

# Disparities in Socioeconomics & Access to Care among Latino Subpopulations

Yan Cui, MD, PhD Amy Lightstone, MPH, MA Margaret Shih, MD, PhD

Office of Health Assessment & Epidemiology
Chief Science Office
County of Los Angeles Department of Public Health



## **Background**



#### **Latino Americans**

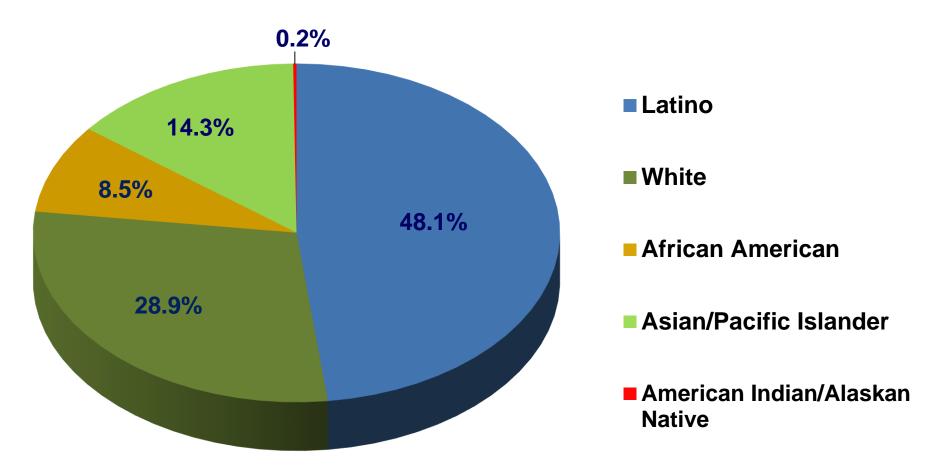
include any person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.



Los Angeles County has the largest Latino population at 4.8 million, accounting for 9% of the U.S. Latino/Hispanic population.



#### Los Angeles County Race/Ethnicity, 2010



Source: US Census Bureau. Summary File 1, 2010. Tables PCT12, P19. National Center of Health Statistics. Estimates of the April 1,2010 resident population of the United States, by county, single year (0,1,2,...85+yrs), bridged race, Hispanic origin and sex. Prepared under a collaborative arrangement with the U.S. Census Bureau.



## **Diversity within Latino Population**

 Latino subgroups differ with respect to country of origin, genetic ancestry, immigration history, and geographic distribution

 Studying Latinos as a whole masks critical disparities among these subgroups



## **Objective**

To assess health disparities among adult Latino subpopulations in Los Angeles County, with a focus on socioeconomics and access to care.



## **Methodology**



#### Los Angeles County Health Survey (LACHS)

- Population-based random digit-dial (RDD) telephone survey
- Added cellphone survey in 2011
- 6 cycles so far (1997, 1999, 2002, 2005, 2007, 2011)
- 6 Languages: English, Spanish, Mandarin, Cantonese, Vietnamese, Korean
- Statistical Weighting
- Adult and child surveys



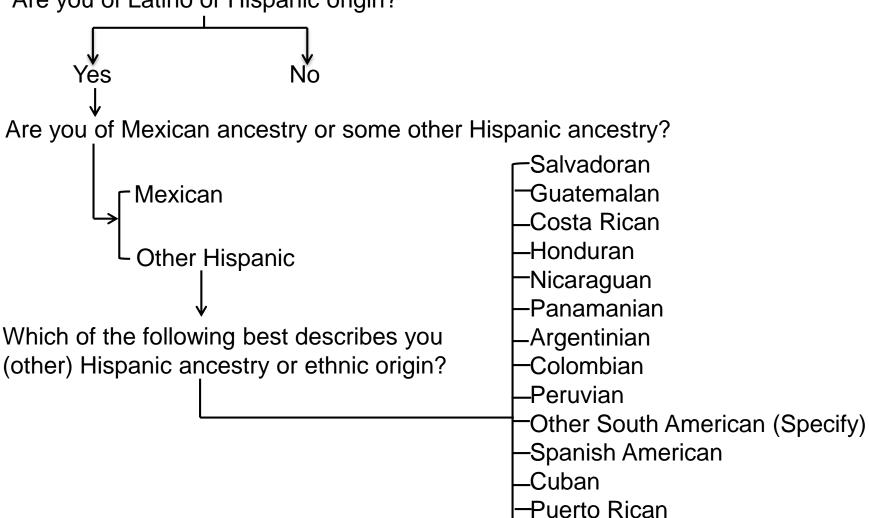
#### Los Angeles County Health Survey (LACHS)

- Sample sizes
  - Adult survey (~8,000 each cycle)
  - Child survey (~6,000 each cycle)
- Limited sample sizes for some Latino subgroups
- Pooling data from 4 cycles of the LACHS (2002, 2005, 2007, & 2011) for current analysis



#### LACHS Questions Regarding Race/Ethnicity

Are you of Latino or Hispanic origin?



