

## General Health Statistics of Hispanics

*Hispanics are the fastest-growing population group in the United States. From 2000 to 2010, the U.S. Hispanic population grew by 43 percent from 35.3 million to 50.5 million<sup>1</sup>. In 2014, Hispanics accounted for 17.1 percent of the total U.S. population with an estimated 54.1 million living in the United States<sup>2</sup>. An overwhelming majority of Hispanic individuals in the United States, nearly*

*two-thirds, trace their origins, or heritage, to Mexico<sup>3</sup>. Health disparities impede improvements in quality of care and population health and can cause unnecessary costs<sup>4</sup>. As the population becomes increasingly diverse, it is important to understand existing trends in health disparities. The following brief report will highlight some of the health disparities among Hispanics.*

### Executive Summary

Many Hispanics face unique challenges and risks compared to the general population, increasing the need for a better understanding of existing trends in health disparities. While Hispanics are at the forefront of certain areas such as life expectancy, birth weight and cigarette/alcohol use, they are doing poorly in many areas, such as teenage pregnancy rates, health insurance coverage and physical activity. By better understanding Hispanics' health disparities, we can help improve Hispanic health together.

### About MHP Salud

MHP Salud implements Community Health Worker programs to empower underserved Latino communities and promotes the CHW model nationally as a culturally appropriate strategy to improve health.





# General Health Statistics of Hispanics

## Health Status

According to the 2012 National Health Interview Survey, 13.3 percent of Hispanics of all ages reported having either a fair or poor health status. Individuals of Mexican descent reported a slightly higher percentage (13.6 percent) of fair or poor health status. Both of these rates were higher than the overall rate of individuals who reported fair or poor health status (9.6 percent). When compared to non-Hispanics, 8.2 percent of whites and 15.0 percent of blacks reported a fair or poor health status. There was a difference in gender for Hispanics; females reported a higher percentage of fair or poor health status (14.3 percent) compared to males (12.2 percent)<sup>5</sup>.

The same survey found that 11.1 percent of Hispanics suffered from limitations in their ability to perform usual activities due to one or more chronic conditions. This percentage was lower than the national rate of 12.3 percent and lower than that of both whites (12.5 percent) and blacks (15.5 percent). Individuals of Mexican descent had an even lower percentage, with only 10.4 percent of individuals reporting limitations due to one or more chronic conditions. When comparing genders, Hispanic males had a lower percentage (10.6 percent) when compared to Hispanic females (11.2 percent)<sup>5</sup>.

## Health Insurance

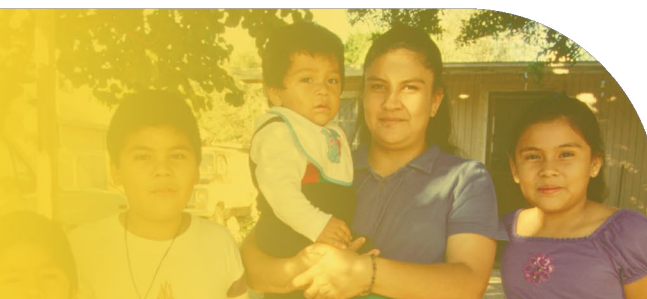
The Affordable Care Act has brought health insurance coverage to the forefront of public awareness. In 2012, Hispanics represented the highest percentage of uninsured individuals below the age of 65 (31.9 percent) when compared with non-Hispanic blacks (18.1 percent) and non-Hispanic whites (12.6 percent). Hispanics of Mexican origin

showed a larger disparity, with uninsured rates of 35.3 percent. Hispanic males are uninsured at a higher rate (34.3 percent) compared to Hispanic females (29.3 percent)<sup>5</sup>.

