

CENTRO NACIONAL DE EPIDEMIOLOGÍA

INSTITUTO DE SALUD CARLOS III

The Hispanic/Latino Paradox: Looking Forward



Luisa N. Borrell, DDS, PhD
Distinguished Professor

City University of New York/Universidad de Alcalá

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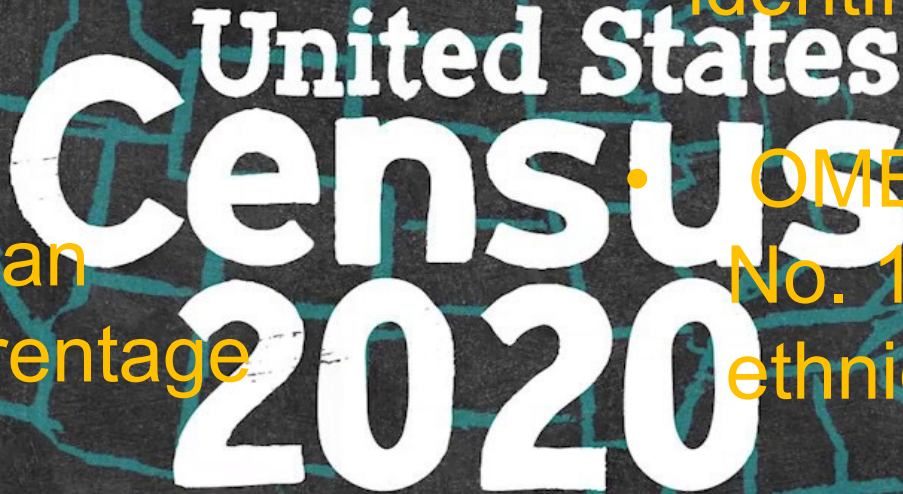
Outline

- Present an overview of the Hispanic/Latino population in the U.S. and its heterogeneity
- Describe the Hispanic/Latino Paradox
- Discuss the issues challenging the future of the paradox

Hispanic/Latino population

- Represent the only ethnic group in the U.S.

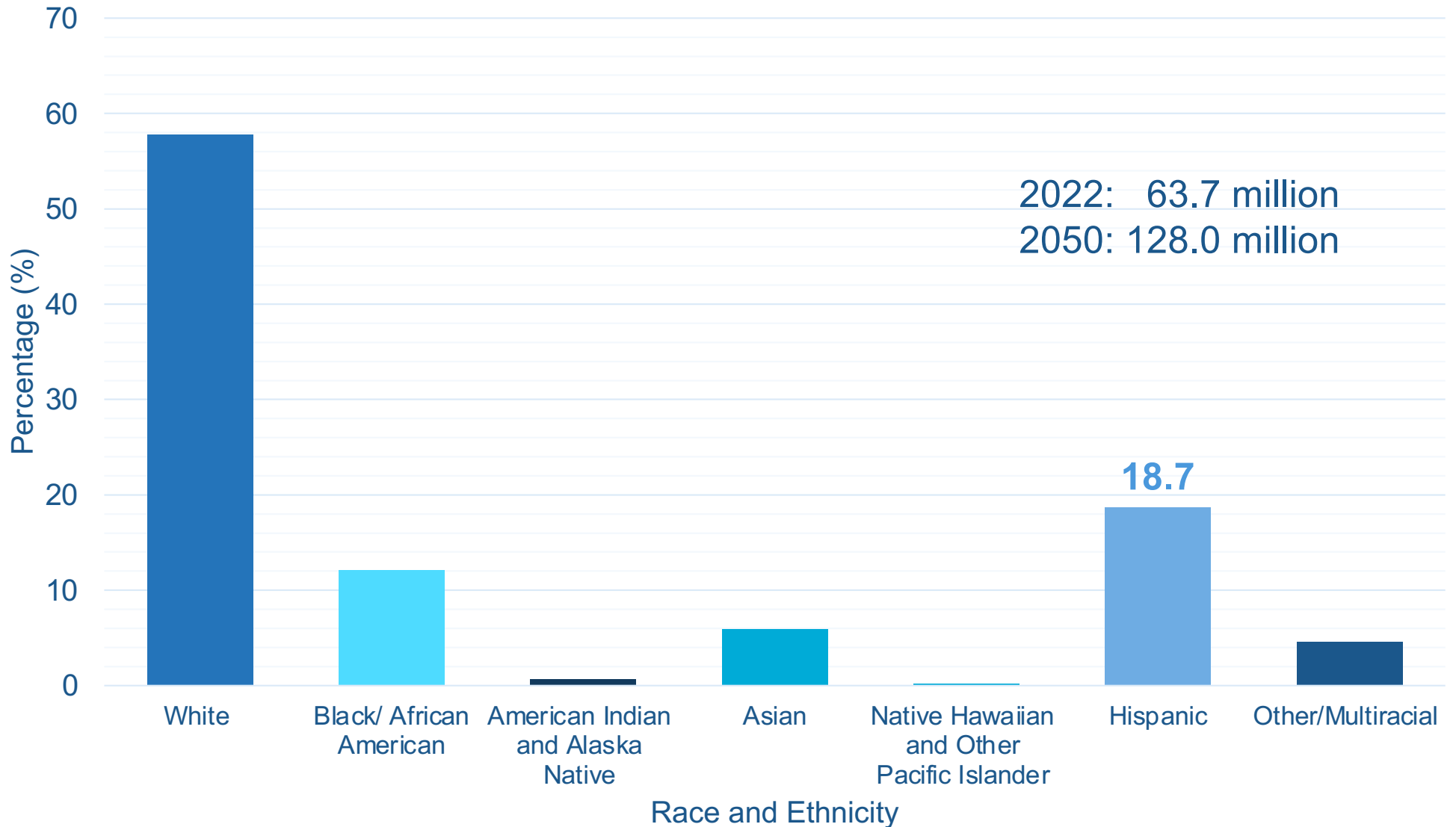
Hispanic/Latino population in the U.S Census over the years

- Mexicans
 - Origin
 - Race
 - Puerto Rican birth or parentage
 - Cuban birth or parentage
 - Spanish-origin self-identifier
 - OMB's Directive No. 15: Hispanic ethnicity
 - 2000 – Latino
- 
- The background of the slide features a dark, textured map of the United States. Overlaid on the map is the text "United States Census 2020" in a large, white, sans-serif font. The word "United States" is smaller and positioned above "Census", which is above "2020".

