

# **The Impact of Health Insurance on Latinos' Health Care Satisfaction**

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*Introduction*

Hispanics have the highest uninsured rates of any racial/ethnic group within the United States and are the largest minority. According to the United States census data, as of July 2006, there is an estimated 44.3 million Hispanics or 14.8% of the total population (U.S. Census Bureau, 2006). In 2004, the gap between Hispanics and non-Hispanic whites with a usual source of health care was significantly large: 45.3% with 80.7% respectively (U.S. Department of Health and Human Services, 2008). According to the report by the U.S. Department of Health and Human Services; Healthy People 2010, only 65% of Hispanics have some kind of health insurance coverage. In addition, the PEW Hispanic Center reported an alarming number--83%-- of Latinos report they obtained health information from some branch of the media, with television the dominant source (Livingston, Minushkin, & Cohn, 2008). Not only are most Latinos obtaining information from media sources, but a sizeable proportion--79%, say they are acting on this information (Livingston, Minushkin, & Cohn, 2008). Because Latinos are the fastest growing minority and the largest group without a usual source of health care, it is of importance to investigate what quality of health care Latinos are receiving. Also, does having a source of health insurance affect the quality of health care Latinos receive?

This paper examines the question of whether Latinos are satisfied with their health care and whether having a source of health insurance plays a role in the quality of health care Latinos receive. This study analyzes how the many different barriers and factors Latinos face in obtaining health care affect their perceived quality of health care. By barriers and factors I mean unstable jobs, low income, low education, and low or no English-language proficiency which are all prevalent in the Latino community. Using information I gathered through a survey and in-depth interviews, I was able to answer the

following questions: (1) What quality of health care are Latinos reporting they receive? (2) Does having health insurance affect satisfaction with the quality of health care obtained? (3) Do Latinos report less satisfaction with health care compared to non-Latinos? I find that while fewer Latinos than non-Latinos report having health insurance, those who have access to a health care provider tend to be satisfied with the quality of health care received.

### ***Literature Review***

Hispanics have the highest uninsured rates of any racial/ethnic group within the United States. According to the United States census data as of July 2006, there are an estimated 44.3 million Hispanics or 14.8% of the total population (U.S. Census Bureau, 2006). In 2004, the gap between Hispanics and non-Hispanic whites with a usual source of health care was significantly large 45.3% with 80.7% respectively (U.S. Department of Health and Human Services, 2008). What accounts for this phenomenon?

Research shows that language and cultural difference barriers may largely influence the quality of health care Hispanics receive, due to the lack of proper patient-physician communication (Weech-Maldonado, Fongwa, Gutierrez, & Hayes, 2007; Timmins, 2002; Morales, Cunningham, Brown, Liu, & Hays, 2001). These studies also indicate the lack of proper patient-physician communication results in Hispanic patients feeling less satisfied with the care they receive. The studies also indicate there is a strong association between English proficiency and the quality of primary care among insured Hispanics. The less English proficiency the lower quality of care perceived by the patient compared to those who are English proficient. This problem has been addressed by professional interpreter services and more Latino providers.

Research in the effectiveness of professional interpreting services in improving the quality of health care for Latinos indicates the service positively affects patient satisfaction, quality of care, and outcomes (Flores, 2005; Karliner, J, Jacobs, Hm Chen, & Mutha, 2006). Research on the utilization of interpreter services suggests patient satisfaction with care and outcomes are best when there is good patient-physician communication. There is a rise in the number of Hispanic physicians that also helps to alleviate the language problem, but is the supply enough for the demand for culturally sensitive doctors for the Hispanic population?

According to the Minority Affairs Consortium (2008) there are 46,214 Hispanic physicians or 5%, which is a growing number, but when compared with 55.8% of white physicians, the disparities are evident. Furthermore, there is a lot of research that indicates patient-physician racial concordance and culturally sensitive health care greatly affects perceived quality of health care (Saha, Komaromy, Koepsell, & Bindman, 1999; Warda, 2000; Blanton, Brodie, Rowland, Altman, & McIntosh, 2000; Valdez, Giachello, Rodriguez-Trias, Gomez, & De la Rocha, 1993; Johnson, Saha, Arbelaez, Beach, & Cooper, 2004). These studies found that patient-physician relationships and perceived quality of care for Hispanics are less satisfactory compared to blacks and whites with non-Hispanic physicians. In addition, based on a survey, Mexican American nurses believe respect, caring, understanding, and patience in health care is critical for perceived good quality health care for Latinos (Warda, 2000). Moreover, Latinos may perceive they receive lower or poor quality health care compared to whites or other races/ethnic groups, but they are more concerned with the economic burden of health care than racial barriers (Blanton,

Brodie, Rowland, Altman, & McIntosh, 2000). Therefore, the problem with health care needs to be addressed.

