

## **Hispanics/Latinos and Immunizations**

Infectious diseases are still major causes of illness, disability, and death. Moreover, new infectious agents and diseases are being detected, and some diseases that were once considered under control have reemerged in recent years. In addition, antimicrobial resistance is evolving rapidly in a variety of hospital- and community-acquired infections.

Vaccines can prevent the debilitating and in some cases fatal effects of infectious disease. Although vaccines have helped eliminate the illness and disability related to polio, measles, and rubella, for example, the organisms that cause these diseases have not disappeared. They have only receded and have the potential to reemerge if vaccination coverage drops. Vaccines protect more than the vaccinated individual—they also protect society.

Historically, childhood vaccination rates have been lower in certain minority populations compared with the majority population. Immunization efforts need to be intensified, particularly to increase vaccination coverage for children living in poverty. Substantial numbers of undervaccinated children remain, particularly in large urban areas with traditionally underserved populations, causing concern about potential outbreaks of disease.

Many adults are also at increased risk for vaccine-preventable diseases. Vaccination coverage against pneumococcal infections and influenza among African Americans and Hispanics, for example, remains substantially below that of the general population. (US DHHS, 2000).

- **Adult Immunization**
- **Child Immunization**
- **References and Resources**

## **CHILD IMMUNIZATION**

Each year, 1.7 million children worldwide die from diseases that could have been prevented with vaccines that are readily available in developed countries. Children who are immunized are protected from these dangerous diseases, which can lead to disability or death. Every girl and boy needs to be immunized.

It is essential that all parents know why, when, where, and how many times children should be immunized. Parents also need to know that it is safe to immunize children even if they have an illness or a disability or are suffering from malnutrition. (UNICEF, n.d.).

### **Recommended Childhood and Adolescent Immunization Schedule**

The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) has provided a schedule and guidelines for immunizing children and adolescents against hepatitis B; diphtheria, tetanus, and pertussis (DTP); *Haemophilus influenzae* type b (Hib); polio; measles, mumps, and rubella (MMR); varicella (chickenpox); pneumococcal disease; hepatitis A; and influenza. You can access the Recommended Childhood and Adolescent Immunization Schedule: United States, 2003, at <http://www.cdc.gov/nip/recs/child-schedule.pdf>. (CDC, 2002c).

- **Immunization Rates**
- **Traditional Health Beliefs and Practices**
- **Risk Factors and Challenges**
- **Strengths and Protective Factors**
- **Adherence Factors**

## **Immunization Rates**

- According to the CDC, in 2002, **Hispanic populations had childhood immunization rates that were lower than those among the US national, non-Hispanic white, and Asian populations**; the Hispanic rate exceeded only the African-American rate. However, the data have not been disaggregated by cultural groups within the Hispanic/Latino category. (CDC, 2002a).
- Compared with the general population, **Latino children tend to have lower immunization rates** and tend to play “catch-up” to the established immunization schedule. (Kaiser Permanente, 2001).
- **Measles outbreaks are a concern among Latino children.** An analysis of health indicators in California concluded that Latino children are nearly six times more likely than non-Hispanic white children to contract measles. (Kaiser Permanente, 2001).

### **Recommendation**

Inform Latino parents of the benefits, including healthier children, of adhering to the recommended childhood immunization schedule. (Kaiser Permanente, 2001).

### **Pertinent Facts**

- **Vaccine-preventable diseases can be very serious or, in some cases, fatal.** Despite the many interventions aimed at boosting immunization rates, one-third of California children younger than 2 years of age lacked the full required immunizations in 1996. That year, two infants died from pertussis (whooping cough) in California. In some areas of the state, half the toddlers are vulnerable to whooping cough because they have not completed their immunization series. The 1989–1991 outbreak of measles in California resulted in 17,000 cases of the disease, 3,400 hospitalizations, and 70 deaths.
- **Babies and children infected with hepatitis B virus (HBV) are more likely to develop chronic infections.** Chronic hepatitis B occurs when someone has had HBV in his or her blood for at least six months. People who get hepatitis B in childhood have a 30% to 90% chance of becoming chronically infected. They may carry the virus in their blood for the rest of their lives; it rarely goes away on its own. Those with chronic HBV infection have a significant risk of developing liver failure or liver cancer, usually in adulthood. (National Alliance to Nurture the Aged and the Youth, 2003).
- **HBV symptoms in babies and children are not obvious.** Most babies or children who get hepatitis B do not look or feel sick. (National Alliance to Nurture the Aged and the Youth, 2003).

