Health Consequences of an Unhealthy Economy: Latinos in the Midwest

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Abstract

This paper examines how the changing economy of the Midwest region has affected and is expected to affect Latinos' health based on a review of the literature on the region's "deindustrialization" process, the participation of Latinos in the region's economy, and the effect of worker displacement, unemployment and poverty on health status. Due to lack of information specific to Latinos, the assessment on the effect of worker displacement on Latino health status is made by extrapolating from studies performed on other non-Latino populations which share, at least, some of the Latino socioeconomic experiences and characteristics. Based on the available evidence, the most plausible scenario is that the structural changes in the Midwest economy are contributing to a deterioration of Latinos' health status. The implications for policy-making and implementation are discussed.

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Introduction

The U.S. economy has been experiencing profound changes over the last fifteen years because it has been shifting from base manufacturing goods to a base of information and services (Eitzen & Baca Zinn, 1989). The shift has been characterized by plants relocating out of the country or in the Sunbelt, manufacturing jobs being replaced by robots, new employment opportunities expanding in the service sector, the pattern has increased employment of nonunionized labor, low wages with scarce benefits, and the dislocation of many unskilled and semiskilled workers have experienced economic and social dislocation. The resulting situation for our society is higher levels of unemployment, poverty, and even homelessness (Bensman & Lynch, 1987; Bluestone & Harrison, 1982). Because fewer people have health care coverage, increasing numbers of displaced workers and their families are experiencing more stress and a deterioration of the physical and mental health.

Furthermore, analysts believe that "deindustrialization" shrinks employment opportunities most for minorities (Hill & Negrey, 1988). Statistics indicate that people of color, particularly black men, are more likely than white non-Latinos to work in industries experiencing long-term employment decline: primary metals, auto-making, apparel, and lumber.

Research indicates that black men are more likely than white men to lose their jobs due to restructuring of the economy (Bluestone, Harrison, & Gorham, 1984; Squires, 1981). Evidence also shows that blacks have a harder time finding new jobs than do whites. Flaim and Sehgal (1985) in a study of workers dislocated from their jobs between 1979 and 1984 in the United States found that 42 percent of black workers found new jobs after layoffs compared to 63 percent of white non-Latinos.

Within this context, it is critical to consider that Latinos, as part of the U.S. minority population, exhibit higher rates of worker displacement than those of any major population in the United States. Between 1981 and 1985, Latinos were 23 percent more likely than white non-Latinos to lose their jobs through plant closings. During the same period, Latinos were 39 percent more likely than white non-Latinos to have had no job since being displaced (Gonzáles & Romero, 1989). Since the Latino population will be the largest minority group in the United States by the end of the century (U.S. Bureau of the Census, 1985), their growing presence in the economic, political, and social life of the United States makes their current health status an issue of major consideration to American society (De la Rosa, 1989). It is therefore crucial to examine how the changing economy affects Latinos in regard to their access to care and to their health status.

The purpose of this paper is to describe and assess how the changing economy of the Midwest region has affected and is expected to affect Latino health care access and health status. The Midwest region was selected as the focus of analysis because of the dramatic decline of its manufacturing sector in comparison to other regions (Perrucci, Perrucci, Targ, & Targ, 1988) and because Latinos have been traditionally overrepresented in the manufacturing sector in the region (Santos, 1989).

This discussion on the changing economy of the Midwest and the implications for Latinos' health status is based on literature examining economic change in the Midwest, the participation of Latinos in the Midwest economy, changes in Latino socioeconomic status in the region, and the impact of worker displacement on the health care access and health status of non-Latino subpopulations or the general population. Due to lack of information specific to Latinos, the implications of the changing economy on the health of Latinos were drawn mostly by extrapolating findings from studies conducted on non-Latino populations that exhibit similar socioeconomic experiences and characteristics. The term "Latino" is used in this paper to describe U.S. residents of Mexican, Puerto Rican, Cuban, Central or South American origin. Puerto Ricans residing on the island of Puerto Rico are not included in this analysis. For the purpose of this paper, the Midwest definition included the following states: Illinois, Indiana, Michigan, Ohio, Wisconsin, Nebraska, Kansas, Minnesota, Missouri, Iowa, and North and South Dakota.