Perhaps what is even more alarming is that majority of these uninsured individuals never had health insurance in their lives. Nationwide, only 23.4 percent of those who were under the age of 65 and reported having no health insurance had never had health insurance coverage, yet this is true for 42.7 percent of Hispanics and 45.1 percent of Hispanics of Mexican origin. In comparison, 13.2 percent of uninsured non-Hispanic blacks had never been insured, and 10.4 percent of uninsured non-Hispanic whites had never been insured. Furthermore, there was a significant difference between male Hispanics (46.4 percent) and female Hispanics (38 percent)<sup>5</sup>.

## Leading Causes of Death

The top 10 leading causes of death for all people living in the United States and for Hispanics living in the United States in 2010 are presented below in Figure 1. Cancer and diseases of the heart accounted for a majority of deaths in both groups. For Hispanics, unintentional injuries or accidents came in third, followed by cerebrovascular diseases (such as strokes) and diabetes mellitus. One notable cause of death for Hispanics that was less prevalent among the rest of the population was chronic liver disease and cirrhosis. These can be caused by excessive alcohol intake and obesity<sup>7</sup>. Additionally, Hispanics have a more aggressive pattern of the diseases and a higher incidence rate, resulting in higher overall mortality from these conditions<sup>8</sup>. According to national institute on alcohol abuse and alcoholism, Hispanics are less likely to drink at all than are non-Hispanic Whites, but Hispanics who



# General Health Statistics of Hispanics

**Figure 1: Top 10 Leading Causes of Death in 2010<sup>9</sup>**

Total U.S. Population	Hispanics
1. Diseases of heart (24%)	1. Malignant neoplasms (22%)
2. Malignant neoplasms (23%)	2. Diseases of heart (21%)
3. Chronic lower respiratory diseases (6%)	3. Unintentional injuries (7%)
4. Cerebrovascular diseases (5%)	4. Cerebrovascular diseases (5%)
5. Unintentional injuries (5%)	5. Diabetes mellitus (5%)
6. Alzheimer’s disease (3%)	6. Chronic liver disease and cirrhosis (3%)
7. Diabetes mellitus (3%)	7. Chronic lower respiratory disease (3%)
8. Nephritis, nephrosis, and nephrotic syndrome (2%)	8. Alzheimer’s disease (2%)
9. Influenza and pneumonia (2%)	9. Nephritis, nephrosis, nephrotic syndrome (2%)
10. Suicide (2%)	10. Influenza and pneumonia (2%)
Female Hispanics	Male Hispanics
1. Malignant neoplasms (23%)	1. Malignant neoplasms (21%)
2. Diseases of heart (21%)	2. Diseases of heart (21%)
3. Cerebrovascular diseases (6%)	3. Unintentional injuries (10%)
4. Diabetes mellitus (5%)	4. Cerebrovascular diseases (4%)
5. Unintentional injuries (4%)	5. Diabetes mellitus (4%)
6. Alzheimer’s disease (3%)	6. Chronic liver disease and cirrhosis (4%)
7. Chronic lower respiratory diseases (3%)	7. Homicide (3%)
8. Nephritis, nephrosis, nephrotic syndrome (2%)	8. Chronic lower resp. diseases (3%)
9. Influenza and pneumonia (2%)	9. Suicide (3%)
10. Chronic liver disease and cirrhosis (2%)	10. Nephritis, nephrosis, nephrotic syndrome (2%)

choose to drink are more likely to consume higher volumes of alcohol than non-Hispanic Whites. Hispanic males and females showed only slight differences in this area, as the groups share their top two causes of death.

