

BEYOND ACCESS TO HEALTH CARE:
Institutional and Cultural Barriers Experienced by Mexican
Americans in a Southwestern Community

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Introduction

WITH THE POSSIBILITY OF A NATIONAL HEALTH PLAN IN THE NEAR FUTURE, HEALTH SERVICE RESEARCHERS must begin to examine the issues related to accessing the health care system when health insurance coverage is, perhaps, universal. Will barriers to the utilization of health services diminish or disappear altogether? Will those who have complete access to services experience the same barriers as those who do not? Is universal access to health care a panacea for underutilization? These questions need to be addressed if, as a nation, we wish to reduce institutional and cultural barriers and increase utilization of and satisfaction with the health care system.

In particular, we need to examine access to care for Mexican Americans. Past research has shown that this minority group is at a distinct disadvantage on a number of key utilization indicators. For example, research has demonstrated that barriers such as language and cultural differences, lack of transportation, and financial constraints like the cost of care and/or lack of health insurance coverage are important impediments to accessing care for Mexican Americans (Bruhn and Fuentes, 1977; Chesney et al., 1982; Markides, et al., 1985; Quesada and Heller, 1977; Andersen, et al., 1981; Roberts and Lee, 1980).

Utilization of health care services and barriers to such utilization has been the topic of much research on Hispanics in general, and Mexican Americans in particular. Studies derived from the Hispanic Health and Nutrition Examination Survey have established that approximately one-third of the adult Mexican American population had reported barriers to obtaining health care during their most recent medical encounter, even with more than 65 percent of Mexican Americans having health insurance coverage and a routine place for health care (Estrada, et al, 1990; Solis, et al. 1990). The three utilization barriers encountered most often by Mexican Americans were cost of care (18%), having to wait too long in the office or clinic (9.5%), and having to wait too long to get an appointment (9.3%). Of those who encountered these barriers, 82.3 percent were prevented from obtaining health care for themselves because of cost, 58.9 percent because of the wait in the office, and 67 percent because of the length of time to get an appointment (Estrada, et al., 1990).

The purpose of the present study is to examine access to health care in light of such utilization barriers, even for those Mexican Americans who have access. Access has been defined as those factors which influence the ease with which health care can be obtained (Andersen, et al., 1981). These factors would include having health insurance coverage and having a regular source of care.

METHODS

Sample

The data for this analysis was collected as part of the Hispanic Health and Mental Health Assessment conducted by the Mexican American Studies & Research Center at the University of Arizona in the fall of 1992. The survey sampled Mexican-origin Hispanics residing in the Tucson metropolitan area where they comprise 28 percent of the total population (1990 Census). Table 1 displays the sociodemographic and health characteristics of the sample. The sample was drawn using PPS (Probability Proportional to Size) sampling techniques: All one hundred and fourteen (114) census tracts comprising the Tucson metropolitan area were examined to identify those that had a Hispanic population of more than 50 percent based on the 1990 census. Twenty census tracts were identified by this procedure (the rationale for this procedure was driven by the study's short time frame, which necessitated efficient case identification of Hispanics). After the 20 census tracts were identified, a sampling fraction was derived based on the number of interviews to be completed (n=500) and the total His-

panic population in the 20 census tracts ($N=72,000$), or $f = .0068$. The number of interviews to be completed in each of the 20 census tracts was determined by multiplying the sampling fraction by the total population of Hispanics residing in that census tract. Face-to-face interviews were conducted with the selected respondents. The interviewers were bilingual and trained in administering the survey instrument. The final sample size consisted of 489 completed interviews, with a 75 percent response rate.

As in the HHANES study, persons interviewed were asked if they encountered a barrier when they last attempted to obtain health care (from a list of 13 possible barriers). If they reported encountering a barrier, they were then asked if this barrier actually prevented them from obtaining health care. A respondent could legitimately answer all 13 items if he/she had children and was employed. If respondents did not have children, or were unemployed, they could answer 12 items.