Deindustrialization and Worker Displacement

During the last two decades, the economy of the Midwest has been changing dramatically. This paper presents the arguments that changes in the economic structure of the Midwest have affected and are affecting negatively the health status of the Latino population in this region.

The most significant change during the last two decades is what has been called the "deindustrialization" of the U.S. economy (Bluestone & Harrison, 1982) A primary characteristic of this phenomenon is the rather drastic loss of 2.6 million manufacturing jobs during the period 1979-1983. This reduction, though accentuated in the last few years, is not

new. From 1959 to 1979, the percentage of the labor force working in manufacturing had already declined from 36.9 to 28.5 (Renner & Navarro, 1989). These changes resulted from the declining economic advantage of the United States in the world economy.

The other side of the decline of manufacturing is that the percentage of the U.S. labor force working in the service sector has been increasing rapidly (Renner & Navarro, 1989). During the period 1979-83, employment in the service sector increased by 3.5 million jobs. The two largest industries in this sector, that is, services and retail trade, increased from 23.2 percent and 20.3 percent of the labor force in 1979 to 26.5 percent and 21.0 percent in 1983, respectively. Even more, the trend toward "deindustrialization" and the shift of employment is expected to continue. Estimates indicate that during the period 1984-1995, nearly nine out of ten new jobs will be in the service sector (Personick, 1985).

Midwestern states have been extremely sensitive to these transformations, leading to the gradual restructuring of its industrial base. According to Perrucci, et al., (1988), by the 1970s "deindustrialization" in the Midwest had a dramatic impact on steel and automobile production, the region's two primary industrial sectors. Declining steel production, mostly in the Midwest, and imports led to 100,000 steel jobs lost between 1960 and 1980. By 1982, steel jobs were down 36 percent compared to 1976 (Congressional Quarterly, 1983). American automobile manufacturers such as Chrysler and American Motors were near bankruptcy in 1980-81. By March 1983, 300,000 automobile workers had been laid off, most never to return to work (Congressional Quarterly, 1983). The Office of Technology Assessment (1986) reported that as of 1984 the Great Lakes states (Wisconsin, Illinois, Indiana, Michigan, Ohio) had 400,000 displaced

workers who lost their jobs between January, 1979 and January, 1984 because of plant closings, layoffs, and ending whole shifts of workers. The total number of displaced workers nationally was 1,299,000 so that approximately 30.0 percent of those displaced came from five midwestern states. A similar situation has been experienced in Indiana, where at least 208 plants closed between 1975-83, dislocating 37,691 workers (Perrucci, et al., 1988).

Latino Worker Displacement in the Midwest

The critical aspect to consider within this context is that the Latino population in the Midwest has been severely affected by the decline of the manufacturing industry. The reason for this is that Latinos are overrepresented in manufacturing employment (Santos, 1989). For example, Latinos in metropolitan Chicago are concentrated in lower-paid manufacturing jobs (Orfield & Tostado, 1983). As of 1981, 51 percent of all Latinos in the civilian labor force were employed in lesser-skilled and lower-paid operative/laborer occupations. The data shows that 63 percent of Latinos were employed in manufacturing industries, and of those in manufacturing, 75 percent were employed in lesser-skilled or semi-skilled positions of the operative/laborer level. Latino workers in northwestern Indiana are also concentrated in operative/laborer occupations. Over half of the Latinos in this area were employed in unskilled or semi-skilled jobs, or almost double the percentage of white non-Latino workers.

Census data for the Midwest region analyzed by Santos (1989) confirms the Latino occupational pattern observed in Chicago. As expected from a predominantly industrial region, operative and craft occupations dominate the type of work done by males in both 1970 and 1981. Latinos

were about half as likely as white non-Latinos to work in the professional occupations and nearly twice as likely to work as laborers. White non-Latinos and Latinos were equally likely in 1970 to be employed as service workers but in 1981 Latinos had increased their proportion. Manufacturing, however, generated the bulk of employment for Latinos in 1981. This occupational pattern was also found in a recent study by Santiago (1990).

