

Addressing Tobacco & Alcohol Use and other Issues in the Hispanic/ Latino Community

A Report from the Indiana Commission on
Hispanic/Latino Affairs

2006 Health Committee

April 2007

The Commission on Hispanic/Latino Affairs is a non-partisan state agency working toward economic, educational, and social equality, including promoting cooperation and understanding. The Commission identifies, measures and reviews programs, legislation and researches challenges and opportunities affecting the Hispanic/Latino community. The Commission identifies solutions and provides recommendations to the governor and legislature.

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Executive Summary

In 2006, the Indiana Commission on Hispanic/Latino Affairs (ICHLA) Health Committee researched the following issues facing Indiana's Hispanic/Latino community: tobacco use, alcoholism and the lack of Hispanic/Latino health care professionals.

The committee was comprised of representatives from the ICHLA, the Indiana State Department of Health, the Indiana Minority Health Coalition, the Indiana University School of Medicine, and the Indiana Latino Institute. Each representative provided invaluable input and data into the causes for each issue addressed above.

Although some data is available, it is important to note that Indiana still lacks relevant information and data collection in comparison to other states regarding the health status of minorities, especially Hispanics/Latinos. Therefore, this report will entail as much pertinent information as possible about tobacco and alcohol use among Indiana's Hispanic/Latino population, as well as issues related to the lack of Hispanic/Latino health care professionals in Indiana.

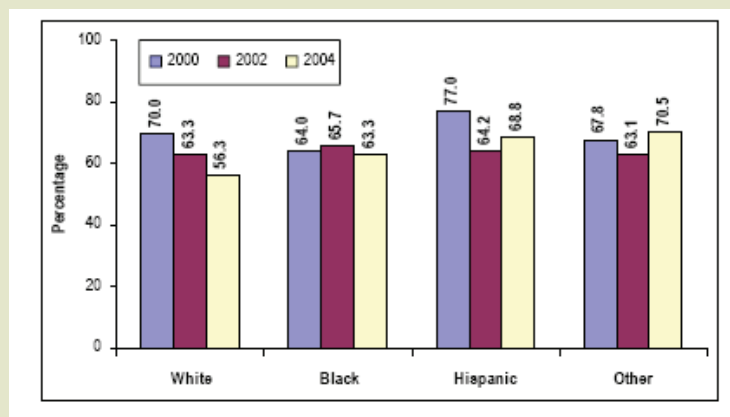
The goal of this report is to bring awareness of these issues to Indiana's Governor, legislature and all Hoosiers and provide information on existing programs with the goals of preventing and suppressing tobacco and alcohol use and educating regarding the health complications of such use.

Hispanic/Latino Tobacco Use

It is universally known that smoking contributes to cancer, stroke and heart disease among all persons, regardless of race, ethnicity and gender. The committee has designated tobacco use as a priority considering that lung cancer is the leading cause of cancer death among Hispanic/Latino men and second among Hispanic/Latina women¹. (See Appendix A for Indiana's Top Ten Hispanic/Latino counties and lung cancer incidence rates for these counties). In addition, Indiana Hispanic/Latino youth smoking rates are higher than African American and Caucasian youth smoking rates. The committee suggests that a contributing factor to this issue may be the tobacco industry's aggressive marketing campaign towards Hispanic/Latino youth. Fortunately, the Indiana Tobacco Prevention and Cessation (ITPC) agency exists and is responsible for developing programs to prevent and reduce the usage of tobacco and tobacco products in Indiana by utilizing best practices for tobacco control programs developed by the Centers for Disease Control and Prevention. From 2000-2004, the ITPC conducted a general Youth and Adult survey which depicted critical data and information concerning Indiana's Hispanic/Latino smoking rates. Figure 1 shows that Indiana Hispanic/Latino high school youth had a higher tobacco use rate than high school African American and Caucasian youth, with the exception of one year.

Figure 1

Percentage of all high school respondents who have ever used tobacco products by race/ethnicity, 2000-2004



Source: ITPC 2004 Indiana Adult Tobacco Survey

¹American Lung Association: Lung Disease Data in Culturally Diverse Communities, 2005.