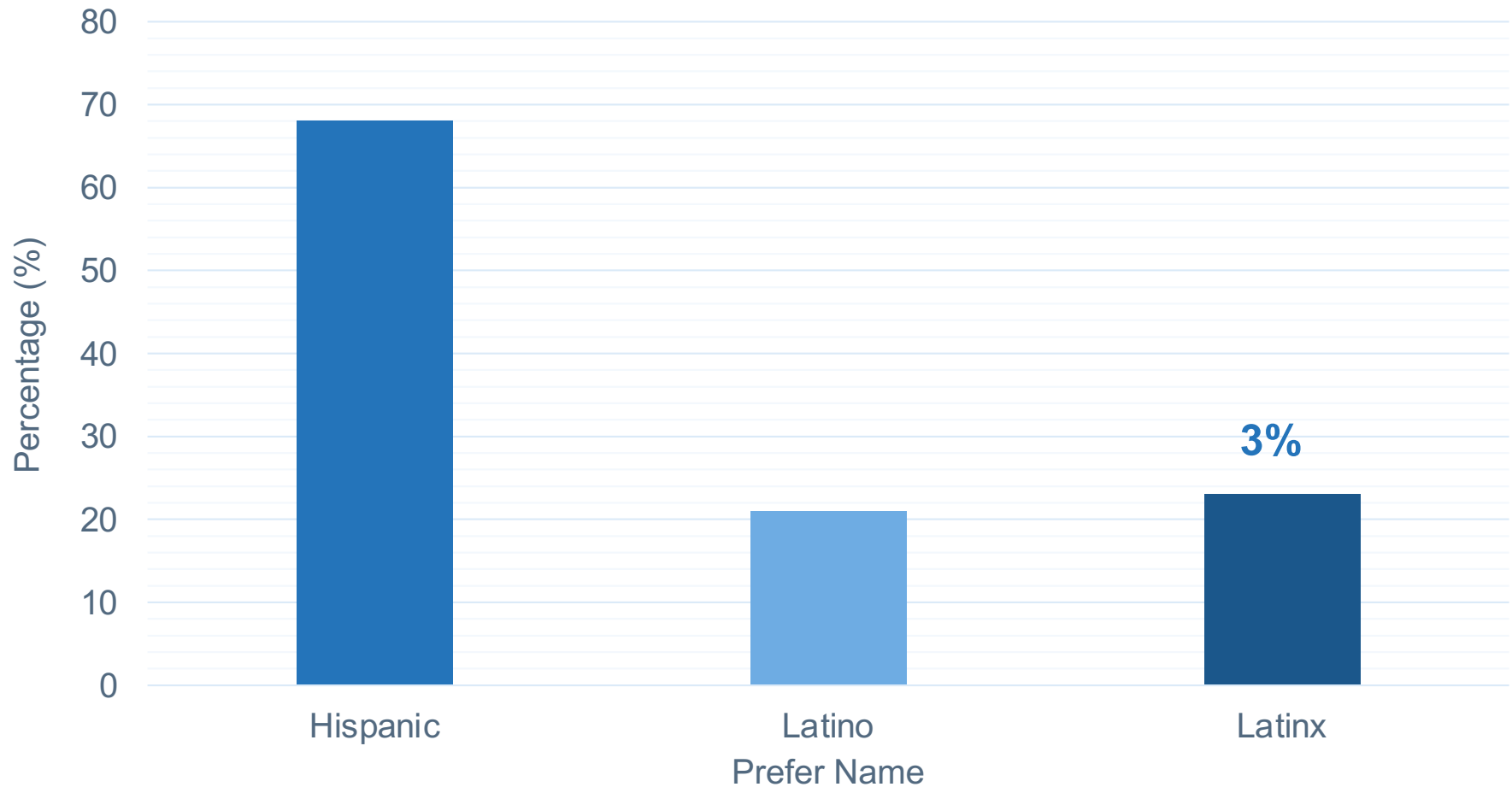
Ethnicity

- Captures the common values, cultural norms, and behaviors of a group of people who are linked by shared culture and “language”
 - Shared culture is distinctive, maintained between and across generations
 - Sense of belonging and identity

Hispanics in the U.S.: 2020



What is the preferred name for the Hispanic/Latino population?



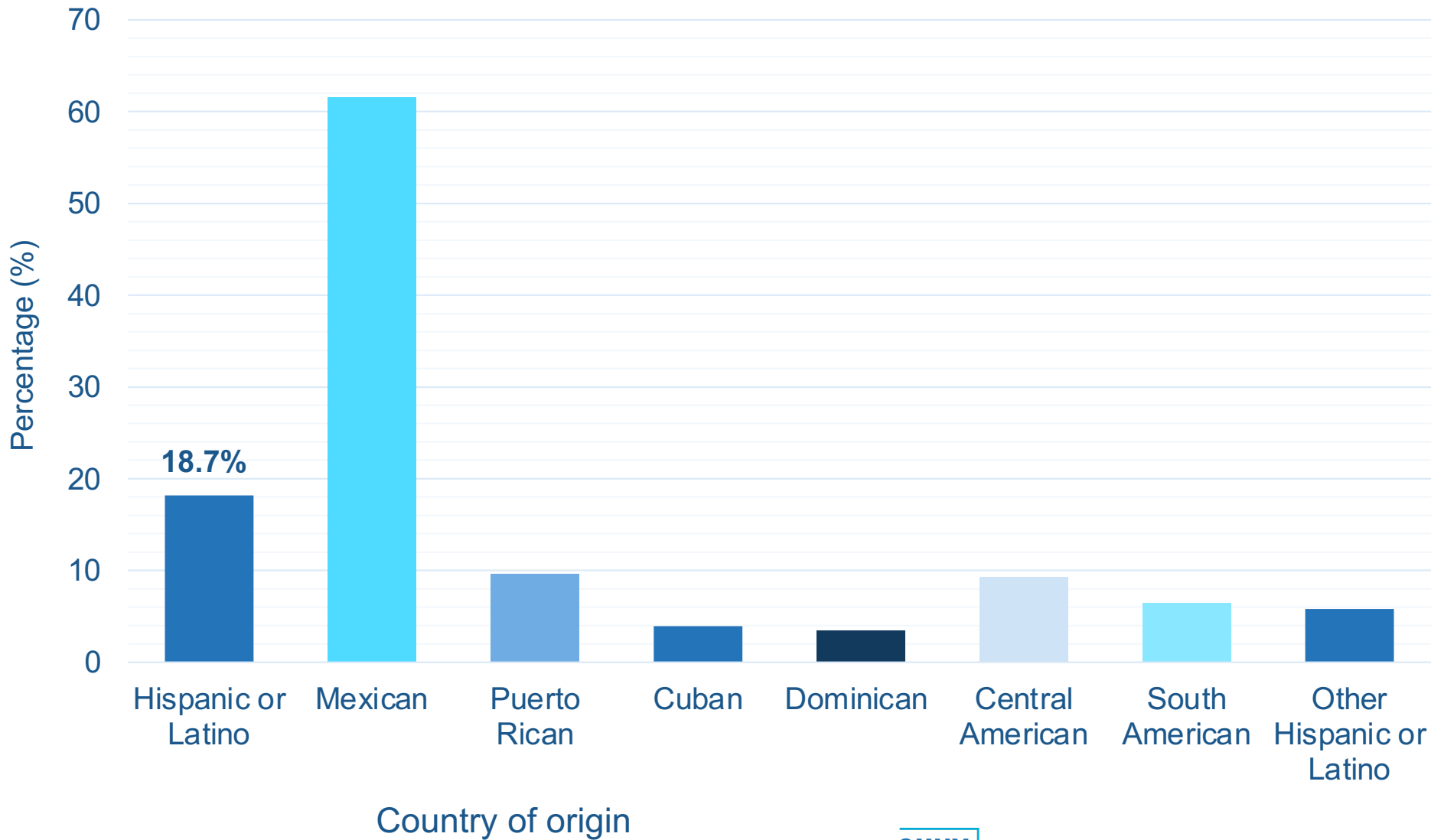
Latinx

- The term
 - Has been around since 2000 but becomes more commonly used after 2016
 - Is intended to be gender inclusive **BUT** when applied to everyone is problematic
 - Conflates sexual/gender and ethnic identities
 - Bothers/offends some people
- When use to collect data, the meaning and purpose of the term should be explained