The nature of the severe impact of "deindustrialization" on the Latino workers in the Midwest is shown by employment statistics from Chicago, Detroit and the state of Michigan. Orfield and Tostado (1983) found that between 1979 and 1981, manufacturing jobs declined between 5 and 13 percent in communities with high concentrations of Latinos in Chicago. As the manufacturing industry declines, service employment, most likely hotel and restaurant jobs, are increasingly significant in Latino areas. Hill and Negrey (1988) found, using Equal Economic Opportunity Commission data for the 1979-84 period, that Michigan's Latinos experienced a decline in durable goods manufacturing employment over twice as large as was experienced by Latinos in the country as a whole. Thirty-two percent of Latino females in Michigan lost their jobs compared to 4 percent of the Latino females in the United States. The situation in Detroit is even more striking with 44.5 percent of Latino women workers in manufacturing industries losing their jobs compared to 34.2 percent for the white non-Latino female workers. On the other hand, 50 percent of the Latino males versus 36.8 percent of the white non-Latino males in Detroit manufacturing industries lost their employment during that period. The rate for Latino males was the highest job loss rate among Detroit's production workers during that period.

In addition, Santos (1989) has shown that from 1970 to 1981 the unemployment rate for Latino males and females in the Midwest region increased dramatically from 4.1 to 5.9 and from 6.8 to 12.2 respectively. The incidence of unemployment was more severe for Latinos than for white non-Latinos during this period. On the other hand, Santiago (1990), in a recent study, found that in 1987 the unemployment rate for white non-Latinos was 5.9 percent compared to 9.6 percent for Latinos in the Midwest.

Looking to the total earning of Latinos and white non-Latinos, Santos (1989) also indicates that even in the best of times, Latino males in 1969 earned about one-fifth less than white non-Latinos; and the earning gap has continued into the eighties. The situation has been similar for Latino females. This explains, at least partially, why the income gap between Latino and white non-Latino families widened during the 1970-80 decade. For example, Latino median family income at the end of the decade was $17,639 or 82 percent of Anglo median family income (Santiago, 1990). The problem is compounded even more because educational attainment for Latinos from ages 16 to 64 did not improve between between 1970 and 1981 while white non-Latinos gained an average of an additional year of school during that period (Santos, 1989).

The severe impact of economic restructuring on Latinos is most dramatically reflected by the rate of impoverished Latinos in the Midwest. In 1969, for the Midwest region as a whole, 6.3 percent of white non-Latinos, 20.7 percent of blacks and 11.7 percent of Latinos were poor (Santiago, 1990). By 1979, Latino poverty rates hovered slightly below 20 percent. Even though blacks had the highest percent of families living in poverty in the Midwest in 1979, that is 25 percent, during the decade of the

1970s the percentage of Latino families living in poverty rose faster than was the case for white non-Latinos and blacks. In 1979, approximately 10 percent of white non-Latino families were living in poverty (Santiago, 1990).

This data is consistent with Moore's analysis of Latino poverty in the United States (1989). The author concluded, in a comprehensive literature review, that the broad economic restructuring at the national level most likely will affect Latinos in the Rust Belt just as it affects blacks, that is, increasing long-standing poverty levels. In contrast, the situation is considerably more complicated in the Sunbelt where the existence of subregional economies and Latino economic niches make more difficult to predict whether Latino communities in such areas would also deteriorate.

The next section focuses on the implications of these socioeconomic changes on the health of Latinos in the Midwest.

Health Implications for Midwest Latinos

Since no studies document the impact of "deindustrialization" on Latinos' health-care access and health status, we have to rely for the moment on research related to the general population or to other non-Latino populations to understand the implications of these changes for Midwest Latinos.

Uninsurance and Underinsurance

Renner and Navarro (1989) in their recent analysis of the growing population of underinsured and uninsured in the United States explain that the "deindustrialization" and shift of employment to the services have enormous implications for the health benefits coverage of the populations affected. This occurs in three different ways. First, the trend of

"deindustrialization" results in a shift from union to nonunion labor, which has been partially responsible for the declines in the health insurance coverage of the Latino working population. Employees in unionized firms have better health benefits coverage and pay lower premiums than their nonunionized counterparts.

