

A Comparative Analysis of the Health Status
of Hispanic Children:
The Cases of Washington State and Arizona

by

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Introduction

State Health Ranking Arizona and Washington 1996-2008

	Arizona	Washington
1996	29	10
1997	36	10
1998	33	10
1999	33	9
2000	29	8
2001	29	8
2002	28	11
2003	26	11
2004	23	15
2005	25	16
2006	29	18
2007	29	15
2008	27	13

State Health Ranking Arizona and Washington 2009-2014

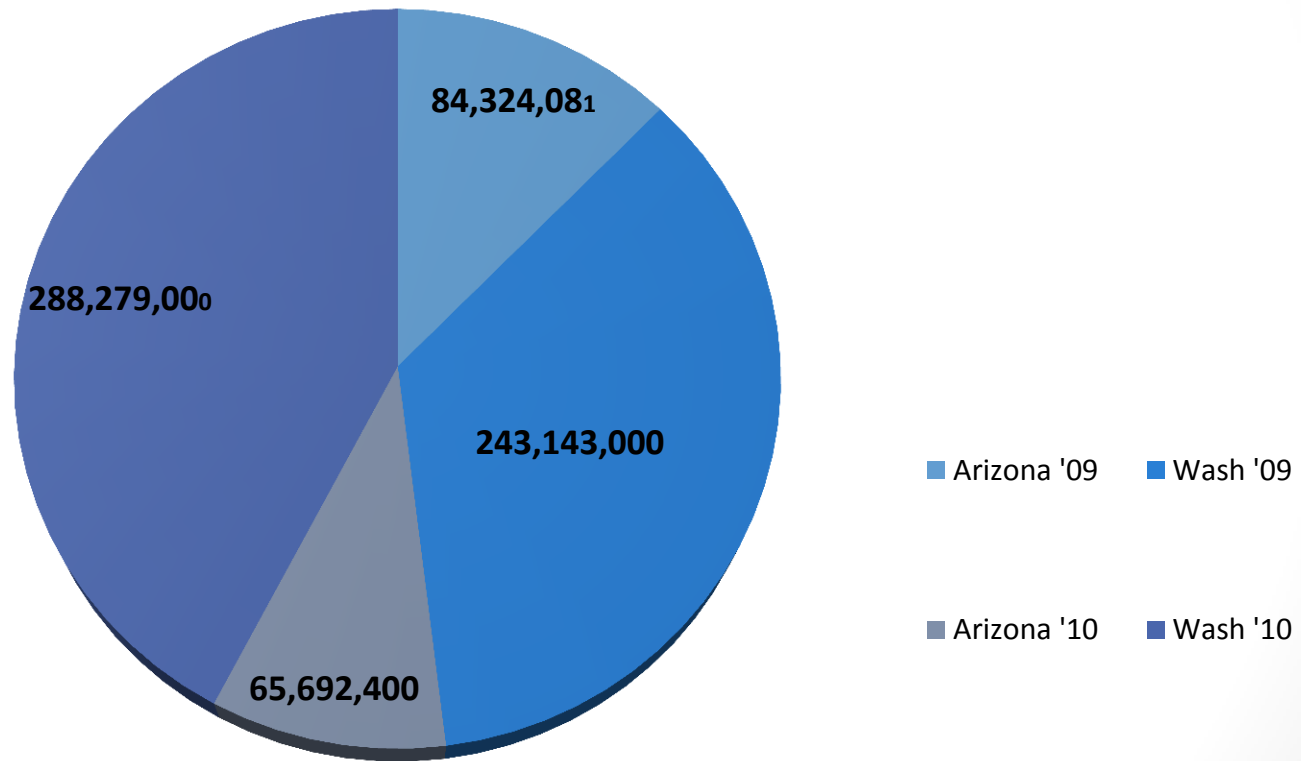
State/Year	Arizona	Washington
2009	27	11
2010	31	11
2011	27	9
2012	26	12
2013	28	14
2014	29	13

Comparison of Arizona and Washington Population/Ethnicity

(U. S. Census 2010)

State	White	African American	Asian	Hispanic	American Indian	Total Population
AZ	4,667,121 (87.4%)	259,008 (4.1%)	135,658 (2.2%)	1,895,149 (28.8%)	314,482 (5.1%)	6,166,318 (100%)
WA	5,196,362 (77%)	240,042 (3.6)	481,067 (7.2)	755,790 (11.2%)	103,869 (1.5%)	6,724,540 (100%)

Comparison of Public Health Funding FY'09 and FY'10



Comparison of Selected Demographic Characteristics

(U.S. Census, 2010)

Variables	Arizona	Washington
Persons <5	6.9%	6.5%
Population <18	26.6%	26.3%
Uninsured/under	19.5%	12.6%
Median Income	\$49,674	\$65,588
Unemployment Rate	10.5	10.0

Selected Comparison of Children's Health Status

State	Total Child Health	Hispanic Child Health
UT	90.1	65.0
HI	86.7	83.8
WA	85.8	66
TN	84.3	57.3
AZ	80.7	68 (NSCH, 2008)

Research Question

Main question:

Why does Arizona have better health outcomes for Hispanic children than Washington State despite having consistently lower health rankings in all other areas?

Conceptual Framework

Cultural Competence Continuum (Cross, 1989)

- Cultural Destructiveness
 - Cultural Incapacity
 - Cultural Blindness
 - Cultural-Pre-Competence
 - Advanced Cultural Competence
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- **Cultural Competence** is a set of behaviors, attitudes and policies that come together in a system, agency or profession and enables that system agency or profession to work effectively in cross-cultural situations. (Cross, 1989)
 - **Culture** is used because it implies the integrated pattern of human behavior that includes thought, communication, actions, customs and beliefs of an institution or cultural group

Methodology

- Case Study
- Interview
- Qualitative Data and Analysis

(Yin, 2003)

Limitations

- Not all people equally cooperative, articulate or perceptive
- The interaction between the interviewer and the interviewee and the context in which they take place
- Varying degrees of knowledge, openness, and willingness to participate.
- The study is not generalizable

Findings

Washington

- Funding
 - \$36.48 per capita
- Programs and Services
 - Limited programs at local level and none at State level for Hispanic Children
- Challenges
 - Reaching the community
- Accomplishments
 - Legislative acknowledgement funding of outreach to community
- Good Practices
 - WIC
 - Funding

Arizona

- Funding
 - \$12.78 per capita
- Programs and Services
 - System of programs at the local and community-based level including Promotoras, limited at State level.
- Challenges
 - Social determinants of health
- Accomplishments
 - Public Value
 - Strong Leadership
 - Trust
- Good Practices
 - Diversity of staff
 - Promotoras

Summary

- Cultural Competence Continuum
 - Washington- Cultural Blindness to Pre-Cultural Competence
 - Arizona – Pre-Cultural Competence to Cultural Competence
- Community Trust
- Diversity of Staff
- Diversity of Programs
- Critical Mass
- Arizona was not accepting new enrollees in their CHIP program. Would the numbers look different if reviewed after the cancelled program?

Recommendations

- As policymakers and administrators design programs targeting Hispanic communities, must be intentional about their efforts.
- In conclusion, we see that cultural competence is critical to provide quality programs and services. This is particularly important when providing those services to communities of color.
- Providing culturally competent programs may be more time consuming initially, but it provides for better results

References

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