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Healthcare Disparities and Hispanic Immigrants: A Systematic Review of the Literature

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Healthcare Disparities and Hispanic Immigrants: A Systematic Review of the Literature

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Abstract

Today, the United States faces its fair share of problems, but one that is often overlooked is the disparity in its healthcare system. Most notably, there are significant healthcare disparities between the general population and the Hispanic immigrant minority. This research looks to survey the data that has been collected in regard to this inequality, while focusing specifically on unequal access to quality care and the consequences of these differences. The survey examines the barriers that impede access to healthcare for the Hispanic immigrant community, including language barriers, cultural barriers, and economic barriers. The findings suggest that these barriers compound to create extreme difficulty in healthcare access for Hispanics as they enter and assimilate into the United States. The survey also exhibits the impact of this disparity on successful medical intervention and treatment. One interesting finding presented in the survey of research came from the juxtaposition between access to healthcare and healthcare outcomes, as Hispanic immigrants are, on average, healthier than their white and other minority counterparts despite unequal access to care. However, decreased access to necessary care acts as a comorbidity, intensifying the struggles experienced by other underlying conditions, including cancer and diabetes. In the future, it is crucial that health providers are aware of these issues. It is also pivotal that more research build on the survey findings below to explore ways to diminish these barriers.

Introduction

Recently, it has been calculated that nearly 25% of the United States population, or around 75 million people, are first-, second-, or third-generation immigrants. Within that group, it is estimated that 44.8 million individuals are immigrants themselves and approximately a quarter of this smaller group are Hispanic immigrants (US Census, 2021). This data is important when considering the many functional aspects of the United States. Above all though, it is essential to include immigrants in considerations for healthcare. This large group requires care but is often not fully represented in the medical landscape.

The United States uses a privatized healthcare system for payment and access to healthcare. While this creates a more advanced and efficient healthcare system, it also proliferates disparities and disadvantages across different socioeconomic sectors of the country. Latino immigrants are an example of an ethnic group and socioeconomic sector that is particularly disadvantaged by the US healthcare system. Despite there being many components to the healthcare disadvantage for this population, one area that is cited most often is basic access to the care that Hispanic immigrants require.

There are three common barriers that are mentioned in regard to access to healthcare for Hispanic immigrants; the first is Language barrier. In a country with one dominant language, Hispanic immigrants find it particularly challenging to access treatment when they cannot properly share their symptoms or communicate with their care team. This is especially prominent with the lack of Hispanic physicians across the United States (AAMC, 2022). Another significant barrier in healthcare access is culture. The many nationalities represented in the Hispanic immigrant population share in that they place a greater reliance on family in decision-

making and natural cures to their ailments (Morales and Lara, 2007). This stands in a stark contrast to American culture and allopathic care that US physicians often promote. This can cause improper diagnoses and other significant misunderstandings between patients and their physicians, possibly leading to complete mistreatment. Finally, there is a significant economic barrier for Hispanic immigrants. This is in large part due to unequal access to insurance that often gets worse when the economy gets worse. Healthcare is especially unaffordable without any sort of coverage. In addition, low levels of education, poor job opportunities, and distinct disposition for certain diseases make it significantly harder for this ethnic subgroup to get proper care.

Despite this significant disparity, a paradox of better health exists for Hispanic immigrants. Lifespan and general health condition are often significantly better than other groups within the US, including the White population (Morales and Lara, 2007). However, this survey will demonstrate that many other factors influence this paradox, and unequal access to care only deflates the ethnic benefits associated with this finding.

