

LIST OF RESOURCES ON HEALTHCARE REFORM & THE LATINO COMMUNITY

A) UNEMPLOYMENT

1) The U.S. Department of Labor, The U.S. Bureau of Labor Statistics

- “The number of unemployed persons (14.7 million) and the unemployment rate (9.5 percent) were little changed in June. Since the start of the recession in December 2007, the number of unemployed persons has increased by 7.2 million, and the unemployment rate has risen by 4.6 percentage points.”
- “In June, unemployment rates for the major worker groups--adult men (10.0 percent), adult women (7.6 percent), teenagers (24.0 percent), whites (8.7 percent), blacks (14.7 percent), and Hispanics (12.2 percent)--showed little change. The unemployment rate for Asians was 8.2 percent, not seasonally adjusted.”

July 2009 Report: “Employment Situation Summary”

Taken from <http://data.bls.gov/cgi-bin/print.pl/news.release/empsit.nr0.htm>

2) The Recession’s Influence on Latino Immigrants

- Blacks and Latinos are losing their jobs at a faster pace than any other racial or ethnic groups. In the professional world during the recession, the rule “last one hired, first one fired” is enforced.

<http://mylatinonews.com/2009/03/recession%e2%80%99s-toll-on-hispanic-immigrants/>

B) HEALTH DISPARITIES BASED ON RACE AND ETHNICITY

1) Profile of Latino Health

- This site gives an overview of the major health conditions that affect the Latino community. These conditions include cancer, diabetes, heart disease, stroke, HIV/AIDS, and infant mortality.

Hispanic/Latino Profile – U.S. Department of Health and Human Services, The Office of Minority Health

<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=54>

2) Top Priority Health Concerns for Latinos

- Top 10 Leading Causes of Death of Latinos (2005): heart disease; cancer; unintentional injuries; stroke; diabetes; chronic liver disease

- and cirrhosis; homicide; chronic lower respiratory disease; influenza and pneumonia; certain conditions originating during the perinatal period
- Other High Prevalence Health Issues: asthma; obesity; HIV/AIDS; suicide; mental health; teenage pregnancy; tuberculosis; chronic obstructive pulmonary diseases

The Center for Disease Control and Prevention, Office of Minority Health and Health Disparities (OMHD)

<http://www.cdc.gov/omhd/Populations/HL/HL.htm>

C) UNINSURED LATINOS

1) “The Uninsured Latino”

- Latinos have a history of being the most uninsured racial/ethnic group of the United States
- Latino children are the most uninsured racial/ethnic youth group of the U.S. National Institute of Health

<http://gateway.nlm.nih.gov/MeetingAbstracts/ma?f=103623989.html>

2) Billing Practices of Public and Private Hospitals

-ABC reported cases of uninsured Latinos scammed in public and private hospitals in California

- After a car accident, Mario Sanchez was billed \$14,000 for a two-day hospital stay.
- After a routine surgery for appendix removal, teenager Maria Luis was billed \$33,707 for a surgery that cost the HMO only \$1,100.

ABC News: “Report: Uninsured Latinos Gouged by Hospitals”

<http://abcnews.go.com/Politics/story?id=121566&page=1>

3) Government Relief for Uninsured Latinos

- In locations where the Latino population has been steadily increasing, the U.S. Department of Health and Human Services has provided funding to help uninsured Latinos. The Latino population in Durham, North Carolina has increased by 729 percent from 1990-2000. HHS gave \$835,911 to the Duke University Medical Center to manage uninsured Latinos in Durham, North Carolina. The medical center has a program for the Durham uninsured Latino population called LATCH, Latino Access to Coordinated Healthcare, to serve their healthcare needs.