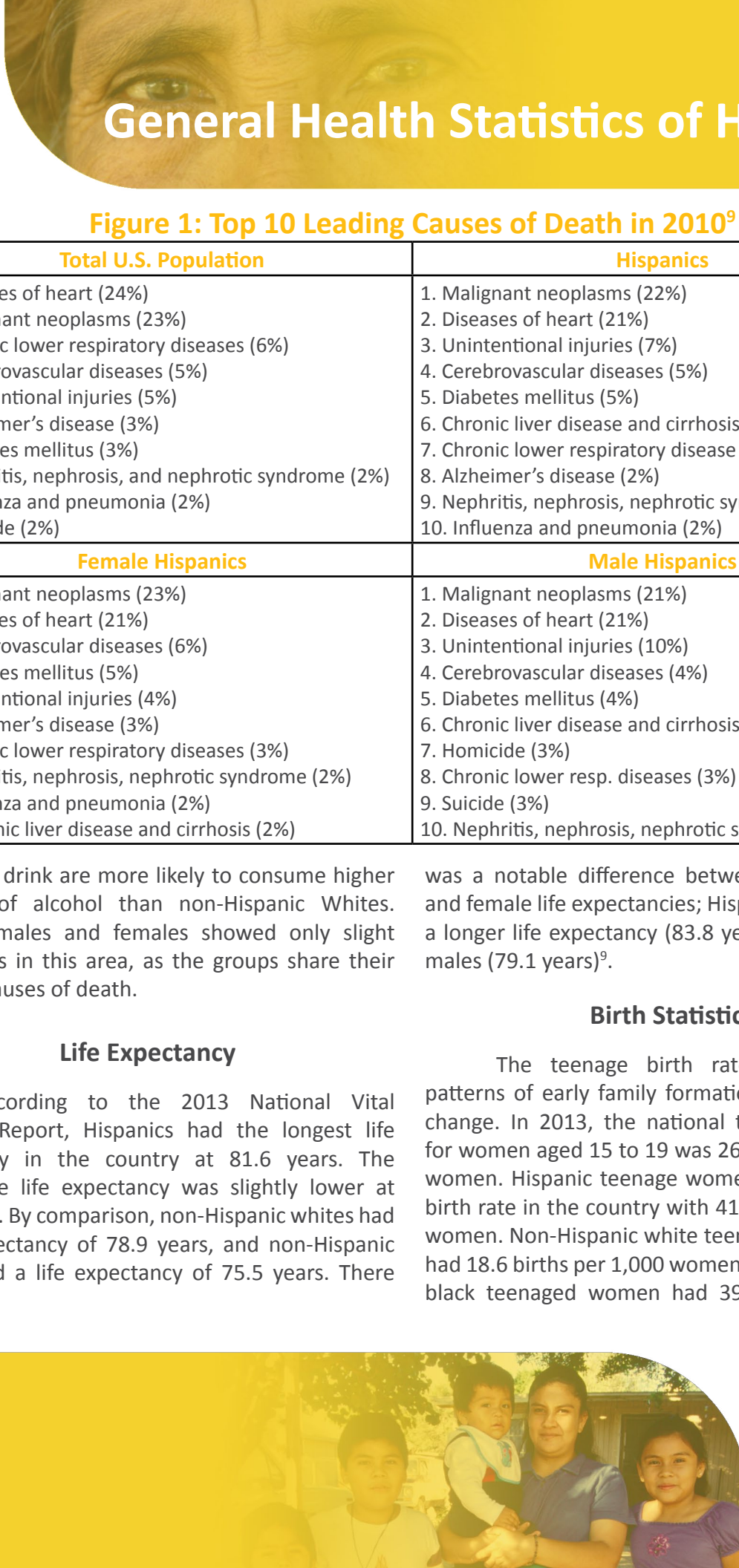
## Life Expectancy

According to the 2013 National Vital Statistics Report, Hispanics had the longest life expectancy in the country at 81.6 years. The nationwide life expectancy was slightly lower at 78.8 years. By comparison, non-Hispanic whites had a life expectancy of 78.9 years, and non-Hispanic blacks had a life expectancy of 75.5 years. There

was a notable difference between Hispanic male and female life expectancies; Hispanic females have a longer life expectancy (83.8 years) than Hispanic males (79.1 years)<sup>9</sup>.

