Irene Gomez-Bethke Papers.

Version 3
August 20, 2018

CHICANOS AND HEALTH: WHO CARES?

Tentative Speakers

DATE	SPEAKERS	TOPIC
April 8	Juan A. Chavira, PhD. Medical Anthropologist Law Student Austin, Texas	Curanderismo: What is it, and how does it apply to current medicine in the barrio?
April 15	Jose Rodriguez, Director Virginia Garcia Memorial Health Center Cornelius, Oregon	Migrant Health Care: How do the current health services reach the migrant workers? Are things different from ten years ago?
April 22	Fernando Garcia, M.D.,Pharm.D. Family Medicine & Obstetrics General Practitioner Visalia, California	Primary Care vs. Specialty Care: Why are there Chicanos in Specialty Care when we need them in the barrios? Why aren't there Chicanos in Academic Medicine?
April 29	Jorge Prieto, M.D. Chairman, Department of Family Practice Cook County Hospital Chicago, Illinois	Urban Health Care: What is the current mechanism for health care of Chicanos? Does the Chicano get lost in the Urban Health System?
May 6	Ciriaco Gonzalez, PhD. Director, Minority Biomedical Research Support National Institute of Health Bethesda, Maryland	Chicanos in Research: How is the system set up for Chicanos? Can we compete? What are our tools? How can we use them?
	Robert Pozos, PhD. Assoc. Professor and Head Department of Physiology Assoc. Professor of Biochemistry U of M-Duluth School of Medicine Duluth, Minnesota	

DATE	SPEAKERS	TOPIC
May 7	Sylvia Villareal, M.D. Chief of Pediatrics Denver Medical Center Denver, Colorado	Chicanas in Health: What are the difficulties? What are the rewards? What is a Chicana Doctor?
May 13	Roberto Montoya, M.D., MPH Director, Office of Statewide Health Planning and Developement HCOP Sacramento, California	Chicanos in Health: Is Affirmative Action working for Chicanos? What does the current trend of enrollment tell us about the future?
May 20	Bernardo Ortiz de Montellano, PhD. Director Chicano/Riqueño Studies Wayne State University Detroit, Michigan	Aztec Medicine: How do our Aztec ancestors contribute to our destiny as medical professionals? How can we apply it to our current training?
May 27	Gil Ojeda, M.P.H. Health Planner La Clinica de la Raza Oakland, California	Health Plannig: What studies have been done? What considerations are important in planning for Chicanos? What predictions can be made for the future?

Public Health and Health Care Access: Minnesota's Latino Community

a collaboration between:

SPH

SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF MINNESOTA

and

Chicanos Latinos Unidos En Servicio (CLUES)
Hispanic Advocacy and Community Empowerment through Research (HACER)
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January 4, 2000

Irene Gomez-Bethke
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Dear Irene:

I am pleased to provide you, as a member of the advisory group to this project, with the enclosed report entitled Public Health and Healthcare Access: Minnesota's Latino Community. It is a far reaching report that was brought forth by a collaboration of people representing various sectors of our community, from government, to community research organizations, to an institution of higher learning, to providers of health and human services for the Chicano Latino community. It also represents a first in a series of efforts designed to build interest and effort toward addressing this community need.

The report was written by Ellie M. Ulrich, a Research Assistant at the time with the University of Minnesota's School of Public Health. The Principle Research Investigator was Dr. Lynn Blewett, Assistant Professor at the University of Minnesota. Assistance throughout the research process came from Paul J. Carrizales, the Executive Director of Hispanic Advocacy and Community Empowerment through Research (HACER). An advisory group helped to guide the project (page 28 of the report).

As we begin this new century, efforts such as this one perhaps can point to new ways for us to work together in elevating our commitment as a society to care for one another. In the journey ahead, we may find ourselves asking you for your help in helping to forge new solutions to these tough issues facing our community in Minnesota. Together, we can make a difference!

Sincerely,

Jesse Bethke Gomez, MMA
President

Enclosure

Public Health and Health Care Access: Minnesota's Latino Community

Report of the Minnesota Chicano / Latino / Hispanic Health Care Access Project

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THIS PROJECT WAS FUNDED IN PART BY THE MINNESTOA MEDICAL FOUNDATION AND THE MINNESOTA DEPARTMENT OF HEALTH.

Acknowledgements

This report was written to summarize the work of the Chicano/Latino/Hispanic Health Care Access Project and to fulfill the Master's project requirement for the Public Health Administration major of the University of Minnesota School of Public Health.

I would like to thank Lynn A. Blewett for the opportunity to work on this project as well as for her on-going support, advice, and wisdom. Lynn A. Blewett was the catalyst that transformed the ideas of several concerned individuals into this first step towards improving the health of Latinos in Minnesota.

I would like to acknowledge the advisory committee members who helped to create this project through many hours of meetings and discussions, and the 19 individuals that generously agreed to be interviewed for this project. The advisory committee guided the development of this project and provided invaluable advice and insight throughout the research process, while the interviewees provided a broader perspective on the issues affecting Latinos in Minnesota. The advisory committee members include Teresa Chapa, Jesse Bethke Gomez, Paul J. Carrizales, Mavis Brehm, Scott Leitz, and Lou Fuller.

I would also like to recognize Paul J. Carrizales and HACER for their assistance in conducting the key informant interviews and in the preparation of this report.

Finally, I would like to thank Robert Veninga, Ph.D., Shelly Madigan, and Jeffrey Zuehlke for their unending support and encouragement throughout my graduate studies.

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Resumen Ejecutivo

Diferentes poblaciones raciales y étnicas siguen creciendo a mayor porcentaje de lo que crecen los grupos blancos que no son hispanos. Así como el resto de la nación, Minnesota se está volviendo mas diverso culturalmente. Los demográficos nuevos proveen una riqueza de diversidad y de la vida cultural, pero también presentan retos nuevos a los servicios sociales existentes. Este reporte es un resumen de la primera fase de un estudio acerca del acceso a los servicios de salud y asuntos sobre la salud publica de las comunidades Latinas y Chicanas en Minnesota. Este reporte provee una revisión de la literatura y resumen de información nacional y del estado sobre la gente Latina acerca de estatus de salud, su acceso a los servicios de salud y fuentes de información que existen para los Latinos; una visión general de los resultados de las entrevistas con gente clave de todo el estado; y recomiendaciones para los pasos seguientes. El resumen que sigue ilustra los resultados claves y recomiendaciones. Finalmente, se presenta el reporte, que es mas detallado.

El Proceso

El desarroyo de este reporte fue dirigido por un comité de consejeros formado por representantes de Chicanos Latinos Unidos En Servicio (CLUES), La Clínica (Westside Health Center), el departamento de Salud de Minnesota, y la Universidad de Minnesota. El comité de consejeros se reunio cinco veces entre Enero y Mayo del año 1999, y por el plazo corto, consistió de solo ocho miembros. Se consiguió información para este reporte mediante de un examen extensivo de la literatura y entrevistas con gente especificamente escojida por el comité de consejeros.

Resultados Clave

La Población Latina esta Creciendo mas Rapido Que Qualquier Otra Población en Minnesota Entre los años 1995 y 2025, se estima que la población Latina de Minnesota va a aumentar el 248 por ciento, comparado con el aumento de ocho por ciento en la población Blanca, y el aumento de poco mas de 100 por ciento en las poblaciones Negras, y Asiaticas. Si los estimados estan correctos, la población Latina de Minnesota crecería de aproximadamente 132,300 el día de hoy a 296,400 en el año 2025 (1).

La Población Latina de Minnesota es Diversa
Los Latinos en Minnesota representan una variedad de paises, y clases sociales, y económicos (2). Entre los Latinos hay gran variedad de niveles de educación, empleo, ingreso, y tiempo que llevan en Minnesota. Por estas razones, aunque existe un idioma y valores culturales communes, no hay una sola communidad Latina homogénea en Minnesota (3).

Muchos Latinos en Minnesota Viven en la Pobreza
Aunque los Latinos tienen porcentajes más altos de empleo y más bajos de pobreza que otras poblaciones de color en Minnesota, uno de cada cuatro Latinos en Minnesota vive en la pobreza. (4,5).

El Acceso a Los Servicios de Salud es una Mayor Preocupación Entre los Latinos en Minnesota El acceso a los servicios de la salud fúe la mayor preocupación de salud que se mencionó en las entrevistas. Los respondientes pensaban que la falta de seguro de salud, barreras del idioma, y la falta de información eran las trabas más significativas que impiden a los Latinos en Minnesota el recibir los servicios de salud necesarios.

Los Latinos Tienen Los Porcentajes más Bajos de Cobertura de Seguro de Salud del Estado Los Latinos tienen el porcentaje mas bajo de cobertura de seguro de salud que qualquier otro grupo racial/étnico en Minnesota. El porcentaje de gente Latina sin seguro es tres veces mayor que el del estado en general (6).

No Hay Mucha Información Disponible Acerca de la Salud de los Latinos en Minnesota Hay muy poca información disponible sobre la salud y el acceso a los servicios de salud para Latinos en Minnesota. Fuentes importantes de información sobre la salud y el cuidado de la salud de gente de Minnesota, como el Behavioral Risk Factor Surveillance System (BRFSS), y La Encuesta de Seguro de salud de Minnesota y El Acceso a los Servicios de la Salud, no incluyen suficientes Latinos como para permitir análysis, y otros, como el Hospital de Minnesota y Healthcare Partnership (MHHP), ni siquiera piden información acerca de la raza ni etnia.

Recomendaciones

La falta de información global y específica sobre la salud y el acceso a los servicios de salud de Latinos dificulta la formulación de políticas que cubran las necesidades específicas, y poder fijar objetivos de salud pública importantes para la población Latina de Minnesota que sigue creciendo. Por lo tanto, el Projecto del Acceso a los Servicios de la Salud para Chicanos/Latinos/Hispanos recomienda las acciones segientes:

1. **Conducir un estudio en todo el Estado para observar la salud y el acceso a los servicios de la salud de Latinos en Minnesota.**

Se recomienda que se conduzca un estudio de amplia cobertura en todo el Estado para observar la salud y el acceso a los servicios de la salud específicamente de los Latinos en Minnesota. Tambien, se recomienda que el estudio contenga elementos

cuantitativos y cualitativos, y que recoja recomiendaciones de la communidad acerca de posible soluciones para mejorar la salud de los Latinos en el Estado, y su acceso a los servicios de la salud.

Dado el desconocimiento del estado actual, se necesita información cuantitativa para definir con precisión los tipos y la magnitud de los asuntos de la salud y el acceso a los servicios de la salud en la comunidad Latina. Idealmente, el estudio incorporaría preguntas de encuestas ya exsistentes tales como BRFSS y la encuesta del Seguro y El Acceso a Los Servicios de la Salud de Minnesota para comparar la información con otras poblaciones en Minnesota y a través del tiempo. Se recomienda que la encuesta pida información sobre lo siguiente:

- Datos demográficos
- Estatus de salud
- Conocimientos, actitudes, y hábitos acerca de la salud
- Utilización de los servicios de salud
- Tipo y amplitud de cobertura del seguro de salud
- Barreras al acceso a los servicios de salud, y cobertura de seguro de salud

Además de los datos de las encuestas cuantitivas, se debería conseguir información cualitativa a través de entrevistas y grupos de enfoque para entender mejor como estos temas impactan las vidas de los Latinos en Minnesota.

