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The Health of Latinos in Massachusetts: A Snapshot

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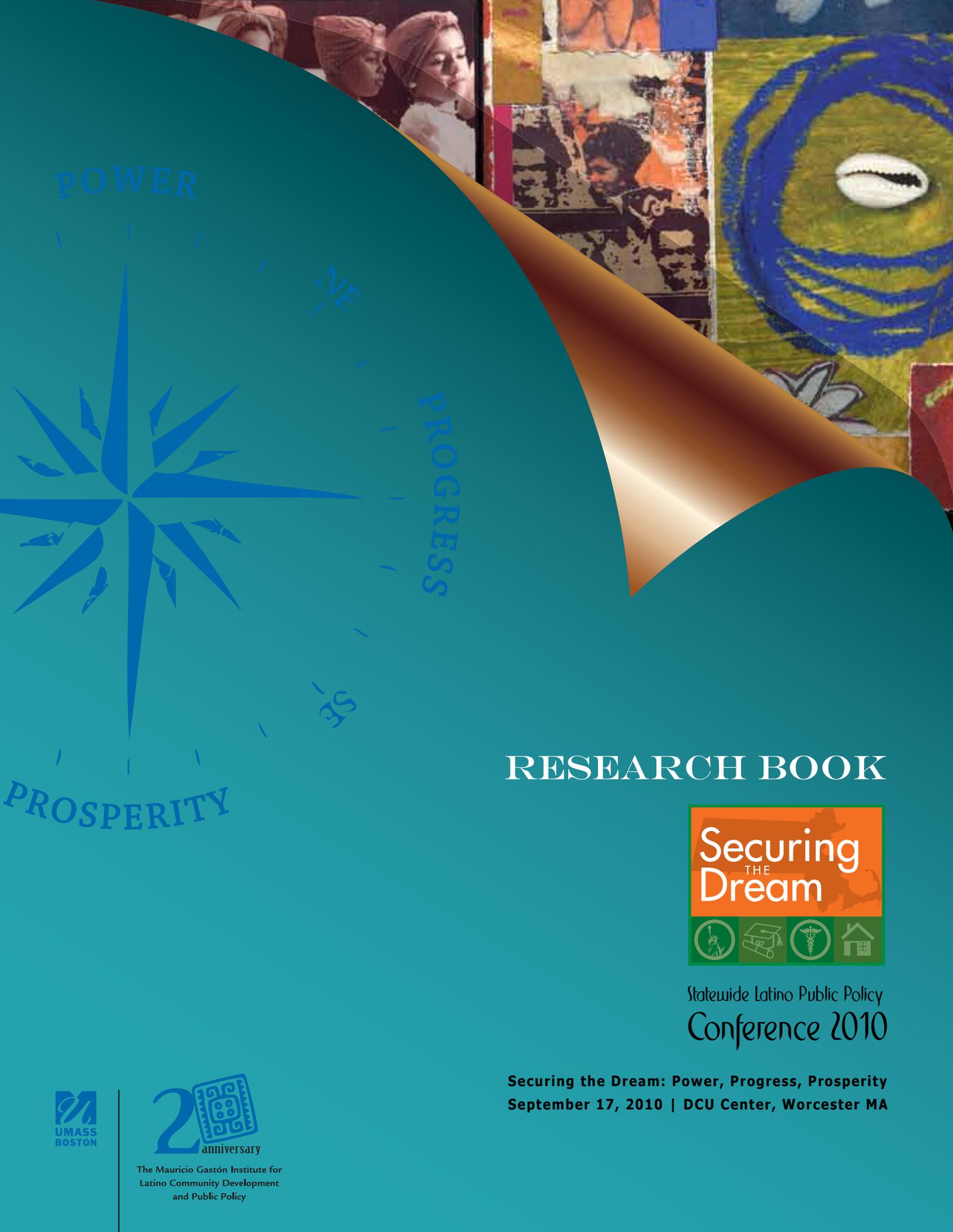
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Statewide Latino Public Policy
Conference 2010

