

LANGUAGE PREFERENCE AS A PREDICTOR OF ACCESS TO AND USE OF HEALTHCARE SERVICES AMONG HISPANICS IN THE UNITED STATES

Objectives: The objective of this study was to determine if Spanish language preference was significantly associated with barriers to health-care services among a nationally representative sample of Hispanic persons in the United States.

Design: Cross-sectional analysis of secondary data. Differences in outcomes between those responding in Spanish and those responding in English were tested using chi-square analyses and multiple logistic regression models.

Setting: Nationally representative sample of US adults responding to the 2005 Behavioral Risk Factor Surveillance System survey.

Participants: Respondents identifying themselves as Hispanic ($n=20,400$).

Main Outcome Measures: Four health care outcomes including health insurance coverage, having a personal health care provider, forgoing care because of cost, and having a routine check-up within the past five years.

Results: Those responding in Spanish were less likely to have healthcare coverage, less likely to have a personal healthcare provider, and less likely to have had a routine check-up within the past five years. No difference was found for indicating that cost was a barrier to receiving care in this model.

Conclusions: Disparities in healthcare access exist between Hispanic persons in the United States whose language preference is Spanish and those whose language preference is English. In an effort to achieve Healthy People 2010 goals and to provide care to all persons in the United States, barriers to care, such as language preference, should be addressed more fully in our healthcare system. (*Ethn Dis.* 2008;18:93–97)

Key Words: Hispanic, Access, Disparities, Language, Barriers to Care

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INTRODUCTION

Reports from the Centers for Disease Control and Prevention (CDC) state that Hispanics in the United States experience disparities in the burden of disease that they bear¹ and also in their access to the healthcare system.² Previous studies have reported disparities in more detail, including decreased continuity of care,³ lower rates of preventive screening and treatment services,^{4,5} and decreased levels of health insurance coverage^{6,7} among Hispanics. Understanding these disparities among Hispanics is difficult because of the complex social systems involved and the diversity of the population.^{8,9}

Recent Census data indicate that Hispanics are the fastest growing group in the United States, with an estimated total population of 42.7 million persons in 2005.¹⁰ This increase is rapidly changing the diversity of the United States and creating a culture in which Spanish is spoken by one out of five US citizens.¹⁰ Non-fluency in English may contribute to difficulties in accessing preventive health services and medical care.^{11–13} Furthermore, a systematic review of the literature on language barriers in health care has indicated that there is a need for further research in three broad categories including how language barriers reduce access, the efficacy of language interventions, and the costs of language barriers and how to overcome them.¹⁴

Given the reported health disparities among persons of Hispanic origin and the growth of the Hispanic population in the United States, coupled with the increasing prevalence of Spanish language use among this population, we undertook this study to examine the relationship between language prefer-

ence and use of healthcare services. The primary purpose of this study was to determine if Spanish language preference was significantly associated with decreased access to and use of healthcare services among a pooled national sample of Hispanic persons in the United States.

METHODS

Data for this study were taken from the 2005 Behavioral Risk Factor Surveillance Survey (BRFSS).¹⁵ The BRFSS is an ongoing, state-based, telephone survey that collects information on health risk behaviors, preventive health practices, and access to and use of healthcare services primarily related to chronic conditions among adults ≥ 18 years of age.

The sample for this study was limited to those who identified themselves as Hispanic and lived in the 50 United States or the District of Columbia ($n=20,400$, which represented $\approx 28,830,000$ persons in the United States). This sample was then stratified by their preference of language, which was determined by whether the survey was conducted in Spanish or English; 13,095 responded in English, and 7,305 responded in Spanish.

Four healthcare outcomes were determined for this sample. Respondents who chose “don’t know/not sure” or

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