The Health of the Hispanic/Latino Population in the United States

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ABOUT THE AUTHORS

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Hispanics or Latinos belong to the largest minoritized racial and ethnic group in the United States and represent a diverse group of people originating from at least 19 countries in Latin America and the Caribbean. Hereafter, Latino and Hispanic will be used interchangeably. Although their health status has been seen through the lens of the Hispanic paradox, or the idea of having similar or better health outcomes than the White majority despite their low socioeconomic indicators and access to care, there is still much to learn about the Hispanic population. Since the "Hispanic paradox" was coined in 1986, the Hispanic/Latino population has grown by 77%, from 14.5 to 63.7 million, coinciding with an increase in diversity, not only in sociodemographic characteristics but also in health status. The latter requires an increase in the number of health care and public health professionals to represent and understand the needs of this population.

Latino scientists and activists formed the Chicano-Latino Caucus during the 1973 Annual Meeting of the American Public Health Association (APHA) in San Francisco, California. The Latino Caucus, as it is known today, had such an immediate influence on the Association that the 1974 meeting theme was declared "*The Health of the non-White and Poor Americans.*" Fifty years later, the Latino Caucus remains a pillar of public health and policy advocacy for Hispanic people. However, the same struggle from 1974 persists today: health inequities among the non-White minoritized population in America, and thus, the need to understand the health status of the Latino population, the largest US minoritized group.

In this issue, we compiled a collection of empirical papers (n = 4), analytical essays (n = 4), notes from the field (n = 3), and opinion editorials (n = 8) discussing issues related to the health and well-being of the Hispanic population. These articles could be aggregated around issues of history and equity, determinants of health and disease prevention, immigration, discrimination, and the workforce, as well as diversity, identities, and data inequities.

A HISTORICAL AND EQUITY PERSPECTIVE

As mentioned previously, the Latino Caucus has been crucial for the presence of Hispanics in the public health arena, given its work over the past 50 years. Aguirre-Molina (p. S427) takes us back to 1973 at the 101st annual meeting of APHA, when the Latino Caucus was formed in San Francisco, California. Here, she provides a history of the legacy of the Caucus and ends with Cesar Chavez's phrase "*Si se puede,*" calling the Caucus to challenge the anti-immigrant policies and racist backsliding against Hispanic people. In the 1980s, the Hispanic paradox was observed among the Mexican American people of the Southwest United States, who had better morbidity and mortality outcomes and longer life expectancy than non-Hispanic Whites. Despite the heterogeneity of the Hispanic population regarding country of origin, the paradox continues to be observed for selected outcomes, such as infant and adult mortality and life expectancy. Borrell and Markides (p. S431) present an overview of the paradox's past and future as the Hispanic population–and its diversity–grows. They underscore the challenges the paradox will face to remain in the future, namely cultural and demographic diversity, aging, acculturation and immigration changes, racial identification, geographic distribution, and xenophobia, as well as data quality and accuracy. Borrell and Markides end by calling for data disaggregation, which could contribute to our understanding of racial and ethnic health inequities in the United States, given that current racial and ethnic groups are far from homogenous.

The Puerto Rican population has had a presence in the United States since 1898. However, despite their citizenship status, Puerto Ricans exhibit the worst health outcomes, including birth outcomes, within the Hispanic population. Lebron et al. (p. S450) offer insights into why the Hispanic paradox is not a one-size-fits-all for the population. They provide a brief overview of events influencing the poor birth outcomes observed in Puerto Rican women, including the sterilization of women in 1965, the transformation of the health care system in 1990, and the economic and humanitarian crisis in 2006. These events have influenced the perinatal outcomes of Puerto Rican women for years and will continue to without targeted and practical interventions. Given its Caribbean location, Puerto Rico is affected annually by hurricanes or other natural disasters. McSorley et al. (p. S478) describe how these natural disasters have impacted health inequities in Puerto Rico. Most importantly, however, they call attention to the differential treatment experienced by Puerto Rico as a territory under US federal policies.