El Proceso del Estudio

Para que el estudio sea relevante y útil en propiciar los cambios necesarios, es crítico que tenga el apoyo y la participación de las communidades Latinas de todo el Estado. Por eso, se recomienda que el estudio:

- Sea dirigido por una junta de consejeros que sea representativa de todo el Estado
- Integre a los miembros de la comunidad desde el comienzo del proceso de investigación
- Sea de benificio a los miembros de las comunidads que esta investigando
- Refleje la diversidad de la población Latina en Minnesota, incluyendo diferencias culturales, socioeconómicas, y regionales

Diseminación de Información

A través de entrevistas a personas clave, se hizo obvio que simplemente hacer un estudio sobre los Latinos en Minnesota no sería suficiente para traer las mejoras necesarias para el acceso a los servicios de la salud a los Latinos en el Estado. Para que sea útil, es crítico que los resultados del estudio sean presentados en Español e Inglés, y que sean distribuidos en un formato que sea accesible a los interesados de diferentes grupos como los miembros de la comunidad y la Legislatura. Por lo tanto, se recomienda que un plan extensivo de diseminación de información sea incluido como parte del proceso del estudio.

2. Mejorar los sistemas existentes para recabar información para aumentar la cantidad y la calidad de la información disponible acerca de la salud y del acceso a los servicios de la salud dentro de la población Latina de Minnesota.

Además del estudio propuesto, se necesita mejorar los sistemas existentes para recabar datos, para que recojan información sobre los Latinos y otras poblaciones de color en Minnesota con mayor regularidad. Aunque hay varias fuentes potenciales de información sobre la salud y el acceso a los servicios de la salud para Latinos en Minnesota, algunas, como los datos recogidos al dar de alta del hospital MHHP y datos de solicitudes de reembolso del HMO no recogen información sobre raza o étnia. Otras fuentes potenciales, como BRFSS y la Encuesta de Seguro de salud y El acceso a los Servicios de la Salud, no encuestan suficientes Latinos como para permitir análisis. Por lo tanto, se recomienda que las encuestas en Minnesota encuesten a los Latinos en mayor proporción para obtener suficientes respondientes Latinos como para permitir análisis. Además, se recomienda que se haga algún esfuerzo para rectificar la información racial y étnica equivocada que existe, y completar la que no existe en las encuestas, los datos administrativos, y las estadísticas vitales.

3. Hacer más disponible la información sobre la población Latina de Minnesota.

A veces es difícil y ocupa mucho tiempo obtener acceso a la información sobre la población Latina de Minnesota, porque mucha de la información existente se encuentra en reportes que no han sido publicados. Asi mismo, muchos de los estudios anteriores no se han diseminado ampliamente, y la información que han conseguido se ha quedado sin usar. Además, varios respondientes en las entrevistas expresaron frustración porque algunas comunidades han participado en los estudios anteriores, pero nunca han visto los resultados de los estudios. Por lo tanto, se recomienda que se cree un banco central de información bilingüe "on-line" para que la información sea más fácil de encontrar y accesible a la comunidad, los legisladores, y otros interesados en todo el Estado.

Executive Summary

The growth in the numbers of ethnically and racially diverse populations far outpaces that of white non-Hispanic groups. Like the rest of the nation, Minnesota is becoming more culturally diverse. The changing demographics provide a richness of diversity and cultural life but also new challenges to existing social service and safety net providers . This report summarizes the first phase of a study of the health care access and public health issues of the Latino and Chicano communities in Minnesota. The report provides a literature review and summary of the national and state information about health status, access to health care and data sources for Latinos; an overview of interviews that were done with key actors across the State of Minnesota; and recommendations for next steps. The following Executive Summary highlights the key findings and recommendations followed by the more detailed report.

Process

The development of this report was guided by an advisory committee made up of representatives from Chicanos Latinos Unidos En Servicio (CLUES), Westside Health Center (La Clinica), Hispanic Advocacy and Community Empowerment through Research (HACER), the Minnesota Department of Health, and the University of Minnesota. The advisory committee met 5 times between January and May of 1999, and due to the short time-line, consisted of eight members. Information for the report was gathered through an extensive review of the literature and semi-structured key informant interviews with individuals identified by the advisory committee.

Key Findings

The Latino Population is Growing Faster Than any Other Population in Minnesota Between 1995 and 2025, it is estimated that Minnesota's Latino population will grow by 248 percent, as compared to an eight percent increase in the White population and just over 100 percent growth in the African American and Asian/Pacific Islander populations. If the estimates are correct, Minnesota's Latino population will grow from about 132,300 today to 296,400 in 2025 (*1*).

Minnesota's Latino Population is Diverse
Latinos in Minnesota represent a variety of national, social, and economic backgrounds (*2*). Latinos vary widely in terms of educational level, employment, income, and length of time in Minnesota. Therefore, although grounded in a common language and cultural values, there is not one single, homogeneous Latino community in Minnesota (*3*).

Many Latinos in Minnesota are Living in Poverty
Although Latinos have higher rates of employment and lower rates of poverty than other populations of color in Minnesota, one out of four Latinos in Minnesota are living in poverty (*4, 5*).

Access to Health Care is a Major Concern Among Latinos in Minnesota
Access to health care was the top health concern mentioned in the key informant interviews. Respondents felt that lack of health insurance, language barriers, and lack of knowledge are the most significant barriers preventing Latinos in Minnesota from getting the health care they need.

Latinos Have the Lowest Rates of Health Insurance Coverage in the State
Latinos have the lowest rate of health insurance coverage of any racial/ethnic group in Minnesota. The rate of uninsurance among Latinos is three times that of the statewide average (*6*).

There is Very Limited Data Available About the Health of Latinos in Minnesota
There is very little information available about the health and health care access of Latinos in Minnesota. Important sources of information about the health and health care of Minnesotans such as the Behavioral Risk Factor Surveillance System (BRFSS) and the Minnesota Health Care Insurance and Access Survey do not include sufficient numbers of Latinos to permit analysis, while others, such as Minnesota Hospital and Healthcare Partnership (MHHP) hospital discharge data, do not collect information on race and ethnicity.

Recommendations

The lack of comprehensive, specific information about the health and health care access of Latinos makes it difficult to develop policies that will address the unique needs, and develop meaningful public health goals for Minnesota's growing Latino population. Therefore, the Chicano/Latino/Hispanic Health Care Access Project recommends that the following actions be taken:

1. Conduct a statewide study to look at the health and health care access of Latinos in Minnesota.

It is recommended that a comprehensive, statewide study be conducted to look at the specific health and health care access of Latinos in Minnesota. It is further

recommended that the study contain both quantitative and qualitative elements, and gather community input on solutions that would improve the health and health care access of Latinos in the state.

Given the lack of baseline data, quantitative information is needed to accurately define the types and extent of health and health care access issues in the Latino community. Ideally the study would incorporate questions from existing surveys such as BRFSS and the Minnesota Health Care Access and Insurance so that the information can be compared both to other populations in Minnesota and over time. It is recommended that the survey collect information on the following:

- Demographics
- Health status
- Health behaviors, knowledge, and attitudes
- Health care utilization
- Type and extent of health insurance coverage
- Barriers to health care access and health insurance coverage

In addition to the quantitative survey data, qualitative information should be gathered through interviews and focus groups to better understand how these issues impact the lives of Latinos in Minnesota.

Study Process

In order for the study to be relevant and useful in promoting needed changes, it is critical that it have the active support and participation of Latino communities statewide. Therefore, it is recommended that the study:

- Be guided by a representative statewide advisory board
- Involve community members from the very beginning of the research process
- Benefit members of the communities being studied
- Reflect the diversity of the Latino population in Minnesota, including cultural, socioeconomic, and regional differences

Information Dissemination

It became clear through the key informant interviews that simply conducting a study on Latinos in Minnesota would not bring needed improvement in the health and health care access of Latinos in the state. In order to be useful, it is crucial that study results are made available in both Spanish and English, and are widely disseminated in formats readily accessible and usable to the different stakeholders such as community

members and policy makers. Therefore, it is recommended that an extensive information dissemination plan be included as an integral part of the study process.

2. Improve existing data collection systems to increase the quantity and quality of health and health care access data available on Minnesota's Latino Population.

In addition to the proposed study, existing data collection systems need to be improved to collect information about Latinos and other populations of color in Minnesota on a regular, on-going basis. Although there are several potential sources of health and health care access information about Latinos in Minnesota, some, such as MHHP hospital discharge data and HMO claims data do not collect information on race and ethnicity. Others potential sources, such as BRFSS and the Minnesota Health Care Insurance and Access Survey, do not sample sufficient numbers of Latinos to permit analysis. Therefore, it is recommended that surveys in Minnesota oversample Latinos to provide sufficient numbers of Latino respondents for analysis. In addition, it is recommended that efforts be made to reduce the amount of missing or inaccurate racial and ethnic data contained in surveys, administrative data, and vital statistics records.

3. Make information readily accessible about Minnesota's Latino population

As much of the information currently available about Latinos in Minnesota is in unpublished reports, accessing information about Minnesota's Latino population can be difficult and time consuming. Moreover, many of the studies done in the past have not been widely disseminated, and the information gathered has gone unused. In addition, several interview respondents expressed frustration that communities have participated in studies in the past, but have never seen the study results. Therefore, it is recommended that a centralized bilingual on-line information clearinghouse be created to make information easy to find and accessible to the community, policy makers, and other stakeholders statewide.

Introduction

The changing demographics of Minnesota's population will have a substantial impact on public health and medical care in Minnesota over the next several decades. Latinos are the fastest growing segment of Minnesota's population, and have the lowest levels of health insurance coverage and health care access of any racial/ethnic group in the state (*6*). Despite the substantial growth of the Latino population in Minnesota, there is limited information available about the health status and health care needs of Latinos in Minnesota. From anecdotal information and the limited data currently available, there is enough evidence to conclude that the health care needs of Latinos in Minnesota are not being adequately addressed. However, without sufficient information on the health and health care utilization of Latinos in Minnesota, it is difficult to develop effective public health strategies and policy solutions to improve the health and access to health care of Minnesota's Latino community.

In response to these growing concerns, the Minnesota Department of Health funded the Minnesota Chicano/ Latino / Hispanic Health Care Access Project to explore the health and health care access needs of Latinos in Minnesota. The goal of the project was to develop a study proposal to assess the health care access and public health issues in Minnesota's Latino community. This report summarizes the project's initial work of compiling current information about the health and health care access of Minnesota's Latino population and identifying information needs.

The purpose of this report is to summarize what is currently known about the health and health care access of Latinos in Minnesota, and identify what additional information is needed to help address the public health and health care access issues of Latinos in the state.

Process

The development of this report was guided by an advisory committee made up of representatives from Chicanos Latinos Unidos En Servicio (CLUES), Westside Health Center (La Clinica), Hispanic Advocacy and Community Empowerment through Research (HACER), the Minnesota Department of Health, and the University of Minnesota. The advisory committee met 5 times between January and May of 1999 to discuss key issues and guide the development of this report. A list of advisory group members can be found in Appendix 1.

An extensive literature review was conducted to identify what is currently known about the health and health care access of Minnesota's Latino population. Due to the

limited information on Latinos in Minnesota, some of the information on health care access presented in this report is from research in other states. However, where available, Minnesota-specific information has been included.

