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## **EXECUTIVE SUMMARY**

# **Health Profile of Nebraska's Latino Population**

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# EXECUTIVE SUMMARY

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Latinos are the fastest-growing population group in the United States, and Nebraska is no exception to this reality. According to the U.S. Census, the Nebraska Latino population is estimated at 167,000, which represents an increase of 70% from 2000 to 2010. Latinos are far from being a homogenous population. About three-fourths of Latinos in Nebraska are of Mexican origin followed closely by people from Central and South America and the Caribbean.<sup>1</sup> It is important to note that not all Latinos speak Spanish. There are over 30 different indigenous languages spoken among Nebraska Latinos. Furthermore, cultural practices also vary widely among subgroups. This is particularly important when examining health outcomes and interventions because language barriers, cultural practices, and health-seeking behaviors greatly impact health outcomes of populations.

In Nebraska, Latinos represent the youngest population group. The median age of Latinos is 22.8 years old, compared to 28.3 years for African Americans and 39.8 years for non-Hispanic Whites. Among adults 25 years of age or older, about half (50.4%) of Latinos had less than a high school education, a rate five times higher than non-Hispanic Whites (8.6%). Educational attainment directly impacts a person's income level, type of occupation, stress levels, access to resources such as affordable and safe housing, good schools, grocery stores, recreational facilities, and access to quality healthcare throughout life, all of which greatly impact health outcomes.<sup>2</sup> Because of these and other factors, people with more education are likely to experience better health outcomes, to live longer lives, and to practice health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining health screenings.<sup>3</sup> Educational attainment among adults is also linked with better health for their children, beginning early in life.<sup>4</sup>

Latinos have a significant gender imbalance when compared to other racial groups with a higher male to female ratio of 107 males to 100 females.<sup>5</sup> The national gender ratio is 97 males to 100 females.<sup>6</sup> One cause of this gender imbalance may be the type of jobs, such as meat-packing, construction, and service jobs that draw Latinos to Nebraska. These male-dominated industries attract young, single males and concentrate them in low-skill, low wage-jobs where the risks for accidents and injuries are high.

Unemployment rates of Nebraska's Latino population are more than twice that of non-Hispanic Whites (11.3% vs. 5.4%). Additionally, the median annual household income among Latinos in Nebraska in 2009 was \$35,962 compared to \$50,937 for non-Hispanic Whites, and the poverty rate is three times higher for Hispanics (27%) than for non-Hispanic Whites (9%). Also notable is the poverty rate among children under age 18. For the first time in U.S. history, the percentage of Latino children in poverty (37.3%) surpassed the percentage of poor non-Hispanic White children (30.5%).<sup>7</sup> According to the Pew Hispanic Center, more than two-thirds of poor Latino children have parents who are immigrants. Poverty has been shown to negatively influence a child's health and development, impacting health outcomes later in life.<sup>8</sup>

Despite the lower socioeconomic status of Latinos, Latino immigrants' overall health status is better than might be expected. Two possible explanations of this are the Latino Epidemiological Paradox<sup>9</sup> and the "salmon-bias." The Latino Epidemiological Paradox states that immigrant Latinos are generally younger at entry to America and carry with them a healthier, more active lifestyle with less consumption of processed foods. However, the longer their stay in the United States, the greater the decline in their health status. The "salmon-bias" states that older, sicker immigrants return to their countries of origin and may die in their homeland; therefore, they are not included in U.S. health statistics.<sup>10</sup>

Indeed, as Latinos acculturate to the American lifestyle, their health worsens. Many immigrants deal with their new "minority" status and tend to acquire habits that lower their health status, including the use of drugs, alcohol, and tobacco,<sup>11</sup> a sedentary lifestyle, and a calorie-dense diet, all of which are considered modifiable risk factors.<sup>12</sup> Problems with English language competency and health literacy, precarious labor and immigration statuses among immigrant families, and exposure to racism further exacerbate the acculturation stress experienced by immigrants.<sup>13</sup> Furthermore, Latinos have limited access to quality and affordable healthcare, especially culturally and linguistically appropriate healthcare, and are more likely to be un- or under-insured.<sup>14</sup> These risk factors contribute to the top five leading causes of death for Nebraska Latino adults, which are (1) cancer, (2) heart disease, (3) unintentional injury, (4) diabetes, and (5) stroke.





