

Center on an Aging Society  
GEORGETOWN UNIVERSITY

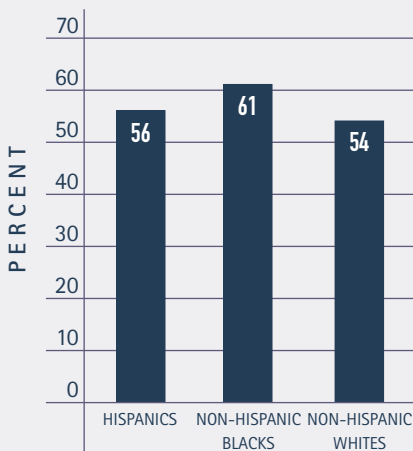
# Older Hispanic Americans

## Less care for chronic conditions

Similar proportions of Hispanic and non-Hispanic adults ages 50 and older have common chronic conditions. Although the two populations use hospital services to a similar extent, the Hispanic population is less likely to visit physicians, and much less likely to see other health professionals. Health care expenditures are lower for Hispanics than non-Hispanics with chronic conditions, and a larger proportion of Hispanic adults is uninsured. Hispanics adults with chronic conditions report that they are more likely to have difficulty obtaining health care and are less satisfied with their care, compared to non-Hispanic adults with chronic conditions.

### CHRONIC CONDITIONS AFFECT OVER HALF OF OLDER ADULTS

PROPORTION OF ADULTS AGES 50 AND OLDER WITH A COMMON CHRONIC CONDITION



SOURCE: Center on an Aging Society analyses of data from the 1999 Medical Expenditure Panel Survey.

This *Profile* examines Hispanic and non-Hispanic adults ages 50 and older with any of five common chronic conditions including arthritis, cancer, diabetes, heart disease, and hypertension or high blood pressure. Among the non-Hispanic population, differences between black and white adults are examined. Due to sample size limitations, racial differences among the Hispanic population cannot be reported.

### Similar proportions of Hispanic and non-Hispanic populations have common chronic conditions

Over 41 million Americans ages 50 and older have any of five common chronic conditions. Almost 3 million of adults with these conditions are Hispanic Americans. Some 56 percent of Hispanics and 54 percent of non-Hispanics have at least one condition. Also, similar proportions – 39 percent of Hispanic and 37 percent of non-Hispanic adults – have multiple conditions.

There are important differences among the non-Hispanic population. The proportion of blacks that have one or multiple conditions is higher than the proportion of whites. Regardless of ethnicity or race, however, older people with higher incomes are less likely to have several chronic conditions, compared to those with lower incomes.

FIGURE 1

**Proportion of Older Adults with Chronic Conditions Using Various Health Care Services in the Past Year**

	HISPANICS (%)	NON-HISPANICS		
		All (%)	Blacks (%)	Whites (%)
PHYSICIANS	87	93	91	93
NON-PHYSICIANS	25	41	19	44
EMERGENCY ROOM	15	17	21	17
OVERNIGHT HOSPITAL STAY	16	18	18	18
PRESCRIPTION DRUGS	90	95	95	95

SOURCE: Center on an Aging Society analyses of data from the 1999 Medical Expenditure Panel Survey.

**Hispanic adults are less likely to use “non-physician” services**

Hispanics are somewhat less likely than non-Hispanics to see a physician, and much less likely to use services provided by health professionals other than physicians such as optometrists, psychologists, chiropractors, physical and occupational therapists, or social workers. Among the non-Hispanic population, blacks are much less likely than whites to use non-physician services. Hispanic adults also use non-physician services with less frequency (see Figure 1). Among adults with chronic conditions, 48 percent of Hispanics and 57 percent of non-Hispanics made two or more visits in a year to health professionals other than physicians. Differences in hospital use between the Hispanic and non-Hispanic populations are not great.

