



Congressional Hispanic Caucus Report on Hispanic Health in the United States



April 2000

Representative Lucille Roybal-Allard, Chair, CHC
Representative Ciro D. Rodriguez, Chair, CHC Health Task Force

The Status of Hispanic Health

A report on the hearings held by the
Congressional Hispanic Caucus
during Hispanic Health Awareness Week 1999



Congressional Hispanic Caucus Members 106th Congress

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Executive Summary

Despite the notable progress our nation has made in the overall health of our population, serious disparities persist in the burden of illness and death experienced by minorities compared to the U.S. population as a whole. In order to educate policy makers about the health needs of the Hispanic community, the Congressional Hispanic Caucus (CHC) hosted *Hispanic Health Awareness Week* in September of 1999.

During that week, CHC members held a series of hearings on the status and specific needs of the Hispanic community in the areas of diabetes, HIV/AIDS, and mental health and substance abuse. The purpose of the hearings was to gather information from the community and educate our colleagues on Capitol Hill about the unique health needs of the Hispanic community. Public health advocates and other experts from the medical community presented research and information on these topics and offered a series of recommendations. The three hearings produced common themes regarding health care to the Latino community.

These major themes include:

Access to Health Care

Hispanics constituted 35.3 % of the total uninsured population amounting to approximately 15.6 million people.

Funding Needs

Funding for existing/new programs on prevention, education, and direct services should be directed towards community based organizations that serve the Latino community.

Culturally Competent Information

Most written and verbal information that reaches Latinos is not understandable or culturally appropriate. This prevents many Latinos from receiving adequate care and from making educated decisions about their well-being.

Representation of Latino Health-Care Professionals

A lack of adequate representation of Latinos in the health professions hinders care. Steps must be taken by the public and private sectors to increase opportunities for Latinos to enter into health professions.

Data Collection

The U.S. Department of Health and Human Services and other federal agencies have failed to adequately collect data for Hispanics and other minority groups to determine health outcomes.



Highlights from the Testimony Provided During Hispanic Health Awareness Week

DIABETES

Findings

Type 2 diabetes¹ accounts for 90 to 95 percent of diabetes cases nationwide, and it is the most common form in the Latino community.

In the Hispanic community, type 2 diabetes occurs at a rate approximately twice that in the non-Hispanic Caucasian population. Six percent of Hispanics in the United States and Puerto Rico have been diagnosed with type 2 diabetes. It is estimated that another six percent have undiagnosed diabetes.

Latinos face numerous barriers to adequate care: lack of diabetes education; poor diet due to the unavailability and unaffordability of important vegetables, legumes and fruits; lack of exercise, due to scarce safe and community-based exercise facilities.

Controlling the risk factors of diabetes can prevent the development of diabetes in many genetically susceptible individuals. Addressing environmental risk factors like diet, weight and physical activity can significantly impact the development of diabetes.

Recommendations

Support the recommendations of the National Institutes of Health (NIH) Diabetes Research Working Group (DRWG) presented to Congress during the spring of 1999. These recommendations include: identification of genes conferring disease susceptibility in type 2 diabetes and obesity; identification of



environmental factors that may cause a predisposition to type 2 diabetes to become an overt clinical disease; increase efforts in genetic studies in minority populations.

Increase funding to Centers for Disease Control and Prevention (CDC) programs to support comprehensive awareness and education programs in all 50 states.

Provide diabetes information and messages through prime time television viewing hours, radio stations, newspapers, posters and billboards.

HIV/AIDS

Findings

Hispanics account for 20% of new AIDS cases. Of these new AIDS cases, Hispanic men account for 20% of reported cases among

males, Hispanic women account for 19% of reported cases among females, and Hispanic children account for 22% of cases among all children.

The two primary modes for HIV transmission in the Hispanic community are: (1) individuals who have unprotected sex; (2) individuals who inject themselves with drugs.

In 1998, Hispanic women had the second-highest rate of AIDS cases among all women. Among Hispanic women, 52% of AIDS cases are from heterosexual transmission, and 44% are due to injection drug use.

Young people represent half of all new infections. Hispanic youth face risk of HIV infection from engaging in unprotected sex and/or injection drug use.

Barriers that hinder the ability to fight the disease in the Latino community include: the community's unwillingness to recognize that AIDS is a problem; lack of specific research on sexual attitudes, beliefs, behaviors and practices among Hispanics; lack of research on the factors which contribute to drug use/abuse; lack of data on Latino sub-populations; access to health care that is culturally competent; fear of seeking health care due to immigration status; lack of participation in clinical trials and research; cultural factors such as religion, views of homosexuality, "established" gender roles; language differences; level of education; limited knowledge and misconceptions about HIV/AIDS and its treatment.