Secondhand Smoke

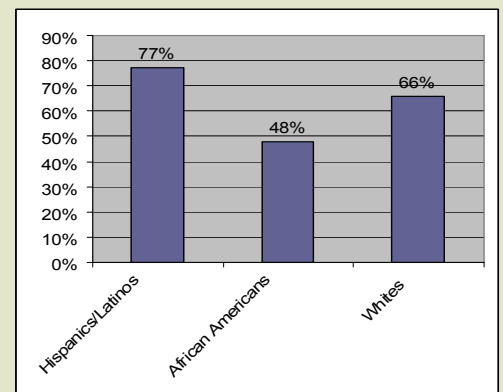
It is widely known that secondhand smoke is one of the leading causes of preventable death. In 2005, the ITPC reported that each year 950 to 1,690 Hoosiers die from secondhand smoke. Many Indiana Hispanics/Latinos fall victim to this preventable cause of death; 13% of the Indiana Hispanic/Latino workforce currently works in the food preparation and serving related occupations.² According to Americans for Non-Smokers' Rights (ANR), secondhand smoke levels in restaurants are approximately 160 to 200 percent higher than in-office workplaces. In bars, where smoking is permitted, secondhand smoke levels are 400 to 600 percent higher than those compared to offices most people work in.³

Furthermore, only four cities and two counties among Indiana's Top Ten Counties with the largest Hispanic/Latino Population have smoke free ordinances in public places, workplaces and restaurants.⁴ Fortunately, as shown in Figure 3, many Hispanics/Latinos have taken their own initiative to eliminate smoking in their homes. The ITPC also reported in 2005 that a greater proportion of African Americans (76%) and Hispanics/Latinos (75%) say that secondhand smoke exposure is a serious health hazard compared to Whites (60%).

In 2005, the ITPC reported that among a sample of Indiana's top minority-owned employers in 21 counties, 85 out of 119 businesses were smoke free indoors, but only 5 of those 85 businesses had a smoke free grounds policy. Furthermore, the ITPC reported among a sample of Indiana's large minority-owned employers, only 13 out of 119 (11% of the sample) provided cessation through employer-provided health plans and fewer (8 out of 119) offered cessation as a benefit through a health insurance plan.

Figure 3

Smoke Free Homes by Race/Ethnicity, 2004



Source: ITPC 2004 Indiana Adult Tobacco Survey

² U.S. Census Bureau: American Community Survey, 2005

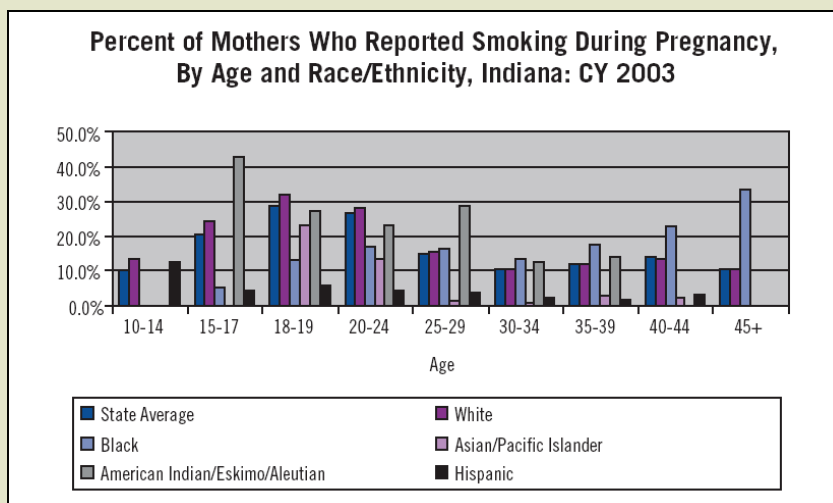
³ Sneeegas, Karla. Inside Indiana Business. *Food Service Workers Severely Impacted by Second Hand Smoke*, 2004.

⁴ ITPC. Indiana's Smoke Free Communities, 2006

Smoking during Pregnancy

Unfortunately, smoking during pregnancy exists among many in all races and ethnicities. Children born from mothers who smoked during pregnancy are placed in an unwilling position and are more likely to develop disorders and abnormalities. At the state level, Indiana has experienced a decline in smoking during pregnancy rates from 1990 to 2004. Although a decline occurred, Indiana's prenatal smoking rate in 2004 was 18.1 percent compared to 10.2 percent nationwide.⁵ According to the Indiana State Department of Health, prenatal smoking rates during 2003 were considerably lower among Hispanics/Latinos compared to non-Hispanics/Latinos and declined sharply and consistently regardless of age and educational levels. Figure 4 shows that in addition to Hispanics/Latinos maintaining lower prenatal smoking rates than non-Hispanics among all ages during 2003, Hispanics/Latinos were far below the state average with the exception of one age bracket, 10-14 years old.

