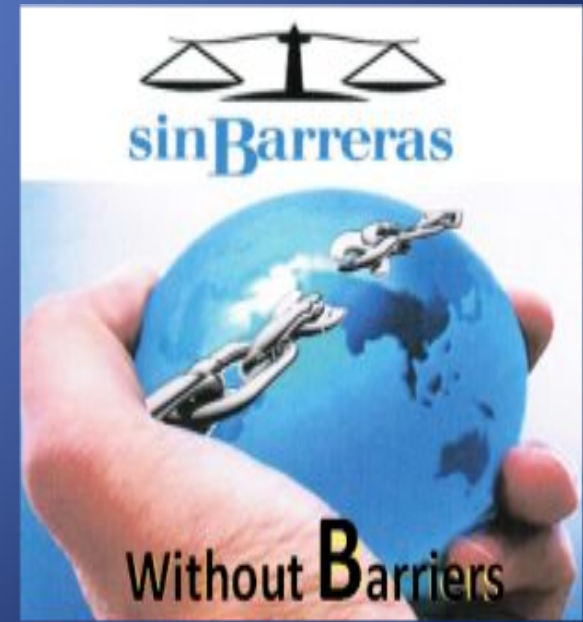


Health Disparities: The case for Latinos in the United States



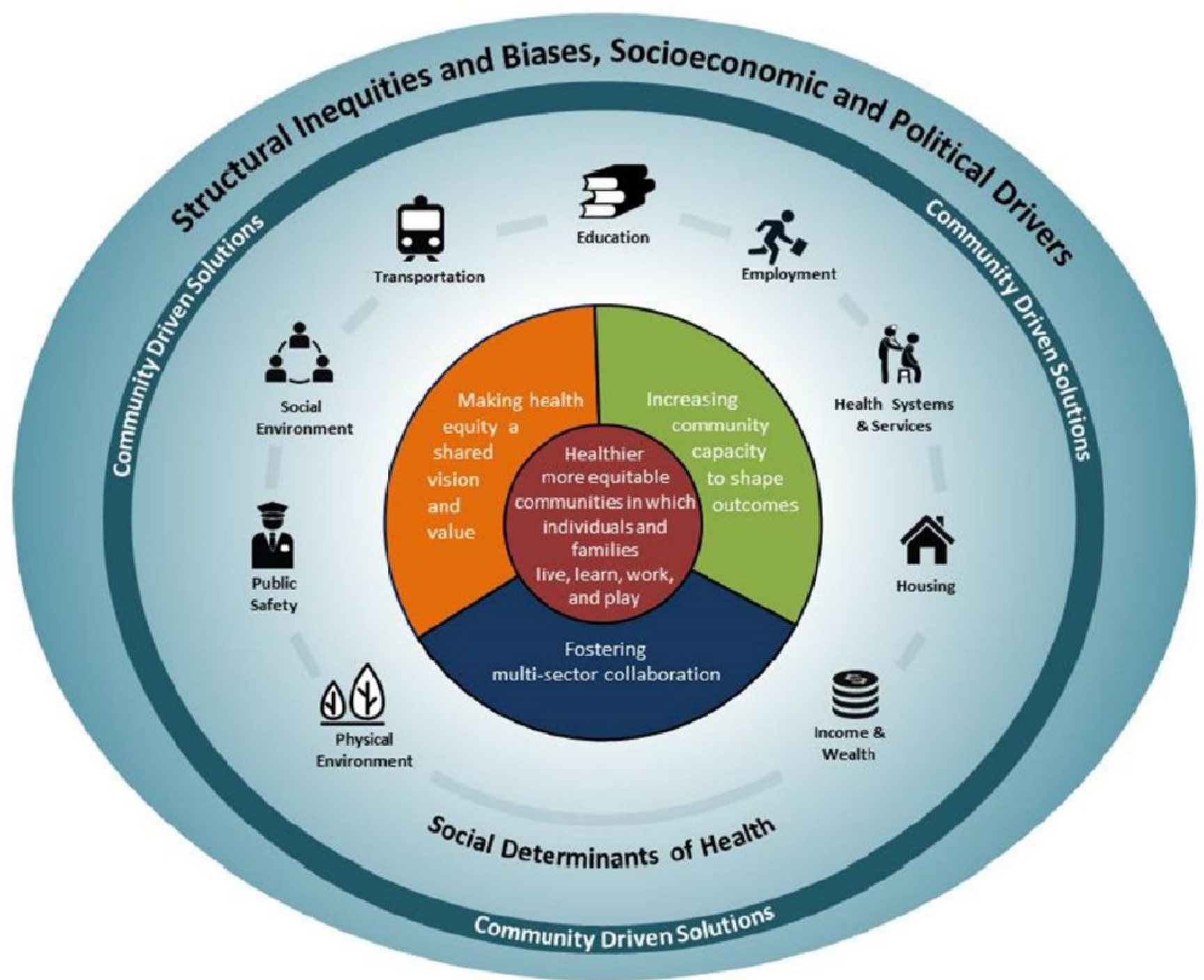
Symposium: The Hispanic Experience
November 3rd 2018

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UVA Latino Health Initiative
Division of Cardiovascular Medicine
University Virginia School of Medicine



Introduction

- Social determinants of health in Latinos
- Health of Latinos
- Challenges in the caring for Latinos
- Emerging Threats



