



NEXO

The Official Newsletter of **The Julian Samora Research Institute**
The Midwest's Premiere Latino Research Center

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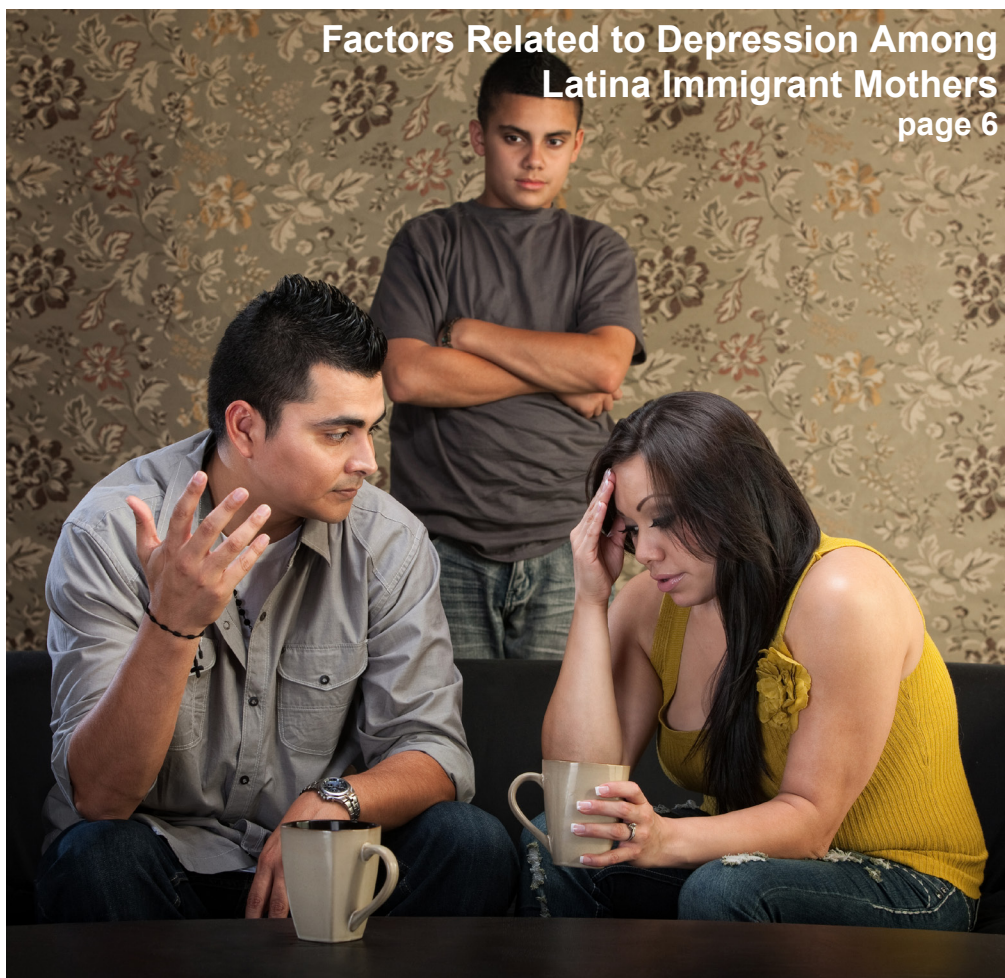
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JSRI at Michigan State University is committed to the generation, transmission, and application of knowledge as it relates to Latinos and Latino communities throughout the Midwest and the nation.

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Deregulation, Ideology, and Poverty



Rubén O. Martínez, Director
Julian Samora Research Institute

It is well known that types of crime are associated with economic strata. Street crime (petty theft, vandalism, assault, robbery, etc.), for example, is more common among the poor, while fraud, embezzlement, and other forms of white-collar crimes are more the work of members of the middle class and the wealthy. This is not to say that there is an inverse relationship

between class and crime; we do not know the volume of crime committed in society and we most certainly do not know the volume of crime committed by the wealthy in society. We do know that corruption occurs in the financial and political sectors, and that fraud and corruption were part of the savings and loan crisis in the 1980s, part of the fall of Enron in 2001 (remember the bewildering accounting practices), and there is evidence that fraud and corruption were part of the Great Recession, which was partly caused by unscrupulous high-risk lending practices via sub-prime lending. Another thing these financial crises have in common is deregulation (removal of government regulations from certain economic activities). Financial deregulation and financial innovation have made it easy for those positioned to take advantage of “opportunities to commit crimes” to line their pockets while millions of citizens lost their savings and investments. Latinos were among those most negatively impacted by the Great Recession.

Despite the repeated failures of deregulation there is still a powerful anti-government view in this country that supports radical laissez-faire policies. Indeed, we are now raising the third generation of young people who have been continually bombarded by conservative and anti-liberal proponents peddling conservative political beliefs. The intense political divisions and the conservative movement have diminished not only opportunities for rational debate about the major challenges facing the nation and all but eliminated practical problem-solving approaches to them. In other words, proponents of conservative views are so ideologically driven that they tend to offer a set of political beliefs as the panacea for all societal ills. In an ideological world the facts do not matter because one already is politically correct (no pun intended). The aim is not to solve problems in order to improve society and the human condition, the aim is to impose one’s political views on

others no matter how distorted or irrational they might be.


It is this political and policy context that has brought us to the point where national legislators are unable to make any progress on legislation that will address the needs of citizens. Several conservative legislators, for instance, shut down the Federal Government again because they did not get what they wanted-- elimination of the Affordable Care Act and spending cuts. Interestingly, one reason given for additional spending cuts is that welfare spending has increased in recent years. Yet, a review of Government Accounting Office and Office of Management and Budget reports show that overall outlays for mandatory income security programs have decreased in recent years. For example, cash assistance through the Temporary Assistance for Needy Families (TANF) has decreased, while the number of cases in which aid was provided only for children has increased slightly. Moreover, not all families eligible to receive aid are participating in aid programs, and research indicates that this group is growing. That is, there are more and more individuals, especially single mothers, who are disconnected from work and from benefit programs. Finally, the impact of the Great Recession on case loads was modest given the rise in poverty across the nation, raising concerns about the responsiveness of TANF during severe economic times. What have increased are outlays for Medicaid, Medicare and Social Security, but that can be expected given the rising numbers of elders in the population.

Today there are over 46 million persons living in poverty across this country. In 2012, the poverty rate among Latinos was 25.6% while that for Non-Latino Whites was 9.7%. It can hardly be said that Latinos are in poverty because they're lazy. Today they are regarded among those with the strongest work ethic in the country. Contributing to their poverty is the minimum wage and the racial division of labor that characterizes our economy. The scramble among the races becomes more intense during economic crises, as members of the dominant group reserve the better paying jobs for themselves. Add to this the fact that the median household income continues to fall as the rich keep getting richer, so much so that the income share of the top 1% returned to the same level as before the Great Depression—22.5% in 2012. Not only are they taking in a much larger share of income proportionately, there seems to be no end in sight.

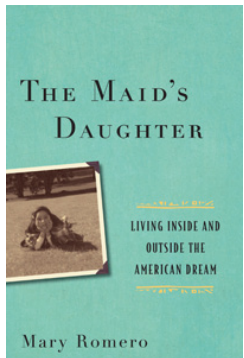
How did all of these patterns come about? Are they

the result of the natural evolution of capitalism? Not hardly. These outcomes have resulted from the neoliberal policies that have been implemented over the past four decades— policies that promote free market fundamentalism through notions of radical individualism, limited government, and flexible labor. Limited government has been promoted through anti-tax initiatives (stop government spending on entitlement programs by cutting off funding – or is it government of the rich, by the rich, for the rich?), deregulation (unleash barriers to innovation – or is it, unleash greed and creative compliance?), and privatization (promote efficiency and effectiveness of government services – or is it the transfer of wealth from taxpayers to the wealthy?). Deregulation alone has proven to be a disastrous policy; one that nearly toppled the economy and most certainly has had a negative impact on working Americans.

Today's conservatives have lost sight of the fact that government is to serve citizens. Government is not a market – it is a political institution that maintains order, promotes equality, and protects human and civil rights. And when people cannot manage to take care of themselves, government steps in and gives them a helping hand. In short, government promotes the Public Good.

Markets, on the other hand, promote innovation, production, and efficiency, but they also promote inequality, greed and corruption, especially when minimally regulated. That is what has happened under neoliberalism. It is important to keep in mind that all economies are regulated in some way – there is no invisible hand. Without regulation those with power and wealth would degrade the environment (“Drill, baby, drill!” – the Republican campaign slogan in 2008 calling for increased domestic oil production) for future generations; they would exploit labor; and they would undermine the health and well-being of the citizenry. It is citizens who have rights protected by the Constitution; we must restore citizens to their rightful place in our society and get back on the path to improving society and the human condition. We are citizens first and consumers second. 

The Maid's Daughter: Living Inside and Outside the American Dream



By Mary Romero
New York
University Press
(2011).

