



Latina Bienestar: Reframing Health Care Reform

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Reclaiming our Bienestar by Prioritizing Women's Health

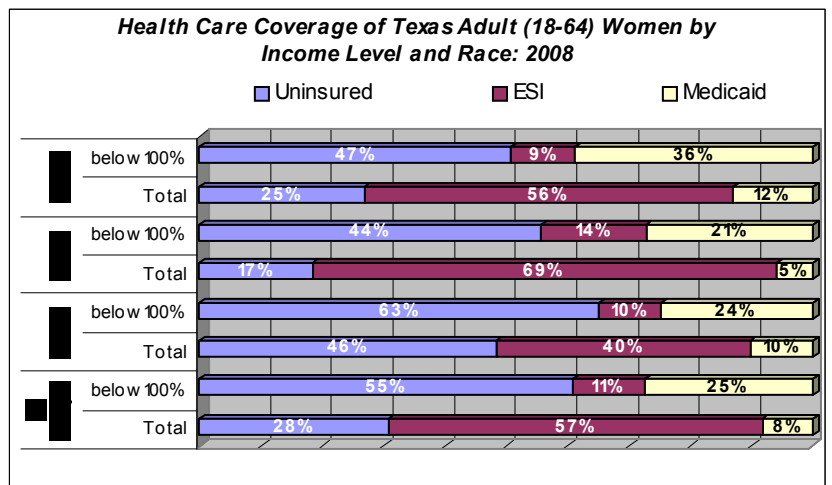
The bienestar of our communities is rooted in the health and well-being of our women. Thus, Latina bienestar is dependent on the accessibility of culturally appropriate choices for reproductive health, medical and gynecological homes, affordable health care and addressing health disparities. Therefore, health care reform for Latinas must improve and address four primary areas:

Health Disparities- Real transformative health care reform can not be realized without addressing the health disparities in communities of color, particularly women of color, are faced with. As demographic trends continue to shift the challenges faced by health disparities are not an isolated issue but a hindrance to achieving comprehensive health care reform. Nationally, Latinos are the least likely to have access to health insurance, are experiencing a decline in good health indicators and are expected to surpass the Whites population in the next five years. Health disparities must be addressed within the context of health care reform. The issues of culturally appropriate health care for Latinas is at a critical juncture.

About one in three, of the almost 12 million women in Texas, are Latina. Texas's unique border experience contributes to its demographic and social characteristics. The top 10 counties in the United States with the largest percentage of Latinos are in Texas. About 29% of Texans (5yr+) speak Spanish in their homes, the highest nationally. In contrast to Non-Latinas, the majority of Latinas are of child-bearing age (19-44). Therefore, it is not surprising that shifts in population demographics are fueled by births to Latinas. Latinas are almost 3 times more likely to have less than a 9th grade education than the state average and are the least represented race/ethnic group among women with Bachelor degrees or higher.

The health status of Latinas is getting worse as their access to health care and prevalence of chronic disease grows. Texas ranked 46th in America's Health Ranking 2008. The leading causes of death for Latinos includes diabetes, cancer, and accidents. In Texas, women have a higher rate of diabetes than men (8.4% vs. 7.4%). Latinos have the second highest rate of diagnosed Diabetes (8.1%) just behind Blacks (13.1%) and are twice as likely to die from diabetes than Whites (47 vs. 23 per 100,000). With limited access to primary and preventive women wellness exams, Latinas 18 and older, were less likely than their counterparts to have had a pap smear in the last three years and mammogram in last 2 years. Latinas also have the highest rate of Cervical Cancer (15) compared to Whites (10.1) and Blacks (11.7). Mortality rate to Cervical Cancer among Latinas (4.7) is higher than Whites (3.1) and slightly lower than Blacks (5.1). Latina mothers are two times more likely than Non-Latinos to have had inadequate prenatal care. Latino children in Texas are less likely to be in excellent/ very good health than the rest of the nation.