Another change that has been occurring in the labor force is the growth of part-time employment. Increasingly, the type of work available is part-time rather than full-time, especially in retail trade and service industries. This phenomenon is highly relevant for the health benefits coverage of the Latino population, since the eligibility for enrollment in an employer group health plan is based on the workers longevity of employment or full-time status.

Another important consequence of the "deindustrialization" of the labor force and the shift of employment toward the service sector is the change from high-paying jobs to low-paying jobs. Workers with higher salaries (e.g. manufacturing industry jobs) are more likely to have work-related health coverage than workers with low wages (e.g. service industry jobs).

In addition to differences among industries in the percentage of the work force covered by an employer group health plan, significant differences exist in the depth of services offered. According to Renner and Navarro (1989), group health plans in manufacturing are significantly more likely to cover maternity benefits, mental health care, dental care, and vision care than the non-manufacturing industries.

The effect of these changes in the U.S. economy on the rates of uninsured populations can be appreciated by looking at some of the national health statistics. Based on 1978-80 National Health Interview Survey data,

Treviño, Moyer, Valdez, and Stroup-Benham (1991) indicate that 9.4 percent of white non-Latinos, 18.7 percent of blacks, 29.2 percent of Mexican-Americans, 18.8 percent of Puerto Ricans and 15.4 percent of Cuban-Americans were without health insurance in the United States. Data from the 1989 Current Population Survey (CPS) estimated that 10 percent of whites, 20 percent of blacks, 37 percent of Mexican-Americans, 16 percent of Puerto Ricans and 20 percent of Cuban-Americans were uninsured in March 1988 (Treviño et al., 1991). Furthermore, data from the Hispanic Health and Nutrition Examination Survey (HHANES) revealed that from 1982 to 1984, 35.4 percent of Mexican-Americans, 21.9 percent of Puerto Ricans, and 28.6 percent of Cuban-Americans were uninsured. The estimates of noncoverage for the Puerto Rican- and Cuban-origin populations from the HHANES were considerably higher than the estimates found in either the 1989 CPS or the 1978 to 1980 National Health Interview Survey. According to Treviño and colleagues, one explanation is that the higher rates of non-coverage (found in the HHANES compared with the CPS) among Puerto Ricans and Cuban Americans may have resulted from a better understanding of the questions because they were interviewed in the language of their choice. Regardless, minorities seem to be the groups most affected by the "deindustrialization" of the U.S. economy in terms of health insurance coverage.

Given the high vulnerability of Latinos to the manufacturing decline in the Midwest, it is reasonable to assert that the numbers of uninsured and underinsured Latinos is growing and will continue to grow rather than diminish. García, Saucedo-Gonzalez, and Giachello (1985) found that 22 percent of Latinos in Chicago had no health insurance in 1984 which, according to the authors, was well above national norms at that time. The

study also found that 62 percent of the uninsured Latinos lost their insurance coverage when they lost their job and another 13 percent could not afford insurance because of low-paying jobs. Another study in Chicago found that the percentage of uninsured Latinos increased from 27 percent to 44 percent from 1984 to 1987 in communities with high concentrations of Mexican-Americans (Latino Institute, 1987). In Michigan, the Michigan League for Human Services in its 1986 study found the uninsured rate to be 13.6 percent for Latinos compared to 10.5 for white non-Latinos and 10.9 percent for all races (Michigan League for Human Services, 1988). However, a U.S. Congress study based on statistical data from the U.S. Census Bureau for 1987 found that the uninsured rate for Latinos in Michigan is 22 percent, followed by blacks with 17 percent and white non-Latinos with 10 percent. The national uninsurance rate is 15.8 percent (Flesher, 1990).

The impact of plant closure on health insurance is illustrated by a survey study exploring the potential effects of two major General Motors plant closings in 1987 in the Flint metropolitan area in Michigan (Ananich, Leighton, & Weber, 1990). The findings revealed that from the total number of new jobs obtained by workers after a year of layoff, only 8.5 percent included medical/dental insurance as a fringe benefit. The data also shows that 71.7 percent of workers reduced their dental visits, 46 percent reduced their medical visits and 33 percent reduced the use of prescription drugs after the layoff. This suggests the harsh impact on health care access suffered by Latino and non-Latino displaced workers after being laid off.