Reviewed by
Pilar S. Horner
Julian Samora
Research Institute

Dr. Mary Romero, Professor of Justice Studies at Arizona University, writes a poignant narrative of Olivia María Gomez Salazar (pseudonym), who grew up as the maid's daughter in the wealth of upper-middle-class White America struggling to integrate her Chicana identity. This book, *The Maid's Daughter*, focuses on Olivia's adolescence and her angst with coming to grips with the two cultures of her childhood. Romero examines through the lens of Latino cultural studies literature the internal friction that Olivia faces as the daughter of a Mexican live-in maid: growing up in the servant's quarters, but receiving the cultural capital of the elite. The author attempts to portray problematic issues of class, culture, identity, gender, and sexuality within one narrative. Olivia's youth becomes the center point by which the intersection of assimilationist dogma, cultural clashes, and adolescent evolution converge.

The strengths of the book include the immense amount of data that Romero collected over a period of twenty years through in-depth interviews with Olivia. Romero attempts to deal with

the extreme complexity of dualistic identity by picking apart Olivia's societal integration while discussing moments of "passing," social mobility, cultural prejudices, racism, and internalized stereotypes. This book contributes to Latino Studies in that it attempts to understand the nature of bifurcated identity, at times reminiscent of the works of African American studies scholars such as DuBois and Fanon. The notion that one is seen as the "other" and is "othered" by dominant social members and structures butts up against the social capital of upper-middle-class life that Olivia gained living among White American elites. This is an important contribution to the dialogue of assimilation and race theories that still lack useful frameworks for understanding the emerging Latino population.

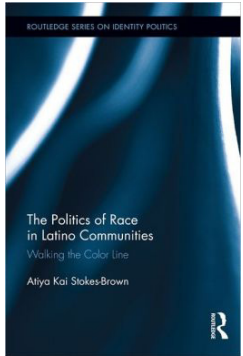
At times, however, it is difficult to fully engage Romero's analysis in part due to the adolescent rage of Olivia. All of Olivia's experiences as a child and emerging youth are interpreted by Romero in the heavy and heated language of cultural studies, which, though a completely worthy framework, at times lacks empirical evidence to substantiate some of the more critical analyses. The organization of the book makes sense, carefully treading through the stages of Olivia's development, but perhaps privileges too much of her adolescence and does not reach her twenties and beyond until the last quarter of the book. Romero intricately interprets and analyzes Olivia's narratives solely from the dominant/minority framework. As such, there is an almost overly idealistic bent towards Mexican identity

without a robust critique of the repression that this culture would also represent in Olivia's life, (e.g., machismo and limited education and employment opportunities).

Romero works hard to show adeptly how Olivia's coming of age was an act of pure defiance and cultural re-imagining. Still the book could go further. The analysis hints at larger issues of assimilation, dominant-crossing, cultural capital and social mobility, and only cursorily examines the deep patterning of American life. The reader is left to sympathize with Olivia when she laments that there were no examples of what her life was, or who she was; as readers we have a compelling story but little theory to understand this new identity. Society, Romero argues, is confused with who Olivia is and what she represents. She is Chicana, but well connected with elite White culture; she has the wealth of historical cultural capital, but can navigate the working class world of her mother's working class networks. Readers are left to wonder what new cultural theory and movement is coming that will shape the coming "Olivias" and their children. Indeed, current cultural studies and theoretical examinations fall short.

The Maid's Daughter does point to the interesting future of Latino Studies; that subsequent scholarship must attend to the gap of intersectional identity and emerging cultural/social development. As population demographics continue to shift, more unusual cases such as Olivia's will emerge to help shape and provoke the growth of our U.S. societal order. 🌱

The Politics of Race in Latino Communities: Walking the Color Line



By Atiya kai Stokes-Brown.
New York:
Routledge Press,
2012.
Reviewed by
Daniel Vélez Ortiz
Julian Samora
Research Institute

Stokes-Brown presents a profile of Latinos and race in the context of political incorporation and participation. This book examines the theoretical and applied nature of race, effects of race on political participation, and the broader implications of race and politics within the Latino population. The author uses two main forms of evidence to support the arguments presented. One is the Latino National Survey (LNS), a cross-sectional survey conducted with a nationally representative sample of Latinos, and the other is qualitative data from focus group interviews with Latinos in Chicago, IL and New York, NY. The author explains that these locations were chosen to capture as much heterogeneity as possible that would be representative of Latinos in the United States. The author presents data from the LNS as descriptive, bivariate, and multivariate analyses with supporting qualitative data, where appropriate.

In the introduction, the author establishes the importance of examining the Latino population due to its rapid growth in the United States, yet low visibility in political representation and advocacy. Further, the author presents an argument for the need to explore race and identity as defining factors to better understand the political behavior

and psychology of the Latino population. Because the Latino population is comprised of individuals from many different nationalities and racial identities, this book makes a powerful contribution to disaggregating pan-ethnic assumptions. In addition, combining multiple methods adds depth and context to the issues discussed throughout the book.

The first major part of the book deals with historical and theoretical issues relating to the measurement of race. The author discusses the difficulty of fitting Latinos into the White and Black racial categories used in the United States. Government categories of Latino racial identity have historically ranged from “not different from White race” to separation into a Mexican racial category and, more recently, taken back off the racial category into an ethnic grouping. Further in the book, the author juxtaposes the racial classifications imposed by official government measurement with the views of Latinos about how well they fit within those classifications. Salient among the Latino perspectives on census classifications is a sense of discrimination through the exclusion of multiracial identity that a majority of Latinos in the study expressed would be preferable to the current options. Consequently, Latinos in the study report that the best classification currently available in census and other government racial classifications is that of “Other.”

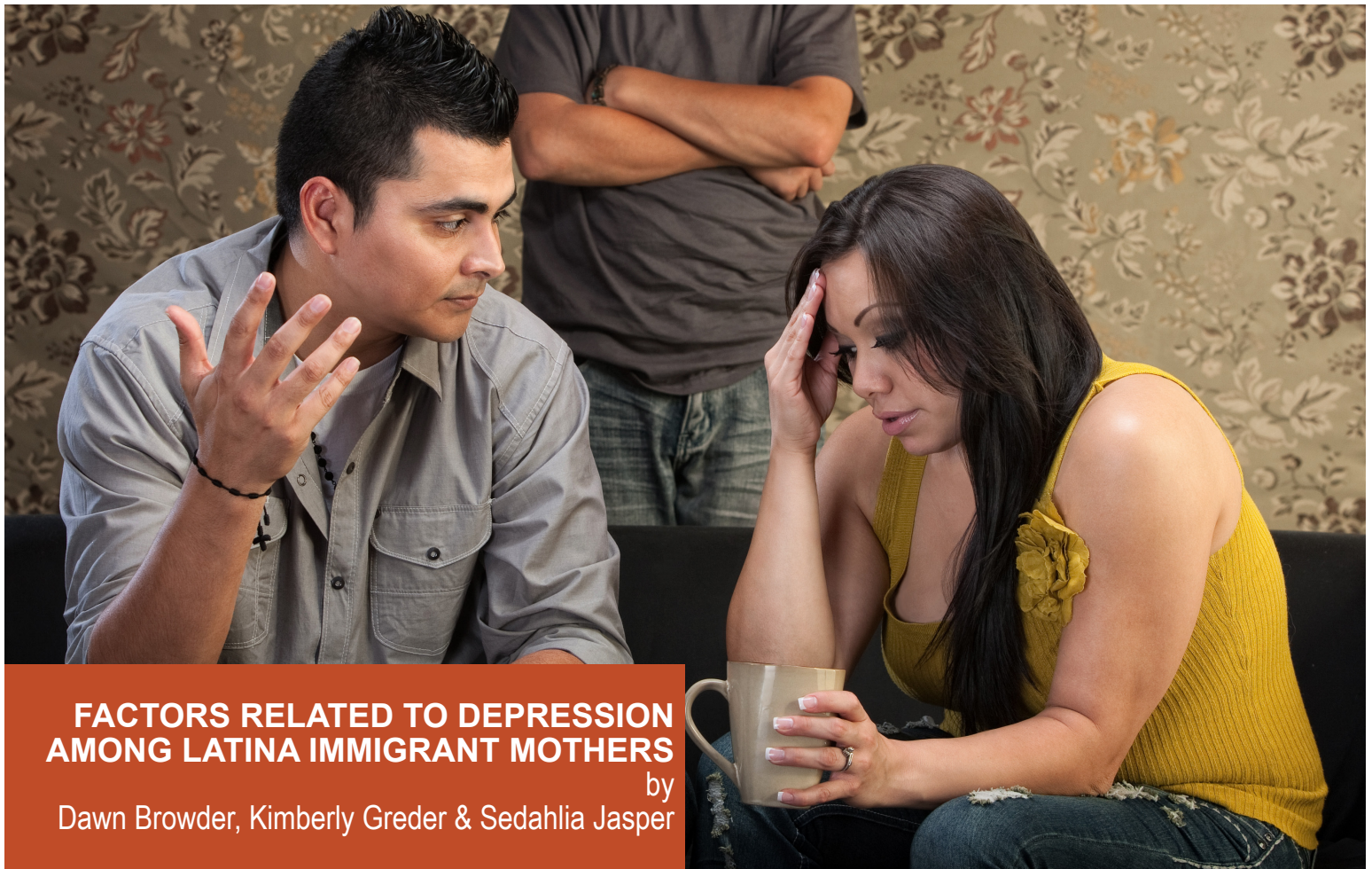
Regardless of preference of classification, Latinos in the study had a strong sense of racial hierarchies permeating their everyday lives, and a shared sense that the White race is privileged. Thus, classification as White sets the desired status for gaining the highest benefits in U.S. society.

