

## Overview

Currently there are approximately 11 million Hispanics\* in the State of California, signifying that one in every three Californians is Latino. Nearly half (46%) of the state's children are Latino, 96% of whom are U.S. citizens. The Latino population in California is 45% immigrant. In addition, 63% of the elderly Latino population are immigrants who have lived in the United States for an average of 30 years.

The growing presence of Hispanics in the state has not been accompanied by an equivalent increase in the quality of, and access to, health care for this population. Lack of health insurance, even for working Latino families, and access to health care are significant problems facing Latinos in California. Moreover, diseases such as diabetes, AIDS, and cancer disproportionately affect the Latino population in California.

## Uninsured

Despite recent efforts to widen subsidized health insurance coverage in California, such as with the Healthy Families\*\* and Express Lane Eligibility\*\*\* programs, many Latinos remain without health insurance.

- ◆ **Hispanics are disproportionately represented in the uninsured population in California.** The "National Survey of America's Families" (NSAF) reported that, in 1999, 31.8% of the uninsured population in California were Latinos. In contrast, Latinos composed 26.5% of the uninsured nationwide.<sup>1</sup> The uninsurance rates for other groups in California were much lower: 11.8% for Whites and 11.4% for Blacks.
- ◆ **Most Latinos without health insurance are working.** Of the nonelderly Latino uninsured, over half (55%) are working at full-time jobs and approximately one-quarter work part-time or seasonally.<sup>2</sup> Yet, Hispanics in California have the lowest median income of all ethnic groups in the state (\$23,032), as well as the highest poverty rate (33%).<sup>3</sup> Because a high proportion of the low-wage labor market is Hispanic, Latinos are less likely to be employed at jobs that provide health insurance; only 41% of Latinos have job-based insurance, compared with 69% of Whites.<sup>4</sup>

\* The terms "Hispanic" and "Latino" are used interchangeably to identify persons of Mexican, Puerto Rican, Cuban, Central and South American, Spanish, and other Hispanic descent; they may be of any race.

\*\* The Healthy Families Program was initiated on July 1, 1998 to provide health insurance to 400,000 children whose parents earn too much to qualify for Medi-Cal, but not enough to buy insurance on their own. An expansion of the program to the parents of those children who qualify has been delayed until July 1, 2003.

\*\*\* Express Lane Eligibility will automatically enroll children participating in the school lunch program and under the age of six into Medi-Cal.

- ◆ **Latino children are among those most affected by the lack of health care coverage.** One in three (32%) Latino children ages 0-18 is uninsured, much higher than the uninsurance rates for White children (12%), Asian children (16%), and Black children (13%). Latino children account for 62% of uninsured children who are eligible for Medi-Cal and Healthy Families.<sup>5</sup>
- ◆ **Immigrants disproportionately lack health care coverage and services in comparison with native-born citizens.** A report on the state of Latinos in California found that 44% of noncitizens are uninsured, a rate that is more than twice as high as the rate of uninsured U.S.-born citizens (17%) and naturalized citizens (20%).<sup>6</sup> Noncitizens are more than three times as likely (43%) as U.S.-born citizens (13%) to work for employers that do not offer job-based insurance.<sup>7</sup>
- ◆ **The disparity in health care coverage endangers the lives of Latinos.** The California Senate Committee on Health and Human Services<sup>8</sup> noted that the uninsured are at increased risk and more likely to be hospitalized for conditions that are preventable, such as diabetes or pneumonia, compared with those who have health insurance. Those who are uninsured and have cancer are more likely to be diagnosed with late-stage cancer. In fact, death rates for uninsured women with breast cancer are significantly higher compared with women who have insurance.

## Access to Health Care

Cultural and linguistic barriers, in addition to lack of health insurance, hinder access to adequate health care services for Latinos.