With the growing number of uninsured and underinsured Latinos in the Midwest, the expectation is an exacerbation of the health problems already faced by this population. Lack of insurance coverage contributes

to unnecessary pain, suffering, disability, and even death among uninsured. As measured by self-assessment of health status, which has been found to be a valid and reliable overall health indicator, the uninsured are less healthy than the insured: 15 percent of the uninsured reported fair or poor health compared with 11 percent of the insured in 1977 in the United States (Davis & Rowland, 1983).

Worker displacement, Unemployment and Health

Virtually no research studies examine the relationship between Latino worker displacement, unemployment and health status in the United States, much less the Midwest region. Some literature, however, does examine this problem relative to the general population or other non-Latino subpopulations and should be reviewed to understand the implications of increasing Latino worker displacement and unemployment in the Midwest.

A revealing study conducted by Hamilton, Broman, Hoffman, and Renner (1990) examined the effects of actual and anticipated unemployment on mental health. Workers from 4 closing and 12 non-closing General Motors plants in Michigan were interviewed. The researchers found that, overall, the effects of layoff on mental health were consistent with the typical conceptualization of unemployment as a stressor (Dohrenwend, Dohrenwend, Dodson, & Shrout, 1984; Liem & Liem, 1988; Pearlin, Lieberman, Menaghan, & Mullan 1981). To be laid off meant worse mental health: more somatic complaints, more depression, and higher anxiety. A critical finding from the study is that the effects of anticipating layoff and especially of being laid off depended on one's race, one's education, and one's income. For the low income, the less educated,

and especially the less educated black worker, the mental health impact of layoff was profound. It appears that being black and less educated is a special combination with adverse implications for mental health when economic times are hard. This finding might imply a similar situation for the Latino population which shares many of their socioeconomic characteristics with blacks.

Job loss has been found to contribute to a deterioration of mental health. Perrucci, et al. (1988) reported that displaced workers expressed greater depression and a lower sense of mastery over their lives than a control group of workers. Similar results were found in other studies which, in addition, found displaced workers to suffer anxiety, paranoia and hostility (Brenner & Levi, 1987; Frese & Mohr, 1987; Joelson & Wahlquist, 1987; Pearlin et al., 1981; Warren, 1978).

Bensman and Lynch (1988), in their study on the effect of a steel plant closure in southeast Chicago on displaced workers, many of them Latinos, present an enlightening perspective describing their reduced health care access and health status deterioration after the plant shutdown. Even though this study did not focus on Latinos and no statistical inferences can be drawn, the study presents very enlightening reports from Latino displaced workers, several of them Mexican Americans, in a case study fashion.

In this respect, the study indicates that just when health problems seemed to be increasing after the plant closure, health coverage disappeared. For example, one worker's husband suffering from cancer lost his health insurance benefits, leading them to lose their savings to pay radiation treatments. At a south Chicago clinic, a higher number of men (both non-Latinos and Latinos) began coming through the clinic's doors,

often with stress related problems such as chest pains and migraine headaches. Half of the health providers in that region reported increases of patients with specific conditions related to unemployment and financial stress. Dental care was often neglected because of lack of financial resources. While no mortality studies have been conducted in southeast Chicago, impressions abound that many laid-off employees have died. Another case reported concerns a Latino worker whose little daughter developed a peptic ulcer and was constantly getting stomach aches and headaches as a result of the family instability brought by the father's unemployment.

The study also reports that many people have serious problems absorbing such drastic changes in the way they live. Many Mexican Americans have been especially affected in this community in particular. For Latino as well as non-Latino men, supporting the family is very important. Not being able to take care of the family has a devastating effect on their mental health status. As a result, frustrations and alcoholism often lead to domestic violence, which is reported to be on the increase.

