



Latino Immigrant Health

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Migrant Health

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Health



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Agenda

- Mexican Immigration
- Make up of Mexican population
- Poverty
- Health care access
- Health Disparities
- Barriers to health care
- Culture
- Recommendations

Latino Immigrants in the US

- 53% of immigrants in 2003 were from Latin America
- 10% Caribbean
- 36.9% Central America including MX
- 6.3% South America

Growth of Latino Population

- 1990-2000 Latino population grew 58%
- 97% increase in people reporting they are Puerto Rican or Cuban
- Puerto Ricans have been in New York since the 19th Century
- 52% of Cubans in the US live in Miami-Dade Counties in FL
- Salvadorans make up largest Central American population



Brief History of Mexican Immigration

- Early 1900's-1980's Texas and California
- Five gateway states
- Since 1990, people immigrated to new states in the South and Midwest
- By 1996, nearly 1/3 of new arrivals were going to places other than the five gateway states.

Mexican Immigration

- Regional Growth:
 - Midwest 81%,
 - South 71%,
 - West 52%
 - Northeast 40%
- New states experience MX immigration:
 - NC, GA, IA, IL, NY

Characteristics of Mexican Immigrants

- Comprise 4.2% of US total population
- About 300,000 Mexican per year:
 - ½ are undocumented
 - ½ have children in public schools
- More women and families
- Documented are often more educated
- Most in service industry, also laborers, and farm workers

Lost in Translation



- **Immigrante “Immigrant”** – a person that arrives in a new country to establish residency.
- **Emigrante “Emigrant”** – a person that leaves his country to establish residency in an other country.
- **Migrant (US)** – a person that migrates from one home to another, regardless of nationality to conduct agricultural labor.
- **“Migrante” (Mexico)** – a Mexican Immigrant coming to the US in search of any type of work, usually starts with agriculture.

Lost in Translation (cont)



- **“Migrant Farmworker”** – a person that makes a migratory circuit to work in agriculture
- **“Seasonal Farmworker”** – a person working in ag but not having to change homes to do so.

(Federal MHP Eligibility)

Historical Perspectives



- 1850's: Migrant Workers come to the U.S. From Mexico in great numbers
- 1917: “Immigration and Nationality Act” 73,000 Mexicans migrate to the U.S.
- 1930's: “The Dust Bowl”
Farm workers that were displaced and “share croppers” start the internal migration phenomenon
- 1942-47: WWII: “Bracero Treaty” The contribution of Mexico in the “Allied War Effort”

Historical Perspectives (Cont.)



1951-64: Public Law 78 – The Reestablishment of the “Bracero Program”

1952: Establishment of the H-2 Program; similar to the “Bracero Program” but required certification that there weren't any available local laborers

2005: Continuation of the H-2 Program named H-2A with a and Agricultural (farmworker) designation

In Present Time: Migration of people with or without documentation continues; both governments consider legislative solutions, including the “Ag Jobs Bill”

Braceros Waiting to Enter



Physical Exams and X Rays

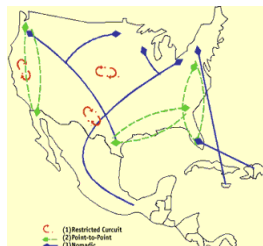


Bracero Program



Year	# of Braceros
1942	4,203
1943	52,098
1944	62,170
1945	49,454
1946	32,043
1947	19,632
1948	35,345
1949	107,000

Migratory Streams



Mexican Immigrants in the Labor Force*

- 29% production, transportation, material moving
- 25% service industry
- 19% construction, maintenance and extraction
- 13% sales and office jobs
- 7% in farming, forestry, fishing, and mining

*U.S. Census 2000

Poverty

- Mexican immigrants and their children account for 34% of all persons in or near poverty
- 25.8% of Mexican-born immigrants lived in poverty
- Their U.S.-born children (under 18) account for 10.2% of all persons in poverty
- Among Mexican immigrant families who have lived in U.S. for more than 20 years
 - Greater than 50% live in poverty

Poverty and Health

“It’s hard to teach families about nutrition when their frame of mind is on survival, on ‘How do I get food on the table at the end of the month?’” -- Ramos

Health Care Access

- In 2003, 52% of all recent immigrants were uninsured
- Non-citizens accounted for 22% of 45 million without health coverage
- About 30% of Latinos living in the community in several states are uninsured
- Among Mexican immigrant families who have lived in U.S. for more than 20 years
 - 33% are uninsured
 - 12.5% of their U.S.-born children (do not have health insurance.