## Birth Statistics

The teenage birth rate helps describe patterns of early family formation and population change. In 2013, the national teenage birth rate for women aged 15 to 19 was 26.5 births per 1,000 women. Hispanic teenage women had the highest birth rate in the country with 41.7 births per 1,000 women. Non-Hispanic white teenaged women only had 18.6 births per 1,000 women, and non-Hispanic black teenaged women had 39 births per 1,000



# General Health Statistics of Hispanics

women. Despite declines in the last few years, large disparities remain for Hispanics in this area<sup>10</sup>.

The rate of low birth weight infants per 1,000 births for the nation was 8.0. Non-Hispanic whites had a low birth weight rate of 7.0, and non-Hispanic blacks had the highest rate of 13.1. Hispanics compared favorably with only 7.1 low birth weight infants per 1,000 births. Interestingly, Hispanics of Mexican descent had the lowest rate with only 6.6 infants out of 1,000 births born with low birth weight<sup>9</sup>.

The percentage of live births by cesarean (C-section) delivery has been increasing since the early 1990s. The most recent studies from the World Health Organization (WHO) recommend C-section rates between 10 percent and 15 percent<sup>11</sup>. The percentage of live births in the U.S. by C-section in 2013 was 32.7 percent, an excessive rate, according to WHO standards. Specifically, 32.2 percent of births by Hispanic women were delivered via C-section. This percentage was lower than that of non-Hispanic black women (35.8 percent) but slightly higher than that of non-Hispanic white women (32 percent)<sup>10</sup>.

## Risk and Protective Factors

Smoking and substance abuse factors have long been noted as determinants of overall health<sup>14</sup>. The percentage of adults who are current cigarette smokers has been decreasing since the 1990s. The percentage of current male and female cigarette smokers between 2010 and 2012 in the United States was 21.0 and 16.7 percent, respectively. Hispanics of both genders had the lowest percentages with only 16.2 percent of males and 8.3 percent of females identifying themselves as current smokers. For Hispanic females, this percentage was less than half

of the national rate. Hispanic females of Mexican descent had an even lower percentage of only 7.6 percent<sup>6</sup>.

This trend appears to be consistent with illicit drug use and alcohol abuse patterns among Hispanics in the United States. In 2012, the percentage of Hispanics who used illicit drugs was lower (8.3 percent) than the nationwide percentage (9.2 percent). The percentage was also lower than that of non-Hispanic blacks (11.3 percent) and non-Hispanic whites (9.2 percent). Alcohol use for Hispanics was also lower, 41.8 percent, than the nationwide percentage of 52.1 percent. Similarly, heavy alcohol use, which was defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days, was lower for Hispanics (5.1 percent) than the national percentage (6.5 percent)<sup>6</sup>.

Exercise is a well-known preventative factor for many chronic disease, notably for obesity and cardiovascular health. The Office of Disease Prevention and Health Promotion released guidelines in 2008 for recommended amounts of physical activity<sup>12</sup>. While the percentage of Hispanic individuals that met neither the aerobic activity nor the muscle-strengthening guidelines actually decreased from 2010 (60.2 percent) to 2012 (54.5 percent), it still remained higher than the 2012 national percentage of 46.6 percent. Only non-Hispanic blacks had a higher percentage of individuals that met neither the aerobic nor the muscle-strengthening guideline (55.1 percent)<sup>5</sup>. Physical activity is related to obesity, and an individual is defined as being obese if their body mass index is greater than or equal to 30<sup>13</sup>. From 2009 to 2012, 35.1 percent of males and 36.4 percent of females aged 20 to 74 in the United



# General Health Statistics of Hispanics

States were considered obese. Hispanic males and females of Mexican descent had well above the national percentages of obesity, 41.0 percent and 47.6 percent, respectively. Only non-Hispanic black women had a higher percentage of obesity (58 percent)<sup>6</sup>. The same trend was also observed in Hispanic children of Mexican descent from the following age groups: 2 to 5 years, 6 to 11 years and 12 to 19 years. Male children of Mexican descent had the highest percentages of obese children in these age groups: 17.6 percent, 25.0 percent and 27.0 percent, respectively<sup>6</sup>. The same trend was also observed in Hispanic children of Mexican descent from the following age groups: 2 to 5 years, 6 to 11 years and 12 to 19 years. Male children of Mexican descent had the highest percentages of obese children in these age groups: 17.6 percent, 25.0 percent and 27.0 percent, respectively<sup>6</sup>.