Throughout this survey, I will use a variety of titles to describe different subjects. When speaking generally of the individuals from the countries of Mexico, Argentina, Bolivia, Chile, Columbia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Paraguay, Peru, Puerto Rico (US), Uruguay, and Venezuela, I will interchangeably use ‘Latino,’ ‘Latinx,’ ‘Hispanic,’ ‘Latin-American,’ and ‘Spanish-speaking’ countries. I will never generalize using these terms when speaking of a specific nationality, and will instead use national identifier instead, such as ‘Mexican’ or ‘Puerto Rican.’ While these terms are generalizations that don’t necessarily encompass all that I am describing, they are the most commonly used and understood terminology. In addition, I will describe non-

US born Hispanics as ‘first-generation’ or ‘foreign-born’ Hispanics. Later generations will follow suit as ‘second-generation’ etc. Other, less used language will be clarified when appropriate.

This survey of literature in relation to disparities in healthcare access does not include a survey or research study component. Instead, relevant research from a variety of modern sources was collected and analyzed over a period of months. This research all comes from academic, reliable, and published sources from both Google Scholar and the University of Tennessee Library. After research was collected, trends were recorded and the information was organized to display the primary barriers in healthcare access for the Hispanic Immigrant community.

Survey Results

Language Barriers

One of the most prominent issues in immigrant access to healthcare is the lack of a common language between natives and immigrants. Despite Spanish being the second most prominent language in the US, there is not a representative population of medical staff that can serve the needs of the community (Gonzales-Barrera and Lopez, 2013). Many first-generation immigrants arrive with no English-speaking abilities, which can lead to fear of medical treatment or difficulty receiving it. Statistically, as of the early 2000s over 70% of first-generation immigrants are Spanish speakers, while only 24% are bilingual. Around 47% of second-generation immigrants are bilingual and only 10% are strictly Spanish speaking, however they may still not be versed in the intricacies of medical English (Suro and Passel, 8). This language barrier makes it difficult for doctors and patients to interact in a way that ensures proper and substantial care. In fact, it has been found that strictly Spanish-speaking Hispanics were significantly less likely to meet with or be treated by physicians than whites, regardless of “predisposing factors” (Fischella, 2002). The cause of this has largely been placed on the communication issues faced by these individuals. In one study by the Pew Research Center, it was even found that 44% of Hispanic immigrants cited language as the reason for not receiving adequate or consistent care, regardless of whether this care was primary care or a pertinent surgical procedure (Funk and Lopez, 2022).

The medical employment landscape is currently in flux, as more Spanish speakers are available on medical staff in order to assist with concerns. However, the representation does not

yet align with the population breakdown of the United States. Currently, 5.8% of doctors are classified by the pan-ethnic label, ‘Hispanic’ (AAMC, 2021). Meanwhile, it is estimated that 19% of the US population are Hispanic, with 13.6% being foreign-born immigrants (US Census, 2021). Clearly, there is still a discrepancy that must be addressed in order to make the system more equitable. As mentioned before, these statistics are changing, and among all medical schools in the 2021-2022 application year, Hispanics made up almost 12% of the matriculating classes (AAMC, 2022).

