



RESEARCH BRIEF
JANUARY 2005

Latino Health in California

Introduction

California's eleven million Latino residents are destined to have a unique impact on the future of the state's economy and public health. Their disparate demographics and phenomenal population growth exacerbates a basic flaw in societal infrastructure: the failure to provide for the socio-economic, educational and environmental well-being of all persons. As a major population group, Latinos are a critical component of the fulfillment of the vision for a healthy California. It is critical to improve the health of Latinos and thereby the health of all Californians. The health and economic prowess of the state depends on the health of all its residents.

Demographics

The U.S. Latino immigrant population is growing in unprecedented proportions. In two generations, the United States will be second only to Mexico in the size of its Latino population. In California between 1970 and 2000, the Latino population ballooned from 12% to over 30%. Currently, one of every two children is Latino, one in every three Californians is Latino, and 45% of California Latinos are immigrants. By 2020, a majority of children entering high school, workers entering the workforce and newly-eligible voters will be Latino.

Despite Latinos' contribution to the state and national wealth, more than one in three Latinos, or 3.2 million, live below the federal poverty level. This is a greater proportion than any of the major racial and ethnic groups in California.

Uninsured Rate

Latinos are disproportionately represented in the uninsured population. Although Latinos represent 32% of the state's population, they account for 54% of the uninsured. More than one in four Latinos ages 0-64 in California are uninsured, 28% of Latinos compared to 9% of whites. Latinos high uninsured rate is largely due to the very low rate of health insurance provided by their employers, 43% compared with 76% for whites.

The uninsured rate for Latino children is disturbingly higher. The uninsured rate for Latino children between the ages of 0 to 17 is 38%. Latino adolescents between the ages of 12 and 17 have the highest uninsured frequency of all groups, 22.5% compared with 4.4% for Whites. For Latino children between the ages of 0 to 11, they have the highest uninsured occurrence of all groups, 15.5% compared with 2.6% for African-American children, 3.9% for Asian children, and 4.3% for White children. In fact, of the children eligible-yet-not enrolled into public health programs, two-thirds are Latinos.

Immigrants

Forty-five percent of the Latino population is immigrant. The health status of Latino immigrants is a paradox. While Latino immigrants tend to be younger and healthier, environmental, economic and social factors result in a worsening health condition. In addition, Latino immigrants are more likely than U.S.-born Latinos to be uninsured. Mexican immigrants are less likely to have a usual source of care, 53.5% compared to 24.1% for U.S. born Mexican ancestry and 15.2% for U.S.-born Non-Latino White. Further,

about one in five children of undocumented parents are in fair or poor health, and one in four undocumented children of undocumented parents are without a usual source of care.

Farmworkers

For more than 50 years, California has been ranked the major agricultural producer in the United States providing more than 50% of the nation's fruit, nuts, and vegetables, and more than 90% of its grapes. California leads the nation in agricultural exports with almost 20% of its production going to feed the world.

Ninety-six percent of the farmworkers are Latino of which 34% to 42% are undocumented. A majority (61%) of the farmworkers who toil in the fields are impoverished – often not being paid the minimum wage, living in substandard housing and lacking a usual source of health care. In fact, approximately 70% lack public or private health insurance. A dismal 16% of farmworkers say their employer offers health insurance but one-third are unable to participate due to expensive premiums or co-payments. Low parental education, transportation problems, long wait times in community clinics, decreased preventive screening, language and cultural differences, and lack of a regular source of care impact farmworker's access to health.

Health Disparities

Health disparities are the inequities in social, economic, and environmental conditions that increase risk of illness and injury, and reduce opportunities for good health. Social injustice leads to unequal treatment and unequal access.

The percentage of Latinos applying to, matriculating in, and completing medical or dental schools in California has been and remains low. In 2000, approximately 10% of medical school degrees recipients, less than 8% of dentistry degree recipients, and fewer than 5% of physicians actively practicing in California were Latino. There is currently just one Latino physician for every 2,893 Latinos in California, compared to one non-Latino doctor for every 334 non-Latinos.

Community Health

Community health encompasses the aggregate physical, emotional, environmental conditions in communities that lead to either well-being, or to disease/dysfunction of a population and includes health promotion and/or health risk factors in the environment.

Latinos are disproportionately affected among preventable diseases, such as diabetes, cervical cancer, and AIDS/HIV. Nearly one in five Latino adults over the age of 50 (19.7%) report they have diabetes, which is twice the rate for Whites (10.1%) and among the highest for all racial and ethnic groups. Latina women suffer the highest rate of invasive cervical cancer and are far more likely to die from cervical cancer than Whites. Furthermore, the proportion of Latinas who have never had a Pap test, 10%, is more than double that of Whites. As of December 2003, the cumulative number of reported AIDS cases by race/ethnicity and age showed that 41% of the adult/adolescent cases and 72% of the pediatric cases occurred in people of color. For Latinos, they represented 21% of adult/adolescent cases and 38% of pediatric cases, a greater proportion among other major ethnic and racial groups.

The Latino Coalition for a Healthy California (LCHC) is a non-profit public policy and advocacy organization dedicated to impacting Latino health improvements through enhanced information, policy development and community involvement. LCHC's mission of developing and supporting policies, services, and conditions that improve the health of Latinos is accomplished by operating research, public policy advocacy, and community education programs to establish and improve policies and practices that promote the health status of Latinos.

Sources:

Reyes, B., California's Latino Population: Demographics and Policy Presentation, May 2004.
Aguayo, J. et. al, Important Health Care Issues for California Latinos: Health Insurance and Health Status, January 2003.
Holtby, S., et. al, Health of California's Adults, Adolescents, and Children: Findings from CHIS 2001, May 2004.
Wallace, S., et. al, Mexican Immigrant are Generally Healthier, but Have Less Access to Needed Health Care, October 2003.
Pourat, N., et. al, Demographics, Health and Access to Care of Immigrant Children in California: Identifying Barriers to Staying Healthy, March 2003.
Rodriguez, M., et. al, Health of Migrant Farmworkers in California, March 2003.
Chawla, N., et. al, Diabetes among Latinos in California: Disparities in Access and Management, September 2003. The California Endowment, Unequal Treatment – Unequal Health: What Data Tell Us About Health Gaps in California, 2002.
The California Campaign to Eliminate Racial and Ethnic Disparities in Health, Health for All: California's Strategic Approach to Eliminating Racial and Ethnic Health Disparities, November 2003.
Department of Health Services, Office of AIDS, HIV/AIDS Statistics, <http://www.dhs.ca.gov/ps/ooa/Default.htm>.