Health Care Access

- 65% Latinos living in a labor camp reported having no health insurance
- More than 25% of Latinos living in a labor-camp not seen a doctor for 5 years or more

Full Service Health Care Centers

- Medicine
- Pediatric
- Internal Medicine
- Gynecology
- Podiatry
- Optometry
- Family Planning
- Dental
- Prenatal Care
- Nutrition
- HIV/AIDS Services
- Addictions
- Laboratory
- Vaccinations
- Health Education
- Mental Health
- Social Services

Source: HRHC 2005



Health Care Utilization Among Immigrants

Latino Immigrants less likely to:

- Have a regular source of care
- Visit a doctor
- Obtain preventive care
 - Less likely to have had a routine checkup in the past two years
 - Less likely to obtain blood pressure and blood cholesterol screenings

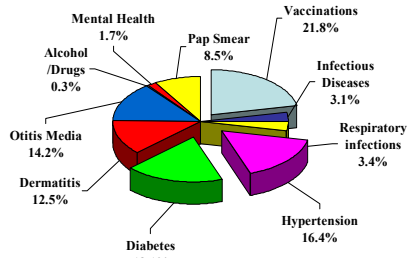
Burden of Health Conditions Among Latino Immigrants

- Chronic diseases leading causes of death
- Latinos have high prevalence of CVD, cancer and diabetes risk factors
- Diabetes prevalence 11.8% (2-3 times NHW)
- Latinos are less likely to engage in leisure time physical activity
- Asthma leading chronic disease among Latino children

Health Behaviors of Latino Immigrants

- For every 5 years lived in US, the odds of:
 - Obesity increased 25% for women,
 - High fat/fast food intake increased 35%
 - High alcohol use and 50% for labor-camp men.

Analysis of Diagnosis of Migrants*



Source: HRHC Investigación Interna - 6/02



Reasons for Not Going to the Doctor

- No health coverage
- Cost
- Language barrier
- Lack of transportation
- Lack of knowledge of how the health care system, government assistance process and insurance process works
- Distrust
 - Legal status
 - Little time with health professional
 - Perception of health professional attitude

Culture and Health

- Definitions of health broader than American medical definitions
- Values and beliefs influence lifestyle choices including health behaviors and health care utilization
- Values and beliefs vary by age, gender, nationality, ethnic background, religion, family history, income, years in the US, and acculturation.
- Latino immigrants do not all have the same beliefs

Cultural of Latinos*

- Collectivist
- Familism
- Religiosity
- Respeto
- Non-allopathic medicines
- Non-biological causes of disease and disability
- Gender roles

*This is a very general description of cultural beliefs. Latinos are heterogeneous

Recommendations

- Cultural sensitivity
 - Patients may bring family in room with them
 - Patient agreeability does not equate to understanding or adherence
 - Listen--Allow patients to tell their stories
 - Treat patient as a whole, not a sum of body parts
 - Gender role differences

Key Components to Effective Health Care

- Access
- Availability
- Transportation
- Capacity
- Capability



Key Components to A Healthy Lifestyle



Adequate:

- Food
- Water
- Sanitation
- Housing
- Education



We Need to Know More

"Given that Latinos are this country's fastest-growing ethnic group, we don't know nearly as much as we should about their health needs."

- Marilyn Winkleby, Stanford University

Call for Health



- Nationally-networked case management
- Call for Health Program 1-800-337-9968
A national, toll-free, bilingual information and referral service
 - MSFW
 - MHC staff, providers & private physicians
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