Other studies have also investigated the health effects of unemployment due to plant closings. For example, an Indiana study of a South Bend brewery found that one-sixth of the displaced workers (36 of 233) had died during the seven years subsequent to the shutdowns. Some deaths were presumably due to stress associated with the shutdowns in that the displaced workers' mortality rate was 16 times the normal mortality rate for men having the same age distribution (Craypo & Davisson, 1983). Some studies have found job loss to be associated to physical strain including high blood pressure, alcoholism, increased smoking, and insomnia (South Suburban Task Force, 1984; Weeks & Drengacz, 1982).

Perrucci et al., (1988) found in an Indiana plant study that a considerable percentage of the subjects studied suffered headache and gastrointestinal problems, while a smaller percentage had experienced high blood pressure, and respiratory and heart problems. Displaced workers indicated that they were drinking and smoking more as a result of displacement.

Although research on the effects of unemployment on health status has yielded mixed results, a considerable number of studies show a clear relationship between unemployment and health. In this respect, economic recession as measured by the unemployment rate has been found to be related, over time, to increase in heart disease mortality and overall cardiovascular mortality in several studies at the national and international levels (Brenner,1971,1976,1977,1983,1987a; Brenner & Mooney, 1982). In another recent study, Brenner (1987b) analyzed Swedish data and found that economic growth plays a principal role in reducing mortality at nearly all age levels, and specifically mortality due to total cardiovascular disease, cerebrovascular disease, total heart disease, ischemic heart disease, total malignancies, disorder of infancies and motor vehicle accidents. Economic recession, by contrast, was found to be related to increases in total mortality for virtually all age groups, in both sexes, for major causes of death and causes due to psychopathological conditions. Smith (1987) also concludes that unemployment provokes a deterioration in the health status of the unemployed.

Poverty and Health

From a different but tightly related angle, the relationship between poverty and health and its implications for the Latino population in the Midwest must be examined in this paper, given its increasing levels of

impoverishment. A recent publication Krasner (1989) presents a series of studies about poverty and health in New York City, which clearly demonstrate the effect of poverty conditions upon health status. One of these studies, conducted by Carr, Cohen, Schop and Fink (1989), reveals that about 15 percent of the New York City's total population report that their general health is only fair or poor (as opposed to excellent, very good, or good), but nearly 30 percent of all poor persons report this negative health status. Poor persons in almost all age groups and in all racial/ethnic groups are more likely than other New Yorkers to perceive their health as fair or poor. The study shows that such perceptions of general health status have considerable validity in that they correlate well with levels of health as measured by health professionals. These perceptions are also often related to subsequent health outcomes, such as early death (Kleinman, Gold, & Makuc, 1981; Mossey & Shapiro, 1982).

The study also found a three-fold difference in the proportion reporting fair or poor health between poor and non-poor children under the age of five, and nearly a five-fold difference between poor and non-poor children between the ages of 5 and 17. Only about one quarter of the non-poor elderly who are 65 to 74 years of age are in fair or poor health, while nearly 53 percent of poor persons in this age group are in fair or poor health. Race/ethnicity was also found to make a big difference in self-assessed health status. Substantially larger proportions of blacks and Latinos, who have the highest poverty rates in New York City (38.7 percent and 44.6 percent respectively), report fair or poor health as compared to white non-Latinos (Krasner, 1989).

The inability of many people to carry out normal or expected activities are related to health problems. In this regard, the study by Carr

and colleagues (1989) identified: (1) persons who are limited in their major activity, including those who are unable to perform or who are limited in the kinds or amount of their major activity-whether it is working, keeping house, going to school, or any other usual activity for their age or sex group; and (2) persons who are limited in any activity, including their major activity as well as recreational, civic, church, or other activities. The findings indicate that chronic health problems limit, to some extent, the activities of one of every four persons in the city (27.4 percent), a much higher proportion than among the non-poor (11.4 percent). Moreover, the poor are far more likely to be limited in their major activity: 81 percent of the poor who are limited in their activities are limited in their major activity compared with 62 percent of the non-poor.

Further, just as was demonstrated with the other measures of health status, minorities--especially poor minorities--are worse off than white non-Latinos. Approximately 30 percent of black and Latino poor persons report long-term limitation of activity due to health problems as compared to 22 percent of poor white non-Latinos.