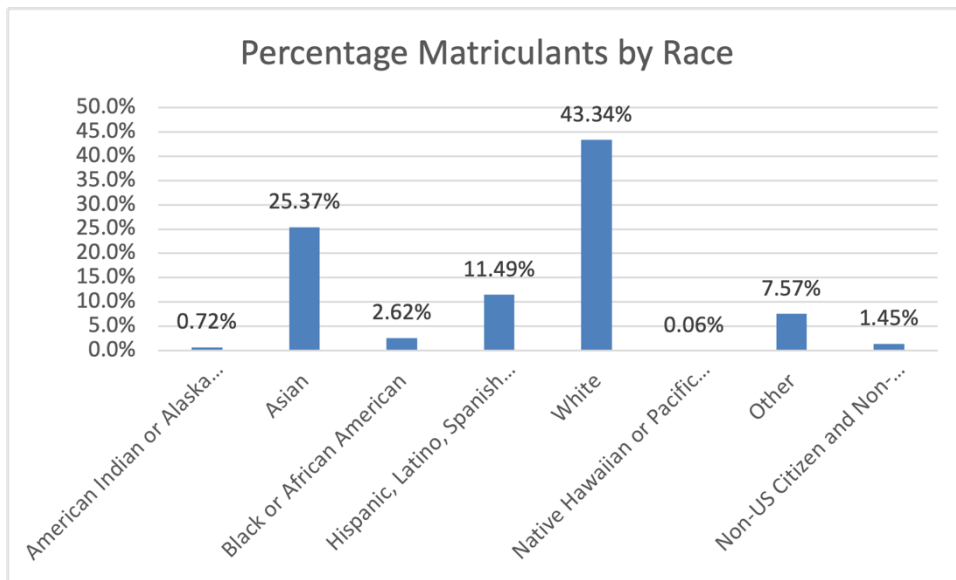


Figure 1: Percent of Medical School Matriculants by Race in the 2021-2022 Application Cycle (AAMC, 2022).

The data shows that medical schools are matriculating almost double the proportion of Hispanics into medical school compared to the proportion of practicing physicians. While this segmentation still does not accurately represent the population of Hispanic citizens within the US, this is still improvement compared to past years, as in 2019-2020 the percentage of matriculated Hispanics compared to the total was 10% (AAMC, 2022). Even more substantial is

the increase in percentage of Hispanic medical students since 2002, which at the time only made up 2% of the overall matriculated students that year. It was also found that only 3% of nurses were Hispanic, which may even be more detrimental as they provide continuous, hands-on care to patients during their hospitalization (Ruiz, 2002). While there is additional medical staff available, the most common outcome in this disproportionate situation is the use of translators. In one survey published by the American Journal for Critical Care, 96-97% of doctors and nurses reported that the language barrier was an “impediment to delivering quality care” (Bernard et al., 2005). While the study went on to conclude that translators significantly decreased stress in healthcare, it has also been found that the number of available translators can pose its own set of problems (Bernard et al., 2005). In fact, due to shortages, software is being developed to perform the translation and interfacing between patients and their care team. These tools may alleviate the language barrier, but they will also significantly reduce the personal aspect of care (Panayiotou, 2019). This application-based technology does offer a wide array of language-based translation services for hospital settings, but it has been recommended by both the creators and reviewers of the service that it not be used without human translators (Panayiotou, 2019). This is because the inability of the service to accurately convey complex messages and the emotions behind these communications that can play a major impact in a healthcare setting.

Cultural Barriers and Assimilation

Language barriers can severely limit participation in healthcare or prevent Hispanic patients from seeking necessary care. However, Hispanic immigrants also face the concern of misdiagnosis and misinterpretation when they do visit a physician. While language certainly

contributes to these concerns, cultural differentiation also plays a major role in these challenges, as US doctors often are not culturally fluent enough to understand the behavior of their Hispanic Immigrant patients. This barrier is another major risk to immigrant health and to the appropriateness of their treatment.

As mentioned before, translators themselves present a cultural divide already, but non-Hispanic physicians can intensify the barriers to care in much greater ways. While each nationality has their norms, it is generally more common for Hispanic immigrants to rely on family in decision-making (Morales and Lara, 2007). Rather than blindly following the instructions of physicians, Hispanics are more likely to review options with their close family members. In some cases, they allow family to suggest the best course of treatment and may value this advice at least as much as the input of their care team. Meanwhile, doctors tend to lead patients toward an appropriate or perceived goal of better health. Findings suggest that in both treatment decision-making and discharge planning, American doctors tend to underestimate or misunderstand the importance of family across Hispanic immigrant healthcare (Morales and Laura, 2007). This is also a factor in the perception of Hispanics within the healthcare community, which can be interpreted as superstitious or uneducated due to their reliance on family for their decision-making as opposed to a doctor's scientific explanation (Morales and Lara, 2007). Hispanics also generally are more likely to rely on religious treatment and believe that supernatural phenomena are the cause of psychological disorders. Not only has this been found to lead to misdiagnosis and improper treatment, but it has also led to Hispanics underutilizing allopathic healthcare because of personal beliefs and stereotypes of physicians (Ruiz, 2002). An additional outcome to this cultural divide is inappropriate diagnosis of patients along with inappropriate explanation of prescription medication. Confirming research has also

