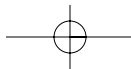
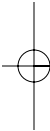
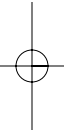
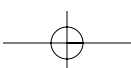
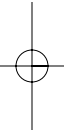
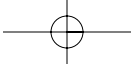


PART ONE

LATINO POPULATIONS
IN THE UNITED STATES







CHAPTER ONE

LATINO HEALTH POLICY

Beyond Demographic Determinism

Angelo Falcón, Marilyn Aguirre-Molina,
and Carlos W. Molina

As our knowledge of the Latino experience in the United States grows, so does our interpretation of it, and no less so when we are discussing the health status of the Latino community. Much of the research on Latino health has addressed socioeconomic linkages and the debate over class versus culture (Hunt, Tello, & Huerta, 1994; Molina & Aguirre-Molina, 1994; Link & Phelan, 1996; McCally, Haines, Fein, Addington, Lawrence, & Cassel, 1998; United States Commission on Civil Rights, 1999; United States Department of Health and Human Services, 1998; Williams & Collins, 1995). However, as demonstrated in this book, we currently possess sufficient information about these and other aspects of the Latino experience to engage in a more strategic analysis of this community's health and health care needs. The challenge before us is to consider the health of Latinos within the context of the demographic and social transformations that have begun and that will continue over the next several decades in the United States. Such a contextual analysis can serve to inform policy as well as empower Latinos as the strengths and potential of this community are identified.

This chapter is a departure from what is generally included in a book on Latino health and related issues. It raises a number of issues within a social and demographic context and examines the implications for the health and well-being of Latinos. The decision to take this approach was influenced by the frequently cited demographic imperative that warrants renewed scrutiny as it applies to the health of this population.

The chapter addresses several of the key social, demographic, and policy issues that are referred to throughout the book. The intent is to critically examine sociodemographic factors that have implications for the health of Latinos. First, a general yet selective overview of major demographic trends occurring in

the Latino community in the United States over the last decade is provided with a summary of the issues they raise. Second, current perspectives on the Latino community and corresponding interpretations of the group's experience are presented. Third, some of these developments and issues are linked to their potential influence on Latino health and health care. The chapter concludes with a discussion of the broader policy implications and the need for a critical reexamination of the vision and strategies that are driving policy, research, and programs that respond to the needs of Latinos.

Latino Communities at the Turn of the New Century

The Latino population is by all accounts growing dramatically and in the year 2000 became the country's largest "minority" group (United States Bureau of the Census, Census 2000 Redistricting Data). With the widespread recognition of the growing and enduring presence of Latinos in the United States has come an abundance of data and statistics used by government, the media, social scientists, politicians, and others to describe this population. (For examples of this statistical abundance, see Hornor, 1995; and Reddy, 1995.) Please refer to Table 1.1 for a statistical profile of Latinos. While important, these numbers have too often substituted for analysis, and in their repetition, especially by the media, they run the risk of numbing the intellect. Therefore, what is missing is a substantive analysis that would give the data some meaning.

Emerging Latino Populations

In addition to growth due to natural increase, immigration from the Caribbean and South America is making significant contributions to the growth of the Latino population. As a result, relatively new Latino subgroups—such as Salvadorians, Dominicans, and the emerging presence of Mexicans in such untraditional places like New York—are increasing in the United States in large numbers. In 2000 (United States Bureau of the Census for Labor Statistics), the Latino population (excluding the close to four million Latinos who are U.S. citizens in Puerto Rico and the U.S. Virgin Islands) was 66.1 percent Mexican, 9 percent Puerto Rican, 4 percent Cuban, 14.5 percent Central and South American, and 6.4 percent "Other Latinos." Between 1980 and 2000 the size of the Central and South American population doubled from 7 percent to 14.5 percent, while the residual "Other Latino" category had the largest drop during the same period (from 14 percent to 6.4 percent (Figure 1.1).

During this time, the proportion of Mexicans, Puerto Ricans, and Cubans remained approximately the same. Notwithstanding the growth of these other groups from Central and South America, the U.S. Census has remained constant in the categories used in most of its data collection and reporting, focusing primarily on the three major Latino subgroups—Mexicans, Puerto Ricans,

TABLE 1.1. STATISTICAL PROFILE OF LATINOS IN THE UNITED STATES: MARCH 1999.

