

Latino adolescents in California's rural counties: a snapshot of health status

Introduction

"I don't think that we give youth enough credit for understanding what's going on – they live it, they breathe it, they eat it." – Key Informant, Monterey County

One in three of California's Latino adolescents ages 10-24 lives in a rural, agricultural, non-suburban or non-metropolitan area, including 29% in small cities and 8% in small towns and remote communities. Latino adolescents, in general, experience more barriers to health, from higher proportions of overweight to higher rates of homicide.ⁱ These barriers may be compounded for Latinos living in rural areas, as residents of rural communities are at risk of poor health. Similar to urban residents and in contrast to suburban residents, rural residents have increased risk of injury or chronic disease.^{ii,iii} Both Latino adolescents and residents of rural areas have lower rates of health insurance, higher rates of poverty and lower educational attainment,^{iv,v} all of which can have adverse effects on health and well-being. However, there has been no comprehensive examination of the health status of Latino adolescents in rural parts of California. This limits the deeper understanding needed by state and local health and social service professionals, policy makers and educators to develop appropriate policies and interventions to promote the health of all young Latinos in California.

This brief provides an initial review of current data on the health status of Latino adolescents ages 10-24 in rural, agricultural and non-metropolitan areas of California (See *Methodology*). It includes analyses of existing public access data available at the county or regional level and findings from key informant interviews with 16 individuals. In each of the health outcomes presented, Latino adolescents living in most rural counties and regions are faced with inequities in health outcomes when compared to California residents of different ages or different ethnicities and to Latinos who live in metropolitan or suburban areas. These outcomes highlight the complex and multi-faceted ways in which the process of adolescent development, the experience of growing up Latino in California and the impact of living in a rural area all can influence the health of a significant population of Californians. This brief will be followed by two briefs on access to healthcare and educational and economic opportunities which will explore further the behavioral and environmental factors that influence these outcomes.

Methodology

In our rapidly growing state, it is challenging to draw distinct boundaries between rural, suburban and urban areas. Particularly in some of the regions with the highest proportions of Latino adolescents, such as the Central Valley or Inland Empire, rapidly urbanizing communities exist alongside small agricultural towns and remote communities. In addition to geographical boundaries, rural areas are defined by economic, social and cultural characteristics. Key informants observed that, across both small towns and growing cities, their regions had unique characteristics, such as a primarily agricultural economy or a fiercely independent mentality among residents; and faced unique challenges, such as limited infrastructure, long distances between places and limited resources. For the purposes of this brief, the term *rural* applies broadly to these geographically and culturally diverse regions.



We chose to designate rural areas in California at the county-level, an appropriate level for analysis of health outcomes as it is a common jurisdiction for health and other services. When necessary, as a result of small numbers within specific rural counties, county level data were aggregated into five regions: North & Coast (NC), Sierra Nevada (SN), Central Coast (CC), Central Valley (CV) and Inland Empire & Imperial (IE) (See Map). Counties were designated as rural if they met one of the following criteria:

- $\geq 20\%$ of the population in ZIP codes with < 950 persons/sq mi^{vi}
- $\geq 50\%$ of the population in ZIP codes with 1,000-4,150 persons/sq mi, but no residents in ZIP codes with > 4150 persons/sq mi^{vii}
- Designated by the federal Health Resources and Services Administration as a Health Professional Shortage Area (HPSA) in a designated rural or agricultural region or migrant farm worker community.^{viii}



This designation holds some limitations. First, county-level data mask disparities between communities. Second, some counties, such as Fresno or Riverside, include urban areas. However, despite some urban concentration, some cities in rural counties experience economic and geographic barriers distinct from large metropolitan areas. Among these counties, less than 30% of Latino adolescents ages 10-24 live in an urban or suburban community.