The Centers for Disease Control and Prevention's (CDC) national system for HIV surveillance does not reflect the trends in the epidemic among Hispanics because currently only 33 states and jurisdictions report HIV infection cases to the CDC. For instance, California, Illinois and Puerto Rico do not

report HIV cases to the CDC, Texas reports only pediatric cases, and New York is in the process of implementing its reporting system.

Recommendations

Tailor public information and education campaigns to Hispanic sub-populations and take into account region and national origin. Provide direct, age-appropriate, and culturally-competent HIV/AIDS education. Increasing attention to youth and women should be a priority.

Increase appropriations for HIV/AIDS prevention, care services, and research.

SUBSTANCE ABUSE AND MENTAL HEALTH

Findings

Mexican-American women are more likely to report severe depression than their non-Hispanic white or African-American female peers.

Adapting to a new culture is a significant factor for mental health problems and substance abuse among Hispanics.

Between 1995 and 1997, substance abuse increased among Hispanic youth at the same time it declined for non-Hispanic white and African American youth. Those at greatest risk appear to be Hispanic girls.

Hispanic girls now lead girls nationwide in rates of suicide attempts, alcohol and drug abuse, and self-reported gun possession.

Recommendations

Support research to assess the accessibility and quality of mental health care to all Latinos, especially for groups not well represented in current published research, such as elderly Hispanics, mainland Puerto Ricans, Cuban Americans, and Central Americans.

Ensure that prevention and treatment services are culturally-competent and appropriate.

Facilitate health and mental health access for Hispanic families through outreach in both language appropriate and culturally-competent manners.

¹ *Diabetes is a chronic disease due to insulin deficiency and/or insulin action and associated with hyperglycemia. Insulin is a hormone needed to convert sugars, starches, and other food into energy essential for daily life. Type 2 diabetes, or non-insulin-dependent diabetes, develops when the body's cells resist insulin made by the pancreas and glucose remains in the blood stream.*

Congressional Hispanic Caucus Action Plan

The testimony received during the Hispanic Health Awareness Week hearings indicate a critical need for action at the federal level to improve research and health care delivery for Hispanics. The findings compiled from the hearings clearly portray the grim state of health care facing Hispanics. For far too long, federal resources have not been used to assess fully the health care needs of the Hispanic community nor to address the disproportionate impact diseases have on this population.

Under the leadership of Representative Lucille Roybal-Allard, CHC Chair, and Representative Ciro Rodriguez, CHC Health Task Force Chair, the Congressional Hispanic Caucus will evaluate the recommendations outlined by the health experts during *Hispanic Health Awareness Week* and develop an agenda to implement necessary changes. A major piece of this agenda will focus on ways to integrate fully the needs of the Latino community into the programs run by the U.S. Department of Health and Human Services and its agencies.

The CHC will continue to work with Members of Congress and with the Administration to eliminate health disparities in the Latino community. By eliminating the health disparities in the fastest growing population in the United States, we will help our children and improve the well-being of our country.

Diabetes and the Hispanic Community

Wednesday, September 8, 1999

The Congressional Hispanic Caucus (CHC) sponsored the “Diabetes and the Hispanic Community” hearing during Hispanic Health Awareness Week on September 8, 1999. Two sets of panelists testified before CHC Members about the impact of diabetes in the Latino community.

Panel 1 participants included:

Phillip Gorden

Director

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

Frank Vinicor

Director of the Division of Diabetes

National Center for Chronic Disease Prevention and Health Promotion

Panel 2 participants included:

John Graham

Chief Executive Officer

American Diabetes Association

Yanira Cruz Gonzalez

Policy Specialist

National Council of La Raza

Dr. Elena Rios

President

National Hispanic Medical Association (NHMA)

The following is a list of findings and recommendations compiled from the testimony presented to the Congressional Hispanic Caucus:

Findings:

Diabetes affects an estimated 16 million Americans and its complications of the eyes, kidney, nervous system, and heart cost an estimated \$98 billion annually.

Americans with diabetes face shortened life spans. Roughly 100,000 individuals suffer preventable acute and chronic complications such as kidney failure, blindness, and lower extremity amputations each year. It contributes heavily to heart disease, birth defects, sexual impotence, incontinence, and other serious health problems.

The prevalence of retinopathy, which is a debilitating eye disease and a leading complication of diabetes, is 80% higher among Mexican-Americans than among non-Hispanic whites.

The cause of diabetes is unknown in most instances, although genetic and environmental factors appear to play a role.