Affordable and equal access to health care has been a popular debate since it is getting increasingly expensive to have health insurance, but for Hispanics, this is not new news. Research suggests that Hispanics are less likely to have health care coverage and even less likely to have a regular source of preventative care (Prevention, 2004; U.S. Department of Health and Human Services, 2008; Haas, 2004; U.S. Department of Health and Human Services, 2008; Valdez, Giachello, Rodriguez-Trias, Gomez, & De la Rocha, 1993). Even though educational attainment, immigrant status, and income level are all factors that influence health care coverage, research suggests that Hispanics of every income and educational level are significantly less likely than their non-Hispanic peers to have health insurance. Hence, new reports find that foreign-born and Latinos who mainly speak Spanish and lack U.S. citizenship, or who have only short tenures in the United States are less likely than other Latinos to report that they have a usual place to go for medical treatment or advice (Livingston, Minushkin, & Cohn, 2008). In addition, institutional barriers, problems with the health care system and cost of health insurance also contribute to the failure of providing adequate health care services to Latinos.

### *Hypothesis*

Existing literature continues to point out that language and cultural barriers affect the quality of health care Latinos/Hispanics receive. I hypothesize that Latinos who have access to health care are satisfied with the quality of health care they receive regardless of

cultural and language barriers. I believe that language and cultural barriers play a role, but the main problem with satisfaction of health care is the lack of access to health care.

### ***Methods***

I collected quantitative information by conducting a 24 question survey. I received 51 completed surveys. I conducted the surveys between December 15<sup>th</sup> 2008 and January 3<sup>rd</sup> 2009. I administered the surveys in L.A. county in different locations such as Starbucks, Lakewood mall, Walmart, and randomly getting people to participate who were just walking down the street in the city of Paramount. I conducted the survey in English and Spanish for those who did not speak or read English. For the most part I handed individuals a survey and they checked off their answers. For those participants that did not read English, or who were not proficient in English, I read the questions and answers to the participant and they would tell me what answers to check off. The sampling was designed to target individuals of Hispanic origin, but the sample consisted of other races/ethnic groups. The other races/ethnic groups that participated were African American, White/Caucasian, Asian/Pacific Islander, Bi-racial/Multiracial, and other. I collected the data very quickly and my main focus was to get a sizeable sample. Therefore, the sample for the survey consisted mainly of individuals under the age of 65. The survey included questions dealing with demographics such as sex, race/ethnicity, age, education level, and yearly household income to find out percentages of those with health insurance. The remaining questions were targeted to gather information regarding insurance coverage if they had any, and their experience with doctors, offices, and their care in general in a multiple choice format. In addition, there were questions addressing satisfaction with

physicians, communication and if translation resources are available for those who are not fluent in English. I used descriptive statistics to identify comparison points between Latinos and non-Latinos. Most importantly to compare variables between Latinos and non-Latinos related to health care satisfaction such as; percentage of Latinos versus non-Latinos with/without insurance, and reported satisfaction.

Furthermore, I collected qualitative data by conducting in-depth non-formal interviews. I conducted the Interviews between December 18<sup>th</sup> 2008 to present. The sample is a snowball sample that began with friends and relatives. The purpose of the snowball sample is to enable me to select Latino/Hispanic individuals who can trust me and give me details regarding sensitive information like their medical care arrangements/history, income, immigration status, etcetera. Therefore, the best way to accomplish this is through a snowball sample. Latino/Hispanic participants were selected of different incomes, ages, and locations, in order to get the information that I want. In the sample, I also tried to get as much variety as I could regarding individuals with and without insurance in order to find out if insurance coverage can possibly affect outcomes and satisfaction with quality of care. Individuals interviewed are from L.A. county, Orange county and San Bernardino county which have areas with large hispanic populations.

I conducted ten informal in-depth interviews with people who identify as Latino/Hispanic<sup>1</sup>. I interviewed five females and five males. Of the ten people, four were Mexican immigrants. The remaining six people were either first or second generation Mexican-Americans. Of the four Mexican immigrants, one did not have legal status in the

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<sup>1</sup> Appendix 2 contains a brief summary from each individual I interviewed.

United States. Of the ten, three did not have any source of health insurance. I interviewed individuals with and without insurance to better represent the Latino general population. I did not interview many individuals without insurance since I was primarily interested in the quality of health care Latinos receive, which would be more relevant and accessible to those who have a source of health care insurance. The interviews took anywhere between forty-five minutes to an hour and a half depending on how much the individual had to say. The respondent was given details about the project and the confidentiality of their information. Once they agreed to participate they were told they may refuse to answer a question if they choose to or to terminate the interview at any time. The interview was in person or over the phone, in English or in Spanish. The interview was guided by a few questions I created to ensure a continuous conversation<sup>2</sup>. The in-person interviews were recorded then I wrote notes. As for the over-the-phone interviews, I was taking notes as the respondents were talking. Three of the respondents did not speak English and their interviews were conducted in Spanish. As I was taking notes during the interview I translated their responses into English.

