem described that a patient's self-care needs will be fulfilled by the nurse, the patient or both (Nursing Theory, 2016). This can be done through social or interpersonal connections with the patients in order to promote health. Also, communication is adjusted to age and health

status, which should maintain a therapeutic relationship with the patient regardless of functioning in health and disease. This relates to “language barriers” that contributes to health disparities in the Latino community (Avila, 2013). In her study, she explained that English-speaking and nonimmigrant Latino children’s health are more similar to non-Latino White children than are Latino children in non-English speaking households (Avila, 2013). When looking into primary prevention, such as cholesterol screening, it was found that language barriers were a large factor explaining “most of the racial and ethnic disparities” (Kenik, 2014).

Methods

Methods and Design

An integrative literature review was conducted to identify the major contributing factors to health disparities in the Latino population living in the United States. According to Hanucharurnkul (2018), a review of current research in the area of enhancing health promotion and disease prevention is necessary to observe the many factors that impact individual, family and community health especially in disadvantaged groups. Programs that focused on the limitation of health access and other disparities for Latinos were evaluated in their approach to addressing the major barriers.

Literature Search Strategies

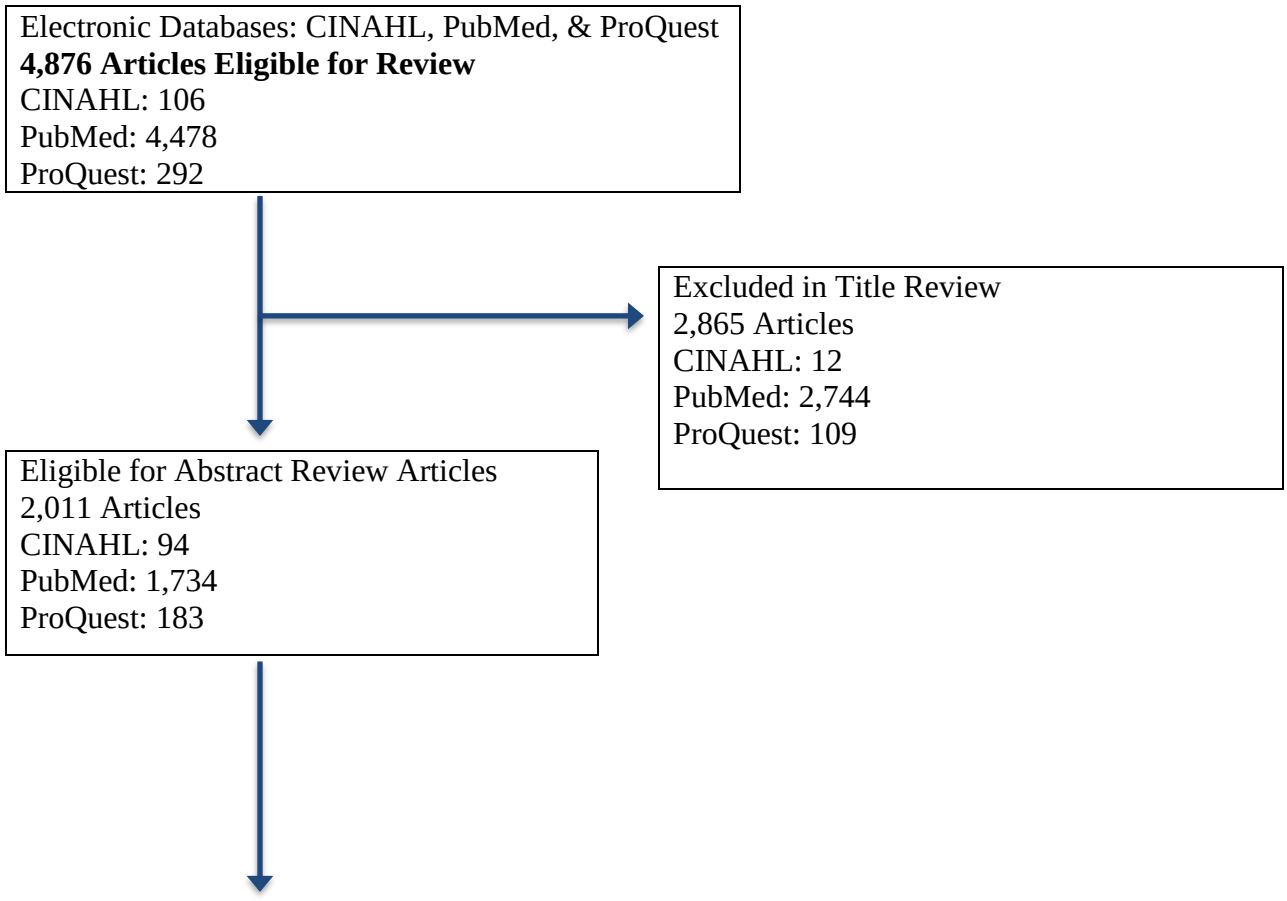
A search of databases was conducted using Cumulative Index to Nursing and Health Literature (CINAHL), ProQuest, and PubMed. The following key words were used in the search, in a variety of combinations: *Latinos, Hispanics, health disparities, social factors, economic factors, contributing factors, chronic illness, screening, management, discrimination, barriers.* It is important to note that for consistency purposes, the term “Latino” was used in place of “Hispanic”, considering both terms refer to the same population within the United States.

