Nuestra Comunidad, Nuestro Futuro:
A LATINX COMMUNITY PORTRAIT
Nuestra Comunidad, Nuestro Futuro calls attention to the strengths, health challenges and cancer concerns of Latinx communities in southcentral Wisconsin. This report describes community assets and needs, including the impact of social determinants, personal security and early life experiences, which have a profound effect on health status and chronic disease. The UW Cancer Health Disparities Initiative (CHDI) prepared this report to promote Latinx health in Wisconsin.

We want to thank everyone who supported this project, participated in an interview and provided advice or access to data. Your input and support were invaluable.

We studied a 20-county region served by the UW Carbone Cancer Center with a large number of the state's Latinx residents. We conducted this project in partnership with Latinx-serving community organizations and included interviews to enrich interpretation of the quantitative data.

Thank You!

Thank you to the community members and organizations who contributed to this report:

Karen Menéndez Coller & Karime Perez, Centro Hispano of Dane County
Saúl Juárez Aguilar, Hispanic Health Resource Center, ProHealth Care
Dr. Patricia Tellez-Giron, Latino Health Council & Access Community Health Center
Rodrigo Valdivia, North/Eastside Senior Coalition
Shiva Bidar-Sielaff, UW Health
Lieah Wilder & Denise Valdez, Family Health/La Clinica
Aracely Portillo, Jasmine Carabajal, & Yolanda Peña, UW-Extension
Ana Montoya, Beloit Area Community Health Center
Aida Bise, United Migrant Opportunity Services (UMOS)
Kristal De La Paz, Waukesha County Community Dental Clinic

Questions?

Please contact CHDI staff at CHDI@uwcarbone.wisc.edu
Demographics

Population

The Latinx population in Wisconsin is young and rapidly growing.

102,562 Latinx live in this 20-county region of Wisconsin and make up 5% of the region’s population. Over the past 20 years (1995 - 2015) the Latinx population has grown by about 220%. This rate is 22 times higher than the 10% growth of the White population and almost two times higher than the 121% growth of the African American population.

Average Annual Population Growth, 1995-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Latinx</th>
<th>White</th>
<th>African American</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
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Most Latinx in this region were born in the United States (64%) and the majority are native to Wisconsin.
Community Assets

These assets and their importance were identified through community interviews and are presented based on how often they were mentioned.

Culturally Relevant Places to Gather

Churches provide both spiritual and wellness services.
In addition to seeking spiritual services in Spanish, Latinx will congregate in churches to seek community support and enrichment. Local Latinx-serving non-profits and state organizations have used these natural gathering spaces to provide professional, legal and wellness services.

Latinx community centers provide health and legal resources, coordinate cultural events and develop wellness workshops.
Latinx will attend events and be more receptive to information presented by organizations where trust has been established. Community events that celebrate aspects of Latinx culture, such as farmer’s markets, food festivals, and music festivals reinforce relationships and promote community strength and wellbeing.

Reliance on Community Relationships

Latinx promote a sense of community by sharing information within families and social circles and developing grassroots organizations.
There is a strong sense of community in locations with a large concentration of Latinx. Sharing of information within family and social circles increases confidence in available resources, encourages participation in community events and supports development of local organizations. Personal experience is valued highly.

Child-Centered Families

Schools partner with community organizations to provide programming and other services for children and parents during school or afterschool hours.
Latinx are generally family oriented and schools have partnered with local organizations to provide workshops for school-aged children on healthy eating and other topics in an effort to reach parents and extended families.
Diversity & Reach of Latinx Media

Latinx radio stations and newspapers keep the community updated on upcoming events and community resources.

Radio stations and newspapers reach urban, rural and online communities to serve diverse Latinx populations and promote community resources. Some Latinx radio stations provide health news and health education through short interviews or radio novellas. One radio health education program is over 15 years old.

Commitment of Community Organizations to Provide Health & Wellness Education

Nutrition and exercise workshops, chronic disease workshops and free health screenings are organized by community organizations to promote wellness.

Developing healthy habits while navigating a new culture can be difficult for many families. A variety of Latinx community organizations have developed workshops to promote healthy lifestyles and improve the overall health of the Latinx population. Events that feature participatory activities, such as free health screenings, food tastings, exercise routines, cooking tutorials and gardening lessons help engage Latinx populations.

Latinx Employment Across Wisconsin

Many Latinx participate in the labor force.

BUT

A large number work part-time, low-wage and seasonal jobs.

75% of Latinx are employed at least part-time

41% hold poverty-wage jobs and half of these received no health benefits
Community Needs

These needs and their importance were identified through community interviews and are presented based on how often they were mentioned.

