

# Health Disparity among Latina Women: Comparison with Non-Latina Women

## Supplementary Issue: Health Disparities in Women

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**ABSTRACT:** Analyzing the Latino community and focusing on the women that make up this fast-growing demographic create a better understanding of the needs and considerations for health-care professionals and social policies. It is important that national health and health-care data on the Latino ethnic group be presented by gender in order to determine areas specific to women. This review focuses on the existing health and health-care data of Latino women (Latinas). The ability to distinguish the health-care experiences of Latinas will increase the understanding of existing barriers to their health care, the initiatives needed to overcome them, and increase the overall quality of health among Latina women.

**KEYWORDS:** Latina, women, cancer, CVD, health care

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## Introduction

As part of the fastest growing and largest ethnic minority group, projections indicate that 128 million Latinos will reside in the United States (U.S.) by 2050.<sup>1</sup> Research on racial and ethnic disparities in health-care access and utilization constantly identifies Latinos as one of the most disadvantaged ethnic groups. Using measures such as usual source of care, health insurance coverage, and the quality of care received, barriers for Latinas are readily identified.<sup>2</sup> However, an inclusive understanding of health and health-care disparities must take into account gender differences, given that health and illnesses are experienced differently by men and women. If demographic trends continue, it is suggested that Latinas will represent 25% of the total female population in the U.S. and make up 52% of the growing Latino population.<sup>3</sup> Research addressing health disparities on the basis of ethnicity and gender can influence professional and public consciousness and put forth important considerations for health and social policy.<sup>3</sup> As a fast-growing demographic, it is important to address the challenges and barriers that may affect the quality of health and health care among Latina women.

The terms *Latino* and *Hispanic* are used interchangeably in research to describe this fast-growing demographic.<sup>4</sup> The U.S. Census Bureau introduced the use of the term *Hispanic* as a classification of the Spanish-speaking population in the 1970s.<sup>5</sup> The census identifies Hispanic origin as “a person Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.”<sup>6</sup>

On the other hand, Latino is a “self-chosen pan-ethnic identity marker,” regarded as an attempt to promote an alternative to the “artificial bureaucratic homogenization.”<sup>5</sup> Neither term is unanimously accepted by this large and highly diverse group, resulting in the 1997 revision of the “Standards for the Classification of Federal Data on Race and Ethnicity” from Hispanic to Hispanic or Latino. The term Hispanic is highly used and recognized in spite of protests among the minority group; some reject the label, whereas others use Latino as an alternative.<sup>5</sup> For the purpose of consistency in this review, the terms *Latino* and *Latina* will be used.

The Latino population is identified as a whole; however, each country or subgroup has its own identity.<sup>4</sup> Women of Mexican (59%) and Puerto Rican (10%) descent make up the two largest subgroups of Latinas in the United States.<sup>3</sup> Furthermore, the population of people with roots spanning 11 other Latin American countries has increased to over 1 million in the U.S. in recent years.<sup>1</sup> In examining the health disparities of Latinas, it is important to identify certain barriers that may cause disparities. Comparing those issues to non-Latina women in the U.S. can shed light on topics such as variance in utilization of preventative health care as well as overall attitudes on disease prevention.

## Life Span of Latinas Compared to Non-Latinas

On average, the life expectancy of Latinas is 77.1 years in contrast to Asian women living 86.8 years, White women living 79.6 years, and Black women for 74.9 years.<sup>3,7</sup> Recent



reports estimate the life expectancy of Latinos at birth to be estimated at 83.8 years, with the life expectancy of Whites and Blacks being 2.4 and 5.4 years lower, respectively.<sup>8</sup> The higher life expectancy of Latinas compared to that of other races supports the Latino paradox. The Latino health paradox (or Hispanic paradox) refers to the phenomenon that despite having lower incomes and less access to health-care services, Latinas in the U.S. have lower mortality rates and longer life expectancy than their non-Latina counterparts.<sup>9</sup>