Interviews with the sixteen key informants were conducted by phone. Key informants work in the following counties: Siskiyou, Plumas, Monterey, Fresno, Tulare, San Bernardino, Riverside and Imperial and come from the following types of organizations: health department (4), community clinic (5), community-based organization (4), research (2) and migrant education program (1).

Profile: Latino adolescents in rural communities in California

While the largest number of Latinos ages 10-19 is in urban counties, rural counties have the highest proportions of teens who are Latino, including Imperial (81% of 10-19 year olds), Monterey (74%), Tulare (66%), San Benito (65%) and Merced (64%), all of which have experienced increases in the size and proportion of their Latino adolescent population since 2000. Smaller counties, with smaller Latino populations, have also experienced increases in their Latino teen population. From 2000-2010, Placer (134%), Sutter (99%), Mono (89%), Yuba (84%), and Napa (79%) have experienced the greatest increases. In all of these counties there is rapid population, demographic and economic change. The 2010 Census shows that the greatest population growth in California has occurred primarily in rural counties. Of 21 counties with population gain above the US increase of 9.7%, all but 2 were rural counties.^{ix} In addition, 15 of the 26 counties that are more than 50% non-White are rural. Key informants reported that the demographics and economics of these communities are noticeably changing. In some counties, such as Imperial County, there has been a shift from a primarily agricultural economy to a service-based economy. There is also increasing population concentration, such as in the Central Valley, where Fresno and Visalia are rapidly growing cities, rather than rural communities. However, many regions, including those with growing populations, such as Victorville in San Bernardino County, continue to be geographically and economically isolated from metropolitan centers.

California's rural communities experience physical, geographic, social and economic barriers to good health. Rural California counties lack public transportation, which limits mobility between spread out communities and into or

out of isolated communities. For adolescents, access to basic needs, such as school or health clinics, is dependent on having access to a car. For health professionals, it is difficult to provide services to all the communities that need them. Key informants reported that there are limited financial resources to establish clinics or bring other resources to remote or small population communities. Even in city centers, such as Salinas or Visalia, there are few adolescent-serving health providers and organizations. In addition to geographical and resource barriers, key informants discussed the impact of economic instability and the ongoing economic downturn on young people and their families. One in three of all Latino adolescents in California's rural counties lives below the Federal Poverty Level (FPL), less than \$22,350 for a family of four, and two in three live below 200% FPL, both greater proportions than Whites, Blacks and Asians.^x Key informants observed that poverty in their region affected young people's opportunities and their access to jobs, as well as their feelings of hope.

"This has always been a fairly low-income county. Since the downturn, it's been really hard."

– Key Informant, San Bernardino County

Young Latinos in rural communities balance their ethnic, national and cultural identities, family and social cultures, bi- or multilingualism, and expectations from family and community. This balancing can pose challenges, but also provides them unique opportunities to develop and contribute to their community. Within rural communities in California, the majority of Latino adolescents are born in the US, are of Mexican origin and have at least one foreign-born parent.^{xi}

Experiences of coming of age are as diverse as the rural communities that Latino adolescents belong to. Some Latino communities have deep roots and are home to multiple generations, while others are more transient and defined by seasonal employment. For example, Imperial County, along the US-Mexico border, is home to Latino communities established before California became a state and in Siskiyou County there are migrant communities whose residents travel through the state with the harvest. Monterey and Tulare counties are home to the state's largest indigenous Latin American groups. Several key informants described communities as tight-knit, providing adolescents with strong social support; others spoke of the multiple ways that Latino parents support their children, from celebrating the milestones of adolescence to learning about reproductive health in order to improve communication with their teen.

Latino adolescents face many social, economic and health challenges within rural communities. Latino adolescents, in general, may experience cultural, ethnic or linguistic

discrimination or live in families with lower incomes and lower parental educational attainment.^{xii} Several key informants observed that Latino adolescents face marginalization and discrimination in their neighborhood, school and community. For example, one key informant shared a story about how, specifically, the young Latinas in the local high school were discouraged from pursuing a college track. For adolescents who are undocumented or who have undocumented family members, fear of deportation causes stress and local law enforcement activities limit their mobility and access to resources.