During the interview, I wanted to find out what Hispanics perceive good quality health care is, and what kind of care do they believe they are receiving. Depending on the respondents' answers, I wanted to find out why they think they are getting poor quality health care, or good quality health care. In other words, what components or factors make the respondent decide the quality of their health care. I also looked for information regarding problems respondents saw with physicians, offices, and the health care system. In contrast, I looked for information regarding benefits and things respondents liked about

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<sup>2</sup> Appendix 3 has the guideline questions I used during the in-depth interviews.



their health care providers, offices, and about the health care system. As a general rule, I wanted to try to get information about all the possible factors that might influence quality of health care for the respondent, such their access to health care, immigration status, income, education levels, and if they had a language barrier.

### ***Statistical Findings***

#### *Characteristics of Respondents*

A total of 51 individuals completed the survey<sup>3</sup>. As table one below shows twenty respondents (40%) identified as Hispanic. Thirty-one respondents (60%) identified as African American, White/Caucasian, Asian/Pacific Islander, Bi-racial/Multiracial, or Other. For the purpose of comparison, table one below shows I grouped together all non-Latino groups into one category. As table one also shows 29 respondents (57%) were male and 22 respondents (43%) were female. Twenty-eight respondents (55%) were between the ages of 18-35, twenty-one respondents (41%) were between 36-64, and two (4%) were over the age of 65. Forty-five respondents (88%) completed at least high school.

<b>Table 1: Main Characteristics of Respondents</b>	
	<b>Percentage of Participants</b>
Hispanics	40%
Non-Hispanics	60%
Females	57%
Males	43%
Between the ages of 18-35	55%

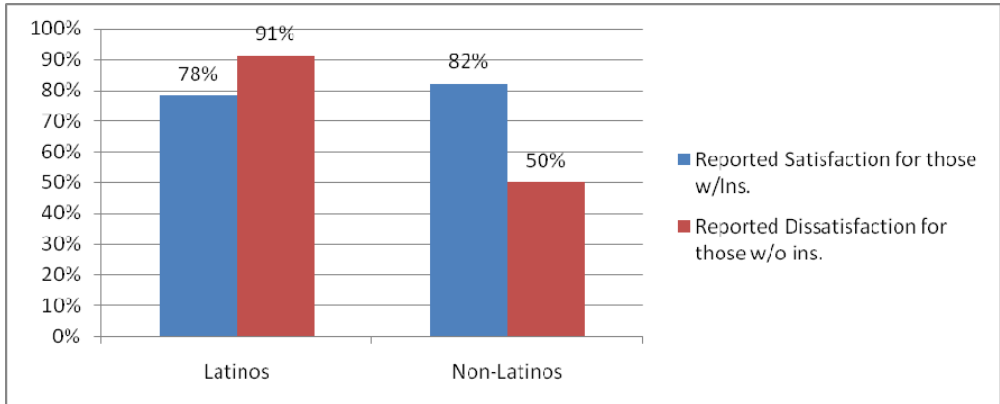
<sup>3</sup> Appendix 1 contains the survey that I administered.

Between the ages of 36-64	41%
65 and over	4%

*Health Insurance and satisfaction with care/Doctor*

Latinos were less likely than the overall sample of participants to have some type insurance. Forty-five percent of Latinos have insurance compared to sixty-three percent of non-Latinos. As seen on figure one below seventy-eight percent of Latinos with some form of insurance coverage reported being very satisfied or satisfied with their care and doctor compared to eighty-two percent of non-Latinos which is not significantly different. On the other hand, figure one shows ninety-one percent of Latinos without insurance are unsatisfied with their care and doctors compared to fifty percent of non-Latinos.

**Figure 1: Reported Satisfaction**



Seventy-eight percent of individuals responded their doctors answered their questions and concerns in terms they could understand. Racial differences in use of health

care services were evident. A total of 45 respondents (88%) agreed that the quality of health care they receive is largely affected by their relationship and experiences with their doctor. A total of eighty-one percent of respondents with insurance responded they were satisfied with the care they receive and with their doctor.