Figure 4



Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team, 2003

Prenatal Care

Prenatal care is another area of concern for Hispanics/Latinos. In 2003, one in six (16.6%) pregnant Hoosiers who received adequate prenatal care failed to pay attention to her doctor's warning against tobacco usage.⁶ Although many expectant Hoosier mothers do not heed this advice, they are at least receiving adequate prenatal care. Indiana Hispanic/Latino mothers however have the lowest percentage of prenatal care among all races and ethnicities during 2004 (see Figure 5). Many reasons exist for the lack of prenatal care among the Hispanic/Latino population, the first and most common being that many lack health insurance. Secondly, many undocumented women do not seek prenatal care for fear of being reported to U.S. Customs and Enforcement. Unfortunately, many states, such as Indiana, have shut off all access to Medicaid programs for undocumented immigrants. The committee stresses that offering prenatal care to undocumented immigrants through Medicaid will allow physicians to better prevent complications to the mother and the newborn; thus ensuring a healthy future for both parties and saving tax dollars for all Hoosiers.

Figure 5
Indiana Natality Report
Outcome Indicators by Race and Ethnicity of Mother, 2004

All Races/Ethnicity	Race				
	Total	White	Black	Non-Hispanic	Hispanic
Total Indiana Births	87,125	75,680	9,582	79,537	7,237
Percent of Outcomes to Births	Total	White	Black	Non-Hispanic	Hispanic
Low Birthweight	8.1	7.4	13.7	8.3	6.3
Very Low Birthweight	1.5	1.3	3	1.5	1.3
Preterm	10.2	9.9	13.9	10.5	8
Prenatal care - First Trimester	79.3	80.8	67.1	80.9	61.2
Used Alcohol During Pregnancy	0.6	0.6	0.9	0.6	0.3
Smoked During Pregnancy	18	18.8	14.4	19.3	3.6
Unmarried Parents	38.8	34.4	77.9	37.5	52.8
Mothers under Age 20	11	10.1	19.7	10.7	13.6
Breast upon Discharge	63.8	65.8	44.6	62.4	79.1

Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team, 2004

Hispanic/Latino Child Health Issues

Currently, 35% of Indiana's Hispanic/Latino population is under the age of 18.⁷ Nationally, there are currently over 15 million Hispanic/Latino persons under the age of 18, making up the largest such minority group in the country, according to the 2005 U.S. Census Bureau American Community Survey. Unfortunately, many Hispanic/Latino children continue to suffer from inadequate healthcare. In 2002, the Journal of the American Medical Association reported that the nation's surging population of Hispanic/Latino children had a disproportionate share of asthma, obesity and other health problems that are not being effectively treated. (See Appendix B for additional Hispanic/Latino child health problems). Reasons behind inadequate treatment, which will be discussed later in further detail, stem from many factors, including:

- Low rates of health insurance
- Disproportionately low number of Hispanic/Latino medical professionals
- Language barriers
- Lack of cultural and linguistic competency among current medical professionals.

Fortunately, the state has taken a proactive approach in trying to boost the rate of health insurance and immunization for all Hoosier children and adults. On November 17, 2006 Indiana Governor Mitchell E. Daniels, Jr. announced an innovative health plan that would provide health insurance coverage for more than 100,000 Hoosiers, reduce smoking rates – especially among children – and immunize more Indiana children. The health initiatives would be funded by an increase in the state's cigarette tax. Indiana's cigarette tax is currently 55 ½ cents per pack, which ranks as the 36th lowest rate in the country.⁸ The committee stresses that the plan is a very important step to curb smoking among all racial and ethnic groups in Indiana, particularly for the Hispanic/Latino community. Although smoking and secondhand smoke are very prevalent in the Hispanic/Latino community, alcohol use can be seen as a common thread in the culture, family and social environment of the Hispanic/Latino community.

⁷ 2005 U.S. Census American Community Survey

⁸ State of Indiana Office of the Governor: News Release, November 17, 2006.