Despite facing many challenges, Latino adolescents in rural California contribute to and bring change to their communities. Communities throughout the state are filled with adolescent activists, leaders, artists and athletes. In Tulare County, members of the Female Leadership Academy are trained to be reproductive health activists and have launched campaigns to ensure that their school district provide comprehensive sex education. Members of the Monterey County Youth Council organize events such as teen forums and a YouTube contest to promote health messages. One key informant observed that adolescents want to get involved in local activities, but not enough opportunities are available to young people; another said that the challenges that they face often inspire adolescents to be outspoken leaders.

Injuries

Injury, specifically homicide, motor vehicle accidents and suicide, is the leading cause of death among all 10-24 year olds in California, with increasing rates by age.^{xiii} In specific rural regions in California, Latino adolescents experience rates of injury hospitalization and fatality higher than the state rates.

Motor Vehicle Injury

Due to environmental and behavioral factors, such as road design, delays in receiving trauma care, seat belt use, and limited prevention education, motor vehicle injury fatalities are higher in rural areas than in non-rural areas.^{xiv} Consistent with this trend, the rates of motor vehicle injury hospitalization among Latino adolescents in rural areas do not differ significantly from the state rates, but the fatality rates are significantly higher in three regions. With the exception of 15-19 year olds in the Inland Empire & Imperial, rural California Latino adolescents ages 10-24 have similar or slightly lower rates of motor vehicle injury hospitalization compared to the state's 10-24 year olds. In comparison to the overall state profile, Latinos ages 10-24 in the Central Valley, 15-19 in the Central Coast and 15-24 in Inland Empire & Imperial have higher fatality rates. (See Supplemental Tables at <http://www.californiateenhealth.org/health-topics/rural-latino-adolescents>)

Self-Inflicted Injury

Similar to motor vehicle injury, research suggests that self-inflicted injury fatality rates (e.g., suicide) are higher in rural areas.^{xv} In addition, residents of rural areas have higher rates of poor mental health than those in urban areas.^{xvi} The limited research and data on the mental health of Latino adolescents suggests that Latinos have lower rates of self-inflicted injury fatality compared to other ethnic groups.^{xvii} However, they do have higher rates of mental distress or somatic symptoms associated with depression,^{xviii} in part related to economic disadvantage, discrimination, structural disadvantage and limited resources.^{xix}

Injury surveillance data indicate that Latino adolescents ages 10-24 in all rural regions have rates of self-inflicted injury that are similar to or lower than the state rates and significantly lower than those experienced by White adolescents (See Supplemental Tables). Although there are no significant disparities, the numbers of self-inflicted injuries among Latino adolescents represent a significant portion of all injuries among adolescents in California. From 2007-09, there were 1,510 hospitalizations and 160 fatalities due to self-inflicted injury among Latino adolescents in rural regions. In total, rural Latino adolescents accounted for just over two in five suicides among all Latino adolescents and one in ten among all adolescents in California. In addition, data from the California Healthy Kids Survey suggest that about one third of Latino adolescents attending 7th, 9th and 11th grade in rural counties reported having depressive symptoms.^{xx} Latino and rural adolescents, in general, are less likely to receive mental health services^{xxi} and social and cultural norms may inhibit young Latinos from seeking mental health services.^{xxii}

Assault Injuries

"People do eat crappy food, but when you compare the issues of healthy food to issues of violence, it's not that important" – Key informant, Monterey County

Latino adolescents in California experience higher rates of assault deaths and hospitalizations, particularly among young adults ages 20-24, compared to the state as a whole; males of all racial and ethnic groups are disproportionately the victims of homicides. Rates of assault injuries among Latino adolescents are particularly high in the Central Coast and Inland Empire & Imperial (See Table 1). As state-level data indicate, high homicide rates in rural counties are becoming increasingly common. Recent data indicate that 6 of the counties with the 10 highest homicide rates were non-metropolitan counties: Monterey (1st), Kern (3rd), Tulare (5th), San Joaquin (7th), Stanislaus (8th), Merced (9th).^{xxiii}