The two major dependent variables of interest were the extent to which respondents encountered utilization barriers and whether or not these barriers prevented them from obtaining health care for themselves. The “encountered barriers” variable and the “prevented barriers” variable were categorized as ‘none’, ‘one’, and ‘two or more’ barriers encountered or prevented, respectively.

Independent Variables

The major independent variable of interest was access to health care. This variable was computed from two other variables—health insurance coverage (0=no, 1=yes) and regular source of care (0=no, 1=yes). The derived variable had a possibility of four categories—*no access* (neither health insurance coverage nor a regular source of care); *partial access* (either no health insurance coverage and have a regular source of care, or have health insurance coverage, but no regular source of care); and *full access* (have health insurance coverage and have a regular source of care). Other independent variables included the sociodemographic and health characteristics shown in Table 1.

TABLE 1
SOCIODEMOGRAPHIC AND HEALTH CARE CHARACTERISTICS

Characteristic			
Age (n=482)	$\bar{X} = 43.6$ yrs	S.D.=	17.1
Acculturation Level (n=371)	$\bar{X} = 29.8$	S.D.=	11.4
		<u>N</u>	<u>%</u>
Gender (n=481)			
Male		200	41.6%
Female		281	58.4%
Income (n=454)			
< 5,000		165	36.3%
5,000 - 9,999		107	23.6%
10,000 - 14,999		68	15.0%
15,000 +		114	25.1%
Education (n=474)			
<High School		278	58.6%
>High School		196	41.4%
Employment Status (n=483)			
Unemployed		309	64.0%
Employed		174	36.0%

TABLE 1
Continued

Characteristic	<u>N</u>	<u>%</u>
Place of Birth (n=474)		
United States	268	56.5%
Mexico	206	43.5%
Language of Interview (n=475)		
Spanish	233	49.1%
English	65	13.7%
Both	177	37.3%
Marital Status (n=481)		
Married	281	58.4%
Not Married	200	41.6%
Health Status (n=478)		
Excellent	80	16.7%
Very Good	134	28.0%
Good	146	30.5%
Fair	83	17.4%
Poor	35	7.3%
Last Routine Physical (n=478)		
<= 1 Year	256	53.4%
> 1 Year	208	43.4%
Never	15	3.1%
Diabetes (n=489)		
No	413	84.5%
Yes	76	15.5%
High Blood Pressure (n=489)		
No	357	73.0%
Yes	132	27.0%
Impaired (n=489)		
No	429	87.7%
Yes	60	12.3%
Access (n=479)		
No insurance/no care	80	16.7%
No insurance/ care	93	19.4%
Insurance/ no care	34	7.1%
Both	272	56.8%

Years lived in Tucson (n=481)

 \bar{X} = 25.9 yrs

S.D.= 19.8 yrs

Years lived in Arizona (n=481)

 \bar{X} = 29.3 yrs

S.D.= 20.4 yrs

RESULTS

Almost forty percent of the Mexican Americans sampled did not report encountering any barriers while 19 percent reported encountering one barrier and 41.3 percent reported encountering two or more. Among those who reported encountering one barrier to health care, 48.4 percent reported that it did not prevent them from obtaining care, but 51.6 percent reported that it did. Among those who reported encountering two or more barriers, 37.1 percent reported that they did not prevent them from obtaining care, 12.4 percent reported that one barrier prevented them, while 50.5 percent reported that two or more barriers prevented them from obtaining care.

The encountered and prevented barrier items were rank-ordered by the percent of respondents who reported each item (Table 2). As can be seen, the five most commonly encountered barriers reflect dimensions of availability and accessibility of health care. For example, cost of health care was the most frequently encountered barrier followed by having to wait too long in the office, having to wait too long to get an appointment, not having transportation to get to care, and not knowing where to go for care.

