



HISPANICS IN IOWA

A Snapshot of Health Disparity Issues

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HISPANICS IN IOWA - POPULATION CHARACTERISTICS

Hispanics numbered 82,473 or 2.8% of Iowa’s population in the 2000 Census. This is an increase of more than 150% since the 1990 Census, and represents 2/3s of Iowa’s population growth for that period. Thus, Hispanics are the largest minority group in Iowa, and exceed African Americans by 20,000. In 2000, 66% of Hispanic households had lived in Iowa since 1995, and of those 30.4% lived in the same house for five years. (By comparison, 58.2% of White residents lived in the same house between 1995 and 2000). While many Hispanics came here initially for work in meatpacking facilities, they have now moved into entry-level jobs in construction, hospitality, manufacturing, wholesale, and others.^{1 2}

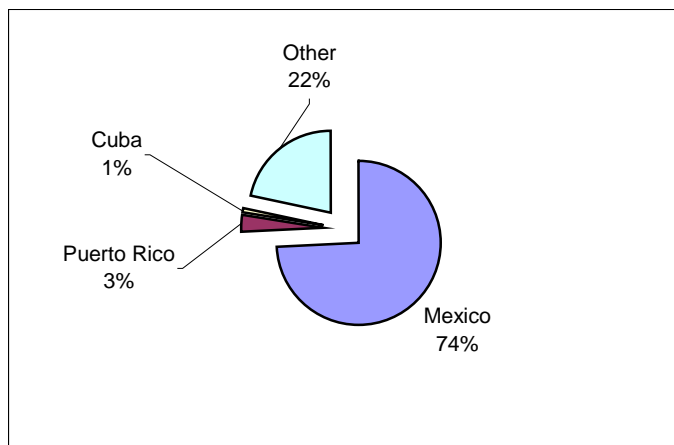


Figure 1: Countries of Origin for Iowa's Hispanic Population³

Hispanic-Latino: What’s the difference?

“Hispanics” are grouped together for purposes of data collection. They can be of any race and from several different countries of origin, including Mexico, Puerto Rico, Cuba, the Dominican Republic, the countries of Central and South America, and Spain. Nearly 75% of Iowa’s Hispanic population comes from Mexico, while the rest are from 15 other Latin American countries. “Latino” usually refers to someone from Latin America, in the Western hemisphere. “Hispanic” usually refers to people who speak Spanish. The United States government considers Hispanics to usually be racially White, although of Spanish-speaking origin. Both terms, Hispanic and Latino, are often used by people of this ethnic group.⁴

The percentage of minorities in Iowa is expected to continue to grow significantly in future years. This will occur for a number of reasons, including higher birth rates for most minority groups; low birth rates for Whites; an aging White population, and an exodus of young working people from Iowa.⁵

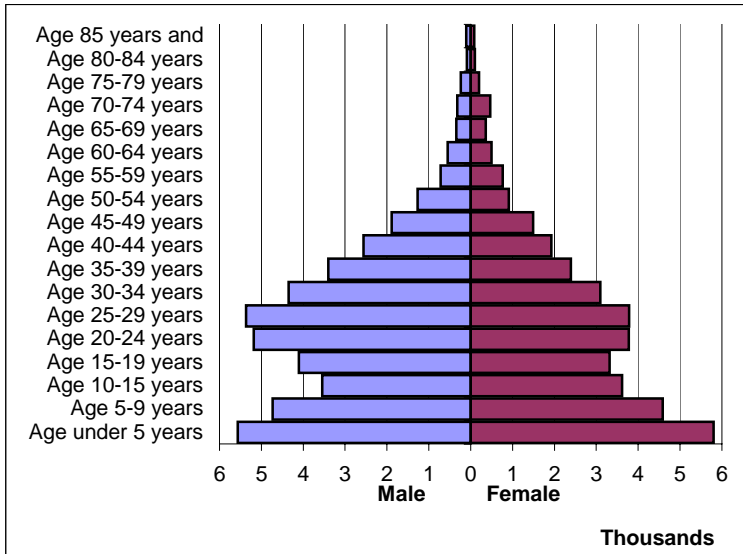


Figure 2: Iowa's Hispanic Population by Age and Sex⁶

FAMILY STRUCTURE

Hispanics are well known for their strong tradition of family and extended family. Cousins, for example, are often as valued as siblings, while aunts and uncles can serve as second parents. They tend to have close family

AGE

There are important differences in age ranges between Hispanic and White populations. While only 4% of the White population is 9 years of age and below, 25% of Hispanics are in this age group. As pictured in figures 1 and 2, the age range above 60 years is just as dramatic: 20% of Whites are over 60, while only 4% of Hispanics are in this group. The median age for Hispanics (22.6 years) is much less than that of Whites (37.9 years). In Hispanic culture, age is highly respected, and elders are valued for their knowledge and value to the family.⁹

support, and fairly strong identity of their roles within the family by age and gender.⁷

■ In 2000 there were 20,900 Hispanic households in Iowa. 53.3% were married-couple families, 23% were single parent households and 15% of Hispanic households were single people (56.5%, 10.6%, and 27.4% for Whites respectively).