### **Recommendations for Reducing Chronic Hepatitis B Infection in Infants and Young Children (Perinatal Infection)**

Each year, 16,000 to 18,000 children in the US are born to mothers infected with HBV. Without prevention programs, about 8,000 of these infants would become infected with HBV. However, 95% of these infections are preventable through appropriate maternal screening and infant care.

Screening pregnant women during an early prenatal visit is essential to identify those who are infected. Women at high risk should be retested late in pregnancy. In 1997, 14 states had laws or regulations to ensure such screening.

**To be maximally effective, steps to prevent the transmission of HBV to infants born to infected mothers must begin as soon as the child is born. Such infants should receive a first dose of hepatitis B vaccine within 12 hours of birth, followed by hepatitis B immune globulin between the ages of 12 and 15 months to ensure that they are not infected and have developed immunity to the virus. (US DHHS, 2000).**

### **Recommendations: Hepatitis B Vaccine**

- **Hepatitis B vaccine is recommended for all children 0 to 18 years of age in the US.** Babies should receive the first dose of vaccine in the hospital. If the mother is infected with HBV, her **newborn infant must get the first dose of hepatitis B vaccine within 12 hours of birth, along with another injection of hepatitis B immune globulin within 12 to 15 months.** This will protect the newborn from getting hepatitis B. All babies need another dose of hepatitis B vaccine at 1 to 2 months and a third dose at 6 months of age. Babies whose mothers are infected with hepatitis B should have a blood test at 9 to 15 months of age to be sure that they are protected.
- **All toddlers, older children, and adolescents should also receive the hepatitis B vaccine.** (National Alliance to Nurture the Aged and the Youth, 2003).

### **Traditional Health Beliefs and Practices**

- **Involvement of *la familia* (family) is often critical in the health care of a patient.** Traditionally, Hispanics include many people in their extended families—not only parents and siblings but also grandparents, aunts, uncles, cousins, compadres, close friends, and godparents (*padrinos*) of the family's children. (Management Sciences for Health, 2003).
- ***Respeto* (respect) implies a mutual and reciprocal deference.** *Respeto* dictates appropriate deferential behavior toward others based on age, sex, social position, economic status, and authority. Older adults expect respect from those who are younger, men from women, adults from children, teachers from students, employers from employees, and so on. (Management Sciences for Health, 2003).

- **Personalismo**—Hispanics tend to stress the importance of personal relationships, which is why many rely on community-based organizations and clinics for their primary care. Hispanics expect health care providers to be warm and friendly and to take an active interest in their patients' lives. (Management Sciences for Health, 2003).

#### Recommendation

Sit closer to your Hispanic patients than you might with patients from other cultures. Lean forward when speaking or listening to the patient, and give a comforting pat on the shoulder or other gesture that indicates interest. (National Alliance for Hispanic Health, 2001).

- **Over time, by respecting the patient's culture and showing personal interest, a health care provider can expect to win a patient's *confianza* (trust).** When there is *confianza*, Hispanics value the time they spend talking with their health care providers and are more likely to believe what they say. *Confianza* means that the provider has their best interests at heart. (Management Sciences for Health, 2003).

#### Recommendation

Be particularly sensitive about the nonverbal messages you may be sending to your Hispanic patients. For example, when a non-Hispanic provider sits the customary two feet away from a Hispanic patient, he or she may be perceived as not only physically distant but also (wrongly) uninterested and detached. Overall, Hispanics tend to be highly attuned to others' nonverbal messages. (National Alliance for Hispanic Health, 2001).