Other (Specify)



#### Latino Subgroups

- Mexicans
- Central Americans
- Cubans
- Puerto Ricans
- South Americans



## Sample Size

Data Year	Mexicans	Central Americans	Cubans	Puerto Ricans	South Americans
2002	2308	447	30	42	85
2005	2282	560	30	39	97
2007	1957	441	24	33	88
2011	1969	504	27	37	91
Total	8516	1952	111	151	361



#### **Indicators Assessed**

- Socioeconomic status
  - education
  - household income
- Access to care
  - health insurance coverage
  - dental insurance coverage
  - difficulty accessing medical care
  - whether respondents could afford needed health care



## **Data Analysis**

- Used SURVEYMEANS to calculate weightadjusted percentages among Latino subgroups
- Used weight-adjusted Logistic regression models to further examine disparities among subgroups, accounting for age, gender, socioeconomic status, birth place, and language of interview



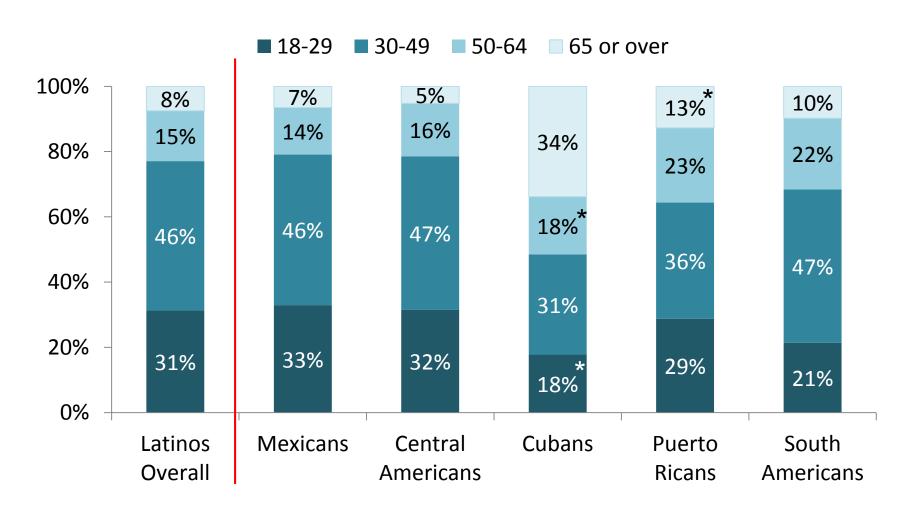
## **Results**



## **Demographics**



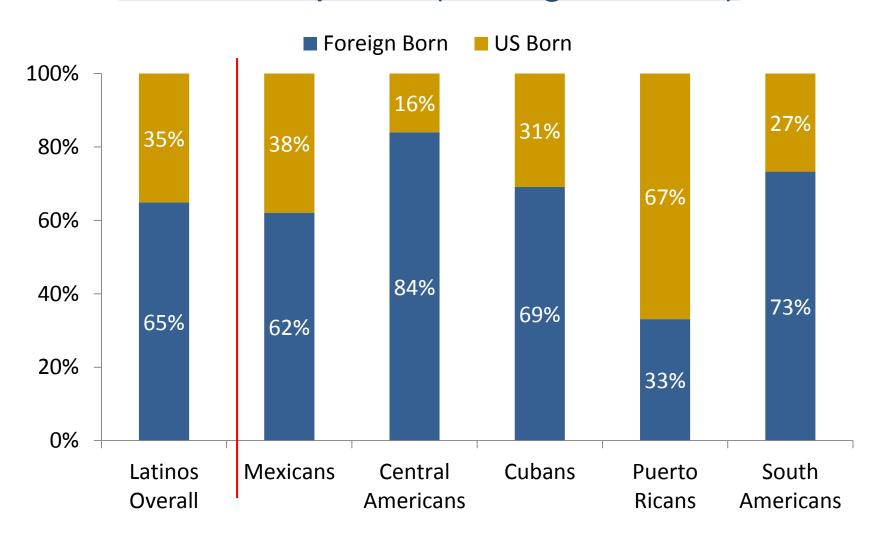
#### **Adult Age Distribution**



\*Unstable estimate 18

