

Big gap exists on health care spending between Latinos and whites, study finds

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New research out of UCLA has found that Latinos living in the United States — particularly those who were born outside the country — are far less likely to spend for health care and are more likely to pay out-of-pocket when they do spend than the white population.

And while that disparity shrinks for naturalized Latinos the longer they stay in the country, spending disparities remain large over time for non-citizen Latinos, the researchers found.

Arturo Vargas Bustamante, an assistant professor in the department of [health](#) services at the UCLA School of Public Health, and Jie Chen of the City University of New York examined health-expenditure disparities among Latinos based on their time of residence in the U.S. and their citizenship/nativity status.

They found that Latinos, including both the native-born and foreign-born populations, were 68 percent more likely than whites to have no [health care](#) spending at all and were 6 percent more likely than whites to pay out-of-pocket if they did spend. They also found that Latino health expenditures were, on average, only 57 percent of white expenditures.

Over time, the disparities between foreign-born naturalized Latinos and whites narrowed or disappeared, the researchers said, but disparities between foreign-born non-citizen Latinos and whites remained constant or declined only slightly.

The results appear in the current online edition of the journal *Health Services Research*.

The researchers used two national datasets, the Medical Expenditure Panel Survey (MEPS) and the National Health Interview Survey (NHIS) from the [United States](#) National Center for Health Statistics. MEPS provides detailed consumer information on an individual's health expenditures, socioeconomic characteristics, health and health insurance status. They linked the MEPS data to 2000 NHIS data to obtain information on time of U.S. residence, individual citizenship and immigration status. Combined, their data examined 76,000 non-Latino whites and 31,500 Latino adults.

Because foreign-born U.S. residents are less likely to spend on health care, Bustamante said, the disparity could be related to the high share of foreign-born individuals among Latinos, compared with other racial and ethnic groups. Lower spending from this population, he said, could also be related to limited eligibility for public plan coverage, a lack of familiarity with the U.S. health care system, a greater reliance on going back across the border for [health services](#), or other factors.

"Our study shows that differences are largely explained by related factors with this population, such as a relatively young age, low income, fewer years of schooling, good health status and lower health care access and utilization," Bustamante said.

The findings, he said, highlight the importance of having health insurance coverage and a usual source of care to help reduce the inequalities between Latinos and whites.

But the good news, Bustamante said, is that over 10 years, disparities between foreign-born Latinos and native-born Latinos become less pronounced. This could be interpreted as evidence of intergenerational

improvement and of a gradual assimilation of the Latino population in the United States, he said.

Provided by University of California - Los Angeles

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