Finally, physical inactivity is an important risk factor for the high prevalence of obesity and diabetes observed in Mexican Americans. However, as stated by Echeverria (p. S436), the Hispanic population has the lowest level of physical activity in the United States. Thus, Echeverria calls attention to the importance of physical activity among Latinos, proposing new ideas and methods for the conceptualization, measurement, and implementation of physical activity to advance health equity in this population.

CANCER SCREENING, SUBSTANCE USE, AND HOUSING INSECURITY

According to the American Cancer Association, colorectal cancer was the second and third leading cause of death in Hispanic men and women, respectively, in 2021. Although screening can prevent colorectal cancer via the detection and removal of precancerous growths and cancer at an early stage, Hispanic people have one of the lowest screening levels in the United States (57.9%) in 2018, with uptake ranging from 55% among Mexican American adults to 76% among Puerto Rican adults. Thus, it is crucial to identify Hispanic subgroups and geographic areas with low screening uptake. Using data from 2021 CDC Places and American Community Survey Data, Buchalter et al. (p. S515) identify priority census tracts for colorectal cancer (CRC) screening for Mexican, Puerto Rican, Central and South American, Dominican, and Cuban heritage communities, with strong spatial heterogeneity and regional variation, especially for Mexican heritage communities. The latter suggests that such interactive mapping can help target investments and interventions to improve CRC screening uptake in these communities.

Among the Hispanic population, Puerto Ricans are more likely to die of drug overdoses in the United States. However, this information is lost when presenting data for non-Hispanic Blacks, non-Hispanic Whites, and Latinos. The latter calls for attention to data disaggregation. To address this issue, Oyola-Santiago et al. (p. S463) describe "Narcanazo," or a community partnership between researchers and community members to interpret and disaggregate epidemiological data for overdose mortality in the Bronx, NY. Specifically, this program was activated in 2021, when one in five overdose deaths among Puerto Ricans in the United States occurred in New York. Therefore, their interest was in identifying the burden of overdose mortality data for community actions using an antiracist epidemiological analysis.

Hispanics and non-Hispanic Blacks were disproportionally affected by COVID-19, not only in terms of the number of cases and deaths but also in terms of unemployment and its consequences, such as housing insecurity or homelessness. To this end, Delgado Garcia et al. (p. S510) examine the demographic shifts of Latino people experiencing housing insecurity before and after COVID-19 in Los Angeles, CA. Although there was a decrease in mental illness among Latinos experiencing housing insecurity after the COVID-19 pandemic, there was an increase in unemployment and the likelihood of living in vehicles rather than tents and sidewalks.

IMMIGRATION, DISCRIMINATION, AND WORKFORCE

While anti-immigrant sentiments have been present in the United States for years, the Hispanic population has experienced an increase in xenophobia and discrimination over the past decade, with a notably acute increase after 2017. The latter has pointed to the need to examine the effect of discrimination experiences on a variety of outcomes. Using a national sample of US-born Latino adults, Pinedo and

Escobar (p. S495) report that having a parent deported in childhood, a loved one deported, fearing deportation, or experiencing an immigration raid were associated with a greater probability of PTSD. They call attention to the long-term impact of immigration policies on health inequities among US-born Latinos. Going back further, Valdez et al. (p. S485) call attention to the trauma related to violence, displacement, and socioeconomic marginalization experienced in Latin America because of the region's history of colonization and slavery. They further call for an informed public health force to interface with Latino communities as a means to promote health and well-being of Latino families.

After the COVID-19 vaccine was made available to all United States residents in 2021, Haro-Ramos et al. (p. S505) found that the odds of vaccine hesitancy increased by 28% with each additional health care discrimination experience among Latino adults, regardless of nativity status. They also found that four out of five discriminatory experiences, including inadequate treatment options, delayed access to necessary health care, communication barriers with physicians, and lack of specialist referrals, were associated with greater odds of vaccine hesitancy.