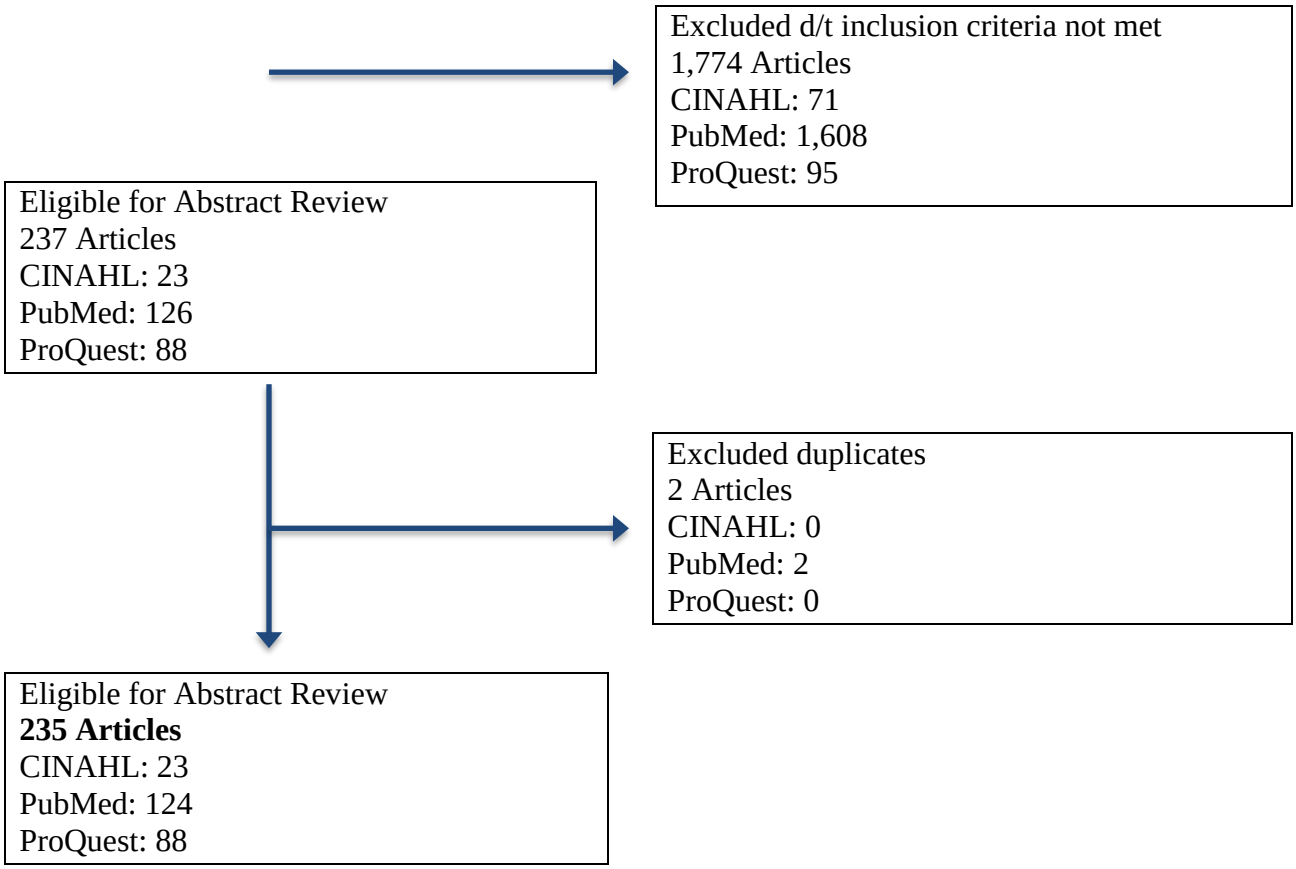
Literature Search Limitations and Inclusion/Exclusion Criteria

