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SOC 264- Latinxs in the South
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Latinx People In The U.S. And Healthcare: A Closer Look At The Gap Between Latinx Patients and Quality Access To Healthcare

The U.S. healthcare system is a publicly and privately supported assortment of disintegrated organizations and programs. It is also not a universally available system. Americans with insurance are often covered by public and private health insurance, although a bulk is covered by private insurance policies usually through employers. Governmentally funded programs like Medicaid and Medicare, provide healthcare coverage to disadvantaged communities that are often underrepresented minorities (Brookings).

Furthermore, the US is the only developed nation without universal healthcare, despite healthcare spending being nearly double that of the Organization for Economic Co-operation and Development (OECD) average. Even then, nearly 33 million Americans, or 10.4%, were uninsured in 2018. That is an improvement from what it was before the Affordable Care Act was passed in 2010 under President Obama. That year, 46.5 million non-elderly people, or 17.8%, lacked coverage. Still, the rate of uninsured Americans has risen over the years. This group of uninsured people largely depends on a combination of hospital emergency room visits and community clinics for medical attention. Meaning, those who are uninsured are often forced to wait until their symptoms become serious enough to seek medical attention, which dramatically increases the chances of deteriorating their health (Brookings).

But even those who have insurance may choose to not solicit medical care immediately, principally because they are faced with substantial deductibles and out-of-pocket expenses for doctor visits, emergency room visits, and medication. According to the Kaiser Family

Foundation's 2019 Employer Health Benefits Survey, those who have insurance through their employers, about 153 million Americans, have experienced their insurance deductibles double throughout the past decade. An employee now has to expend about \$1,655 a year, on average, before insurance coverage kicks in (Brookings).

As José J. Escarce and Kanika Kapur mention that, access to healthcare refers to the extent to which people are able to receive adequate medical care from the health care system in a timely manner. They say researchers that investigate access to healthcare often differentiate between “potential access,” which relates to existing financial and nonfinancial impediments to securing proper and timely healthcare, and “realized access,” which indicates the quantity of healthcare actually obtained.

A particular group in the US that is affected by access to healthcare is the Latinx community. According to recent U.S. Census Bureau population estimates, the U.S. Latinx population was reported to be at 59.9 million in 2018, which increased nearly 1.2 million from the preceding year and was significantly up from 2008’s report of 47.8 million. It is important to note, though, that the Latinx population growth rate has slowed down over the past decade. Also, the ratio of the annual number of births attributed to Latinx women has decreased along with immigration rates having decreased (Pew Research Center).

Yet, Latinx people continue to be an influential component regarding the country’s overall demographic data. For example, the Latinx portion of the total U.S. population increased from 16% to 18% in a 10-year period, between 2008 and 2018. Latinxs counted for approximately half (52%) of the whole U.S. population growth during this period. The Latinx population in the U.S. has dramatically changed over the last decade and some key factors that highlight this are because of a decreased population growth rate, the geographical spread of the

growing Latinx population, and an increase in median age while being one of the youngest racial or ethnic groups in the US (Pew). Despite all this, a study conducted after the 2010 census indicated that about half of Latinx people never visit a doctor or a medical provider during the year (NBC Latino).

According to Escarce and Kapur, the level of acculturation, language, and immigration status are particular characteristics of the Latinx population that jeopardize their access to healthcare, but I assert that it is important to include a striking lack of representation in the medical field and an already fragmented system as major reasons for a deficiency of healthcare in the Latinx community.

They acknowledge that since more than two-fifths of Latinx people in the United States are foreign-born and numerous are recent immigrants who maintain cultural ideologies and practices with regards to well-being and medical healthcare, which creates a barrier to obtaining appropriate and timely health care. Further, the language barrier is given emphasis since most foreign-born Latinxs primarily speak Spanish but only about fewer than a quarter of those Latinxs report high English speaking competency. Next, immigration status as a barrier is identified by acknowledging a large number of Latinx undocumented immigrants. Latinxs experience lower rates of naturalization compared to other immigrant groups; only 28 percent of foreign-born Latinxs were naturalized citizens in the year 2000 (Escarce).

Additionally, another barrier for the Latinx community to obtaining prompt and appropriate healthcare is the low educational completion and a historically low average income. Logically, regardless of if they are insured or not, people who are less able to afford the out-of-pocket costs of healthcare are disadvantaged. On top of that, because of the healthcare system's holistic complicatedness from a lack of translators in order to interact with healthcare providers

or understand providers' instructions, a low education level could affect a person's ability to make their way through the system. In addition, since the healthcare system is set up to receive policies through an employer, Latinx people and undocumented immigrants are left behind since they are most likely working jobs in the service industry or other blue-collar jobs. More than often, these employers are questionable when it comes to offering healthcare insurance policies as a benefit of employment.

Moreover, Latinxs currently make up about 19% of the US population and a Census Bureau forecast predicts the Latinx population will be nearly a third, 30%, of the US population by 2060 (Census). Even though Latinx people will be an even more significant portion of the United States, they are disproportionately represented in several medical fields with only 6.3% of physicians being Latinx. Especially in states like California, the rapid Latinx physician shortage has significantly increased over the past 30 years. Those who study Latinx healthcare accessibility are hoping for a national and local response on the issue to hopefully increase the number of Latinx physicians (Sánchez).

Lastly, although places in the south, like Charlotte, North Carolina, have had dramatic increases in the Latinx population, I believe the Western region of the U.S. is the area most aware of the importance of ensuring the Latinx community is effectively receiving healthcare. Nonetheless, efforts in the South to promote healthcare and attempt to address the system's shortcomings amongst Latinxs have been necessary due to the high influx of Latinxs in that area. According to national data, there has been a 1,404% increase in Latinx inhabitants between 1990 and 2009 in Charlotte. Meaning, Charlotte has been one of the highest Latinx population growth rates in the nation which also comes with a high number of uninsured Latinx people with about

65% to 70% of the population which ultimately negatively affects the overall community health. (Dulin, et al.).

A contemporary example of how Latinx people are often disproportionately affected by healthcare is that of the COVID-19 crisis. As mentioned in *New York City's Latinx Residents Hit Hardest By Coronavirus Deaths*, the Latinx community is the ethnic group that has been affected the most by the coronavirus crisis in New York City, the epicenter of the disease in the U.S. NYC's Mayor, Bill de Blasio, shared initial data during a press conference which provided insight, into the analysis of patients' race and ethnicity. De Blasio stated that 29% of NYC's population is composed of Latinx people. However, according to data from New York City's health department, approximately a third, or 34%, of the patients who had died of COVID-19 were Latinx. While de Blasio did note that language could be a contributing factor to this gap, Dr. Oxiris Barbot, the commissioner of the city's health department, acknowledged that the concerns Latinx people may have about their immigration status, or of family members, could have also attributed to Latinx people unwillingness to seek proper medical care (NPR).

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