In order to identify the most important health and health care access issues among Minnesota's Latino community, semi-structured, qualitative key informant interviews were conducted with 19 individuals statewide identified by the advisory committee as being knowledgeable about health and health care access issues among Latinos in Minnesota. Individuals selected by the advisory committee were sent a letter co-signed by CLUES and the University of Minnesota explaining the project, then contacted by an interviewer to schedule an interview. Interviews were conducted both in-person and over the telephone by interviewers from HACER and the University of Minnesota School of Public Health between January and April of 1999.

Finally, the advisory committee reviewed the information gathered in the literature review and key informant interviews and developed recommendations to guide further study of the health and health care access of Minnesota's Latino community.

Terminology

The terminology used to describe populations of color has been the subject of considerable debate. The most common words used to describe the aggregate of individuals that originate from Latin America living in the United States include Hispanic, Hispanic-origin, Latino, Chicano, Spanish-speaking, Spanish-surnamed, Spanish-origin, and Spanish-American (*7, 8*). *Hispanic* is the term most commonly used within the government sectors of the United States. The term Hispanic is intended to include individuals from all Spanish speaking countries in the Caribbean, Central and South America, as well from the Iberian Peninsula (*7*). In the 1990 census, the United States Census Bureau defined Hispanic origin as "those who classified themselves in one of the Hispanic origin categories listed on the questionnaire—"Mexican," "Puerto Rican," or "Cuban"—as well as those who indicated that they were of "other Hispanic/Spanish" origin. Origin can be viewed as the ancestry, nationality group, lineage, or country of birth of the person or the person's parents before their arrival in the United States. Persons of Hispanic origin can be of any race (*9*)."

Although broadly defined by the U.S. Census Bureau, the term Hispanic may also be more narrowly defined as people of white European ancestry living in or emigrating from Spain or Portugal (*7, 10*). Therefore, the term Hispanic can be seen emphasizing European cultures, and in Latin America, the culture arising from Spanish invasion. As a consequence, many people feel that "Hispanic" does not acknowledge the cultural contribution of Indigenous and African and people of the region (*7*). Other terms such as Spanish-speaking, Spanish-surnamed, Spanish-origin, and Spanish-American have similar limitations. Moreover, not all Americans that speak Spanish or have a Spanish-surname are of Latin American origin, or vice versa.

The term *Chicano* refers to Mexican Americans who identify with their Mexican heritage and culture. The term Chicano grew out of ethnic and ideological

movements of political activists in the United States in the 1960s and 1970s. While Chicano is a preferred term by many Mexican Americans, it only describes a subgroup of people of Latin American origin (*7*). Similar limitations are encountered when using national-origin labels such as Cuban, Puerto Rican, or Mexican.

Given the limitations of other terms, *Latino* appears to be the more historically and geographically accurate term to describe and identify populations of Latin American origin, and moreover, is both racially and linguistically neutral (*11*). However, the advisory group recognizes that Minnesotans of Latin American origin may self-identify as Chicano, Latino, or Hispanic. Therefore, to be as inclusive as possible, the project was named the Chicano / Latino / Hispanic Health Care Access Project. For simplicity, *Latino* will be used throughout this report to describe populations of Latin American origin in Minnesota. The term *migrant* will be used to describe Latinos in Minnesota who have come to Minnesota from another state or county within the last year to perform seasonal agricultural work (*12*).

Finally, due to the limited information available about Latinos in Minnesota, this report will describe Latinos in aggregate. While Latinos of different national origins do share numerous common conditions, history, and experiences, it is important to recognize that there are statistically and substantively significant differences in educational levels, income, standard of living, and health status among different Latino subgroups (*13, 14*).

Latinos in the United States and Minnesota

As we near the end of the 20th century, the population of the United States is changing. It is estimated that by the year 2000, Latinos will surpass African Americans as the largest racial/ethnic group in the United States (*7*). As of November 1, 1998, the U.S. Census Bureau estimated that 11.4 percent of the U.S. population, or 30.8 million people in the United States are of Hispanic origin (*15*). Moreover, due to the young median age (26.6 years as compared to 37.9 years for whites), high fertility rates, and migration patterns, the Latino population in the United States will continue to grow (*10, 15*). It is estimated that between 1990 and 2010, Latinos will account for 42 percent of the country's new population growth (*7*).

Overview of Minnesota's Latino Population

Minnesota's Latino Population is Growing

As we approach the year 2000, Minnesota is becoming increasingly ethnically and racially diverse. It is estimated that by 2025, 17 percent of Minnesotans will be of Asian, African-American, American Indian, or Hispanic origin as compared to 8.4 percent in 1995 (*1, 16*). Of all racial/ethnic groups in Minnesota, the Latino population is growing faster than any other group. Minnesota Planning predicts that the Hispanic-origin population will grow 248 percent between 1995 and 2025, as compared to an eight percent increase in the white population and just over 100 percent growth in the African American and Asian/Pacific Islander populations (Figure 1). If the estimates are correct, Minnesota's Latino population will grow from just under 132,300 today to 296,400 in 2025 (*1*).

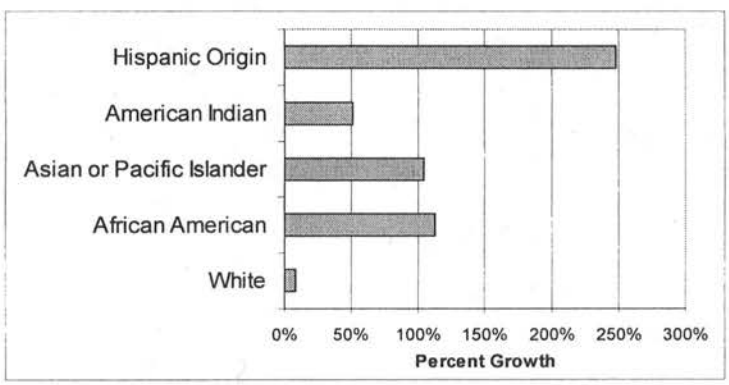

Figure 1: Between 1995 and 2025, The Latino Population Will Grow Faster Than Any Other Population in Minnesota

(Source: Minnesota Planning, 1998)

As a Group, Latinos are Younger Than Other Minnesotans

An important factor contributing to the growth of the Latino population in Minnesota is the young age structure of the population, as youthful populations tend to produce more births than deaths (*1*). The relative youth of the Latino population is reflected in school enrollment. While Latinos account for five percent or more of the total population in only three counties, during the 1997-1998 school year, Latino children accounted for five percent or more of the school population in 13 Minnesota counties. In Watonwan county, Latino children made up nearly one-fifth (18.2 percent) of the school population (*17*).

Latinos Live in the Metro Area and in Greater Minnesota

Based on information from the 1990 Census, 68 percent of Minnesota's Latino population resides in the seven-county Metro Area. An estimated 21 percent of Latinos living in the Twin Cities live in Minneapolis, while 15 percent live in St. Paul (*2*). In 1994, six non-Metro counties (Polk, Clay, St. Louis, Olmsted, Kandiyohi, and Freeborn) had Latino populations numbering greater than 1,000 (Figure 2) (*16*). The largest Latino communities outside of the Twin Cities are located in Willmar, Albert Lea, and Moorhead (*2*).

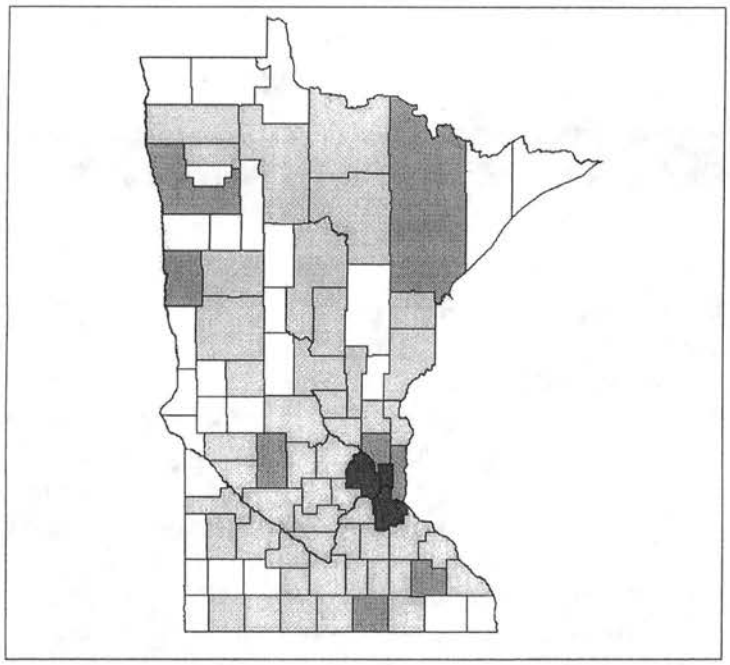

Figure 2: Estimated Distribution of Minnesota's Latino Population by County, 1997

(Source: Minnesota Planning, 1998)

While the absolute numbers of Latinos living in greater Minnesota are smaller than in the Twin Cities, Latinos make up a growing proportion of the population in non-Metro counties (Figure 3).

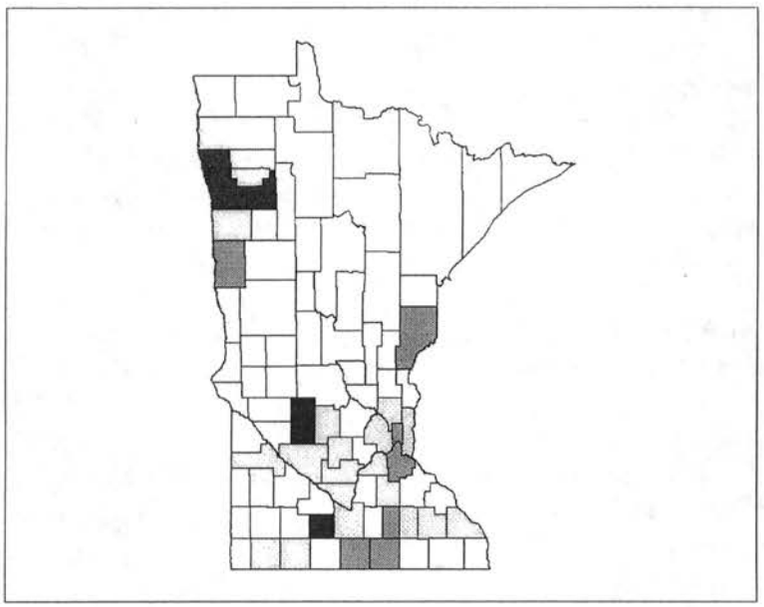

Figure 3: 1997 Estimate of Latinos as Percent of Total County Population

(Source: Minnesota Planning, 1998)

Minnesota's Latino Population is Diverse

The 1990 census found that 61.7 percent of Latinos in Minnesota are of Mexican origin, 7 percent are Puerto Rican, 3.4 percent are Cuban, and 27.9 percent are of other Central and South American origin (*5*). In addition, substantial economic, education, and employment differences exist both among and within the different Latino communities located around the state (*3*).

Many Latinos in Minnesota Live in Poverty

Compared to other populations of color in Minnesota, Latinos have high rates of employment and lower rates of poverty (*5*). However, the 26 percent poverty rate among Latinos is two and one half times the statewide average of 10 percent. Poverty among Latino children is even more pronounced, as one out of every three Latino children in Minnesota live in poverty (*4*).