■ 41% of children born to Hispanics in 2000 were born out of wedlock (Whites 27%).

■ 17% of Hispanic women giving birth were under 20 years of age (9% Whites). The average household size was greater for Hispanics (3.51) than Whites (2.43).⁸

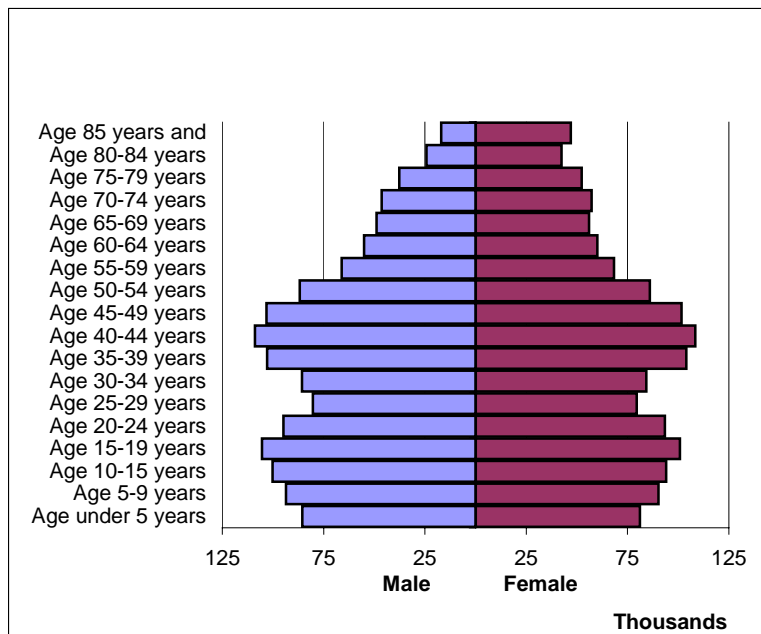


Figure 3: Iowa's White Population by Age and Sex¹⁰

EDUCATION

Hispanics in Iowa lag behind Whites in educational attainment at every level. While 52.3% of Hispanics over the age of 25 earned a high school diploma in the 2000 Census, 87.2% of non-Hispanic Whites had graduated. This disparity continues at the college level where 10.9% of Hispanics earn a degree compared to 21.3% of Whites.¹¹

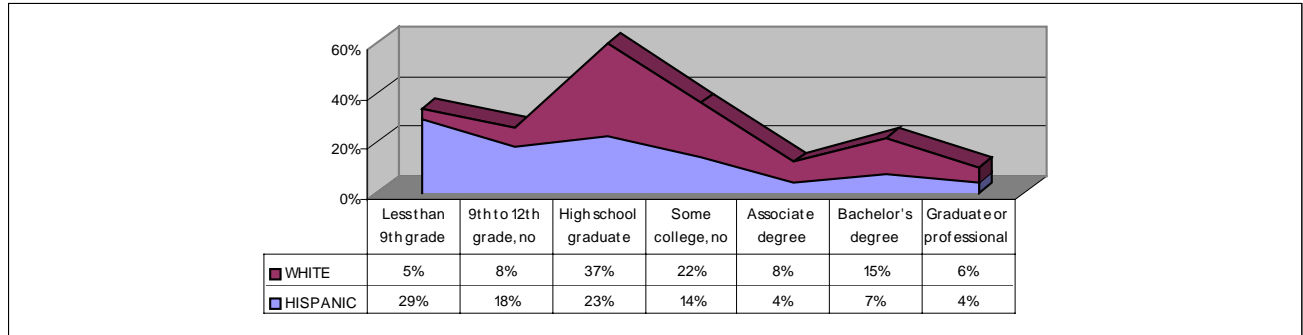


Figure 4: Educational Attainment for Hispanics and Whites in Iowa over 25 Years of Age¹²

HISPANIC INCOME AND POVERTY IN IOWA

■ Median household income in 1999 for Hispanics/Hispanics was \$32,971 compared to \$39,923 for Whites.