been done in regard to psychiatrics by Pedro Ruiz, who published in *Psychiatric Quarterly* his findings that because of cultural misunderstanding and language misinterpretation, doctors are significantly more likely to diagnose Hispanics with schizophrenia and other psychological disorders (2002). Some of this confusion may have been caused by language issues, but misdiagnosis is also from the lack of understanding between the patient and physician. Even with an interpreter, the typical signs and indicators of a psychological disorder can be different and are many times falsely identified by physicians (Ruiz, 2002).

Physician stereotypes are frequently faced by Hispanic immigrants, but this is also seen in reverse, as Hispanic patients frequently see doctors in an unpleasant way (Morales and Lara, 2007). In fact, it has been found that they often believe doctors are impersonal and lack any interest in their wellbeing (Morales and Lara, 2007). This can lead to significantly decreased satisfaction for patients along with significant concerns around misuse of prescription drugs (Morales and Lara, 2007).

These are some primary risks that Hispanics must face when being treated within the United States, but there is another health factor that is both challenging to understand and to combat that coincides with assimilation—changed health norms. In other words, the movement into and assimilation to the US culture can change expectations and risk factors for Hispanics as immigrants compared to their typical conditions while in their home countries.

Occasionally, this can be a positive, as changes in behavior within the US can alter an immigrant's unhealthy habits. One example is that Hispanic men who are less assimilated into the US culture tend to smoke more, while Hispanic men who are more assimilated tend to smoke less (Morales and Lara, 2007). However, assimilation to the US has a negative impact on overall diet for many immigrants, especially Hispanics. Some of this can be attributed to changes in

ingredients and higher rates of processed foods, especially for staples such as tortillas, beans and rice. It has been found that Hispanics have higher rates of obesity and more sedentary lifestyles than White Americans, which typically presents as a problem as Hispanic immigrants begin to acculturate to American food options (Morales and Lara, 2007). While situations like this create a need for healthcare, one issue is that the health problems presented by more assimilated Hispanics are different than those experienced by non-assimilated, or recently-immigrated Hispanics (Morales and Lara, 2007). This increases the challenge for health providers to give accurate diagnoses, while also leading to worse outcomes for Hispanics as they assimilate (Morales and Lara, 2007). A situation like this is common in the discussion of access to care, as it seems superficially that the Hispanic immigrants discussed above can at minimum access care. However, the issue is that access to complete, quality care may not be available, as many physicians are not culturally sensitive enough to recognize the differentiation in culture and assimilation with regard to Hispanic immigrants. Therefore, Hispanics either refuse treatment or risk insufficient treatment.

Insurance and Economic Barriers

While Hispanic immigrants must overcome language and cultural barriers when attempting to obtain medical care, another considerable barrier is monetary condition. Considering that the United States has a private healthcare system, access to insurance and the funds to pay for expensive medical bills is an important factor for anybody in America. However, because of the prevalence of uninsurance, the barrier for Hispanic Immigrants is higher than that of any other ethnicity (Morales and Lara, 2007).

While Puerto Ricans typically have lower uninsured rates due to their citizenship and access to government assistance, this is not the case for other Hispanics and more specifically Hispanic immigrants. It has been reported that in 1990 41% of first-generation Hispanics were uninsured, and 70% of first-generation Hispanics were uninsured throughout at least their first year of residency in the United States (Morales and Lara, 2007). These individuals typically cite economic barriers as the primary reason for this status. While the data show a general decrease in uninsured population through time, 25% of US-born Hispanics were uninsured as well (Morales and Lara, 2007). It should also be noted that while this data is now over 30 years old, the trends noted above have been shown to persist in raw data and recent findings. More recent findings show that the Affordable Care Act (ACA) reduced uninsured rates for Hispanics in the US by 7.1% between 2013 and 2014. However, the rate only fell to 33.4% across all Hispanics, compared to 11.8% for whites during this time (Buchmueller 2016).