Conversely, the book conveys that declaring a Latino or foreign-nationality identity signifies a rejection of whiteness or blackness, thus blurring the standard racial lines.

In the second major part of the book, the author transitions into the application of these racial controversies into the political inclinations of Latinos. For instance, the author mentions that race is relevant in political participation because the more a person perceives affiliation and belonging to a society or government system, the greater is their perception of having capacity to effect change. Along the same lines, the author found that as political trust increases, the number of Latinos that identify as White race also increases. The author then discusses issues related to political party identification and Latino racial identity. A major finding here is that racial identity plays some role in Latino partisanship; however, the effect is not strong. Those Latinos who identified with “Other” race tended to be of Democratic partisanship, whereas, those who identified as Multiracial, tended to be of Republican partisanship.

In terms of political participation, the author found that political participation is dependent upon political engagement and sense of belonging. For example, one major finding was that Latinos who identify with the Black race are more likely to be registered to vote, but they do not tend to exercise their vote in elections. Yet, the same Latinos who identified as Black were more active in other forms of political participation, such as approaching a political figure in office to express their needs. Meanwhile, those Latinos who identified their race as White as well as those who are Multiracial tended to be more likely to vote in elections. Seemingly then, greater

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FACTORS RELATED TO DEPRESSION AMONG LATINA IMMIGRANT MOTHERS

by
Dawn Browder, Kimberly Greder & Sedahlia Jasper

BACKGROUND

Latinos account for 16.3 percent (50.5 million) of the total U.S. population, for more than half of the total growth of the U.S. population in the last decade (Humes, Jones, and Ramirez, 2011), and halting, and in some cases reversing, the gradual population decline in pockets of rural America (Kandel and Cromatie, 2004). However, as the Latino population has grown, so has the prevalence of poverty (21.5% in 2000; 26.6% in 2010) (DeNavas-Walt C, Proctor BD, and Smith, 2011) and food insecurity (21.8% in 2000; 26.2% in 2010) (Nord, Andrews and Carlson, 2011; Coleman-Jensen, Nord and Carlson, 2010), both of which compromise mental health (Slopen, Fitzmaurice, Williams, and Gilman, 2010). Despite these statistics, little attention has been focused on the mental health of Latinos, including the prevalence of depression.

Over one third (38%) of Latinas in the U.S. experience depressive symptoms (Huang, Wong, Ronzio, and Yu, 2007). However, for Latino immigrants who develop depression, the sources of depression and the barriers to

care are complex as they commonly face unique challenges (e.g., discrimination, isolation, learning a new language, lack of health insurance, low educational attainment) that put them at risk for depression (Cutrona, Wallace, and Wesner, 2006; Hall and Farkas, 2008; Lazear, Pires, Isaacs, Chaulk, and Huang, 2008). Few Latinos access mental health services (Lazear, et al., 2008), and when they do, it is typically as a second or last resort (Martínez and Guarnaccia, 2007; Bermudez, Kirkpatrick, Hecker, and Torres-Robles, 2010; Cabassa and Zayas, 2007). They most often turn to family members or informal sources (e.g., clergy, cultural healer).

Familism, a social pattern in which there is a strong orientation towards the family, including holding values that emphasize support, interdependence and obligations (Garcia-Preto, 1996; Rivera, 2007; Riffe, Turner, and Rojas-Guyler, 2008) has been identified as an important buffer for positive mental health (Pabon, 1998; Rodríguez, Mira, Paez, and Myers, 2007). However, for recent Latino immigrants, support from extended family is often

jeopardized as they typically enter the U.S. without their immediate or extended family members (Elder, Broyles, Brennan, Zúñiga, and Nader, 2007; Riffe, et al., 2008).

Using a concurrent triangulation mixed methods design (Creswell and Zhang, 2009; Creswell and Plano, 2007), this study examined the prevalence of and factors related to depressive symptomology among Latina immigrant mothers in rural communities in four states. Information gained from this study can inform efforts to prevent and address depression among rural Latina immigrant mothers.

CONCEPTUAL FRAMEWORK

Ecological theory was applied to this study to identify individual and family level factors (Bronfenbrenner and Morris, 1998) that influenced depressive symptomology among Latina immigrant mothers. These factors are reciprocal and interrelated, thus, elements at each level influence each other. For example, characteristics of family members (e.g., mother's CES-D score) and the family as a unit (e.g., food security) affect family functioning.

A key focus of this study was to identify commonalities and differences between rural low income Latina immigrant mothers who experience consistently low levels of depressive symptoms and mothers who experience consistently high levels of depressive symptoms over a three year period.

METHODS

Study Design and Participants

This study drew its sample (N=103) from the multi-state research project, Rural Families Speak (RFS) (Bauer and Katras, 2007). Purposive sampling (Patton, 1990) was used to identify Latina immigrant mothers who were age 18 or older, had at least one child age 12 or younger, resided in a household with an annual income at or below 200% of the Federal poverty line, and who lived in selected rural communities in four states (CA, MI, OR, IA). The study was approved by the associated universities' Institutional Review Boards. Bilingual, bicultural women were hired and trained to interview mothers annually over a three year period (2004-2007).

Through annual two-hour semi-structured in-home interviews, mothers were asked a series of questions focused on their health and economic well-being, as well as the health and well-being of their children and partners/spouses. Mothers were asked to expand on supports and

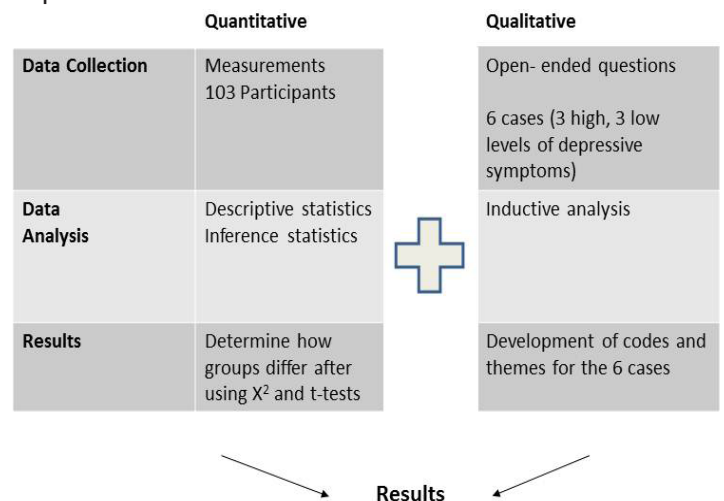
barriers they experienced and how these supports and barriers influenced their daily functioning.

Measures

The Center for Epidemiologic Studies Depression Scale (CES-D) (26), a 20-item, 4-point Likert scale self-report measure that has sound psychometric properties when used with Latino immigrant populations (Radloff, 1977), was used to assess depressive symptoms. Scores for the measure can range from 0 to 60 and a cut point of 16 has been suggested as an indicator of high depressive symptomology (Grzywacz, Hovey, Seligman, Arcury, and Quandt, 2006). Food insecurity, defined as limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways (Anderson, 1990), was measured using the 18-item U.S. Household Core Food Security Module (Bickel, Nord, Price, Hamilton, and Cook, 2000). A household's food security score (range of 0-10) was based on the number of affirmative responses (Bickel, et al., 2000). Examples of socio-demographic variables included in the study were whether a mother was interviewed in English or Spanish, mothers' educational level, number of roles mothers performed (e.g., student, employee), and monthly household income.

Analysis

Concurrent triangulation (Creswell and Zhang, 2009; Creswell and Plano, 2007), a process in which concurrent, but separate quantitative and qualitative data are collected and analyzed, was used in this study. The separate results of each data set were brought together into one overall interpretation.



Descriptive statistics described mothers' demographic characteristics. Chi-square and difference of mean tests (t-tests) (inferential statistics) were used to test for associations between socio-demographic variables and mothers' CES-D scores.

Transcripts from three mothers who consistently had the lowest CES-D scores and from three mothers who consistently had the highest CES-D scores over the three year study period were analyzed to identify commonalities and differences. Transcripts were read multiple times to identify constructs and emerging themes using the process of constant comparative analysis (Glaser and Strauss, 1967). Constructs were assigned a descriptive label (also known as a "code") and memos detailing the meaning of the code were recorded. Coding continued until no new codes were identified. Codes were compared and contrasted to form categories and subcategories (Strauss and Corbin, 1998) based on their common properties. Analytical notes regarding comparing and contrasting the categories were reviewed to identify overarching themes. An audit trail was recorded in a journal to ensure codes and categories remained clear and consistent with what mothers in each group reported.

RESULTS

At the start of the study, mothers (N=103) ranged in age from 18 to 48 years (M =31.5). Between 2 and 11 (M = 5.6) people living in each household, and 1 to 7 (M = 2.8) of the people were children. The majority of the mothers were married or cohabitated with a male partner (N=91; 88%). Less than half (N=41; 40%) of the mothers had earned a high school diploma or a G.E.D. The average household monthly gross income was \$1,794.