### ***Qualitative/Interview Findings***

#### *What is good quality Health Care?*

When I asked participants what good quality health care is, respondents commonly replied: good caring doctors. All ten individuals said good health care was influenced by the care and treatment they receive by their doctor(s). In one case, a 55 year old Mexican immigrant female who I will call Margarita said,

“I think good quality health care is caring doctors that care about their patients who clearly explain to their patients what they need to do to get better. With my type 2 diabetes I like a doctor who is going to be straight forward with me and tell me exactly what I can and can't eat instead of them assuming that I know what they mean if they say to eat healthy. That's supposed to be the purpose of a doctor to help his patients get better” (translated from Spanish).

As a type 2 diabetic, she finds it very important for her doctor to explain in terms she understands what each of her medications is for. She also finds it very important for her doctor to explain the adverse and long term effects of the medication since she takes five different medications. Another explanation of what good health care is comes from a 34 year old first generation Mexican-American female who I will call Maria,

“I believe caring physicians, proper medical management and treatment that is not based on insurance reimbursements to the doctors from the insurance companies is good quality health care. In other words, doctors and offices that give proper care regardless on the insurance one has, and how much the doctor receives each month for having that patient belong to his network.”

Maria works in the medical field and believes some doctors may not treat all patients equally. She had experiences with her last employer in which the doctor would sometimes not even see the patient. Instead the doctor would look at the patients' complaints, make a diagnosis and write a prescription of medication for that patient without seeing them. She believes this occurs because doctors get a “capitated” payment or a fixed amount every month for each patient with insurance and the amount varies based on the type of insurance.

The perspective of older Mexican immigrants adds a component of respect along with caring doctors. Among the three Mexican immigrants I interviewed over the age of 55, all said that part of good quality health care is to be treated with respect. A 66 year old Mexican immigrant male who I will call Honorato who has permanent residency stated,

“Getting good quality health care means having a doctor that cares about his patients and respects them as human beings. They have to understand that we are all human and treat us with respect. They shouldn't treat us indifferent or inferior to others just because we might not speak English or dress or act a certain way. They should give you the best care possible and not discriminate and think one doesn't have the money to pay for their services. We are paying them for their

work. They're not doing it for free. So, patients should be treated with respect as paying customers" (translated from Spanish).

Honorato feels that all people should be treated with respect by doctors regardless if they have insurance or not. He believes that even people who have government health coverage such as medical and Medicare should be treated as paying customers and given good care because the doctor is still getting paid for his services. In Margarita's interview she said,

"Doctors also need to be aware and respectful of our customs. As an older female I'm very reserved and sometimes feel uncomfortable with male doctors. So, doctors should be sensitive to other traditions and cultures. My doctors are really good about my reservations and usually reaffirm me by letting me know exactly what they have to do especially when it comes to female exams and that makes me feel respected and much more comfortable putting my health in their hands. And my private parts (laughing)" (translated from Spanish).

#### *Type of Health Insurance and Satisfaction with care and doctor(s)*

From my interviews, I found that regardless of type of insurance, individuals with some source of health coverage all seemed to be satisfied with their care and doctor(s). I found that respondents made a connection between having access to health care and a good doctor to good quality health care. For example, the 25 year old first generation Mexican-American female who I will call Claribel has an HMO through her employer and is currently pregnant. She is getting constant routine prenatal care and said,

“Many people criticize HMO’s and their coverage, but my doctors are great. I haven’t had any problems getting any of my tests done for my pregnancy. I do pay a lot of money to my employer every month for my insurance, but I get everything I need. Overall, I am very satisfied with my care and doctor. I’m treated well; he listens to my questions and always answers them completely in terms I understand, without being hurried about the time.”

Maria also reported being satisfied with the care she receives by her doctors with her HMO insurance. In her interview she said,

“I haven’t had any problems with my HMO. Three months ago I broke my ankle and everything that had to be done was handled promptly and without any problems. Sometimes people complain they have problems with their HMO’s covering their services and paying for them. I was picked up by the ambulance, had surgery, underwent physical therapy and everything went smoothly, without any problems or complaints. And my doctors did a great job with my ankle surgery and my rehabilitation. My ankle hardly swells up anymore.”

The 27 year old first generation Mexican-American female who I will call Teresa also reported being satisfied with the health care she receives through medical and with her doctor. Teresa said,

“I love medical. I qualify so I don’t have to pay anything and all my medical needs are met. All my exams are covered, I even have dental coverage. I like my doctor because even though she is always busy she takes her time to make sure I

understood everything she tells me and always asks if I have any questions. She cares.”

Likewise, even those who do not have health insurance tend to be satisfied with their care and doctor. In Honoratos’ case he said,

“I am very satisfied with the care I receive and the doctor I go to. Being a cash patient, I have the option of going with whoever I want and I stay with the same doctor because I think he gives me good and complete care. He is also very down to earth and doesn’t undermine his patients.”