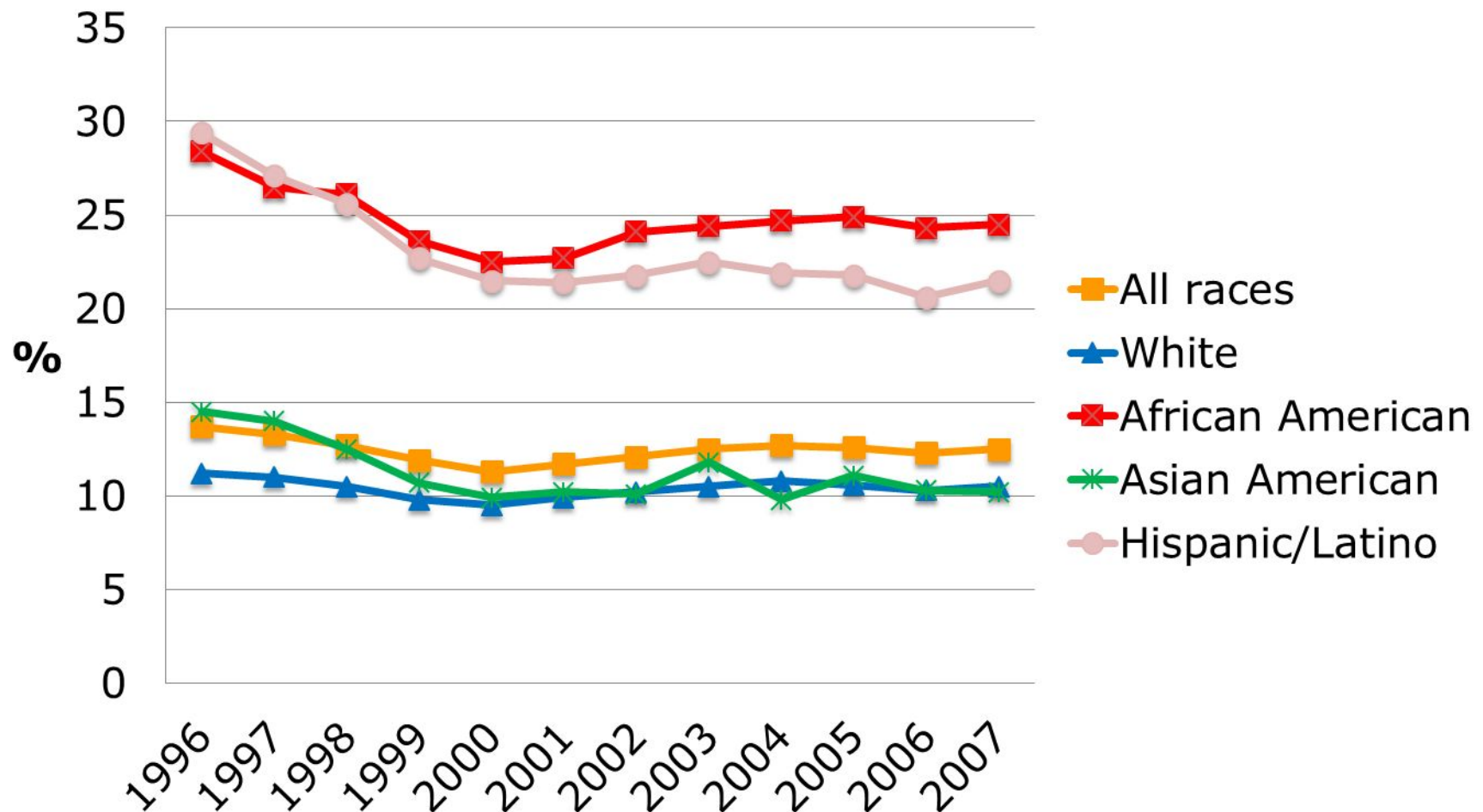
Heterogeneity in Latinos in the US

Table 2. Demographic and Socioeconomic Characteristics for Hispanics, 2010

	Median Age, y	High School Diploma, %	Bachelor's Degree or More, %	Without Health Insurance, %	Living in Poverty, %	Median Household Income (in Thousands)
Colombian	34	27	32	28	13	49.5
Cuban	40	29	24	25	18	40
Dominican	29	26	15	22	26	34
Ecuadorian	31	26	18	36	18	50
Guatemalan	28	22	8	48	26	39
Honduran	28	26	10	50	27	38
Mexican	25	26	9	34	27	38.7
Peruvian	34	27	30	30	14	48
Puerto Rican	27	30	16	15	27	36
Salvadoran	29	24	7	41	20	43
All Hispanics	27	26	13	31	25	40