Table 1**Number and rates per 100,000 of assault hospitalizations and fatalities, Latinos 10-24, 2007-09**

	NC		SN		CV		CC		IE		CA Latinos		California	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Hospitalizations 10-19	13		6	-	431	39	195	48.6	888	53.3	4009	49.7	7749	44.5
Hospitalizations 20-24	11		0	-	405	79.5	194	106.1	766	102.9	3654	109.6	7820	94.8
Deaths 10-19	-	-	3	-	0	-	40	10	104	6.2	707	8.8	1169	6.7
Deaths 20-24	5	-	3	-	96	18.9	38	20.8	113	15.2	746	22.4	1324	16

Source: California Department of Public Health

- indicates that data is not statistically stable

Homicide and violence were major concerns for key informants and their communities. Many felt that the lack of activities and jobs put young people at risk of getting involved in gangs. There was great frustration that, rather than focus on prevention, employment and meaningful activities, violence reduction strategies focused almost entirely on law enforcement and punitive strategies.

Obesity, physical activity and nutrition

Data on Body Mass Index (BMI) among rural Latino adolescents indicate that the greatest disparity is not between rural regions and the rest of the state, but between younger adolescents and older adolescents. Across rural regions, older Latino adolescents are from two to nine times more likely to be overweight than younger Latino adolescents ages 12-17 (See Table 2).

Table 2**Percent of Latino adolescents 12-17 & 18-24 not overweight, 2007 & 2009**

	NC		SN		CV		CC		IE		CA Latinos		California	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
12-17 Year Olds	84.2	(76.6 - 91.8)	95	(90.2 - 99.8)	82.7	(78.1 - 87.3)	84.6	(77.6 - 91.6)	81.5	(73.6 - 89.3)	83.9	(80.4 - 87.3)	88.1	(86.2 - 90.1)
18-24 Year Olds	44.0	(30.1 - 57.9)	52.2	(39.0 - 65.4)	48.8	(41.4 - 56.2)	54.3	(43.4 - 65.2)	45.1	(33.5 - 56.6)	54.5	(48.9 - 60.1)	62.2	(58.7 - 65.7)

Source: California Health Interview Survey, 2007 and 2009 Combined

C.I. = Confidence Interval

"Neighborhoods are not necessarily 'food deserts,' but 'food swamps.' We have some very good markets in Latino neighborhoods and they are well-patronized, but you pass one grocery store and ten fast food restaurants and liquor stores and mini-marts are everywhere. The kids who do walk home from school stop to buy their Flaming Hot Cheetos." – Key Informant, San Bernardino County

Obesity is increasingly a major concern among Latino families and communities. Healthy weight, healthy nutrition and regular physical activity decrease the risk of chronic disease, such as hypertension and diabetes, in adulthood. Rural adolescents experience some of the same risk factors for overweight and later chronic disease as those in urban and suburban areas. For example, key informants reported that, in addition to an overabundance of unhealthy food and few markets with healthy foods, the high cost of healthier foods and lack of transportation pose barriers to healthy nutrition. Similar to adolescents in the state as a whole, only about one in five Latino rural adolescents eats five servings of fruits or vegetables each day, while 20-30% eat fast food at least once a week (See Supplemental Tables). In addition, approximately two in three California adolescents and California Latino adolescents ages 12-17 reported getting at least three days of exercise in the last week; in the Central Valley, Central Coast and Inland Empire & Imperial this number drops to one in two Latino adolescents (See Supplemental Tables). Key informants cited limited or prohibitively expensive recreation and sport opportunities as a major barrier to physical activity.