- ◆ **The lack of Latino physicians poses cultural and linguistic barriers that affect access to health care for Latinos.** While almost one-third of the state population is Hispanic, only about one in 20 (4.8%) of all state-licensed physicians is Latino.<sup>9</sup> There are 335 White patients for every White physician, compared with 2,893 Latino patients for every Latino physician. Additionally, limited English proficiency further prevents Latinos from accessing health services, as well as from receiving quality care. A recent study found that 86% of immigrant Latino elderly and one-third of U.S.-born Latino elderly use Spanish as their primary language.<sup>10</sup>
- ◆ **Noncompliance of existing laws has exacerbated language access barriers.** Title VI of the Civil Rights Act requires that recipients of federal funds provide meaningful access to services for limited-English-proficient (LEP) individuals. At the state level, the Dymally-Alatorre Bilingual Services Act of 1973 requires bilingual staffing and services at each state agency when 5% or more of its clientele speak a language other than English. Yet, agencies have failed to comply with these federal and state laws, leaving many LEP individuals unable to access services to which they are entitled, such as essential health services.
- ◆ **Latino immigrant children are especially likely not to receive physician services.** In 1999, approximately one-third (35%) of Latino immigrant children up to age 11 did not see a physician in the previous year, roughly twice the rate for White (18%) and Asian (15%) immigrant children. Over half (51%) of adolescent Latino immigrant children ages 12-17 did not have a doctor visit in 1999.<sup>11</sup>
- ◆ **Farmworkers in California are medically underserved.** Nearly 32% of male farmworkers, 90% of whom are Hispanic, said that they had never been to a doctor's office or clinic in their lives, while 48% had been to a doctor or clinic during the previous two years.<sup>12</sup> According to another report, only 15% of migrant farmworkers are able to access primary care services. A study revealed that migrant workers tend not to use local medical facilities due to isolation, fear, lack of knowledge, and language barriers.<sup>13</sup>

## Health Status of Latinos

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The lack of health insurance and poor access to proper preventative medical attention and treatment have put Latinos in California at risk of higher incidence of diseases, including the leading causes of death for this population.

- ◆ **Diabetes is a common, yet frequently overlooked, disease among Latinos.** Type 2 diabetes, the most prevalent form of the chronic disease, affects two million people in California. Approximately 600,000 are at increased risk for undiagnosed diabetes due to factors such as age, obesity, and inadequate physical activity. In the absence of preventative education and care, many do not know that Type 2 diabetes can be controlled and managed with proper diet and exercise. In 2000 there were 458,908 Latinos 18 years of age and above diagnosed with diabetes in California, which does not include those Latinos who may be unaware that they have the disease.<sup>14</sup>
- ◆ **Minorities are disproportionately represented among those with diabetes.** Hispanics and Blacks, ages 45 and above, typically have two or more times the prevalence rates of diabetes reported by their White counterparts in the same age and gender subgroups. According to the California Diabetes Control Program, 18% of Latinas and 17% of Black women over the age of 55 are affected by this disease, compared with approximately 9% of White women in this age group.<sup>15</sup>
- ◆ **Latinos are the minority group most affected by HIV/AIDS in California.** In 1999, there were 11,109 Hispanics estimated to be living with AIDS in California, 24.6% of all those living with AIDS in the state (19.3% for Blacks and 2.4% for Asians). Between July 1999 and June 2000, 29% of all new AIDS cases in the state (1,360 people) were Hispanic.<sup>16</sup>
- ◆ **Though less likely than Whites to develop most cancers, Latinos are at high risk for certain cancers.** Compared with non-Hispanic Whites, Latinos in California are two to three times as likely to develop stomach cancer and two to five times as likely to develop liver cancer. Hispanic women in the state also have the highest annual incidence rate of invasive cervical cancer (17%), more than twice as high as the rate of White women (7.4%).<sup>17</sup>
- ◆ **Cardiovascular disease is the leading cause of death among Latinos in California and nationwide.** Several factors that disproportionately affect people of color contribute to high rates of cardiovascular disease among Latinos: low socioeconomic status, limited access to health care services, environmental factors, and behavioral risk factors such as high blood pressure, obesity, physical inactivity, high fat diet, diabetes, and smoking. In 1996, the leading cause of death for Latinos in California was diseases of the heart (death rate of 80.4 per 100,000 population).<sup>18</sup>
- ◆ **Among adolescents in California, Latinas have the highest birth rate.** The birth rate for young Hispanic women between the ages of 15 and 19 is 83.4 per 1000 births, in contrast to 58.4 per 1000 births for Black women, 25.2 per 1000 births for White women, and 19.1 per 1000 births for Asian women.<sup>19</sup>

For more information, please contact Cristina Huezo at the NCLR Sacramento Office, (916) 448-9852

## Resources

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