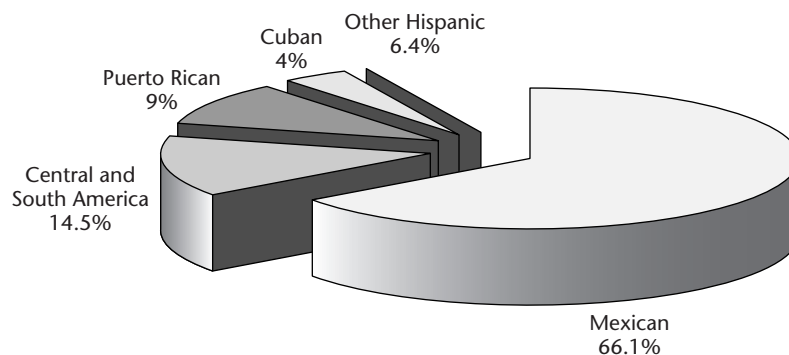
	Mexican Americans	Puerto Ricans	Cubans	Central and South Americans	Other Latinos	Total Latinos	African Americans	Asian Americans	Whites
Total persons (thousands)	19,834	3,117	1,307	4,437	2,079	30,773	32,528	10,492	195,138
Percent of total population	6.9	1.1	0.5	1.5	0.7	10.6	11.3	3.6	67.5
Percent of Latinos	64.5	10.1	4.2	14.4	6.8	100.0	NA	NA	NA
Percent of Latinos including Puerto Rico	57.3	20.1	3.8	12.8	6.0	100.0	NA	NA	NA
<i>Age Distribution of Group</i>									
Under 5 years old	12.4	11.1	7.1	8.6	9.4	11.3	8.7	8.4	7.0
5–14 years old	20.7	18.3	10.8	15.0	18.4	19.0	19.0	16.4	14.2
15–44 years old	50.1	47.7	41.9	56.7	47.8	50.3	47.4	49.8	44.3
45–64 years old	12.5	16.6	20.7	15.8	17.8	14.1	17.0	18.5	21.7
65 years old and over	4.3	6.4	19.5	3.9	6.6	5.3	7.8	6.7	12.9
<i>Educational Attainment</i>									
Persons 25 years old and over	9,649	1,682	952	2,599	1,163	16,044	19,376	6,381	145,078
Percent high school graduates or higher	48.3	63.9	67.8	64.9	72.2	55.5	61.3	42.8	58.7
Percent bachelor's or higher	7.5	12.0	22.2	17.4	16.0	11.0	14.7	42.1	25.0
<i>Labor Force Status</i>									
Civilians 16 years and over (000)	13,216	2,080	1,062	3,215	1,497	21,070	24,373	7,689	171,478
Percent in labor force	68.8	60.0	61.3	72.9	65.3	67.9	65.6	68.5	67.3
Unemployment rate	7.3	8.3	6.0	6.1	7.8	7.2	8.9	4.6	3.9
Male	6.5	8.5	4.1	5.4	7.2	6.4	NA	NA	NA
Female	8.6	8.2	8.6	7.0	7.9	8.2	NA	NA	NA

(Continued)

TABLE 1.1. STATISTICAL PROFILE OF LATINOS IN THE UNITED STATES: MARCH 1999. (Continued)

	Mexican Americans	Puerto Ricans	Cubans	Central and South Americans	Other Latinos	Total Latinos	African Americans	Asian Americans	Whites
Family Type									
Total families (000)	4,292	770	383	1,018	498	6,961	8,408	2,381	59,515
Percent married	72.1	53.9	80.7	67.6	59.8	69.0	46.6	81.7	80.8
Percent single female household	20.0	37.7	15.1	23.2	33.9	23.2	43.7	11.7	14.0
Percent single male household	7.9	8.4	4.2	9.1	6.2	7.8	6.7	6.6	5.3
Family Income in 1997									
Total families	4,292	770	383	1,018	498	6,961	8,408	2,391	59,515
Less than \$5,000	5.1	6.8	2.1	4.4	5.4	5.1	6.9	2.9	2.1
\$5,000–9,999	8.1	15.5	7.3	5.3	11.0	8.7	10.1	2.7	3.2
\$10,000–\$14,999	11.6	10.5	11.5	8.7	8.8	10.9	9.8	5.3	5.1
\$15,000–\$24,999	21.5	19.9	15.1	19.0	14.5	20.1	17.7	9.2	12.5
\$25,000–\$34,999	16.0	11.9	11.5	16.1	15.5	15.3	14.2	9.8	12.7
\$35,000–\$49,999	17.1	13.9	14.9	20.3	18.7	17.2	15.5	17.8	17.7
\$50,000 or more	20.5	21.4	37.3	26.1	25.9	22.8	25.9	52.2	46.6
median income	\$27,088	\$23,729	\$37,537	\$32,030	\$30,130	\$28,141	\$28,602	\$51,850	\$46,754
Percent of white median income	57.9	50.8	80.3	68.5	64.4	60.2	61.2	110.9	100.0
Poverty									
Families below poverty level (000)	1,106	243	60	188	124	1,721	1,986	244	4,990
Poverty rate for families	25.8	31.6	15.7	18.5	24.9	24.7	23.6	10.2	8.4
Persons below poverty level	5,509	1,059	257	949	534	8,308	9,116	1,488	24,396
Poverty Rate for Persons	27.8	34.0	19.7	21.4	25.7	27.0	26.5	14.0	11.0

Source: Current population survey: March 1999. (United States Bureau of the Census). Please note that Puerto Rico and the U.S. Virgin Islands are not included in these data.

FIGURE 1.1. LATINOS IN THE UNITED STATES.

Source: Therrien, M., & Ramirez, R. R. (2000). *The Hispanic population in the United States: March 2000*.