Figure 3:

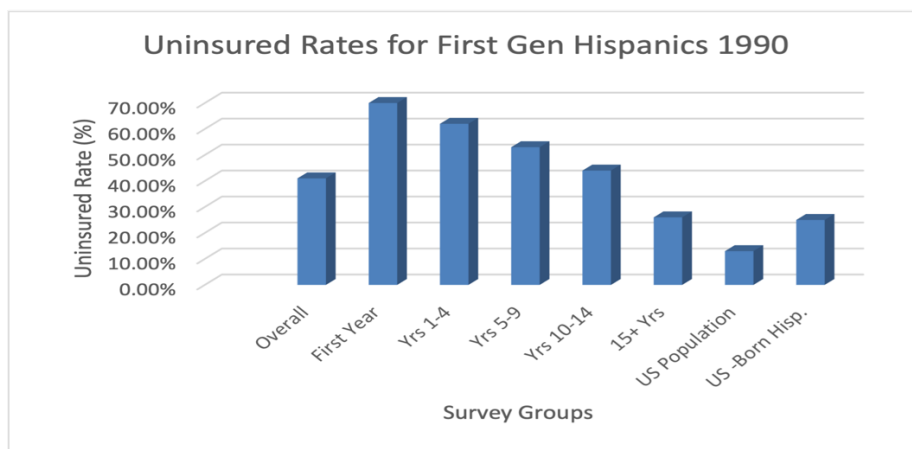


Figure 3 displays the uninsured percentage of first-generation Hispanics along with the US average and US-born Hispanics across 1989 and 1990. Note that higher % indicates more individuals without insurance.

Interestingly, while these uninsured rates stay well above national averages, it has also been found that Hispanics and their children are not enrolling in Medicaid when eligible (Morales and Lara, 2007). In the past and as mentioned above, even with Medicaid and the ACA, uninsured rates did not drop substantially or even proportionally compared to blacks and whites (Buchmueller 2016). All of this data is also compounded by socioeconomic status and economic conditions (Morales and Lara, 2007). It has also been found that overall, while foreign-born individuals were less likely to have a high school diploma and were more likely to be poor, Hispanic immigrants were lower quartile outliers to this data. These first-generation Hispanics were “the least likely to have health insurance or to have a usual source of healthcare” (Dey and Lucas, 2006). Clearly, this is yet another barrier to receiving necessary care that presents itself in the lives of many Hispanic immigrants.

Along with uninsured rates, the wellbeing of the economy itself creates additional difficulty for Hispanic immigrants to access needed care even more so than other minority and immigrant groups. In a study published by the journal *Medical Care*, findings indicated that there were increases in uninsured rates for Hispanic citizens and non-citizens during both economic rallies and downturns. While rates for whites and blacks tended to move in the same direction and maintain uninsured rate differentials overtime, economic recessions led to greater increases in uninsured Hispanics compared to these groups, while economic upticks did not decrease rates of uninsured Hispanics (Rutledge, 2008). While rates of insured non-citizens were expected to decrease during these times, the more notable finding was that citizen Hispanics experienced a decrease themselves due to scarcer payments toward private coverage (Rutledge, 2008).

Although not immediately clear, one possible contributor to this problem is the lack of education mentioned previously. Only 54.5% of Hispanics in the US have completed four years

of high school and 10.7% of Hispanics have completed college, compared to the national averages of 82.1% and 23.9%, respectively (Ruiz, 2002). Education is a major factor in job opportunities, as having a degree can open many more doors within the US economy. Therefore, the lower rates of degree conferral may create disparities in employment (Ruiz, 2002). While jobs may still be available, they are unlikely to be positions associated with any benefits packages. These benefits are often the source of affordable health insurance, and yet Hispanics are much less likely to enjoy them (Ruiz, 2002). The result of this is that Hispanics experience higher uninsured rates and therefore decreased healthcare access, in part simply because of receiving less education.