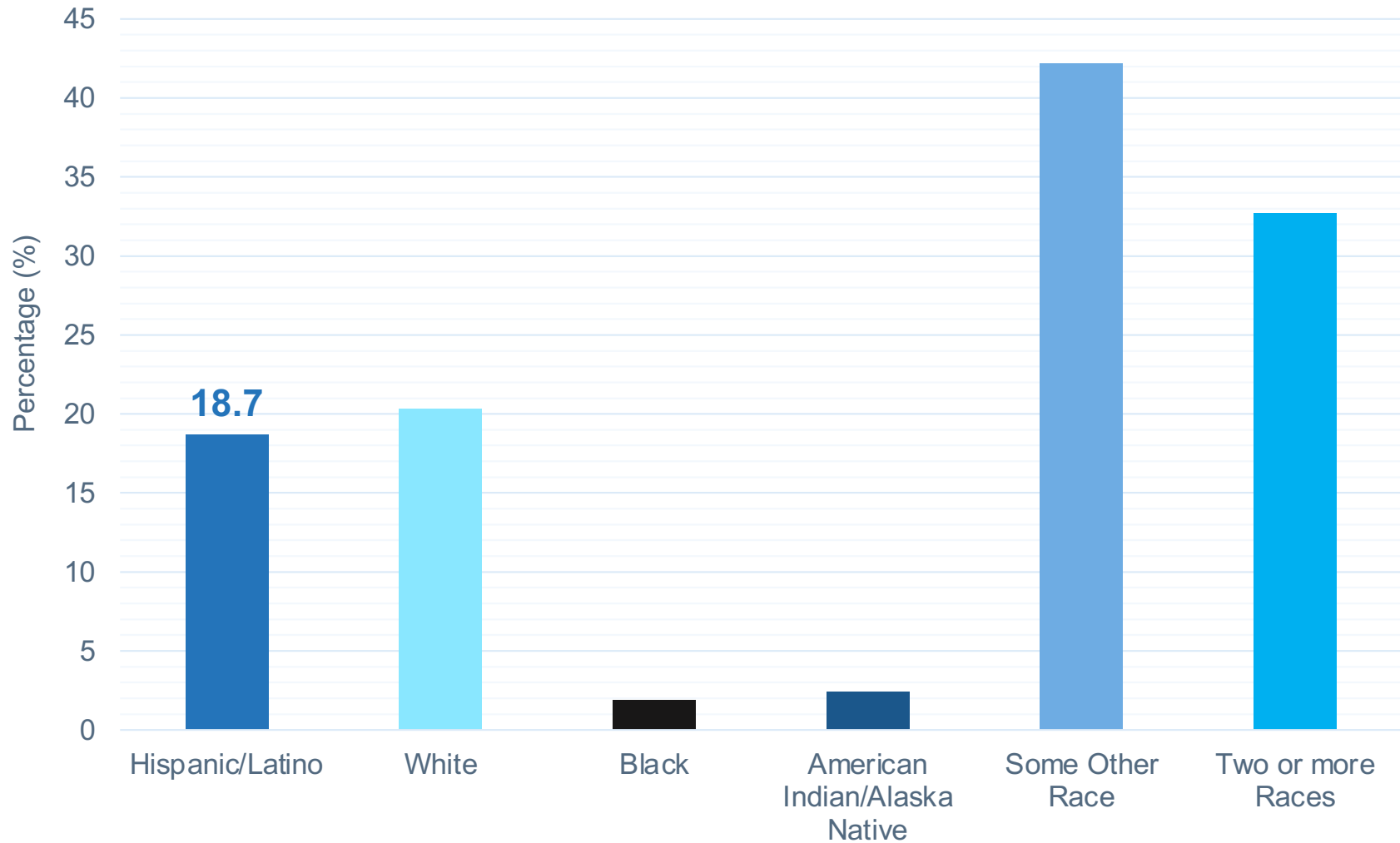
Hispanic/Latino population...

- Homogenous
 - Heterogenous
 - Country of origin
 - Racial self-identification
 - Nativity status
 - Socioeconomic position