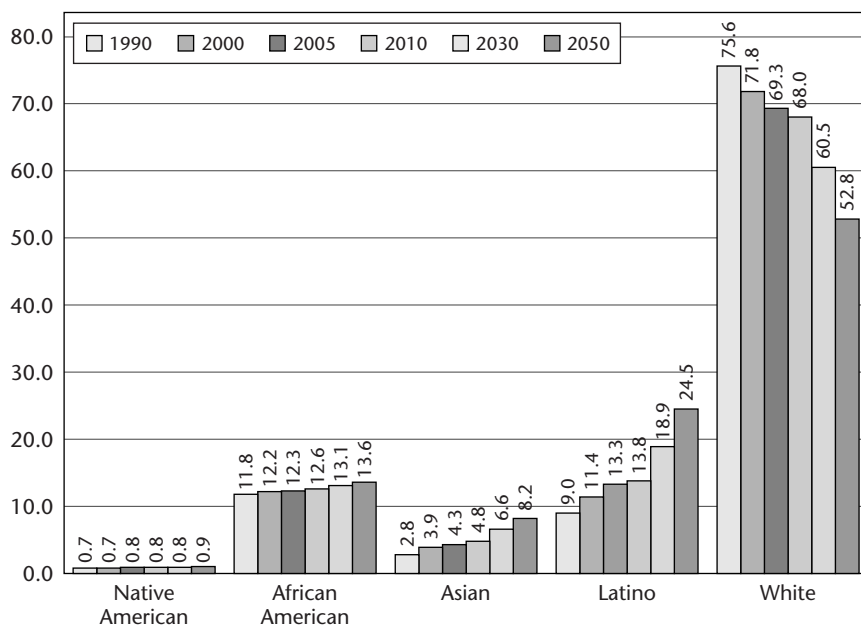
and Cubans. The evident growth of other Latino groups, primarily from El Salvador, Nicaragua, and the Dominican Republic, raises question about the utility of this system of reporting and data collection. As they exist, there is only limited, and not of the best quality, information available on these growing populations.

At a time when the Latino population was growing, the proportion of Whites in the population has been decreasing. Whites made up 75.6 percent of the population in 1990, dropped to 73.6 percent by 1995, and to 67.5 percent by 1999 (Figure 1.2). During the period of projected growth of the Latino population, the percentage of growth of the White population is expected to stop by 2034 (Day, 1996). Much of the decrease will be due to deaths as more Whites enter older age groups in which the risk of mortality is greater.

The growth of the Latino population has implications for the composition of the workforce of the country. The Latino labor force is projected to grow 3.1 percent annually to a high of 17.4 million persons by 2006. This increase is more than that of any other group in the workforce. By 2006 it is expected that the Latino labor force will be greater than that of African Americans (Day, 1996; United States Bureau of Census, March 1999). This growth will be due to increased migration, and the increased participation of Latinas in the workforce.

The implications for the health and health status of Latinos are numerous due to the role Latinos will play in the economy of the nation. To ensure the highest-level functioning of this sector of the workforce, initiatives are currently needed to see that the health and health status of Latinos are attended to for future interests of this community as well as that of the economy as a whole. It will be important to monitor whether Latinos' access to insurance increases over this period and if this will correspond with employment in sectors where insurance is not only offered to its employees, but is affordable. At the present time the

FIGURE 1.2. PROJECTIONS OF THE RESIDENT POPULATION BY RACE AND ETHNICITY (YEARS 2001 TO 2050).



Source: Day, J. C. (1996). *Population projection for the United States by age, sex, race, and Hispanic origin; 1995–2050*.

Note: Source data for 2005; Population projections program, Population Division, U.S. Census Bureau, January 2000.

very low rates of insurance coverage among Latinos poses a significant barrier to health care in this population.

Nationally, increases in the numbers of Central and South Americans may not appear to be a major shift, but it does manifest itself in significant ways locally, especially in many of the large urban centers where the composition of Latino subgroups is dramatically changing. For example, health care systems in Los Angeles can no longer assume that they are serving Mexicans, nor can those in New York City assume that their clients are primarily Puerto Rican. This means that when it comes to issues of health care, profiles and assumptions about health status attributed to known Latino groups may not apply and will require better documentation. This fact is raised throughout many of the chapters in this book.

Diversity and Dispersion

Along the dimension of growth, the increasing diversity and dispersion of the Latino population will continue to have a significant effect on its development along several other dimensions. The diversity of Latinos has already been affected in major ways along at least two dimensions: (1) the number of different Latino

national-origin groups with significant numbers in the population; and, (2) a growing social class diversity.

What makes the increasing diversity of the Latino experience especially complex is that it is occurring in different ways and at different rates in the various Latino national-origin groups. According to the census, in 1998 there was a wide range of socioeconomic diversity among Latinos. It ranged from the high poverty rates of more than 50 percent in Puerto Rico and 31 percent for Puerto Ricans in the United States, to the relatively low rate of 14 percent among Cuban Americans. Even though the aggregate poverty rate for Latinos has dropped (from 31 percent to 26 percent between 1993 and 1998), when compared to the total U.S. population it is still very high (26 percent compared to 13 percent in 1998) (Puerto Rican Legal Defense and Education Found (PRLDEF) Institute for Puerto Rican Policy, 2000; Rivera-Batiz & Santiago, 1996). (See Table 1.2.)