Securing the Dream: Power, Progress, Prosperity
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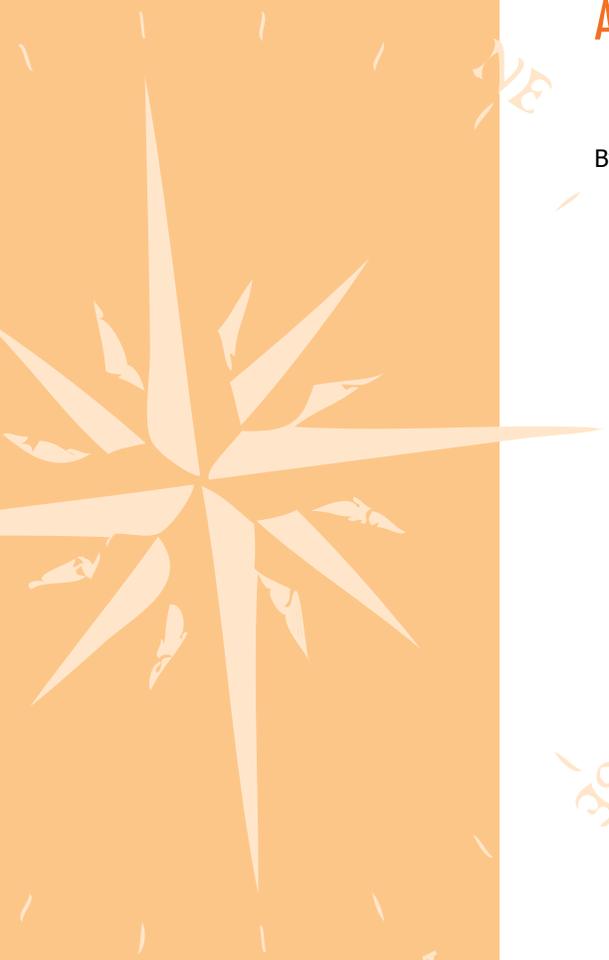
Statewide Latino Public Policy
Conference 2010

CHAPTER 5

The Health of Latinos in Massachusetts: A Snapshot

By Dharma E. Cortés, PhD and Rodolfo R. Vega, PhD

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Introduction

People's health outcomes are shaped in part by non-biological factors. Most immediately, limited access to health care services can have a deleterious impact on individuals' health outcomes (Andrulis, 1998). In turn, access to healthcare services is influenced by socioeconomic factors such as whether a person has health insurance or the financial means to pay for their health care. Familiarity with the health care system is another important factor that may influence an individual's access to healthcare services (Morgan et al., 2008). Language also plays an important role in health outcomes. For instance, individuals with limited English proficiency may find it hard to communicate with providers who do not speak their language, and to access the information they need in order to manage their health conditions.

This report provides a snapshot on specific health issues that affect the Latino population in Massachusetts: HIV/AIDS, asthma, diabetes, obesity, occupational health, cancer, and oral health. The data presented here were obtained from databases and reports issued by the Massachusetts Department of Public Health such as the Massachusetts Community Health Information Profile (MassCHIP), A Profile of Health among Massachusetts Adults (MDPH, 2008), and Health of Massachusetts (MDPH, 2010), among others.

Information on the disparate impact that some of these conditions have within the Latino population and across regional areas is provided in order to highlight the role that contextual factors such as place of birth, gender, and area of residence play on health outcomes. The information presented in this report further confirms that health outcomes do not occur in a vacuum, but rather are embedded in the complex social, economic, and demographic web that envelops Latinos in Massachusetts.

Sociodemographic Profile of Latinos in Massachusetts

Age

More than half (65%) of all Latinos in Massachusetts were born in the United States, and this subgroup is significantly younger (median age = 19) than foreign-born Latinos in the state, whose median age is 37 (Pew Hispanic Center, 2008). Overall, Latinos in the state, with a median age of 26, are a younger population than white non-Latinos and black non-Latinos (median ages 41 and 31, respectively).

Poverty

A significant number of Latinos in Massachusetts live in poverty. Specifically, slightly more than one-third (33%) of Latinos 17 and younger live in poverty, compared to 6% of non-Latino whites and 21% of non-Latino blacks. In the age group 18-64, the percentages living in poverty are about 22% for Latinos, 2% for non-Latino whites, and 9% for non-Latino blacks (Pew Hispanic Center, 2008).

