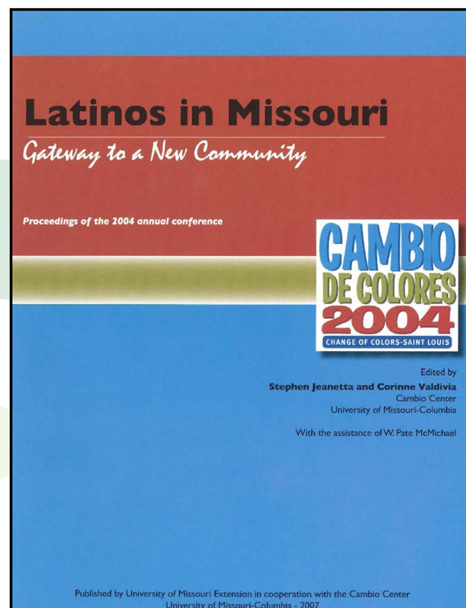
Proceedings of the 2nd Annual Conference
Latinos in Missouri:
Neighbors in Urban and Rural Communities
A multistate conference about integration of immigrants
March 12-14, 2003 in Kansas City, Missouri
www.cambio.missouri.edu/Library/

Ensuring the Health of Women and Children in the 21st Century

M. Kay Libbus

University of Missouri



Keywords: Latino women's health, Latino children's health, Latino health trends

Ensuring the Health of Women and Children in the 21st Century

M. Kay Libbus
University of Missouri-Columbia

The health of women and children

According to the U.S. Census in 2000, 32.8 million Latinos resided in the United States representing 12.5 percent of the population. This figure is most certainly an undercount. Although relatively new Latino groups are immigrating to the U.S., the U.S. Census Bureau has continued to focus data collection and reporting on Mexicans, Puerto Ricans, and Cubans—the groups who traditionally have been considered the major Latino subgroups. By all accounts, Latinos are the predominant minority group in the U.S. As a result of dramatic growth of this population, secondary to natural increase, and continued migration, the Latino population in the U.S. is expected to comprise 25 percent of the total U.S. population by 2050.

Women and children are considered vulnerable groups, populations that are at heightened risk for negative health outcomes. Latino/Hispanic women and children—by virtue of certain social and demographic characteristics including poverty, discrimination, and oppression—may be at increased risk. For example, the Latino population is demographically young with 35.7 percent under the age of 18. Further, existing disparities have been well documented in the literature. For example, the literature suggests the economic and job-access risks are more prevalent to Latino, as opposed to white, non-Latino workers. There is an increased likelihood of lower earned income, poverty, unemployment, and underemployment. These financial disadvantages predispose these populations to have reduced access to education, social, and health services.

As suggested above, increased risk of poor-health outcomes has been noted in Latino populations. Much of this risk may be attributed to lack of access to health services. In 1997, 66 percent of Latinos had health insurance compared with 84 percent of white, non-Latinos and 80 percent of African-Americans. For primary care providers, only 64 percent reported having a primary-care provider compared with 77 percent and 74 percent, respectively. Even when access to health services is possible, good evidence shows that Latino children receive less screening, fewer prescriptions, and suboptimal management plans—as well as inadequate patient education, more missed vaccination opportunities (only 71 percent of Latino children are fully vaccinated), and negative attitudes from the staff.

Specific conditions, diseases, and departures from health can be noted in some Latino populations. There is a high incidence of infectious disease, including new cases of HIV/AIDS, hepatitis A, new hepatitis B cases per 100,000, and high incidence of new TB cases. A particular concern with respect to TB is the high incidence of undiagnosed, Latino childhood cases—the highest among all ethnic groups. Since Latino children have decreased access to health services, and since the little research done in this area suggests that they are less likely to be screened for TB than children from other ethnic groups, these children are at greatly increased risk for excess morbidity and mortality.

A variety of other specific health concerns have been documented. For example, these may include childhood obesity, lack of activity, and increased risk for Type-2 diabetes; asthma is a particular concern among Puerto Rican children. Also documented is inadequate diagnosis of developmental problems, speech, and hearing loss leading to poor school performance and increasing the potential for school dropouts. Further, studies suggest that Latino adolescents have the highest prevalence of depressive symptoms of any ethnic group. Finally, Latino adolescents have been reported to have a high proportion of weapon carrying in grades nine through12.

As suggested by the high proportion of youth in these populations, birth rates and multi-parity are high in some Latina subgroups. The highest birth rates occur in Mexican women with the lowest in Cuban women. Latino mothers receive less first-trimester prenatal care than white, non-Hispanic mothers (74.3 percent compared with 87.9 percent). It can be speculated that the lack of early prenatal care is a reflection of limited access to appropriate health services. However, in general, Latinas have a low incidence of dysfunctional labor and Cesarean sections and low incidence of low-birth-weight and premature infants. Of

all ethnic groups, these women are the least likely to smoke or use alcohol or illicit substances during pregnancy.

These positive health indicators could be the result of the protective effects of strong family and cultural ties, including favorable health behaviors. It is also possible that underreporting of mortality, poor-birth outcomes, and misclassification on death certificates could account for some of the differences. Latinas traditionally have been considered part of a breastfeeding culture. However, breastfeeding rates have been declining, probably due to increasing acculturation and market penetration of the infant formula industry.

Latino women have a higher life expectancy at birth (77.1 years) than men (66.9 years). Further, overall, age-adjusted mortality rates for all causes appear to be low for Latinas. However, when analyzed by specific subgroups, Mexican-American girls younger than one and between one and four have higher mortality rates than non-Hispanic white counterparts. Female Puerto Ricans experience higher death rates in the age groups 5-14, 35-44, and 45-54. It is noteworthy that self-perceptions of health are less positive than non-Hispanic whites on the National Health Interview Survey; 9.3 percent Latinas 15.3 percent of Latinas rate health as fair or poor as compared with 9.3 percent.