Growth of the Latino Middle Class

The economic diversity of Latinos also appears to be growing. Despite a very high overall Latino poverty rate, the per capita income for Latinos has recently been growing faster than that for other groups. Between 1997 and 1998 Latino per capita income grew 4.5 percent compared to 3.3 percent for African Americans and 3.2 percent for Whites (Perez, 2000). This suggests the emergence of a small but growing Latino middle class that challenges the traditional view of Latinos as primarily poor and working class immigrants. Although Latinos continue to be significantly underrepresented in government employment, business ownership, and admissions into higher education, there nevertheless have been small gains in each of these areas. In turn, this is creating a critical mass that in the near future will provide the base for a socially significant professional and middle class (Trueba, 1999).

TABLE 1.2. POVERTY STATUS BY PROPORTION OF SUBGROUP POPULATION.

Type of Origin	Proportion of Subgroup Population Below Poverty Level
Total Latinos	22.8 percent
Mexican	24.1 percent
Puerto Rican	25.8 percent
Cuban	17.3 percent
Central and South American	16.7 percent
Other Latino	23.6 percent
Non-Latino White	7.7 percent

Source: Therrien, M., & Ramirez, R. R. (2000). *The Hispanic population in the United States: March, 2000*.

United States Bureau of Census for Labor Statistics. (1999, March) *Current population survey (CPS)*.

Large corporations, either Latino-owned or Latino-oriented, such as Goya Foods, Univision, Banco Popular, the U.S. Hispanic Chamber of Commerce, and others, have become important sectors of the economy. The formation of Latino-owned businesses is dramatic in places like Miami and Los Angeles (although surprisingly anemic in places like New York City). Latino leadership in areas such as education, social services, and the nonprofit sector has also grown, with such developments as Latinos leading major public school systems throughout the country, as well as large-scale nonprofit organizations such as the Independent Sector and others. During the Clinton Administration, we saw Latinos in the Cabinet serving in “non-Latino” posts such as Secretary of Housing and Urban Development, Secretary of Transportation, and head of the Small Business Administration.

This raises questions as to what the growth of this emerging middle class portends for the future of Latinos with regard to health status, access to decision-making positions, and influence on political processes. Some have begun to speculate (Zweigenhaft & Domhoff, 1998), but the prognosis is not at all clear. Will it result in an economic gap of significant proportion within the Latino community? Will these changes result in an increasing political leverage? Can these class differences be mediated across Latino subgroups? How will the changing class structure affect the health profile and health status of the community? Will this emerging class have better health outcomes as is anticipated with improvements in socioeconomic status?

In the African American community, this type of class differentiation is mediated by a tradition of civil rights struggle in the United States; but the Latino community does not have its equivalent in duration and depth. In terms of social conditions and public attitudes, Latinos are said to fall somewhere in between African Americans and Whites in the United States. While simplistic descriptions of this sort appear rather frequently in the news, media, books, and other sources, they belie the many complexities and project a certainty that does not exist. The African American experience, therefore, may not provide much of a guide in this respect, and we are left to speculate.

Somos Latinos, Hispanic, or What?

The dramatic growing diversity of the Latino population over the past decade or so has raised difficult questions about the meaning of being Latino and what the term actually means. (For greater discussion on this issue, see, for example, Delgado & Stefancic, 1998; Darder & Torres, 1997; Flores, 2000; Romero, Hondagneu-Sotelo, & Ortiz, 1997.) No longer can we assume that Latino refers primarily to Mexicans, Puerto Ricans, or Cubans. These changes have raised debates over whether the term “Latino” or “Hispanic” is the most appropriate or accurate, and they have raised questions about whether these umbrella terms have any meaning at all (De la Garza, DeSipio, Garcia, Garcia, & Falcón, 1992).

Even at the level of national-origin labels—Mexican, Puerto Rican, Cuban, and so on—the dramatic changes in composition *within* these populations raise questions about the usefulness of these even more specific identifiers.

A Panethnic Consciousness

The very meaning of “Latino” and “Hispanic,” already ambiguous to many, will no doubt undergo significant changes in this century. While Latino outgroup intermarriage appears to be a steady trend (between 27–28 percent in the 1990s, as calculated from Table 65 of United States Bureau of the Census, 1999), there is evidence of increasing Latino subgroup intermarriage, especially among the younger generation. An indication is that in most metropolitan areas Latinos are more likely than any other group to identify, although in low single digits, as having two or more races (Minaya, 2000). This situation serves to strengthen panethnic consciousness among Latinos. The increasing intermarriage among members of Latino subgroups is not only the basis for a growing panethnic reality but has resulted in attempts to construct a new multiculturalism within the Latino experience, with terms such as “DomiRican,” “MexiCuban,” and others emerging. However, with more than a quarter of Latino marriages being to non-Latinos, how will this impact a panethnic identity as well as the ethnic identity of this community?