The following sections provide a general description of Minnesota's Latino population by geographical area. It should be noted that these are general descriptions, and do not account for the vast variations that exist within the different Latino communities.

Twin Cities Metropolitan Area

There are several Latino communities within the Twin Cities. HACER observes that there are enclaves throughout the Metropolitan Area: "..Ecuadorans and Peruvians in the University and Central Neighborhoods, the Salvadorans in Richfield, first generation Latinos in the city, with the second generation moving to the suburbs (*3*)."

Data from Wilder Research Center's 1995 Latino Needs and Resources Assessment reported that overall, Latinos in the Twin Cities have an average household size of 3.1 and a median household income of $20,000 to $30,000 per year. Three-quarters of Latinos in the Metropolitan Areas are high school graduates, and 27 percent have completed at least a four-year college degree. Less than half of respondents (43 percent) were born in the United States, with the majority of foreign-born respondents reporting Mexico as their national origin. The median length of time that respondents have lived in Minnesota is nine years, with a range of 1 to 70 years (*2*).

Employment levels are high among Latinos living in the Twin Cities. In 1995, 88 percent of households reported having at least one working adult. Latinos in the Twin Cites are most likely to be employed in service (28 percent), professional (23 percent) or laborer positions (22 percent) (*2*). It should be noted that many Latinos in Minnesota work in industries that have lower rates of employer-sponsored health insurance coverage than other sectors of the economy (*18*).

Data from the Wilder study also show differences in the demographic characteristics of Latinos residing in Minneapolis, St. Paul, and the suburbs. Suburban residents tend to be older, and have higher incomes and educational levels than Latinos living in the city. Of city residents, Latinos in St. Paul tend to have lived in Minnesota longer than Latinos in Minneapolis (median of 13 years in St. Paul vs. 4 years in Minneapolis), and are more likely to have been born in the United States. In addition, St. Paul residents are far more likely to own their own home than those living in Minneapolis (*2*).

The Latino population in Minneapolis has grown rapidly over the past decade. HACER estimates that in 1997, there were between 31,600 and 37,920 Latinos living in Minneapolis, as compared to 7,900 reported in the 1990 census. Between 1990 and 1997, the number of Latino children attending Minneapolis public schools increased by 220 percent (*3*). Minneapolis Public School data on residence of Latino children suggests that Latinos live primarily in the Whittier, Phillips, Lyndale, Central, and Powderhorn Park neighborhoods in Minneapolis. HACER describes the Whittier and Phillips neighborhoods as the "ports of entry" for Latinos new to Minnesota. However, many Latinos also live in North and Northeast Minneapolis (*3*).

Greater Minnesota

The 1995 Wilder study also surveyed Latino respondents in the Greater Minnesota towns of Oslo, Crookston, Worthington, Moorhead, and Willmar. In general, respondents in greater Minnesota are more likely to have been born in the United States than Latinos in the Twin Cities (59 percent versus 43 percent), but are newer to Minnesota with a mean length of time in the state of three years. Greater Minnesota respondents have lower levels of education, with only 34 percent reporting that they have graduated from high school. In addition, only four percent of respondents have a four-year college or graduate education. Latino households are larger in greater Minnesota, with an average household size of 4.5, but have lower incomes. The median annual household income among Latino families is about $15,000. Less than nine percent of households in greater Minnesota report annual incomes greater than $30,000 per year (*2*).

Rates of employment are similar among Latinos in greater Minnesota and Latinos in the Twin Cities, with 83 percent of households reporting at least one employed adult. In greater Minnesota, the majority of Latinos are employed as laborers (67 percent), while 10 percent work in service jobs, and 7 percent in professional occupations (*2*).

The majority of Latinos living in southwestern Minnesota are employed in the meat and poultry packing industries. With the growth of the poultry industry over the past decade, there has been a dramatic shift in the demographics of many southwestern Minnesota towns. For example, it is expected that minorities (primarily Latinos) will account for nearly 23 percent of Worthington's population by the year 2000, as compared to just over six percent in 1990 (*19*). This demographic shift is due in a large part to the increase in jobs in the meat and poultry processing plants, as many Minnesota companies unable to find sufficient labor have recruited workers from poor communities along the border between Texas and Mexico. While most Latinos in southwestern Minnesota are originally from Texas, the majority have now settled in the communities in which they work (*19*).

In addition to the permanent Latino communities in greater Minnesota, an estimated 20,000 to 35,000 Latino migrant farm workers and their families come to Minnesota every year between May and October (Figure 5). Migrant workers travel to Minnesota to work in the sugar beet fields, vegetable farms, and canning companies in the southern and northwestern portions of the state. Most migrant workers in Minnesota are of Mexican descent and are U.S. citizens or permanent residents of Texas (*12*).

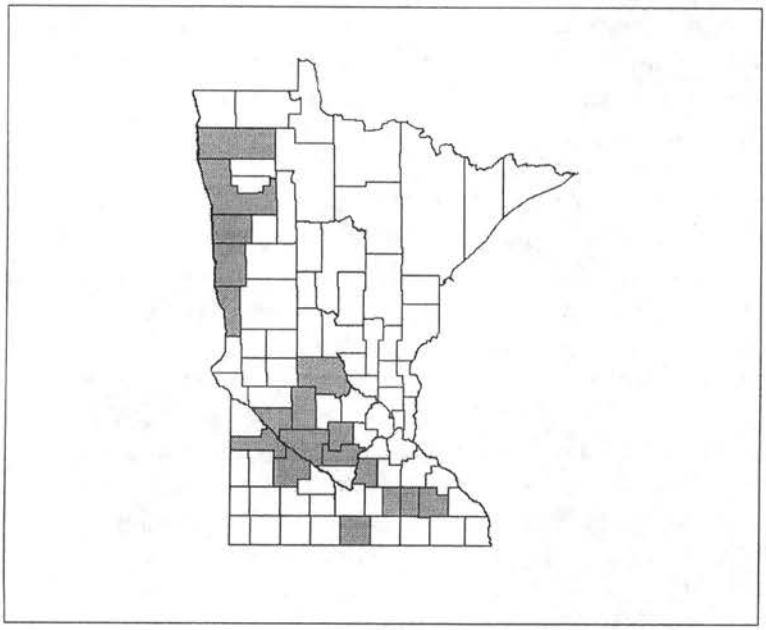

Figure 5: Minnesota's Migrant Population

Shaded areas indicate counties with substantial migrant populations

(Source: Minnesota Food Education and Resource Center, 1996)

The Health Status of Latinos in Minnesota

There is limited information available about the health status of Minnesota's Latino population. Potential sources of information on Latino health status, such as the recent Survey of the Health of Adults, the Population, and the Environment (SHAPE) in Hennepin County, and the Minnesota Behavioral Risk Factor Surveillance System (BRFSS) survey, do not include sufficient numbers of Latinos to produce reliable information. No statewide registries exist for conditions such as diabetes and hypertension that are common in communities of color. Even information on the vital statistics of Latinos is limited, as it was not until 1989 that Hispanic origin was first recorded on death certificates in Minnesota. In addition, there are substantial concerns about the validity of the data that is currently collected on Latinos in the United States and in Minnesota (*16, 20*).

Although limited, vital statistics data provide the most complete profile available of the health status of Minnesota's Latino population. Data gathered from birth certificates indicate that Latinos fare relatively well on maternal and perinatal health indicators. Latinos are more likely to report adequate prenatal care and less likely to report low birth weight and preterm births than other populations of color in Minnesota (*16*). Between 1992 and 1996, infant mortality among Latinos in Minnesota was 9.2 per 1,000 live births, as compared to 6.2 for whites and 16.7 for African Americans (*21*). However, Latino infants and children are less likely than others in Minnesota to be up-to-date on immunizations (*22*).

Data from death certificates show that overall mortality rates among Latinos in Minnesota are similar to those of the white and Asian populations. In older age groups, causes of death among Latinos are the same as those for whites. However, among males age 25 to 44, Latinos are more likely to be murdered or die of HIV/AIDS than whites (*16*).

There is also limited information available about chronic disease in Latinos in Minnesota. However, it is known that disproportionate numbers of Latinos are affected by AIDS and diabetes (*23-26*).

There are special health issues for different Latino groups in Minnesota. For example, Latinos working in the meat and poultry packing plants in Southern Minnesota are at a high risk for occupational injuries. While the rates of occupational injuries specifically among Latinos in Southern Minnesota are not known, overall industry injury rates are a staggering 25 percent (*19*). Migrant farm workers are also at higher

risk for certain health problems than other Latino groups in Minnesota due to their low economic status, migratory lifestyle, and poor living and working conditions. The incidence of diarrhea and parasitic infections is about 20 times higher in migrant farm workers than in the general population. In addition, migrants are estimated to be six times more likely to develop tuberculosis. Migrant farm workers also experience high rates of occupational injuries and pesticide exposure (*23*)

Access to Health Care

Access to health care can be defined as the "actual use of personal health services and everything that facilitates or impedes the use of health services (*27*)." Lack of access to health care is one of the most pressing health problems of Latinos in the United States. Nationwide, families headed by Latinos are the most likely of all racial/ethnic groups to report having difficulty, delaying, or not receiving needed health care (*28*).

As with health status, there is very limited information about access to health care among Minnesota's Latino population. Potential sources of health care utilization data, such as hospital discharge data collected by the Minnesota Hospital and Healthcare Partnership, do not collect information on race and ethnicity (*16*). Surveys measuring access variables, such as the 1996 Health Care and Insurance Access Study, and the 1997 Hennepin County, and 1996 Ramsey County Health Care Insurance and Access Studies did not include sufficient numbers of Latino respondents to permit detailed analysis of Latinos (*29-31*).

Health Insurance

Several barriers have been identified that prevent Latinos from accessing health care. Lack of health insurance is frequently cited as the most significant barrier to health care access for Latinos (*18, 32-41*). Latinos of all ages are the least likely of any racial/ethnic group to have health insurance (*28*). In 1996, 35.1 percent of Latinos in the United States under age 65 had no health insurance (*42*). Insurance rates vary within the Latino population, with the working poor having the lowest rates of health insurance coverage. This is likely due to the high concentration of Latinos in industries with low rates of employer-based health insurance coverage (*18, 43*). In 1994, Latinos classified as 'near poor' reported uninsurance rates of over 50 percent (*44*). Many of the working poor have incomes high enough to make them ineligible for government sponsored programs, yet that are insufficient to pay the premiums for private or employer-sponsored health insurance (*7*).

Between six and nine percent, Minnesota has one of the lowest overall uninsurance rates in the country (*45*). However, in 1993, the rate of uninsurance among Latinos in Minnesota of 27 percent was three times that of the statewide average (*6*). Moreover, rates of uninsurance may be higher among different groups in the Latino population. For example, the 1995 Latinos Needs and Resources Assessment reported that only half of greater Minnesota respondents receive medical insurance through their job (*2*).

Other Financial Barriers

While lack of health insurance poses a major barrier to health care, health insurance does not ensure access to care. Many insured Latinos are underinsured, and continue to face financial obstacles resulting from lack of coverage for services, as well as other out-of-pocket costs such as deductibles and co-pays (*40, 46*).

Cost is an additional barrier for insured Latinos in Minnesota. The 1995 Wilder study revealed that many insured Latinos in Minnesota are unable to afford health care (*2*).