Inclusion criteria: Sources reviewed were limited to nursing or medically-related, peer-reviewed articles over the last 10 years. The article had to be available through a direct link or in Portable Document Format (PDF) for viewing and had to be available in the English language. The articles had to be related to the factors that contribute to health care disparities in Latinos in the United States.

Exclusion criteria: Any sources that focused on other minority groups (e.g., African Americans or Asian) health disparities were not considered. Any articles focused on Latino populations living outside of the United States were not used. Articles that were not peer-reviewed were excluded from the selection as well.

Figure 2. Diagram of Study Selection and Review Process





Data Synthesis and Analysis

The data collected from the articles described in the inclusion criteria were ordered and categorized in Table 1. The table displays the information in a manner that summarized the articles, highlighting the important segments of the research in relation to their implication for this literature review. The data table displays the author, publication year, keywords, methods, number of study participants, and implication of the research article.

In the initial search process, a total of 4,876 articles were eligible for review. After applying the exclusion and inclusion criteria, a total of 235 articles were eligible for abstract review. From the available articles, a total of 12 evidence-based articles were analyzed, all of which met the criteria. These articles were analyzed to observe for common described factors that contribute to health disparities in the Latino population.

Results

Factors Contributing to Social and Economic Health Disparities in Latino Population

In this literature review, three contributing factors were identified as contributing to health care disparities within the Latino population living in the United States. Economic barriers, language barriers, and immigration status were identified factors. Through the literature review, a discrepancy in quality of care was noted between Latinos and their non-Latinos.

Economic Barriers. Studies show that Latino health care access is limited by poverty, lack of insurance, legal status, and racial or minority status (Conway, 2012). Another source emphasizes that Latinos are less likely to have a college degree, more likely to earn less than the median income, which in turn increases the likelihood of living in poverty (Gonzalez, 2012). Articles that mentioned lack of education were in relation to poverty or low-income status, due to the inability of obtaining a high-paying job. Rodriguez (2018) also suggested that low education was associated with health care disparities in the Latino population. It is important to look into the consequences of health care disparities due to economic barriers for Latinos. Low-income was identified by Sleight (2018) as a significant association with lower health-related quality of life (HRQOL). Besides economic restrictions, the obligations associated with low-wage jobs were described to be a barrier in accessing health care (Kia-Keating, 2018). An immigrant participant in Kia-Keating's study described his experience: "Work in this country demands a lot from you; you get home frustrated and just want to rest." Members of the same community described how low-paying, high-demand jobs with limited income contributed to emotional stress that could potentially inhibit them from accessing their health needs or participating in recreational activities. Low-paying jobs seem to hinder Latinos from accessing health care in this twofold manner. From a different perspective, Colen (2019) describes in his research how

upward (socioeconomic) mobility generally protects White individuals from facing chronic discrimination in health care treatment, however, for Latinos it has the opposite function. The research highlights how it actually increases the frequency of encounters of chronic discrimination in the Latino population. Colen (2019) states that Latinos living in the U.S. might be healthy due to their adherence to healthier diets, lower rates of smoking, and higher levels of social support.