In the case of another cash patient, the 58 year old Mexican immigrant male who I will call Serafin is low income and does not have a stable job. Serafin only goes to the doctor when he is ill or for emergencies. He said,

“I am satisfied with the care I get because I usually only go to see the doctor when I’m sick and he does a good job. If I’m sick they give me the medication I need. If it’s an emergency like when I split open my eyebrow they stitch me up and give me what I need and I’m good. “

Serafin does not suffer from any chronic conditions and therefore on the rare occasion that he sees the doctor, he is always satisfied with the health care he receives since they take care of his condition.

A difference I observed with the type of insurance is that the participants with private insurance or a PPO have the freedom of getting whatever care they want to receive and do not need approvals or referrals for services they want or need. On the other hand,

individuals with an HMO or medical/Medicare have their medical care organized by their primary care physician and usually need approvals and referrals for services they need. For example, the 38 year old 2<sup>nd</sup> generation Mexican-American male who I will call Henry said,

“I have a PPO and pay a lot of money to my employer to have it. So, when I need to go to the doctors or feel I want to get something checked out like a mole, or even my complexion I go without hesitation. That’s what I pay all that money for.”

On the other hand, HMO’s and government funded insurances like medical/Medicare usually only cover necessary procedures and check-ups. Nonetheless, respondents with medial/Medicare insurances are satisfied with the quality of care they receive as stated earlier.

### ***Discussion***

#### *Is Language Really a Barrier?*

I found among the sample I interviewed that not being proficient in English was not necessarily a barrier in receiving high quality health care. The 3 individuals I interviewed that did not speak English said their doctors offices have staff that are fluent in English and Spanish and usually translate when needed. In addition, two of the 3 respondents go to Latino/Hispanic doctors who are fluent in Spanish and do not need to utilize translation services.

As literature indicates, proper patient-physician communication is needed for Latinos to feel satisfied with the health care they receive. Moreover, as literature shows



there is an increase in professional translation services and a growth of Hispanic physicians are helping to alleviate the language barrier in quality health care for Latinos (Weech-Maldonado, Fongwa, Gutierrez, & Hayes, 2007). In addition, Flores proves that patient satisfaction with care and outcomes are best when there is good patient-physician communication (2005). This supports my findings that Latinos do not necessarily feel that language is a barrier in receiving good quality health care since there seems to be more resources to improve this problem.

#### *Access to Health Care*

Contrary to the literature, I found that individuals who have some source of health insurance reported they were satisfied with the care they receive and with their doctors. Based on the interviews the participants reported being “extremely satisfied” to “satisfied”<sup>4</sup> with their care regardless of insurance type. Literature indicates, institutional barriers, problems with the health care system and cost of health insurance contribute to the failure of providing adequate health care services to Latinos (Livingston, Minushkin, & Cohn, 2008). In addition, literature indicates Hispanics are less likely to have health care coverage and even less likely to have a regular source of preventative care when compared to other ethnic groups (U.S. Department of Health and Human Services, 2008). I found this is the case among Latinos. Latinos are less likely to have a usual source of health insurance due to the financial burden of health insurance costs.

#### *Are Latinos Receiving Good Quality Health Care?*

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<sup>4</sup> Quotes are based on the in-depth interviews general responses.

I found peoples' perception of good quality health care is heavily influenced by the experiences they have with their doctor, and not necessarily on the type of health insurance they have. Based on the in-depth interviews and the survey I conducted, I observed that when a patient is satisfied with his/her doctor they tend to be satisfied with the care they receive as well. Latinos tended to be grateful for having access to health care. Literature indicates that outcomes are best when there is good patient-physician communication resulting in patient satisfaction with care. My findings are based on individual perception of good quality health care and may reflect individual ideology or even their current situation. In other words, my findings on health care satisfaction may reflect individuals' comparisons among other circumstances in their lives. As literature suggests, Latinos are more concerned with the economic burden of health care than ethnic or language barriers (Blanton, Brodie, Rowland, Altman, & McIntosh, 2000). Hence, it could be that Latinos simply report satisfaction with health care as long as they have medical access because it is one less thing to worry about. I did find that Latinos were grateful for having access to health care compared to non-Latinos who viewed it as a right.

### ***Conclusion***

I have argued that Latinos who have some type of health insurance tend to be satisfied with the health care they obtain. While language and cultural barriers play a role in getting good quality health care, Latinos believe that having access to a health care provider is what is important in receiving appropriate health care. I find the main problem for Latinos is the lack of access to health care, and not that they do not speak the language or are low income for example. Contrary to existing literature which suggests that

language and cultural difference barriers may largely influence the quality of health care Hispanics receive, due to the lack of proper patient-physician communication (Weech-Maldonado, Fongwa, Gutierrez, & Hayes, 2007; Timmins, 2002; Morales, Cunningham, Brown, Liu, & Hays, 2001). However, I want to indicate my in-depth interviews came from a snow ball sample that might not be representative of the general population. Therefore, future research should focus on interviewing a random sample in order to have a diverse population that is more likely to be representative.