Hispanic/Latino Alcohol Abuse

Alcohol use, which is prevalent United States, is often seen as a custom in many Hispanic/Latino cultures. Many Hispanic/Latino residents originate from countries where alcohol regulations are often viewed as lenient in comparison to those in the United States. This phenomenon leads to vast cultural and lawful differences between Americans and foreign-born Hispanics/Latinos. Although it is important to recognize these differences, one must understand the complications that may arise. For instance, studies have shown that Hispanic/Latino young people are more likely to drink and get drunk at an earlier age than non-Hispanic/Latino white or black young people.⁹

Additional studies have also shown that young people who begin drinking before the age of 15 are four times more likely to become alcohol dependent than those who wait until they are 21, seven times more likely to be in a motor vehicle crash because of drinking, and at least 10 times more likely to be in a physical fight after drinking.¹⁰ Furthermore, the fact that 10 alcohol brands spent close to \$160 million to advertise on Spanish language television during 2003-2004 shows that the Hispanic/Latino community may continue to be a main target for years to come in terms of advertisement by alcohol beverage companies.¹¹

Unfortunately, the Hispanic/Latino community now has the highest rate of cirrhosis among all ethnic groups; half of all cases of cirrhosis of the liver are related to alcohol abuse.¹² Studies have shown that, on average, Hispanic/Latino men do not tend to drink more alcohol than other men, but are more likely to drink heavily on weekends, consuming more alcohol during one period of time.¹³ The national group US No Drugs.com reported in 2005 that Indiana drug treatment admission centers in total experienced a 6.5% Hispanic/Latino admission rate for alcohol abuse only, and a 2.9% admission rate for alcohol abuse with a second drug. These rates were the lowest among all races and ethnicities in Indiana.

⁹ The Center on Alcohol Marketing and Youth at Georgetown University: Fact Sheet, 2006.

¹⁰ The Center on Alcohol Marketing and Youth at Georgetown University: Fact Sheet, 2006.

¹¹ TNS Media Intelligence, 2003-2004.

¹² National Institute on Alcohol Abuse and Alcoholism: *The Epidemiology of Alcoholic Liver Disease*, 2003

¹³ National Institute on Alcohol Abuse and Alcoholism: *Alcoholism: Clinical and Experimental Research*, 2001

In addition, many misconceptions exist regarding the connection between alcohol and domestic violence. Representatives from the Indiana Latino Coalition Against Domestic Violence have reported that those who commit domestic violence against other persons suffer more from behavioral and control problems rather than complications stemmed from alcohol. Although alcohol does not play a major role in domestic violence among all races and ethnicities, it does however exacerbate the situation.

Hispanic/Latino Healthcare Professionals

Indiana's current Hispanic/Latino population is estimated at 284,909 individuals or 4.5% of Indiana's total population.¹⁴ This community will continue to grow and eventually become Indiana's largest minority group due to such factors as the state's low cost of living, affordable housing and welcoming job market. Unfortunately, many Hispanic/Latino immigrants who reside in Indiana do not receive optimal treatment from Indiana health care professionals due to the lack of cultural and linguistic competency. This conundrum can be addressed through establishing a state-wide cultural competence and language (Spanish) program for health care professionals and encouraging more Indiana Hispanic/Latino students to apply for medical or nursing school. Figure 6 shows startling statistics on the status of Indiana Hispanic/Latino medical graduates, matriculants and applicants. Furthermore, according to the 2001 Physician and Registered Nurse Survey conducted by the Indiana Health Care Professional Development Commission, only 2.5% (N=232) of Physicians and 1.3% (N=555) of Registered Nurses working in Indiana reported they were of Hispanic origin. (Additional results can be seen in Appendix C.) This data demonstrates that a gap exists and will continue to exist if Indiana schools do not develop age-specific programs to prepare Hispanic/Latino students for careers in the health professional field, with appropriate emphasis on the academic requirements (mathematics and science) and the availability of scholarships for Hispanic/Latino students to pursue higher education.