Regular Source of Medical Care

Financial barriers are not the only barriers preventing Latinos from accessing the health care system. Having a regular source of medical care facilitates access to health care, and is a good predictor of health care utilization (*47*). However, Latinos are less likely than any other racial/ethnic group to have a regular source of medical care (*28, 47*). Nearly 30 percent of Latinos of all ages in the United States do not have a regular source of care, as compared to 15.5 percent of whites (*28*).

Very limited information is available about the usual source of health care among Latinos in Minnesota. However, a small survey done in South Minneapolis in 1995 showed that 27 percent of Latino households do not have a usual source of health care (*48*).

Language Barriers

For many Latinos, language barriers present significant obstacles to receiving adequate health care. Few providers speak Spanish, and there is a shortage of adequately trained interpreters in medical settings. Interpreters require special skills to accurately describe and explain terms and ideas related to patient care and facilitate patient-provider communication (*49*). However, as trained interpreters are often unavailable, the responsibility for interpretation often falls to anyone who is bilingual, including small children or other family members (*47*).

Title VI of the Civil Rights Act of 1964 requires that all programs receiving federal assistance (such as Medicare and Medicaid) provide appropriate interpretive services and translation of written materials for clients with limited English proficiency (*50*). In addition, the Minnesota Bilingual Services Act of 1995 requires all Minnesota state agencies serving substantial numbers of people with limited English proficiency to provide adequate interpreter services (*49*). In 1998, Minnesota Statutes 1996, Section 256.01 was amended to charge the Commissioner of Human Services with developing a plan and ensuring that Minnesota is in compliance with Title VI. Despite the existence of these state and federal laws requiring access to linguistically appropriate health care, the needs of many Minnesotans with limited English proficiency are not being met (*49*).

While the number of Latinos statewide needing interpretive services are not known, overall, there are an estimated 200,000 Minnesotans who are "limited English proficient" (LEP) (*49*). Given that the majority of immigrants to Minnesota are Latinos, it is likely that a high proportion of LEP Minnesotans are Spanish speakers (*51*). In a study conducted in South Minneapolis in 1995, language barriers were cited as the second most important reason that Latinos are not receiving needed health care (*48*).

Cultural Barriers

Class and cultural differences may also act as barriers to receiving appropriate health care (*52, 53*). There are very few Latino health care providers in the United States and in Minnesota (*8, 54, 55*). Many providers lack knowledge and sensitivity about Latino culture and health, which can lead to stereotypes that undermine the patient-provider relationship. Examples of such stereotypes include provider perceptions that Latinos are present oriented, non-compliant, and disinterested in prevention, and Latino perceptions that providers are money-oriented and not interested in their patient's welfare (*47*).

In addition, different cultural values and beliefs about illness can prevent Latinos from receiving appropriate care and complying with recommended treatment. Health care providers tend to focus on disease as the only explanation for illness, and seldom explore their patients' explanation of the illness. While providers may not believe their patients' perception of illness, lack of sensitivity to cultural explanations can lead to patient dissatisfaction and noncompliance, as patients feel that their perception of the problem has not been addressed (*52, 56*). These cultural differences are especially important in mental health care settings, where lack of cultural understanding can lead to misdiagnosis and inappropriate treatment (*56*).

Immigration Status

Immigration status can act as a barrier to health care for a number of Latino adults and children in the United States (*57-62*). Both undocumented immigrants and some groups of legal immigrants ("unqualified aliens") are barred from some government programs such as Medicaid (*63*). However, under "welfare reform" or the Personal Responsibilities and Work Opportunities Act of 1996 (PROWRA), all non-citizens, regardless of immigration status, are legally eligible to receive Emergency Medicaid (EMA), Emergency General Assistance Medical Care (EGAMC), most public health services, and a broad array of community-based programs necessary to protect life and safety (*64, 65*). Despite their availability, both legal and undocumented Latino immigrants are not accessing these resources due to fear of deportation or jeopardizing their immigration status. This fear is largely due to the application of the public charge doctrine by the United States Immigration and Naturalization Service (INS) and fear of being reported to the INS (*65*).

Public charge is a term used to describe someone that is, or is likely to become, dependent on public benefits (*66*). Under U.S. immigration law, the U.S. government

can prevent a person from legally immigrating to the United States, or deny an immigrant's application to adjust their status to permanent residency if they are determined to be a public charge. INS officials are required to take an immigrant's total circumstances into account when making public charge determinations. Although illegal, in the past, INS and State Department officials have made it known that the receipt of benefits alone (such as Medicaid and nutritional support benefits) could prevent an immigrant from gaining permanent residency. At the request of the White House and the Department of Health and Human Services, in December of 1997, the INS and State Department issued memoranda intended to curtail the illegal application of the public charge doctrine (*65*). Despite this effort, some advocates believe that receipt of public health services alone can prevent an immigrant from becoming a permanent resident.

Fear of being reported to the INS is a significant force preventing many of the estimated 3,000 to 10,000 undocumented Latinos in Minnesota from seeking needed health care (*67*). The 1996 POWRA requires state and county employees to report certain information to the INS when the state "knows" that an individual is in the United States unlawfully. However, there was considerable confusion about the new reporting requirements. To clarify these requirements, the 1998 Minnesota Omnibus Health and Human Services Bill directed the Minnesota Department of Human Services (DHS) to develop protocols regarding the release of information to the INS. The reporting protocols were issued on April 1, 1999, and provide detailed instructions for verifying and reporting immigration status. For all programs for which immigration status is part of the eligibility criteria, the protocol requires that agencies obtain the client's consent prior to contacting the INS. Therefore, the state only "knows" that an individual is in the United States unlawfully after the state has obtained the individuals consent to contact the INS, and the INS has verified that the person is here unlawfully. In addition, as with public health benefits and other programs necessary to protect life and safety, the protocols clarify that agencies must not ask clients applying for EMA or EGAMC about their immigration status (*65, 68*).

Despite these protections of undocumented immigrants, there is considerable fear and distrust in the community surrounding issues of immigration status (*3, 69*). The fears of undocumented immigrants appear to be justified, as there have been ongoing crackdowns on undocumented Latino immigrants in Minnesota by the INS, including recent highly publicized arrests (*70, 71*).

Other Barriers

Other barriers that can prevent Latinos from accessing health care include long waiting times, inconvenient hours and loss of pay from work, not knowing where to go, and lack of transportation or child care (*7*). About 22 percent of Latinos surveyed in South Minneapolis identified not knowing where to go as preventing them from getting needed health care, while 16 percent identified transportation problems (*72*).

Loss of pay from work resulting from inconvenient clinic hours and lack of child care pose significant barriers to receiving health care for migrant workers in Minnesota.

Many migrant workers cannot afford to miss a day of work to obtain health care, and therefore often forego or delay needed care. A community needs assessment conducted by the Tri-Valley Opportunity Council indicated that limited clinic hours posed significant obstacles to care for 25 percent of respondents. Similarly, one-quarter of respondents reported that lack of childcare was a barrier to getting health care (*23*).

Finally, in addition to access barriers, lack of knowledge can prevent Latinos from appropriately utilizing important preventive services such as immunizations and breast and cervical cancer screening (*59, 73*).

Key Informant Interviews

The literature review provided a good overview of what studies have found about the public health and health care access issues affecting Latinos in Minnesota. However, the advisory committee felt that it was important to identify what issues related to health and health care access are perceived as being most significant by people currently working in the Latino community. To accomplish this, semi-structured, qualitative key informant interviews were conducted with 19 individuals statewide identified by the advisory committee as being knowledgeable about health and health care access issues among Latinos in Minnesota.

Individuals selected by the advisory committee were sent a letter co-signed by CLUES and the University of Minnesota explaining the project, then contacted by an interviewer to schedule an interview. Interviews were conducted both in-person and over the telephone by interviewers from HACER and the University of Minnesota School of Public Health between January and April of 1999. Survey respondents included extension educators, outreach workers, physicians, and mental health care providers. A complete list of survey respondents can be found in Appendix 2.

This section summarizes the major findings of the interviews related to health concerns, barriers to health care, and research needs.

Major Health Concerns

Four major themes emerged as key areas of health concerns affecting Latinos in Minnesota, including access to health care, health status and public health issues, service delivery, and knowledge and education. Each of these four themes is discussed below:

1. Access to Health Care

Access to health care was cited by each of the respondents as the most important health issue affecting Latinos in Minnesota. Lack of insurance, or other financial barriers, lack of appropriate interpretive services, and lack of culturally competent care were frequently mentioned as barriers to receiving needed health care.

In addition, several respondents identified lack of access to appropriate health care as the key issue. That is, even when Latinos were able to see a health care provider, they were not receiving appropriate and/or adequate care. Lack of appropriate health care was attributed to lack of linguistically and culturally appropriate prevention and intervention services. A few respondents noted that the lack of appropriate care is

particularly problematic with mental health services. One respondent described the lack of access to appropriate care as "a vicious cycle—for example, if the care is inappropriate the patient may not continue needed treatment—it ends up costing the system a lot more in the end than if the patient received appropriate care in the first place."

2. Health Status and Public Health Issues

Chronic diseases, and in particular, diabetes, hypertension, and HIV/AIDS, were mentioned as significant health concerns among Latinos in Minnesota. In addition, some respondents identified poverty and crowded, dirty, living conditions as major public health issues affecting some Latinos in Minnesota.

Several respondents reported that lack of preventive and general health care leads many Latinos to seek care only when something has reached the crisis point. Lack of preventive health care utilization was attributed to both access and knowledge barriers. Specific examples of preventive health care services underutilized by Latinos in Minnesota included immunizations, preventive care for children, AIDS/ STD prevention, and breast and cervical cancer screening.

3. Service Delivery

Similarly, several respondents indicated that lack of health care provider accountability for providing culturally and linguistically appropriate care is a major health concern affecting Latinos in Minnesota. One respondent noted the lack of language about cultural diversity in managed care contracts, while others discussed the issue of the availability and quality of interpretive services.

4. Knowledge and Education

Lack of knowledge about health conditions, prevention, nutrition, and available services was also frequently mentioned as a major health concern. Specifically, respondents identified lack of specific knowledge in the community and Spanish educational materials about asthma, diabetes, hypertension, and cancer prevention, as well as lack of knowledge about available services as significant health concerns.

Barriers to Health Care

Respondents identified several barriers that prevent Latinos in Minnesota from receiving needed health care. Nearly all respondents reported lack of health insurance, language, lack of knowledge, and lack of appropriate care as the major barriers preventing Latinos from receiving health care. The following are the barriers mentioned by respondents in approximate rank order of importance:

1) Lack of health insurance or other financial barriers

2) Language barriers

3) Lack of knowledge – about health and how to access care (eg. How the health care system works, health insurance, public programs, where to call/ go, that there are free services such as Pap smears and prenatal care, specific information about different conditions, etc.)

4) Lack of culturally competent/ appropriate care

5) Issues related to immigration status including fear, services that require a Social Security number, lack of knowledge about available resources, and ineligibility of undocumented for many public programs.

6) Logistical issues such as transportation, child care, and clinic hours.

7) Lack of Latino providers

8) General lack of education / literacy

Information Needs

Respondents identified a variety of important issues that should be addressed in a statewide study looking at health and health care access in the Latino community in Minnesota. Respondents identified four key areas where they think more specific information about Latinos is needed:

Access to Health Care

Several respondents expressed a need to better understand current levels of health care utilization by Latinos in Minnesota, as well as the barriers preventing Latinos from receiving care. Specifically, respondents wanted more information on why rates of uninsurance are so high among Latinos, and what strategies can be used to effectively address this problem.