TABLE 2
UTILIZATION BARRIERS (n=489)

<u>Type of Barrier</u>	<u>Encountered</u>		<u>Prevented</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Health care too expensive	159	32.5%	105	66.0%
Had to wait too long in office / clinic	114	23.3%	51	44.7%
Had to wait too long to get an appointment	111	22.7%	65	58.6%
Didn't have a way to get there	87	17.8%	31	35.6%
Didn't know where to go	82	16.8%	34	41.5%
Care not available	82	16.8%	42	51.2%
No Hispanic Staff	72	14.7%	7	9.7%
Hours not convenient	68	13.9%	29	42.6%
Staff did not speak Spanish	65	13.3%	10	15.4%
Staff was disrespectful	62	12.7%	12	19.4%
Had no confidence in staff	53	10.8%	24	45.3%
Would lose pay from work	46	9.4%	20	43.5%
Needed someone to care for children	36	7.4%	17	47.2%

The five barriers which were most frequently reported as actually preventing respondents from obtaining health care were somewhat different. Although cost of care was still the number one barrier preventing utilization, having to wait too long to get an appointment, care not being available, not having someone to care for children, and no confidence in staff also prevented health care utilization.

In examining the major independent variable, access to health care, we found that 16.7 percent (n=80) of the sample could be classified as having no access, 19.4 percent (n=93) could be classified as having no health insurance coverage but having a regular source of care, 7.1 percent (n=34) could be classified as having health insurance coverage but not having a regular source of care, and 56.8 percent (n=272) could be classified as having both health insurance coverage and a regular source of care. It is worth noting that for those who reported having a regular source of care, over three-fourths indicated that it was a public facility (e.g., a clinic, health center or hospital). Only one-fourth mentioned a doctor's office as their regular source of care.

We also found that those Mexican Americans who had the least access to care, as operationalized above, were more likely to be younger, born in Mexico, less acculturated, unemployed, from lower income households, and to speak Spanish as their primary language.

Bivariate Associations

For those with no access to health care, 25 percent reported not encountering any barriers; of those who encountered one barrier, 20.6 percent reported that it did not prevent them from obtaining health care, while 79.4 percent reported that it did; of those who reported encountering two or more barriers, 11.5 percent reported that these barriers did not prevent them from obtaining care, 7.7 percent reported that one barrier prevented them, and 80.8 percent reported that two or more barriers prevented them from obtaining health care on specific occasions (Gamma = .91).

For those who indicated that they had no health insurance coverage but had a regular source of care, 21.5 percent reported not encountering any barriers; of those who encountered one barrier, 60 percent reported that it did not prevent them from obtaining health care, while 40 percent reported that it did; of those who encountered two or more barriers, 46.6 percent reported that they were not prevented from obtaining health care, 12.1 percent reported that one barrier prevented them, and 41.4 percent reported that two or more barriers prevented them from obtaining health care on occasion (Gamma = .76).

For those who indicated that they had health insurance coverage but not a regular source of care, 32.4 percent reported not encountering any barriers; of those who encountered one barrier 12.5 percent reported that it did not prevent them from obtaining health care, while 87.5 percent reported that it did; of those who encountered two or more barriers 20 percent reported that they were not prevented from obtaining care, 6.7 percent reported that one barrier prevented them, and 73.3 percent reported that two or more barriers prevented them from obtaining health care on occasion (Gamma = .87).

Finally, for those who indicated full access by having health insurance coverage *and* a regular source of care, 49.6 percent reported not encountering any barriers; of those who encountered one barrier, 77.8 percent reported that it did not prevent them from obtaining health care, while 22.2 percent reported that it did; of those who encountered two or more barriers, 41.6 percent reported that it did not prevent them from obtaining health care, 14.9 percent reported that one barrier prevented them, while 43.6 percent reported that two or more barriers prevented them from obtaining health care on occasion (Gamma = .94).

Tables 3 and 4 display the results of each barrier item with the access variable, and the categorical barrier variables with the access variable. For the encountered barrier items it appears that those with

partial access encounter each item with more frequency than those with no access or those with full access, except for the cost of care, with those with no access encountering this barrier more often than others. For the prevented barrier items it is clear that those without access are prevented more often from obtaining care than others. It is also clear that even for those with full access, a significant proportion who encountered a barrier were also prevented by that barrier from obtaining health care.