Hispanics in the U.S.: Country of origin



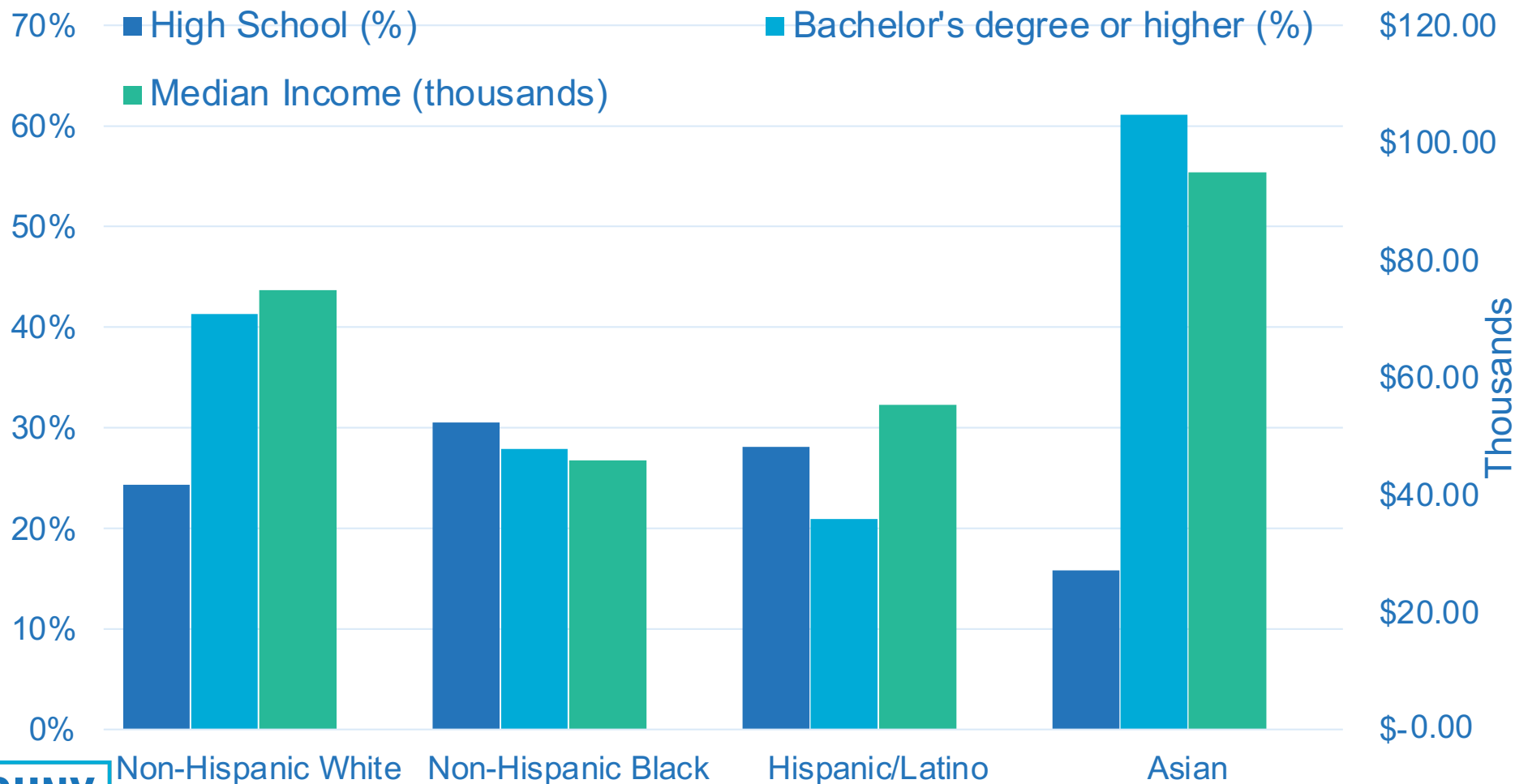
Hispanics in the U.S.: Racial identity



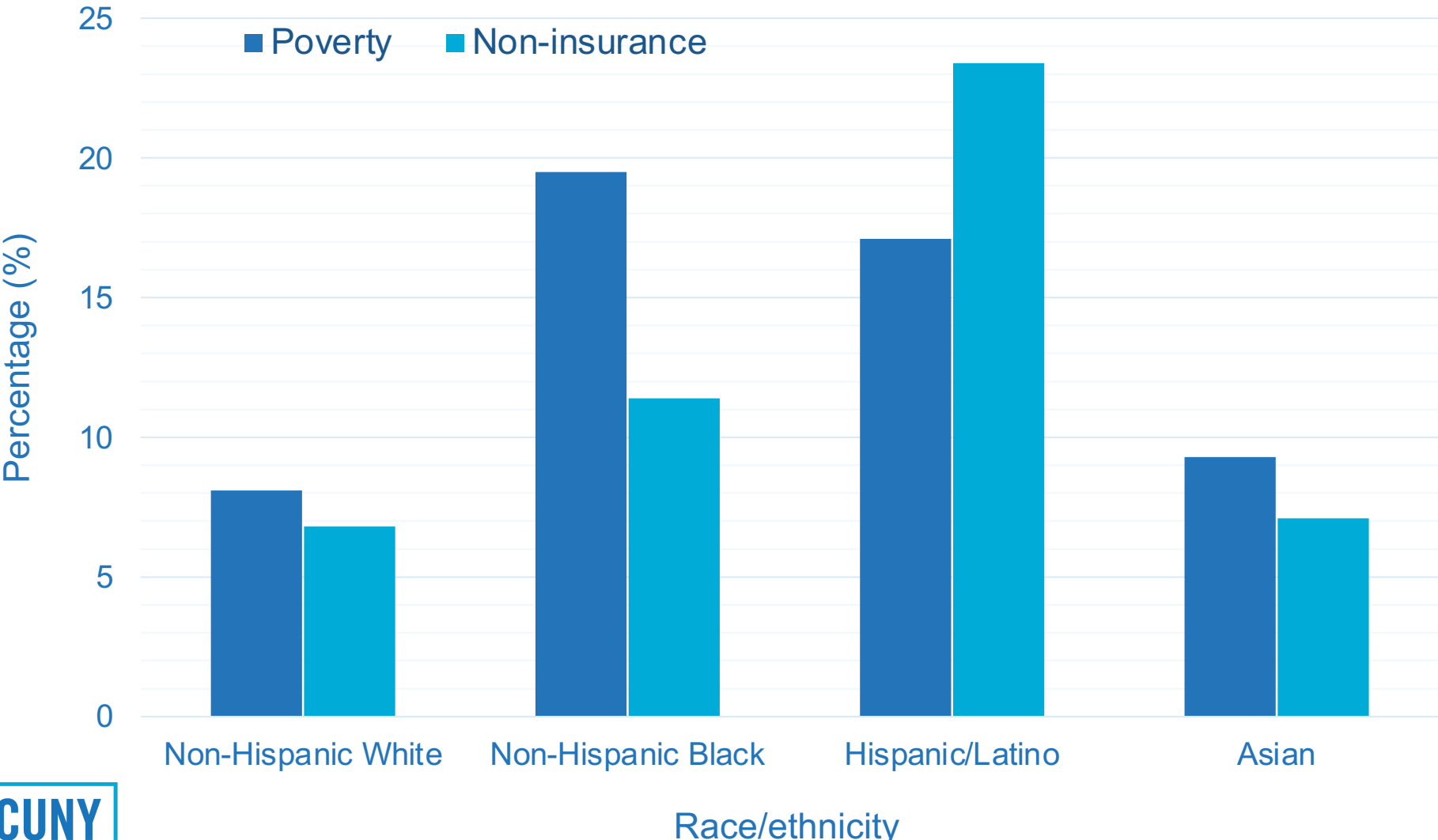
Hispanics in the U.S.: Nativity status

- One in three is foreign-born
 - 44.1% of the foreign-born population
- Three in four have at least 10 years in the U.S.
 - 40.5% U.S. Citizen
- More than two-thirds are English-proficient
 - 42.2% among foreign-born Hispanics

Education and income in the U.S. by race/ethnicity: 2020



Poverty and insurance in the U.S.: 2022



Hispanic Paradox

- Mostly studied and observed:
 - Mexican Americans
 - Foreign-born and recent immigrants
 - Infant and adult mortality outcomes, life expectancy, and functional health outcomes