Table 1. Demographics of mothers by low and high CES-D score (N = 103)

Variable	CES-D Score	
	Low (score <16) (N = 56)	High (score ≥16) (N = 47)
	M (SD)	
Mothers' age	31.29 (6.22)	31.80 (6.51)
Number of children in household	3.12 (1.51)	2.42 (1.19)
Total number of family members in household	5.93 (1.78)	5.23 (1.87)
Monthly household income	\$1764.35 (642.20)	\$1828.7 (839.30)
	N (%)	
Mothers' marital status		
Single	6 (10.7%)	6 (12.8%)
Married/Cohabiting	50 (89.3%)	41 (87.2%)
Language interview conducted		
English	22 (39.3%)	21 (44.7%)
Spanish	34 (60.7%)	26 (55.3%)
Mothers' educational level		
Less than high school diploma or G.E.D.	34 (60.7%)	26 (55.3%)
High school diploma or higher	21 (37.5%)	20 (42.6%)
Roles mothers performed		
Parent	56 (100%)	47 (100%)
Employee	28 (50%)	24 (51.1)
Student	1 (1.8%)	4 (8.5%)

Note: Data collected during year 1 baseline interviews

Frequencies of study variables, as well as chi-square and difference of means tests in relation to mothers' (N=103) CES-D scores are displayed in Table 2 below. Chi-square analysis revealed the means of the food security scores and participation in the National School Lunch Program (NSLP) of mothers who had low CES-D scores differed significantly from the means of mothers who had high CES-D scores, thus, suggesting that these variables may not be independent from mothers' CES-D scores. There was not a statistically significant difference based on mothers' participation in WIC (Supplemental Nutrition Program for Women, Infants and Children) or SNAP (Supplemental Nutrition Assistance Program).

Table 2. Descriptive statistics: frequencies, chi square and difference of means tests of mothers by low and high CES-D score (N=103)

Variable	CES-D Score		Chi Square
	Low (score <16) (N=56)	High (score ≥16) (N=47)	
	M (SD)		
CES-D score	7.88 (3.97)	23.10 (7.17)	103**
Mothers' age	31.29 (6.22)	31.80 (6.51)	25.841
Number of children in household	3.12 (1.51)	2.42 (1.19)	11.903
Number of family members in household	5.93 (1.78)	5.23 (1.87)	11.011
Monthly household income	\$1764.35 (642.20)	\$1828.71 (839.30)	94.132
Food insecurity score	2.89 (3.32)	3.74 (3.98)	25.34*
	N (%)		Chi Square
Married/Cohabiting	50 (89.3%)	41 (87.2%)	0.104
Interviewed in English	22 (39.3%)	21 (44.7%)	0.306
Less than high school diploma or G.E.D.	34 (60.7%)	26 (55.3%)	0.291
Mothers performed ≥ 2 roles	29 (51.8%)	28 (59.6%)	0.73
Supplemental Nutrition Assistance Program (SNAP)	10 (19%)	8 (19%)	0.01
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	36 (64%)	27 (57%)	0.5
National School Lunch Program (NSLP)	47 (84%)	31 (67%)	3.84*

Note: Data collected during year 1 baseline interviews
* p ≤ .05, ** p ≤ .01

Table 3 below shows the demographics and descriptive statistics for the three mothers who consistently had the highest and for the three mothers who consistently had the lowest CES-D scores over the three year study period. Mothers who consistently had the lowest CES-D scores were on average slightly younger, had higher monthly household incomes, were students, and had a slightly lower food insecurity mean.

Through analysis of data provided in response to open ended questions, it became evident that experiences and relationship quality mothers had with members of their family of origin (i.e., parents, siblings) while growing up, the quality of their current spousal/partner relationship, and how they perceived their current financial situation played a critical role in the status of their mental health. Three overarching themes were identified: Familial Support, Multiple Roles, and Financial Strain. There were distinct

differences in the presence of these themes between mothers who consistently had the highest and mothers who consistently had the lowest CES-D scores over the three year study period. Pseudonyms replaced mothers' real names.

Table 3. Demographic and descriptive statistics of mothers who consistently had the highest CES-D scores and the lowest CES-D scores over the three year study period (N = 6)

Variable	Mothers by Lowest and Highest CES-D scores	
	Lowest CES-D scores (N = 3)	Highest CES-D scores (N = 3)
	<i>M (SD)</i>	
CES-D score	3 (3.61)	27.33 (11.93)
Mothers' age	27 (5.57)	29 (7.21)
Number of children in household	2 (1.00)	2 (1.00)
Total number of family members in household	5.33 (1.15)	5 (2.00)
Monthly household income	\$2318 (907)	\$1895 (879)
	N (%)	N (%)
Mothers' marital status		
Single	0 (0%)	1 (33.3%)
Married/Cohabiting	3 (100%)	2 (66.7%)
Language interview conducted		
English	2 (66.7%)	3 (100%)
Spanish	1 (33.3%)	0 (0%)
Mothers' educational level		
Less than high school diploma or G.E.D.	1 (33.3%)	0 (0%)
High school diploma or higher	2 (66.7%)	3 (100%)
Roles mothers performed		
Parent	3 (100%)	3 (100%)
Employee	1 (33.3%)	2 (66.7%)
Student	0 (0%)	2 (66.7%)
Food Insecurity score	3 (3.00)	3.33 (5.77)
Federal Nutrition Assistance Program Participation	N (%)	
Supplemental Nutrition Assistance Program (SNAP)	0 (0%)	1 (33%)
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	3 (100%)	3 (100%)
National School Lunch Program (NSLP)	2 (67%)	3 (100%)

Note: Data collected during year 1 baseline interviews

Familial Support Family of Origin

Mothers who consistently had the lowest CES-D scores grew up in families that did not change residences and in which parents were viewed as sources of strength and support. For example, Clarita reported, “[What I remember about my childhood is] the love and care my parents gave me. And the bonding between the family.” In addition, Ynez shared, “My family helps me out a lot. Usually my sisters or my mom will take him (son) to the doctor for me...we help each other any way we can.” In contrast, mothers who consistently had the highest CES-D scores reported being detached from their families of origin and they were a source of stress. One mother, Estela, shared, “It was very hard. We [her sisters] were moving a lot from different places...I hardly got to see, like, my parents.” Estela’s family’s health and other personal issues added stress to her life:

“I’ve been taking care of their bills, the things that they can’t do....my dad doesn’t

speak English that well and he doesn’t even read....My mom right now has renal failure....my dad has been getting worse, he’s throwing up blood. He is an alcoholic and he smokes. My brother has been gone to jail and has been out for a year and half longer than he usually is, but he is not stable right now either...So, I’m like the most responsible right now and everyone is putting pressure on me.”

Spouse

Mothers who consistently had the lowest CES-D scores described their relationship with their husbands as positive. Clarita stated, “We have a good relationship. A lot of love, trust, support...we’re willing to help each other out.” Ynez stated, “[My husband] he helps in every way...he helps me raise and discipline [my son]. Financially [he helps our family]. He’s also loving. He’s a father figure for him [my son].” Mothers who consistently had the highest CES-D scores reported low levels of support from husbands. Estela shared:

“Instead of support, he relies on me.... Sometimes I don’t feel like dealing with anything...he just asks me “Make sure they do their homework, tell them to do it.” I’m like, “You’re the dad, too, you know.” And he’s more like, “I have to go do an errand. I need to wax the car.” Whatever excuse he wants to find to be out of the house. That way he doesn’t feel responsible for it.”

Multiple Roles

Mothers were commonly employed or going to school. However, mothers who consistently had the lowest CES-D scores typically only performed one additional role at a time (employee or student) compared to mothers who consistently had the highest CES-D scores. Mothers who consistently had the highest CES-D scores also experienced catastrophic events such as car accidents and disability.

Clarita, a mother who consistently had one of the lowest CES-D scores, was going to school throughout the study. During the last year of the study (wave 3) she had graduated from college and began work as a substitute teacher. Ynez took a year off from school during the second year of the study when she gave birth to her second

Continued on page 12

Webinar Recap: Latina Mothers Food Choices Explores Barriers to Healthy Eating Habits



On Wednesday, April 17th, 2013, NCERA-216, Latinos and Immigrants in Midwestern Communities, North Central Region Center for Rural Development (NCRCRD), and the University of Missouri-Extension hosted the second conversation in their webinar series. This presentation, titled “Latina Immigrant Mothers: Negotiating New Food Environments to Preserve Cultural Food Practices and Health Child Eating,” featured Dr. Kimberly Greder, an associate professor and Extension Specialist in the Department of Human Development and Family Studies at Iowa State University. The one hour webinar drew interest from university researchers and community members alike from the Midwest.

Dr. Greder presented on her research with Latinas in Iowa, where she co-leads Rural Families Speak about Health, a multi-state project focused on examining the mental and physical health of rural families with low incomes and young children. Her interests focus on the health and well-being of Latino immigrant families.


Dr. Greder’s presentation included findings and practical applications from a study that explored Latina immigrant mothers’ satisfaction with the food their children were eating, as well as ecological factors that affected their children’s eating patterns. In particular, the webinar focused on food access within the context of food insecurity and acculturation. Dr. Greder’s presentation included a lively and interactive chat with webinar attendees.

