

Answers to the research questions that people are asking about Latinos' health and interactions with the health care system

QUESTION 2: In what ways does the Hispanic community show signs of good health?

ANSWER:

Despite inequities in health care access and quality, Hispanics¹ have lower rates than non-Hispanics for several health conditions, including birth outcomes, certain cancers, and smoking-related behavior and disease.

BIRTHS

Despite the fact that Latinos are less likely to access early prenatal care, they are more likely to have good outcomes at birth.

- In 2005, 8.2% of all live births in the U.S. were infants with low birth weight—a risk factor for infant mortality and impaired development.² Despite barriers to prenatal care, the rate for Hispanics (6.9%) was lower than the rate for the overall population, about half the rate for non-Hispanic Blacks (14%), and similar to the rate for non-Hispanic Whites (7.3%).³
- The overall infant mortality rate for Latinos is low, with 5.6 infant deaths per 1,000 live births in 2005.⁴ This rate was slightly higher than the rate for Asians/Pacific Islanders (4.9), similar to that of non-Hispanic Whites (5.8), and lower than those of American Indians/Alaska Natives (8.1) and non-Hispanic Blacks (13.6)⁵ (see Figure 1).
- However, disaggregated data for Hispanic subgroups show that the infant mortality rate for Puerto Ricans (8.3 per 1,000 live births) is markedly higher than the rates for Mexicans (5.5), Central and South Americans (4.7), and Cubans (4.4).⁶

CANCER

Latinos have lower rates of certain cancers and fewer cancer deaths per year than non-Hispanic Whites.

- In 2005, Hispanics had an age-adjusted overall cancer rate of 346.4 per 100,000 people, nearly 30% lower than the rate for non-Hispanic Whites (476.8).⁷
- Latinos have lower incidences of certain common types of cancers, such as cancer of the breast, lung, skin, and thyroid (see Table 1). However, rates are higher among Hispanics for other types of cancer, such as liver, gallbladder, stomach, and cervix.⁸
- Although cancer is the second-leading cause of death for Hispanics and non-Hispanics alike, Hispanics are less likely than Whites to die of cancer.⁹ In 2005, there were 123.9 cancer-related deaths per 100,000 Hispanics, compared to 184 among the general population and 187.3 among non-Hispanic Whites.¹⁰

SMOKING-RELATED BEHAVIOR AND DISEASE

Latinos are less likely to smoke and they have lower rates of chronic diseases associated with smoking than non-Hispanic Whites.

- Among adults in 2006, about one in seven (14.5%) Hispanics was a current smoker, compared to about one in five non-Hispanic Whites (22.6%), Blacks (22.2%), and Native Hawaiians/Pacific Islanders (22.5%); one in ten (10.7%) Asians; and one in four (26.9%) American Indians/Alaska Natives (see Figure 2).¹¹
- Among Hispanics, Puerto Ricans were the most likely to smoke (20.6%), followed by Mexicans (16.4%), Cubans (12.6%), Central and South Americans (11%), and Dominicans (5.4%).¹²
- Hispanics are less likely than non-Hispanics to develop smoking-related diseases. For instance, Hispanics are about half as likely (31.2 per 100,000) as non-Hispanic Whites (64.1) to be diagnosed with lung cancer.¹³ However, lung cancer remains the third most common type of cancer and is a leading cause of death among Latinos.¹⁴
- Diagnoses of other chronic respiratory diseases associated with smoking are also lower among Latinos. In 2006, the age-adjusted percentages of Latinos over age 18 with emphysema (0.6%) and chronic bronchitis (2.7%) were substantially lower than those of non-Hispanic Whites (2.1% and 4.5%, respectively).¹⁵

Figure 1:

Infant Mortality Rate per 1,000 Live Births by Race/Ethnicity of Mother, 2005

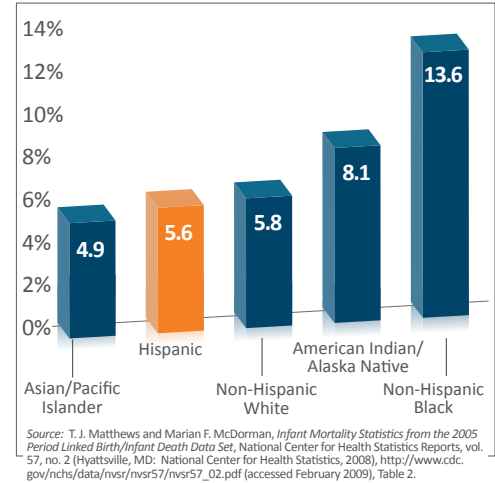


Table 1:

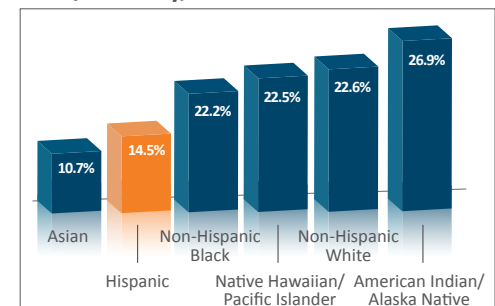
	Hispanic	Non-Hispanic White	Hispanic-White Ratio*
All Cancer Sites	346.4013	476.7645	0.727
Breast (Female)	90.6911	133.0111	0.682
Cervix (Female)	12.6557	6.6262	1.91
Colon/Rectum	37.411	47.5113	0.787
Esophagus	2.9411	4.7372	0.621
Gallbladder	2.412	0.9724	2.48
Liver	10.386	5.0495	2.057
Lung	31.2202	64.0715	0.487
Melanoma of the Skin	4.7847	29.3094	0.163
Stomach	10.9601	5.9765	1.834
Thyroid	9.038	11.3784	0.794

* A ratio of 1.0 indicates that the rates for Hispanics and non-Hispanic Whites are equal. In this case, lower values indicate that Hispanics have a lower probability than Whites of having a certain type of cancer, while higher values indicate Hispanics' higher risk.

Source: National Cancer Institute, "Surveillance Epidemiology and End Results, Statistics Stratified by Race/Ethnicity," <http://seer.cancer.gov/faststats/selections.php?series=race> (accessed February 2009).

Figure 2:

Current Smokers, Ages 18 and Over, by Race/Ethnicity, 2006



Source: John R. Pleis and Margaret Lethbridge-Cejku, *Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2006*, Vital and Health Statistics, series 10, no. 235 (Washington, DC: National Center for Health Statistics, 2007), http://www.cdc.gov/nchs/data/series/sr_10/sr_10_235.pdf (accessed February 2009), Table 25.

Endnotes

¹ The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Furthermore, unless otherwise noted, estimates in this document do not include the 3.9 million residents of Puerto Rico.

² Joyce Martin et al., *Births: Final Data for 2005*, National Vital Statistics Reports, vol. 56, no. 6 (Hyattsville, MD: National Center for Health Statistics, 2008), http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_06.pdf (accessed February 2009), Table 32. The birth data reported by the National Center for Health Statistics include only the 50 states and the District of Columbia.

³ Ibid.

⁴ T. J. Matthews and Marian F. McDorman, *Infant Mortality Statistics from the 2005 Period Linked Birth/Infant Death Data Set*, National Vital Statistics Reports, vol. 57, no. 2 (Hyattsville, MD: National Center for Health Statistics, 2008), http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_02.pdf (accessed February 2009), Table 2.

⁵ Ibid.

⁶ Ibid.

⁷ National Cancer Institute, “Surveillance Epidemiology and End Results, Statistics Stratified by Race/Ethnicity” (SEER Incidence data type, Age-Adjusted Rates statistic type), <http://seer.cancer.gov/faststats/selections.php?series=race> (accessed February 2009).

⁸ Ibid.

⁹ National Cancer Institute, “Surveillance Epidemiology and End Results, Statistics Stratified by Race/Ethnicity” (U.S. Mortality data type, Age-Adjusted Rates statistic type), <http://seer.cancer.gov/faststats/selections.php?series=race> (accessed February 2009).

¹⁰ Ibid.

¹¹ John R. Pleis and Margaret Lethbridge-Çejku, *Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2006*, Vital and Health Statistics, series 10, no. 235 (Washington, DC: National Center for Health Statistics, 2007), http://www.cdc.gov/nchs/data/series/sr_10/sr10_235.pdf (accessed February 2009), Table 25.

¹² American Lung Association, “Smoking and Hispanics Fact Sheet,” http://www.lungusa.org/site/c.dvLUK9O0E/b.36002/k.3437/Smoking_and_Hispanics_Fact_Sheet.htm (accessed February 2009).

¹³ National Cancer Institute, “Statistics Stratified by Race/Ethnicity” (SEER Incidence data type, Age-Adjusted Rates statistic type).

¹⁴ American Cancer Society, *Cancer Facts and Figures for Hispanics/Latinos, 2006–2008* (Atlanta, GA: American Cancer Society, 2008), <http://www.cancer.org/downloads/STT/CAFF2006HispPWSecured.pdf> (accessed February 2009).

¹⁵ Pleis and Lethbridge-Çejku, *Summary Health Statistics for U.S. Adults*, Table 4.