Data derived from Motel and Patten.¹⁵

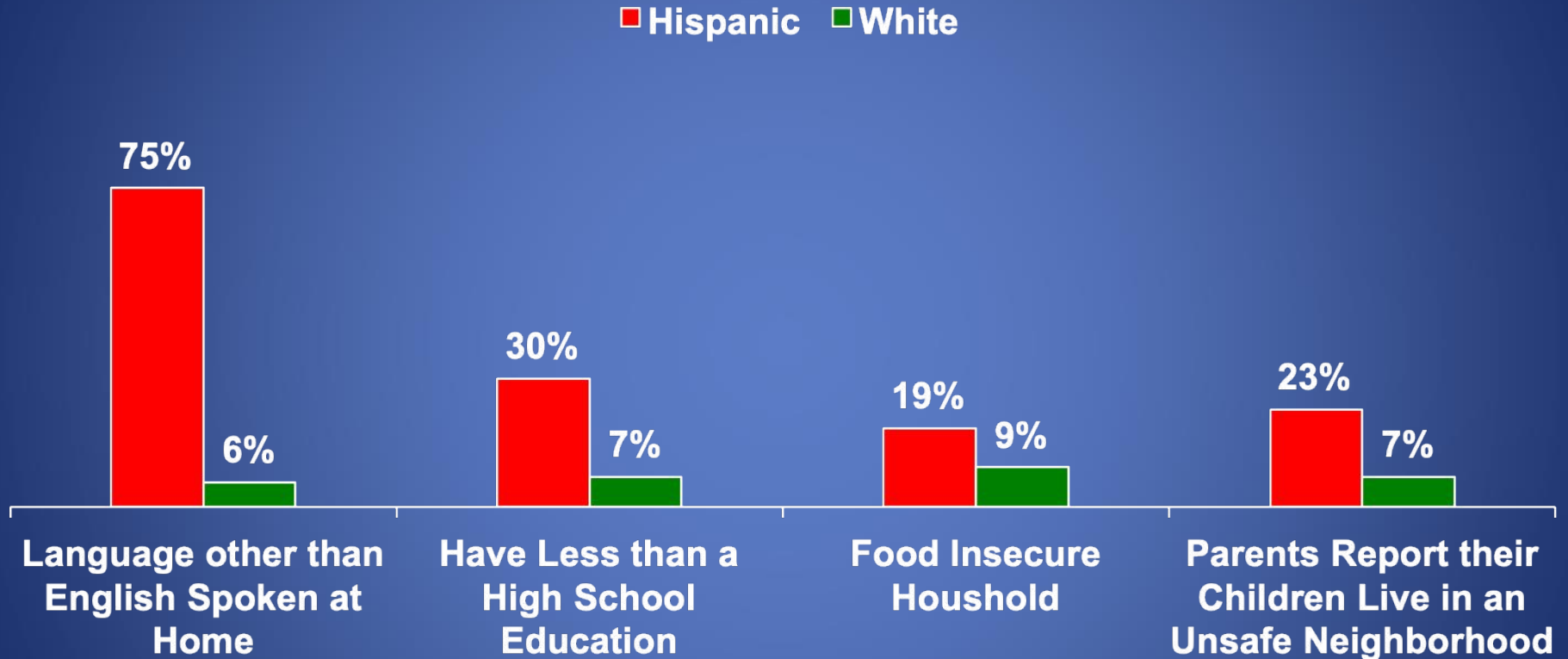
Percentage of All Persons Below Poverty in the U.S. by Race/Ethnicity, 1996-2007



Median household income 2014: Latinos \$42,500 vs \$53,700 all households
Median household net worth 2014: Latinos \$13,700 vs \$81,400 all households