Figure 6

Indiana Hispanic/Latino Status of Medical Graduates, Matriculants and Applicants, 2005-2006

Year	Hispanic/Latino	Total Population
2005	Hispanic/Latino Graduates	Total Graduates
	4	259
2006	Hispanic/Latino Matriculants	Total Matriculants
	15	330
2006	Hispanic/Latino Applicants	Total Applicants
	20	702

Source: Association of American Medical Colleges, 2005-2006

¹⁴ U.S. Census Bureau: Population Estimates, 2005

A study from the Indiana Department of Workforce Development titled the *2005 Strategic Skills Initiative* shows that Indiana currently faces a nursing shortage due to the lack of qualified (Master Degree of Nursing or higher) instructors. The study also cites that the majority of those instructors who teach the nursing curriculum are not of Hispanic/Latino origin. The committee recommends that equal racial and ethnic representation among Indiana's physicians and nurses is critical to ensuring adequate treatment of the unique needs of minority communities, including Hispanics/Latinos.

Another important aspect regarding the lack of Hispanic/Latino health care professionals in Indiana can be attributed to the state's medical licensing law. Currently, Indiana's medical licensing law is structured in a manner which may detract potential foreign-born Hispanic/Latino medical graduates in the pursuit to practice medicine in Indiana. For instance, in accordance with the provisions of IC 25-22.5-3-2 (Foreign medical graduates), a foreign medical graduate seeking an unlimited license to practice medicine or osteopathic medicine in Indiana must successfully complete a minimum of at least two (2) years of postgraduate training in a hospital or an institution in the United States or Canada while medical graduates who are citizens of the United States only have to complete one (1) year. (Appendix D provides Indiana's Medical Licensing Code concerning citizen and foreign medical graduates pursuing an unlimited medical license.)

However, the law does offer the opportunity for the Medical Licensing Board of Indiana to waive the second year of postgraduate training for foreign medical graduates based on test scores, medical school attended, the need for a waiver and evaluations; very few have been approved.¹⁵ This additional requirement may cause many valuable and culturally competent Hispanic/Latino physicians to seek a license and practice in other states where licensing laws and terms of postgraduate training are less onerous or even equal to those of a U.S. citizen, such as Florida. Although this requirement exists, the Medical Licensing Board of Indiana has initiated an opportunity to attract foreign Hispanic/Latino medical graduates through the Residency Pilot Program for Qualified International Medical School Graduates (IC 25-22.5-12). This program will allow graduates from unapproved medical schools the opportunity to work with primary care residency programs for a period of seven (7) years in the quest to prepare these graduates for future practice in Indiana. This effort, along with the goals and initiatives from other health care and community organizations around the state, may provide the chance for better service, care and attention for Indiana's Hispanic/Latino community.

¹⁵ Medical Licensing Board of Indiana, 2006

Existing Organizations and Programs

The Indiana Latino Institute & the Indiana Tobacco Prevention & Cessation

The growth of health care organizations, clinics and community centers that cater to Indiana's Hispanic/Latino population is a result of the state's rapid population growth. Community and health care organizations such as La Plaza Inc., the Guadalupe Center, the Benito Juarez Center, the Indiana Minority Health Coalition, the Northeastern Center's Latino Behavioral Health Department, neighborhood clinics and others play an important role in providing provide access to educational and health related resources across Indiana. The Indiana Latino Institute (ILI) is a statewide organization at the forefront in developing and executing programs specifically targeting health related issues in the Hispanic/Latino community (in particular, relating to tobacco, cancer, and alcohol.) ILI programs such as Best Practices in Tobacco Control, Reducing the Consumption of Alcohol by Minors and Improving the Quality of Life, and Navigating Cancer & Tobacco Prevention all center on the importance of prevention, suppression and education.

As mentioned earlier, the ITPC provides invaluable information and programs throughout the state in order to prevent, suppress and educate about the dangers of tobacco use among all Hoosiers. Through a partnership with ILI, ITPC has ensured that a minority-based tobacco control coalition exists in those counties which house the largest Hispanic/Latino population in the state. This provides better access and service for the Hispanic/Latino community rather than focusing all efforts towards Indianapolis.

Sagamore Institute for Policy Research

A current study by the Sagamore Institute for Policy Research (SIPR) is being conducted regarding Hispanic/Latino immigrant students and higher education. Thanks to a grant from the Lumina Foundation, this project is focused on the study of impacts in the workforce, universities and schools the current and possible future effects of Indiana's immigrant population on the state's higher education system. John Clark, Senior SIPR Fellow, mentioned that "SIPR will examine the most important workforce needs that must be met for Indiana's economy to remain globally competitive, look at the children of immigrants who are currently in college or who might enroll in the next 10 to 15 years, and examine the present and future impact of immigrant children on the state's higher education system." The committee anticipates the study to determine and track an approximate number of Hispanics/Latinos that would possibly move into the state's higher educational institutions with an emphasis on a health care related profession.