- **Hispanic culture tends to view health from a more synergistic point of view,** expressed as the continuum of body, mind, and *espíritu* (spirit). (Management Sciences for Health, 2003).

#### Recommendation

Understand and accept that many Hispanics have a broad definition of health that combines a respect for the benefits of mainstream medicine, tradition, and traditional healing, along with a strong religious component in daily life. (National Alliance for Hispanic Health, 2001).

### Risk Factors and Challenges

#### *Racism*

- **Vulnerable and marginalized groups in society experience an undue proportion of health problems.** Many health disparities are rooted in fundamental inequalities in the social structure, which are inextricably related to racism and other forms of discrimination in society. Research has shown that inequalities in the health and health care of ethnic and racial groups are evident, and racism is the most disturbing explanation for these inequalities. (World Health Organization, 2001).
- **Studies in the US report an association between perceived racial discrimination and high blood pressure, birth weight, and sick days.** In a recent study from the United Kingdom, victims of discrimination were more likely to have respiratory illness, high blood

pressure, anxiety, depression, and psychosis. Stress responses have been considered possible mechanisms for the effects of racism on health. (McKenzie, 2003).

### *Environmental and Occupational Hazards*

#### **Urban Environment: Increased Risk and Alienation**

Residents in urban settings have an increased risk for exposure to hazards such as toxic waste; air pollution; crime and violence; and older, poorly maintained buildings with inadequate heating, lead paint, and cockroach allergens. Researchers believe that exposure to violence may increase feelings of alienation, powerlessness, and hopelessness. Individuals who live under these conditions may see limited benefits in adopting health-promoting behavioral changes. (US DHHS, 2003b).

- **About 90% of Hispanics/Latinos live in urban settings, compared with 70% of whites.** Thus, Hispanics/Latinos are more likely to be exposed to the hazards of an urban environment, including toxic waste, air pollution, crime and violence, and older, poorly maintained buildings. (Kaiser Permanente, 2001).

#### **Recommendation**

Inform patients about preventive measures to decrease exposure to lead paint toxins and household allergens. Refer patients to local and federal agencies that may assist in controlling hazardous materials in the workplace or home. (Kaiser Permanente, 2001).

- **The Environmental Protection Agency indicates that Latinos are the group most likely to live in areas that fail to meet air quality standards.** Approximately 80% of Latinos live in areas that fail to meet at least one National Ambient Air Quality Standard, compared with 65% of African Americans and 57% of non-Latino whites. More than 18% of Latinos are exposed to the nation's worst air pollution, compared with 9.2% of African Americans and 6% of non-Latino whites. In addition, more than 8 million Latinos live in communities with uncontrolled toxic waste. (Kaiser Permanente, 2001).
- **Hispanic/Latino men are more likely to hold jobs that expose them to hazardous materials and agents such as asbestos, textiles, silica and coal dust, poisons, radiation, and certain biological agents.** (Kaiser Permanente, 2001). For example, a substantial number of Hispanics/Latinos work in the semiconductor and agricultural industries. Semiconductor workers experience occupational illness at a rate three times that of workers in other manufacturing industries. (Kaiser Permanente, 2001). Agricultural workers may be exposed to pesticides that are associated with several types of cancer, lung damage, chemical burns, and adverse reproductive and developmental effects. Hispanics constitute 71% of all seasonal agricultural workers and 95% of all migrant farmworkers. Exposure to agrochemicals has been associated with a variety of cancers. (National Alliance for Hispanic Health, 2001).

#### **Recommendation**

Providers who work with Hispanic patients in rural areas should be familiar with the signs, symptoms, and long-term impacts of various pesticide and other agrochemical exposures. (National Alliance for Hispanic Health, 2001).