Health Insurance

In 2006, the Massachusetts legislature passed Chapter 58 of the Acts of 2006 of the Massachusetts General Court (entitled "An Act Providing Access to Affordable, Quality, Accountable Health Care"). One of the goals of Chapter 58 was to expand affordable health insurance coverage to about 530,000 uninsured residents within three years, and thus provide near-universal health insurance coverage to the Commonwealth's residents. As a result, about 97%

of all Massachusetts residents now have health insurance coverage (Cortés, 2010). However, Latinos remain the group with the highest proportion of uninsured individuals. About 9% of Latino residents are uninsured, compared to 3% of non-Latino whites and 7% of non-Latino blacks (Pew Hispanic Center, 2008). Foreign-born Latinos fare worse: about one-sixth of them (16%) lack health insurance, compared to the 6% rate for Latinos born in the United States. Finally, Latino (20%) and black (17%) adults are more likely than white (10%) adults to report that they do not have a personal doctor (Pew Hispanic Center, 2008).

Language Use

Only about 19% of Latinos in Massachusetts ages 5 and older report speaking only English at home. Among those who do not speak only English at home, about 53% report speaking English very well and 47% report speaking English less than well (Pew Hispanic Center, 2008).

Overall Health and Leading Causes of Death

Self-reported health is a predictor of objective health outcomes such as later mortality, morbidity, and access to health care; it is useful as a proxy for unmet health needs and the burden of chronic disease (Connelly et al., 1991; Idler & Angel, 1990; Rutledge et al., 2010). Individuals' self-assessment of their overall health is influenced by sociodemographic factors such as education, economic status, and living conditions (MDPH, 2010). In light of the sociodemographic profile of Massachusetts' Latino residents it is not surprising that they rate their health significantly worse than whites and blacks. For 1993 to 2007, the average percentage of Latinos who reported fair or poor health was almost 34% compared to 10.5% of white residents, and 17% of black residents (MDPH, 2008). In 2008, Latinos continued to assess their health as fair or poor at a higher proportion (26%) than blacks (18%), and whites (11%) (MDPH, 2009e).

Below we present a table that shows the ten leading causes of death among Massachusetts Latinos, as well as among whites, blacks, and Asians. Latinos and blacks are the only two groups that show the same ten leading causes of death (though ranked differently), whereas whites and Asians share six out of ten leading causes of death. Perinatal conditions, HIV/AIDS, homicide, and chronic liver disease do not appear among the ten leading causes of death for whites or Asians (MDPH, 2009b).

Table 1: Ten Leading Causes of Death among Latinos Compared to Other Racial/Ethnic Groups: MA, 2007

	Latinos	White Non-Latinos	Black Non-Latinos	Asian Non-Latinos
Leading Cause				
Cancer	1	1	1	1
Heart Disease	2	2	2	2
Unintentional Injuries	3	5	5	5
Diabetes	4	9	4	7
Stroke	5	3	6	3
Perinatal conditions	6		10	
Homicide	7		7	
HIV/AIDS	8		8	
Nephritis	9	8	3	8
Chronic liver disease	10		9	

Source: MDPH (2009b)

Regional Death Rates

Latinos in Springfield have the highest age-adjusted death rate¹ from all causes followed by Latinos in Holyoke, Revere, New Bedford, Worcester, Fitchburg, Lowell, Brockton, Boston, and Haverhill in that order. It is important to note that, with the exception of Springfield, where Latinos have the second highest rate of death due to all causes, Latinos trail behind both whites and blacks in age-adjusted death rates. Regional data available on causes of death by cities indicate that Latinos residing in Revere have the highest age-adjusted rate of death caused by cancer (although very similar to the rates for Latinos in Springfield), diabetes, and stroke, but that heart disease (the second leading cause of death among all Latinos in the state) as cause of death is number twelve in Revere (MassCHIP data). Latinos in Revere also have the highest death rates due to chronic obstructive pulmonary disease and pneumonia/influenza.

HIV/AIDS

Since the AIDS epidemic's onset, Latinos in Massachusetts have been disproportionately affected by HIV/AIDS. While only 9% of the Massachusetts population is Latino, 25% of people living with HIV/AIDS in Massachusetts are Latinos (MDPH, 2009c). The age-adjusted prevalence rate of HIV/AIDS among Latinos (1,438 per 100,000) is 10 times greater than for non-Latino whites (139 per 100,000). Latinos' age-adjusted average annual rate of death between 2005 and 2007 (22 per 100,000) was 7 times greater than for whites (3 per 100,000) (MDPH, 2009c).