In addition to the factors within the Latino community to reinforce a panethnic identity, there are many other forces at work in the United States promoting such a consciousness among these groups (Fox, 1996; Oboler, 1995). These include corporations, both the English- and Spanish-language media, as well as government. Observing an expanding and lucrative ethnic market, corporations have developed strategies to aggregate this population, as well as differentiate it as needed to more easily market to it. Growing Spanish-language entertainment and news media, which are for the most part owned by U.S. corporations, share a similar project. (For its racially discriminatory aspects, see Fletcher, 2000). The marketing of a Latino (or Hispanic) identity has become a powerful force in defining these diverse communities’ realities in the United States but that still awaits serious critical analysis. (See Davila, 1997, for a useful starting point in the case of Puerto Rico.)

This, however, is a complex process worthy of preliminary analysis. The power of capitalism’s commodification of experiences has its effects in homogenizing and disrupting sociocultural processes. As a result, while one can observe the effects of the commercialization of the Latino experience, one can also see processes variously described as the “Latinization” or “tropicalization” of U.S. society (Aparicio & Chávez-Silverman, 1997; Gonzalez, 2000). Whether this represents an authentic struggle for national affirmation by Latinos or a refining of U.S. cultural and social dominance may be too early to tell. But there is certainly much to explore and deliberate, especially the influence these processes will have on young Latinos whose identities are still in formation. In the same vein, the influences

on Latino youth of such racialized cultural forms as hip-hop and rap and of such new technologies like the Internet may in the immediate future transform Latino cultural definitions in ways that are very different from today (Flores, 2000).

When it comes to corporate marketing interest, media influences, and the Internet, each poses challenges and opportunities for addressing the health and health care needs of Latinos. For example, marketing activities that encourage disease-promoting behaviors such as tobacco or alcohol use—both issues that are addressed in detail in this book—pose significant challenges. On the other hand, the emergence and increase of Latino media outlets (radio, television, magazines, and so on) and the growing use of the Internet provide opportunities and can serve as vehicles for educating, informing, and empowering the community on a number of health issues. The real challenge faced by the health community is finding creative and viable ways of approaching and using these channels of communication to benefit Latinos.

What's in a Name?

Without entering into the well-traveled territory of the by-now extraneous debate over the use of “Latino” versus “Hispanic” (Hayes-Bautista & Chapa, 1987; Trevino, 1987; Gimenez, 1989), a major issue is whether these overarching labels have any useful meaning. Survey after survey of Latinos have found that their preferred form of identification is through their specific national origin, that is, as Mexicans, Mexican Americans, Puerto Ricans, Cubans, Dominicans, and the like (De la Garza, DeSipio, Garcia, Garcia, & Falcón, 1992). The basis of their identification as “others” in U.S. society is through a nationalism and/or ethnicity grounded in their country of origin, whether born there or not. This creates the constant potential for transnational identities fed by very active international circular migrations, supporting such broad and to many obscure notions as “cultural citizenship” (Flores & Benmayor, 1997; see also Bonilla, Meléndez, Morales, & de los Angeles Torres, 1998) and other post-colonialist perspectives (Soja, 1996).

This is not to say that the debate over whether to use the term “Latino” or “Hispanic” instead of a group’s national origin identification (hyphenated or not) is not important. The answers to this dilemma are not as straightforward as some would suggest. The meaning of words change and can be multiple, which suggests that their use needs to be carefully considered because a particular meaning or meanings can have important consequences. By understanding this we can better grasp the challenges before us as we try to capture the way we describe ourselves in a precise and necessarily dynamic way. The same is true for other umbrella terms such as “minority,” a word that has often been used to refer to African Americans. Many in the Latino community see this as a deliberately imprecise term whose use frequently results in the interests of Latinos being compromised. This realization points to the fact that the Latino community needs to determine the process by which it self-defines, a process that cannot be ceded to others if it is to reflect its own reality.

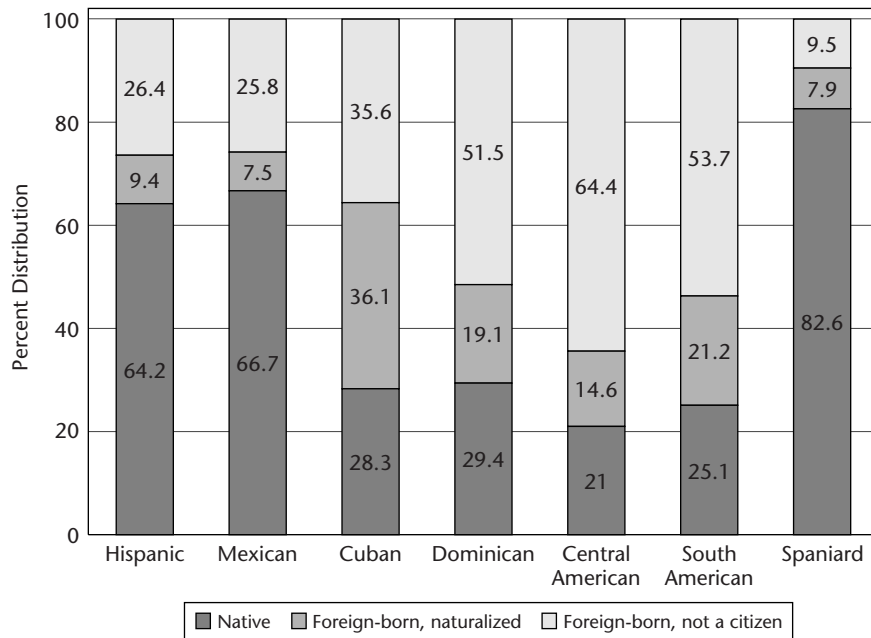
The way in which Latinos are identified or classified has numerous implications on a variety of fronts. One is the health research arena. Categories and identifiers used to document and describe Latinos can greatly affect the kind and number of services and resources that are allocated by the public and other sectors for addressing Latinos' health needs.