Social Determinants of Health: Other Latino Challenges

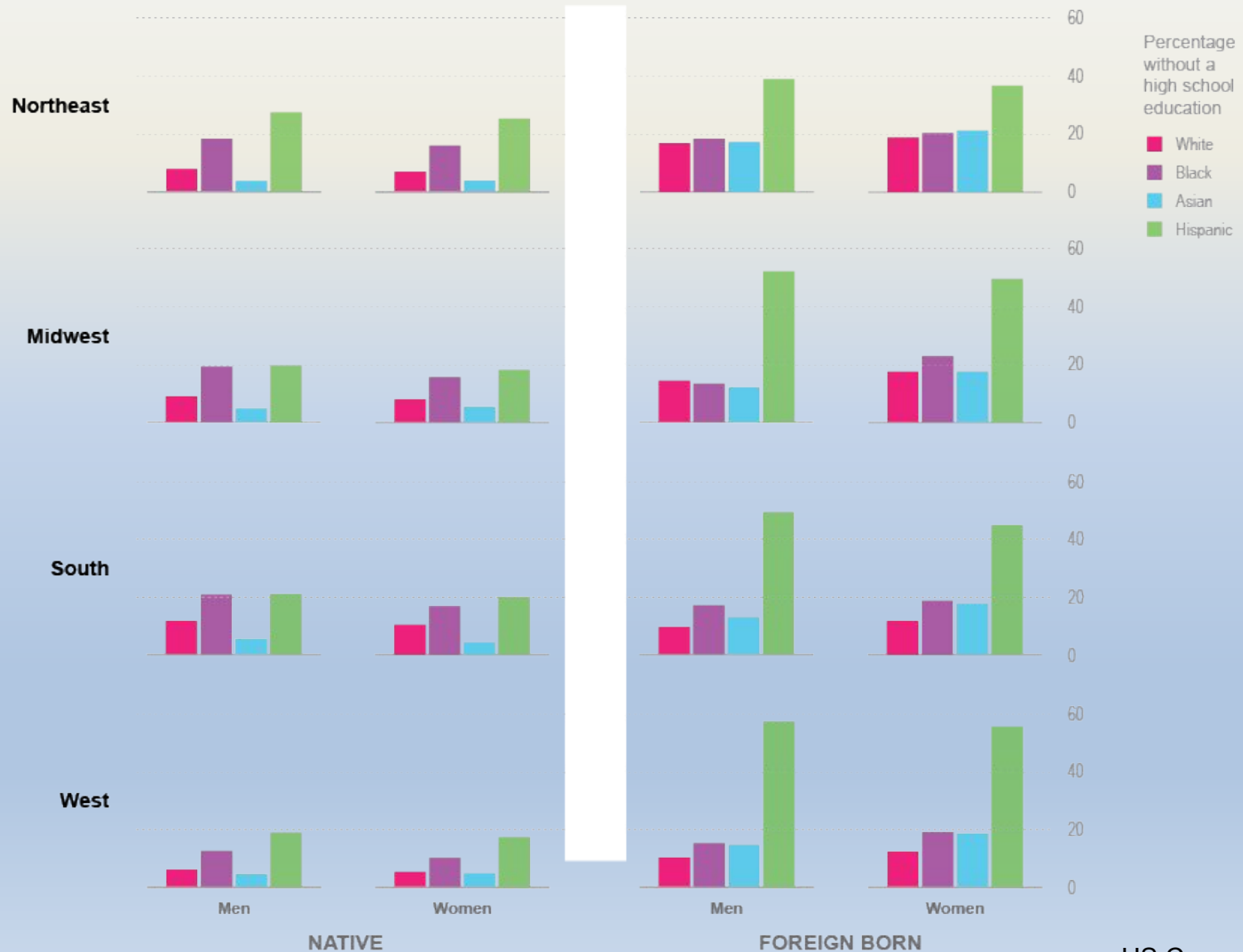
2016



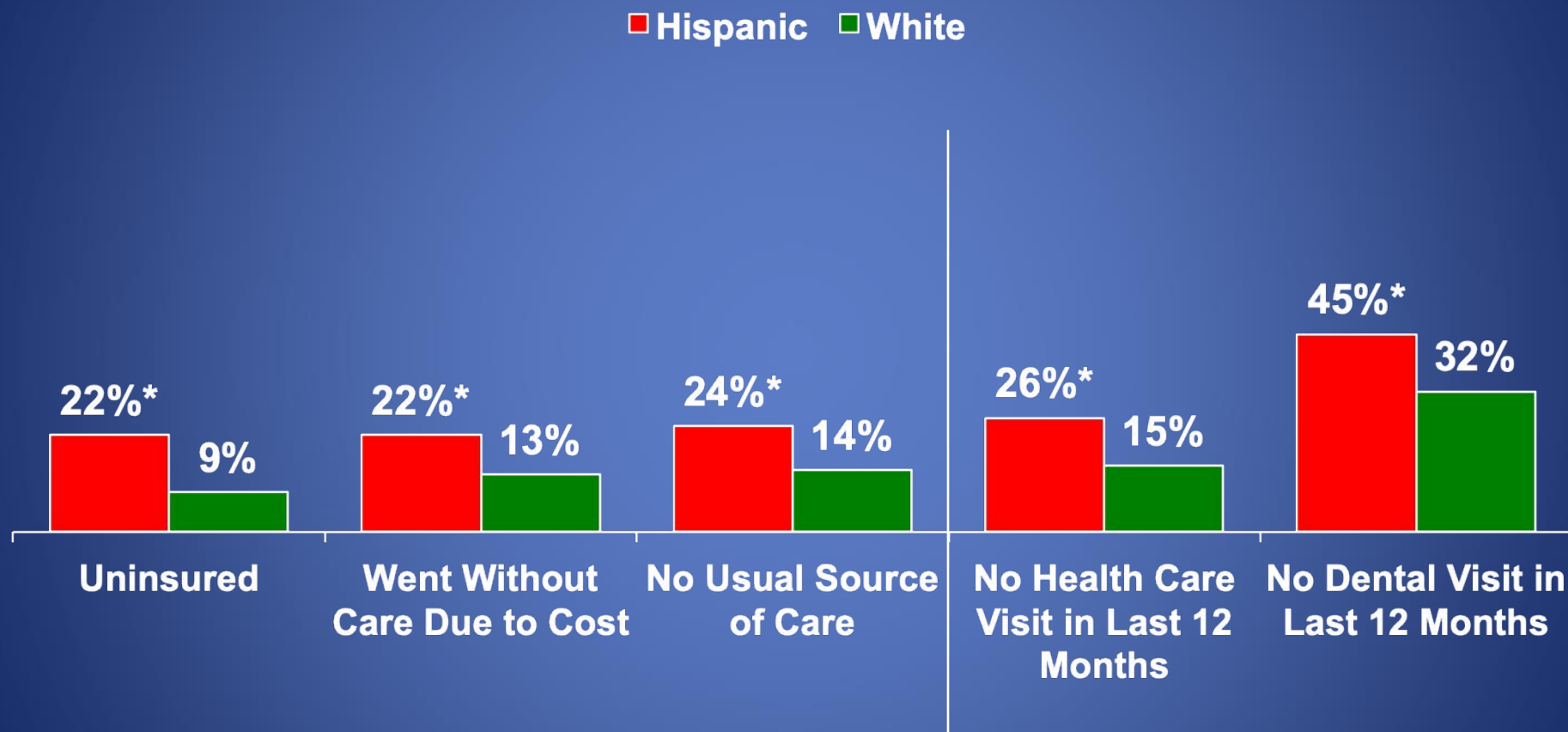
NOTE: Persons of Hispanic origin may be of any race; Whites are non-Hispanic.

SOURCE: U.S. Census Bureau, [Language Use in the United States: 2011](#), U.S. Census Bureau, [Educational Attainment in the United States: 2016](#), U.S. Department of Agriculture, Economic Research Services, [Household Food Security in the United States in 2016](#), Child Trends, Neighborhood Safety, 2013, <http://www.childtrends.org/?indicators=neighborhood-safety>.