The Latino mortality estimates and facilitated comparisons with other groups do not separately specify Latino mortality patterns by nativity or national origin.<sup>10</sup> Latino immigrants generally exhibit 15%–20% lower mortality than U.S.-born Latinos, most likely because immigrants are self-selected on good health-enhancing attributes relative to nonimmigrants.<sup>10</sup> The Latino paradox also includes the classical immigrant assimilation model, which states that immigrants gradually adopt the behaviors of the dominant cultural group over time. Linear increases in assimilation generally occur progressively across successive generations.<sup>11</sup> In the context of a first-generation, non-citizen child developing bronchitis, subsequent generations were also significantly more likely to have bronchitis.<sup>11</sup> In addition, compared to first-generation non-citizens, third and fourth generations were also significantly more likely to have allergies.<sup>11</sup>

The top three health-related causes of death for women as a whole are heart conditions, cerebrovascular diseases, and cancer.<sup>3</sup> Cardiovascular disease mortality rates per 100,000 as of 2013 were 78.3 for Latinas, 267.6 for Whites, 211.9 for Blacks, and 94.1 for Asians, whereas cerebrovascular disease mortality rates were considerably lower: 50.6 for Whites, 39.2 for Blacks, 23.8 for Asians, and 16.1 for Latinas.<sup>8</sup> Cancer is the leading cause of death in Latinas between the ages of 25 and 54 years.<sup>3</sup> The cancer mortality rate for Latinas is 298 per 100,000 compared to 180.6 for Blacks and 155 for Whites.<sup>3,12</sup> Death rates for lung, colon, and ovarian cancers are lower in Latinas compared to White, Black, and Asian women.<sup>12</sup> This may be linked to reports that Latinas have lower occurrences of alcohol consumption and cigarette-smoking habits.<sup>3</sup> Breast cancer is not only the most common cancer among women, it is also the leading cause of cancer-related deaths among Latinas.<sup>13</sup> Lung cancer still ranks as the leading cause of death for non-Latina women.

### **Preventative Health Care of U.S. Latina Women Compared to U.S. Non-Latina Women**

Latinas are less likely to receive regular mammograms and pap tests. This may indicate a correlation to the higher mortality rate from breast and cervical cancers compared to their non-Latina counterparts. Cervical cancer is more common in ethnic groups, particularly Latina women, who currently have the highest incidence rates in the U.S.<sup>14</sup> Rates of cervical cancer screenings among Latinas are significantly lower compared to those of other ethnicities.<sup>15</sup> The use of mammography

screening is proven to decrease breast cancer mortality.<sup>16</sup> Mammography screening has increased over the decades throughout the U.S.; however, the biggest disparity has been reported among women who are uninsured, are recent immigrants, or do not have a usual source of health care.<sup>16</sup> Lower screening among women with low income was reported regardless of race or ethnic identification.<sup>16</sup> Latina women are more likely to be uninsured than non-Latina women; however, the use of screening is expected to increase among uninsured Latina women in the future.<sup>16</sup> The increase in screening rates among uninsured, low-income, and minority populations may be attributable in part to programs promoting screening in underserved populations.<sup>16</sup> Programs such as the National Breast and Cervical Cancer Early Detection Program aim to decrease screening disparities in low-income, uninsured, and minority populations.

Physical activity and good nutrition seem to be readily identified as habits of good health by Latinas and that “one had to walk or do other types of exercise” to prevent high blood pressure and strokes.<sup>17</sup> Even though physical activity is identified as a good health measure to avoid cardiovascular and cerebrovascular disease, a study conducted in Texas found that only 30.9% of their Latina sample met physical activity requirements compared to 45.1% of 2007 national data.<sup>18</sup> Reasons given by Latina women for lowered levels of physical activity were lack of time, no childcare, tiredness, and no self-discipline.<sup>18</sup> Hands-on programs specifically targeting Latina women to promote physical activity and proper nutrition would be beneficial in bridging the gap between knowledge and action in this population.

### **Barriers to Health Care**

An examination of cervical cancer prevention found that Latinas did not have a strong understanding of what causes cervical cancer and they would seek screening only if they were experiencing symptoms.<sup>15</sup> In addition, Latinas identified barriers such as fear of results, embarrassment of being touched, access to health care, and language issues as reasons for not obtaining regular screenings.<sup>15</sup> Recommendations for reducing the identified barriers would be a greater access to health-care clinics with female providers, lower cost screenings, and more Spanish-speaking facilities.<sup>19</sup> Preventative education included in the health-care plan should be increased and expanded to include males, as risk of cervical cancer is associated with the sexual behavior of males, and condom use is lower among foreign-born Latino males.<sup>20</sup>

