

## Selected health indicators

	IDAHO		
	Hispanic	Non-Hispanic	Total
<b>POPULATION <sup>a</sup></b>			
Total population, 2011 (thousands)	182	1,403	1,585
Population change, 2000-2011 (%)	79	18	22
Age distribution, 2011 (%):			
Less than 18 years old	41	26	27
18-64 years old	56	61	60
65 years and older	3	14	13
<b>OVERALL POVERTY RATE, 2011 (%)</b>	31	15	16
<b>PEOPLE WITHOUT HEALTH INSURANCE (%) <sup>b</sup></b>			
Adults, 2011	50	19	22
Children, 2010	15	7	8
<b>HEALTHY BEHAVIORS <sup>b, c</sup></b>			
Adults, 2010 (%):			
In "fair" or "poor" general health	28	14	15
No dental insurance	65	43	45
No leisure time physical activity	35	19	20
Overweight (Body Mass Index of at least 25)	74	62	63
Have had a sigmoidoscopy or colonoscopy (age 50+)	39	61	60
High school students, 2011 (%):			
Smoked a whole cigarette before age 13	14	7	9
Drank alcohol before age 13 (other than a few sips)	28	15	18
Overweight (Body Mass Index between 85th & 95th percentile)	20	12	13
Obese (Body Mass Index at least 95th percentile)	16	8	9
Did not play on a sports team during 12 months before survey	50	39	41
Watched 3 or more hours of TV on an average school day	32	20	22
<b>LEADING CAUSES OF DEATH, 2008-2010 AVG (% of deaths) <sup>g</sup></b>			
Cancer	19	23	---
Accidents	16	6	---
Heart disease	15	22	---
Diabetes	6	3	---
Cerebrovascular disease	5	6	---
Chronic lower respiratory disease	2	7	---
<b>HEALTH CARE WORKERS <sup>q</sup></b>			
Share of Idaho's health care workers, 2006-2010 average (%)	6	94	100

**SOURCES:** a—U.S. Census Bureau, Population Estimates Program, 2011

b—Idaho Department of Health and Welfare, Idaho Behavioral Risk Factor Surveillance System, 2010 and 2011

c—U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2011

d—U.S. Department of Health and Human Services, Assistant Secretary for Planning & Evaluation, The Affordable Care Act and Latinos, 2012

e—Idaho Department of Health and Welfare, Idaho Diabetes 5-Year State Plan, 2008-2013

f—Idaho Partnership for Hispanic Health, Hispanic Health Disparities in SW Idaho, 2007

g—Idaho Commission on Hispanic Affairs, The Hispanic Profile Data Book for Idaho 2012

h—Idaho Department of Health and Welfare, Idaho Vital Statistics 2010

i—Idaho Department of Health and Welfare, Teen Pregnancy Summary, Idaho: 1999-2008

j—Idaho Department of Health and Welfare, Pregnancy Risk Assessment Tracking System 2009

k—U.S. Department of Health and Human Services, Office of Minority Health, Hispanic/Latino Profile, 2012

l—U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2012

m—Henry J. Kaiser Family Foundation, State Health Facts, 2012

n—Henry J. Kaiser Family Foundation, Kaiser Commission on Medicaid Facts: Medicaid and the Uninsured, May 2011, Medicaid's Role for Hispanic Americans, 2011

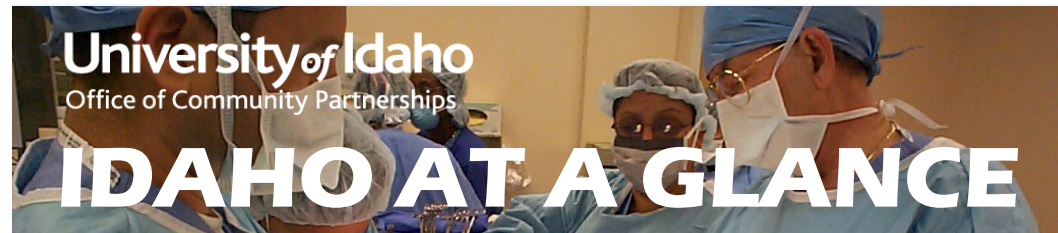
o—U.S. Census Bureau, Poverty threshold by size of family and number of children, 2011

p—Pew Research Hispanic Center, Unauthorized Immigrant Population: National and State Trends, 2010

q—U.S. Census Bureau, EEO Tabulation, Detailed Census Occupation by Industry, 2006-2010

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## Hispanic health

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### Highlights

This report gives an overview of health status, behavior, and insurance coverage among Hispanic Idahoans. It also discusses possible impacts of the Affordable Care Act (ACA). Our goal in presenting the information is to inform health-related policies and programs that impact Idaho's Hispanics, who make up 11% and a growing share of the state's population. <sup>a</sup>