These health status measures clearly show that poor individuals, as well as minorities in New York City, especially blacks and Latinos, have excess illness and disability as measured against experiences of non-poor individuals and white non-Latinos. At the national level, evidence shows that poverty and lack of health insurance are the greatest impediments to health care for Latinos (Council on Scientific Affairs, 1991).

It is important to note that other studies concur on the relationship between poverty and low health status. For example, Leventhal (1985) in a study of unemployed and poor individuals in England found a clear and

strong association between unemployment and low income levels, on one hand, and mortality rates on the other. Similar results show a clear association between poverty or low socioeconomic conditions and health have been documented elsewhere (Bullough & Bullough, 1972; Harpham and Vaughan, 1988; Kosa and Zola, 1975; Luft, 1978;).

Concluding Remarks

Virtually no research addresses the effect of Latino worker displacement on health care access and health status in the Midwest region or in the United States as a whole. This lack of information precludes the possibility of drawing conclusions on the health consequences of job loss specific to the Latino experience. However, this paper has attempted to identify the health implications of job loss for the Latino population in the Midwest based on an examination of studies performed on other populations which share, at least, some of the Latino experiences and socioeconomic characteristics. These implications, based on extrapolation, should be taken cautiously and in no way should be regarded as conclusive. Actually, they should be considered a hypothesis to guide future research on this topic.

In this respect, several propositions emerged from the statistics and studies reviewed. There is no question that the "deindustrialization" of the U.S. economy, especially in the Midwest, has displaced a significant number of Latino workers due to their overrepresentation in the manufacturing sector, evidenced by the high Latino unemployment and reemployment in the service sector. A crucial result of this process is the loss of health insurance which has been traditionally one of the most valuable fringe benefits offered to workers by manufacturing firms. With

reemployment in the service sectors, Latino workers usually do not have health insurance. Lack of insurance sooner or later results in delayed care or no care and, consequently, in an exacerbation of the health problems already faced by the Latino population.

Studies on the impact of worker displacement and unemployment on health on the general population or other non-Latino subpopulations clearly show how devastating job loss is in terms of physical and mental health. Research also indicates that populations with characteristics such as low earning/income levels, low educational attainment, and high levels of unemployment lead to higher poverty levels ultimately resulting in poorer health status. Since a significant portion of the Midwest Latino population exhibits these characteristics, the most plausible conjecture is that the structural changes in the Midwest economy are contributing to the health status deterioration of many Latinos. The figure on the next page presents a conceptual model which depicts in a summarized fashion the key factors involved in the "deindustrialization" of the Midwest and its impact on Latino health insurance and health status.

From a public policy standpoint, it seems clear that an improvement of the Latino financial access to health care is imperative to insure a better work force. Modifications on Medicaid's income eligibility criteria, which some states have already implemented, will help to make health care accessible to working poor Latino families who were not eligible under the traditional standards. Furthermore, health status improvements will require not just health programs tailored to their particular needs, but even more, an active and well remunerated participation in the labor force within the Midwest economy. As Santos (1989) states, many of the jobs emerging from a revitalized industrial America will require advanced

skills and training. For Latino workers, the new industrial jobs may be beyond their reach. Latinos are not making improvements in education; in 1981 and 1970, Latinos averaged only ten years of schooling. Public policies should be geared toward the capacitation of Latino workers by means of education and training in order to facilitate their participation in the new economic structure. This will consequently lead toward an improvement of the health status of the Latino population in the long-run.

Latino health consequences resulting from the Midwest "deindustrialization" process need to be investigated to understand how Latinos may improve their well-being as workers because the new industrial jobs may be beyond their reach. Latinos are not making improvements in education; in 1981 and 1970, Latinos averaged only ten years of schooling. Public policies should be geared toward the capacitation of Latino workers by means of education and training in order to facilitate their participation in the new economic structure. This will consequently lead toward an improvement of the health status of the Latino population in the long-run.

Finally, the Latino health consequences resulting from the Midwest "deindustrialization" process need to be investigated to understand how Latino well-being has been affected by economic change and what intervention measures are necessary.

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