*Health Insurance Coverage and Access to Quality Care*

- **Of all major racial or ethnic groups, Latinos have the lowest rate of health insurance coverage.** (Pew Hispanic Center, 2002).
- In 1999–2000, **32.9% of Hispanics were without health insurance coverage.** (US Census Bureau, 2002).
- **The probability of Hispanics/Latinos under age 65 being uninsured is 35%**, compared with 17.5% of the general population under age 65. This disparity results largely from the lack of job-based insurance provided to Hispanics/Latinos, who work disproportionately in blue-collar and service-oriented jobs. (Smedley et al., 2003).
- **The vast majority of Hispanics are in working families, yet only 43% receive health insurance through work.** Cuban Americans have the highest rate of job-based or private health insurance coverage (65%) and are less likely to be uninsured (21%). **Less than half of people of Puerto Rican (45%), Central and South American (46%), and Mexican (44%) origin have job-based or other private insurance.** Over one-third of Puerto Rican Americans (34%) are insured by Medicaid or other publicly funded programs. More than 40% of Americans of Central and South American heritage are uninsured, including 38% of Mexican Americans. (Smedley et al., 2003).
- Quality care comes from a doctor who knows you, but not everyone has a regular doctor. According to the Commonwealth 2001 Health Quality Survey, **43% of all Hispanics in this country do not have a regular doctor.** By contrast, only 20% of white Americans do not have a regular doctor. (National Cancer Institute, 2003).

*Language and Communication*

- **More than 25% of Hispanic/Latino individuals in the US live in linguistically isolated households.** In addition, nearly 8 million Hispanic/Latino Americans do not speak English “very well.” Given recent population shifts, it is likely that these figures grossly underestimate the number of Hispanic/Latino Americans with limited English proficiency. (Smedley et al., 2003).
- According to the Commonwealth 2001 Health Quality Survey, **33% of all Hispanics in the US report having difficulty communicating with their doctors.** By contrast, only 16% of white Americans report the same difficulty. (National Cancer Institute, 2003).
- Among Hispanic/Latino elders, **Cuban elders are the least likely to be proficient in English (54% are not proficient), making them the most isolated linguistically.** Thirty-six percent of Puerto Rican elders are not proficient in English, as are 28% of Mexican-American elders. (Talamantes et al., 2003).

### Recommendations

*To improve communication with your Hispanic/Latino patients:*

- Utilize trained medical interpreters when communicating with Hispanic/Latino patients who are not proficient in English.
- Avoid using friends, family, or children for medical interpretation.
- When using a medical interpreter, arrange the seating so that you are facing the patient, and have the interpreter sit alongside or slightly behind the patient.
- Use appropriate titles, such as *Señor* for Mr., *Señora* for Mrs., and *Señorita* for Miss, even if you don't speak Spanish. Using these titles shows respect for your patients. If you speak Spanish, show respect by using the more formal *usted* rather than *tu*.

(Kaiser Permanente, 2001).

- Out of a sense of *respeto*, **many Hispanic patients tend to avoid disagreeing with or expressing doubts to their health care providers** about the treatment they are receiving. They may even be reluctant to ask questions or to admit that they are confused about their medical instructions or treatment. Associated with this is a cultural taboo against expressing negative feelings directly. This taboo may manifest itself in a patient's withholding information, not following treatment orders, or terminating medical care. (Management Sciences for Health, 2003).

### Obesity

- Data from the 1999–2000 National Health and Nutrition Examination Survey show that more adult women (33%) than men (28%) are obese. **Forty percent of Mexican-American women are obese**, compared with 30% of non-Hispanic white women. (CDC, 2002).
- **Mexican-American adolescents aged 12 to 19 were more likely to be overweight (24%)** than were non-Hispanic white adolescents (13%). In addition, **Mexican-American children aged 6 to 11 were more likely to be overweight (24%)** than were non-Hispanic black children (20%) and non-Hispanic white children (12%). (CDC, 2002).
- Mexican Americans of low socioeconomic status are often of Indian rather than European descent, in contrast to Mexican Americans of higher socioeconomic status. **Indian heritage is associated with a higher prevalence of obesity and therefore a greater risk for diabetes.** (National Women's Health Information Center, 2003).
- The **prevalence of obesity in the Hispanic/Latino population aged 18 and over increased from 11.6% in 1991 to 23.7% in 2001**, according to self-reported data from the Behavioral Risk Factor Surveillance System. (CDC, 2003).