Language Barrier. Studies cited language being a barrier to acculturation in those facing health care disparities. One study described Spanish being the primary language spoken at home for 89% of the participants (Brown, 2018). A study focusing on health screenings mentioned language as the explanation for most of the disparities in screenings (Kenik, 2014). Beyond screening, self-care deficits were observed for those in which their primary language was not English. For patients with diabetes, an association was found between Latinos with limited English proficiency and reduced rates of self-monitoring for blood glucose (Brown, 2011). In Brown's (2011) study, it was described that approximately half of Spanish-speaking Latinos received educational materials from their health plan appropriate to their culture and language. Patterns of discrimination are not only observed within the adult population, but with children as well. In a study by Avila (2012), she described the calculated disparities based on health indicators between Latinos and white children. It was found that language greatly increases health disparities for Latino children and that English-speaking Latino children were more similar to White children than are children in non-English speaking households in regards to health disparities (Avila, 2012). However, another study found that Latinos that spoke English or a mix of English and Spanish were more likely to actually report the discrimination compared to Spanish-speaking interviewees (Perez, 2009). It is important to note why it may be that low

English proficiency acts as a barrier. Language barriers actually prevent the Latino individuals from asking for help and reaching out for community resources. Kia-Keating (2018) describes how limited English proficiency is an acculturative stressor that contributes to Latinos' distress and isolation, which challenges their ability to access health care systems.

Immigrant Status. A prominent factor in health care disparities for Latinos is immigration status. Colen (2018) suggested a consistent pattern observed with recent immigration status to the U.S. with worse than average health outcomes. In the case of children of Latino immigrants, they are more likely to present with risk factors for chronic diseases (Gonzalez, 2012). He described that recent data demonstrated an increased likelihood of obesity in foreign-born children of Latino immigrants compared to children of more settled Latino immigrants and children of U.S. natives. But, chronic illnesses itself is not the variable impacting the actual disparities within the Latino population. In a study that estimated health disparities and access, it was found that after controlling for immigrant status, health disparities were greatly reduced (Avila, 2013). Specifically within mental health, stigma was found to be among the top five cited barriers to accessing health care (Kia-Keating, 2018). The research describes that stigma related to language and immigration/deportation fears, has a negative impact on help seeking behaviors for Latinos. Under the Affordable Care Act (ACA), undocumented immigrants are banned from purchasing health care services (Velasco-Mondragon, 2016). Velasco-Mondragon explains that those who believe in allowing access to health care for the undocumented population would allow for advance social justice for this vulnerable population.

Quality of Care. Studies suggested a lessened quality of care for illnesses in Latino populations associated with lack of health insurance (Heintzman, 2018). In a study that focused on health care disparities in the Latino youth, it was reported that Latinos in the United States

continue to receive low quality health care in which they face multiple barriers to accessing effective and timely services (Kia-Keating, 2017). This problem was described as being related to factors across a systemic, community, provider, and patient levels. In a hospital setting, for example, Latino patients have lower-reported ratings on their experience compared to their non-Latino counterpart in regards to information, education, respect, physical comfort, and emotional support (Perez, 2009). In the same study, it was found that with U.S.-born Latinos, very low education was the only factor that was related to lower quality of care. While for foreign-born Latinos, health insurance, younger age, and self-reported health status were all significantly associated with lower quality of care (Perez, 2009). The obstacles that Latinos face (e.g. cultural difference between patient and health care professional, language barrier, etc.) places them at increased risk for underuse of health care services (Brown, 2011). According to Brown (2011), Latinos in turn then experience poor-quality health care and worse outcomes in managed care settings compared to Whites.

Discussion

Three major contributing factors to health care disparities in the Latino community were identified in this integrative literature review: economic barriers, language barriers, and immigrant status. A discrepancy in quality of care was identified as a potential result of these health disparities. In several studies, a strong association was found between Latinos in low-paying jobs and access to health care needs. Economic restrictions were related to less education and legal status that prohibits Latinos from obtaining median or higher-than-median income jobs. Language was a common factor found among the studies, in which health disparities (including screenings and self-monitoring) were observed in Latinos with low English proficiency. This trend was observed in both Latino adult and children populations. Also, immigration status was

described by these studies as a barrier in accessing health care. Furthermore, chronic illnesses correlated in Latinos immigrants and children of Latino immigrants. Immigration status likely related to fear in searching for medical help as well as acculturation differences compared to their White counterpart.

There are three research-based programs that address the factors contributing to health disparities in the Latino community. These programs focused on resolving the inaccessibility to health services related to economic restrictions or individualized community engagement and the impact it can have on improved health status. None of these identified intervention programs addressed more than one contributing factor.

