

IMMIGRANT WOMEN IN NEW YORK STATE

Many, Many New Yorkers are Immigrants

New York State is home to approximately two million immigrant women and girls. The US Census tells us that fully 1/3 of the population statewide, and 2/3 of NYC residents are foreign born or children of foreign born.

People from more than 150 ethnic traditions, speaking as many languages, have made NYS their home. 28% of the state's population speaks other than English at home. Three-fourths of NYS immigrants are from racial and ethnic groups that are minorities in the state: 49% are from Latin America, 24% from Asia and 3% from Africa.

Immigrant Populations Expand across State

Across NYS, immigrant populations expanded rapidly between 1990 and 2000: not only in New York City, but also in small cities, suburbs and rural areas: Utica's immigrant population grew 50% and now includes 30 ethnicities and languages; Dutchess County's immigrant population increased 44%, and Nassau-Suffolk grew 45%.

Immigrant Women: Health Challenges

Existing health systems - set up for women who are English speakers, raised in US culture and enjoying full citizenship - are leaving immigrant women seriously at risk:

- ❖ Breast cancer: #1 cancer-mortality for Asian American–Pacific Islander women, with lowest cancer screening rate.
- ❖ Cervical cancer 2 x greater for Latinas as white women, and Pap test awareness lower.
- ❖ Rates of congestive heart disease 1.3x higher for foreign-born women.
- ❖ Hispanics: 1.8 x more likely to have diabetes, and 41% less likely to receive diabetes education than whites.
- ❖ 45% percent of Latino adults report no regular source of health care compared to 22% for whites.
- ❖ 41.3% of non-citizens have no health insurance vs. 10.3% native- born.

Girls in Immigrant Families

Interesting 2000 research by the Milano Graduate School of Management and Urban Policy discusses how:

- **Cultural and religious beliefs may undermine support for a girl's interest in education, with immigrant girls more vulnerable to school drop-out.**
- **Sex education is controversial for many immigrant families. Information about sex may not be easily accessible to adolescent immigrant girls because of cultural taboos. Gynecological needs may not be addressed.**
- **Early marriages may be the norm for some immigrant cultures, and teen pregnancy may be common within marriage.**
- **Particularly high rates of depression, suicide and substance abuse exist for teenage girls in some immigrant groups.**

Barriers Facing Immigrant Women

Five major barriers separate immigrant women from needed health care:

1. Programs designed without understanding and respect for the diverse cultural context of immigrant women's lives, including the impact of gender.
2. Inadequate language services.
3. Inadequate utilization of immigrant community-based organizations to reach women with prevention, education and care.
4. Limitations on access to services based on immigration status: ineligibility for public health programs for care as well as diagnosis.
5. Programs lacking pro-active assurance of immigration status confidentiality, leading to fear that information will be shared with immigration authorities.

Needed: Cultural Respect and Understanding

Health care providers need to learn how an immigrant woman's society of origin views:

- Gender issues: empowerment to care for oneself, family role, access to resources and education.
- Attitudes toward violence against women, family planning and pre-natal care.
- Decision making for the good of the community vs. the individual.
- Importance of the extended family, both a resource and limitation for women's health.
- Services for mental health and for persons with disabilities.
- The health care system: Public or private responsibility? Free or accessible only through complex public and private insurance programs? Village doctor or large urban hospital? Role of traditional healers and western medicine? Focus on prevention or on emergency care?

Health care providers need to understand and overcome woman's negative immigration experiences:

- Encountering anti-immigrant attitudes and, for 75% of NYS immigrants, encountering racism.
- Treatment by public authorities during

migration process, from necessary bribery for departure to complex, long and arbitrary-feeling US immigration processes.

- Immigrant poverty-linked environmental hazards: high asthma and lead poisoning rates in neighborhoods with poor air quality and substandard housing; workplace hazards from farm worker chemical exposure and garment sweatshop conditions.

Needed: Adequate Language Services

Immigrant women's access to health care requires a statewide system of adequate language services:

- Requiring all state funded programs to provide interpretation and translation in the patient's language of origin, at all stages of the health care process.
- Establishing standards and training for interpreters.
- Offering funding mechanisms including state participation in 50% federal Medicaid language services reimbursement.
- Development and replication of multiple methods of interpretation: in-person; telephonic simultaneous; and telephonic sequential.