### Suggestion

Emphasize the strengths of the Hispanic/Latino diet and provide examples of low-fat alternatives by focusing on cultural values. For further information on healthy traditional foods and the patterns of a Latin American-style diet, see the Latin American diet pyramid at <http://www.e-guana.net/organizations.php3?orgid=61&typeID=193&action=printContentItem&itemID=1535>. (Oldways Preservation and Exchange Trust, 2003).

### Smoking

- Data from the 1997 National Health Interview Survey show that **overall, smoking prevalence among Hispanic adults was 20.4%**, compared with 25.3% for whites. Among Hispanic men, 26.2% smoked, compared with 27.4% of white men. For Hispanic women, the smoking rate was 14.3%, compared with 23.3% for white women. (CDC, 1998).
- The Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System found that about **one-third of Hispanic students in grades 9 through 12 were current cigarette smokers.** (CDC, 1998).
- Among Hispanic adults, **19% were current smokers, 16% were former smokers, and 65% had never smoked.** (Pleis and Coles, 2002).

### Alcohol Use

- **Rates of alcohol use vary significantly across Latino subgroups. Heavy drinking occurs in roughly 40% of Latino men aged 18 to 39.** Mexican Americans tend to drink more heavily than either Puerto Ricans or Cuban Americans. The lifetime prevalence rate of alcoholism among Mexican-American men is 25%. (Kaiser Permanente, 2001).
- **Latinos typically delay getting treatment for alcoholism.** In some cases, by the time they receive treatment for their disease, they have suffered significant organ damage. (Kaiser Permanente, 2001).

### Recommendation

If you are a primary care provider, screen Hispanic/Latino patients for alcohol problems and **refer them for early treatment to reduce the potential damage from untreated alcoholism.** Emphasize the significant positive impact this could have on the family and on loved ones' physical and emotional health. (Kaiser Permanente, 2001).

- **Latinos, like other Americans, begin drinking alcohol in early adolescence.** By age 18, nearly half of adolescents in all Latino groups have used alcohol. Rates of alcohol use among adolescent males and females are almost the same. Cigarette smoking and alcohol and drug use among Latino women and girls are increasing, reaching critical proportions. (Kaiser Permanente, 2001).
- **Compared with Latino men, Latinas show high rates of abstaining from alcohol and relatively low rates of heavy drinking.** In a recent analysis of data from the 1993 National Household Survey of Drug Abuse, close to half of the Cuban (46%), Mexican-American (43%), and Puerto Rican women (44%) reported abstaining from alcohol. Frequent heavy drinking was reported by 3% of Mexican-American women and 1% or less of Cuban and Puerto Rican women. (Collins and McNair, 2003).
- Mexican women who immigrate to the US report higher levels of abstention than do women in the general US population. However, abstention rates tend to decrease across generations. **After three generations, the drinking patterns of Mexican-American women are similar**

**to those of the general population**, including higher rates of heavy drinking. (Collins and McNair, 2003).

### *Physical Activity*

- Hispanics in general are more obese, **less physically active**, and less likely to participate in lifestyles that promote cardiovascular health. As a consequence, they are more likely to have diabetes than the general US population. (National Women's Health Information Center, 2003).
- According to the 1997 Behavioral Risk Factor Surveillance System Report, **65% of Hispanic adults in Texas do not participate in regular physical activity**. (Talamantes et al., 2003).

### **Recommendation**

Encourage your Latino patients and their families to take up a physical activity that the whole family can enjoy: dancing. Suggest that they move to the beat of salsa, meringue, tejano, cumbia, and other Latin music, and that they dance to three of their favorite songs every day. Other suggestions could include going for a walk with a friend or family member, walking around while talking on the phone, or taking the stairs instead of the elevator. (American Diabetes Association, 2003).