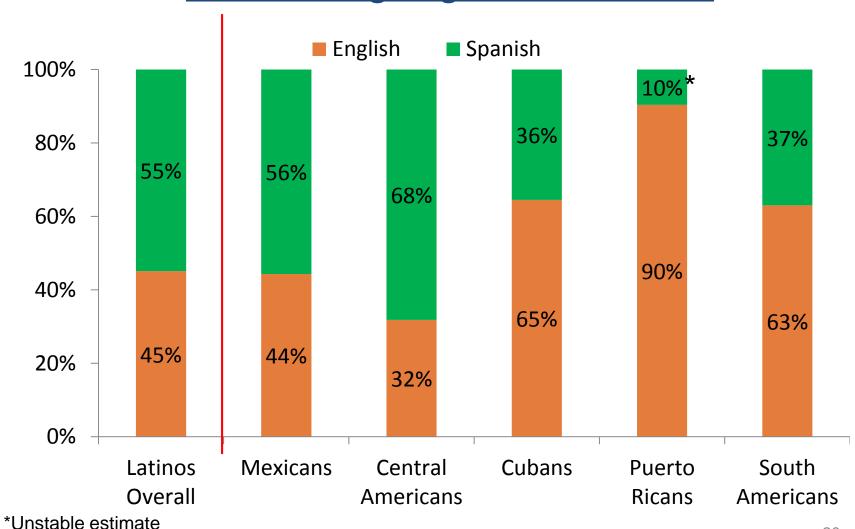


#### Adult Birthplace (Foreign vs. US)





#### Adult Language of Interview

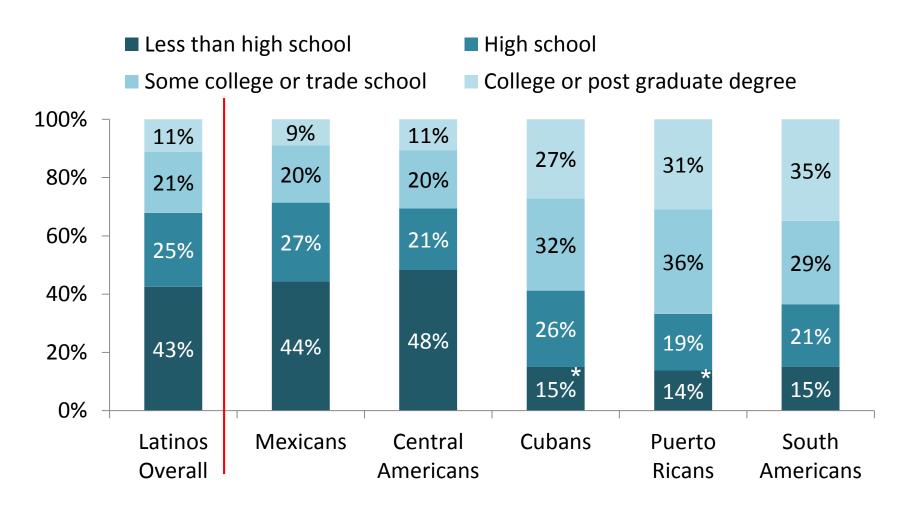




## **Socioeconomics**



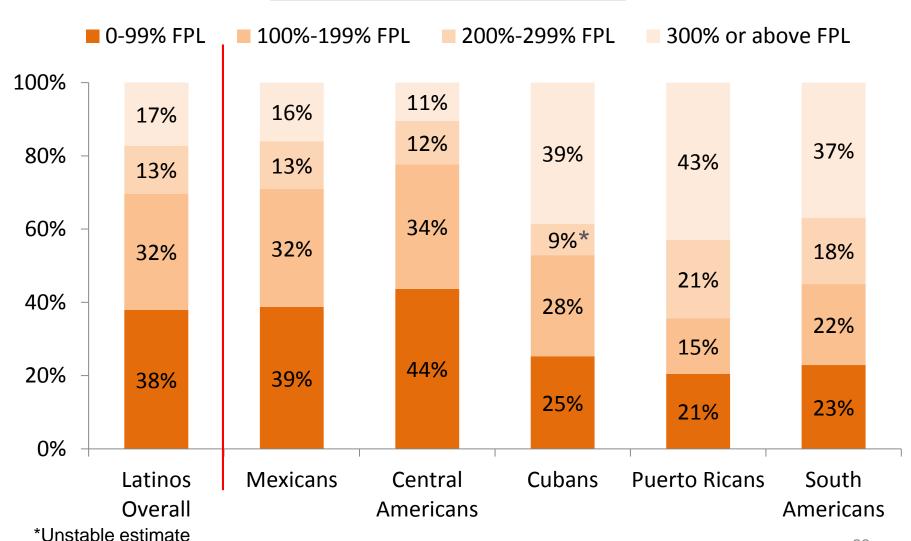
#### **Adult Educational Level**



<sup>\*</sup>Unstable estimate



#### Household Income

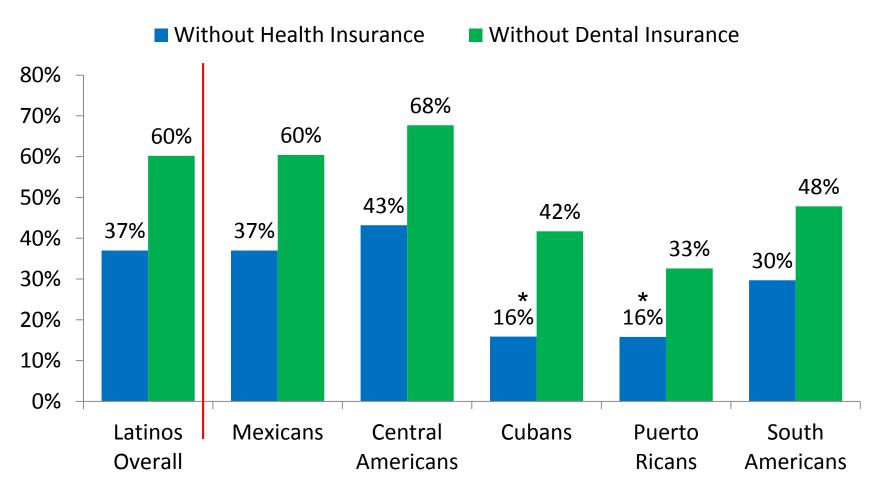




## Access to Care



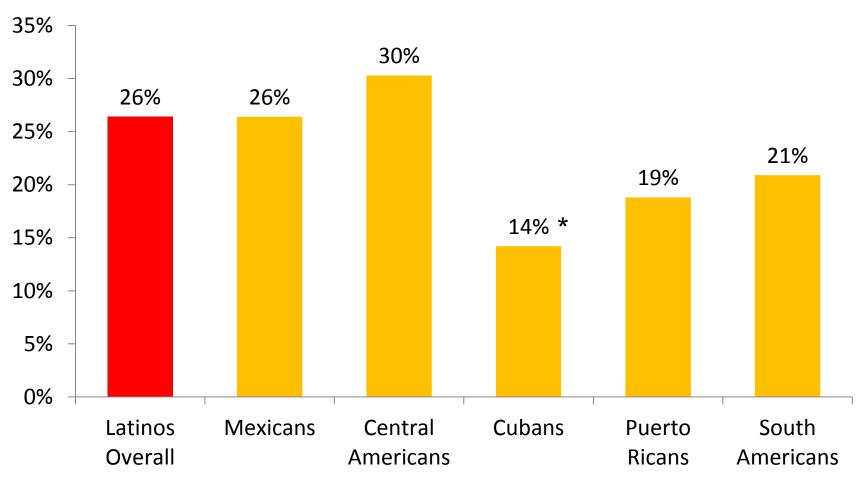
# Percent of Adults without Health \$ or Dental Insurance ¶