Between 2005 and 2007, Latino men and Latinas had similar HIV infection diagnoses rates: 27% of women diagnosed with HIV were Latinas, as were 26% of men diagnosed with HIV (MDPH, 2009c). However, the mode of HIV exposure varies across gender lines. Among Latino men, male-to-male sex accounts for 38%, injection drug use 25%, and heterosexual sex with partners with unknown risk and HIV status (presumed heterosexual exposure) 17% of reported exposures. Among Latinas, 33% of exposures occur through presumed exposure through heterosexual sex with partners with unknown risk or HIV status (presumed het-

erosexual sex) and 32% are related to heterosexual sex with partners with known risk and/or HIV status (MDPH, 2009d).

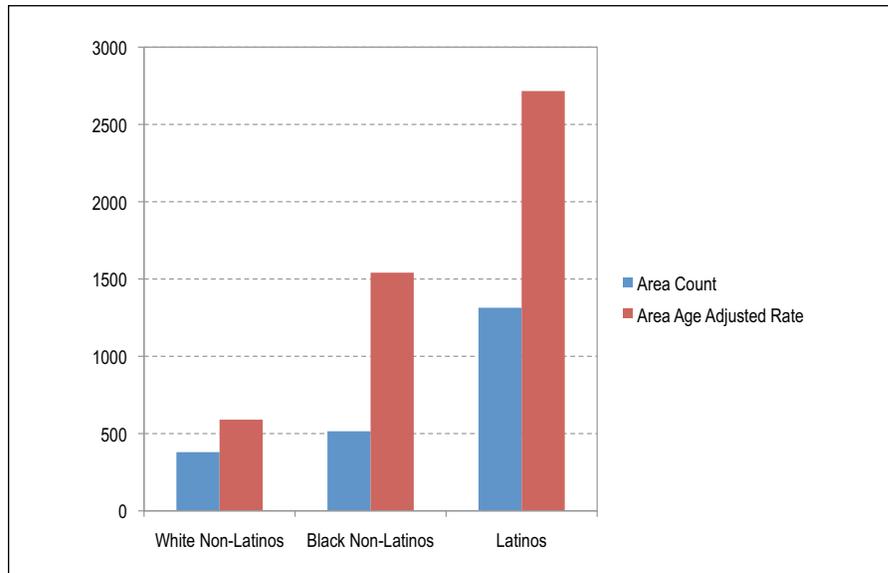
The largest proportion of Latinos (51%) who have been recently diagnosed with HIV reside in the Western Health Service Region followed by the Northeast Health Service Region (31%) and the Central Health Service Region (26%) (MDPH, 2009c). In Western Massachusetts injection drug use is the leading HIV risk factor among Latinos, whereas male-to-male sex is the most prominent risk factor in Eastern Massachusetts (MDPH, 2010). Among the cities with over 20 people diagnosed with HIV infection between 2005 and 2007, Lawrence, Holyoke, Chelsea, Springfield, Chicopee, Everett, Revere, Lowell, Framingham, and Lynn had the highest proportions of Latinos diagnosed with HIV infection (MDPH, 2009c).

Asthma

From 2005 through 2007, the three-year average annual prevalence of current asthma among adults in Massachusetts was similar across white (9.8%), Latino (10.5%), and black (10.4%) residents (MDPH, 2009a). However, the three-year average annual prevalence of lifetime asthma was higher for Latinos (17.3%) than for whites (14.6%). Among children, the prevalence rates of current asthma between 2005 and 2007 show higher rates for blacks (16%) than for Latinos (13.1%) and whites (9.1%), but the differences are not statistically significant. There are, however, significant differences in the three-year average annual prevalence of lifetime asthma between Latino (17%) and white children (13.4%) (MDPH, 2009a).