To help address the factors that are contributing to health inequalities in the United States, it is important to construct an intervention that focuses on facilitating health care access for Latinos by eliminating or reducing the aforementioned barriers. Providing pro-bono health care services or providing Latinos with allocated funds for health care may address the economic burden for this population. By increasing Spanish-speaking providers or use of interpreters in health care facilities, the use of health care resources may appear more appealing to the Spanish-speaking Latino population. Although immigration status requires legal action, creating safe zone health care facilities may allow for a larger quantity of help-seeking behaviors.

Limitations

One limitation of this review was the specificity of the participants considered to be Latinos. Some of the researchers on these studies were specific in describing the group of Latinos (e.g. English-speaking, first-generation, etc.). Other researchers were more vague and simply categorized Latinos in one group without any further description of their education level, primary language, or acculturation level in the United States. This leaves room for interpretation

about the participants and their similarities with one another with the exception of living within the United States. To further obtain more detailed information, it would be ideal to reach out to the authors of the studies. Nonetheless, the information presented was sufficient considering Latinos living in the U.S. were evaluated as a whole in terms of potential discriminations or disparities they face in comparison to their non-Latino counterpart.

Nursing Implication

Identifying contributing factors of health disparities within the Latino community will help nurses increase their cultural awareness and understand the implication of patients' illnesses. Nurses that work in predominantly Latino communities may benefit from this information in providing competent care to their patients in a manner that addresses the many barriers. Furthermore, nurses can help individuals from the Latino community that struggle to find health care by providing them with resources for treatment and explaining the importance of living a healthy life.

Direction for Future Research

In order to fully address the contributing factors leading to health disparities within Latinos, it is necessary to develop future research that can focus on potentially eliminating those barriers. In using the identified contributing factors from this literature review, programs can be created to reduce or eliminate the number of Latino individuals that are challenged in today's health care system. Implementation of an evidence-based program that addresses one or more issues can potentially increase the overall health status of the Latino community.

Conclusion

In consideration of the Self-Care Theory and from a nursing perspective, there are major improvements that are yet to be met to fulfill the major components of Orem's Theory. Based on

Orem's explanation of her theory, the maintenance of human integrity and structure falls short with current health care disparities that Latinos face. One emphasis of the theory describes "successfully meeting universal and development self-care requisites as an important component of primary care prevention and ill health" (Nursing Theory, 2016). In the case of Latinos, it becomes a challenge to meet those requisites without the basic and fundamental health services. Additional research is necessary to explore means by which barriers could be eliminated or subsided for Latinos in need of health care. Many of the presented barriers such as low socioeconomic status (SES) or lack of insurance are not necessarily factors that Latinos are easily able to change. Instead, researchers could focus on the perspective of health care providers and the opportunities that they could provide in regards to providing better health care services for Latinos. Considering that today Latinos as the largest minority population in the United States, addressing health care disparities and the contributing factors can help improve the overall health status of many individuals.

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Data Table

Table 1. Sources reviewed and organized, including implication of study.

Author/Year	Keywords	Methods	Study Participants	Implication
Avila, R., et al (2012)	Health disparities; child; Language barriers; Immigrant health	Data collected from the National Survey of Children's Health (NSCH), a random-digit-dial telephone survey, to estimate various health indicators at a national level. A statistical analysis using SUDAAN v10, obtained variance estimates.	N = 91,642	There is a decrease in disparities from first-generation to nonimmigrant Latino children & from Latino children in non-Latino households to those in English speaking households. Most of the Latino/non-Latino differential is driven by non-immigrant children and/or children living in non-English household.
Brown, A. F., et al (2011)	Not specified	Multivariate regression models were constructed using data from Translating Research Into Action for Diabetes (TRIAD) to compare health behaviors, process of care, and intermediate outcomes for Whites and English- and Spanish-speaking Latinos	N = 4685	Although quality of care and self-management are comparable for Whites and Latinos with diabetes, there are still important ethnic disparities that persist in the managed care settings.
Brown, L., et al (2018)	Not specified	Participants received vouchers for breast, cervical, & colorectal cancer screening and received vaccinations as need for influenza, pneumonia, and human	N = 514	There are key economic and insurance coverage barriers. Barriers include personal barriers (e.g. embarrassment & fear of cancer screening) and cultural sensitive