Health Status and Public Health Issues

Respondents felt that there was a need for more information about the health status and health attitudes and behaviors of Latinos in Minnesota.

Service Delivery

Many respondents wanted more information on the cultural and linguistic appropriateness of care provided to Latinos in Minnesota. Respondents felt that appropriate care was not being provided, however, without information on current service delivery, it is difficult to identify specific needs and improve the quality of care.

Education

Other respondents suggested that more information was needed on how to better educate Latinos about health and the health care system.

Other comments

Although respondents represented a variety of different backgrounds and regions of the state, consistent themes arose from the interviews regarding research in the Latino community. Several respondents stressed the following points:

- Any research must involve community members from the beginning
- Research must benefit the members of the community being studied
- Research should reflect the different Latino subgroups in Minnesota.

The interview questions and a complete summary of interview responses can be found in Appendix 2.

Summary & Recommendations

As Latinos account for a growing proportion of Minnesota's population, the need to improve data collection and better address the health needs of Latinos in Minnesota is becoming increasingly important. Although the literature review revealed several sources of information about Latinos in Minnesota, including studies done by the Wilder Foundation (*2*), The Urban Coalition (*5, 12, 16, 67, 74-76*), and HACER (*3, 4, 69*), very limited information is available about the health and health care access of Minnesota's Latino population. Very few studies on Latinos in Minnesota address health or health care access issues, and those that do (*48, 72, 74-77*) are so limited in scope that they are of little use for addressing the needs of the larger Latino population.

Moreover, the literature review demonstrated that Latinos are a unique population in Minnesota, and should be examined separately from other populations of color. For example, in addition to language and cultural differences, Latinos have high rates of employment and family formation, low rates of welfare dependency, and relatively strong health indicators compared to other populations of color (*61, 78*). As a result, many of the policies intended to improve the health and health care access of underserved populations are not meeting the needs of Latinos.

The lack of comprehensive, specific information about the health and health care access of Latinos makes it difficult to develop meaningful public health goals and policies that will address the unique needs of Minnesota's growing Latino population. Therefore, the Chicano/ Latino/Hispanic Health Care Access Project recommends that the following actions be taken:

1. Conduct a statewide study to look at the health and health care access of Latinos in Minnesota.

It is recommended that a comprehensive, statewide study be conducted to look at the specific health and health care access of Latinos in Minnesota. It is further recommended that the study contain both quantitative and qualitative elements, and gather community input on solutions that would improve the health and health care access of Latinos in the state.

Given the lack of baseline data, quantitative information is needed to accurately define the types and extent of health and health care access issues in the Latino community. Ideally the study would incorporate questions from existing surveys such as BRFSS and the Minnesota Health Care Access and Insurance so that the

information can be compared both to other populations in Minnesota and over time. It is recommended that the survey collect information on the following:

- Demographics
- Health status
- Health behaviors, knowledge, and attitudes
- Health care utilization
- Type and extent of health insurance coverage
- Barriers to health care access and health insurance coverage

In addition to the quantitative survey data, qualitative information should be gathered through interviews and focus groups to better understand how these issues impact the lives of Latinos in Minnesota.

Study Process

In order for the study to be relevant and useful in promoting needed changes, it is critical that it have the active support and participation of Latino communities statewide. Therefore, it is recommended that the study:

- Be guided by a representative statewide advisory board
- Involve community members from the very beginning of the research process
- Benefit members of the communities being studied
- Reflect the diversity of the Latino population in Minnesota, including cultural, socioeconomic, and regional differences

Information Dissemination

It became clear through the key informant interviews that simply conducting a study on Latinos in Minnesota would not bring needed improvement in the health and health care access of Latinos in the state. In order to be useful, it is crucial that study results are made available in both Spanish and English, and are widely disseminated in formats readily accessible and usable to the different stakeholders such as community members and policy makers. Therefore, it is recommended that an extensive information dissemination plan be included as an integral part of the study process.

2. Improve existing data collection systems to increase the quantity and quality of health and health care access data available on Minnesota's Latino Population.

In addition to the proposed study, existing data collection systems need to be improved to collect information about Latinos and other populations of color in Minnesota on a regular, on-going basis. Although there are several potential sources of health and health care access information about Latinos in Minnesota, some, such as MHHP hospital discharge data and HMO claims data do not collect information on race and ethnicity. Others potential sources, such as BRFSS and the Minnesota Health Care Insurance and Access Survey, do not sample sufficient numbers of Latinos to permit analysis. Therefore, it is recommended that surveys conducted in Minnesota oversample Latinos to provide sufficient numbers of Latino respondents for analysis. In addition, it is recommended that efforts be made to reduce the amount of missing or inaccurate racial and ethnic data contained in surveys, administrative data, and vital statistics records.

3. Make information readily accessible about Minnesota's Latino population

As much of the information currently available about Latinos in Minnesota is in unpublished reports, accessing information about Minnesota's Latino population can be difficult and time consuming. Moreover, many of the studies done in the past have not been widely disseminated, and the information gathered has gone unused. In addition, several interview respondents expressed frustration that communities have participated in studies in the past, but have never seen the study results. Therefore, it is recommended that a centralized bilingual on-line information clearinghouse be created to make information easy to find and accessible the community, policy makers, and other stakeholders statewide.

Appendices

Appendix 1: Advisory Group Members

Jesse Bethke Gomez, MMA
President, Chicanos Latinos Unidos en Servicio (CLUES)

Lynn A. Blewett, Ph.D.
Assistant Professor, University of Minnesota School of Public Health

Mavis Brehm
Executive Director, Westside Health Center (La Clinica)

Paul J. Carrizales, MA
Executive Director, Hispanic Advocacy and Community Empowerment Through Research (HACER)

Teresa Chapa, Ph.D.
Chief Operating Officer, Chicanos Latinos Unidos en Servicio (CLUES)

Lou Fuller
Director, Office of Minority Health, Minnesota Department of Health

Scott Leitz, MA
Director, Health Economics Program, Minnesota Department of Health

Nancy Barcelo, Ph.D.
Associate Vice President for Multicultural Affairs, University of Minnesota

Appendix 2: Summary of Key Informant Interviews

Interviews were completed both in-person and over the telephone by interviewers from HACER and the University of Minnesota School of Public Health. All interviews were completed between February and April of 1999.

1.) The project advisory committee recommended that I seek your opinion about health and health care access issues for Latinos in Minnesota. Could you tell me briefly about what you do?

Respondents represented a variety of occupations and regions of the state. A total of19 surveys have been completed to-date. The respondents were as follows:

- Laurel Neufeld Weaver, Extension Educator, Worthington
- Maria Marino, Clinical Director of Mental Health at CLUES, St. Paul
- Irene Bethke Gomez, Interim Director, Chicano Latino Affairs Council, St. Paul
- Jannina Aristy, Minnesota Department of Human Services, St. Paul
- Judy Ojeda, HIV Prevention Educator, Centro Cultural Chicano, Minneapolis
- Jose Gonzales, Program Analyst, Minneapolis Department of Health & Family Support, Minneapolis
- Gwinneth Bhagroo, Social Worker, Ramsey County Social Services, St. Paul
- Kevin Spading, Supervisor of Chemical Health Services, CLUES, Minneapolis
- Emma Overson, Outreach worker at St. James schools, St. James
- Joan Altenbernd, Director of Migrant Health Services, Moorhead
- Carmenza Preus, Social Worker, La Clinica, St. Paul
- Miguel Ruiz, MD, La Clinica, St. Paul
- Patricia Stoppa, Extension Educator, Sleepy Eye
- Lalo Savala, UMOS, Waite Park
- Mary Nesvig, Medical Director, La Clinica, St. Paul
- Leticia Rodriguez, Coordinator, Community Connectors, Worthington
- Victoria Amaris, Minneapolis United Way, Minneapolis
- Linda Cruz Lares, Family Development Coordinator, Albert Lea
- Mario Quintero, Assistant Director of Multicultural Affairs, Minnesota State University at Mankato

2.) From your perspective, what do you think are the most important health concerns in the Chicano/ Latino communities in Minnesota?

Several key themes emerged in the answers to this question including access to health care, chronic disease, lack of information, lack of provider accountability, poverty, and immigration status.

- **Access to health care** was cited by each of the respondents as a major health concern affecting Latinos in Minnesota. Lack of insurance, or other financial barriers, lack of appropriate interpretive services, and lack of culturally competent care were frequently cited as barriers.

- In addition, several respondents identified **lack of access to *appropriate* health care** as the key issue. That is, even when people were able to see a health care provider, they were not receiving appropriate and/or adequate care. Again, lack of appropriate health care was attributed to lack of linguistically and culturally appropriate prevention and intervention services. A couple of respondents noted that the lack of appropriate care is particularly problematic with mental health services. Another described the lack of access to appropriate care as "a vicious cycle—for example, if the care is inappropriate the patient may not continue needed treatment—it ends up costing the system a lot more in the end than if the patient received appropriate care in the first place."

- Similarly, several respondents indicated that the **lack of health care provider accountability for providing culturally and linguistically appropriate care** is a major health concern affecting Latinos in Minnesota. One respondent noted the lack of language about cultural diversity in managed care contracts, while others discussed the issue of the availability and quality of interpretive services.

- **Lack of knowledge about health conditions, prevention, nutrition, and available services** was also frequently mentioned as a major health concern. Specifically, respondents mentioned lack of knowledge in the community about asthma, diabetes, hypertension, and cancer prevention, as well as lack of knowledge about available services as significant health concerns.

- **Chronic diseases, such as diabetes, hypertension, and HIV/AIDS** were mentioned as significant health concern among Latinos in Minnesota.

- **Poverty and people living in crowded, dirty conditions** were mentioned as major health concerns by some of the greater Minnesota respondents. Specific comments included:

    - Lots of head lice, stomach and skin infections, and skin irritations,

- Families do not have the money to change bedding often, clothes, etc.,
- some lack access to place to bathe,
- One family lives in a basement with no place to shower and not enough clothes, bedding, etc.,
- many families cannot afford enough diapers—so don't change them as frequently as they should,
- lack of cleanliness, especially in the mobile homes –there is garbage everywhere and cockroaches.
- Many Latinos living in poor areas—all of the issues of poverty—substandard housing, lead poisoning, etc.

- **Lack of preventive and general health care leads many Latinos to seek care only when something has reached the crisis point**. The lack of preventive care was attributed to both access and knowledge barriers. Specific examples of preventive health care included immunizations, preventive care for children, AIDS/ STD prevention, and breast and cervical cancer screening.
- **Immigration status and lack of access for undocumented populations** was identified as a significant problem by some Metro-Area respondents. One respondent articulated the notion of the undocumented being part of the undeserving poor, and how that affects access to care.
- **Prenatal care for pregnant women** and women's health in general were mentioned as important health concerns.
- One respondent reported that **battered women and molested children** are health concerns in the Latino community that frequently go unreported.
- **Pesticide exposure** is a major health concern in rural Minnesota.
- **Other health concerns** mentioned included:
  - the overrepresentation of Latino kids in corrections.
  - poor nutrition.
  - unmet need for mental health services.
  - the perceived threat (parent's fears) of kid's use of inhaled drugs such as glue and paint thinner.

- rebellion among kids—increasing threatening behavior, acting out, and violent acts.
- changing roles and relationships of immigrant parents and children.