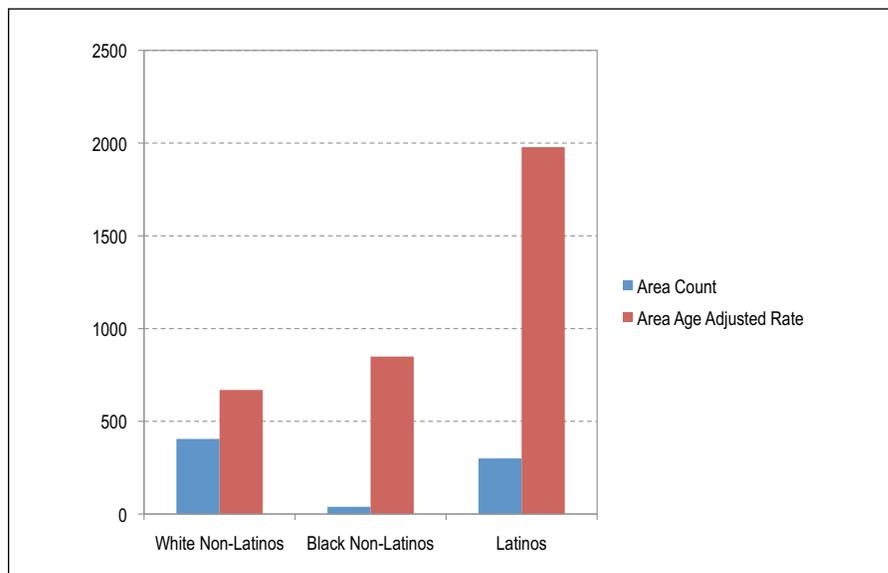
There are racial and ethnic differences in access to asthma care. For example, asthma emergency room visits among Latinos are almost three times higher than the rates for whites across the state, and the rates are even higher among black residents (MassCHIP data). The same is true for asthma inpatient hospitalization rates: Latinos have rates that are almost three times higher than whites, but lower than for blacks (MassCHIP data). However, Latinos in Springfield visit the emergency room for asthma-related care at rates that are almost five times higher than whites in Springfield (see Figure 1), six times higher than whites statewide, and two times higher than Latinos statewide. The emergency room visit rate for asthma among Latinos in Springfield is also almost two times higher than blacks' rate. Latinos in Lowell also visit the emergency room for asthma related episodes at higher levels compared to whites and blacks in Lowell (see Figure 2), as well as Latinos, blacks, and whites statewide.

Figure 1. Asthma Emergency Room Visits: Springfield



Source: MassCHIP, 2005 Calendar Year Hospital Emergency Visits.

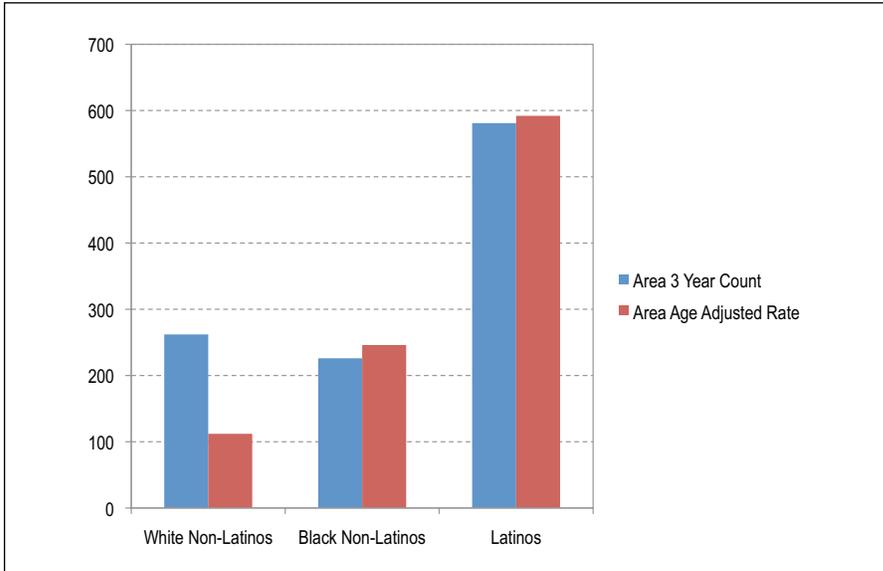
Figure 2. Asthma Emergency Room Visits: Lowell



Source: MassCHIP, 2005 Calendar Year Hospital Emergency Visits

Latinos also experience disproportionate rates of asthma inpatient hospitalizations in the Springfield area. Their asthma hospitalization rate is five and two times higher than white and black residents in Springfield, respectively. However, at the state level, the asthma inpatient hospitalization rate is higher for blacks than for Latinos and whites.