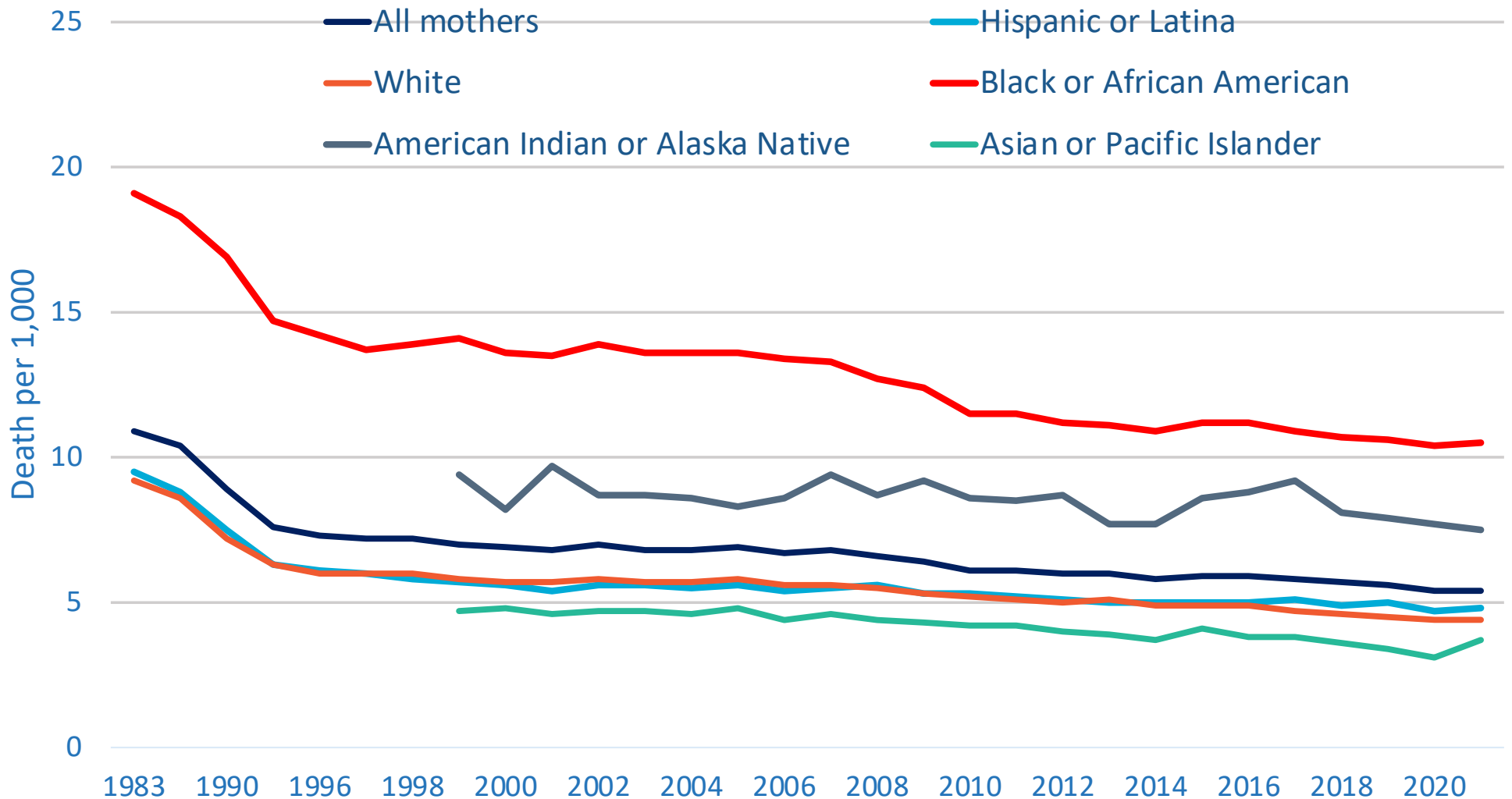
Markides & Coreil, 1986

Hispanic Paradox...

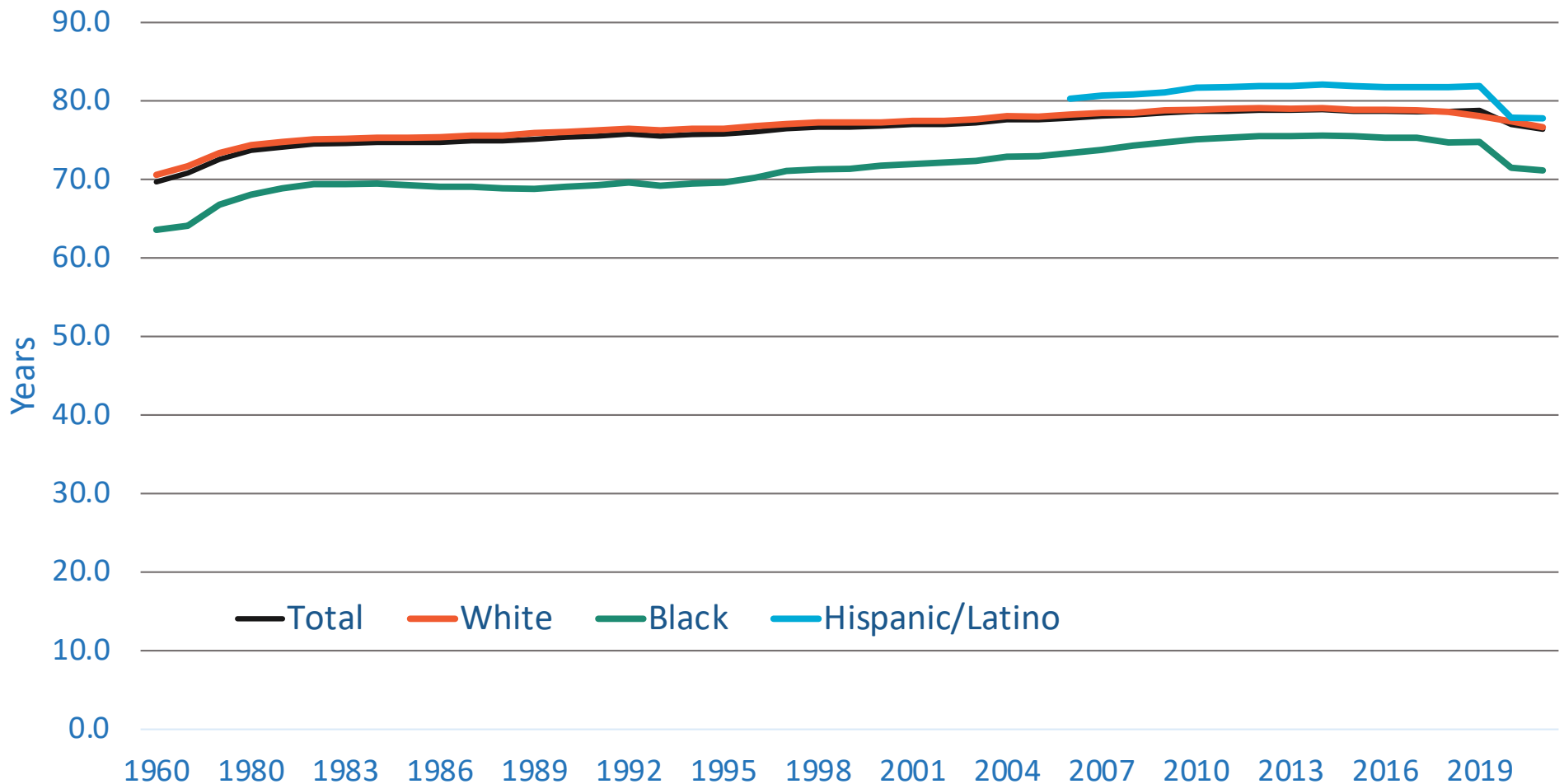
- “The health status of Hispanics is much closer to that of whites than to the health of Blacks, with whom Hispanics share socioeconomic conditions”
- Potential explanations includes cultural practices, social support, selective migration, dietary habits/factors, genetic heritage, acculturation, ethnic enclaves, and data reliability/misclassification of death or salmon bias