TABLE 3
PERCENTAGE ENCOUNTERED BARRIERS

<u>Type of Barrier</u>	ACCESS			
	<u>None</u>	<u>Care/ No Insurance</u>	<u>Insurance No Care</u>	<u>Both</u>
Care not available	11.5%	31.1%	17.6%	15.3% ***
Health care too expensive	74.0%	46.7%	48.5%	18.2% ****
Didn't know where to go	19.0%	34.8%	20.6%	12.3% ****
Didn't have a way to get there	12.7%	28.3%	23.5%	16.8% *
Hours not convenient	2.6%	28.6%	9.1%	14.2% ****
Had to wait too long to get an appointment	23.1%	30.4%	26.5%	21.8%
Needed someone to care for children	5.1%	8.8%	12.1%	7.7%
Would lose pay from work	9.2%	15.6%	21.2%	7.6% *
Had to wait too long in office/clinic	17.9%	33.7%	20.6%	24.8%
Staff was disrespectful	11.7%	20.9%	12.5%	12.2%
Had no confidence in staff	13.0%	11.1%	9.1%	12.2%
Staff did not speak Spanish	9.1%	25.6%	19.4%	11.9% **
No Hispanic Staff	9.1%	26.4%	18.8%	14.9% *

*p<.05; **p<.01; ***p<.005; ****p<.001

TABLE 4
PERCENTAGE PREVENTED BARRIERS

<u>Type of Barrier</u>	<u>None</u>	<u>ACCESS</u>		
		<u>Care/ No Insurance</u>	<u>Insurance/ No Care</u>	<u>Both</u>
Care not available	77.8%	46.4%	80.0%	42.1%
Health care too expensive	82.5%	56.4%	80.0%	47.8% ****
Didn't know where to go	73.3%	45.2%	20.0%	23.3% **
Didn't have a way to get there	70.0%	48.0%	28.6%	20.5% **
Hours not convenient	50.0%	38.5%	66.7%	44.7%
Had to wait too long to get an appointment	50.0%	53.6%	66.7%	61.8%
Needed someone to care for children	50.0%	75.0%	25.0%	38.1%
Would lose pay from work	28.6%	46.2%	60.00%	40.0%
Had to wait too long in office/clinic	64.3%	32.3%	66.7%	43.5%
Staff was disrespectful	37.5%	0.0%	25.0%	21.9%
Had no confidence in staff	66.7%	33.3%	0.0%	46.9%
Staff did not speak Spanish	16.7%	13.0%	33.3%	13.3%
No Hispanic Staff	0.0%	4.5%	33.3%	10.8%
*p<.05; **p<.01; ***p<.005; ****p<.001				

Tables 5 and 6 show the overall pattern for the summated barrier categories. Clearly, having access to care is no panacea for encountering barriers or being prevented by these barriers from obtaining health care.

Multivariate Analysis

In order to assess the combined effects of selected sociodemographic variables, including the access variable, and health status characteristics, separate multivariate analyses were performed with utilization barriers encountered and prevented as the dependent variables, respectively. All independent variables were entered simultaneously into each multivariate model. Therefore, the coefficients reported in Tables 7 and 8 estimate the relationship of each independent variable on the dependent variable, while simultaneously taking into account all other independent variables. The encountered and prevented barrier items were summated and log-transformed to minimize skewness.

Table 5
ACCESS BY ENCOUNTERED BARRIERS

Access Type	Encountered Barriers		
	<u>None</u>	<u>One</u>	<u>Two +</u>
None	25.0%	42.5%	32.5%
Care/No insurance	21.5%	16.1%	62.4%
Insurance/No care	32.4%	23.5%	44.1%
Both	49.6%	13.2%	37.1%
X ² = 60.3 p=.0000, n=47			

Table 6
PREVENTED BARRIERS BY ACCESS

Access Type	Prevented Barriers		
	<u>None</u>	<u>One</u>	<u>Two +</u>
None	37.5%	36.3%	26.3%
Care/No insurance	60.2%	14.0%	25.8%
Insurance/No care	44.1%	23.5%	32.4%
Both	75.4%	8.5%	16.2%
X ² = 56.8 p=.0000, n=479			