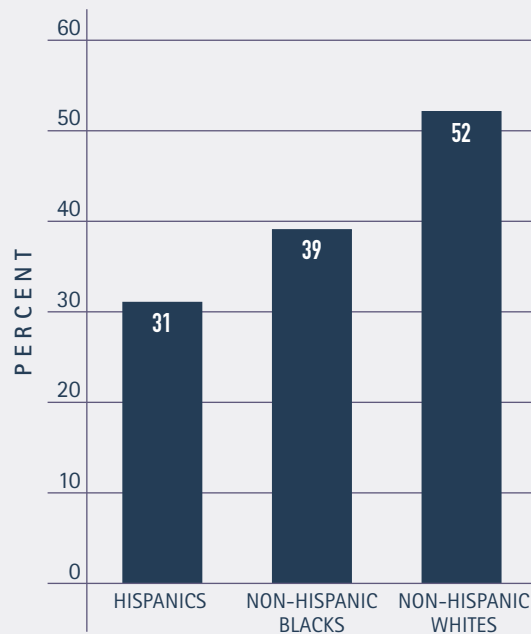
**Insurance may have an impact on health service use**

Differences in health service use may be related to differences in health insurance coverage. Adults with limited or no health insurance coverage may not be able or willing to pay for non-physician services, which may not be considered as essential as doctor or hospital visits or prescription drugs. Even among the insured, those with less comprehensive plans may not have

coverage for some non-physician services. For example, differences in the use of prescription drugs may be related to the fact that less than one-third of older Hispanic adults with chronic conditions have coverage for prescription drugs, compared to half of older non-Hispanic adults with chronic conditions. Among non-Hispanic adults, blacks are less likely than whites to have coverage (see Figure 2).

FIGURE 2

**Proportion of Older Adults, with Chronic Conditions, Who Have Prescription Drug Coverage**



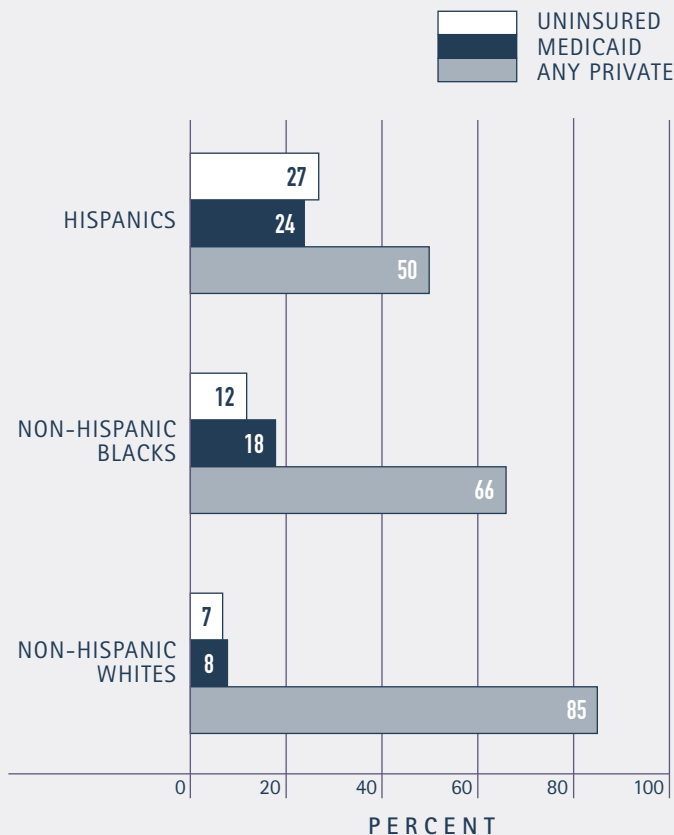
SOURCE: Center on an Aging Society analyses of data from the 1999 Medical Expenditure Panel Survey.

## Over one-quarter of Hispanics ages 50 to 64 with a chronic condition are uninsured

Among adults ages 50 to 64 with a common chronic condition, 27 percent of Hispanics are uninsured. This is more than twice the proportions of non-Hispanic blacks and whites who are uninsured. The Hispanic population is the least likely to have private insurance (see Figure 3).