Duke Medical News and Communication

<http://www.dukehealth.org/HealthLibrary/News/6063>

4) Regional Differences in Uninsurance

- Latinos are more likely to be uninsured in the Southeast region of the United States.
- “states that have the highest levels of Hispanic uninsurance tend to have the lowest rates of safety-net coverage among Latinos”

National Council of La Raza, “2009 Profiles of Latino Health”

<http://www.nclr.org/section/profilesoflatinohealth/profilesq4>

D) ACCESS TO HEALTHCARE

1) Inadequate Access to Healthcare

- Latinos are less likely to have access to healthcare than those who are not Latinos.
- “Latinos are less likely to have an ongoing source of health care or a regular care provider, particularly if they are uninsured.”
- “Latinos are less likely than their non-Latino peers to report accessing preventive health services, which can detect, mitigate, or prevent conditions that lead to poor health outcomes.”
- Only 40% of Latinos have health insurance coverage from their employers.

National Council of La Raza, “2009 Profiles of Latino Health”

<http://www.nclr.org/section/profilesoflatinohealth/profilesq4>

E) ACCESS FOR LATINO CHILDREN

1) Health Disparities for Latino Youth

- Health disparities correlate with disparities in education.
<http://www.cdc.gov/HealthyYouth/disparities/intro.htm>
- “During 2003-2004, 65% of Hispanic children and adolescents were reported by their parents to be in excellent or very good health compared with 90% of white children.”
- “Studies have found that Hispanic youth experience proportionately more anxiety-related behaviors, delinquency, and depression than do non-Hispanic white youth.”
- “During 2001-2002, 39.9% of Mexican-American males aged 2-19 years were obese or overweight compared to 28.4% of non-Hispanic white males. Among Mexican-American females aged 2-5 years, 31.8% were obese or overweight compared with 18.9% of non-Hispanic white females.”

- “During 2004-2006, the overall asthma prevalence rate for children aged 5-17 years was higher for both non-Hispanic whites (9.4%) and for non-Hispanic blacks (13.6%) than for Hispanics (9.2%). However, a large disparity exists within the Hispanic population. Puerto Rican children as a subgroup had an asthma prevalence rate of 21.8% during the same time period.”

- CDC, National Center for Chronic Disease Prevention and Health Promotion

http://www.cdc.gov/HealthyYouth/disparities/hispanic/hispanic_disparities.htm

2) Factors that Contribute to Health Disparities for Latino Youth

- Poverty, educational inequalities, environmental threats, access to healthcare, acculturation, and language barriers

CDC, National Center for Chronic Disease Prevention and Health Promotion

<http://www.cdc.gov/HealthyYouth/disparities/hispanic/factors.htm>

F) ACCESS FOR LATINOS OF AGE 50 AND OLDER

1) “Latinos Have a Stake in Health Care Reform”

New American Media, July 27, 2009

- By 2050, Latinos will compose a quarter of Americans between the ages 50-69.
- AARP studies conclude that less than half of employed Latinos between ages 50 and 69 receive health benefits from their employers.
- Two thirds of Americans eligible for assistance do not receive it because the process is too complicated.
- Eight in ten Latinos between ages 50-59 believe that healthcare expenses are an issue for Latinos over the age of 55.

http://news.newamericamedia.org/news/view_article.html?article_id=21a1c828283de4f5ab6284abd8b6beee

G) LATINO IMMIGRANTS & HEALTHCARE

1) Travelling to Mexico for Healthcare Access

- 1 million Mexican and non-Mexican California residents travel to Mexico to access healthcare due to healthcare costs and insurance. The UCLA Center for Health Policy Research conducted a study on

- California residents travelling to Mexico, dispelling the claim that Latino immigrants put a strain on the healthcare system in the U.S. <http://www.sciencedaily.com/releases/2009/05/090526140844.htm>
- Similar studies confirm that residents of Texas also cross the Texas-Mexico border to access healthcare services. Researchers at the University of Texas found that 1/3 of El Paso residents travel to Ciudad Juarez for affordable healthcare attention and to purchase medications. The U.S. Food and Drug Administration (FDA) does not have any regulations on the exchange and consumption of cross-border medications; neither does the U.S. Customs have restrictions in cross-border healthcare and the entrance of foreign medications. Wallace, Steven P.; Mendez-Luck, Carolyn; Castañeda, Xóchitl. Heading South: Why Mexican Immigrants in California Seek Health Services in Mexico. *Medical Care*, 2009 <http://www.sciencedaily.com/releases/2009/02/090220164955.htm>