Mothers noted that they were concerned about their children preferring “American food.” Preparation of food by mothers was seen as a transmitter of culture, but mothers also desired healthier food options while maintaining ties

to their culture. Barriers to food access included not only lack of information, but also inability to access healthy, fresh foods in their communities due to cost, time, and location. Mothers felt frustrated by external factors affecting their children such as food in schools or their own economic situation.

Dr. Greder ended the webinar with a discussion on the implications for practice which called for, among other ideas, increased community-driven interventions, farm to school programs, and personal garden development.


Dr. Greder’s work can be further explored through this publication:

Greder, K., Romero de Slowing, F., and Doudna, K. (2012). “*Latina immigrant mothers: Negotiating new food environments to preserve cultural food practices and healthy child eating.*” *Family Consumer Sciences Research Journal* 41(2): 145-160. 

JSRI Update: 25th Anniversary Celebration in Planning Stages




On November 6-8, 2014 JSRI will celebrate its 25th anniversary as a Latino-focused research institute. In recognition of this historic milestone JSRI will host a national conference with the theme of “Latinos in 2050: Restoring the Public Good.” Please save the date as we invite nationally renowned scholars to examine the challenges posed by neoliberalism across the life areas, and what can be done to restore a society that is focused on citizens (not consumers), the public good (not the private good), social democracy (not anarchy), structural integration (not segregation and exclusion), and cultural pluralism (not assimilation), with emphasis on Chicanos and Latinos in the United States. Specific areas of research include, but are not limited to, health disparities; service delivery gaps, business ownership/ entrepreneurship access, and other critical topics and issues directly related to the wellbeing of these population groups.

Please continue to check <http://jsri.msu.edu> for more information on our 25th anniversary or e-mail us at jsamorai@msu.edu if you are interested in participating. 


2013-2014 RECIPIENTS OF THE JULIAN SAMORA ENDOWED SCHOLARSHIP



William Escalante is a dual degree Ph.D. student in Sociology and Chicano/Latino Studies at Michigan State University. He is interested in issues of Culture, Migration, and Racial-Ethnic Identity among Mexican descendants living in the United States. He has pursued these interests through continued work as a senior member with the African Atlantic Research Team and a research assistant with the Julian Samora Research Institute on the campus of Michigan State University in East Lansing, Michigan.


Mr. Escalante's current work examines celebrations of Día de Los Muertos in the Midwestern region of the United States. Using qualitative investigative methods combined with migration and census statistics, he investigates processes Mexican migrants employ to reaffirm if not re-establish their cultural identity in locations different from their land of origin. He has presented his work at professional conferences in the United States, Mexico and Cuba. 



Violeta Nieves is a senior at Michigan State University majoring in dietetics. Her parents immigrated from Michoacán, Mexico to the United States to find better “educational opportunities” to offer to their children. She is the third out of six children, and she is the first person from her working class family to go to college. Having the opportunity to attend college has made her work harder to pursue her dreams and fight obstacles that would prevent her from succeeding in college. Due to obstacles faced, she relates to many other Latinos that strive to succeed. She wants to advocate health and wellness to prevent nutrition-related diseases and ease the roadblocks that the Latino community encounters in health prevention. Violeta feels very fortunate to have the love and support from her family that has allowed her to pursue her goals and dreams. 

NEW JSRI STAFF MEMBER



Christian Ramirez joined JSRI in May 2013 as a Graduate Research Assistant. He is a doctoral student in the Chicano/Latino Studies program and the Department of Sociology at Michigan State University. His research interests center on the intersection of race, ethnicity and identity. More specifically, his interests are concerned with the emerging ‘new majority’ comprised by people of color in the U.S. and how Mexican descendants challenge the historical binary analysis of White and Black. 

“It is not what we know but what we do with what we know on behalf of the less fortunate that is glorious.”

“No es tanto lo que sabemos, es más lo que hacemos con nuestra sabiduría por los menos afortunados, lo cual es glorioso.”

Julian Samora, Erikson Hall, Michigan State University, May 4, 1993

Depression Among Latina Immigrant Mothers Continued from Page 9

child. In contrast, Estela, a mother who consistently had one of the highest CES-D scores, was employed throughout the study period, and went back to school during year 2 of the study. Her job was very stressful and she changed jobs during the study. During wave 3 she was in a car accident that left her disabled, became unemployed and quit school. Maryann was a student and an employee throughout most of the study. However, by wave 3 she was unemployed and no longer a student due to health issues and an automobile accident that totaled her car.

Financial Strain

Mothers who consistently had the lowest CES-D scores reported improved family economic situations over the course of the study, but continued to juggle resources to pay off debt (e.g., credit card balance, automobile loan), purchase food, clothing, and medical care. In contrast, mothers who consistently had the highest CES-D scores reported that their family economic situations became worse by wave 3. Estella reported that her family spent less on food in order to pay the other bills, “No money for food. We take care of the payments on the house, the car and the utilities. And, maybe medication for the girls. And then we cut down on the food.”

DISCUSSION

While the demographic characteristics of mothers (N=103) who had high and mothers who had low CES-D scores at the baseline interview were not statistically significantly different, differences in their participation in the NSLP and food security score were significant. Mothers who consistently had low CES-D scores had a higher participation rate in the NSLP and were more food secure than mothers who consistently had high CES-D scores. Thus, perhaps greater participation in the NSLP was related to increased food security, which in turn resulted in lower CES-D scores for mothers. Or, it could be that mothers who participated in the NSLP had older children which potentially could be related to fewer depressive symptoms. Additionally, mothers who consistently had low CES-D scores more commonly reported supportive relationships with their families of origin and spouses, less financial stress, and performed fewer roles than mothers who consistently had high CES-D scores. Several studies have shown a relationship between the quality of the spousal relationship to maternal depressive symptoms (Mamun,

Clavarino, Najman, Williams, O’Callaghan, and Bor, 2009; McCue, Briggs-Gowan, Storfer-Isser, and Carter, 2007) and that multiple roles are related to elevated depressive symptoms (Jagannathan J, Camasso MJ, Sambamoorthi, 2010; Ronzio and Mitchell, 2010). Additionally, familism



research suggests that maintaining a sense of connection to one’s family is important for health and well-being, and the fact that mothers who consistently had the highest CES-D scores felt disconnected from their family of origin and spouses may have significantly affected their mental health (Pabon, 1998; Rodriguez, Mira, Paez, and Myers, 2007). These individual and family level factors (i.e., fewer roles, supportive familial relationships, improved family economic situation) may have served as buffers from difficult circumstances they experienced (e.g., low income, low education level, immigrant status), thus safeguarding their mental health. However, mothers who consistently had high CES-D scores reported facing major negative life events during the study (i.e., car accidents, disability) and were not equipped with the range of buffers as mothers who had low CES-D scores. Thus, while the mothers in this study had similar socio-demographics and lived in the same communities, their lives were very different. Patterns of consistently poor family relationships and family instability, increased economic strain (e.g., job loss, increased housing expenses), and major negative life events in households that lacked financial cushions and emotional support could be critical factors related to whether or not mothers had high or low CES-D scores.

Limitations


Mothers who participated in the study were purposively recruited through organizations that worked directly with

families who had low incomes. Therefore, mothers who were not connected to community organizations were not represented in this study. Additionally, even though the interview protocol contained specific probing questions to help mothers accurately identify their income, mothers may have made errors in reporting their incomes. The findings from this study are only transferable to mothers who experience similar contexts and are not representative of rural Latina immigrant mothers with low incomes and young children across the U.S. Despite these limitations, findings from this study help to further understand factors that may contribute to elevated depressive symptoms among rural low-income Latina immigrant mothers. Findings from this study suggest that poor familial relationships, multiple maternal roles, increased economic strain, and catastrophic life events are related to mothers having high levels of depressive symptoms.

IMPLICATIONS

Health care professionals, assistance programs, faith organizations, and educational outreach programs should be encouraged to screen Latina mothers for depressive symptoms. Mothers who are assessed as having high depressive symptoms could be referred to culturally appropriate community resources that specifically address preventing and coping with depression. Additionally, outreach efforts could be implemented to strengthen strained Latino couple relationships. Continued policy efforts to increase the employment opportunities for immigrants that provide livable wages and access to health care could strengthen the financial well-being and physical and mental health of immigrant families.

Acknowledgement

This research was supported in part by USDA/CSREES/NRICGP Grants - 2001-35401-10215, 2002-35401-11591, 2004-35401-14938, and a Special Research Initiation Grant (SPRIG) at Iowa State University. Data was collected in conjunction with the cooperative multi-state research project NC-223/NC-1011 Rural Low-income families: Tracking Their Well-being and Functioning in the Context of Welfare Reform. Cooperating states were California, Colorado, Indiana, Iowa, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, Nebraska, New Hampshire, New York, Ohio, Oregon, South Dakota, West Virginia, and Wyoming 

References for this article can be found online at jsri.msu.edu in Research Report 50.