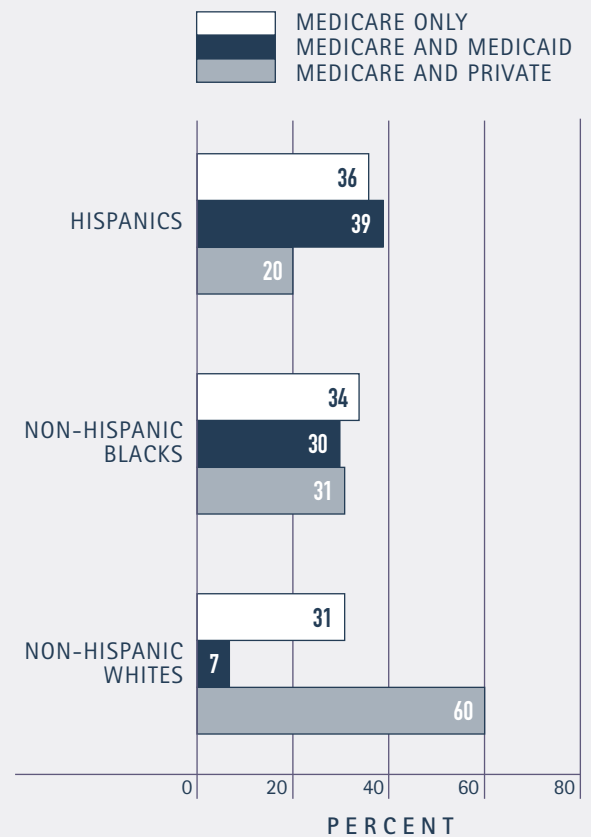
Employment-related factors may contribute to the higher proportions of uninsured Hispanics. A substantial percentage of Hispanic workers are employed in low-wage jobs and work in sectors that do not offer health insurance benefits.<sup>1,2</sup>

**FIGURE 3**  
Proportion of Adults Ages 50 to 64 with Chronic Conditions, by Type of Health Insurance



SOURCE: Center on an Aging Society analyses of data from the 1999 Medical Expenditure Panel Survey.

**FIGURE 4**  
Proportion of Adults Ages 65 and Older with Chronic Conditions, by Type of Health Insurance



SOURCE: Center on an Aging Society analyses of data from the 1999 Medical Expenditure Panel Survey.

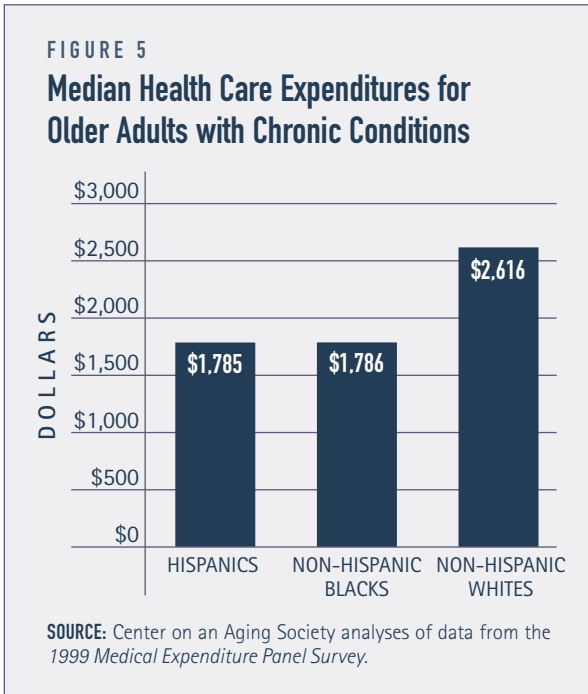
## Hispanic adults with chronic conditions rely on public insurance

Almost one-quarter of Hispanics, ages 50 to 64 with chronic conditions, are covered by Medicaid. Smaller proportions of their non-Hispanic counterparts have Medicaid coverage, however (see Figure 3).