Type 2 diabetes accounts for 90 to 95 percent of the diabetes case and it is the most common form seen in the Latino community.

There is an increase in reports of type 2 diabetes related to obesity and this has become a major public health concern.

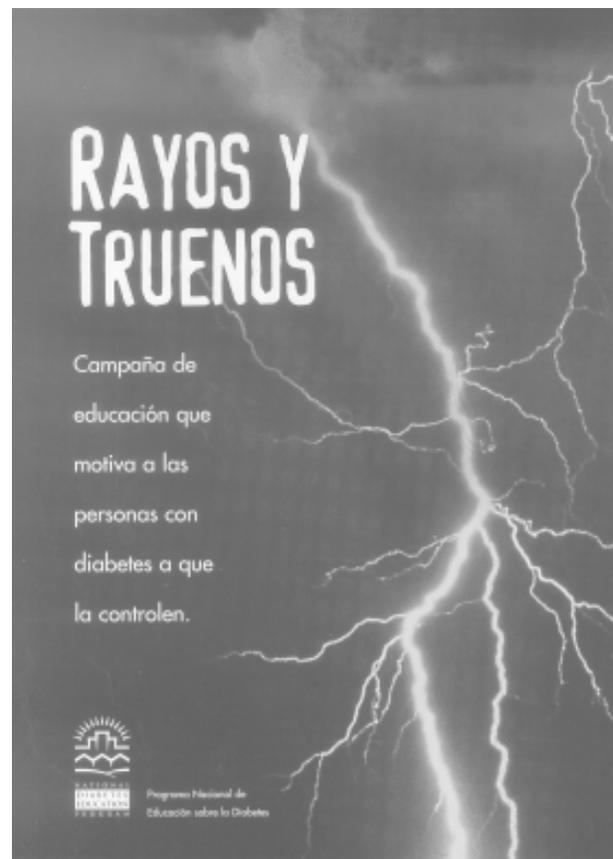
Among Hispanics, type 2 diabetes is twice as high compared to non-Hispanic whites (six percent of Hispanics in the United States and Puerto Rico have been diagnosed and it is estimated that another six percent have undiagnosed diabetes).

Among adult minority populations, 10.8% of non-Hispanic blacks, 10.6% of Mexican Americans, and 9.5% of American Indians and Alaskan Natives have diabetes.

One out of every four Mexican Americans and Puerto Ricans ages 45 and older have diabetes. One out of three elderly Latinos has diabetes.

Factors accounting for the diabetes epidemic in the US include: demographic changes (aging, increased growth of at-risk populations); behavioral elements (improper nutrition, decreased physical activity, obesity); surveillance systems that do not completely capture the exact burden of diabetes; the present inability to change unhealthy behaviors.

Diabetes disproportionately impacts racial and ethnic minority communities because: inadequate access to proper diabetes prevention and





The Hispanic community's understanding of diabetes and its complications is limited. Many individuals in the community do not associate the onset of diabetes with poor nutrition, genetics, or unhealthy, sedentary lifestyles.

The American Diabetes Association's (ADA) Diabetes Assistance & Resources Program (DAR) seeks to increase the awareness in the Hispanic community about the seriousness of diabetes and the importance of prevention and control.

control programs; improper quality of care; high prevalence of diabetes results in more complications such as amputations; higher critical diabetic conditions such as hyperglycemia.

Barriers to diabetes care encountered by Hispanics include: lack of diabetes education; unavailability and unaffordability of important vegetables, legumes and fruits; lack of exercise due to scarce safe and community-based exercise facilities.

Health care is key to proper diabetes care since the disease is chronic and affects multiple systems of the body, thus requiring skilled health professionals.

Controlling the risk factors of diabetes can prevent the development of diabetes in many genetically susceptible individuals. Addressing environmental risk factors like diet, weight and physical activity can significantly minimize the development of diabetes.

Patient education is critical to reduce risk for complications. Patients can learn and practice the skills necessary to better control their blood glucose levels and receive regular check-ups.

The ADA has increased its efforts to reach the Latino community and appointed Andrea Zaldivar to its Board of Directors.

Because the complications of diabetes affect many parts of the body this disease is an important trans-National Institutes of Health (NIH) research area.

The NIH has a two-step peer reviewed process to identify the most promising avenues of diabetes research: an initial review by a group of non-Federal scientists and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Advisory Council.

The NIDDK has undertaken research initiatives to fight diabetes. Large-scale studies of the genetics of diabetes and the genetic susceptibility to diabetic kidney disease are forthcoming. NIDDK's efforts include the establishment of the National Task Force on Prevention and Treatment of Obesity, since obesity is a serious risk factor for type 2 diabetes. In addition, NIDDK has formed the International Type 2 Diabetes Linkage Analysis Consortium to map genes responsible for type 2 diabetes.