We found that compared to other Idaho adults, Hispanics are:

- ◆ more likely to be in poor or fair health;
- ◆ less likely to have health insurance;
- ◆ less likely to be physically active during leisure time; and
- ◆ more likely to be overweight. <sup>b</sup>

We also found that among Idaho's high school students, Hispanics are about twice as likely as others to report that they tried smoking or alcohol at an early age. They are less likely to play on a sports team. <sup>c</sup>

The ACA could significantly reduce health disparities between Hispanics and other Idahoans. More Hispanics will have access to health insurance, which research shows is associated with many benefits. These include greater use of preventive care and care for chronic conditions; higher life expectancy; fewer complications from disease; and fewer deaths from treatable causes. <sup>d</sup> Disparities can also be reduced through healthier behavior, another goal of the ACA, and training of more bilingual and bicultural health workers.

### Agencies and organizations involved in Hispanic health care

With a poverty rate of 31%, many of Idaho's Hispanics are eligible for programs serving low-income populations. The Idaho Department of Health and Welfare manages several health and nutrition programs that serve those with low incomes, Hispanic and non-Hispanic alike. These programs include: Women, Infants and Children (WIC); Supplemental Nutrition Assistance Program (SNAP); and Children's Health Insurance Program (CHIP).

Idaho also has 12 Community Health Centers and one Federally-Qualified Health Center Look-Alike that provide culturally-appropriate health care for many of Idaho's underserved populations. Some clinics serve migrant and seasonal farm workers and their families, and all are open to the community at large. Clinics provide primary, preventive, dental and behavioral health care. Clients without insurance or the ability to pay the high cost of health care may receive a sliding-fee discount. At many clinics, workers speak both English and Spanish.

Finally, the Idaho Partnership for Hispanic Health trains community health workers to work with Hispanics in southwest Idaho. The organization promotes community-based health education and prevention tailored to Hispanics. It also conducts research on reducing health disparities.

## Health status and related behaviors

Diabetes is more prevalent among Idaho's Hispanics than among other Idahoans. A survey of Hispanics in southwestern Idaho revealed it was their most pressing health concern. Diabetes accounts for 6% of Hispanic deaths, compared to 3% among non-Hispanics.<sup>e, f, g</sup>

The Centers for Disease Control and Prevention funds surveys to assess a long list of health-related behaviors. For most behaviors, there is no statistical difference between Hispanics and non-Hispanics. Where differences exist, Hispanics are less likely to exhibit a healthy behavior:

- ◆ In 2010, 74% of Idaho's Hispanic adults were overweight (BMI\* > 25), compared to 62% of non-Hispanics. Hispanic adults were about twice as likely as non-Hispanic adults to report they were in fair or poor health and to skip leisure time physical activity. They were much less likely to receive screenings for colon cancer and have dental insurance.<sup>b</sup>
- ◆ In 2011, 16% of Idaho's Hispanic high school students were obese (BMI\* > 95th percentile), compared to 8% of non-Hispanic high school students. Hispanic students were about twice as likely to report that they tried smoking or drinking alcohol at an early age. They were also more likely to watch at least 3 hours of television on an average school day and less likely to play on a sports team or eat vegetables every day.<sup>c</sup>

\* BMI = Body Mass Index

## Mothers and infants

In 2010, Hispanics and non-Hispanics had nearly identical rates of low birth weight babies (6.7% vs. 6.8%) and infant mortality (4.9 infant deaths per 1,000 births for Hispanic infants vs. 4.8 per 1,000 for others).<sup>h</sup>

On the other hand, the average annual teen pregnancy rate was much higher among Hispanics

between 2006 and 2008: 111 births per 1,000 Hispanic women aged 15-19, compared to 39 per 1,000 for non-Hispanic white women.<sup>i</sup>

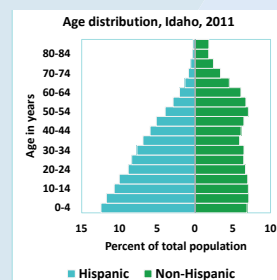
Compared to other mothers, those who are Hispanic tend to seek prenatal care later in their pregnancies. Still, the great majority of Hispanic and non-Hispanic mothers received prenatal care before the third trimester (93% vs. 96% in 2010).<sup>h</sup>

A survey of Idaho mothers who gave birth in 2009 highlights the importance of Medicaid to the health of Hispanic mothers and infants. Before pregnancy, 70% of Hispanic mothers surveyed were uninsured, compared to 31% of others. During pregnancy, 66% of Hispanic mothers were enrolled in Medicaid, suggesting that Medicaid filled an important gap and provided insurance for pregnant mothers who would not otherwise have had it. (See table above for more survey results.)<sup>j</sup>