Asthma

In rural areas of California, environmental factors, such as poor air quality and exposure to second hand smoke,^{xxiv,xxv} and socio-economic factors, such as poor housing quality or stress,^{xxvi} increase residents' risk for asthma. This is particularly true in rapidly

urbanizing areas, such as Modesto and Bakersfield, where a recent study found that asthma-related emergency room visits in three communities in this region increased on days with the highest levels of pollution.^{xxxvii} While Latinos generally have low rates of asthma,^{xxxviii} there are large populations in rural areas who are exposed to these environmental and socioeconomic risk factors. About one in five 12-24 year old Latinos living in rural regions have ever been diagnosed with asthma, a proportion similar to adolescents in the state and lower than that of Black adolescents (See Supplemental Tables). Because of the large number of Latino adolescents living in rural communities, particularly Central Coast, Central Valley and Inland Empire & Imperial, this proportion means that a total of about 200,000 young Latinos in these counties have ever been diagnosed with asthma.

Recent data show that one in three Latino adolescents report not having continuous health insurance over the past year,^{xxxix} a significant barrier to receiving needed medical care to prevent and manage asthma symptoms. For example, compared to White children, Latino teens in California who had asthma were more likely to have visited an emergency department in the previous year and less likely to have visited a doctor.^{xxx} Of the Latino adolescents in rural counties who have ever been diagnosed with asthma, one in five has had symptoms in the last 12 months. In the Central Valley, over 70% have had recent symptoms (See Table 3).

Table 3
Percent of Latino Adolescents 12-17 & 18-24, previously diagnosed, who currently have asthma, 2007 & 2009

	NC		SN		CV		CC		IE		CA Latinos		California	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
12-17 Year Olds	-	-	-	-	71.9	(60.3 - 83.4)	48.6	(42.1 - 55.1)	41.3	(25.3 - 57.2)	56	(49.4 - 62.6)	54.2	(43.5 - 64.9)
18-24 Year Olds	38.6	(26.6 - 50.7)	-	-	47.2	(28.9 - 65.5)	60.4	(45.0 - 75.8)	42.9	(24.1 - 61.6)	42	(29.7 - 54.4)	43.5	(36.0 - 50.9)

Source: California Health Interview Survey, 2007 and 2009 Combined

- indicates that data is not statistically stable

“Some segments of our population are just plain NOT well served because there are limited resources because if you can implement a program and reach 10,000 people in one area you are going to choose that over reaching 300 with the same program [in a more rural area].” – Key informant, San Bernardino County

Sexual and reproductive health

Similar to the trend for all adolescents, teen births among Latinas have been consistently declining over the last twenty years.^{xxxxi} However, in every county in the state, adolescent Latinas continue have the highest birth rate (See Supplemental Tables). While teen pregnancy among Latinas receives a great deal of attention, rates of sexually transmitted diseases/infections (STDs) are also a major concern for the well-being of adolescent Latinos. Latinos have high rates of STDs compared to Whites, Asians, and Native Americans.^{xxxii} Sexual knowledge, attitudes and behaviors, as well as barriers to health care and socioeconomic factors can all put young people at risk for pregnancy or STDs. Research indicates that Latinos have lower rates of condom use^{xxxiii} and males, in particular, are more likely to have concurrent partners and to not use condoms with their long-term partner.^{xxxiv} However, a recent study found that almost all sexually active Latino youth who wanted to use condoms engaged in condom negotiation with their partners, indicating that many young people do make an effort to prevent pregnancy and STDs.^{xxxv} Beyond behavioral risk factors, there are many structural factors specific to rural communities that increase the risk of pregnancy and STDs among Latino youth. Latino youth often lack health care access or insurance. Many receive family planning services through the state’s Family Planning, Access and Service program, but about half of those eligible do not access the program.^{xxxvi} Several key informants observed that the barriers to reproductive health care in rural communities are exacerbated due to lack of providers or clinics, lack of awareness of the existence of clinics, or stigma in small communities around accessing those services. In addition, some key informants reported that there are vocal residents who have advocated limiting access to sexuality education in schools or to services, such as pharmacy access to emergency contraception, because they perceive that the availability of education and services condones sexual activity. Finally, in some cases, the other challenges in the lives of young Latinos, such as financial stress or poor quality housing, may be higher priorities, despite their awareness of the importance of safer sex.^{xxxvii}