Two clinical trials conducted by NIDDK are:
(1) Diabetes Prevention Program, which is

designed to find out whether type 2 diabetes can be delayed or prevented; (2) Study of Health Outcomes of Weight Loss (SHOW), which is designed to study if interventions to produce sustained weight loss in obese individuals with type 2 diabetes will improve health.

Since 1995, the National Diabetes Education Program (NDEP) a joint NIDDK, NIH Office of Research on Minority Health (ORMH) and CDC program, seeks to improve the treatment and outcome of

people with diabetes and reduce the illness and death associated with diabetes and its complications. The media campaign “Control Your Diabetes For Life” targets people with diabetes informing them that close control of

blood glucose levels can prevent or reduce the complications of diabetes. The message emphasizes that diabetes is serious, common, and costly, but it is also controllable. The campaign targets audiences with culturally-sensitive messages designed by minority organizations. In addition, NDEP’s “Lightning and Thunder” campaign, targets English-speaking Latinos.

The National Diabetes Information Clearinghouse (NDIC) seeks to increase knowledge and understanding about diabetes among patients, health care professionals, and the public. Many NDIC fact sheets and pamphlets about diabetes are available in Spanish format.

Through the Diabetes Research and Training Centers (DRTCs), the NIDDK funds research on the development of model education programs which seek to generate the most competent professional personnel, and to translate advances in the field into improved patient care. DRTCs are required to develop programs and/or materials directed at minority populations. A DRTC located at the University of Chicago has had four major projects focusing on diabetes in Hispanic populations.



The NIDDK also supports regular research grants studying culturally-sensitive lifestyle interventions. Such a study at the University of Texas in Austin aims to develop culturally-relevant, community-based interventions to

improve the health of diabetic Mexican Americans and their families.

CDC utilizes the Behavioral Risk Factor Surveillance System (BRFSS) to assess diabetic prevalence and provide state-specific information on diabetes prevalence, risk factors, and preventive care practices. CDC intends to expand the BRFSS’s capacity to perform surveillance of diabetes in minority communities.

CDC is monitoring a trend of increasing diabetes cases among youth and has convened meetings with pediatric endocrinologists, epidemiologists, and public health professionals to address this.

HHS's Diabetes Work Group, co-chaired by CDC and NIH, has identified ways to address the gaps of what is known about diabetes, and develop strategies to eliminate the disparity.

CDC's efforts to fight the diabetes epidemic in the Latino community include: developing a national strategy to increase awareness and education, promoting early detection services about diabetes; funding of state based control programs; building partnerships to broaden the message.

CDC has initiated a 5 year study to conduct research within managed care organizations that will evaluate and improve the health care and health status of people with diabetes.

CDC funds state-based diabetes control programs in all 50 states, the District of Columbia, and eight US affiliated island jurisdictions. A two-tiered funding level enables 34 states to operate core capacity-building diabetes programs and 16 states to operate comprehensive capacity-building programs.

Recommendations:

Support the recommendations of NIH's Diabetes Research Working Group (DRWG) presented to Congress during the spring of 1999. These research efforts include: identification of genes conferring disease susceptibility in type 2 diabetes and obesity; identification of environmental factors converting predisposition to type 2 diabetes into overt clinical disease; efforts to increase genetic studies in minority populations.

Support DRWG recommendations to tackle diabetes in racial and ethnic minority communities. These recommendation include: initiate research to develop culturally sensitive preventive and therapeutic approaches utilizing innovative communication and education techniques applicable in "real world" settings

such as rural and county clinics, and urban health centers; design and conduct studies in partnership with minority communities to better understand the cultural, familial, and other factors that influence the adoption of health promotion and to change high risk behaviors.

Increase NIH's recruitment and training of Latinos in areas related to diabetes.

Promote the inclusion of Hispanics in major clinical studies to reach population-appropriate conclusions.

Increase funding to CDC programs to support comprehensive awareness and education programs in all 50 states.

Provide diabetes information and messages through prime time hours, radio stations, newspapers, posters and billboards.

Provide funding for community-based organizations and community and migrant health care centers for diabetes education and treatment programs.

Request information from the CDC regarding: status of the recommendations produced by the National Hispanic/Latino Diabetes Initiative for Action; status of the University of Illinois



and the Promotora Diabetes Initiatives targeting Latinos.

Request that the Health Care Financing Administration (HCFA) develop standards that address quality of health care for diabetics.

