



GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFL

HEALTH E-NEWSLETTER

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- [Recent News Articles](#)
- [Recent Reports](#)
- [Resources of Interest](#)

RECENT NEWS ARTICLES

[Covering New Communities: Low-Cost Insurance Policies Target Immigrants as Untapped Market](#), by **Krissah Williams**, **The Washington Post**, **August 8, 2007**. Low-skilled immigrants rarely have insurance—due to accident, unemployment, or other issues. Once largely ignored by U.S. insurance companies, those immigrants are now viewed as a red-hot growth market.

[Senate Passes Children's Health Bill, 68-31](#), by **Robert Pear**, **The New York Times**, **August 3, 2007**. The Senate defied President Bush on Thursday and passed a bipartisan bill that would provide health insurance for millions of children in low-income families.

[Hispanics, Uninsured Drive Growth at Health Centers](#), by **Larry Wheeler**, **USA Today**, **July 17, 2007**. A dramatic increase in Hispanic patients and those without health insurance has crowded waiting rooms at community health centers nationwide. The number of Hispanic patients seeking care at health centers grew by 52% to 4.8 million between 2000 and 2005, outpacing all other racial or ethnic groups, according to data from Health Resources and Services Administration, which oversees the centers.

[The Colorado Trust Dedicates \\$13.1 Million to Seven-Year Equality in Health Initiative](#), **Vol. 6, Summer Edition**, **The Colorado Trust E-newsletter**. The initiative seeks to reduce racial and ethnic health disparities statewide. Twelve new grantees have joined 14 previously-announced grantees to help healthcare providers and educators gain the skills necessary to consider unique cultural backgrounds as they provide care.

[A State Finds No Easy Fixes on Health Care](#), by Kevin Sack, *The New York Times*, July 10, 2007. Gov. Edward G. Rendell of Pennsylvania, who campaigned as a health care reform, might have been expected to propose a plan to cover the 900,000 Pennsylvanians who are uninsured. And he did so, after winning reelection last year in a landslide. He also concluded that such a move would be unaffordable without serious efforts to control costs.

[OPINION: A Health-Care Test for All](#), by Joseph Antos and Alice M. Rivlin *Akron Beacon Journal*, March 28, 2007. Medical care is enormously more effective than it was a few years ago and most Americans are living longer, healthier lives. But improved care is costly. We will spend \$2.2 trillion on health care this year -- more than 16 percent of everything we produce. Our health bill is likely to hit 20 percent of GDP in the next decade.

[OPINION: Three Steps to Better Health Care](#), by Henry J. Aaron, *Los Angeles Times*, February 10, 2007. The workplace-healthcare connection arose primarily because of a tax quirk. Aaron states that doesn't make sense.

[Wal-Mart and a Union Unite, at Least on Health Policy](#), by Michael Barbaro and Robert Pear, *New York Times*, February 8, 2007. They have established one of the fiercest rivalries in the American economy, attacking one another's organizations through dueling blogs, newspaper advertisements, and news conferences. In an extraordinary meeting in Washington, the chiefs of Wal-Mart Stores and the Service Employees International Union stood together and agreed on a series of goals for achieving universal health coverage, according to people briefed on the matter.

RECENT REPORTS

[Immigrants and Health Care — At the Intersection of Two Broken Systems](#), by Susan Okie, *New England Journal of Medicine*, August 9, 2007. For recent immigrants — especially the estimated 12 million who are undocumented— seeking health care often involves facing language and cultural barriers and confronting their own fears of drawing the attention of immigration officials. Some states and localities are providing health services for undocumented children as well as pregnant, low-income women whereas other parts of the country are enacting restrictive with measures.

[Immigration Policy and Reproductive Justice](#), by Tanya Doriss, *Center for American Progress*, July 10, 2007. The 110th Congress failed to push through flawed, yet essential legislation that would have moved the immigration debate forward. Despite this setback, comprehensive immigration reform will continue to be a key issue throughout future election seasons and legislative sessions. Immigration is a multifaceted issue, but one component that should not be overlooked as progressives continue to work on this issue is the reproductive health of immigrant women.

[Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2006](#), by the Centers for Disease Control, July 2007. About 43.6 million people in the United States, or 14.8 percent of the population, had no health insurance in 2006, according to CDC survey.

[Multicultural Organizational Development: A Resource for Health Equity](#), by Laurin Y. Mayeno, *CompassPoint Nonprofit Services*, July 2007. Multicultural organizational development (MCO) is a philosophy and practical approach that can help organizations to realize the potential of diversity through

strategies aimed at personal, interpersonal, and organizational levels. This paper discusses the importance of both multicultural capacity and equity and provides case scenarios to establish a context for a multicultural-systems approach. It also introduces the background, definition, aims, values, and strategies of MCOB.