## Infectious Diseases

Tuberculosis (TB) is an infectious disease that can spread between individuals through the air. As is the case with most infectious diseases, TB was once a leading cause of death in the United States, but since 1993, it has been on the decline.<sup>16</sup> Despite these improvements, Hispanics are disproportionately affected by TB. According to the CDC, the rate of TB disease was 5.8 cases per 100,000 for Hispanics, which is more than seven times higher than the rate of TB in White, non-Hispanics.<sup>16</sup> Several factors contribute to this, and the CDC notes that immigrating from or visiting countries with high rates of TB and living in overcrowded and poorly ventilated areas contribute to this disease burden in Hispanics.<sup>16</sup>

Sexually transmitted infections (STIs), such as HIV, impact many communities, and have a

disproportionate effect on the Hispanic population. The CDC estimated new HIV infection rates among Hispanics in 2010 was more than three times as high as that of non-Hispanic Whites.<sup>17</sup> Language barriers and social-economic factors such as poverty could be contributing to HIV infection rates.<sup>17</sup> Less fatal STIs, such as gonorrhea, chlamydia and syphilis are all examples that disproportionately affect Hispanics when compared to non-Hispanic Whites, with incidence rates from two-to-three times those among non-Hispanic Whites.<sup>18</sup>

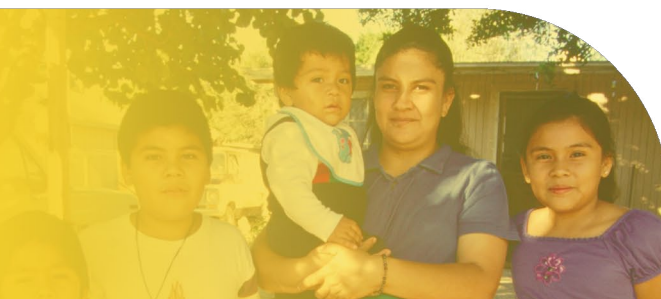
## Conclusion

According to the WHO, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity<sup>19</sup>. While Hispanic health is leading the way for certain areas such as life expectancy, low birth weight and cigarette/alcohol use, they have poorer health outcomes in areas such as teenage pregnancy rates, health insurance coverage and physical activity. These difference can be attributed to a number of reasons such as genetics, lifestyle and social-economic factors.

Learn more about Hispanic health at:



[mhpsalud.org](http://mhpsalud.org)