One way of mitigating or buffering experiences of xenophobia and discrimination in the Hispanic population is through care or treatment by health care providers of their own ethnic or cultural backgrounds. However, there was a disproportionate number of Hispanic physicians relative to the Hispanic population in the United States as of 2018 (5.8% versus 19%). Hence, during the peak of the COVID-19 pandemic, Angulo et al. (p. S467) collaborated with community stakeholders to develop evidence for policymakers to address the need for a more diverse physician workforce to improve Latino health outcomes. This collaboration led to the passing of legislation which mandates that medical schools admit a student body that is representative of the state's population diversity, and create a residency pathway for international medical graduates.

To increase the health professional pipeline, Concha et al. (p. S472) illustrate how a Hispanic serving institution has served as a socioeconomic ladder for Hispanic or Latino health profession students by using equal access strategies. Notably, they state that 90% of these students, upon graduation, are employed in Texas for one year, and almost all of them remain employed after 10 years. Similarly, LeBrón et al. (p. S525) propose a vision for Latiné health ecosystems that promotes community building and empowerment, nurturing connections, and cultivating a sense of belonging by utilizing the knowledge and resources of *promotores de salud* (or community health workers) to engage and mobilize communities. They pointed out that research processes should be guided by community-driven priorities, recognizing the interconnectedness of systems and the expertise of *promotores* and Latiné communities.

DIVERSITY, IDENTITIES, AND DATA INEQUITIES

The increased diversity of the Hispanic population has brought about a wide range of changes in identity. Among these are self-identification with the US Census race and ethnicity categories, gender and sexual orientation, and the intersection of such identities. For example, while 2% of Hispanics have self-identified with the Black category in the US Census, Afro-Latino self-identification has emerged as a sense of awareness and identification with the African roots of the Hispanic population over the past decade. Similarly, terms such as Latinx and Latine are increasingly being used in conversations about gender equity. These self-identified labels have implications for health equity given the salience of race in US society and the way data are collected by the US Census and most national surveys. To begin with these identities, Borrell and Viladrich (p. S444) use a framework to illustrate the implications of self-identification as Black for the Hispanic population and the need for the use of an intersectional approach to understand different social identities (e.g., race, sex or gender, nativity status, educational attainment) considering both individual and structural factors to comprehensively address the consequences of this racial self-identification among Hispanic individuals. Borrell and Viladrich suggest that this may have an impact on the health and well-being of Hispanic Blacks in the future. Moreover, Ramirez-Valles and Rodriguez-Diaz (p. S453) underscore the diversity of the Latine communities, especially lesbian, gay, bisexual, transgender, and queer populations, or other minoritized sexual and gender identities, and how these groups face challenges attributable to the interconnected systems of gender, race, and social class. Such systems can lead to exclusion from social institutions and negative health outcomes. They suggested that our goal should be to embrace diversity and resist exclusion to improve the health of all members of these communities.

To address evolving identities within the Hispanic population, Mitsdarffer et al. (p. S439) provide historical

context to encourage more diverse, intersectional identities among Latine individuals (i.e., race, gender identity, sexual orientation, socioeconomic status) and enhance methodological rigor and data collection methods to better represent this heterogenous population and their health matters. Similarly, and specifically related to reproductive health, Carvajal et al. (p. S457) argue that data aggregation perpetuates inequity and urgently call for a change in public health paradigms, calling for a focus on a comprehensive life-course perspective rather than individual events to view reproductive health as a continuous process influenced by social and political determinants of health. Such a shift, they suggest, can inform equitable data collection and public health policies.

FUTURE DIRECTIONS

This collection of articles underscores issues at the heart of the Hispanic or Latino population, such as history, immigration, discrimination or xenophobia, lack of representation in the workforce, health prevention, identities, and the importance of data disaggregation. However, taken together, these articles bring attention to the diversity of the Hispanic population and the need for in-depth examination of this diversity to understand the health needs of this population. Notably, this issue underscores the need for an increase in health care and public health professionals' representation and for more epidemiological studies focusing on this population, which should be a starting point for the study of a population expected to grow more than twice its current size by 2050, and to continue thriving and contributing to US society. AJPH

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CONFLICTS OF INTEREST

The authors report no conflicts of interest.