My findings imply that the United States government should focus on a plan or policy to improve equal access to health care that includes the large Latino population. Perhaps the U.S. needs to implement a Universal health care system like other developed and industrialized countries that extends medical, dental, and mental health care to all eligible residents. A PEW Hispanic Center report indicates that unauthorized immigrants make up about 4% of the U.S. population which includes all undocumented immigrants (Passel, 2008). This shows the number of undocumented immigrants in the U.S. at one time is not a huge problem as the media portrays it to be. Hence, with the implementation of a Universal health care system many of the Latino population who are legally in the U.S. should be able to qualify which would alleviate the problem of so many Latinos lacking adequate health care.

## References

- American Medical Association. (2008, February 04). *Total Physicians by race/ethnicity-2006*. Retrieved January 03, 2009, from Minority Affairs Consortium (MAC): <http://www.ama-assn.org/ama/pub/category/12930.html>
- Blanton, L., Brodie, M., Rowland, D., Altman, D., & McIntosh, M. (2000). Race, Ethnicity, and the health care system: Public perceptions and experiences. *Medical Care Research and Review* , 218-235.
- Flores, G. (2005). The impact of medical interpreter services on the quality of health care: a systematic review. *Medical Care Research and Review* , 255-299.
- Haas, J. S. (2004). Variation in access to health care for different racial/ethnic groups by the racial/ethnic composition of an individuals county of residence. *Medical Care* , 707-714.
- Johnson, R. L., Saha, S., Arbelaez, J. J., Beach, M. C., & Cooper, L. A. (2004). Racial and Ethnic differences in patient perceptions of bias and cultural competence in health care. *Journal of General Internal Medicine* , 101-110.
- Karliner, L. S., J, Jacobs, E. A., Hm Chen, A., & Mutha, S. (2006). Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of literature. *Health Services Research* , 727-754.
- Livingston, G., Minushkin, S., & Cohn, D. (2008, August 13). *Hispanics and health care in the United States: Access, information, and knowledge*. Retrieved January 03, 2009, from Pew Hispanic Center: <http://pewhispanic.org/reports/report.php?ReportID=91>
- Morales, L. S., Cunningham, W. E., Brown, J. A., Liu, H., & Hays, R. D. (2001). Are Latinos less satisfied with communication by health care providers? *Journal of General Internal Medicine* , 409-417.
- Prevention, C. f. (2004, October 15). Access to health-care and preventive services among Hispanics and non-Hispanics--United States, 2001-2002. *Morbidity and Mortality Weekly Report* , 937-941.
- Reinberg, S. (2008). *U.S. Department of Health and Human Services*. Retrieved January 28, 2009, from Many Hispanics shut out of U.S. health care system: <http://www.healthfinder.gov/news/newsstory.aspx?docid=618403>
- Saha, S., Arbelaez, J. J., & Cooper, L. A. (2003). Patient-Physician relationships and racial disparities in the quality of health care. *Journal of Public Health* , 1713-1719.
- Saha, S., Komaromy, M., Koepsell, T. D., & Bindman, A. B. (1999). Patient-Physician racial concordance and the perceived quality and use of health care. *Archives of Internal Medicine* , 997-1004.
- Timmins, C. (2002). The impact of language barriers on the health care of latinos in the United States: a review of the literature and guidelines for practice. *J Midwifery Womens Health* , 80-96.

U.S. Census Bureau. (2006). *U.S. Census Hispanic population*.

U.S. Department of Health and Human Services. (2008, February). *National Health Care Disparities Report, 2007; Ch.3: Access to Health Care*. Retrieved January 3, 2009, from Agency for Health Care Research and Quality: <http://www.ahrq.gov/qual/qdr07.htm>

U.S. Department of Health and Human Services. (2008, October 28). *The Office of Minority Health*. Retrieved January 3, 2009, from Hispanic/Latino Profile: <http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=54>

Valdez, R. B., Giachello, A., Rodriguez-Trias, H., Gomez, P., & De la Rocha, C. (1993). Improving access to health care in Latino communities. *Public Health Reports* , 534-539.

Warda, M. R. (2000). Mexican Americans' perceptions of culturally competent care. *Western Journal of Nursing Research* , 203-224.

Weech-Maldonado, R., Fongwa, M. N., Gutierrez, P., & Hayes, R. D. (2007). Language and regional differences in evaluations of medicare managed care by Hispanics. *Health Services Research* , 552-568.

## Appendix. 1

Survey I administered.