		papillomavirus (HPV)		(e.g. asking family member for ride to clinic).
Colen, C. et al (2018)	Racial disparities; discrimination; lifecourse SES; Self-rated health; Hispanics	The study used a cohort of young Non-Latino White, Non-Latino Black, and Latino adults with chronic illnesses or serious health conditions ranging from 14 to 41 years old, and participants were asked to described their own health as excellent, very, good, fair, or poor	N = 5,250	An increase is income gains over time increases the frequency of encounters of chronic discrimination. Discrimination for Latinos could stem from lack of cultural resonance or highly dependent on acculturation
Heintzman, J., et al (2018)	Asthma; Chronic obstructive lung disease; Hispanic; Primary care; Healthcare disparities; Health insurance	A retrospective cohort analysis low-income Latino and non-Latino white adults (age 21-79) who had at least one primary care visit between 2009-2013 at one of 23 Oregon community health centers	N = 34,849	A lack of insurance further decreases odds of having diagnosis of an obstructed pulmonary disease with proportionally lower odds in uninsured Latinos compared with insured non-Latino whites
Kenik, J., et al (2014)	Cholesterol screening; Race and ethnicity; Health disparities; Access to health care	Self-reported cholesterol screening data presented	N = 389,039	Lower socioeconomic status, lack of healthcare access, & language barriers explained most racial & ethnic disparities
Kia-Keating, M., et al (2017)	Community-based participatory research; Health disparities; Human-centered design; Latino/a; violence	Participants took part in health-based community forums to express factors for negative ramifications for youth mental health & well-being	N = 307	Mental health & well-being in Latino communities are most challenged by (1) economic hardships, (2) violence exposure, (3) family acculturative stressors, & (4) social barriers to seeking health &

				mental health services
Martinez, O., et al (2017)	Not specified	Data collected from National Health and Nutrition Examination Survey. Data analyzed using bivariate & multivariable logistic regression to examine prevalence of HIV, STI's, mental health problems, cigarette smoking, & alcohol/illicit drug use among sexual minorities	N = 5,598	There's a great chance of testing positive for HIV, lifelong STI's, poor mental outcomes, cigarette smoking (lifetime & current smoking status), and illicit drug use for gay, lesbian, or bisexual (GLB) Latinos than heterosexual counterpart
Rodriguez, F. et al (2018)	Racial & ethnic minorities; disparities; dementia risk; education; Hispanic paradox; cognitive functioning; lifetime risk; longitudinal cohort study	Examined difference in dementia risk between low-educated non-Latino whites, Latinos, and African Americans, and impact of lifetime risk factors	N = 819	Higher dementia prevalence in ethnic minorities may be attributable to low education in addition to other risk factors
Sleight, A., et al (2018)	Breast neoplasms; Hispanic Americans; comorbidity; quality of Life; socioeconomic factors; survivors	A descriptive, survey-based, cross-sectional study was completed with low-income Latina breast cancer survivors at a major public safety net hospital	N = 102	Identifying & addressing unmet supportive care needs may improve health-related quality of life in low-income Latina breast cancer survivors. Rehabilitation interventions addressing barriers to accessing supportive care related to low SES might improve health outcomes. Screening for unmet supportive care needs may be important step in improving health-

				related quality of life during cancer rehabilitation.
Vega, W.A., et al (2009)	Health status disparities; Hispanic Americans; Mortality; Public Health	Deterministic analysis in epidemiology presenting evidence that specific exposures can cause differences in health outcomes net of confounders	N/A	The essential drivers for patterns in health disparities within the Latino community are mainly demographic and are associated with population structure and socioeconomic inequalities
Velasco-Mondragon, E., et al (2016)	Hispanics; Latinos; Scoping study; Social determinants of health; Health care inequalities; Health care access	A use of Arksey and O'Malley's scoping methodology to map key concepts underpinning a research area and the main sources and types of evidence available	N/A	Social determinants of health in the Latino populations are related to the social and physical environment where Latinos live and work, including transportation, neighborhoods, environmental and employment conditions.