Immigrants or Ethnic and Racial Minorities?

Generational, racial, gender-based, and class-based issues and developments further complicate the Latino experience. Latinos are largely characterized by the media and in popular discourse as being newly-arrived immigrants (Suro, 1999). The facts that the majority of Latinos are U.S.-born (66 percent) or naturalized citizens (9 percent) (United States Bureau of the Census, 1993) and that a significant proportion of them are longtime residents of the United States are generally lost (Figure 1.3).

If the Latino experience is defined essentially as that of an immigrant group, analogous to that of earlier European immigrants, then responses to problems such as access to quality health care will be formulated accordingly. That is, Latino issues will be defined as problems common to new arrivals, and that once

FIGURE 1.3. NATIVITY AND CITIZENSHIP FOR SELECTED HISPANIC ORIGIN GROUPS: 1990.



Source: United States Bureau of Census. (1993).

acculturated, Latinos will be able to navigate the system and become members of the American mainstream. Whatever its merits, the acculturation model does not easily adapt to the Latino population.

If the issues are defined from the perspective of Latinos as newcomers who need to quickly acculturate to American society, this approach may be shortsighted and possibly counterproductive. Studies have documented that rapid acculturation to American values and behaviors could result in negative health outcomes for Latinos (Abraido-Lanza, Dohrenwend, Ng-Mak, & Turner, 1999). It is increasingly realized that Latino newcomers to the United States bring with them certain culturally protective factors from their countries of origin. These protective factors serve to shield them from many high-risk health behaviors.

Despite the fact that Latinos report to “feel more ill” than Whites (Hajat, Lucas, & Kington, 2000), and are less satisfied than Whites and African Americans with the quality of care they receive (Collins, Hall, & Neuhaus, 1999), Latino newcomers tend to live longer, have less heart disease, and exhibit lower rates of breast cancer among women (Hayes-Bautista, 1992; Markides & Coreil, 1986; Sorlie, Backlund, Johnson, & Rogat, 1993). The “Hispanic paradox” demonstrates that the effects of social economic status (SES) on health indicators is modified by the acculturation status of the individual (Scribner, 1996). In other words, health behaviors for Latinos worsen with increased levels of acculturation, regardless of SES. While this “paradox” has not been fully analyzed, the “Healthy Migrant” effect appears to be the result of the socioeconomic and psychological selectivity of the immigration process. Nevertheless, it does provide an imperative for health professionals and researchers to reassess strategies and interventions that preserve culturally determined protective factors that maintain high levels of wellness.

There are as well many misconceptions about Latinos held by health care policy makers and professionals that create problems. Most appear to center on the definition of Latino health problems as solely those of the new immigrant. If the dominant response to the health problems faced by Latinos is shaped by an immigrant focus when the majority of Latinos are not immigrants, then one can readily see the many problems this might create in terms of policy and practice. Further, the characterization of Latinos as immigrants results in the continued perception that they are “outsiders” with none of the entitlements that come with citizenship or resident status.

In addition, if the question of health care access for Latinos is largely defined in terms of language and sociocultural barriers in health settings, then interventions that are developed on this basis will only affect a small part of this community. The 1990 Census found that about 78 percent of Latinos spoke Spanish at home, and half of those reported speaking English “very well.” This means that overall, approximately 73 percent of Latinos reported speaking English “very well”; 22 percent reported speaking no Spanish (United States Bureau of the Census, 1993). Programs that address the language needs of non-English speakers are important and needed. However, their impact is on a limited percentage of the total Latino community (perhaps about one-third or so). Despite this,

language proficiency should be taken into consideration when designing programs for Latinos, because there are great variations in the levels of English-language proficiency among different Latino subgroups. Many of the authors in this book recommend the delivery of health programs and services by linguistically proficient professionals. But while a significant problem, language does not appear to be *the* central barrier to Latino access to health care. (For an excellent overall discussion of the language policy debate in the United States, see Schmidt, 2000.) Several of the chapters in the book discuss the multiple of factors that create barriers, some of which are related to the lack of appropriate services and programs, the changes that have given rise due to managed care, and the lack of adequate resources to address the need.