Request that the Food and Drug Administration (FDA) continue its “Take Time to Care” campaign to use medications effectively.

HIV/AIDS and the Hispanic Community

Thursday, September 9, 1999

The Congressional Hispanic Caucus (CHC) sponsored the “HIV/AIDS and the Hispanic Community” hearing during Hispanic Health Awareness Week on September 9, 1999. Two sets of panelists testified before members of the CHC about the impact of HIV/AIDS in the Latino community.

The Panel 1 participant was:

Dr. David Satcher
United States Surgeon General

Panel 2 participants included:

Barbara Aranda-Naranjo, RN, Ph.D
Member, Presidential Advisory Council on HIV/AIDS
University of the Incarnate Word, San Antonio, Texas

Martin Ornelas-Quintero
Executive Director
National Latina/o Lesbian, Gay, Bisexual & Transgender Organization (LLEGO)

Miguelina Maldonado
Director of Government Relations
National Minority AIDS Council (NMAC)

Ruth Roman
Policy Specialist
National Council of La Raza (NCLR)

The following is a list of findings and recommendations compiled from the testimony presented to the Congressional Hispanic Caucus:

Findings:

Hispanics account for 20% of new AIDS cases. In terms of new AIDS cases, Hispanic men account for 20% of reported cases among males, Hispanic women represented 19% of reported cases among females, and Hispanic children made up 22% of cases among all children.

In 1997, AIDS was the third leading cause of death among Hispanics between the ages of 25 and 44, and the 10th for Hispanics of all ages.

The AIDS rate among Hispanic men is 3.3 times greater than white men, while Hispanic women have an AIDS case rate almost 7 times higher than their white counterparts. Hispanic children have an AIDS case rate almost five times that of white children.

Among migrant farm workers, HIV prevalence is estimated between 3 and 13%. Multiple health problems and high mobility make delivering consistent medical care to this population very difficult.



The two primary modes HIV is spreading among Hispanics are: (1) Individuals who have unprotected sex (46%); (2) Individuals who inject themselves with drugs (39%).

In 1998, Hispanic women had the second-highest rate of AIDS cases among all women. Among Hispanic women, 52% of AIDS cases are from heterosexual transmission and 44% are due to injection drug use.

The fastest growing number of HIV cases is among women (23% of new cases).

Young people represent half of all new infections. Hispanic youth faces risk of HIV infection from engaging in unprotected sex and/or injection drug use.

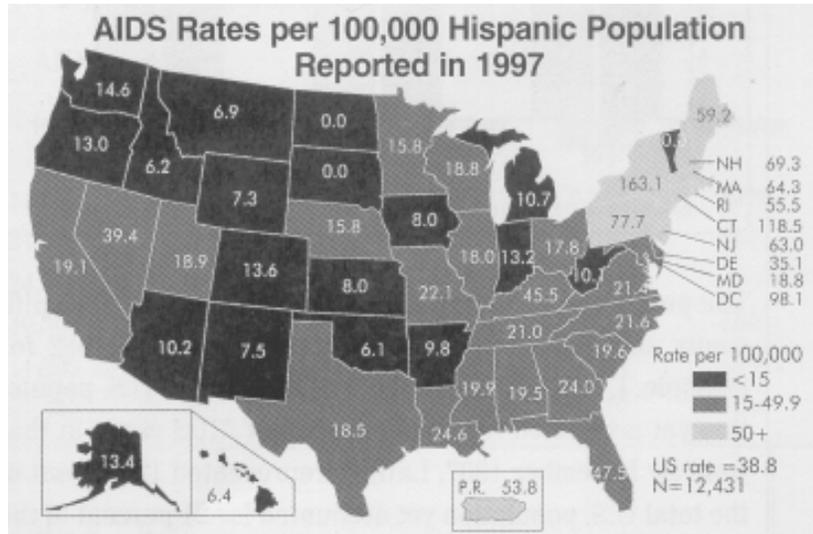
Hispanic adults are almost eight times more likely than non-Hispanics to be illiterate; therefore, traditional means of disseminating disease prevention messages and healthy lifestyle recommendations often don't reach them.

Prevention is one of the challenges to halt the spread of the HIV/AIDS epidemic.

Despite the advances in AIDS drug therapies that have led to drops in AIDS deaths, ethnic and racial minorities continue to lag behind. Between 1996 and 1997, deaths due to AIDS dropped 54% for whites, 44% for Hispanics, and 38% for African Americans.