Markides & Coreil, 1986

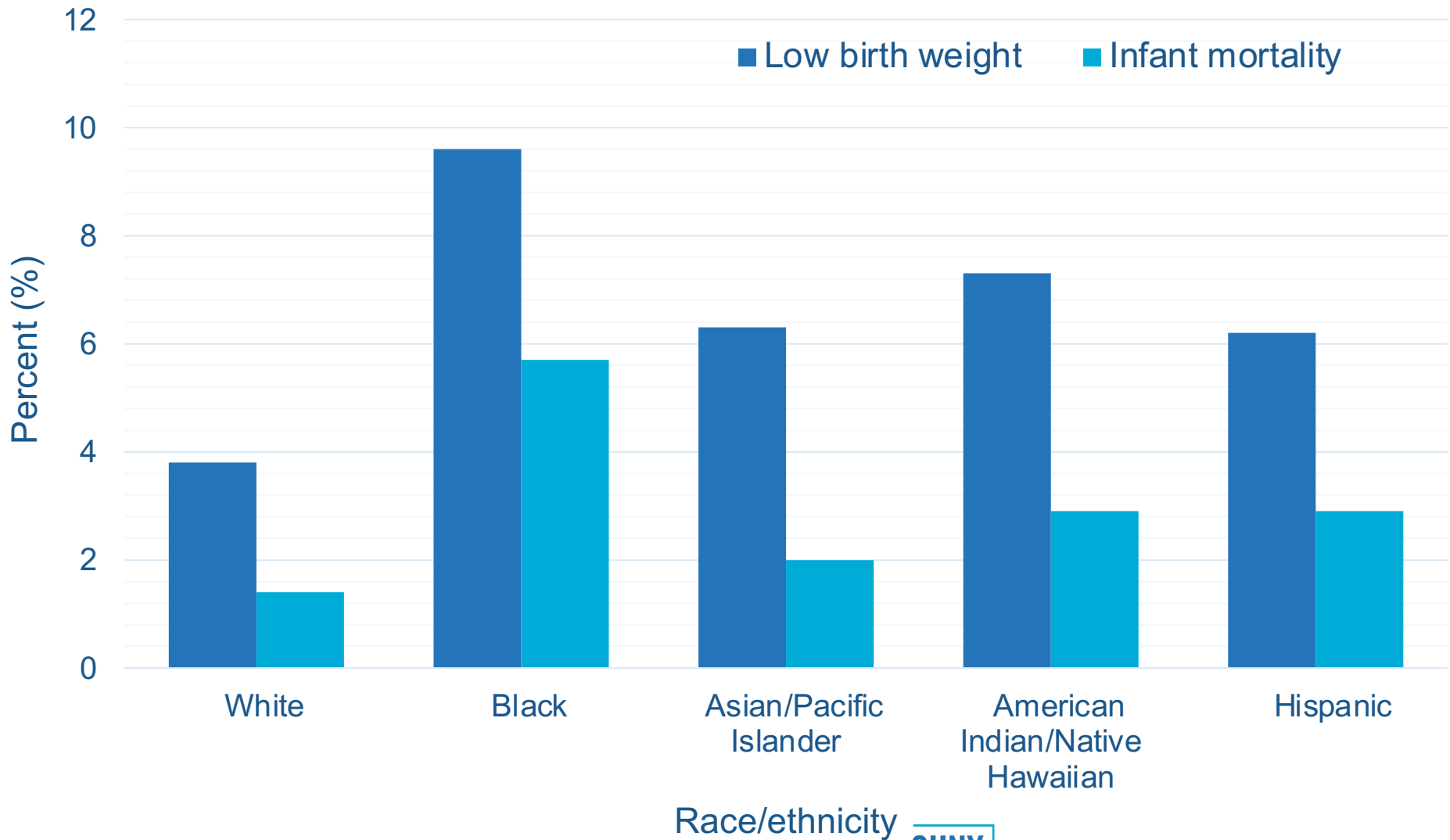
Infant mortality in the U.S. by maternal race/ethnicity: 1983-2021



Life expectancy in the U.S.: 1950-2021

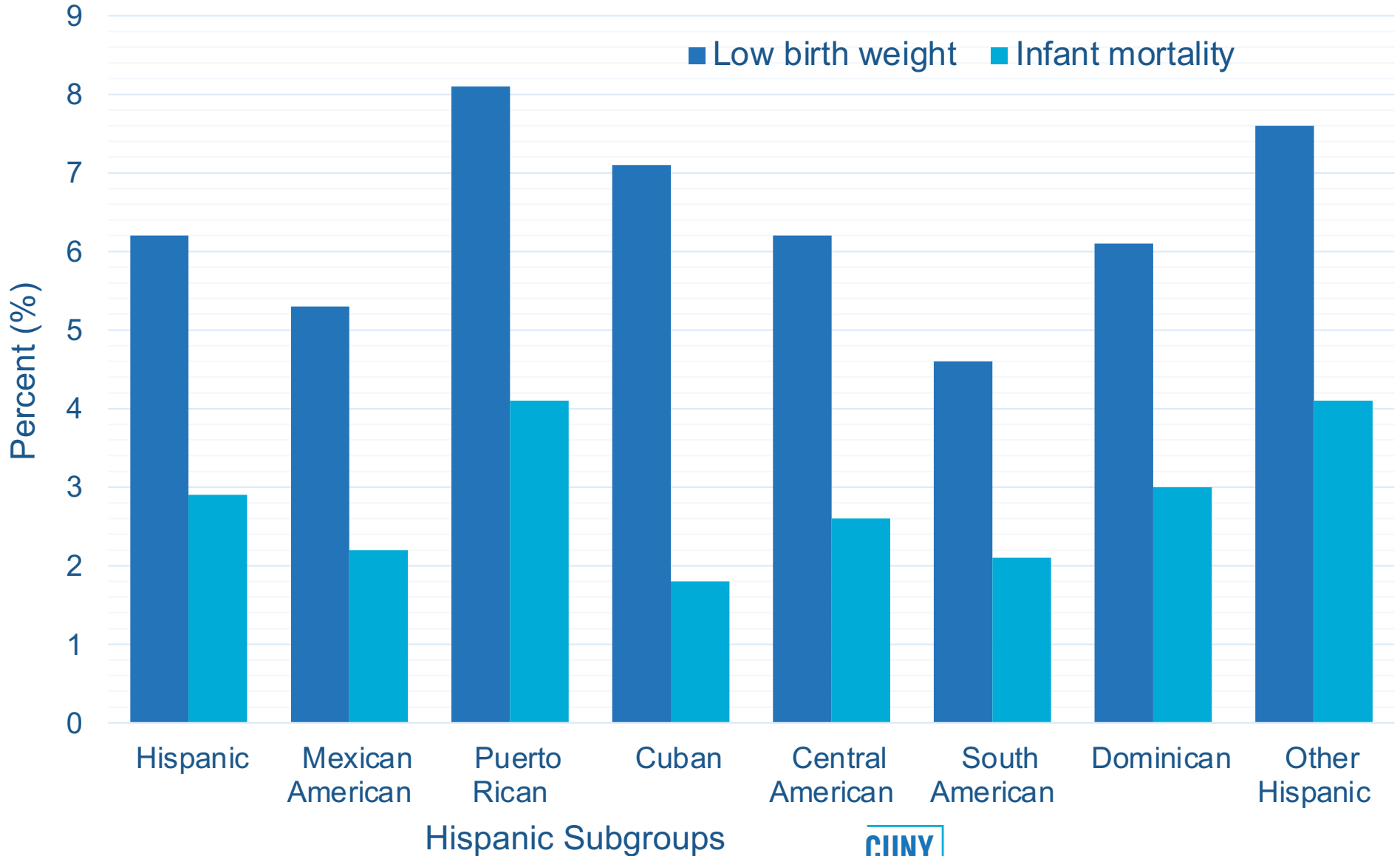


Hispanic Paradox and birth outcomes: New York City, 2018



Borrell et al. 2022

BUT the Paradox is not a one size fits all...



Borrell et al. 2022

The Hispanic Paradox: Looking back

- Mexican Americans, Southwest in 1980s
 - 14 million
- But the population has increased to 63.7 million!