■ Median per capita income of \$10,848 for Hispanics/Hispanics versus \$20,249 for Whites.

■ 20.2% of Hispanics lived below poverty level compared to 8.1% of Whites.

■ A Hispanic person working full time in 1999 made \$22,380 while a White person made \$29,379 or 24% more.

■ 23% of families with children 17 and younger lived below poverty level.

■ 47% of Hispanics families living in poverty are headed by single females.¹³

LANGUAGE

34% of Hispanics in Iowa speak English as their primary and only language. Of those Hispanics who speak it as a second language only 15% speak it "not well" and only 8% do not speak English at all.

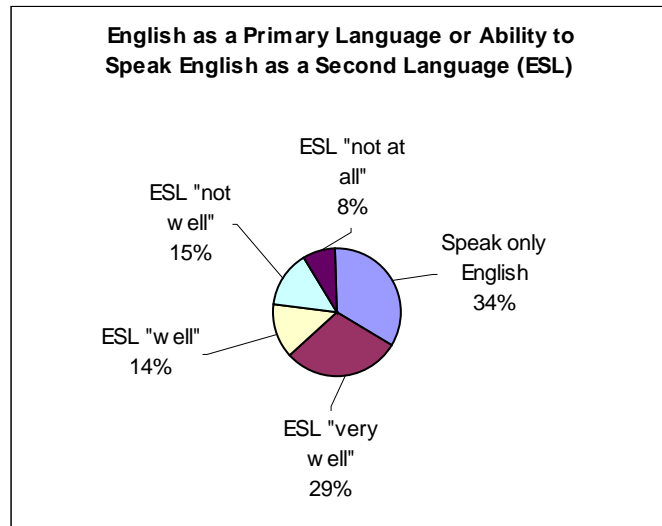


Figure 5: Ability of Hispanics in Iowa to Speak English¹⁴

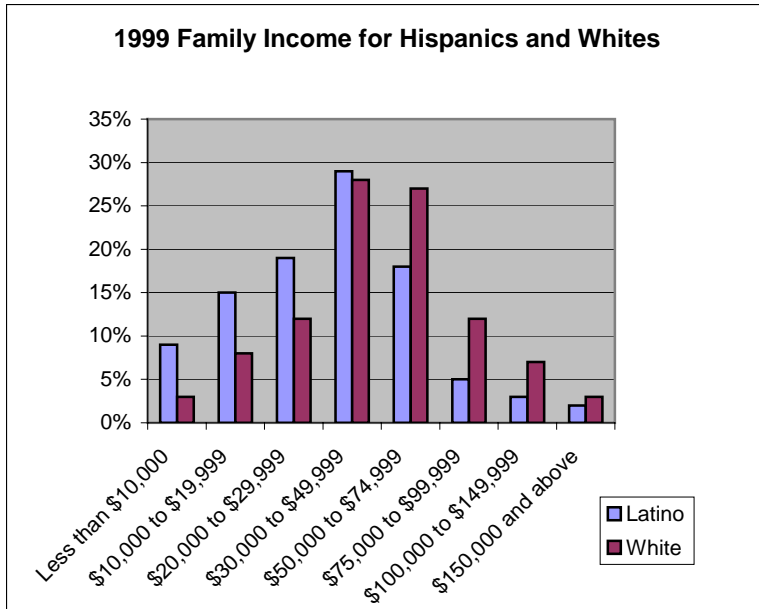


Figure 6: 1999 Family Income for Hispanics and Whites¹⁵

BARRIERS TO HEALTHCARE

Cost and transportation are particularly difficult challenges to address for minorities in Iowa and the rest of the United States.

- Hispanics who are in the United States without the proper legal documentation are particularly likely to be uninsured. Indeed, in Iowa, new reports indicate that 50% or more of the Hispanic population may not have medical insurance. Many lack adequate personal finances to pay out-of-pocket.
- Health services are not always located where minority and immigrant populations often live, and they may not have easy car or bus transportation to reach them.
- Many Hispanic workers in meat packing plants work double shifts with only one day off per week. Standard medical office hours of 9:00-5:00, Monday-Friday, make it difficult for many Hispanic workers to access care.
- Cultural access is also a common barrier to care when the minority patient cannot be seen by providers familiar with their unique ethnic background or sensitive to their needs.
- Lack of interpreters for Hispanics with limited English skills make language one of the most significant barriers to their care.¹⁶

Along with these barriers to care, providers of medical services to newcomer Hispanics may be challenged with:

- Limited or no medical records from the patients country of origin.
- No patient health-history for reference (ex: immunizations, allergies, medical conditions).
- Diseases from the home country which are less common in the United States and unfamiliar to health care providers in Iowa.