“There’s stigma about private issues because of lack of privacy in small communities – you might run into your uncle in the waiting room.” – Key informant, Tulare County

STDs

While age-specific STD data for Latino adolescents in each county are not publicly available, data from the three counties with the highest STD rates in the state, Fresno, Kern and San Joaquin Counties, demonstrate important trends in the number and rate of cases among adolescent Latinos in California's rural counties (Table 4). Adolescents have the highest rates of STDs of any age group and, as a result, make up a significant portion of all STD cases. In these three counties, male and female Latinos ages 10-24 have higher rates of Chlamydia and Gonorrhea compared to Latinos of other age groups. Cases of chlamydia among Latinos ages 10-24 make up 47% of all cases in Fresno, 43.1% in Kern and 30% in San Joaquin Counties. Therefore, in the rural counties where a large proportion of the adolescent population is Latino, such as Central Coast, Central Valley and Inland Empire & Imperial, Latino adolescents make up a significant proportion of *all* cases of STDs among both adolescents and the general population.

Table 4
Chlamydia and Gonorrhea cases and rates per 100,000, Latinos 15-19 & 20-24, 2010

Chlamydia

		Fresno		Kern		San Joaquin	
Sex	Age group	Cases	Rate	Cases	Rate	Cases	Rate
F	15-19	691	3081.9	506	2774.4	246	1809.4
	20-24	795	3697.5	531	3289.4	245	2275.0
M	15-19	124	513.1	181	918.5	63	451.0
	20-24	210	865.1	441	2002.3	86	691.4

Gonorrhea

		Fresno		Kern		San Joaquin	
Sex	Age Group	Cases	Rate	Cases	Rate	Cases	Rate
F	15-19	40	178.4	46	252.2	21	154.5
	20-24	46	213.9	63	390.3	23	213.6
M	15-19	18	74.5	24	121.8	11	78.7
	20-24	33	135.9	51	231.6	18	144.7

Prepared by California Department of Public Health, 10/13/11

Latinos of all ages, in general, have lower rates of STDs than Blacks, but higher rates than other ethnic groups. The rates of Chlamydia and Gonorrhea in the three sample counties are two to four times the rates of Whites, but only one third to one eighth the rates of Blacks. In rural counties with large Latino populations, Latinos of all ages make up a significant proportion of all cases and adolescent Latinos, in particular, constitute a significant proportion of those cases.

Teen Births

Several rural counties have some of the highest Latina teen birth rates in the state, including Kern, Madera and Tulare. All counties in the Central Coast, Central Valley and Inland Empire & Imperial have Latina teen birth rates that are not only above the rates of all 15-19 year olds in the state, but also above the rates of all 15-19 year old Latinas in the state (See Supplemental Tables).

Although, individually, rural counties have low numbers of actual births, one in three births among all 15-19 year old women in California is to a Latina in a rural county. In addition, there are high *numbers* of Latina teen births in San Bernardino, Fresno, Kern, Riverside, Tulare, and Ventura Counties. In counties with both higher numbers and rates of 15-19 year olds births, Latina births make up almost all teen births, such as Monterey (96.3%), Imperial (95.1%), and Ventura (88.4%).