### **Strengths and Protective Factors**

- ***La familia* (family)**. Traditionally, **Hispanics include in their extended families not only parents and siblings but also grandparents, aunts, uncles, cousins, compadres, close friends, and godparents (*padrinos*) of the family's children**. When they are ill or injured, Hispanics frequently consult with other family members and may ask them to come along on medical visits. Hispanic extended families play an important support role for patients. (Management Sciences for Health, 2003).
- ***Personalismo***. Hispanics tend to stress the importance of personal relationships. **They expect health care providers to be warm and friendly and to take an active interest in their patients' lives**. *Personalismo* conveys to the patient that the provider is interested in him or her as a person and helps put the patient at ease before an exam or medical procedure. (Management Sciences for Health, 2003).
- **Community**. **A network of hundreds of local organizations has emerged in almost every Hispanic community in America**. For the past 30 years, these organizations have acted as frontline advocates for and providers of Hispanic health care and social services. Community-based organizations within Hispanic neighborhoods, *barrios*, *colonias*, and other ethnic enclaves provide a significant point of entry and an opportunity to expand outreach efforts. Hispanics/Latinos continue to rely on community-based organizations and clinics for their primary care. (Management Sciences for Health, 2003).

## **Adherence Factors**

### *Decision-making*

- ***La familia (family)***. Hispanic families traditionally emphasize interdependence over independence and cooperation over competition. Therefore, **family members are likely to be involved in the treatment and decision-making process for a patient**. Migration and separation from family may cause stress in Hispanic patients who are used to making decisions in collaboration with other family members. (Management Sciences for Health, 2003).

### **Recommendation**

Including family members in the consultation is often critical to the care of the patient and may contribute to the patient's ability to adhere to the recommended treatment. (Management Sciences for Health, 2003).

### *Communication*

- ***Personalismo***. Warm, friendly providers who take an active interest in their patients' lives are more likely to earn the loyalty, respect, and confidence of their patients. (Management Sciences for Health, 2003).
- ***Confianza (trust)***. A provider who is able to establish a bond of *confianza* with his or her Hispanic patients will find a profound improvement in the quality of care and in patients' willingness to take wellness and risk-reduction advice to heart. Having won *confianza* from patients, the provider may also come to appreciate the Hispanic view of health. (Management Sciences for Health, 2003).

### **Suggestion**

Involve health care brokers, community outreach workers, or *promotoras* to help establish trust with new Hispanic/Latino patients. (Management Sciences for Health, 2003).

- ***Respeto (respect)***. Health care providers, by virtue of their healing abilities, education, and training, are afforded a high level of *respeto* as authority figures. As a general rule, Hispanic patients listen to what their health care providers have to say and value the direction and services offered. (Management Sciences for Health, 2003).

### **Key Fact**

Out of a sense of *respeto*, **many Hispanic patients tend to avoid disagreeing with or expressing doubts to their health care providers** about the treatment they are receiving. They may even be reluctant to ask questions or to admit that they are confused about their medical instructions or treatment. Associated with this is a cultural taboo against expressing negative feelings directly. This taboo may manifest itself in a patient's withholding information, not following treatment orders, or terminating medical care. (Management Sciences for Health, 2003).

- Some Hispanic/Latino patients **may avoid asking questions** to avoid appearing to disagree with the provider, out of a sense of respect. (Kaiser Permanente, 2001).

### Recommendations

- **Be as thorough as possible to minimize confusion** when explaining treatment plans and procedures, and gently encourage your Hispanic/Latino patients to voice any questions or concerns. Prompt them regularly with questions, and ask whether they understand your diagnosis or treatment recommendations.
- When the patient talks to you, summarize what he or she has said. **Clarify and check** that the patient understands each point before moving on.
- **Encourage the asking of questions.**
- For information and tools related to increasing patient adherence, see the Provider's Guide to Quality & Culture, Provider-Patient Interaction, Patient Adherence at <http://erc.msh.org/mainpage.cfm?file=4.4.0.htm&module=provider&language=English>.

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