NCERA 216 Renewal by Rubén Martínez

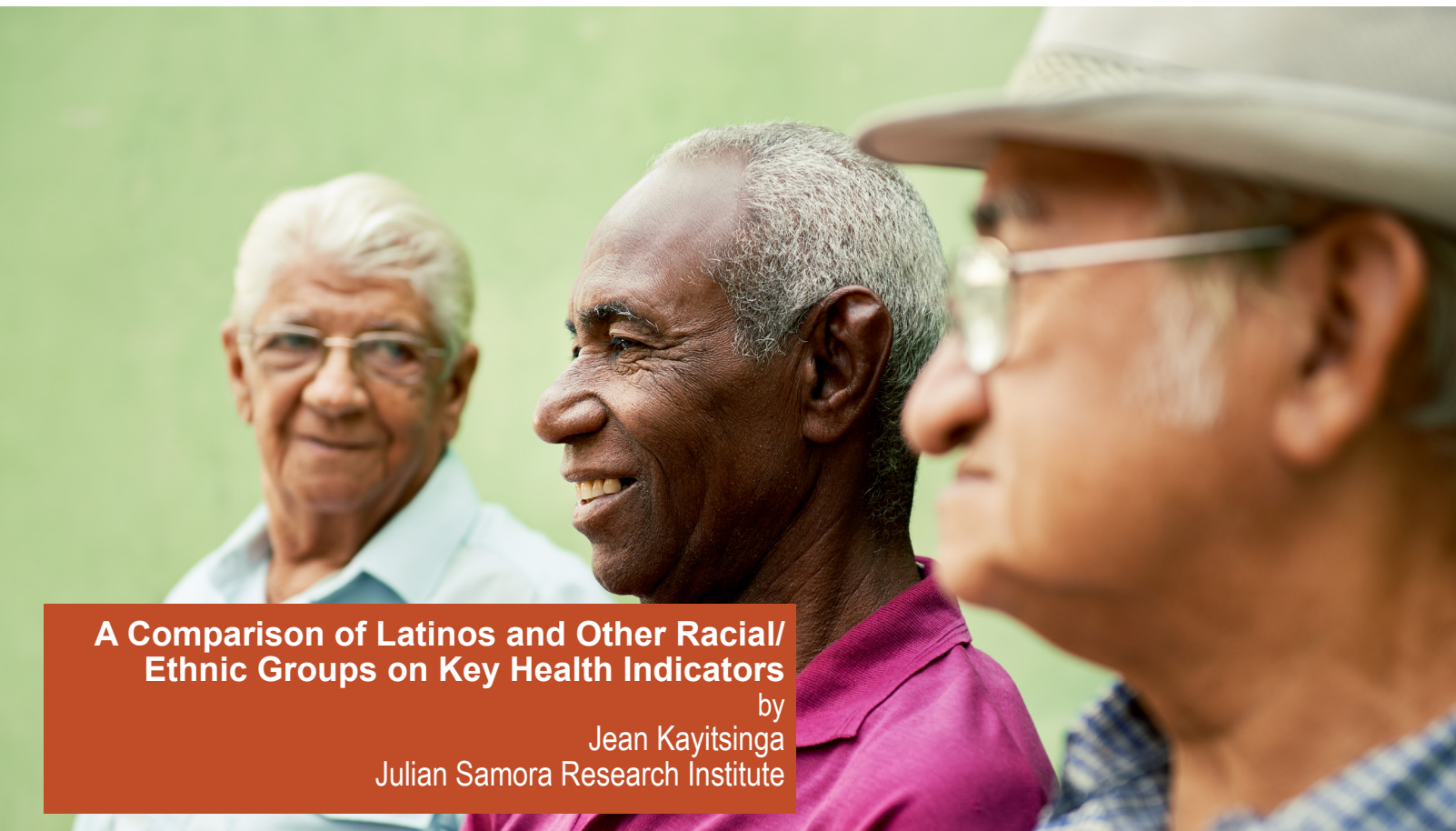
The interstate Extension and research activity focusing on Latinos and immigrants in Midwestern communities just completed its fourth year of work and is applying for renewal for another five years. Approved in 2009 by the North Central Regional Association of State Agricultural Experiment Station Directors with the designation NCERA 216, the Latinos and Immigrants in Midwestern Communities initiative has focused on promoting research, education and outreach integrating Latinos and immigrants into communities in the North Central region of the country. Through a network of interested scholars, students, practitioners, Extension professionals and community leaders NCERA 216 works to address the challenges facing Latinos and immigrants in the Midwest.

The integration of Latinos and immigrants is a long-term process that continues to be an increasingly important challenge for policy makers, academic scholars, community organizations, and practitioners. At the national level, the Latino population increased by 43% between 2000 and 2010. In the Midwest it increased by 49% during the same period, with that in South Dakota doubling (102.8%). Today there are nearly five million Latinos in the Midwest, comprising approximately 7% of the regional population.

On the national occupational structure Latinos are overrepresented at the bottom (unskilled laborers in agriculture, manufacturing, construction and service) and underrepresented at the top (management and professional occupations). In rural parts of the Midwest, Latino immigrants are overrepresented in agriculture (providing labor in livestock, dairy, fruit and vegetable and nursery operations), non-durable manufacturing (meat packing, unskilled laborers in manufacturing and construction), and in services (fast food restaurants, retail sales, cleaning services).

These patterns of “integration” have contributed to increases in segregation, education achievement gaps, and racial division of labor patterns. For example, the achievement gap between White, non-Latino and Latino students has increased in recent years, especially in mathematics and reading. Moreover, studies show that Latinos have been disproportionately affected by the Great Recession, experiencing the largest drop in wealth of any group—basically as a result of home mortgage foreclosures. This economic shock came on top of earlier declines in earnings, deteriorating health, stagnating education, growing residential segregation, and rising poverty rates.

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A Comparison of Latinos and Other Racial/ Ethnic Groups on Key Health Indicators

by
Jean Kayitsinga
Julian Samora Research Institute

INTRODUCTION

There is a large body of evidence of persisting racial/ethnic differences in health. Race and ethnicity have remarkably strong associations with health status. For example, racial/ethnic differences in life expectancy at birth, an overall indicator of health in a population, continued among both males and females in 2010, but have narrowed since 1940. From 1940 to 2010, life expectancy at birth in the United States increased from 60.8 years to 76.2 years for males and from 65.2 years to 81.0 years for females. Latinos, for reasons that are not clearly understood, have longer life expectancy at birth than non-Latino White or non-Latino Black males and females. As of 2010, life expectancy at birth for Latino males was 78.5 years and 83.8 years for Latinas. Between 1970 and 2010, life expectancy at birth for White males increased from 68.0 years to 76.5 years in 2010, while for White females, it increased from 75.6 years to 81.3 years. For Black males, life expectancy increased from 60.0 years in 1970 to 71.8 years in 2010, while for Black females, it increased from 68.3 years to 78.0 years.

There are also clear racial/ethnic differences in age-

adjusted death rates, which allow for fairer comparisons between groups with different age distributions. The age-adjusted death rate for non-Latino Whites was estimated at 755.0 deaths (892.5 for males and 643.3 for females) per 100,000 population in 2010; 920.4 deaths (1,131.7 for males and 770.8 for females) for non-Latino Blacks; 628.3 deaths (730.2 for males and 541.7 for females) for American Indians and Alaska Natives; 558.6 deaths (677.7 for males and 463.4 for females) for Latinos; and 424.3 deaths (512.1 for males and 359.0 for females) for Asians and Pacific Islanders, respectively. Blacks also have the highest infant mortality, about 12.4 infant deaths per 1,000 live births in 2009, followed by American Indians (8.47), non-Hispanic Whites (5.33), Latinos (5.29), and Asian or Pacific Islander (4.4), respectively.

Although specific death rates differ, there are also differences in the specific-causes of deaths by race/ethnicity. For example, the top five leading causes of death for Latinos in 2010 were cancer, heart disease, unintentional injury, stroke, and diabetes; for non-Hispanic Whites, they were heart disease, cancer, chronic low respiratory disease, stroke, and unintentional injury. Among

African Americans they were heart disease, cancer, stroke, diabetes, and unintentional injury; for American Indians or Alaska Natives, they were cancer, heart disease, unintentional injury, diabetes, and liver disease; and for Asians or Pacific Islanders, they were cancer, heart disease, stroke, unintentional injury, and diabetes.

Racial/ethnic minorities tend to have poor health and have less access to health care. This brief summarizes findings on racial/ethnic disparities in health and addresses the question: How do Latinos compare with other racial/ethnic groups on key health indicators? The following health indicators are examined: life expectancy at birth, infant mortality rates, and age-adjusted death rates by selected causes death, self-reported health and health insurance coverage.

METHODS

Data for this brief are drawn from different sources, including the National Vital Statistics Reports, published by the Centers for Diseases Control and Prevention (CDC)/ National Center for Health Statistics (NCHS) and from the U.S. Census Bureau, Current Population Survey (CPS), Annual Social and Economic Supplements (ASEC). The analyses in this brief use descriptive statistics, including death rates, percentages, cross-tabulations, and charts. Because of the lack of data on Latinos on health in Michigan, the analysis in this brief covers the United States.

RESULTS

Life Expectancy at Birthⁱ

Although Americans are on average living longer than in the past, racial/ethnic disparities in life expectancy persist. In 1940, life expectancy at birth for all Americans was 62.9 years; by 2011, life expectancy had risen to 78.7 years. In 2011, Latinos can expect to live on average 81.4 years; that is about an average of 2.6 years greater than non-Latino Whites and 6.6 years greater than African Americans. When sex is taken into consideration, Latinas have the longest expected life span (83.7 years) of all racial/ethnic groups (83.7 years). Male Latinos are expected to live longer (78.9 years) than their male counterparts in the other groups, but not as long as Latinas” (see Table 1).