Access to care is the greatest barrier to good health for minorities and newcomers in the United States.

- Higher rates for conditions associated with poverty such as scabies or high infant mortality.
- Higher rates for diseases found in mobile populations, like tuberculosis, certain parasites or viruses, and sexually transmitted diseases.
- Different cultural ideas about the role of health care professionals¹⁷

Cultural Differences: What is Health?

Differences in what is considered “health” and “wellness” can prevent the U.S. health care system from working well for minorities. For example, the person who has a chronic disease but is still able to function by working and attending to family matters might consider himself “well” and fail to seek out medical attention that established residents would consider mandatory. There might also be critical differences in assumptions about how to treat or prevent the condition, and cultural differences can increase the likelihood of a missed or inappropriate diagnosis. The results can be costly if health problems are not handled appropriately and become critical, requiring a visit to the emergency room.¹⁸

HEALTH DISPARITIES IN IOWA

Broad differences in income, education, living conditions, lifestyle practices, insurance coverage, family support systems, and other socioeconomic factors have a far greater impact on the health status of minorities than do inherent biological differences.¹⁹

| Births Events in Iowa²⁰ | Hispanic | White |
|---|----------|-------|
| Births Out of Wed-lock | 43% | 29% |
| Mothers Under Age 20 | 15% | 8% |
| Low Birth Weight Below <2500 Grams | 16% | 6% |
| Fetal Deaths | 0% | 1% |
| Infant Deaths | 1% | 0% |

Birth Event Definitions:

Fetal Death (stillbirth): A birth that fails to show any sign of life after delivery.

Infant Death: Death of a live-born infant under one year of age. Includes both neonatal and post-neonatal deaths.²¹

In general, minority patients will often seek treatment for health problems later than the majority White population, and are more likely to present with multiple, more advanced conditions.

■ 43% of Hispanic births are out of wed-lock compared to 29% of White births.

■ 15% of Hispanic mothers are under the age of 20 compared to 8% of Whites.

| Iowa 2003, Leading Causes of Death per 100,000 Population²² | Hispanic | White |
|---|----------|-------|
| Cancer | 21% | 23% |
| Disease of the Heart | 16% | 28% |
| Unintentional Injuries | 17% | 4% |
| Pneumonia | 2% | 4% |
| Diabetes Mellitus | 2% | 3% |
| Cerebrovascular Disease | 4% | 7% |

Working with Hispanics

- Create a welcoming environment. Make sure that all staff is trained in how to work effectively with Hispanic clients, in order to make their experience more positive.
- Incorporate Hispanics on your staff, and throughout your organization.
- Deliver health care services on-site; in churches, stores, community centers, schools, and workplaces.
- Although it varies greatly by region, most Hispanic culture places great emphasis on pride, self-respect, and family honor. This is particularly true among males.
- Always treat elderly Hispanic patients with great respect.
- Make Hispanics part of the health care community through membership on hospital boards, non-profit advisory councils, and other external decision-making entities.
- Provide healthcare services at non-traditional hours including weekends and nights.
- Recognize that, in general, Hispanics are an expressive, warm, and hospitable population. They tend to have closer body spacing and eye contact with others.
- Understand that face-to-face interactions and family connections are valued in this culture. Many referrals are made by word-of-mouth, particularly in immigrant communities.²³

Endnotes

¹ US Census Bureau, Census 2000

² *A Health Providers Pocket Guide to Working with Immigrants, Refugees and Minority Populations in Iowa*. Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program

³ US Census Bureau, Census 2000

⁴ *A Health Providers Pocket Guide to Working with Immigrants, Refugees and Minority Populations in Iowa*. Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program

⁵ *ibid.*

⁶ US Census Bureau, Census 2000

⁷ *A Health Providers Pocket Guide to Working with Immigrants, Refugees and Minority Populations in Iowa*. Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program

⁸ US Census Bureau, Census 2000

⁹ *ibid.*

¹⁰ *ibid.*

¹¹ *ibid.*

¹² *ibid.*

¹³ *ibid.*

¹⁴ *ibid.*

¹⁵ *ibid.*

¹⁶ *A Health Providers Pocket Guide to Working with Immigrants, Refugees and Minority Populations in Iowa*. Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program

¹⁷ *ibid.*

¹⁸ *ibid.*

¹⁹ *ibid.*

²⁰ Iowa Department of Public Health, Vital Statistics 2003

²¹ *ibid.*

²² *ibid.*

²³ *A Health Providers Pocket Guide to Working with Immigrants, Refugees and Minority Populations in Iowa*. Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program