Barriers that hinder the ability to fight the disease in the Latino community include: the community's unwillingness to recognize that AIDS is a problem; lack of specific research on sexual attitudes, beliefs, behaviors and practices among Hispanics; lack of research on the factors which contribute to drug use/abuse; lack of data on Latino sub-populations; access

to health care that is culturally competent; fear to seeking health care due to immigration status; lack of participation in clinical trials and research; cultural factors such as religion, views of homosexuality, “established” gender roles; language differences; level of education; limited knowledge and misconceptions about HIV/AIDS and its treatment.



only pediatric cases, and New York is in the process of implementing its reporting system.

HIV reporting data must be used with caution and surrogate markers for HIV infection (rates of infection from other sexually transmitted diseases and teen pregnancy rates) should be used to project trends and to target funding.

The HIV Care Services Utilization Study (HCSUS) shows that many Hispanics learned of their HIV status later in the course of the disease and were referred into care later. Once in care, Hispanics were less likely to receive appropriate anti-retroviral therapies.

CDC’s allocation of prevention-related resources do not reflect the current epidemiological trends (support for programs targeting racial and ethnic minorities, injection drug user populations, and men who have sex with men).

Latinos have a higher rate of concern about HIV infection than other ethnic groups and this could be utilized to educate, motivate and mobilize community members.

CDC’s HIV/AIDS budget in FY99 indicates that about 9.9% (\$35 million) of \$353 million is targeted specifically to Hispanics.

Recommendations:

Even when Latinos are aware of the risk factors for HIV/AIDS, they tend not to translate these risks as affecting them personally.

Encourage national, regional and local leaders to increase their involvement in the fight against HIV/AIDS.

The Centers for Disease Control and Prevention’s (CDC) national system for HIV surveillance does not reflect the trends in the epidemic among Hispanics because currently only 33 states and jurisdictions report HIV infection cases to the CDC. For instance, California, Puerto Rico and Illinois do not report HIV cases to the CDC, Texas reports

Develop a national initiative to encourage testing. The initiative should target high-risk population groups.

Coordinate national testing campaign with local HIV Prevention Community Planning grants so that funds are linked to local demographics of the epidemic.



Direct CDC to target resources to community based organizations in the Hispanic community for HIV prevention services. Populations reached by these CBOs include: gay men, youth, women, injection drug users, immigrant and migrant populations.

Tailor public information and education campaigns to Hispanic sub-populations and take into account region and national origin.

Provide direct, age-appropriate, culturally-competent education. Increase attention to youth and women.

Encourage participation of minorities in the planning groups created by CDC's HIV Prevention Community Planning, which is the primary process to get federal funding for prevention activities.

Increase appropriations for HIV/AIDS prevention, care services, and research.

Provide funding for CBOs and National Regional Minority Organizations to develop culturally-sensitive appropriate materials.

Strengthen the Communities of Color Initiative.

Increase funding for international HIV program.

Increase funding for programs that seek to deliver capacity building assistance (CBA) to HIV prevention programs and services.

Commit resources to standardize data collection procedures and conduct continuous analysis and reporting of Latino data.

Explore techniques such as behavior modification to prevent HIV infection

Support the Ryan White CARE Act.

Advocate for access to care and funding for early intervention through expansion of Medicaid.

Include/develop a comprehensive system approach to the care of Latinos living with HIV infection.

Direct the Health Resources and Services Administration (HRSA) to develop and expand initiatives aimed at training Hispanic health professionals on current HIV treatment and care.

Direct HRSA to standardize and regulate the formularies used by the states to access AIDS Drug Assistance Program (ADAP).

Work with the Substance Abuse and Mental Health Services Administration (SAMHSA) to increase access to substance abuse treatment for Hispanics.

Request a report from CDC to establish the initiatives and resources allocated to serve the Hispanic community.

Request a report from CDC to delineate its plans to address the under-representation of Hispanics in Prevention Community Planning. The plan should address the disparities in the allocation of HIV prevention resources and ensure that states are channeling resources to populations with the greatest need for prevention services.

Mental Health and Substance Abuse

Thursday, September 9, 1999

The Congressional Hispanic Caucus (CHC) sponsored the “Mental Health and Substance Abuse and the Hispanic Community” hearing during Hispanic Health Awareness Week on September 9, 1999. Two sets of panelists testified before members of the CHC.