Table 1. Life Expectancy at Birth, by Race/Ethnicity and Gender, United States, 2010ⁱⁱ

Year	All races			Latino			Non-Latino White			Non-Latino Black		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
2006	77.8	75.2	80.3	80.3	77.5	82.9	78.2	75.7	80.6	73.1	69.5	76.4
2007	78.1	75.5	80.6	80.7	77.8	83.2	78.4	75.9	80.8	73.5	69.9	76.7
2008	78.2	75.6	80.6	80.8	78.0	83.3	78.4	76.0	80.7	73.9	70.5	77.0
2009	78.5	76	80.9	81.1	78.4	83.5	78.7	76.3	81.1	74.3	70.9	77.4
2010	78.7	76.2	81.0	81.2	78.5	83.8	78.8	76.4	81.1	74.7	71.4	77.7
2011	78.7	76.3	81.1	81.4	78.9	83.7	78.8	76.4	81.1	74.8	71.6	77.8

Sources: Table 7. National Vital Statistics Reports, 61 (4). 2013
 Table 6. National Vital Statistics Reports, 61 (6). 2012.
 Note: 2011 data are preliminary.

Infant Mortality

In 2009, infant mortality rate (IMR) was 6.39 infant deaths per 1,000 live births. There are significant racial/ethnic differences in infant mortality rates. Latino infants are less likely than non-Latino White infants to die in their first year of life, but differences among Latinos range from 4.47 deaths per 1,000 live births for Central and South Americans to 7.18 for Puerto Ricans (see Table 2). Blacks have the highest infant mortality rates and are more than twice as likely as White infants to die in their first year of life. American Indian and Alaska Native infants are 1.59 times as likely as White infants to die before their first birthday. Asian and Pacific Islander have the lowest infant mortality rates.

Table 2. Infant Mortality Rate by Race/Ethnicityⁱⁱⁱ, 2009

Race/Ethnicity	Live births	Infant deaths	IMR per 1,000 live births	White/non-White ratio
All racial/ethnic groups ⁱ	4,130,665	26,408	6.39	---
Latino	999,548	5,285	5.29	0.99
Mexican	645,297	3,302	5.12	0.96
Puerto Rican	68,486	492	7.18	1.35
Cuban	16,641	96	5.77	1.08
Central and South American	148,647	665	4.47	0.84
White, non-Latino	2,212,552	11,785	5.33	---
Black, non-Latino	609,584	7,560	12.40	2.33
American Indian or Alaska Native	48,665	412	8.47	1.59
Asian or Pacific Islander	251,089	1,105	4.40	0.83

Source: Table A. National Vital Statistics Reports, vol. 61 (8), 2013.

Death Rates^{iv}

As with life expectancy and infant mortality, death rates vary among racial/ethnic groups. Latinos have the second lowest death rates of all major racial/ethnic groups. Whites have the second highest overall death rates of all racial and

ethnic groups, followed by American Indians and Alaska Natives (see Table 3). Asians and Pacific Islanders have the lowest death rates, and Blacks have the highest death rates. Blacks have higher death rates than all of the other racial/ethnic groups in almost all selected causes of death (see Table 3).

Cause-specific mortality rate differences between racial/ethnic groups are, for some diseases, substantial. For example, the death rate for diseases of the heart is 0.74 times lower for Latinos than non-Latino Whites, 1.28 greater for Blacks, 0.71 times lower for American Indians and Alaska Natives, and 0.56 times lower for Asians and Pacific Islanders.

The death rate from HIV-related disease is three times greater for Latinos than for non-Latino Whites; almost 11 times greater for Blacks; 1.45 times greater for American Indians and Alaska Natives; but 0.36 times lower for Asians and Pacific Islanders. The death rate from homicide is 7.4 times greater for Blacks; 2.1 times greater for Latinos; 2.3 times greater for American Indians and Alaska Natives; but 0.72 times lower for Asians and Pacific Islanders (see Table 3).



Table 3. Age-Adjusted Death Rates (per 100,000 population) for Selected Causes of Death^v by Race/Ethnicity, 2010

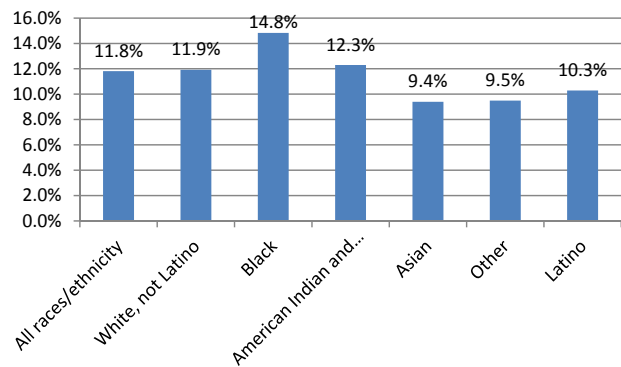
All causes	Latino	Non-Latino White	Non-Latino Black	American Indian and Alaska Native	Asian and Pacific Islander
	558.6	755.0	920.4	628.3	424.3
Diseases of the heart (100-109, I11, I13, I20-151)	132.8	179.9	229.5	128.6	100.9
Ischemic heart diseases (I20-I25)	92.3	115.0	133.4	84.9	68.7
Other heart diseases (I26-I51)	49.1	54.7	68.9	35.4	24.9
Malignant neoplasms (C00-C97)	119.7	176.5	208.8	122.4	108.9
Colon, rectum, and anus (C18-C21)	12.3	15.5	22.4	11.7	11.4
Liver and intrahepatic bile ducts (C22)	8.8	5.2	8.0	7.8	10.0
Pancreas (C25)	8.6	11.1	14.0	7.1	7.8
Trachea, bronchus and lung (C33-C34)	20.4	50.8	52.6	33.1	24.8
Breast (C50) ^v	14.4	22.1	31.3	11.5	11.9
Prostate (C61) ^v	18.4	20.3	49.0	15.3	9.6
Lymphoid, hematopoietic and related tissue (C81-C96)	13.5	17.4	17.5	9.9	10.3
Cerebrovascular diseases (I60-I69)	32.1	37.8	54.3	28.1	33.2
Influenza and pneumonia (J09-J18)	13.7	14.9	17.1	15.9	14.4
Chronic lower respiratory diseases (J40-J47)	19.6	46.6	29.6	33.8	13.9
Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	14.1	13.8	30.1	16.4	9.6
Human immunodeficiency virus (HIV) disease (B20-B24)	3.3	1.1	12.0	1.6	0.4
Diabetes mellitus (E10-E14)	27.1	18.2	39.6	36.4	15.5
Alzheimer's disease (G30)	18.5	26.4	20.9	17.2	10.9
Unintentional injuries (V01-X59, Y85-Y86)	25.8	42.4	32.4	46.9	15.0
Motor vehicle accidents (V02-V04, V09.0, V09.2, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0-V88.8, V89.0, V89.2)	9.6	12.9	12.1	15.7	5.1
Suicide (U03, X60-X84, Y87.0)	5.9	15.0	5.4	10.8	6.2
Homicide (U01-U02, X85-Y09, Y87.1)	5.3	2.5	18.6	5.7	1.8

Source: Tables 16-17, National Vital Statistics Reports, 61 (4), 2013

Self-Rated Health^{vi}

Almost 12 percent of adults in the United States indicated that they are in fair or poor health as opposed to having good or very good health. With respect to variations in health by race/ethnicity, 10 percent of Latinos, 15 percent of Blacks, and nine percent of Asians indicated that they were in fair or poor health as compared to 12 percent of non-Latino White (See Figure 1).

Figure 1. Percent Poor/Fair Self-Rated Health by Race/Ethnicity

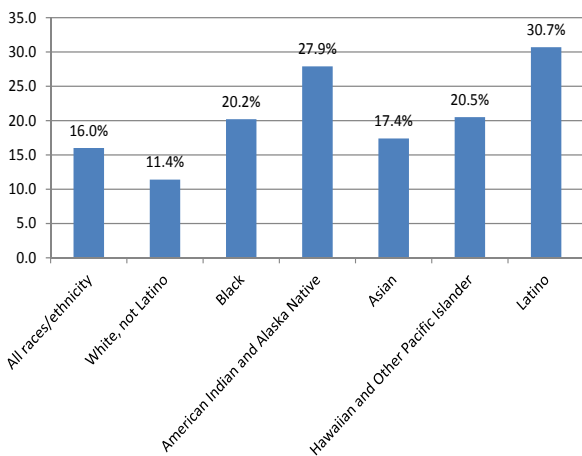


Source: Annual Social and Economic Supplement (ASEC), Current Population Surveys, 2012.

Health Insurance Coverage

Racial/ethnic disparities in access to health care are a major contributing factor to disparities in health, with lack of health insurance coverage being a major contributing factor. In 2009-2011, 16 percent (or 49.1 million) of the overall population had no health insurance coverage. Figure 2 shows the percentage of people without health insurance coverage by race/ethnicity. Latinos, followed by American Indian and Alaska Natives, are the least likely to have health insurance coverage.