H) SOCIAL AND POLITICAL DEBATES

1) The “Obesity Tax”

- In December 2008, New York State Governor David Patterson proposed an “obesity tax” to be enforced on unhealthy foods and non-diet sugary beverages. The logic is that unhealthy food promotes health diseases such as obesity and diabetes. Sugary drinks containing less than 70% of fruit juice would be included as well. The tax is criticized for being a government-run effort to control people’s lifestyles.
- Many of those who consume these unhealthy foods are poor and the tax may just make the poor even poorer. <http://www.foxnews.com/story/0,2933,468245,00.html>
- The Urban Institute hosted a panel discussion entitled, “Ousting Obesity: Strategies from the Tobacco Wars,” discussing the similarities in the movement to tax cigarettes and the current one to tax foods and beverages deemed unhealthy by the government. http://lists.urban.org/SCRIPTS/WA-URBAN.EXE?A3=ind0907&L=UI-UPDATE&E=quoted-printable&P=29155&B=-----%3D_Part_353_17972663.1247774192686&T=text%2Fhtml;%20charset=ISO-8859-1#anchor2

2) Abortion

- Some Congressmen pressed for specific language against the abortion procedure to be used in the healthcare bill currently in the House of Representatives. This amendment to the bill failed in the House on July 30, 2009.

<http://esciencenews.com/sources/la.times.health/2009/07/28/healthcare.debates.next.hurdle.abortion>

3) Government Interventions with Corporation Executives

- President Obama has met with several executives of the healthcare industry in July. The watchdog group Citizens for Responsibility and Ethics claimed that Obama set up meetings with top healthcare executives and failed to disclose a list of who he met with in these meetings in the White House. Executives such as William Weldon, chairman and CEO of Johnson & Johnson; Billy Tauzin, president of the Pharmaceutical Research and Manufacturers of America; Karen Ignagni, president of America's Health Insurance Plans are included among those who may have with President Obama.

<http://www.latimes.com/news/nationworld/nation/la-na-healthcare-talks22-2009jul22,0,7434392.story>

THE H1N1 FLU OUTBREAK

1) Immigration March

- The H1N1 outbreak did not stop Latinos from marching for May 1st Immigration Reform marches.

<http://hispanicnewsnetwork.blogspot.com/2009/05/immigrants-marched-for-reform-despite.html>

LATINO INVOLVEMENT IN HEALTHCARE REFORM

1) Healthcare Activism in the U.S.

“Healthcare Reform and Social Movements in the United States”

Beatrix Hoffman, PhD

American Journal of Public Health: January 2003, Vol. 93, No. 1

- Healthcare reform has been impacted by grassroots efforts for decades. Grassroots healthcare activism has been a utilized method of bringing forth reform, making demands through civil disobedience, national organizational conferences, and publicity campaigns, for example. For instance, ACT UP and other AIDS organizations

demanded universal healthcare in 1992 and 1993, marching on Washington.

- Universal healthcare has been on the agenda of civil rights activists since the 1960s. The NAACP, the National Medical Association, and the Urban League have been longtime supporters of universal healthcare.

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1447696>

2) Latino Activism

- Latinos are calling on the White House in the drafting of a bill on healthcare

http://news.newamericamedia.org/news/view_article.html?article_id=ae445e8927b4454a381a3434a0ab2409

GOVERNMENT WEBSITES ON HEALTH AND HEALTHCARE REFORM

www.healthreform.gov

www.health.gov – a portal to other websites on health

www.findinfoyouth.gov

Health Resources and Services Administration: <http://www.hrsa.gov/>

Maternal and Child Health Bureau: <http://mchb.hrsa.gov/>

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