Understanding Health Disparities: The Hispanic Experience

Mary Lou de Leon Siantz PhD, FAAN
Assistant Dean Diversity & Cultural Affairs
Robert Wood Johnson Nurse Executive Fellow
Director Migration Health Program
Center for Health Disparities
School of Nursing
University of Pennsylvania

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Plan for Presentation

- What we know
- What we do not know
- Recommendations
What We Know

- Diversity of U.S. population
- Diversity of health care consumers
- Health Care Disparities Exist
Hispanic Population

- By 2050 will be 25% of U.S. population
- Although some migrants continue to return home, there has been a decline in circularity during the past 20 years as migrants found year round jobs and migrated north
- Among Mexicans probability of returning after 3 years in U.S. rose to 46.1% 1997 – 2002
- Feminization of Migration with women remaining in larger numbers in U.S.

(Institute for the Study of Migration, Georgetown University)
Hispanic Population

- Restriction on legal and social rights of immigrants has had no measurable impact on flows
- Large backlogs and family reunification contribute to unauthorized migration
10 Leading Causes of Death Among Hispanics, Both Sexes, All Ages, Rates per 100,000 Population, USA 2001

- Heart Disease: 73.3
- Cancer: 60.5
- Accidents: 25.8
- Diabetes: 17.4
- HIV/AIDS: 15.3
- Liver Disease: 9
- Respiratory Disease: 8.9
- Influenza/ Pneumonia: 7.7
- Other: 7.4
- Alcohol: 6

Percent of US Population Not Covered By Health Insurance During Any Part of the Year by Race and Hispanic Origin: 2001
Who are Hispanic Children?

- One of 4 preschool children in the U.S. are Hispanic
- Hispanic Children are the largest group of minority children in the U.S.
- Compose 16% of the population under 18 years of age
- Will account for significant portion of future U.S. leaders, workers, & taxpayers
Hispanic Children

- 27% (1 in 3) live in poverty
- Number of uninsured Latino children (1.1 million) greater than for any other racial/ethnic group
Health Status

- Latino children most likely to have sub-optimal health status

- 26% in less than excellent or very good health compared to 12% of non-Hispanic white children (America’s Children: Key National Indicators of Well-Being, 2005).
Developmental Health Risks

- High risk for Behavioral and Developmental Disorders
- Puerto Rican Children among highest national prevalence of developmental disorders and functional limitations
- Research needed to find out WHY
- Many unanswered questions about mental health needs and use of services by Latino children in general
- Dental Caries disproportionately higher
Obesity & Gender differences

- High risk for Obesity & Type II Diabetes
- Latino boys most overweight
- Latino girls second most overweight racial/ethnic group of U.S. children
- More research needed to determine why Latino children at such high risk for obesity
- More research needed to develop preventive intervention
- Mexican children most likely to be overweight (23% vs. 16% of white children)
Asthma Prevalence

- More than half million Latino children have asthma
- Puerto Rican children have highest prevalence of active asthma (11%) vs. (6%) for Black Children and (3%) for White Children
Latino Adolescent Birth Rate

- Latinos have highest adolescent birth rate at:
- 50 per 1,000 females 15 – 17 years of age
- Compared to 39 per 1,000 for African Americans
- 12 per 1,000 for Whites
Immunization Rates

- 21% of Latino children not up to date
Percent of U.S. Children not covered by Health Insurance During Any Part of the Year by Race and Hispanic Origin
Access to Health Care

- As Hispanic population grows, so does rates of the uninsured: 1 out of 3 Hispanics (33%)

- Nearly 24% of Hispanic children uninsured, the largest number of uninsured children in U.S.