The Panel 1 participant was:

Dr. Nelba Chavez
Administrator
Substance Abuse and Mental Health Services Administration (SAMHSA)

Panel 2 participants included:

Dr. Jane Delgado
President
National Coalition of Hispanic Health and Human Services Organizations
(COSSMHO)

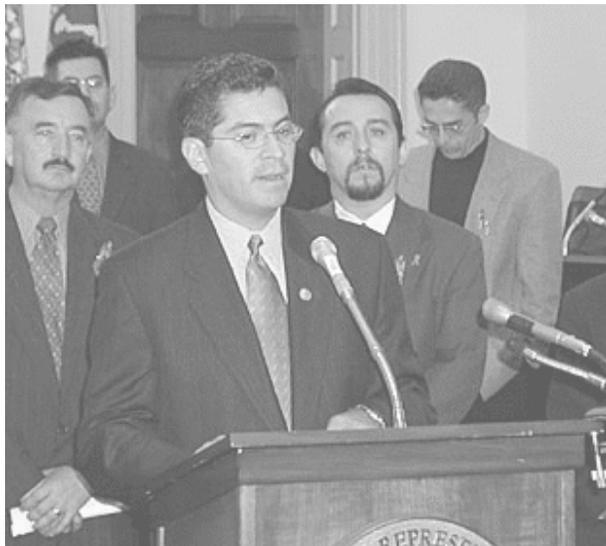
Dr. Rosa Gil
Special Advisor to the Mayor for Health Policy
Office of the Mayor of New York City

Dr. Steve Lopez
Professor
University of California at Los Angeles

The following is a list of findings and recommendations compiled from the testimony presented to the Congressional Hispanic Caucus:

Findings:

SAMHSA is a model agency with several programs serving the Hispanic community: SAMHSA has launched new efforts to provide better service to Hispanic customers including six substance abuse prevention products developed by the Hispanic community.



SAMHSA sees data collection as an important component of adequate health care and provides technical assistance to States to improve the quality of the data collected as part of the Substance Abuse Prevention and Treatment Block Grant and for the Community Mental Health Services Block Grant.

SAMHSA has sponsored the development and distribution of national radio public service announcements in Spanish to help educate Latino youth and adults on the dangers of alcohol abuse.

SAMHSA has provided training in cultural competency among substance abuse treatment providers.

SAMHSA has sponsored a Minority Fellowship program to increase the pool of ethnic minority doctoral level mental health professionals and researchers as well as increased service and prevention activities for ethnic minority individuals with mental health and substance abuse disorders.

Mexican-American women are more likely to report severe depression than their non-Hispanic white, or African-American female peers.

53% of Hispanic women responded to a survey that they were seriously depressed, in comparison to 37% of non-Hispanic white and 47% of African American women.

Adapting to a new culture is a significant factor for mental health problems and substance abuse among Hispanics.

Substance abuse increased among Hispanic youth at the same time that it declined for non-Hispanic white and African American youth. Those at greatest risk appear to be Hispanic girls.

Recent immigrants are less likely to engage in risky activities than acculturated youth.

Acculturation itself is also tied to increased rates of attempted suicides and depression among Hispanic girls, boys, and adults.

Hispanic girls now lead girls nationwide in rates of suicide attempt, alcohol and drug abuse, and self-reported gun possession.

Close to one out of every three Hispanic female high school students in 1997 had seriously considered suicide in comparison to one out of every five African American girls and one out of every four non-Hispanic white girls.

Hispanic female students are almost twice as likely to have experimented with cocaine than their non-Hispanic white counterparts and over twelve times as likely as their African American peers.

Fewer prevention or treatment services reach Hispanic girls than girls in any other racial or ethnic group.

Little is known about whether mental health services are reaching Latino children.

Hispanic girls are significantly less likely to have been taught about risks of HIV/AIDS in school than their African American and non-Hispanic white peers.

There is a critical lack of trained professionals who speak Spanish. This a serious problem when it comes to evaluating the needs of bilingual children.

Recommendations:

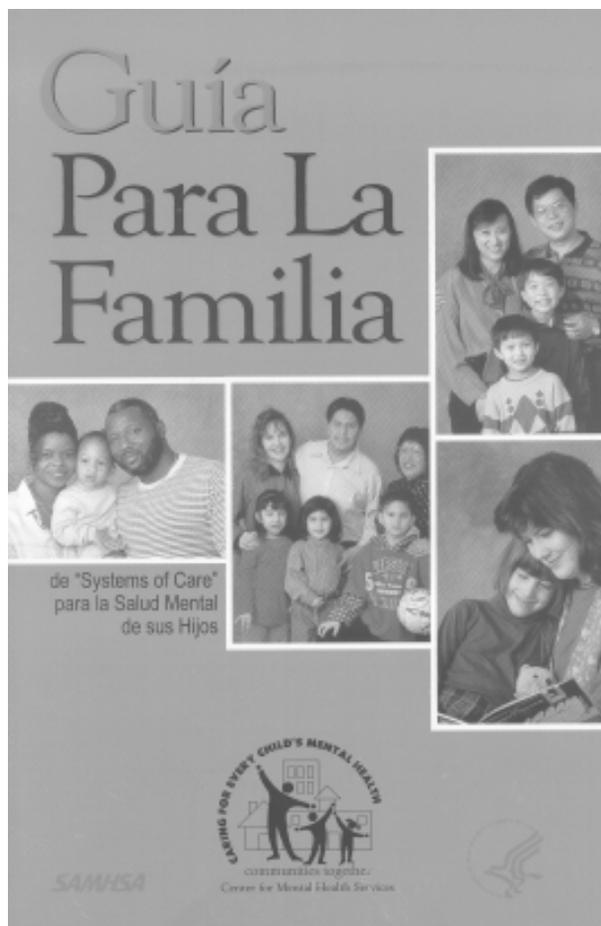
Set aside resource allocations to include Hispanics in all HHS programs and tailor services to the cultural needs of the Hispanic population.