Conclusion and Recommendations

“Young people are natural organizers and many have leadership skills because they have had to learn how to navigate or translate the system. They are put into situations that other youth haven’t had to experience and have real passion because they’ve seen the issues and experienced them.” – Key informant, Tulare County

This snapshot provides initial insights into the overall health status of Latino adolescents in rural California. Latino adolescents in California's rural communities not only have great resilience and the potential to thrive, but also possess skills and experiences gained from bridging cultures, languages and communities that make them an asset to California. Key informants provided examples of how young Latinos contribute to health promotion and social change and programs or projects that develop their strengths. Yet, the data show that Latino adolescents in rural California are *not* experiencing optimal health and well-being and there are gaps in resources to support all adolescent Latinos.

There is no single or straight-forward pattern in the health inequities that Latino adolescents in rural California face. Adolescent development, race and ethnicity, culture, and place are all important factors in their health and the data in this snapshot highlight the importance of understanding their intersecting influences on health outcomes. In some cases, Latino adolescents have the same poor outcomes as all California adolescents, such as BMI level among 12-17 year olds. In other cases, the data indicate that regional inequities exist, both between the various rural regions and between rural and non-rural regions. The adolescents in Central Valley, Central Coast and Inland Empire & Imperial tend to have

poorer health outcomes, while young Latinos in the North & Coast and Sierra Nevada regions have better outcomes than the state on several indicators. Within rural communities, Latino adolescents also experience inequities in comparison to other racial or ethnic groups, particularly Whites. Finally, the data demonstrate that inequities exist between older adolescents, who have poorer outcomes on many indicators, and younger adolescents.

Support regional and local efforts to understand and promote Latino adolescent health

- In addition to the data presented here, statistically stable data on other health outcomes, such as mental or behavioral health, are needed to provide rural counties and communities with a more complete picture of the health of their Latino adolescents.
- Data are needed at the sub-county and local level to understand health trends among Latino adolescents within counties, especially to identify rural neighborhoods with the poorest health outcomes. Greater understanding of community-specific health status will further inform health promotion efforts.
- Because of the diversity of rural counties and the many rapidly urbanizing communities, further exploration is also needed to understand the impact on health of living in changing rural regions.
- In some regions with very small Latino populations, such as the Sierra Nevada, data were not available to fully assess the health status of Latino adolescents. Therefore, qualitative data may provide needed information not currently available through existing data sources.
- Counties or communities that have good or improving health outcomes among Latino adolescents may provide insights or models for successful policies and practices to promote Latino adolescent health in rural areas throughout California. The policies, programs and practices in these regions and counties should be further explored to identify solutions and best practices to improve the health of Latino adolescents.

Recognize and work to eliminate inequities rooted in ethnic, cultural and linguistic discrimination

- Latino adolescents bear a disproportionate burden of poor health outcomes in California. While this has implications for the long-term well-being of the state, as Latino adolescents become the majority of all adolescents, it is a present-day inequity which manifests itself in greater challenges and suffering among Latino adolescents. Economic, social and health policies should be targeted to address the multiple factors that can put the health and

well-being of Latino adolescents at risk.

- Rural counties should assess the effectiveness and equity of access to resources for Latino youth. For example, in communities with small, but growing, Latino adolescent populations, such as in the North & Coast and Sierra Nevada regions, health, education and social service infrastructure should continue to be developed to meet the needs of this population.

Increase focus on older Latino adolescents

- To improve the health of older adolescents, it is important to understand how factors in earlier adolescence affect health in later adolescence, such as increasing rates of obesity among older adolescents and higher rates of injury. Many programs serve only school-age students or end at age eighteen; therefore health promotion policies and programs should be extended to target older adolescents ages 18-24.

This brief is a starting point to describe the health inequities that Latino adolescents in rural areas face. New and ongoing efforts at the local-, county- and state-levels to eliminate these inequities should not only continue, but be supported to expand. Latino adolescents in rural California matter today. Their well-being determines the quality of their lives as they come of age, as well as influences the overall well-being of the state as they become the leaders of the future.

Resources

Please see <http://www.californiateenhealth.org/health-topics/rural-latino-adolescents> to view supplemental data tables and data, research and other resources about the health of Latino adolescents and rural areas.

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