Figure 2. People without Health Insurance Coverage by Race and Ethnicity (3-Year Averages: 2009-2011).



Source: U.S. Census Bureau, Current Population Survey, 2009 to 2012 Annual Social and Economic Supplements.

CONCLUSION

We examined health disparities by race/ethnicity, focusing on how Latinos differ from other racial/ethnic groups on key health indicators, including life expectancy, infant mortality, age-adjusted death rates by selected causes of death, self-reported health and health insurance coverage. The results show substantial racial/ethnic health inequalities in the United States, with Latinas expected to live the longest life span on average, and Black males are expected to live the shortest life span. Latino infants are less likely than non-Latino White infants to die in their first year of life. However, there are significant differences in infant mortality rates among Latinos. Puerto Ricans have the highest infant mortality rates among Latinos while Central and South Americans have the lowest.

Death rates also vary among racial/ethnic groups. Latinos, Blacks, American Indian and Alaska Natives are more likely to report fair/poor health than non-Latino Whites.

Asians and Pacific islanders have the lowest death rates while Blacks have the highest death rates in almost all selected causes of death. In terms of access to health care, Latinos are more likely than other groups to lack health insurance coverage.

Despite the greater life expectancy among Latinos, population pyramids show that their distribution is not top heavy – meaning they do not have a high proportion of elders in the population. The literature suggests that there is a Hispanic Paradox in which Latinos, given their socio-economic characteristics, should rank worse on health indicators than they do.

These findings suggest the need for policies aimed at reducing racial/ethnic disparities in health. With the 2010 Affordable Care Act (ACA), there is a greater likelihood that more access to health insurance coverage for racial/ethnic minorities will improve the likelihood of healthier and longer lives for racial/ethnic minority groups. 🌐

i Life expectancy data are obtained using life table methodology (Arias 2012).

ii Comparable data were not available for Asian or Pacific Islanders, American Indian or Alaska Native, and other racial and ethnic groups.

iii Infant mortality rate refers to the number of infant deaths per 1,000 live births.

iv Includes other and unknown and not stated Latino origin.

v Death rates are computed dividing the number of deaths by the total population and are expressed in terms of 100,000 population. Death rates are also adjusted for age to account for changes in the age distribution of the population.

vi Mortality statistics are classified using the World Health Organization (WHO)'s international statistical classification of diseases, and related health problems (ICD).

vii Female only.

viii Male only.

ix Self-rated health responses were: 1 = excellent, 2 = very good, 3 = good, 4 = fair or 5 = poor.

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Neoliberalism and Communities of Color by Rubén Martínez



On April 9, 2013 faculty members from the Julian Samora Research Institute and other Michigan universities participated in the 8th National Conference on Race in 21st Century America held at Michigan State University. Rubén Martínez organized a session on “Neoliberalism and Communities of Color,” which featured, in addition to him, Vincent Lyon-Callo, Western Michigan University, Margaret E. Young, University of Michigan, and Pilar Horner, Michigan State University. Young kicked off the session with a presentation on neoliberalism and 21st century organized garden projects. She emphasized that, following the ‘roll back’ of government services by neoliberal policies, recent waves of garden projects in Detroit were not organized by neighborhood activists and organizers, who led the community garden movement of the 1970s. Rather, they were organized by food banks, agricultural coalitions, and neighborhood services organizations. Interestingly, despite the objective of teaching residents skill sets and self-transformative techniques, they were not the ones working the gardens. The model, she argued, resembled the neoliberal ‘roll back’ style of governance.

Young was followed by Lyon-Callo, who focused on the Kalamazoo Promise, a city-wide scholarship program created by seven anonymous philanthropists in 2005. The program guarantees payment of college tuition to graduates of Kalamazoo Public Schools attending any public college or university in Michigan. Unlike the joyful letters that flooded the opinion section of the local newspaper, Lyon-Callo argued that the Promise reinforces neoliberal practices by diverting attention from policies and practices producing increasing inequality to coping strategies implemented by generous local elites. The result is that neoliberal (market-oriented) policies go unquestioned.

Rubén Martínez presented an overview of neoliberal principles and policies and their impact on communities of color. He discussed radical individualism, limited

government and flexible labor as the key principles upon which neoliberal policies are designed. He pointed to anti-tax policies, privatization and deregulation as the principal mechanisms by which government services have been diminished in support of radical individualism. He ended by providing an overview of the impact of neoliberal policies on poverty rates and loss of wealth among Latinos and African Americans.

The session ended with closing remarks by the discussant, Pilar Horner, who provided constructive criticisms of the presentations. Taken together, the presentations showed how neoliberal policies go unquestioned as people seek to cope with their adverse effects. Her comments were followed by a question-and-answer period with session attendees. 🌐

Book Review: *Walking the Color Line* Continued from Page 5

proximity to White race increases the likelihood of political participation and voting. The author states that the evidence on participation is inconclusive and needs further investigation. Nevertheless, racial dynamics are worthy of investigation within the Latino population.

Finally, the author examines issues of racial identification and public opinion. Racial patterns also appeared on these analyses, with those Latinos who identified their race as White and Multiracial tending to have more conservative opinions on policy issues than those who identified as Other or Black. The author concludes that the prevalence of Latinos who selected Multiracial as their race is an indication that there is a gap in the current classification of race and that perhaps a third option is warranted to accommodate Latinos. Further, deconstructing the color line may increase non-electoral participation as well as voting.

In sum, this book is innovative in its approach to examining the Latino pan-ethnic category in greater depth by engaging in intra-group analyses along the axis of race. It could have been more comprehensive in capturing the country of origin’s political history as a variable that influences the political behavior of Latinos, especially because Latinos come from a wide diversity of political histories and systems that give rise to different political cultures. The book is best suited for academic audiences in graduate level courses due to the use of complex statistical analyses reported and technical language used. 🌐

Transnational Labor Symposium Series Tamara Kay Speaks on the Rise of Transnational Labor Relationships in North America by Jean Kayitsinga




On March 26, 2013, Tamara Kay, Associate Professor of Sociology and Co-Director of the Transnational Studies Initiative at Harvard University, spoke at JSRI's Transnational Labor Symposium Series. In her presentation, titled "Labor Transnationalism and Global Governance: The Impact of NAFTA on Transnational Labor Relationships in North America," Kay made it clear that the North American Free Trade Agreement (NAFTA) stimulated transnational labor cooperation – a result that was counter to what many scholars and labor leaders expected. Cooperation occurred through the governance structures that are part of the Agreement, particularly the Commission for Labor Cooperation and the North American Agreement on Labor Cooperation (NAALC). NAALC recognizes transnational labor rights and provides for the adjudication of labor issues at the transnational level. As such, it recognizes transnational labor actors and interests.

Prior to NAFTA, labor organizations had limited contacts across national boundaries and tended to be guided by self-interest. The implementation of NAFTA, however, gave rise to the recognition of common interests among labor organizations across the three participating nations (Mexico, U.S., and Canada). In particular, racism receded as a barrier with the recognition that workers were commonly positioned vis-à-vis employers.

NAALC provided the legal mechanism by which transnational labor issues could ostensibly be addressed by committing each nation to "protect, enhance and enforce basic workers' rights" by enforcing their own domestic labor laws. NAALC also provided eleven guiding principles each nation is to promote: 1) freedom of association and protection of the right to organize; 2) the right to bargain collectively; 3) the right to strike; 4) prohibition of forced labor; 5) labor protections for children and young persons;


6) minimum employment standards; 7) elimination of employment discrimination; 8) equal pay for women and men; 9) prevention of occupational injuries and illnesses; 10) compensation in cases of occupational injuries and illnesses, and 11) protection of migrant workers. These principles provide the basis for addressing complaints against countries failing to enforce their labor laws.

Kay concluded that globalization need not undermine labor unions, and that NAALC offers possibilities for furthering the mobilization of labor. While the participating countries have not improved the work lives of workers, agreements have the potential to do so, particularly if they have rules and provide grievance mechanisms that have teeth. Labor actors can strengthen global labor governance structures by demanding a seat at the table and ensuring that rights are enforced and mechanisms are designed to be effective. Labor unions, Kay argued, must stay engaged in the process of promoting global governance structures even in the face of hostile forces within their own countries. 

NCERA 216

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Latinos and immigrants bring important assets to Midwestern communities, including stronger interests in entrepreneurship and business development when compared with other U.S. groups, and are contributing substantially to small business development. This tendency needs to be harnessed and promoted by increasing access to organizations that support Latinos and increasing the capacity of these organizations to provide entrepreneurial support. At the same time, new immigrants' civic involvement and volunteer engagement is significantly lower than that of registered Latino citizens, but about the same as Latino citizens not registered to vote.

Over the past four years, NCERA 216 participants have created interstate research and outreach working groups in five thematic areas (Families and Family Involvement in Education, Entrepreneurs and Economic Development, Building Immigrant-Friendly Communities, Building Diverse Organizations, and Civic Engagement). Their work has been published in research newsletters, reports, refereed journals, and books. Several research projects are currently underway that will continue to yield results that will further advance related fields of research and provide the intellectual basis for effective community practice. Interested persons can join NCERA 216 by contacting the Julian Samora Research Institute. 

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