People Without A High School Education 2013



Among nonelderly adults, Hispanics face greater barriers to accessing care and receive less care than Whites, 2016



*Indicates statistically significant difference from White population at the $p < 0.05$ level.

NOTE: Persons of Hispanic origin may be of any race; Whites are non-Hispanic. Includes nonelderly adults 18-64 years of age. Data for uninsured includes nonelderly adults 19-64 years of age.

SOURCE: Kaiser Family Foundation analysis of March 2017 Current Population Survey, Annual Social and Economic Supplement, and analysis of CDC, National Health Interview Survey, 2016 and Behavioral Risk Factor Surveillance System, 2016.

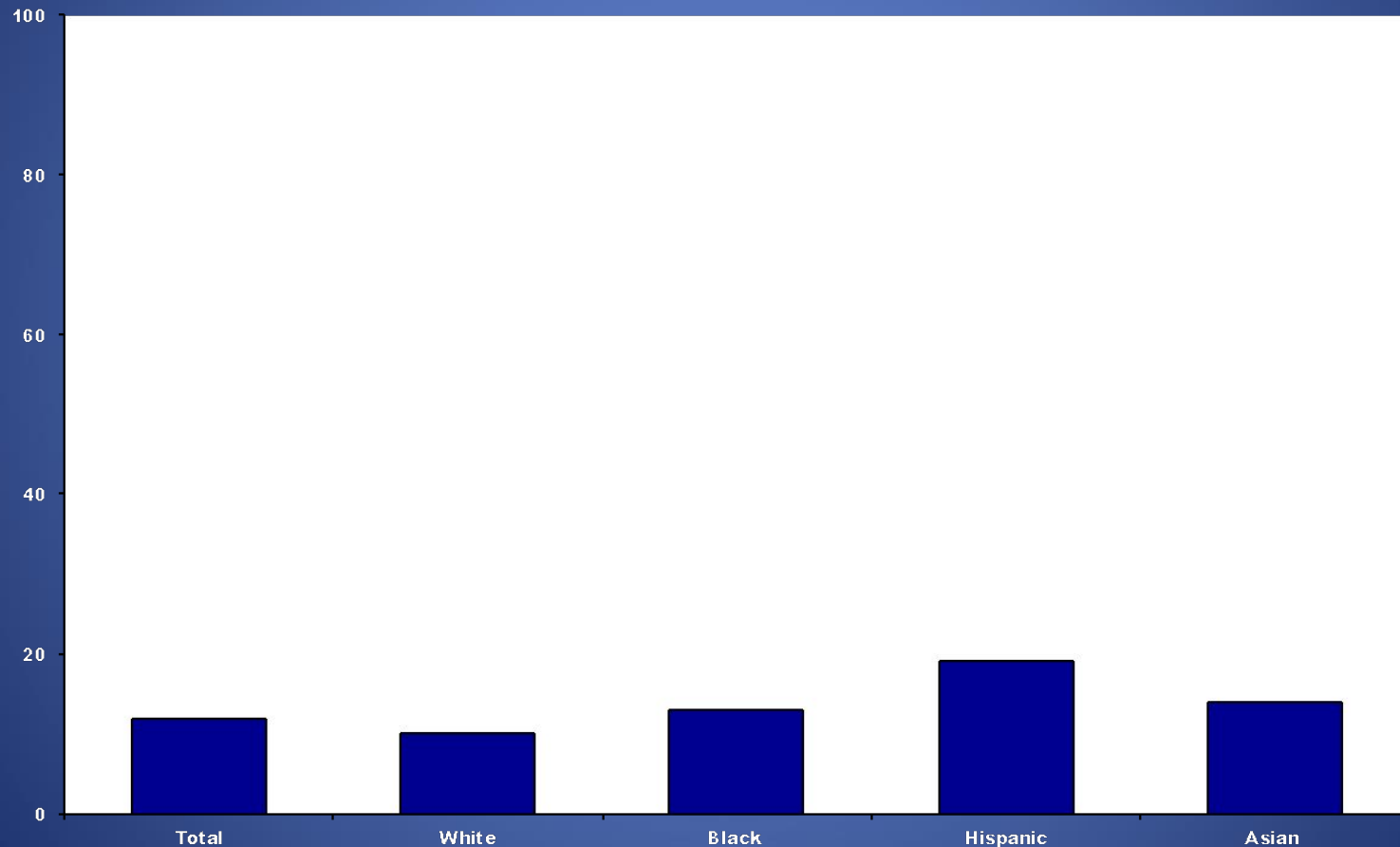
Latinos Access to Health Insurance: Virginia

Year: 2014 ⁴	% with Employer-Sponsored Coverage	% with Medicaid Coverage	Uninsured Rate (All Ages)	Uninsured Rate (0-17)	Hispanic % of Uninsured
Total Population	59.61%	14.67%	10.89%	5.74%	22.61%
Latino	40.42%	19.28%	27.92%	13.33%	- -

Percent uninsured	
Hispanics	27%
U.S.-born Hispanics	12%
Foreign-born Hispanics	45%
Non-Hispanic whites	8%
Non-Hispanic blacks	14%
Hispanics 17 and younger	13%
Non-Hispanic whites 17 and younger	4%
Non-Hispanic blacks 17 and younger	6%

Patient-centeredness: Hispanics are twice as likely as whites to leave the doctor's office with unasked questions.