Cardiovascular and cerebrovascular diseases are other main health issues facing Latinas today. Cardiovascular health disparities in the Latina population exist due to income barriers, language barriers, and health education barriers.<sup>21</sup> Latina women were not as knowledgeable of healthy cardiovascular measures for blood pressure, blood lipids, and fasting blood glucose levels compared to other groups. However, Latina women were more likely to assist



their children and others in healthy lifestyle changes over White and Black women.<sup>22</sup>

In examining minority communities, studies have suggested that differences do exist in certain areas where Blacks and Latinos report worse health conditions than Whites and Asians.<sup>23</sup> Exploring the relationship between health-related quality of life and physical activity/diet among Black, Latino, and Asian communities in New York City, health-related quality of life was measured by self-reported physical health, mental health, and social functioning in order to understand the overall health status of the population.<sup>23</sup> Latino and Asian groups who live in immigrant communities report to have healthier diets but had lower weekly physical activity participation than other populations in the area.<sup>23</sup> Results indicated distinct variations among each subgroup with Latinos being the most likely to participate in sufficient physical activity, consume recommended fruits and vegetables, and yet have lower overall health-related quality of life.<sup>23</sup> In addition to quality physical activity and healthy diet, there are other factors that must contribute to the overall health-related quality of life score. All three subgroups were highly insured and reported regular health-care access but failed to meet ideal physical activity and fruits and vegetable intake recommendations.<sup>23</sup> These results highlight the importance of understanding ethnic/racial communities in order to better promote health initiatives that target each subgroup's needs.

According to census reports, the median age for Latinas that live in the United States is 26.6 years; where 56% are married and 58% have children younger than 18 years.<sup>3</sup> Latinas are at their prime for childbearing. About half of the Latinas at large self reported that they speak English less than *very well*, defining them as individuals with limited English proficiency (LEP).<sup>24</sup> Children of Latino parents with LEP disproportionately experience poor primary care access and quality health care compared to Latino children in English-speaking families.<sup>25</sup> One study exploring the experiences and expectations of LEP Latina mothers with pediatric primary care addressed the challenges of health-care disparities and made suggestions for improvement.<sup>25</sup> A major concern identified for Latina mothers was the level of attentiveness that was measured by the doctor taking his or her time with each patient. Mothers reported that many times they felt rushed during doctor visits and preferred longer wait times with caring, patient doctors because quality health care is 'worth the wait.'<sup>25</sup> Because of job demands, mothers sought out health-care providers with evening and weekend hours and preferred clinics that had Spanish-speaking providers, which allow for direct communication between provider and parent. Clinics without Spanish-speaking providers used nurses for interpretation, and clinics without Spanish-speaking staff limited communication, which results in misinformation and frustration.<sup>25</sup> These are barriers, which if corrected, can increase quality health-care benefits for all Latina populations.

A thorough understanding of the socioeconomic profile of Latinas will raise consciousness to the social inequalities that may potentially place them at high risk for certain health conditions. These inequalities could also limit access to quality health care.<sup>3</sup> Scholastically, 43% of Latinas have a 12th grade education or less and only 11% have a bachelor's degree or higher, compared to 12% and 26%, respectively, for White women.<sup>3</sup> Without a strong educational background, Latinas are more likely to be employed in low-paying, part-time, or seasonal jobs and experience twice the rate of unemployment (7.7%) compared to White women (3.3%).<sup>3</sup> Recent documented weekly income for a full-time employed Latina was \$570 compared to \$621 for Blacks, \$745 for Whites, and \$943 for Asians.<sup>26</sup> Latinas are vulnerable to poverty-related health conditions and may lack health insurance or financial means to pay for quality health care due to economic disadvantages.<sup>3</sup>

Latina women are a fast-growing population and are becoming a prevalent demographic. Health policies and considerations are not being met by health-care providers in the U.S. Ethnic and gender-specific data and research are limited, leading to many gaps and higher health-care disparities. Increased awareness and further research is needed to address the health-care needs of this specific population.

### Author Contributions

Conceived the concepts: KPM. Analyzed the data: KP. Wrote the first draft of the manuscript: KP. Contributed to the writing of the manuscript: KPM. Agree with manuscript results and conclusions: KPM and KP. Jointly developed the structure and arguments for the paper: KPM and KP. Made critical revisions and approved final version: KPM. Both authors reviewed and approved of the final manuscript.

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