Latinas suffer from tuberculosis, and a high prevalence of liver failure secondary to INH toxicity (first-line treatment for TB infection) has been documented. Type 2 diabetes is common. These women have disproportionately high rates of aggressive cervical cancer and rapidly accelerating rates of breast cancer accompanied by underuse of available breast and cervical cancer screening programs. Speculation suggests that this underuse is associated with fear of cancer, anxiety, and perhaps, language differences with providers. Finally, intimate partner violence (IPV) is a concern. Latinas may be more isolated than European-American and African-American women in terms of seeking assistance. Latino women reportedly are less likely than other groups to contact a friend or a social-service agency in response to IPV, and appropriate shelter facilities are seldom available due to language difficulties, citizenship requirements, and the necessity of accommodating larger families.

Ensuring Health in the Twenty-first Century

The literature, as well as common sense, suggests a number of interventions that could be employed in promotion health and preventing disease among Latino women and children. Possible interventions, gleaned from the literature, are presented below.

Ground proposed solutions and interventions in the Latino community

Musgrave (2002) wrote that “solutions emerge not ‘out there’ in the usual and customary halls of power and influence but of necessity must emerge from the communities; further, the voices of these communities are the best way of expressing intention and the best yardstick for measuring outcomes.” For example:

- Reinvent and expand the roles of local, community based, leaders
- Seek providers who are educated in cultural diversity, cultural sensitivity, and cultural confidence
- Develop and use community-based organizations
- Ask “what” women want and “how” women would like to see things done and use information to develop innovative approaches

<u>Develop systems of services that are based on a holistic paradigm</u>

- Include in planning the spiritual moral somatic, physiological, psychological, and social aspects of health and wellness
- Establish coalitions between health care providers, faith-based organizations, the community, and academia
- Recognition and use of health practices based in Latino cultures
- Provide culturally appropriate and language-specific services

Implement interventions that are documented as being effective

- Use multilevel and culturally appropriate interventions
- Develop services recognizing that one model does not serve all populations and subpopulations for health and social services

Change the existing U.S. health care paradigm

- Reduce financial barriers to health care and health insurance
- Increase government funding for community social and health services, including physical and mental health services, as well as job training, employment opportunities, and housing
- Improve the availability and appropriateness of existing social and health clinical services that may be used without regard to documentation status
- Develop resources specific to the needs of Latinas who are in situations of IPV
- Increase proportion of Latinos and Latino-sensitive individuals in the medical and health professionals
- Provide financial incentives for training and service by members of the underserved populations

Perform meaningful research

There is a dearth of empirical research that aims to explore the relationships between culture and cultural change, intrinsic and extrinsic risks, and health status. The following list of suggestions, taken from the literature, is by no means intended to be comprehensive.

- Determine applicability of evidence-based practice based on specific population needs
- Collect adequate data on health status of Latino populations
- Investigate perceived needs and barriers to care in identifiable national subpopulations and other vulnerable subgroups, such as migrant farmworkers, undocumented residents, and single-parent households headed by women
- Investigate and document the role of extant social institutions and their participation in oppression
- Investigate the nature of discrimination, including stereotypes held by health care providers, and the effects that discrimination have on Latinas health care experiences and health status
- Deepen and extend the study of culture-specific protective behaviors among Latinas particularly during developmental periods such pregnancy and mothering

References

Amaro, A., and de la Torre, A. (2002). Public health needs and scientific opportunities in research on Latinas. American Journal of Public Health, 92(4), 525-529.

Amaro, H., Vega, R.R., and Valencia, D. (2001). Gender, context and HIV prevention among Latinos. In (M. Aguirre-Molina, C. Molina, and R. Zambrana, eds.) Health Issues in the Latino Community. San Francisco: Jossey-Bass.

Carter-Pokras, O., and Zambrana, R.E. (2001). Latino health status. In (M. Aguirre- Molina, and R. Zambrana, eds.) Health Issues in the Latino Community. San Francisco: Jossey-Bass

Falcon, A., Aguirre-Molina, M., and Molina, C. (2001). Latino health policy: beyond demographic determinism. In M. Aguirre-Molina, C. Molina, and R. Zambrana (eds.), Health Issues in the Latino Community. San Francisco: Jossey-Bass.

Flores, G., and Zambrana, R.E. (2001). The early years: The health of children and youth. In (M. Aguirre-Molina, C. Molina, and R. Zambrana, eds.) Health Issues in the Latino Community. San Francisco: Jossey-Bass.

Giachello, A.L. (2001). The reproductive years: The health of Latinas. In (M. Aguirre-Molina, C. Molina, and R. Zambrana, eds.) Health Issues in the Latino Community. San Francisco: Jossey-Bass

Kritek, P.B., Hargraves, M. Cuellar, E.H., et al. (2002). Eliminating health disparities among minority women: A report on conference workshop process and outcome. *American Journal of Public Health*, *92*(4), 588-597.

Lee, R.K., Thompson, V.L.S., and Mechanic, M.B. (2002). *American Journal of Public Health*, *92*(4), 530-534.

Hargraves, M. (2002). Elevating the voices of rural minority women. *American Journal of Public Health*, *92*(4), 514-515.

Musgrave, C.F., Allen, C.E., and Allen, G.J. (2002). Spirituality and health for women of color. *American Journal of Public Health*, *92*(4), 557-560.

Spector, R.E. (2000). *Cultural diversity in health and illness (5th ed.).* Upper Saddle River, New Jersey: Prentice Hall Health.