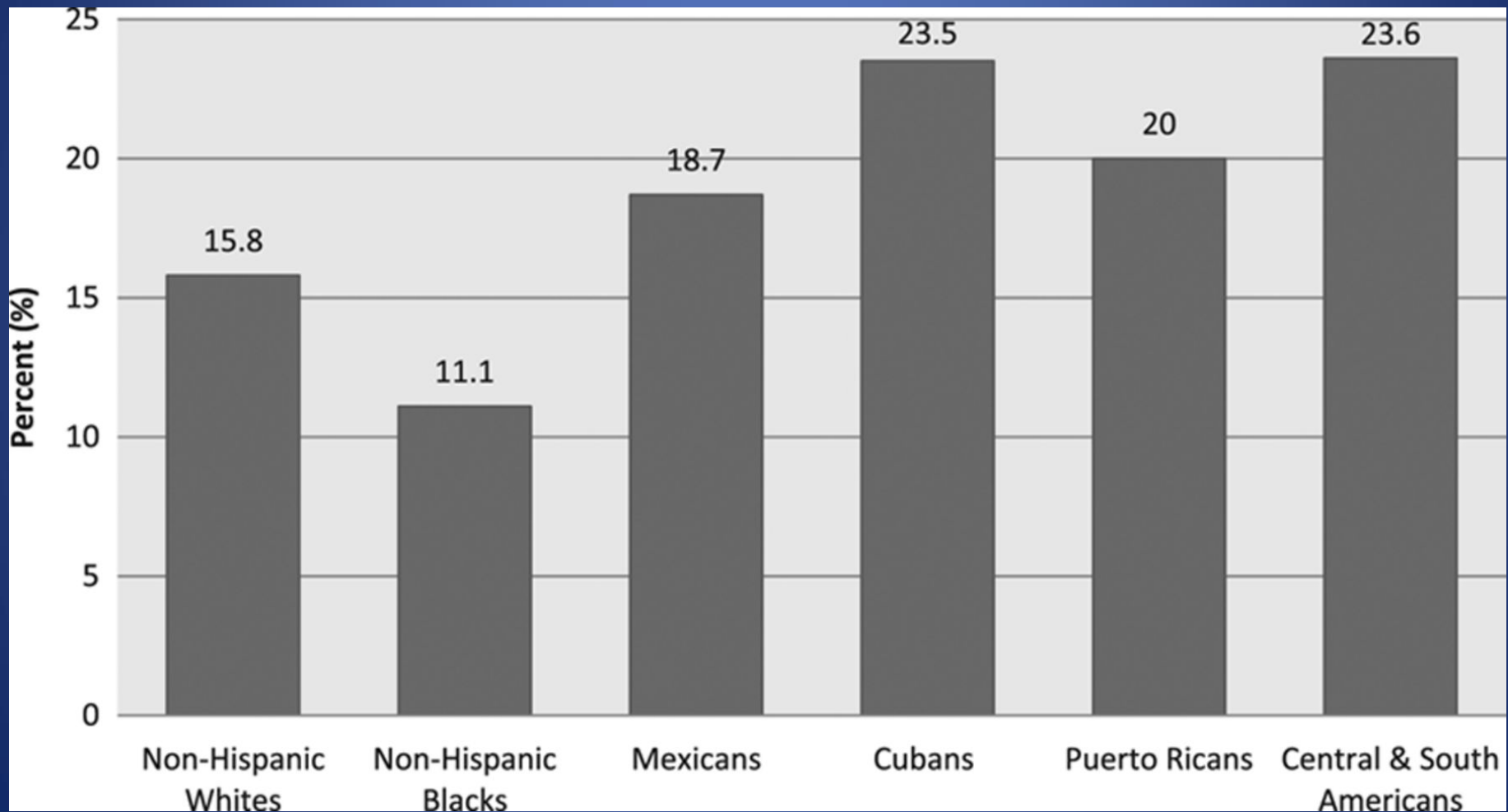
Percentage of adults ages 18 to 64 reporting they had questions that they did not ask on last visit to doctor, 2001



Note: Population includes adults with health care visits in the past two years.

Source: The Commonwealth Fund. Health Care Quality Survey. 2001.

Recent Use Of Complementary And Alternative Medicines Across Racial And Ethnic Groups.



Social Determinants of Health in Latinos

Physical environment- Safety for exercise?

Public Safety- Trust in law enforcement?

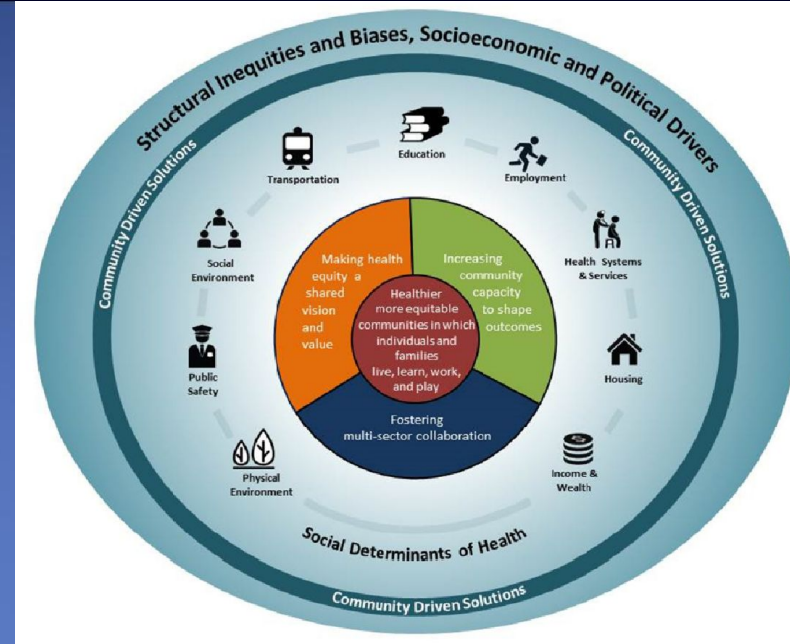
Transportation- For employment and healthcare

Education- Very limited health literacy.