Some conservatives and neo-liberal authors see the central issue for Latinos in the United States today as the need to resolve the ambivalence between viewing themselves as immigrants or as a racial minority group in this society (Skerry, 1993; Chavez, 1991; Falcón, 1995; Schmidt, 2000; and for a critique of Skerry, see Magaña, 1994). At the same time, the usefulness of race as compared to ethnicity for exploring group differences in areas such as health policy has also been opened to question. Some argue that ethnicity, as the broader concept of the two that encompasses both genetics and culture, is the most analytically powerful. The ethnic dimension of the Latino experience, therefore, can be seen as bridging many analytical divides that can take us beyond black and white formulations of social processes. (Angier, 2000)

It is becoming increasingly clear that the issues and difficulties that Latinos face in U.S. society are not amenable to simplified formulas or explanations. As immigration continues from South America and the Caribbean, the nature of Latino communities will be affected in unpredictable ways. The fact that this is all occurring in a society that perceives itself as “color blind” yet perceives at the same time that race is central to a number of processes adds another layer of complexity to these social processes for Latinos, who are a racially diverse population. The result is a multifaceted and dynamic Latino reality that is becoming increasingly difficult to characterize in simple overarching terms (Flores, 2000; on the dialectics of Latino realities and health, see Levins & Lewontin, 1985). The past and the experiences of previous immigrant groups or that of the African American community may not serve as a helpful guide, or for that matter may not be relevant in the case of Latinos.

On Becoming the Largest “Minority”

The United States Bureau of the Census (Census 2000 Redistricting Data) reported that there were more than 31 million Latinos in the United States in the year 2000, a number that is predicted to *triple* in the next fifty years to more than 96 million. This would result in an increase of Latinos from 11 percent to 25 percent of the total population. In the year 2000, the number of Latinos surpassed the number of African Americans, making up 12.5 percent and 12.0 percent of the population,

respectively (United States Bureau of the Census, Census Redistricting Data). Thus, Latinos became the nation's largest ethnic or racial minority group at the turn of the new millennium. Including the close to four million Puerto Ricans who are U.S. citizens living in the U.S. territories of Puerto Rico and the U.S. Virgin Islands brings the total U.S. Latino population to almost forty million during the twenty-first century. This is compared to an estimated thirty-four million African Americans. (Day, 1996; United States Bureau of the Census, January 2000).

But what exactly does being the largest "minority" mean? For Latinos, it means that the lack of visibility over which many have expressed concern over the decades becomes much harder to sustain by American society as a whole. There was a time when Latino leaders could legitimately claim that U.S. society was ignoring their community. Now this is no longer the case with the so-called Latin music explosion (see Watrous, 2000, on its waning after only a year or so) and new attention given to the Latino voter at the onset of this new century (Falcón, 2000). The Latino part of the electorate has grown to the point where it can be an important "swing vote" in national and state elections. This raises a different set of issues, primarily over defining the terms of agenda setting. It also means that the notion of Latinos as newcomers and temporary immigrants to the United States (a blip, if you like, on the American reality) will also be much harder to sustain.

For some African Americans, being "replaced" as the country's largest minority group is a cause for concern because the transfer of this status may mean that Latinos will benefit from the African American civil rights struggle and that African American issues will be bypassed by a socially mercurial American public. For many Whites, it may simply mean that the underlying Anglo-Saxon and European roots that are at the core of American society are eroding and that the threat of Spanish becoming the first language will become a reality. For others it may simply be perceived as a trivial matter, where food, music, culture, and community create a dynamic commodity to be enjoyed by all. (For current evidence of this process, see Johnson, 2000).

When referring to Latinos as becoming the largest "minority" in the United States, there appear to be a number of assumptions that either need to be made explicit or questioned. The first assumption is that "Latinos" (or "Hispanics"), a collection of communities from more than twenty Spanish-speaking countries and territories, will be acting and thinking cohesively on issues that are of importance to the community. A second is that the meaning of the term "Latino" (or "Hispanic") today will have the same meaning in fifty years, as will the racial component that affects them. A third is that ethnic and racial minority-majority group relations will be governed by the same values and rules in the future. These are better suited as questions than assumptions.

The notion of a panethnic consciousness among Latinos has undergone some systematic examination (Delgado & Stefancic, 1998; Padilla, 1985; de la Garza, DeSipio, Garcia, Garcia, & Falcón, 1992; Jones-Correa & Leal, 1996), and while it can be argued, as previously stated, that it is growing and real, to what extent

this is the case and what it will actually mean in the future are generally unknown. While there are many policy issues that unite Latinos, such as bilingual education because of a common language, there are others in which there are differences. For example, continuing the embargo of Cuba and the support of NAFTA. But will policy and political differences emerge between those Latinos who are U.S. citizens and those who are not? This and a growing middle class within the Latino community may present challenges to a unified policy agenda.

With challenges to affirmative action, bilingual education, and other racially focused policies, the terms by which ethnic and racial relations are defined may be changing in important ways. The dramatic increases in the size of not only the Latino but also the Asian American population will challenge the continuing utility of viewing many American social issues from a binary Black White perspective. This would represent a major discontinuity in the country's dominant racial discourse. In addition, there are other indications that there may be potentially powerful changes in the ways race relations are viewed in the United States in the near future. They include the rise of conservatism in the African American community; the growth of large Latino-owned businesses; and the continued global dominance of the English language (through robust new media such as the Internet).

In the end, being the largest ethnic and racial "minority" at a time when there may be no more "majorities" may not mean much at all. But this raises important questions of relevance for the future well-being of Latinos. Will African Americans, Asian Americans, and Latinos form effective coalitions (Piatt, 1997)? Will Latinos divide more clearly between those who follow a "racial minority" agenda and those who follow a more accommodationist "immigrant" one? And are these viable alternatives?