<sup>25</sup> 

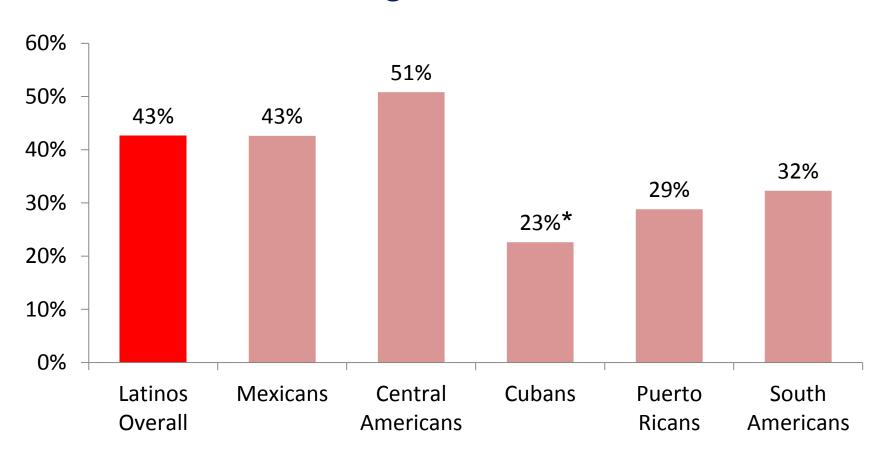


# Percent of Adults with No Regular Source of Health Care



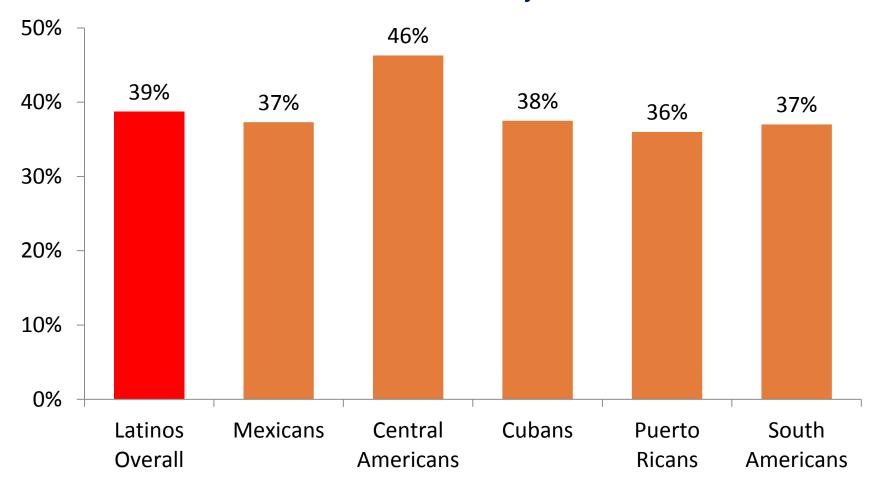


# Percent of Adults Who Reported Difficulty Accessing Medical Care





## Percent of Adults Who Did Not Obtain Needed Health Care<sup>¶</sup> in the Past Year Because They Could Not Afford It



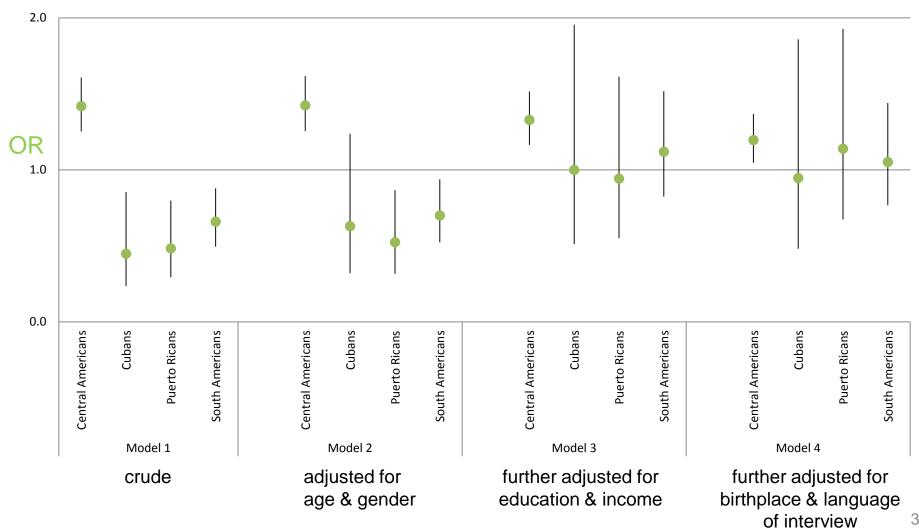
<sup>&</sup>lt;sup>¶</sup> Could not afford prescription medication, mental health care, seeing a doctor for a health problem, or dental care.



## **Model Results**



#### **Difficulty Accessing Medical Care:** Other Latino Subgroups Compared with Mexicans





## **Limitations**

- Survey-related
  - Self-reported data
  - Does not represent persons living in group quarters
  - Low response rates
- Pooling multiple years of data masks time-trend
- Limited sample sizes for some subgroups



## **Conclusion**

- Marked disparities were observed.
- Socioeconomic status accounted for most of the disparities in access to care among Latino Subgroups.
- To improve health, we need to work across sectors to address underlying social determinants of health.
- Pooling data enabled us to assess disparities among Latino subgroups.



## <u>Acknowledgements</u>

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Office of Health Assessment & Epidemiology Staff



## To request data:

**Health Assessment Unit** 

Office of Health Assessment & Epidemiology

313 N. Figueroa Street, Room 127

Los Angeles, CA 90012

www.publichealth.lacounty.gov/ha

Tel: (213)240-7785