Put all Hispanic Caucus recommendations into the Hispanic Agenda for Action.

Support research to assess the accessibility and quality of mental health care to all Latinos, especially for groups not well represented in current published research, such as elderly Hispanics, mainland Puerto Ricans, Cuban Americans, and Central Americans.

Make housing a component in addressing the mentally ill.

Ensure that investigators, directors, and staff have the experience and qualifications to work



with Hispanics to develop programs to recruit and train Hispanics in health professions.

Continue working to increase and make available educational programs that develop medical, behavioral, and research careers for Hispanics.

Hire staff who speak Spanish and are knowledgeable of Latino culture.

Provide incentives for mental health systems of care to train existing practitioners and administrators to incorporate treatments that have proven effective with Latinos.

Provide incentives for educational institutions to recruit and train practitioners who are able to communicate in Spanish at a professional level.

Provide incentives for educational institutions to carry out systemic training in treating Latinos with mental health problems.

Provide incentives for the test industry to improve available tests for Latinos, in general, and limited English proficient Latinos, in particular.

Encourage local health agencies to partner with local health professional programs at colleges and universities to increase the pool of eligible health professionals adequately trained to work with the Hispanic community.

Increase the availability and affordability of adequate health insurance for Hispanics.

Ensure that prevention and treatment services are culturally competent and appropriate.

Ensure that any public media campaign taking place is accompanied by culturally competent community-based prevention treatment programs.

Ensure health and mental health access for Hispanic families through outreach in both language appropriate and culturally competent manners.

Provide language appropriate and culturally sensitive programs to prevent child abuse.

Support research to test cultural and linguistic translations of available evidence-based treatments so that they can be used by Latinos.

Encourage local health agencies to thoroughly evaluate the cultural and linguistic competence of their programs, management and clinical staff. This would reduce the barriers to care and enhance accurate diagnosis and successful treatment interventions.

Encourage local health agencies to sponsor cultural sensitivity seminars designed to enhance the knowledge-base of administrators and direct service providers in culturally competent services in the Hispanic community.

Emphasize the need for performance-monitoring and data that evaluate areas of success to identify effective programs. Adequate resources for these programs should be provided.

Improve data collection on risk resiliency factors facing Hispanic girls and boys paying attention to Hispanic subgroups and geographic location.

Support successful community-based strategies to promote resiliency among Hispanic girls and boys to strengthen Hispanic families.

Support new community-based models to promote positive cultural identification and adaptation among Hispanics to reduce the serious risk to Hispanic girls in particular.

Provide child care services while parents seek treatment.

Provide incentives for mental health systems of care to apply existing organizational technology to make services accessible to Latinos.

Encourage local health agencies to include health consumers in the planning of services.

Our special thanks to the following organizations and federal agencies:

- U.S. Department of Health and Human Service, Office of the Surgeon General
- Centers for Disease Control and Prevention, Division of Diabetes
- National Institutes of Diabetes and Digestive and Kidney Diseases
- Substance Abuse and Mental Health Services Administration
- Presidential Advisory Council on HIV/AIDS
- American Diabetes Association
- National Hispanic Medical Association
- National Council of La Raza
- National Minority AIDS Council
- National Latina/o Lesbian, Gay Bisexual and Transgender Organization
- National Coalition of Hispanic Health and Human Services Organizations
- City of New York, Health Policy Office

*To obtain a copy of the written testimonies submitted
to the Congressional Hispanic Caucus during
Hispanic Health Awareness Week,
log onto <www.house.gov/rodriguez/> or call (202) 225-1640.*

Prepared by:
The Office of Congressman Ciro D. Rodriguez
The Congressional Hispanic Caucus