Personal and Public Transportation

Improve funding for transportation and ride-shares, to enable Latinx to attend appointments and community events.

Lack of public transportation is the top barrier limiting the mobility of the Latinx population. Even in counties where it is accessible, many Latinx are hesitant to use public transportation because it requires money and English language abilities. Latinx who do not have driver’s licenses tend to rely on family and friends for transportation. More emphasis is needed on providing funding for transportation to clinical appointments and community events.

Culturally Relevant Resources and Bilingual Staff

Employ bilingual healthcare providers, interpreters and administrative staff across all healthcare sectors.

Across the 20-county region there is a shortage of Latinx healthcare providers, certified health interpreters and administrative healthcare staff. When available, bilingual or bicultural care is highly concentrated in a few counties – 69% of Wisconsin certified healthcare interpreters (CHI) work in Dane County and 10% work in Waukesha County.

Available and Affordable Childcare

Accommodate the presence of children in clinical settings and support funding for childcare during community events and educational workshops.

Availability of childcare is also a leading barrier limiting participation in clinical appointments and community events within the Latinx population. Latinx parents are drawn to events where childcare is provided, or attend programming when children are at school. In clinical settings, Latinx parents often show up to appointments when children can come along, or when and where childcare is provided.
Comprehensive & Affordable Primary, Mental Health & Dental Care

Offer affordable payment plans for patients who are uninsured or do not qualify for Medicaid or Medicare.

Latinx are 3 times more likely to be uninsured than any group and are the most commonly uninsured group across all ages. The U.S. Census Bureau's American Community Survey has identified that 81% of 24,500 Latinx in this region without health insurance are between ages 18 and 64. Barriers to care include low wages, employment in jobs that do not offer health insurance and citizenship status.

Increase access to primary care, dental care and mental health services, especially for rural and migrant populations.

When asked about availability of health services, community members said mental health support was the most limited resource, and bilingual mental health services were very scarce.

21,000 Latinx from this region were served by FQHCs in 2015. Latinx were served at twice the rate of African Americans.
Employment & Income

Promote full-time work and family-sustaining salaries. Support Latinx entrepreneurship.

More Latinx are employed at least part-time than any other population. Yet Latinx are more than twice as likely to live in poverty as Whites, and more than half of those in poverty are children. This is due, in part, to the fact that Latinx often work in part-time and low-wage jobs. In 2015, the majority of Latinx worked in service occupations (28%) or production, transportation and materials moving occupations (27%).

Support flexible working hours to promote health.

Many Latinx work multiple jobs or long hours. This can interfere with their ability to live a healthy lifestyle, attend health care appointments and participate in community events.

Mistrust of Health Services

Promote cultural sensitivity to increase patient trust in health services.

Good quality health care requires that the patient feels heard and at ease. Culturally appropriate care promotes patient trust and positive health outcomes, and supports a truthful exchange of information. There are unique legal factors and social taboos that healthcare staff must learn to effectively support a truthful exchange of information with Latinx patients.
Chronic Disease

PREVENTATIVE CARE & EDUCATION:

Community members said Latinx often seek medical care to treat illnesses rather than prevent disease, due to cost of care. Providing opportunities to increase healthy lifestyle habits and obtain preventative care will reduce future chronic disease and promote health in the Latinx community.

Diabetes Incidence

Diabetes screening and education is a major concern. Diabetes was mentioned as a concern of community members about twice as often as hypertension, obesity and cancer. Estimates are that Latinx adults under 65 are at least twice as likely to have diabetes as Whites.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Latinx</th>
<th>African American</th>
<th>White</th>
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<tbody>
<tr>
<td>AGES 18 - 44</td>
<td>5%</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>AGES 45 - 65</td>
<td>25%</td>
<td>32%</td>
<td>12%</td>
</tr>
<tr>
<td>AGES 65+</td>
<td>33%</td>
<td>47%</td>
<td>25%</td>
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Cancer Incidence, All Sites

Cancer is less of a concern to the Latinx community currently. Rates may increase as the population ages. The overall rate of all cancers combined is relatively low for this community. Latinx have fewer new cases than Non-Hispanic Whites or African Americans, though the rates are higher for males than females in all groups.

All Sites Cancer Incidence, 2004 - 2013

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Latinx</th>
<th>African American</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE &amp; FEMALE</td>
<td>307</td>
<td>534</td>
<td>474</td>
</tr>
<tr>
<td>FEMALE</td>
<td>289</td>
<td>472</td>
<td>436</td>
</tr>
<tr>
<td>MALE</td>
<td>339</td>
<td>606</td>
<td>530</td>
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Cancer Mortality, All Sites

The death rate from all cancers combined is also relatively low for this community. Latinx have fewer deaths than Non-Hispanic Whites or African Americans. Death rates are higher for males than females in all groups.