3.) Do you feel that these health concerns are being adequately addressed? (Why/ why not?)

The overwhelming response to this question was NO. Several respondents cited examples of specific programs or efforts being made to help address some of these issues. However, overall, there seemed to be consensus that much more needs to be done.

4.) What are barriers that prevent Chicanos/ Latinos from receiving health care?

Several barriers were consistently reported by the respondents. Nearly all respondents reported lack of health insurance, language, lack of knowledge, and lack of appropriate care as the major barriers preventing Latinos from receiving needed health care. The following is a listing of all of the barriers mentioned in approximate rank order of importance:

1. **Lack of health insurance** or other financial barriers
2. **Language** barriers
3. **Lack of knowledge** – about health and how to access care (eg. How the health care system works, health insurance, public programs, where to call/ go, that there are free services such as Pap smears and prenatal care, specific information about different conditions, etc.)
4. **Lack of culturally competent/ appropriate care**.
5. Issues related to **immigration status** including fear, services that require a Social Security number, lack of knowledge about available resources, and ineligibility of undocumented for many public programs.
6. Transportation
7. **Lack of Latino providers**.
8. General **lack of education / literacy**
9. Feelings of isolation/ disconnect from the community, as when people re-connect to their own cultures, wellness and identity are strengthened.

5.) Are there special issues for different groups within the Chicano / Latino community?

Respondents identified a wide variety of special issues for different groups within the Latino community.

Several respondents noted that Latinos in Minnesota are a diverse group, and that there many different Latino cultures represented in Minnesota.

- There seems to be an assumption that everyone is Mexican, but in reality there are over 100 cultural variations--- so there not one set of guidelines for providing culturally competent care.
- Very different cultures within Worthington's Latino community. People are coming from very different places and for different reasons. Mexicans- usually economic, also people from South Texas. Many people from Central America are coming from regions at war and have been exposed to the violence.
- Special considerations need to be made to recognize the uniqueness of the sub-cultures that exist. It's a given that because of the disconnection being experienced, individuals and families will naturally gravitate towards similar sub-groups as themselves. When people re-connect to their own cultures, wellness and identity are strengthened. As a result, sub-cultures should be viewed as positive parts of the process to building community, rather than dividing it. We don't need to build separate models of health care for every sub-group; we just need to recognize what these sub-groups bring and celebrate unique traditions that support identity and culture.
- We have Mexicans, Nicaraguans, and Guatemalans. Their lifestyles, beliefs, and diets differ. It is important to recognize things such as the foods and ways they cook (e.g. with diabetes education).

Newcomers vs. people that have lived in the US a long time

- Different levels of acculturation bring special issues.
- The health of newcomers is often better than that of people that have acculturated. For example, birth outcomes are better among new immigrants.

Youth

- Immunizations and nutrition

Undocumented Immigrants

- Fear, and access to care

Migrant workers

- Migratory lifestyle and harsh working conditions create special challenges.
- Many migrants lack information as to where to go for health care. Some migrant assistance offices are only open at certain times of the year.
- Even people who are not really migrants face many of the same issues in greater Minnesota. They have temporary jobs, so the end up moving from town to town. This is really hard on the kids with changing schools.

Seniors

- Seniors have a particularly difficult time accessing services. Especially if they do not have family to help them.
- Different health beliefs than younger Latinos.
- There is a small, but growing number of Latino seniors in nursing homes. Some Latino seniors are having a hard time adjusting to all-Anglo nursing homes. Also, visits by extended family to the hospital or nursing home are resented by the Anglo staff.

Women

- Breast and cervical cancer, as well as increasing levels of AIDS and other STDs.
- Pregnancy and prenatal care

Single men living on the street

- Mental health and or drug/ alcohol issues
- High risk for STDs

6.) What do you think should be done to address these issues?

Respondents proposed a wide variety of strategies to address health issues within the Latino community:

Policy changes:

- Contract language needs to be changed to incorporate cultural diversity.
- Legislative changes to enforce cultural diversity—the population is changing—although minority population only 9 percent of the state's population, it is growing. We have no guidelines, and we need them.(We need to move quickly on these!!)
- Program development- programs need multicultural elements. Perhaps enforcement- legislative changes to make multicultural aspects part of program development?
- Mainly, just becoming a part of the policy agenda is important.
- Public policies are very short sighted—for instance, people with AIDS or other 'scary' communicable diseases may receive care, but a pregnant woman may not. We need to stop segmenting people and provide access to all. It will benefit everyone in society.
- Need to enforce accountability for providing appropriate care (including Title VI)
- Universal health insurance

Education: Community Members

- People in the community about services/ resources available to them. Materials need to be accessible to non-English speakers.
- Health care providers need to do more outreach/ education in the community.
- Mothers are primarily responsible for the health and nutrition of the family. Educational messages should be targeted at mothers.

Education: Health Care Providers

- Providers—providing culturally competent care.
- Raise consciousness of providers and administration of cultural issues.
- Cultural sensitivity training for providers.

- Hospitals and providers need to show more interest—frequently they will send the Latino sraff member to diversity workshops.

- Work with providers to increase their awareness of the healthy, beneficial traditions of other cultures.

Address Discrimination

- There is a lot of discrimination—within the state system and health care delivery system. Discrimination needs to be addressed.

- New populations are perceived as a threat in depressed farming areas. Rural initiatives need to focus on more than farming.

Legal advocacy for undocumented

- Legal advocacy for undocumented needed. 2-3 people come to the University of Minnesota Extension Service each week with questions, but there is no one to answer them. No legal services are available for undocumented in Worthington- closest is Twin Cities.

Readjust distribution of power in communities

- Readjusting power in community structure. People of color need to be represented in decision making. Also lawyers, MDs, etc.

Address broader public and occupational health issues

- All the things related with health care—housing issues, cleanliness – basic public health issues.

- Work place— dangerous health situations, leads to occupational injuries.

- Job, housing—cause health problems. Need to look at broader public health issues.

Promote development of Latino health care providers

- Need to provide incentives for high school aged Latino kids to pursue health professions.

Address language and cultural barriers

- Hire cultural liaisons and interpreters—or contribute to programs working in the area. (eg. Saludano Salud--)

- Hire more bilingual people in hospitals and clinics.

Work to empower the Latino community

- Help Latinos to help other Latinos.

7.) If a larger, statewide study were conducted to look at health and health care access in the Chicano/ Latino community, in your opinion, what are the most important things to look at?

Four major topics were identified by respondents as important things to look at in a statewide study:

Access to health care

- A more in-depth look at the barriers to health care for Latinos.
- Assess access to care and barriers- so we can develop strategies to address them. Needs to be specific info.
- Better understand gaps in insurance coverage. Understand why people are not insured, then create appropriate strategies for changes.
- Utilization data- what kinds of care are people receiving? Where? Is it appropriate? (Then use the info to increase appropriate utilization)
- Insurance- availability of affordable insurance for Latinos.
- Appropriate places for Latinos to go for health care- where do they go now? Where can they go? The whole interpreter issue.

Health status / Public Health issues

- Preventive care- how many people are using it? Health care behaviors. Especially for information to providers.
- General health assessment
- Basic public health issues – all things related to health and health status such as housing, workplace safety, etc.
- Mortality rates- Why do Latinos die younger? (*Note: Mortality rates among Latinos are similar to the general population)
- Chemical dependency (drug and alcohol abuse) within the Latino community.

- Mental health issues / depression- how is it being dealt with? How many Latinos are affected?

- A holistic look at Latino health issues (not a specific issues such as teen pregnancy, etc.). We need to help the community develop a holistic model that encompasses the *attitudes* that influence the *behaviors*.

- More accurate info on demographics and health needs. (It is important to identify the separate Latino cultures and length of time in the US)

Service Delivery

- Compliance of providers in providing adequate/ appropriate interpretive services (Title VI).

- Cultural competency assessment- at a couple of levels—both at the macro-health system level as well as at the micro - clinic / provider level (then use info to improve cultural competency)

- Accountability- a need to show how providers are meeting the cultural and linguistic needs of patients—we know that needs are not getting met. We need to SHOW this information to create change, to improve service, & create/ enforce mandates. (* three respondents mentioned this need)

- Interpreters- adequacy/ appropriateness

Education

- Figure out how to educate Latinos about the health care system.

None- Action needed, not research

- What more information do you need??! A few respondents expressed concern that we are already well aware of the health and health care access problems in the Latino community, and would like to see action rather than research.

8.) We don't want to do a study that will just sit on the shelf. How do you think we can best engage the Chicano/ Latino community in this project?

Respondents had several suggestions on how to best engage the Latino community if a statewide study were to be conducted:

- Develop specific task forces that involve community members, counties, etc. to address these issues.
- Relationship building. Trust level is low—you cannot expect to just come in, do something, then leave.—**it does not work!**
- If you are working on a short timeline, work with community leaders—people who are not isolated, but those who are active and engaged in the community.
- Worthington has been everyone's guinea pig. There is definitely some resistance. Any project MUST involve people at the grassroots level. There has been a lot of change in Worthington in the last five years. New populations really perceived as a threat. Any initiatives should involve both the new and long-term populations.
- People act in their own self interest. Need to frame it in terms of people's own benefit. Eg. For the good of the community—for protecting the rest of us.
- there may be many consequences—especially in small towns—people will not say what they really think.
- Be sure that you pay attention to timing if you want to include migrant workers.
- Involve physicians, and other people with a vested interest in Latino health.
- Make use of community locations such as churches to involve people. Videos are a good way of reaching a lot of people.
- Focus groups, face-to-face, have people talk about their issues. A comfortable setting is important.
- Do not use telephone calling when possible.
- Hard to get Latinos involved in focus groups. Face-to-face interviewing with five to ten questions would be good.
- Maybe work with providers to ask their Latino clients questions?
- Task force / health care coalition
- Prepare a written report (or audiotape) in Spanish.

- The Latino community itself should be directly addressed and dialogued with, not the health care providers. We need to have a conversation, and *listen* to what people have to tell us. Also, involve more community residents in the discussion, as opposed to 'community leaders.' Finally, involve people from the very beginning in decision making—provide genuine ownership, not just lip service.

- Find strategies that could educate Latinos about the importance of these (health) issues in their lives.

- Involve the mothers in the community—they are the ones that really protect the health of the household.

References

1. Minnesota Planning State Demographic Center: Faces of the future: Minnesota population projections 1995-2025. Minnesota Planning State Demographic Center, St. Paul, 1998.

2. Wilder Research Center: Minnesota Latino Needs and Resources Assessment. Wilder Research Center, St. Paul, 1995.

3. HACER: Latino Realities: A Vibrant Community in South Minneapolis. HACER, Minneapolis, 1998.

4. Compean, M. C.: The human face of poverty: Chicano / Latino children in Minnesota. HACER, St. Paul, 1995, pp. 54.

5. The Urban Coalition: Profiles of change: communities of color in the Twin Cities area. The Urban Coalition, St. Paul, MN, 1993.

6. Minnesota Department of Health,Health Economics Program,: Minnesota Health Care Market Report. Minnesota Department of Health, Health Policy and Systems Compliance Division, Health Economics Program, St. Paul, 1995.

7. Molina, W., and Aguirre-Molina, M.: Latino Health in the US: A Growing Challenge. American Public Health Association, Washington, DC, 1994.