Apart from economic conditions and insurance, Hispanic immigrants must also overcome the economic barrier created by working and living conditions. One survey polling Hispanics explains that a challenging part of access to healthcare is directly related to working conditions (Funk and Lopez, 2022). In fact, 53% of Hispanics who were polled in the survey said that their job led to injury and increased risks (Funk and Lopez, 2022). Because of lack of education mentioned before and the struggles of immigration, Hispanic immigrants are much more likely to work blue-collar jobs with high risks to their health (Funk and Lopez, 2022). In accordance with this data, findings indicate that 21.7% of Hispanics in the US live below the poverty line, while the national average across all of the United States' population is 10.2% (US Census, 2021). In addition, 48% of Hispanics shared that they don't feel that they have quality access to healthcare where they live (Funk and Lopez, 2022). Socioeconomic status drives many Hispanic immigrants into neighborhoods and areas that are often impoverished and do not receive advanced, necessary care compared to their wealthier counterparts. This is because there is a geographic inequity in treatment availability and respected doctors (Ricketts, 2002). This,

compounded with lack of insurance, causes Hispanics to feel disadvantaged when it comes to the quality of care that they can access (Funk and Lopez, 2022).

Counterclaims

One of the most notable counterclaims to note in this survey is that despite these disparities in *access* to healthcare, it has been concluded that Hispanics actually have better healthcare outcomes. First, two of the top 10 leading causes of death for whites in America include suicide and Alzheimer's, though neither of these are leading causes of death for Hispanics (Morales and Lara, 2007). In addition, this paradox has been explored more deeply and it has been found that Hispanics tend to have greater life expectancy, lower mortality rates, and lower infant mortality rates (Morales and Lara, 2007).

Figure 4

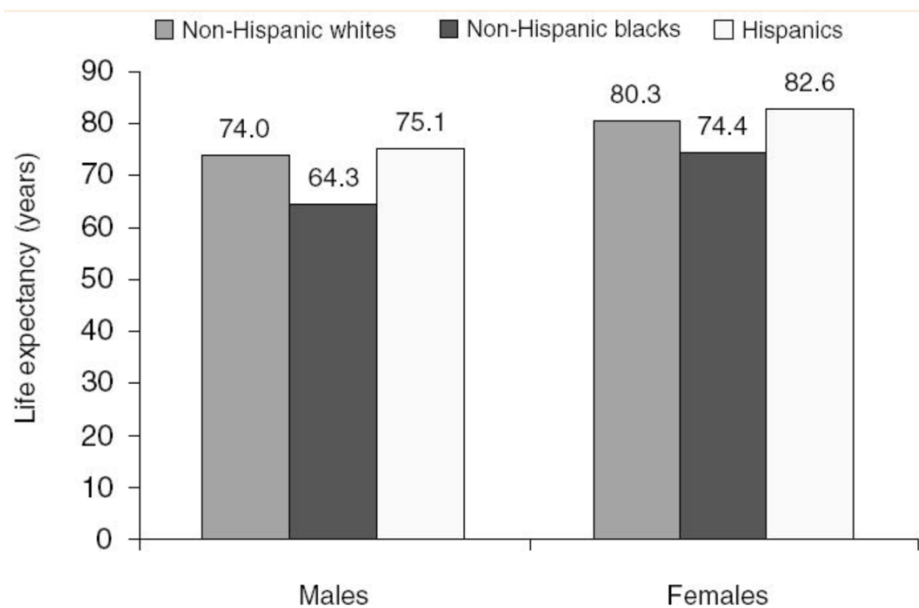


Figure 4 (Morales and Lara, 2007) displays the slight differences in life expectancy, with Hispanic life expectancy being greater than whites or blacks.