Employment- High risk employment, discrimination, no health insurance.

Health System Services- Cultural humility and empathetic care? Trust?

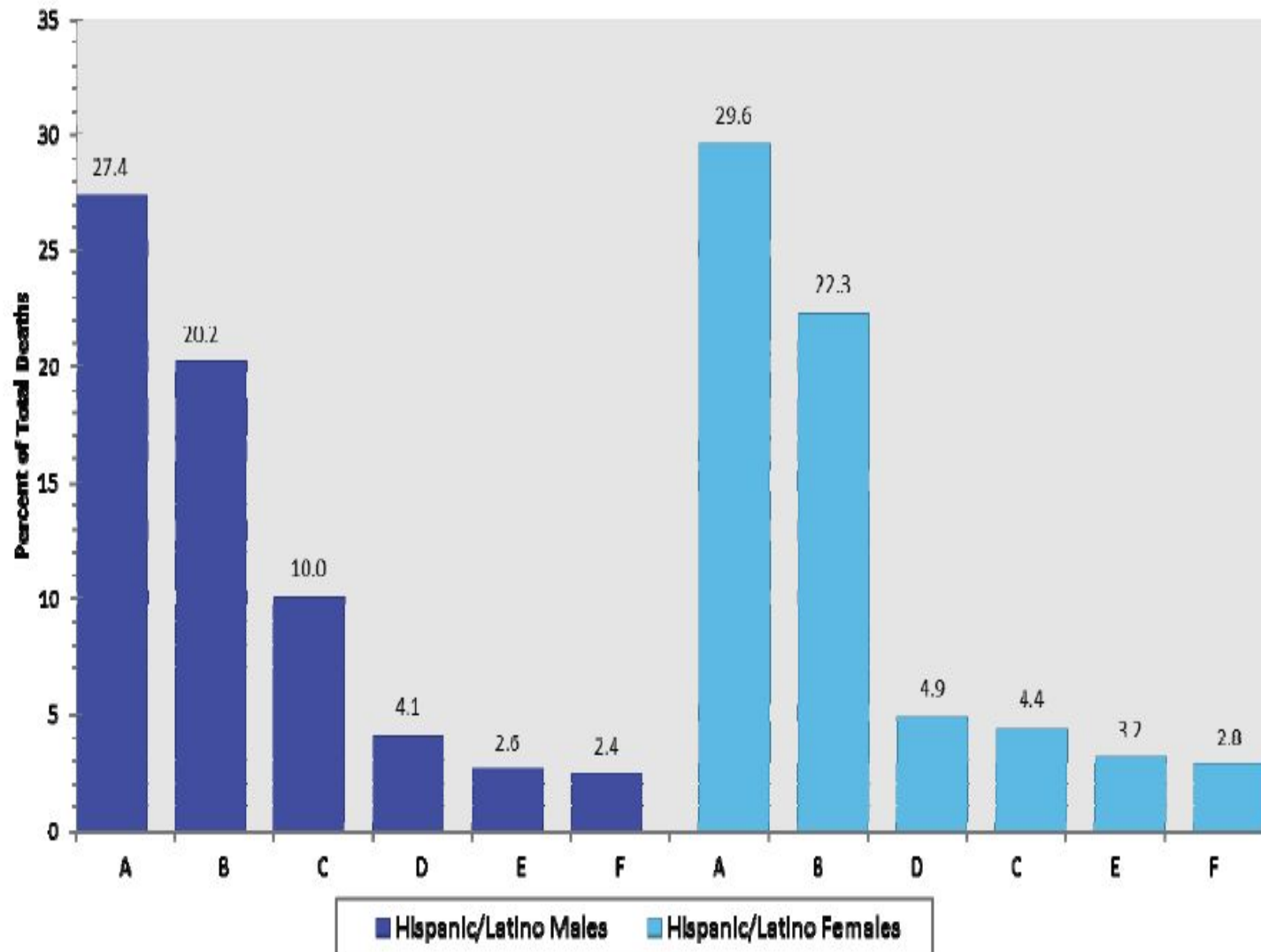
Housing- Insecurity, sanitation, crowding- physical and behavioral health.