8. Lillie-Blanton, M., Leigh, W., and Alfaro-Correa, A.: Achieving equitable access: studies of health care issues affecting Hispanics and African Americans. Joint Center for Political and Economic Studies, Washington, DC, 1996.

9. U.S. Census Bureau: Hispanic population of the United States 1990 Census - Definition and background. United States Census Bureau, 1990.

10. Centers for Disease Control and Prevention: Chronic Disease in Minority Populations. Centers for Disease Control and Prevention, Atlanta, 1994, pp. Chapter 5: Hispanic Americans.

11. Hayes-Bautista, D., and Chapa J: Latino terminology: conceptual basis for standardized terminology. American Journal of Public Health 77: 61-68 (1987).

12. Minnesota Food Education and Resource Center: Bitter Sugar: Migrant Farmworker Nutrition and Access to Service in Minnesota. The Urban Coalition, St. Paul, 1996.

13. Tumiel, L. M., et al.: Unmasking adverse birth outcomes among Hispanic subgroups. Ethnicity and Disease 8: 209-217 (1998).

14. Fang, J., Madhavan, S., and Alderman, M. H.: The influence of birthplace on mortality among Hispanic residents of New York City. Ethnicity and Disease 7: 55-64 (1997).

15. U.S. Bureau of the Census: Resident population of the United States, U.S. Bureau of the Census, 1998.

16. Minnesota Department of Health and The Urban Coalition: Populations of Color in Minnesota Health Status Report. Minnesota Department of Health, Office of Minority Health and The Urban Coalition, St. Paul, 1997.

17. Minnesota Department of Children, Families, and Learning,: Gender and Ethnicity Counts, 1999.

18. Valdez, R., et al.: Insuring Latinos against the costs of illness. JAMA 269: 889-894 (1993).

19. Amato, J. A.: To call it home: the new immigrants of Southwestern Minnesota. Crossings Press, Marshall, MN, 1996.

20. Hahn, R.: The state of federal health statistics on racial and ethnic groups. JAMA 267: 268-271 (1992).

21. Minnesota Department of Health: Minnesota Women's Health Data Book. Minnesota Department of Health, St. Paul, 1999.

22. Minnesota Department of Health: Survey Summary: Retrospective Kindergarten Survey, 1996-97 Statewide, Minnesota Department of Health, Minneapolis, 1998.

23. Minnesota Department of Health, Center for Health Statistics,: Migrant Farmworkers and their Families in Minnesota: Health and Nutritional Status and Resources, Economic Contributions, Collaborative Resources and Emerging Issues. Minnesota Department of Health, St. Paul, 1997.

24. Giachello, A., et al.: Health Needs of Hispanic/ Latino Immigrants: a Review and a Research Agenda. Midwest Latino Research, Training, and Policy Center, Chicago, 1996.

25. Centers for Disease Control: Self-Reported Prevalence of Diabetes Among Hispanics- United States, 1994-1997. Morbidity and Mortality Weekly Report 48: 8 - 12 (1999).

26. Bassford, T.: Health status of Hispanic elders. Clinics in Geriatric Medicine 11: 25-38 (1995).

27. Andersen, R., Rice, T., and Kominksi, G.: Changing the US health care system: key issues in health services, policy, and management. Jossey-Bass, San Francisco, 1996.

28. Kass, B., Weinick, R., and Monheit, A.: Racial and ethnic differences in health, 1996. Agency for Health Care Policy and Research, Rockville, MD, 1999.

29. Institute for Health Services Research: Minnesota Health Care Insurance and Access Study. Institute for Health Services Research, Minneapolis, 1996.

30. Hennepin County Community Health Department: Hennepin County Health Care Insurance and Access Survey, 1996. Hennepin County Community Health Department, Minneapolis, 1997.

31. MetroEast Program for Health: Ramsey County Health Care Insurance and Access Survey. MetroEast Program for Health, HealthEast Office of Research and Medical Education, St. Paul, 1997.

32. Andersen, R. M., Giachello, A. L., and Aday, L. A.: Access of Hispanics to health care and cuts in services: a state-of-the-art overview. Public Health Reports 101: 238-52 (1986).

33. Angel, R. J., and Angel, J. L.: The extent of private and public health insurance coverage among adult Hispanics. Gerontologist 36: 332-40 (1996).

34. Berk, M. L., Albers, L. A., and Schur, C. L.: The growth in the US uninsured population: trends in Hispanic subgroups, 1977 to 1992. American Journal of Public Health 86: 572-576 (1996).

35. de la Torre, A., et al.: The health insurance status of US Latino women: A profile from the 1982-1984 HHANES. American Journal of Public Health 86: 533-7 (1996).

36. Fronstin, P., Goldberg, L. G., and Robins, P. K.: Differences in private health insurance coverage for working male Hispanics. Inquiry 34: 171-80 (1997).

37. Polednak, A. P.: Health insurance for low-income adults: the issue of Hispanics. Health Affairs 17: 282-283 (1998).

38. Trevino, F. M., et al.: Health insurance coverage and utilization of health services by Mexican Americans, mainland Puerto Ricans, and Cuban Americans. JAMA 265: 233-7 (1991).

39. Trevino, R., et al.: Health care access among Mexican Americans with different health insurance coverage. Journal of Health Care for the Poor and Underserved 7: 112-21 (1996).

40. Valdez, R. B., et al.: Improving access to health care in Latino communities. Public Health Reports 108: 534-9 (1993).

41. Hubbell, F. A., et al.: Evaluating health-care needs of the poor: a community-oriented approach. American Journal of Medicine 87: 127-31 (1989).

42. Vistnes, J., and Monheit, A.: Health insurance status of the civilian noninstitutionalized population: 1996. *In* MEPS Research Findings No.1. AHCRP Pub. No. 97-0030. Agency for Health Care Research and Policy, Rockville, MD, 1997.

43. Levan, R., et al.: Disparity in Job-Based Health Coverage Places California's Latinos at Risk of Being Uninsured. *In* UCLA Center for Health Policy Research, Policy Brief, 1999.

44. Council of Economic Advisors, and President's Initiative on Race: Changing America: indicators of social and economic well-being by race and Hispanic origin. U.S. Government Printing Office, Washington, DC, 1998.

45. Minnesota Department of Health: Measuring Trends in the Number of Uninsured in Minnesota. Health Economics Program Issues Paper 1 (1996, December).

46. Himmelstein, D. U., and Woolhandler, S.: Care denied: US residents who are unable to obtain needed medical services. American Journal of Public Health 85: 341-44 (1995).

47. Giachello, A.: Issues of Access and Use. *In* Latino Health in the U.S.: A Growing Challenge, edited by C. Molina and M. Aguirre-Molina. American Public Health Association, Washington, D.C., 1994.

48. Chase, R., and Zerger, S.: Health Care Needs of Latinos in South Minneapolis. Wilder Research Center, St. Paul, 1995.

49. Working group of the Minnesota Interpreter Advisory Committee: Bridging the Language Gap: How to Meet the Need for Interpreters in Minnesota. Working group of the Minnesota Interpreter Advisory Committee, St. Paul, 1998.

50. Perkins, J., et al.: Ensuring Linguistic Access in Health Care Settings: Legal Rights and Responsibilities. National Health Law Program for the Henry J. Kaiser Family Foundation, Los Angeles, 1998.

51. Minnesota Planning State Demographic Center: Estimates of Immigrant Populations in Minnesota. *In* PopBites, Vol. 99-16, May, 1999.

52. Caudle, P.: Providing culturally sensitive health care to Hispanic clients. Nurse Practitioner 18: 40, 43-6, 50-1 (1993).

53. Holland, L., and Courtney, R.: Increasing cultural competence with the Latino community. Journal of Community Health Nursing 15: 45-53 (1998).

54. Giachello, A.: Challenges and opportunities in establishing a Latino health research center in a majority academic institution. Journal of Medical Systems 20: 351-376 (1996).

55. Johnson, J. C., et al.: Extending the pipeline for minority physicians: a comprehensive program for minority faculty development. Academic Medicine 73: 237-244 (1998).

56. Ruiz, P.: Assessing, diagnosing and treating culturally diverse individuals: a Hispanic perspective. Psychiatric Quarterly 66: 329-41 (1995).

57. Akin, B. V., et al.: Access to medical care in a medically indigent population. Journal of General Internal Medicine 4: 216-20 (1989).

58. Fenton, J. J., Catalano, R., and Hargreaves, W. A.: Effect of Proposition 187 on mental health service use in California: a case study. Health Affairs 15: 182-90 (1996).

59. Flores, G., and Vega, L. R.: Barriers to health care access for Latino children: a review. Family Medicine 30: 196-205 (1998).

60. Hubbell, F. A., et al.: Access to medical care for documented and undocumented Latinos in a southern California county. Western Journal of Medicine 154: 414-7 (1991).

61. Halfon, N., et al.: Medicaid enrollment and health services access by Latino children in inner-city Los Angeles. JAMA 277: 636-41 (1997).

62. Lewin, J.: Protecting the health of children of immigrants. Innocent victims of adult policy. Jama 277: 672 (1997).

63. United States Immigration & Naturalization Service: Fact Sheet: Alien Eligibility for and Access to Public Benefits. United States Immigration & Naturalization Service, 1997.

64. Hernandez, D., and Charney, E.: From Generation to Generation: The Health and Well-Being of Children in Immigrant Families, edited by Institute of Medicine National Research Council. National Academy Press, Washington, DC, 1998.

65. Scholsberg, C.: Not-qualified Immigrants' Access to Public Health and Emergency Services After the Welfare Law. National Health Law Program, 1998.

66. Schlosberg, C., and Wiley, D.: The Impact of INS Public Charge Determinations on Immigrant Access to Health Care. National Health Law Program, 1998.

67. Falcon, A., and Rode, P.: Hidden Dreams Hidden Lives: New Hispanic Immigrants in Minnesota. The Urban Coalition and Sin Fronteras, St. Paul, 1992.

68. Minnesota Department of Human Services: Bulletin: DHS Issues Protocols for Reporting to INS. Minnesota Department of Human Services,, St. Paul, 1999.

69. HACER: Suburban Realities: Latinos in Dakota County. HACER, St. Paul, 1999.

70. Statewire: Immigration agents in Twin Cities detaining more people. *In* Star Tribune, Minneapolis, January 18, 1999, Metro/ Region.

71. Hayes Taylor, K.: INS works with Twin Cities Sheriffs to up arrests. *In* Star Tribune, Minneapolis, January 18, 1999, Metro/ Region.

72. Tierney, D.: Meeting Health Care Needs of Latinos in South Minneapolis. West Side Community Health Services, St. Paul, 1998.

73. Longman, A. J., Saint-Germain, M. A., and Modiano, M.: Use of breast cancer screening by older Hispanic women. Public Health Nursing 9: 118-24 (1992).

74. Mills, D., Bellfield, K., and Rode, P.: Prenatal care among Hispanic women in St. Paul. The Urban Coalition, St. Paul, MN, 1991.

75. Rode, P.: Resiliency and risk among young people of color. The Urban Coalition, St. Paul, MN, 1994.

76. The Urban Coalition: Getting it all together: the health and well-being of Minnesota's youth. The Urban Coalition, St. Paul, MN, 1998.

77. Rodriguez, M., and Chase, R.: West Side Community Health Profile. Wilder Research Center, St. Paul, 1993.

78. Mendoza, F.: The Health of Latino Children in the United States. Future of Children 4: 43-72 (1994).

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