Table 7
MULTIVARIATE ANALYSIS WITH ENCOUNTERED BARRIERS
AS DEPENDENT VARIABLE (n=323)

	<u>Beta</u>	<u>SE</u>	
Access	-0.14	0.02	* p=.02
Marital Status	-0.04	0.04	
Education	0.00	0.04	
Gender	-0.02	0.04	
High Blood Pressure	-0.01	0.05	
Diabetes	0.17	0.06	* p=.006
Impaired	0.03	0.07	
Acculturation	-0.01	0.00	
Routine Physical	0.03	0.04	
Health Status	0.01	0.02	
Employment Status	-0.12	0.04	* p=.057
Age	-0.15	0.00	* p=.027
Income	-0.06	0.02	

Table 8
MULTIVARIATE ANALYSIS WITH PREVENTED BARRIERS
AS DEPENDENT VARIABLE (n=323)

	<u>Beta</u>	<u>SE</u>	
Access	-0.19	0.01	* p=.002
Marital Status	-0.01	0.03	
Education	0.01	0.03	
Gender	-0.01	0.03	
High Blood Pressure	0.01	0.04	
Diabetes	0.07	0.05	
Impaired	0.04	0.06	
Acculturation	0.12	0.00	* p=.056
Routine Physical	0.07	0.03	
Health Status	-0.03	0.01	
Employment Status	-0.05	0.04	
Age	-0.11	0.00	* p=.099
Income	-0.07	0.01	

Utilization Barriers as Dependent Variable—Among Mexican Americans who reported encountering a barrier, those with less access to care, those who had diabetes, the unemployed, and those younger in age encountered more barriers than others after all other independent variables were entered.

Barriers Preventing Health Care as Dependent Variable—Those Mexican Americans with less access, younger in age, and more acculturated reported being prevented from obtaining health care for themselves after all other independent variables were entered.

Discussion

Findings from this study revealed that approximately 60 percent of Mexican Americans sampled reported encountering at least one utilization barrier. Of those who encountered a barrier almost 54 percent were actually prevented from obtaining health care for themselves.

Analyses also revealed that over one-third of those Mexican Americans with full access to health care, as defined by having both health insurance coverage and a regular source of health care, encountered two or more barriers to utilization. Further, almost one-fourth of those who encountered a barrier were prevented from obtaining health care. Of course, this scenario is worse for those with no access and for those with partial access to health care.

The point that should be emphasized here is that even for those Mexican Americans with full access to health care—that is they have both health insurance coverage and a regular source of care—almost half encountered a barrier to health care utilization which precluded their fulfillment of obtaining health care on occasion. It should also be emphasized that the type of barriers that are encountered and preventing Mexican Americans from obtaining health care are, by and large, institutional barriers such as the cost of care, having to wait too long in the office/clinic, and waiting too long to get an appointment. Cultural barriers such as lack of Hispanic staff and staff not being able to speak Spanish were encountered infrequently and did not routinely prevent a majority of those who encountered them from obtaining health care.

This paper started with the issue of providing access to health care for all. The results of the analysis would appear to indicate that when access is taken into consideration by itself, there are still institutional barriers experienced by Mexican Americans. Moreover, when access is included with sociodemographic and health characteristics as discussed here, it is clear that access to care is still associated with encountering barriers and being prevented by these barriers from obtaining health care.

The results suggest that universal access to health care is not the panacea that many would suggest. Increasing access to health care in and of itself would not eliminate many of the barriers identified in this study. Notwithstanding this fact is the necessity for at least implementing a National Health Policy that not only would increase access to health care but that would also target institutional barriers inherent within our current health care system which preclude even those with full access from obtaining health care. Only by a two-pronged effort can we hope to increase health care utilization and satisfaction with services received by Mexican Americans, and reduce or eliminate those barriers that are also preventing this population from accessing the health care system.

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