## Nebraska Latino Health Status Highlights:

- Over 35% of Hispanic/Latino adults aged 18 to 64 years old do not have a personal physician.
- One quarter of Hispanics/Latinos rated their health status as either “fair” or “poor”.<sup>15</sup>
- Almost one third of the Hispanic/Latino population is uninsured.<sup>16</sup>
- Almost one quarter of Latinas received inadequate prenatal care.<sup>17</sup>
- Close to 10% of Hispanic/Latino adults surveyed through the Behavioral Risk Factor Surveillance System from 2006 to 2010 had more than 10 days in the past month where they mentally did not feel well.<sup>18</sup> Almost a quarter of Latino youth felt sad and hopeless during the past year.<sup>19</sup> About 14% of Hispanics/Latinos report that they never get any emotional support.<sup>20</sup>
- Obesity, measured by a level of BMI at 30 or above, was higher for Hispanics/Latinos than for other groups.
- More than one-third of Hispanics/Latinos have no exercise outside of work.<sup>21</sup>
- The overall STD rate for Hispanics/Latinos was nearly three times the rate for Whites.<sup>22</sup> Also, Latinos bear a disproportionate burden of the HIV epidemic, with a mortality rate that was 3 times that of Whites.
- The teen birth rate for Latina girls was 4.9 times the rate of White girls.
- Hispanic/Latino students were more likely to smoke cigarettes on one or more of the past 30 days than their White peers.<sup>23</sup>

## Many challenges exist in addressing health disparities among Latinos including:

- The Hispanic/Latino community in the U.S. is separated from the larger community by language barriers and different cultural and belief systems.<sup>24</sup> Many settle in segregated ethnic neighborhoods that buffer them from a hostile reception in the larger society and allow them to access the necessary resources to get a leg up in their integration process (such as jobs and services in their native language). However, this may also isolate them further from the larger society without proper intervention strategies and receptive integration policies.
- There is no single “Latino” culture in the U.S. Although there are many similar cultural values, many differences exist among the various Latino subgroups.
- Based on country of origin, socio-economic status, or generational status, each subgroup may have different behavioral risk factors for the leading causes of death that are presented in the report.<sup>25</sup>
- There are multiple risk factors that affect subgroups of Latino populations<sup>26</sup> nationally and in Nebraska, including access to culturally competent care, discrimination, poverty, education, lack of medical insurance, cost of care and services, transportation, and low health literacy.<sup>27</sup>
- Current funding streams and state and federal policies have created barriers to education and healthcare for undocumented immigrants who live and work in Nebraska.

Given these complex challenges, the solutions to addressing health disparities among Hispanics/Latinos require comprehensive, inter-sectoral, multi-level, community-wide interventions and policy changes that address not only health, but also the social determinants of health – the circumstances in which people are born, grow up, live, work, and age, as well as the healthcare systems in place to deal with illness.<sup>28</sup> Policies across sectors such as education, economic development, housing, immigration, public safety, and healthcare can directly or indirectly impact disparate populations, including Latinos. Efforts to revitalize poor neighborhoods, improve the quality of schools and access to public services, guarantee access to healthy foods, and ensure culturally-competent community services and equitable policies that link Latinos to economic opportunities are promising strategies that can significantly improve the health of Latino communities in Nebraska and across the country. Indeed, ending racial and ethnic health disparities is a major challenge—but one that can be met if the research, public health practices, education and training, government, outreach, and service sectors work together.

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## For Additional Information

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## End Notes

- <sup>1</sup> U.S. Census Bureau. Decennial Census 2010.
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  - <sup>16</sup> U.S. Census Bureau, 2010 American Community Survey.
  - <sup>17</sup> Nebraska Behavioral Risk Factor Surveillance System, 2006-2010.
  - <sup>18</sup> Nebraska Youth Risk Behavior Survey. 2010 Survey Results. Retrieved on December 19, 2012 from [http://www.education.ne.gov/HIV/2010\\_YRBS-Results/Data/2011/2010NEH%20Detail%20Tables.pdf](http://www.education.ne.gov/HIV/2010_YRBS-Results/Data/2011/2010NEH%20Detail%20Tables.pdf).
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  - <sup>22</sup> Nebraska DHHS STD program, 2006-2010.
  - <sup>23</sup> Nebraska Youth Behavioral Risk Factor Survey, 2011.
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- \* The cover image is "Salud," 2003 (acrylic on canvas) ©Xavier Cortada / Private Collection / Bridgeman Art Library