<table>
<thead>
<tr>
<th>All Sites Cancer Mortality, 2004 - 2013</th>
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<tbody>
<tr>
<td>Age-adjusted rate per 100,000 persons</td>
</tr>
<tr>
<td>LATINA: 67 46</td>
</tr>
<tr>
<td>AFRICAN AMERICAN: 59 38</td>
</tr>
<tr>
<td>WHITE: 77 57</td>
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Cervical Cancer Incidence

Cervical cancer is a concern in the Latinx community.

While the number of new cervical cases per year is low for all groups, the rate of new cases for Latinas is over 85% higher than the rate for African Americans, and nearly 20% higher than the rate for Whites.

<table>
<thead>
<tr>
<th>Cervical Cancer Incidence Rates, 2004-2013</th>
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<tbody>
<tr>
<td>Age-adjusted rate per 100,000 persons</td>
</tr>
<tr>
<td>LATINA: 6.3</td>
</tr>
<tr>
<td>AFRICAN AMERICAN: 3.4</td>
</tr>
<tr>
<td>WHITE: 5.3</td>
</tr>
</tbody>
</table>

Cervical Cancer Screening

Increase cervical cancer screening and HPV vaccination.

Multiple statewide data sources report that Latinas had cervical screening rates that were either lower or similar to rates for White women. The Behavioral Risk Factor Survey found that Latina screening rates were lower than both White and African American women's rates. Cervical cancer is preventable and related to Human Pappilomavirus (HPV). Latinas should be screened regularly for cervical cancer and HPV because they have higher rates of the disease. In addition, HPV vaccination is very important for both Latinx girls and boys.

<table>
<thead>
<tr>
<th>Cervical Cancer Screening Rates in Wisconsin, 18 yrs or older, 2012 &amp; 2014</th>
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<tbody>
<tr>
<td>LATINA: 75%</td>
</tr>
<tr>
<td>AFRICAN AMERICAN: 86%</td>
</tr>
<tr>
<td>WHITE: 77%</td>
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</table>
The quantitative data presented in this report were available publicly, or provided to CHDI for reporting. Qualitative data were obtained through interviews with 14 representatives from Latinx-serving organizations.

Efforts were made to obtain the most recent available quantitative data on a range of social determinants of health and health outcomes, but availability of such data by specific race and ethnicity is limited, particularly for subregions of the state. We reported statewide data when regional data were unavailable. We were also limited by the original researchers’ selection of racial and ethnic categories. We chose to simplify charts by not including confidence intervals, but given the smaller sizes of the Latinx and African American populations and samples, their estimated values may vary more from actual values than those for the larger White population.

CHDI selected some of the quantitative data used in this report based on topics identified through qualitative interviews. A snowball referral method was used to expand the number of interviewees throughout the region (each interview concluded with participants being asked for referrals). A broad list of health and social determinants questions served to structure the interviews, and the 2 interviewers allowed the participants to guide the interview. Notes taken in the interview were combined, provided to informants for review, modified as necessary and then coded for themes. This report summarizes the themes mentioned most often and presents them in the order of relative importance given them by participants.

DATA SOURCES:

**P3 Population**
- Wisconsin Interactive Statistics on Health (WI DHS)
- UW-Madison’s Applied Population Laboratory & UW Extension

**P7 Health Care**
- American Community Survey, U.S. Census Bureau
- Health Center Program, Health Resources & Services Administration

**P10 Cancer**
- Wisconsin Cancer Reporting System (WI DHS)

**P5 Employment**
- COWS - State of Working Wisconsin 2018

**P8 Income & Employment**
- American Community Survey, U.S. Census Bureau

**P6 Bilingual Staff**
- Certification Commission for Healthcare Interpreters

**P9 Diabetes & Cancer**
- Wisconsin Diabetes Prevention & Control Program (WI DHS)
- Wisconsin Cancer Reporting System (WI DHS)

**SOURCES**

Please see chdi.wisc.edu/LatinxPortrait for links to each source and a references page with more details.
Reducing Disparities Together
CHDI’s mission is to partner with communities, UW faculty, and Carbone Cancer Center members to reduce inequities in cancer burden through research, outreach, education and training.

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More Information

To view this report online, visit
www.chdi.wisc.edu/LatinxPortrait

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