This survey is being conducted to fulfill a requirement for a college course. Participation is completely voluntary. **Please do not write your name the survey responses will be kept confidential.** Thank you for your participation.

Please choose **only one** answer to the following questions by checking the appropriate box.

### 1. Sex:

Male       Female

### 2. Race:

- African American       Asian/Pacific Islander       Hispanic/Latino  
 White/Caucasian       Bi-racial / Multiracial       Other

**3. Age Group:**

- 18-35       36-64       65 +

**4. Highest Level of education obtained:**

- Did not graduate high school       High school graduate or equivalent  
 Some college       College Degree  
 Post college/graduate school

**5. Yearly household income:**

- Less than \$20,000       \$20,000 - \$34,999  
 \$35,000 - \$49,999       \$50,000 +

**6. Do you have health insurance coverage?**

- Yes       No

**7. What type of insurance coverage do you have?**

- Medicaid/ Medi-cal       Employer paid insurance  
 Medicare       Employee paid insurance  
 Don't have health insurance       Outside purchased private insurance

**8. If you don't have health insurance is it because... (If you do have insurance please mark not applicable)**

- Can't afford it       Don't like or believe in doctors  
 Don't feel you need it       Other reason       Not applicable

**9. Does the cost of co-payments prevent you from seeing the doctor?**

- Yes       No       Sometimes       Not applicable

**10. Do you suffer from a chronic health condition? For example, asthma, diabetes, heart disease, etc.**

- Yes       No

**11. How often do you see a doctor/health provider per year?**

- 0 times per year       1 – 3 times per year       4 or more times per year

**12. Please respond to the following statement. I can obtain an appointment with my doctor:**

- Same day       Within 1 – 2 days       Within 3 – 4 days

Within 5 working days     Longer than 5 days     Not applicable

**13. Are doctor appointments available at convenient times (such as after work/school, weekends and so forth)?**

Yes     No     Not applicable

**14. What is the waiting time in clinic/office to see the doctor?**

Usually less than 15 minutes     30 minutes +  
 1 hour +     Not applicable

**15. Does your health plan require you to obtain a referral before you can see a specialist?**

Yes     No     Not applicable

**16. Does your doctor's office process referrals to specialists or other doctors promptly?**

Always     Most of the time     Sometimes  
 Never     Not applicable

**17. Does your doctor address all your questions and concerns effectively in terms you understand?**

Always     Most of the time     Sometimes  
 Never     Not applicable

**18. Do you feel comfortable asking your doctor questions?**

Always     Most of the time     Sometimes  
 Never     Not applicable

**19. Please respond to the following statement. I am satisfied with the amount of time my doctor spends with me during an office visit.**

Strongly Agree     Moderately Agree     Agree  
 Somewhat Agree     Somewhat Disagree     Disagree  
 Moderately Disagree     Strongly Disagree     Not applicable

**20. Does your doctor's office offer translation services for those who don't speak English?**

Always     Most of the time     Sometimes  
 Never     Not applicable

**21. What is your overall satisfaction level with your doctor?**

Very Satisfied     Satisfied     Unsatisfied  
 Very unsatisfied     Not applicable

**22. How do you rate your health overall?**

Excellent     Good     Fair     Poor

**23. Do you think the quality of health care received is largely affected by your experience with your doctor?**

Strongly Agree     Moderately Agree     Agree  
 Somewhat Agree     Somewhat Disagree     Disagree  
 Moderately Disagree     Strongly Disagree

## Appendix. 2

Description of participants I interviewed.

Open ended informal in-depth interviews began December 2008 and ended January 2009.

1. 56 year old Mexican immigrant female. She has permanent residency. She lives with one of her daughters for free, but she baby sits her daughters' son while she works. She struggled to get medical since she does not have any more minor children, but she qualified since she has custody of one of her grandsons. She is diabetic and sees her doctors frequently. She does not speak English, but she does not think it's a barrier for good health care. Even though her doctors do not speak Spanish most of the office staff is fluent in Spanish and translate if she needs it. Overall she feels very satisfied with her



doctors and the care she gets. She would like for it to be easier for people to qualify for free medical care.