Among the population age 65 and older, larger proportions of Hispanics than non-Hispanics rely solely on public insurance, including Medicare and Medicaid. For example, the proportion of Hispanics covered by both Medicare and Medicaid – 39 percent – is more than five times that of non-Hispanic whites – 7 percent. Non-Hispanic whites are much more likely than Hispanics and non-Hispanic blacks to have private insurance (see Figure 4).

## Health care expenditures are lower for Hispanic adults than for others

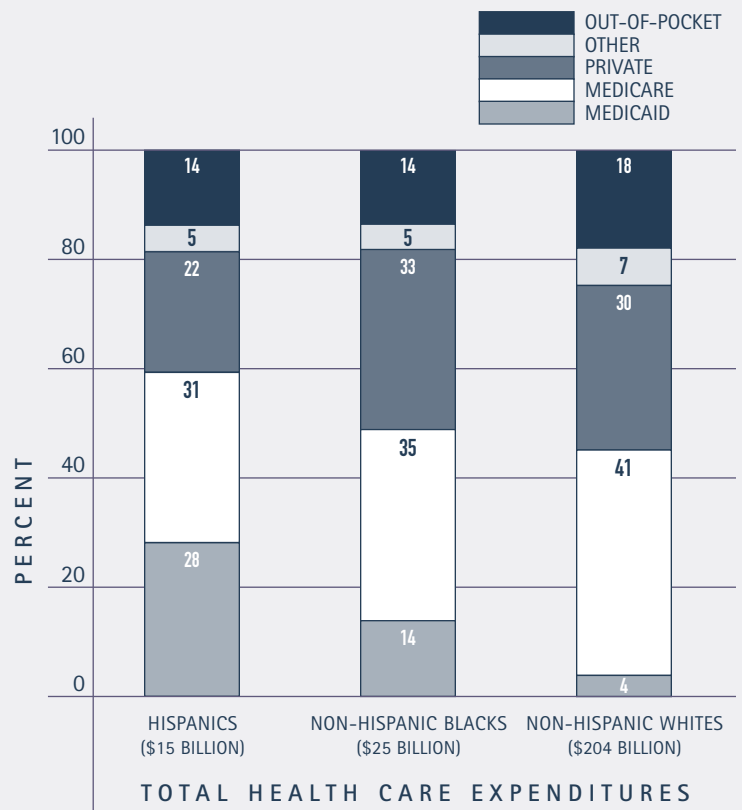
Median health care expenditures for the non-Hispanic population – \$2,494 – are about 40 percent higher than expenditures for the Hispanic population – \$1,785. Substantial differences exist among the non-Hispanic population, however (see Figure 5). Differences in expenditures likely reflect differences in health care service use and insurance coverage.



## THE HISPANIC POPULATION USES FEWER DISEASE MANAGEMENT SERVICES

Hispanic Americans with chronic conditions are less likely than non-Hispanic Americans to take part in disease management activities. Among adults with diabetes, high blood pressure, or heart disease, Hispanics are less likely to receive services that help monitor and control these conditions. For example, 71 percent of Hispanics have their blood pressure checked every six months, compared to 80 percent of whites and 89 percent of African Americans. Additionally, some 73 percent of whites and 84 percent of African Americans with diabetes report having their eyes checked in the past year, compared to 66 percent of Hispanics with diabetes.<sup>3</sup>

**FIGURE 6**  
**Proportion of Total Health Care Expenditures for Older Adults with Chronic Conditions, by Payer Source**



**SOURCE:** Center on an Aging Society analyses of data from the 1999 Medical Expenditure Panel Survey.

## Medicaid pays for over one-quarter of health care for Hispanic adults with chronic conditions

Medicaid pays for a substantially larger portion of total health care expenditures for Hispanics than for non-Hispanics. Medicare and private insurance pay a larger portion of health care expenditures for non-Hispanic adults than for Hispanic adults, however (see Figure 6).