The prognosis for these various scenarios is difficult to determine given current crosscutting developments. Will there be a major African American backlash to the growing presence of Latinos? Will political and economic special interests pursue divide-and-conquer tactics against communities of color? Will immigration from the Caribbean and South America subside and be replaced by immigration from other parts of the world, creating a stronger second-generation reality for Latino communities in the United States (Portes, 1996)?

While all of these social and demographic dynamics are evolving, what will it mean for the health of Latinos? Will there be added mental health problems as an increasingly diverse Latino population and its young people attempt to navigate its way through the changes? Can the culturally protective factors of family, social support networks, and health behaviors that produce the "Hispanic paradox" be preserved? Will this growing community be cohesive enough and politically influential enough to advocate for a health agenda that responds to their collective needs? These are all unknowns, requiring the serious attention of the health policy sector, researchers, health professionals, and service providers, as well as community advocates as they look to the future.

Implications for Latinos and Health

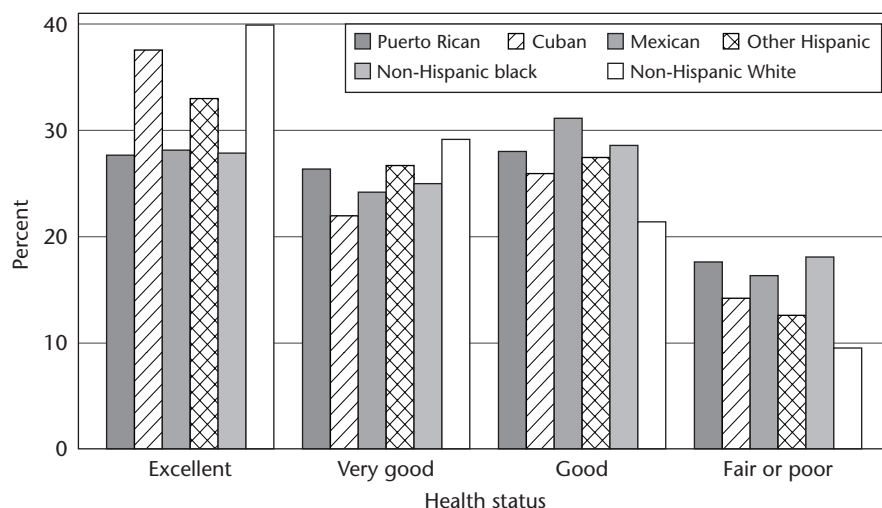
As the chapters in this volume confirm, there are many basic and recurring issues surrounding the health disparities faced by Latinos in the United States. These include the issues of

- Financial barriers to care and health insurance.
- The availability of appropriate health, mental health, and preventive services across the life cycle.
- The disproportionate rates, for example, of diabetes, alcohol use, and mortality due to cancer and heart disease.
- Barriers to services due to language, gender, and other forms of discrimination (Centro Legal para Derechos Reproductivos y Políticas Públicas, 1997; Colectiva del Libro de Salud de la Mujeres en Boston, 2000; Delgado, 1997).
- Underrepresentation of Latinos and Latino-sensitive individuals in medical and health professions, or in the training pipeline (Kehrer & Burroughs, 1994).
- The lack of recognition of health practices based in Latino cultures (Molina, Zambrana, & Aguirre-Molina, 1994).
- The continuing lack of adequate health data on Latinos and Latino subgroups in particular (Collins, Hall, & Neuhaus, 1999).

A recent report by the National Center for Health Statistics (2000) found that 18 percent of African Americans and 15 percent of Latinos reported having poor-to-fair health, compared to the lower rate of 9 percent for Whites (Figure 1.4). The danger of the apparent persistence of this state of affairs is that it seems as though it has become an unalterable fact of life for the Latino community (and American society in general). On the surface, the health problems faced by Latinos in the United States are so tied to their poor socioeconomic status and lack of political power that to some it may appear hopeless to achieve any major changes. While these issues are complex in and of themselves, an unfortunate synergy is precipitated when placed in the context of the demographic transformation previously described and the historical context of ethnic and racial, class, and gender hierarchies in the United States' health system.

The highly complex and contingent realities that Latinos face in the United States are neither understood nor taken into consideration by the health care system. This assessment tends to leave no alternative but to promote what ultimately may be described as incremental changes in the nation's health care system. But is this where the situation starts and ends? This need not be the case. The answer lies within the strengths and resources of the community. This includes Latinos' growing numbers, their political and voting potential, and the human and organizational infrastructure of national groups, health professionals, and advocates. Collectively they can change the tide of events to the benefit and well-being of Latinos. The final chapter of this book more clearly defines a new direction for the Latino community of the future.

FIGURE 1.4. SELF-ASSESSED HEALTH STATUS BY HISPANIC ORIGIN SUBGROUP AND RACE FOR PEOPLE OF ALL AGES: UNITED STATES, ANNUALIZED FIGURES, 1992–1995.



NOTE: Data are age related

Source: Advance Data No. 310, February 25, 2000, Vital and Health Statistics of the Centers for Disease Control and Prevention.

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