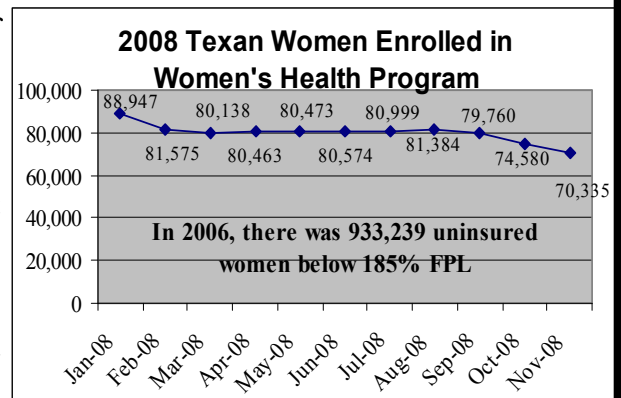
Affordable Health Care- With the primary mechanism to attaining health insurance coverage in the country interdependent upon employment, access to health care and affordable health care coverage raises real challenges for women. In 2007, only about half of all women and 57% of adult women, in Texas had Employer Sponsored Insurance (ESI). Texas insurance rates rose by six and seven percent in 2007 and 2008 respectively reaching an estimated \$5100 for single coverage and \$12,900 for family coverage. This growth in premiums is coupled with a growing trend of health insurance companies penalizing women of childbearing age, as reported by the New York Times in October 2008. Widespread gaps in varying cost of insurance between men and women was discovered in new data by insurance companies and online brokers. For example, the Texas Health Insurance Risk Pool, a state funded program, charges women age 25-29, thirty-nine percent more than men.



Latinas in Texas are most likely to be economically insecure and live in poverty. About 28% of them live below 100% of the Federal Poverty Level (FPL) compared to 12% of Non Latinas. Less than half, 45%, of Latinas live above 200% of FPL, compared to 71% percent of Non Latinas. Latinas are also the lowest median earners across gender and race/ethnicity lines (\$21,770). The median income for White and Black women are \$35,498 and \$28,520 respectively. Latinas are most likely to work in Service (32%) and Sales (35%) related occupations.

Access to women’s health/medical care home -Texans continue to have limited access to ESI and public health safety nets. There appears to be a disconnect between uninsured populations who are eligible for public sponsored health care services and access to those services. The Women’s Health Program, available to women ages 18 to 44 who live below 185% FPL is, as of the most recent count, only servicing 70,335 women. Yet in 2006, there were 933,239 uninsured women in that age and income group; 592,793 excluding non citizens. When compared to the rest of the nation, Texas has the highest percent of uninsured women yet a relatively low percent of women utilizing Medicaid services. The Texas Medicaid program, which is limited in scope, is leaving Texas mothers’ health vulnerable, as they get dropped off Medicaid 60 days after giving birth.

Adult Latinas were more than twice as likely to be uninsured than their White counterpart. Among 28% of the state’s adult women are uninsured; 57% are Latinas. In Texas, in 2007, only 40% of adult (18-64) Latinas had Employer Sponsored Insurance (ESI) compared to 66% of Non-Latinas. About 1.1 million adult women in the state live below 100% of FPL; only 11% are covered by ESI. For Latinas, of the 602,922 who live below 100% of FPL, only 59,121 (10%) are covered by ESI. For Latinos, education is not a equalizer when it comes to access to health insurance. Of people with a Bachelors degree, Latinos were three times more likely than Whites to be uninsured. As earlier noted, Latinas are least represented among women with a bachelor’s degree. Texas ranks 42nd nationally in state health dollars spent per capita; in 2008 this amount was only \$47.



Culturally Appropriate Reproductive Choices- The issue of access to culturally appropriate reproductive choices is a complex paradigm that includes: Latina views on the family; their cultural and religious experience; historical experience of coercive contraceptive policies in the form of forced sterilization; their limited access to opportunities educationally or economically; language barriers and challenges; and immigration status of many Latinas. With the majority of Latinas of child bearing age, the issue of access to culturally appropriate reproductive choices and unintended pregnancy is salient to the bienestar of our community. This is evident given the growth of births by Latinas in Texas, particular young mothers. Texas ranks second in Teen birth rates nationally and Latina teens lead the state in births to teens with 82 of 1000 births. Along the border, teenage birth rates are the highest, 27.01-33.94 range, in the state. STD and HIV infection rates typically run parallel with rates of unintended pregnancies. However, this is not true in Texas where students (age 13-17) have an equal risk as U.S. students of contracting an STD but have the highest teen pregnancy in the nation. Current efforts, including abstinence only education (which Texas receives more federal money for than any other state), to reduce the number of unintended pregnancy have yielded little results.

In summary, Latina bienestar is influenced by a paradigm of cultural values, socio-economic and environmental circumstances, and genetics. Thus, culturally appropriate access and choices to a comprehensive health/medical care home are critically important. Latinas must be involved in identifying their health perspectives and concerns on how health care is organized and delivered.