Idaho mothers age 18 and older who gave birth in 2009 (%)		
	Hispanic	Non-Hispanic
<b>Pregnancy:</b>		
No routine dental care	68	43
Participated in WIC	70	36
Smoked during third trimester	3	9
<b>Caring for baby:</b>		
Put baby to sleep on his or her back	60	79
Did not take baby for routine well-baby care	7	1
Initiated breastfeeding (no statistical diff.)	87	91
Breastfed at least 6 months	44	57

SOURCE: ID Department of Health and Welfare<sup>j</sup>

## Hispanics are relatively young



SOURCE: U.S. Census Bureau<sup>a</sup>

With 182,000 people, Hispanics are the state's largest minority group. Nearly half of Idaho's Hispanics live in 3 counties – Canyon (46,200), Ada (29,400), and Bonneville (12,450) – see map next page.

As shown in the graph at left, Hispanics have a much different age distribution than non-Hispanics, with over half of Idaho's Hispanics under the age of 25. Having a very young population means that mother and infant health are important, as are access to health insurance and educating youth about healthy behaviors.<sup>a</sup>

## Health insurance coverage

Nationally, Hispanics were more likely than any other racial or ethnic group to be without health insurance in 2011: 38% of Hispanic adults had no insurance, compared to 14% for non-Hispanics. The disparity is even greater in Idaho, where 50% of Idaho's Hispanic adults had no insurance, compared to 19% for non-Hispanics. Hispanics were also less likely to have employer-sponsored health insurance (27% of Hispanics, compared to 53% for all Idahoans).<sup>k, l, m</sup>

Roughly 42,000 non-elderly Hispanic Idahoans had Medicaid insurance during the period 2010-2011. As a group, Idaho's non-elderly Hispanics were more likely than others to be covered by Medicaid (24% of Hispanics, compared to 15% of all Idahoans).<sup>m</sup>

Nationally, over 90% of Hispanics with Medicaid had a regular health care provider compared to 43% of those without any insurance. Research indicates that Medicaid is especially important to Hispanic children and people with chronic illnesses.<sup>n</sup>

Medicaid coverage in the U.S., 2009	
	Percent
Non-Hispanic whites	11
Hispanics	
All Hispanics	27
Poor	45
Near poor	29
Children	49
Poor children	63
People living with AIDS	50

SOURCE: Kaiser Family Foundation<sup>n</sup>

## The Affordable Care Act

The most significant impacts of the Affordable Care Act (ACA) are likely to come from the expansion of Medicaid and the Children's Health Insurance Program, as well as from subsidized health insurance. States are able to opt out of the ACA's Medicaid expansion provision. Idaho has chosen not to expand Medicaid at this time, but may do so in the future.

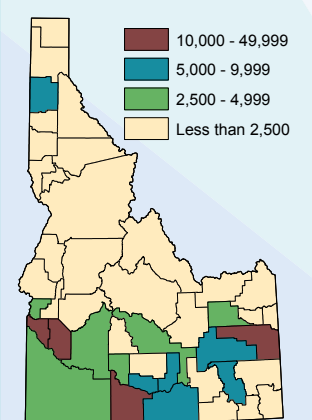
ACA will allow people with incomes up to four times the poverty threshold (currently \$22,811 for a family of four) to purchase health insurance at subsidized rates. Given currently low rates of insurance coverage among Idaho's Hispanics, these provisions could help decrease health disparities between Hispanics and others in Idaho.<sup>d, o</sup>

Among those not covered by the Affordable Care Act are unauthorized and recent legal immigrants. Thus, a share of Idaho's Hispanics will not be covered. According to the Pew Research Hispanic Center, there were approximately 35,000 unauthorized immigrants in Idaho in 2010, many of whom were Hispanic.<sup>p</sup>

Most provisions of the ACA will take effect in 2014. Among the expected impacts are these:<sup>d</sup>

- ◆ The number of Hispanics without insurance is projected to decrease 42% nationwide by 2016.
- ◆ Hispanics and non-Hispanics alike will have better access to preventive health services since most insurance plans will cover prevention and wellness benefits.
- ◆ Expanded funding for Community Health Centers will increase the number of patients served. Across the country, many of these centers are bilingual, and a third of patients in 2009 were Hispanic.
- ◆ An increased investment in data collection will help policy makers and program managers better understand health and health care disparities for Hispanics, while the newly created Office of Minority Health will elevate national issues related to minority health.

Hispanic population (#) 2011



SOURCE: U.S. Census Bureau<sup>a</sup>