## The Hispanic population has more difficulty obtaining health care

Similar proportions of the Hispanic and non-Hispanic populations ages 50 and older report that they have a usual source of health care. Hispanic adults are almost twice as likely to report that they have difficulty obtaining health care, however. One reason may be that a somewhat larger

er proportion of the Hispanic population has trouble making appointments with their health care providers (see Figure 7). Even with an appointment, Hispanic adults wait longer to be seen by their provider (see Figure 8).

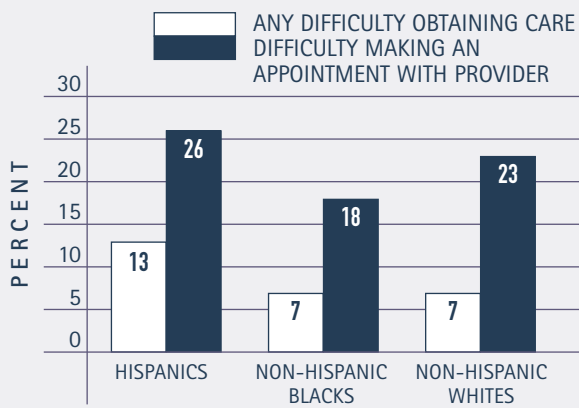
## Hispanic adults are somewhat less satisfied with their care

Although the majority of each population is satisfied with the quality of care, a smaller proportion of Hispanics than non-Hispanics report that they are very satisfied with their care – 74 percent and 83 percent, respectively. Hispanic adults are also less satisfied than non-Hispanic adults with the staff where they receive their care. There are no substantial differences in satisfaction between whites and blacks in the non-Hispanic population.

Patient-physician communication barriers are one factor that may contribute to lower satisfaction among the Hispanic population. Compared to non-Hispanic whites and blacks, Hispanics – and particularly Hispanics whose primary language is not English – are most likely to experience difficulty communicating with their physicians.<sup>4</sup>

FIGURE 7

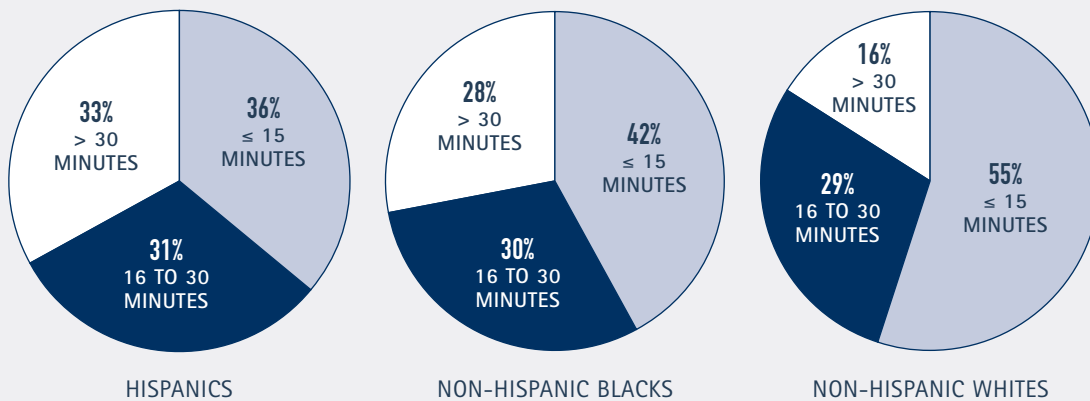
### Proportion of Older Adults with Chronic Conditions Reporting Difficulties Obtaining Health Care



SOURCE: Center on an Aging Society analyses of data from the 1999 Medical Expenditure Panel Survey.