Encouraging More Culturally & Linguistically Competent Practices in Mainstream Health Care Organizations: A Survival Guide for Change Agents, by Thomas D. Lonner, **CompassPoint**

Nonprofit Services, July 2007. The purpose of this paper is to encourage and guide a very narrow potential audience – those change agents internal and external to mainstream health care organizations and systems who intend to advance the cultural and linguistic (C&L) practices of their organizations. The conclusions are based on years of research conducted on the cultural and linguistic advances in public and private hospitals, clinics, and provider offices.

Cultural Competency in Capacity Building, by Frank J. Omowale Satterwhite, Shiree Teng, and Anushka Fernandopulle, **CompassPoint Nonprofit Services, July 2007.**

This paper discusses the relationship between improving cultural competency and improving organizational effectiveness. It also describes a capacity building approach to improving cultural competency in an organization where systems issues are dealt with through the lens of multicultural organizational development.

Disparities in Health Care Are Driven by Where Minority Patients Seek Care, by Romana Hasnain-Wynia, David W. Baker, David Nerenz, Joe Feinglass, Anne C. Beal, Mary Beth Landrum, Raj Behal, and Joel S. Weissman, **Archives of Internal Medicine, June 25, 2007.** Racial/ethnic disparities in health care are well documented, but less is known about whether disparities occur within or between hospitals for specific inpatient processes of care. This report provides an assessment of racial/ethnic disparities using the Hospital Quality Alliance Inpatient Quality of Care Indicators.

Voices of Young Fathers: the Partners for Fragile Families Demonstration Projects, by Alford Young, Jr., **University of Michigan**, and Pamela A. Holcomb, **The Urban Institute, June 8, 2007.** This report presents ethnographic case studies of eight young, unmarried, low-income fathers who participated in the Partners for Fragile Families (PFF) demonstration projects. The study examines the nature of the fathers' relationship with their children and the mother of their children, the fathers' experiences with the PFF program and with matters related to child support, their views on employment prospects and experiences, and their hopes and aspirations for the future.

Socioeconomic and Racial/Ethnic Differences in the Discussion of Cancer Screening: "Between-" versus "Within-" Physician Differences, by Yuhua Bao, Sarah A. Fox, and Jose J. Escarce, **Blackwell Synergy, June 2007.** Differences in cancer screening discussion along the different dimensions of patient SES may have arisen because of very different mechanisms and therefore call for a combination of interventions. Physicians need to be aware of the persistent disparities by patient education in clinical communication regarding cancer screening and tailor their efforts to the needs of low-education patients.

The Unique Challenges to the Well-Being of California's Border Kids, **Children Now, June 2007.**

This new report on California's "border kids"—the 800,000 children living in San Diego and Imperial counties—challenges many commonly-held stereotypes. A comprehensive set of indicators of border kids' health, education and economic well-being is provided.

Growing Up in North America: Child Health and Safety in Canada, the United States, and Mexico, with Children in North America Project, **May 2007.** This report reveals that the three countries share a number of problematic health trends among their children. Children make up more than one-quarter of all people living in North America—about 120 million in all. Despite the enormous size of this group, however, there are significant gaps in knowledge and data about how well—or how poorly—children are actually

doing.

[National Healthcare Disparities Report](#), Agency for Healthcare Research and Quality, January 2007. Consistent with extensive research and the findings of previous reports, the 2006 reports find that racial and ethnic health disparities still permeate the U.S. health care system at all levels.

RESOURCES OF INTEREST

[Grant Making with a Racial Equity Lens](#), by Anne Mackinnon, Julie Quiroz-Martinez, and Lori Villarosa, Grantcraft, April 2007. A focus on racial equity can increase your effectiveness at every stage of the grant making process. Blending experience and candid advice from grant makers, this guide explores how a racial equity lens can help you scan your field or community, cultivate new leaders, encourage creative approaches, get people talking, and nourish change inside your own foundation.

[The Office of Minority Health](#) has launched a new Web page, [Think Cultural Health](#), which provides a wealth of resources and information on the issues of cultural competence in health care and health care disparities.

[Health Care for the Uninsured](#), Brookings Institution. Federal spending on health care continues to rise rapidly, threatening to overwhelm the federal budget. Yet nearly 1 in 6 people are uninsured. These twin problems create a dilemma for policy-makers who want to both balance the budget and provide some form of universal coverage. Brookings scholars and affiliated experts, in a series of separately published articles, have identified a number of possibilities for reform of the major federal health care programs and have suggested ways to expand health insurance coverage.

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