2. 34 year old 1<sup>st</sup> generation Mexican-American female. She makes about \$50,000 per year. She received some college training and works in the medical field. She has insurance provided by and paid for completely by her employer. She states her insurance is an HMO, but is very content with the coverage and the services. She is fluent in English and Spanish. She recently broke her leg and had to undergo surgery and other procedure. She had a very good experience with the insurance and her doctor through her surgery and recovery from her leg injury. Overall she is very satisfied with her care and her doctor. She would like for insurance to be more affordable and accessible for people who are self employed like her husband or under different special circumstances.
3. 27 year old 1<sup>st</sup> generation Mexican-American female. She graduated from high school. She is a stay at home mom. She has medical insurance. She has been going with her same doctor since her first daughter was born. She has two daughters ages 8 and 4. She is extremely satisfied with the care she and her daughters receive through medical. She believes her doctor is very good and knows what he is doing. Overall she is very satisfied with her doctor and the care she receives. She would like for insurance to be available for everyone to have because it's such a necessity to be in good health and get regular check-ups.
4. 37 year old 1<sup>st</sup> generation Mexican-American male. He received his GED and did not pursue further education. He makes about \$65,000 per year. He was self employed for many years, but now works in waste management. He has full benefits with his employer and has an employee paid HMO insurance. He does not feel he pays a lot for his health insurance. He does not see the doctor often, but feels satisfied with his care and doctor. He does have a problem with the cost of insurance. He is a little skeptical about the care doctors give. He feels doctors sometimes over treat their patients to charge insurances more. Overall he is happy with the care and his doctor, but is unsatisfied about the way insurances operate.
5. 25 year old 1<sup>st</sup> generation Mexican-American female. She received college training and is currently working as a pharmacy assistant. She makes about \$52,000 per year. She has employee paid HMO insurance. She feels she pays a lot of money for her HMO. She does however feel satisfied with the care and her doctor. She is currently pregnant and feels very satisfied with her prenatal care she has been receiving so far. Overall she is

very satisfied with her doctor and the care she receives. She would like for insurance to be more affordable. She feels lucky to have a job that offers medical insurance, but it's still very expensive.

6. 58 year old Mexican immigrant male. He did not graduate high school. He does not have legal immigrant status. He makes less than \$15,000 per year. He has an unstable job doing handy work whenever available. He does not have any source of medical insurance. He sees his doctor on a cash basis when on rare occasions he needs to see him. Overall he is satisfied with his care and doctor. He feels insurance should be accessible to everyone. He also feels health insurance should be cheaper and easier to acquire.
7. 66 year old Mexican immigrant male. He did not receive any formal education. He has permanent residency status. He makes about \$70,000 per year. He is self employed as a local farmer. He does not have insurance because he feels private insurance is too expensive to purchase an outside provider. He gets his medical care in Tijuana, B.C. There he pays his doctor cash. Overall he is satisfied with his care and his doctor. He feels health insurance should be more affordable because otherwise he prefers to pay cash when he feels he needs to see the doctor instead of paying every month for nothing.
8. 38 year old 2<sup>nd</sup> generation Mexican-American male. He graduated high school and did not pursue further education. He makes about \$45,000 per year. He works in electrical installations. He has a PPO insurance provided through his employer, but paid by him. He sees his doctors frequently and feels he needs to take advantage of having health care and the money he pays to have it. Overall he is satisfied with his care and doctors. He feels he pays a lot to have a PPO and that is why he likes to see his doctors often. He feels insurance should be easier and cheaper to get.
9. 36 year old 1<sup>st</sup> generation Mexican-American female. She graduated high school. She makes about \$48,000 per year. She currently works for the county of Los Angeles. She has PPO insurance that is provided by her employer, but paid by her. She has a chronic health condition with cancer and sees her doctors frequently. She has been very satisfied with her care and her doctors. She does feel insurance is very expensive and even in jobs that offer good benefits packages it can get expensive. She feels health insurance should be equally accessible to everyone at an affordable price.

10. 34 year old Mexican immigrant male. He graduated high school. He makes about \$53,000 per year. He received automotive training and has his own business. He has health insurance that he is eligible for through his wives insurance benefits. Before he was married he did not have health insurance because it is too expensive to purchase private insurance. He is satisfied with his care and doctor, but he almost never goes and feels it's a waste of money since his wife pays so much to have it. He feels health insurance should be more affordable for everyone to have.

### Appendix. 3

Guideline questions for in-depth interviews.

1. Demographics: Age, race, educational level, occupation, immigration status.
2. Do you have any chronic conditions? If yes, what are they?
3. Do you have health insurance? If yes, what type? Ex. Medical, HMO, PPO, etc.

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4. What do you think good quality health care is or should be?

5. Are you satisfied with the quality of care you receive?

6. Why do you feel you have good/bad experiences?

7. When you have doubts or questions regarding your treatment plan or health concerns do you feel comfortable asking your doctor or health care provider?

8. How do you feel about the office(s) in which you see your doctor(s)?

9. Are you happy with how the office(s) you visit operates? In terms of waiting period, promptness, professionalism, etc.

10. Overall, what would you say your past experiences have been like with your doctor?

11. Do you think your insurance type influences the type of care you receive or the quality?

12. Are there any last thoughts you would like to say regarding quality health care?