FIGURE 8

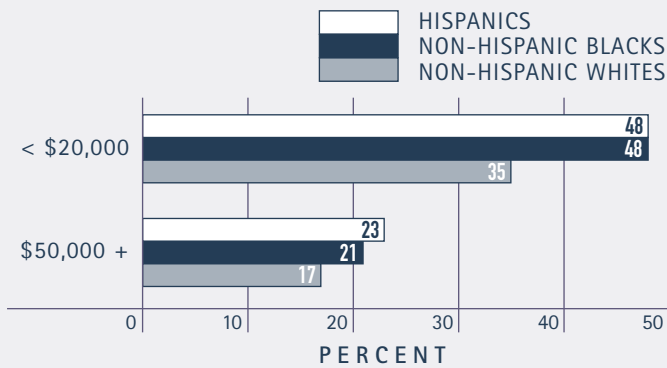
### Length of Time Older Adults with Chronic Conditions Wait to be Seen by their Provider with an Appointment



SOURCE: Center on an Aging Society analyses of data from the 1999 Medical Expenditure Panel Survey.

FIGURE 9

**Proportion of Older Adults with Chronic Conditions Reporting Fair to Poor Physical Health, by Income**



SOURCE: Center on an Aging Society analyses of data from the 1999 Medical Expenditure Panel Survey.

**Hispanic adults are more likely to report fair to poor health**

Although similar proportions of Hispanic and non-Hispanic adults have multiple chronic conditions, self-reported health status differs. Among adults with at least one chronic condition, 38 percent of Hispanics, compared to 27 percent of non-Hispanics, report fair to poor physical health. Among the non-Hispanic population, however, the proportion of blacks reporting fair to poor health is higher than the proportion of whites.

Among older adults with chronic conditions, those with lower incomes are substantially more likely to report poorer health. Regardless of income, however, the Hispanic population is more likely to report fair to poor health (see Figure 9).

**ABOUT THE PROFILES**

This is the second set of *Data Profiles* in the series, *Challenges for the 21st Century: Chronic and Disabling Conditions*. The series is supported by a grant from the Robert Wood Johnson Foundation. This *Profile* was written by Lee Shirey and Laura Summer. Previous *Profiles* in the new series include:

1. Screening for Chronic Conditions: Underused services
2. Childhood Obesity: A lifelong threat to health
3. Visual Impairments: A growing concern as the population ages
4. Cancer: A national concern
5. Prescription Drugs: A vital component of health care
6. Chronic Obstructive Pulmonary Disease: A chronic condition that limits activities
7. Rural and Urban Health: Health care service use differs
8. Chronic Back Pain: A leading cause of work limitations

The Center on an Aging Society is a Washington-based nonpartisan policy group located at Georgetown University's Institute for Health Care Research and Policy. The Center studies the impact of demographic changes on public and private institutions and on the economic and health security of families and people of all ages.

1. CoveringTheUninsured.org (2003). "Who is Most Likely to be Uninsured?," *Fact Sheet*. The Robert Wood Johnson Foundation: Princeton, NJ.

2. E. R. Brown, et al. (2000). "Racial and Ethnic Disparities in Access to Health Insurance and Health Care," *Policy Research Report*. UCLA Center for Health Policy Research and The Henry J. Kaiser Family Foundation.

3. K. Scott Collins et al. (2002). *Diverse Communities, Common Concerns: Assessing Health Care Quality for Minority Americans*. The Commonwealth Fund: New York, NY.

4. Ibid.

**ABOUT THE DATA**

Unless otherwise noted, the data presented in this *Profile* are from the 1999 Medical Expenditure Panel Survey (MEPS), cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics, provides national estimates of health care use, expenditures, sources of payment, and insurance coverage. The MEPS asks respondents to report any current medical conditions.

**Center on an Aging Society**

GEORGETOWN UNIVERSITY



2233 Wisconsin Avenue NW  
Suite 525  
Washington, DC 20007

TEL 202.687.9840  
FAX 202.687.3110

WEBSITE [www.aging-society.org](http://www.aging-society.org)

**DATA PROFILES ARE AVAILABLE ON LINE**

SIGN UP FOR EMAIL ALERTS AT  
**[WWW.AGING-SOCIETY.ORG](http://WWW.AGING-SOCIETY.ORG)**