- Hispanics have highest rate of uninsured, especially foreign-born Hispanics
Special factors

- Immigration
- Acculturation
- Language
Less likely to participate in early childhood education
20% participate vs. 44% of African Americans
42% Whites
Latino girls less likely to participate in after school activities including sports, arts, scouts, religious activities
25% Hispanics have less than 9th grade education
Mexicans have lowest attainment, Cubans the highest
Findings of the Sullivan Report – 2004

- Limited diverse faculty role models
  - 10% BS/Graduate Schools of Nursing
  - 8.6% Dental Schools
  - 4.2% Medical Schools
- Diversity is also related to disparities among Health Professionals
- Rationale for increasing diversity is compelling
- There are historical roots of disparities at all levels of education and practice
Black, Latino and Native Americans are underrepresented among healthcare workers in the United States.

2000 Census: this group comprises 25.3% of the population yet only 1% of U.S. physicians., 3% registered nurses.

Association of American Medical Colleges, enrollment of Hispanic students in medical, dental, veterinary and nursing schools is relatively small compared with the general population.

Underrepresented groups generally score lower than their white counterparts on the standardized tests required for medical, dental, veterinary and nursing schools.
Underrepresented Providers

- AAMC 2005 data indicate that the mean total MCAT score for traditional URM applicants was 21.2 for Blacks, 21.5 for Puerto Ricans, and 25.4 for Mexican Americans; for white applicants it was 28.

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What We Know
Diversity in the U.S.

Population
25%
African Americans, Hispanics, and Native Americans

Nurses
9%

Physicians
6%

Dentists
5%
Population Diversity

National

- Caucasian: 69%
- African American: 13%
- Hispanic: 4%
- Asian / API: 1%
- Native American: 1%
- Other: 1%

RN Workforce

- Caucasian: 87%
- African American: 5%
- Hispanic: 4%
- Asian / API: 1%
- Native American: 1%
- Other: 2%
Student Diversity
Fall 2004 Enrollment

AACN

- Caucasian: 72%
- African American: 10%
- Hispanic: 5%
- Asian / API: 6%
- Native American: 1%
- Other: 6%

SON

- Caucasian: 68%
- African American: 13%
- Hispanic: 3%
- Asian / API: 6%
- Native American: 1%
- Other: 9%
Recommendations of the Sullivan Report – 2004

- Health care systems must be built on access, quality, & cost effectiveness
- Culture in health professions schools must change to increase diversity
- Must develop new and non-traditional paths to health professions education
- Commitment must be at the highest level of partnerships between academics, practitioners, and stakeholders
21st Century Solutions

- Engaging Professional and Community Coalitions to Improve Access, Quality, and Finance including Community Health Workers
- Flexible/Comprehensive Health Policies
- Changing Health Profession Curriculums for 21st Century Health Care
- Interdisciplinary Approaches to research on the elimination of health disparities partnering through community participatory action research
21st Century Solutions

- Binational cooperation to better manage migration between Mexico and U.S.
  - Bi-National Migration Policy enforced
  - Between workers and employers
  - Health Systems beyond the Borders between DHHS and the Health Ministry, IMSS
21st Century Solutions

Binational cooperation to:

- Binational Health Insurance plans
- New approaches in Faculty and Student Exchange
- Improve the Spanish speaking skills of U.S. School Teachers and Health Care Professionals
- Teach English in Mexican Schools
21st Century Solutions

- Helping Underrepresented populations gain admissions to health professions schools
- The PENN Department of Academic Support Programs and its partners: the Schools of Medicine, Dental Medicine, Nursing and Veterinary Medicine; Career Services; the Center of Excellence for Diversity in Health Education and Research; and The Princeton Review share this objective through interdisciplinary pipeline local community projects
21st Century Solutions

- Reforming pre-college education to prepare a diverse student pipeline
  - HESTEC: University of Texas Pan Am
  - Magnet Schools
  - Evaluation of HRSA pipeline programs

- The Robert Wood Johnson Foundation
  - Comprehensive Community Coalitions
  - Partners in Nursing’s Future (PIN) Program
  - Health Policy Fellowships
CHILDREN OF THE ROAD
Hispanic Health: A Family Affair

Looking at caregiver's face.

I like when you look at me and smile. I look at you with bright, open eyes.