Calnali International Health and Service Learning Project

Another important project is *Calnali International Health and Service Learning Project*. The project utilizes Indiana doctors and physicians to provide primary care, dental hygiene and restorative care, and health education direct medical care the underserved community of Calnali, Mexico and surrounding villages. Since the project's inception in 1998, it has evolved to include a multidisciplinary team partnership with Indiana University, composed of doctors, nurse practitioners, public health officials, social workers and dental students along with faculty advisors. The week long trip is divided equally between clinical time and workshops taught by project members in order to foster a long-term impact on the community. Topics have included alcoholism, hygiene, teen pregnancy, and smoking. The team has presented health education information to various groups in the community and surrounding villages with the help of the local students. The team also partnered with an organization in Mexico City dedicated to health education to help provide culturally and linguistically appropriate services.

The committee stresses this to be an essential program for the development of Indiana medical, dental, and nursing students, residents and university faculty members.

Participants in the program have learned valuable cultural and linguistic skills which will enable them to better serve Indiana's diverse Hispanic/Latino communities.

St. Vincent Randolph Hospital

Hispanics/Latinos living in Indiana's rural counties face many challenges, one of those being limited access to resources such as adequate health care because of lack of insurance. It is important to note that over the course of thirteen years (13) Indiana's rural counties have experienced an extremely high influx of Hispanics/Latinos. For instance, Cass County has experienced a 1363% increase in its Hispanic/Latino population from 1990-2003, according to U.S. Census data. Fortunately, some counties are taking a proactive approach towards addressing this increasing problem. St. Vincent Randolph Hospital located in Randolph County (103% increase between 1990 – 2003) has initiated a program to create a comprehensive, integrated delivery network of health, human and social services that will connect the uninsured Hispanic/Latino immigrant population with services and resources.

The goals of this program are:

- assure a continuum of quality health and health-related services to the uninsured population at community-based primary care sites;
- facilitate coordination of services through establishment of a management information system to enable client tracking among safety net providers;
- improve the ability of providers to address the cultural and linguistic issues presented by the fast-growing Latino population; and
- improve access to free or reduced-cost prescription drugs for the uninsured and the underinsured

This program consists of the health care coordinators who work on an as-needed basis to identify underserved persons, assist individuals in accessing area resources, and assist providers in communicating with and providing linguistically and culturally competent care to vulnerable people. The health care coordinators also ensure that each client is connected with a Primary Care Provider. The work of the health care coordinators with local providers is expected to improve the provider's ability to understand and care for the indigent and Hispanic/Latino populations. From 2002-2006, the total number of Hispanic/Latino patients served by this program is as follows:

- 521 enrolled with a family doctor
- 82 deliveries
- 667 benefited with 100% of Charity Allowance
- 3,280 interpretations

The ICHLA recognizes and supports many organizations and agencies that exist in Indiana with the mission to provide support and education for Indiana's Hispanic/Latino community in terms of alcohol abuse and tobacco use. More information on these organizations can be found at the INHelpConnect Website, <http://medlineplus.gov/inhealthconnect>.

Recommendations

- Support and endorse the Governor's initiative health plan to increase the state's cigarette tax with the hope to curb smoking among all Hoosiers
- The Indiana State Department of Health and other health organizations should collect more detailed data on the health status and tendencies of alcohol abuse among Indiana's Hispanic/Latino community
- The Indiana Department of Education in collaboration with the Indiana State Department of Health should create and implement a health care professional career awareness/academic requirement program in high schools that have large Hispanic/Latino populations
- The Medical Licensing Board of Indiana should create an equal term (in years) of postgraduate training for citizen and foreign medical graduates with the condition that foreign medical graduates meet specific language and training requirements

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Carmen Quintana, Former-ICHLA Commissioner - Indiana State Department of Health

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Appendices A-D

Appendix A

Average Indiana Lung Cancer Incidence Rates by
Top Ten Most Populated Hispanic/Latino Counties

County	County Rate (1998-2002)
Lake	73.9
Marion	98.0
Elkhart	67.4
Allen	68.5
St. Joseph	79.3
Tippecanoe	75.7
Porter	68.7
Hamilton	61.2
Kosciusko	65.5
Noble	70.4

Sources: ICHLA Report of Findings and Recommendations, 2004-2005.
ITPC Annual Report, 2005.