Local Challenges: The UVA Latino Health Initiative Experience

- We don't have reliable data about Latinos access to health care in Central Virginia but is likely closer 50%; out of 5,800 in Albemarle and 2,800 in Charlottesville.
- Our Experience:
 - Latinos feel alienated from the benefits of the University of Virginia and the Health System. CHW and Community Nurse
 - “Is this a legitimate interest in our ethnic group?” Community leader
 - Research: “If we, my family or friends don't have access to care, how and why should we contribute to science and others?” Community Leader
 - “Research efforts would be more welcoming if it happens in parallel of some type of service to the people” Community Advisory Board, UVA Latino Health Initiative

Leading Causes of Death in Latinos 2016



A= Cardiovascular B= Cancer C= Accidents D= Diabetes E= Respiratory F=Alzheimers

LATINO HEALTH DISPARITIES: ADULTS



asthma

x2

as likely to
have asthma⁷
(Puerto Ricans)

tuberculosis

x6

as likely to have
tuberculosis⁸

**cervical
cancer**

45%

more likely to be
newly diagnosed with
cervical cancer⁶

40%

more likely to die
from cervical cancer⁴

**liver
disease**

15%

more likely to have
liver disease¹

obesity

15%

more likely to
be obese¹

HIV

x2.5

as likely to be
diagnosed with HIV⁵

x2.5

as likely to die
from HIV⁴

diabetes

65%

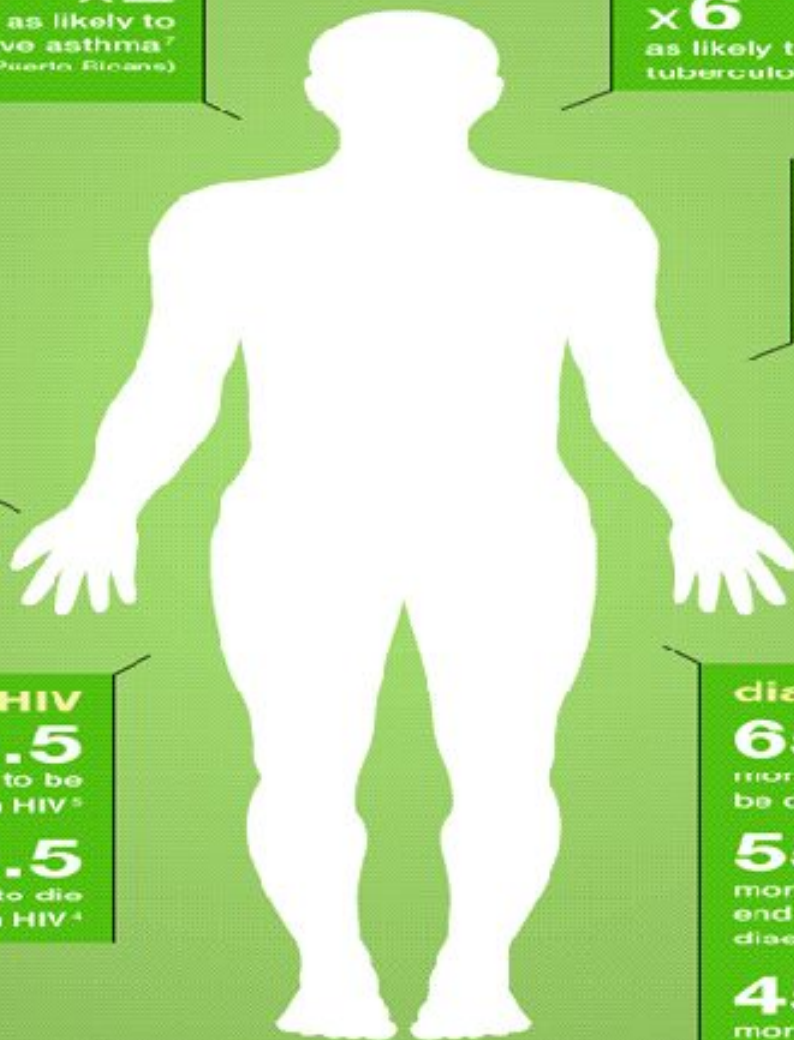
more likely to
be diabetic¹

55%

more likely to have
end-stage renal
disease²

45%

more likely to die
from diabetes⁴



The Hispanic Paradox

- 23% **more** obesity
- 65% **more** diabetes
- 24% **more** uncontrolled hypertension
- 35% **less** heart disease
- 32% **less** heart disease deaths
- 49% **less** cancer
- 35% **less** cancer deaths
- Longer life expectancy

Mental Health

Risk Factors

- Background of hardship
 - War, poverty, persecution
- Transculturation process
- Discrimination
- Cultural and language challenges

Consequence

- PTSD in Central Americans: 33-60%
- Stress, depression and anxiety
- Lack of trust in health provider and system
- Empathetic gap, bidirectional suboptimal understanding

Preventing Cardiovascular Diseases:

Addressing risk factors of individuals with perspective

Standard CV Risk Factors

- Age
- Gender
- Family History
- Obesity
- Hypertension
- Smoking
- Abnormal cholesterol levels
- Physical Inactivity
- Diabetes
- Psychosocial Stress

Health Disparities Domain

- Do they know the risk factors?
- Do they trust our advice?
- Can they follow our advice?
- Do they live in an environment conducive to exercise? Do they have time?
- Can they purchase healthy food, do they have time for preparing healthy food?
- Access to care, primary and specialty care? Medications?
- Particular psychosocial stress according to ethnicity, SES and immigration stats.

Emerging Challenges

- Decrease of primary and urgent care use of service due to deportation fear.
- Expansion of the definition of “Public Charge”
- Threat of states’ creative health programs for immigrants can expose the people for deportation.
- End of birthright citizenship.

Equality



Equity



Justice



Thank You

**“OF ALL FORMS OF INEQUALITY,
INJUSTICE IN HEALTH CARE IS
THE MOST SHOCKING AND
INHUMANE”**

**MARTIN LUTHER
KING JR.**