The Hispanic Paradox: Looking forward

- Cultural diversity
 - Honduras, Dominican Republic, Guatemala and Venezuela
 - Recent immigrants
 - Indigeneity
- Acculturation
 - Traditions and practices
 - Social support, respect, familism

The Hispanic Paradox: Looking forward...

- Geographic distribution
 - Xenophobia
 - Sanctuary cities
- Accuracy and reliability of data
 - Salmon bias
- Racial self-identification
 - Discrimination
 - Double jeopardy

Borrell 2006; Borrell & Markides, In Press

Conclusions

- The Hispanic population is projected to more than double by 2050
- Immigration status and patterns must be accounted - recent immigrants are not as healthy as the earlier cohorts
- Acculturation – risk factors such as tobacco use, alcohol consumption and obesity, social support, familism
- Political climate – xenophobia

■ Changes in self-identity – Latinx, Afro-Latino

Closing Remarks

- **The Hispanic population is far from homogenous**
 - Country of origin, nativity status, racial self-identification, socioeconomic position, and health status
- More granular data should be collected
 - Allows for a deeper understanding of health inequities not only for the Hispanic/Latino population but also for other groups and the U.S. population as a whole



Birth outcomes in New York City – Recent work

Adverse birth outcomes in New York City women: Revisiting the Hispanic Paradox

- To examine the association of women's race/ethnicity and neighborhood racial/ethnic minority composition with adverse birth outcomes (low birthweight [LBW], small for gestational age [SGA], preterm birth and infant mortality); and whether the association between mother's race/ ethnicity and each birth outcome was modified by neighborhood racial/ethnic minority composition

Birth outcomes & Hispanic subgroups: NYC

Table 3

Unadjusted and adjusted odds ratios (OR) with their 95% confidence intervals (CI) for low birthweight (LBW) and small for gestational age (SGA) by mother's race/ethnicity: New York City, 2012–2018.

	LBW			SGA		
	OR (95% CI)	OR (95% CI)	OR (95% CI) ^a	OR (95% CI)	OR (95% CI)	OR (95% CI) ^a
Race/ethnicity						
Mexican American	1.28 (1.22, 1.36)		0.86 (0.80, 0.92)	0.95 (0.91, 0.98)		0.89 (0.86, 0.93)
Puerto Rican	1.97 (1.88, 2.06)		1.01 (0.95, 1.08)	1.21 (1.17, 1.25)		1.04 (1.01, 1.08)
Cuban	1.78 (1.47, 2.14)		1.31 (1.02, 1.69)	1.21 (1.04, 1.40)		1.15 (0.99, 1.33)
Central American	1.48 (1.39, 1.58)		0.90 (0.82, 0.99)	1.06 (1.01, 1.11)		1.00 (0.95, 1.05)
South American	1.12 (1.05, 1.19)		0.81 (0.75, 0.87)	0.82 (0.78, 0.86)		0.80 (0.77, 0.84)
Dominican	1.43 (1.37, 1.50)		0.95 (0.89, 1.01)	1.04 (1.00, 1.07)		0.96 (0.93, 1.00)
Other Hispanic	1.86 (1.71, 2.02)		1.10 (0.98, 1.23)	1.20 (1.13, 1.28)		1.09 (1.02, 1.17)
White	1.00		1.00	1.00		1.00
Black	2.32 (2.24, 2.41)		1.36 (1.29, 1.43)	1.47 (1.43, 1.51)		1.38 (1.34, 1.42)
Asian/Pacific Islander	1.69 (1.64, 1.75)		1.55 (1.48, 1.62)	1.60 (1.56, 1.63)		1.66 (1.62, 1.70)
American Indian/native Hawaiian	1.79 (1.65, 1.95)		1.36 (1.22, 1.52)	1.37 (1.29, 1.46)		1.33 (1.25, 1.41)
General contextual						
NTA variance (95% CI)	0.022 (0.02, 0.03)	0.039 (0.031, 0.05)	0.023 (0.018, 0.03)	0.018 (0.014, 0.023)	0.018 (0.014, 0.023)	0.015 (0.01, 0.02)
ICC % (95% CI)	0.7 (0.5, 0.9)	1.2 (0.9, 1.5)	0.7 (0.5, 1.0)	0.5 (0.4, 0.7)	0.5 (0.4, 0.7)	0.5 (0.3, 0.6)
PCV %	76	59	75	41	41	51
MOR (95% CI)	1.15 (1.13, 1.18)	1.21 (1.18, 1.24)	1.16 (1.13, 1.18)	1.14 (1.12, 1.16)	1.14 (1.12, 1.16)	1.12 (1.11, 1.14)
Specific contextual effects						
Racial/ethnic minority composition (high vs low)		1.61 (1.51, 1.71)	1.18 (1.11, 1.25)		1.26 (1.20, 1.31)	1.10 (1.06, 1.15)
80% IOR		1.13, 2.31	0.89, 1.55		0.99, 1.60	0.88, 1.37
POOR %		4	22		11	29

NTA: Neighborhood Tabulation Area; ICC: Intraclass correlation; PVC: Proportional change in NTA variation; MOR: Median OR; IOR: Interval odds ratios; POOR: Proportion of opposed odds ratios.

Empty models: LBW: NTA variance: 0.09475 (0.07704, 0.1194); ICC: 2.8% (2.3, 3.5); MOR: 1.34 (1.30, 1.39).

SGA: NTA variance: 0.03062 (0.02468, 0.03901); ICC: 0.9% (0.74, 1.17); MOR: 1.18 (1.16, 1.21).

^a Adjusted for maternal age, education and nativity status, marital status, alcohol and tobacco use during pregnancy, gestational diabetes, eclampsia, gestational age, health insurance/payment method, Kessner index, and neighborhood racial/ethnic minority composition. Gestational age was not included in the adjustment for SGA.

Birth outcomes & Hispanic subgroups: NYC...