## References

1. Hispanics Account for More than Half of Nation's Growth in Past Decade. (2011, March 24). Retrieved April 1, 2015, from <http://www.pewhispanic.org/2011/03/24/hispanics-account-for-more-than-half-of-nations-growth-in-past-decade/>
2. Population estimates, July 1, 2014, (V2014). Retrieved April 1, 2015, from <http://www.census.gov/quickfacts/table/PST045214/00#headnote-js-b>
3. 2011 Hispanic Origin Profiles. (2013, June 19). Retrieved April 1, 2015, from <http://www.pewhispanic.org/2013/06/19/hispanic-origin-profiles/>
4. Disparities in Health and Health Care: Five Key Questions And Answers."Disparities in Health and Health Care: Five Key Questions and Answers. The Henry J. Kaiser Family Foundation, 30 Nov. 2012. Web. 08 May 2015.
5. Summary Health Statistics for the U.S. Population: National Health Interview Survey, 2012. (2013). Vital and Health Statistics, 10(259), pgs. 10, 44, 51. Retrieved April 1, 2015, from [http://www.cdc.gov/nchs/data/series/sr\\_10/sr10\\_259.pdf](http://www.cdc.gov/nchs/data/series/sr_10/sr10_259.pdf)
6. National Center for Health Statistics. Health, United States, 2013: With Special Feature on Prescription Drugs. Hyattsville, MD. 2014. Retrieved April 1, 2015, from <http://www.cdc.gov/nchs/data/health/us13.pdf>
7. Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Disparities in Deaths from Chronic Liver Disease and Cirrhosis; June 2012. Retrieved April 1, 2015, from [http://publichealth.lacounty.gov/epi/docs/CLD\\_mortality\\_final\\_web.pdf](http://publichealth.lacounty.gov/epi/docs/CLD_mortality_final_web.pdf)
8. Carrion, A., Ghanta, R., Carrasquillo, O., & Martin, P. (2011). Chronic Liver Disease in The Hispanic Population Of The United States. *Clinical Gastroenterology and Hepatology*, 9(10), 834-841. Retrieved April 1, 2015, from [http://www.medscape.com/viewarticle/750777\\_4](http://www.medscape.com/viewarticle/750777_4)
9. Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. *National vital statistics reports*; 61(4). Hyattsville, MD: National Center for Health Statistics. 2013. Retrieved April 1, 2015, from [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_04.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf)
10. Martin JA, Hamilton BE, Osterman MJK, et al. Births: Final data for 2013. *National vital statistics reports*; 64(1). Hyattsville, MD: National Center for Health Statistics. 2015. Retrieved April 1, 2015, from [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf)
11. Gibbons, L., Belizán, J., Lauer, J., Betrán, A., Meriáldi, M., & Althabe, F. (2010). The Global Numbers and Costs of Additionally Needed and Unnecessary Caesarean Sections Performed per Year: Overuse as a Barrier to Universal Coverage. *World Health Report (2010) Background Paper*, No 30, 3-3. Retrieved April 1, 2015, from <http://www.who.int/healthsystems/topics/financing/healthreport/30C-sectioncosts.pdf>
12. Chapter 2: Physical Activity Has Many Health Benefits. (2015, April 1). Office of Disease Prevention and Health Promotion. Retrieved April 1, 2015, from <http://www.health.gov/paguidelines/guidelines/chapter2.aspx>
13. Defining Overweight and Obesity. (2012, April 27). Centers for Disease Control and Prevention. Retrieved April 1, 2015, from <http://www.cdc.gov/obesity/adult/defining.html>
14. Johnson, N., Hayes, L., Brown, K., Hoo, E., & Ethier, K. (2014, October 31). CDC National Health Report: Leading Causes of Morbidity and Mortality and Associated Behavioral Risk and Protective Factors—United States, 2005–2013. Retrieved April 1, 2015, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6304a2.htm>
15. Latino Health Disparities Compared to Non-Hispanic Whites. (2014, July 1). Retrieved April 1, 2015, from <http://familiesusa.org/product/latino-health-disparities-compared-non-hispanic-whites>
16. 16 Factsheet. (2013, July 9). Retrieved from [http://www.cdc.gov/tb/publications/factsheets/specpop/tuberculosis\\_in\\_hispanics\\_latinos.htm](http://www.cdc.gov/tb/publications/factsheets/specpop/tuberculosis_in_hispanics_latinos.htm)
17. Fast Facts. (2015, March 18). Retrieved from <http://www.cdc.gov/hiv/risk/raciaethnic/hispaniclatinos/facts/index.html>
18. Health Disparities in HIV/AIDS, Viral Hepatitis, STDs, and TB. (2014, March 20). Retrieved from <http://www.cdc.gov/nchstp/healthdisparities/Hispanics.html>
19. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. Retrieved April 1, 2015, <http://www.who.int/about/definition/en/print.html>

All content found in MHP Salud materials, including websites, printed materials, photos, graphics or electronic content, unless otherwise cited, credited or referenced, were created by MHP Salud and are the organization's intellectual property. As such, they are not to be used without the permission of MHP Salud and, if permission is granted, is to be cited appropriately with name and/or logo as designated by the permission granted by MHP Salud in addition to any other condition listed in permission.