However, the previous findings explored in this survey have already clarified the economic and social disparities present for Hispanic immigrants. Even though there are these differentials in outcomes between whites and Hispanics, one possible explanation is the ‘healthy migrant effect.’ This phrase implies that healthier, younger people are more likely to successfully immigrate to the US, and therefore are in generally better health themselves as immigrants than the average population as a whole (Morales and Lara, 2007). This paradox could also be related to predisposition for certain, more deadly diseases and traits based specifically on race and inherent genetics.

Another counterclaim or alternative way of looking at the disparity data is the idea that generalizations are being drawn by considering all Hispanic immigrants as one. As mentioned in the introduction, this unified examination of Hispanics does not take into account the different nationalities and their unique health risks encapsulated by the term itself. In reality, there are many different countries that each have immigrant data different from the generalized concepts discussed above. While general trends are consistent, this may be because countries like Mexico and Puerto Rico are the parent nations of the majority of Hispanics within the United States. Because these cultures dominate, they may be skewing the data in a direction that coincides with their own health risks and factors while these may not be a reality for all Hispanic immigrants (Morales and Lara, 2007).

A final consideration is actual language differences. Recently, it has been concluded that 88% of Hispanics in the US speak English (Carcamo). A large part of the discussion above is directly related to the language barrier, but this would not be relevant if so many Hispanics in the

US speak English. However, it must be considered that Medical English is much different than conversational English, and the statistic mentioned previously may not indicate complete fluency with the English language. Just as with any language, the complexities and terminology involved with highly advanced discussion of the human body can be quite different from a very basic knowledge of English that many immigrants have.

Conclusions

The survey above has served to display the disparities present in our current healthcare system. These very disparities are highlighted in the case of Hispanic immigrants in their attempts to assimilate and receive the benefits of being a part of in the United States. The vast amount of research aggregated above specifically displays that Hispanic immigrants are disadvantaged because of various barriers that impede their access and use of the US healthcare system. Hispanic immigrants face a major barrier in relation to language, which puts them in an uncomfortable position prone to miscommunication and misinterpretation. This barrier causes many misdiagnoses and inconsistent treatment. Hispanic immigrants also face cultural barriers because of their different customs and care systems. This can often cause distrust and further misunderstandings between patients and care providers. In relation to but separate from culture is risk associated with different levels of assimilation, which create difficulties for care providers as Hispanic immigrants face additional, complex health challenges upon further assimilation into the US culture. Another major barrier seen above in the survey is in relation to economics and insurance. Access to insurance is extremely low for Hispanic immigrants, which creates a major barrier in affordability for healthcare treatment. To compound this, poor economic conditions

tend to diminish Hispanic immigrant insured- rates and good economic conditions do not counteract this trend. On top of this, immigrants tend to face significant risks in their living conditions and occupation that can create higher needs for healthcare access without providing the means to receive care. To refute these barriers, some research points to the discovery of a paradox in which Hispanics tend to have better healthcare outcomes than Whites and other minorities. However, this is highly country-dependent and also does not necessarily disprove the presence of barriers to healthcare access. This counterclaim may support the genetic dispositions present in Hispanic immigrant populations that could give them certain health advantages, however the barriers to care can even greatly depress these benefits.

While a great deal of research has already been done in order to represent the disparities present in the United States healthcare system, there are still holes in the research regarding the interplay between the previously mentioned paradox and the current barriers in healthcare access. There have also been very few experimental studies that collect and measure actual data in regard to these disparities. There is a great deal of survey and observational research, but the significant differences and variations between cultures have been explored much less. Even less studied though is the country-by-country disparities in healthcare access for Hispanic immigrants. There are many, many Hispanic countries that seem to typically be studied as one, however there may be significant differences between countries that create outlying data. This research is vital in developing an appropriate response to the healthcare inequity seen today.

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