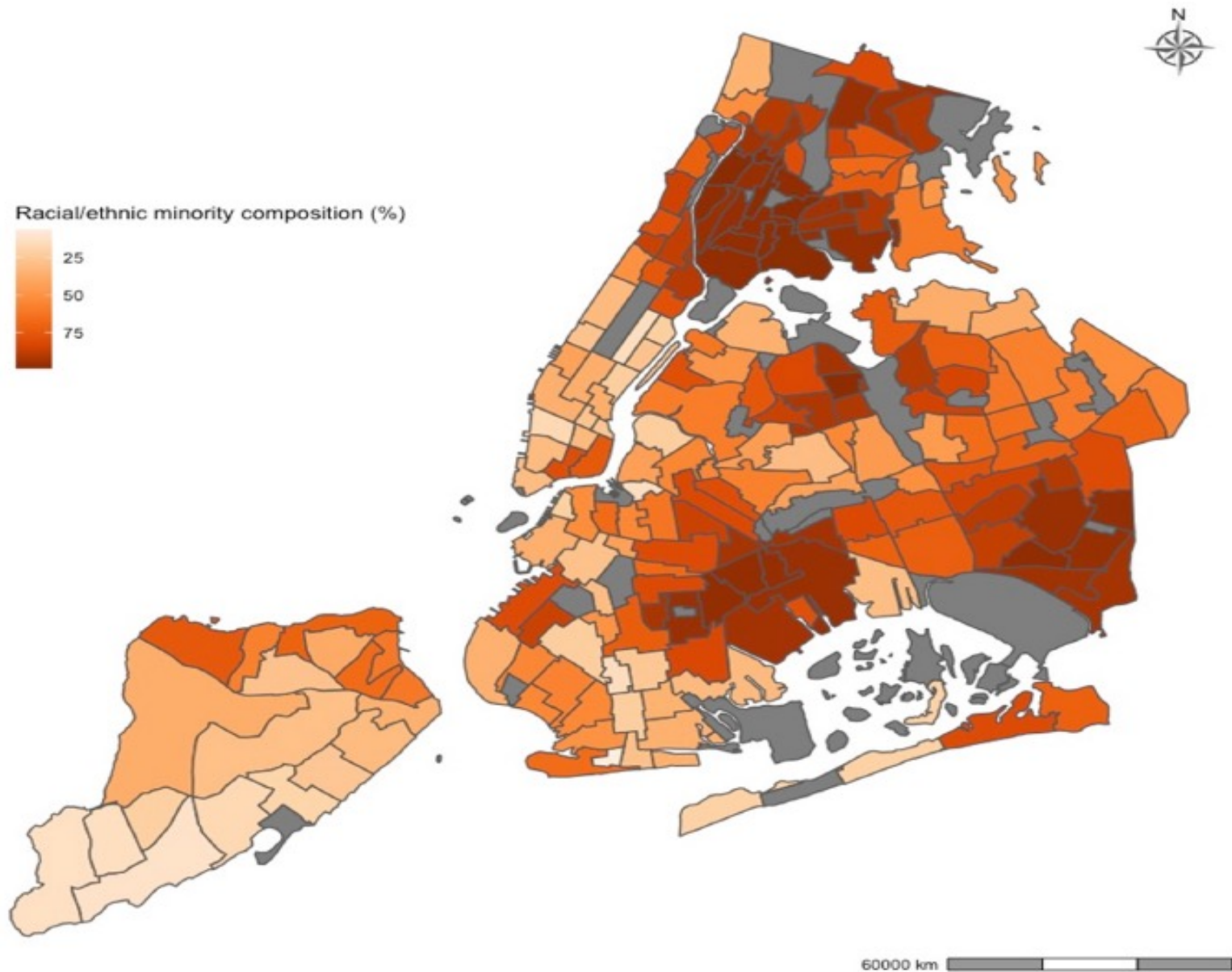


Fig. 2. Geographic distribution of the percent of racial/ethnic minority populations by Neighborhood Tabulation Areas, New York City, 2013–2018.

Intersectional inequities in the birthweight gap between twin and singleton births: A random effects MAIHDA analysis of 2012–2018 New York City birth data

- *How does the effect of twin birth on birthweight vary across intersectional social strata?* Specifically, we have three aims: 1) to determine the size of the predicted birthweight *gap* between singletons and twins, overall and for each intersectional stratum; 2) to examine the degree of intersectional inequity in birthweight between strata, overall and separately for singletons and twins; and 3) to examine how predicted birthweight varies across intersectional strata, with particular attention to racial/ethnic inequities

Birthweight, singleton & twins: NYC

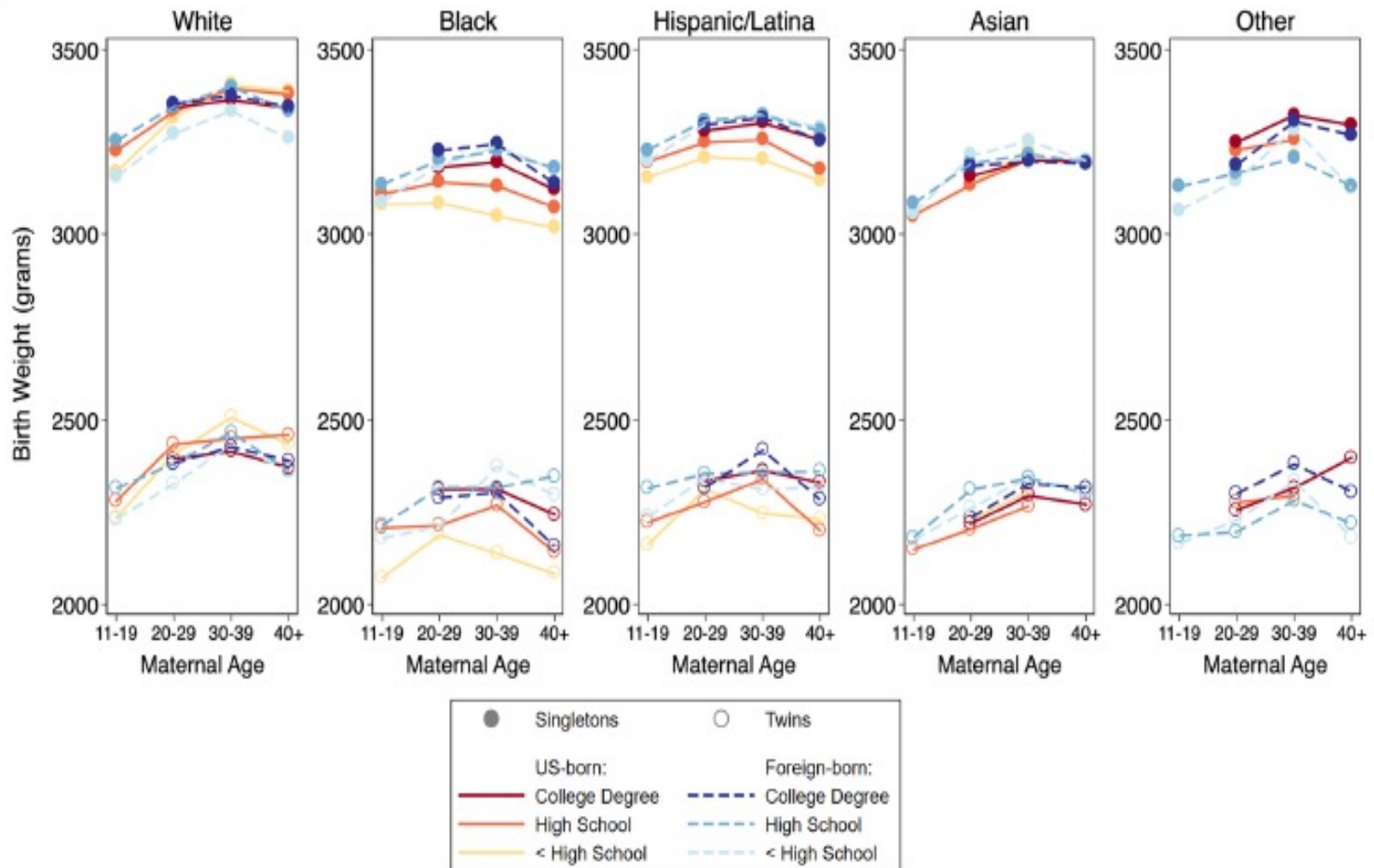


Fig. 3. Predicted Birth Weight by Maternal Age, Race/Ethnicity, Education, and Nativity

Evans et al. 2023



**Thank YOU!
Questions?**

Luisa.Borrell@sph.cuny.edu

Luisa.Borrell@uah.es