Appendix B

2002 Journal of the American Medical Association Findings:

- Asthma affects 11 percent of U.S. children of Puerto Rican descent, more than double the rate in blacks and nearly triple the rate in non-Hispanic whites.
- Hispanic children are more than 13 times more likely than non-Hispanic whites to be infected with tuberculosis.
- Hispanic children, especially Puerto Ricans, face a comparatively high risk of behavioral and developmental problems.
- Among children hospitalized with arm or leg fractures, Hispanics receive significantly lower doses of pain medication than non-Hispanic whites.

Appendix C

- Hispanics had a higher ratio of population to physicians as compared to Whites in Indiana. The Hispanic population to Hispanic physicians was 925 to 1.
- Hispanics in Indiana had a lower ratio of population to physicians (925 Population to 1 physician) than the United States (1,233 Hispanic Population to 1 Hispanic physician).
- Hispanics had the highest ratio of population to nurses as compared to all other racial and ethnic groups in Indiana. The ratio of Hispanic population to Hispanic nurses was 386 to 1.
- Indiana had a lower ratio of Hispanic population to Hispanic nurses (386 Population to 1 nurse) than the United States (644 Hispanic Population to 1 Hispanic nurse).

Source: Health Care Professional Development Commission, 2001 Physician and Registered Nurse Survey

Appendix D

IC 25-22.5-3

Chapter 3. Licensure Requirements

IC 25-22.5-3-1

Minimum requirements

Sec. 1. (a) The minimum requirements for all applicants for an unlimited license to practice medicine or osteopathic medicine in Indiana must include but are not limited to the requirements prescribed by this section.

(b) The applicant must not have a conviction for a crime that has a direct bearing on the applicant's ability to practice competently.

(c) The applicant shall possess the degree of doctor of medicine or doctor of osteopathy or its equivalent from a medical school which was approved by the board as of the time the degree was conferred.

(d) The applicant shall have successfully passed the examination for licensure or shall have satisfied the requirements for licensure by endorsement as prescribed by the board.

(e) The applicant shall be physically and mentally capable of, and professionally competent to, safely engage in the practice of medicine or osteopathic medicine as determined by the board and shall submit:

- (1) to an examination; or
- (2) additional evidence to the board;

if considered necessary by the board to determine such capability. In making that determination, the board may consider any malpractice settlements or judgments against the applicant.

(f) The applicant shall not have had disciplinary action taken against the applicant or the applicant's license by the board or by the licensing agency of any other state or jurisdiction by reasons of the applicant's inability to safely practice medicine or osteopathic medicine and those reasons are still valid in the opinion of the board.

(g) The applicant shall have submitted a complete transcript of his educational records, grades, and diploma from his medical school with an English translation thereof.

(h) The applicant shall, at the board's discretion, make a personal appearance before it.

(i) The applicant shall have completed one (1) year of postgraduate training in a hospital or institution located in the United States, its possessions, or Canada that meets standards set by the board under IC 25-22.5-2-7.

(Formerly: Acts 1975, P.L.271, SEC.1) As amended by Acts 1981, P.L.222, SEC.155; Acts 1982, P.L.113, SEC.56; P.L.247-1985, SEC.8; P.L.149-1987, SEC.51.

IC 25-22.5-3-2

Foreign medical graduates

Sec. 2. (a) In addition to meeting all the requirements of section 1 of this chapter except subsection (i), an applicant for licensure who:

(1) has been graduated from a medical school outside the

Source: Health Care Professional Development Commission, 2001 Physician and Registered Nurse Survey

United States, its possessions, or Canada; and

(2) submits evidence satisfactory to the board that prior to passing the examination the applicant has successfully completed a minimum of at least two (2) years of postgraduate training in a hospital or an institution located in the United States or Canada which meets the standards approved by the nationally recognized medical or osteopathic accrediting bodies in the United States, for the purpose of graduate training which is approved by the board; is entitled to receive an unlimited license to practice medicine or osteopathic medicine.

(b) Notwithstanding subsection (a), the board may waive the second year of postgraduate training in the United States or Canada required of a graduate of a foreign medical school.

(Formerly: Acts 1975, P.L.271, SEC.1) As amended by P.L.247-1985, SEC.9; P.L.156-1986, SEC.1; P.L.242-1995, SEC.1.

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