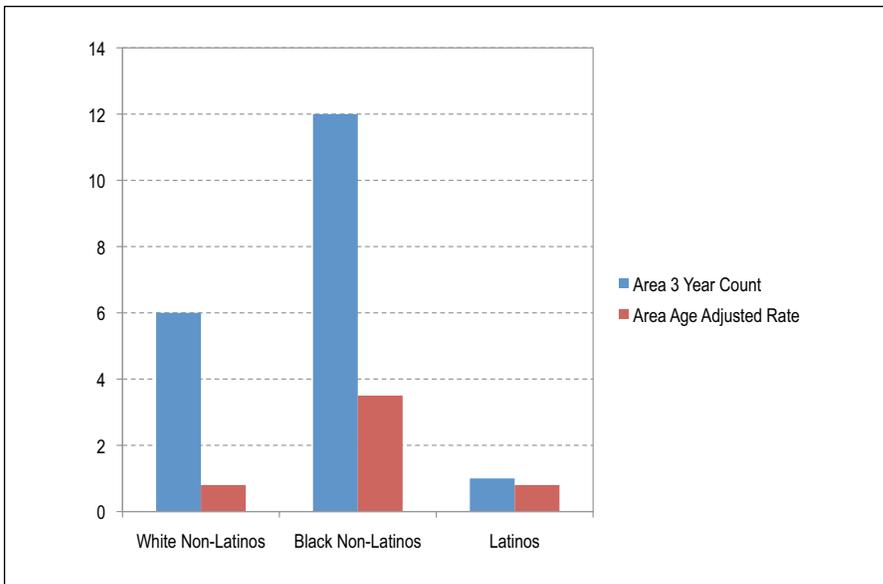
Figure 3. Asthma Inpatient Hospitalizations: Springfield



Source: MassCHIP, 2004-2006 Calendar Year Hospital Discharges (Uniform Hospital Discharge Data Set)

In Boston, the asthma mortality rate for Latinos is the same as for whites (MassCHIP data). However, the asthma mortality rate among Latinos in Springfield is 6 times higher than for whites and almost 3 times higher than the rates for Latinos in the state. Asthma mortality rates are also significantly higher among Latinos in Worcester (See Figures 4,5, and 6.)

Figure 4. Asthma Mortality: Boston



Source: MassCHIP, 2005-2007 Mortality (Vital Records) ICS-10 based

Figure 5. Asthma Mortality: Springfield

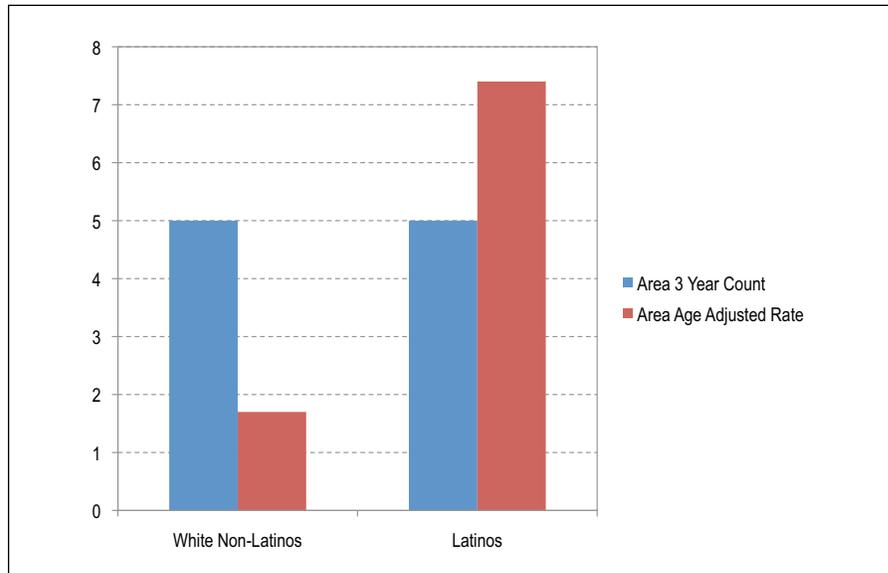
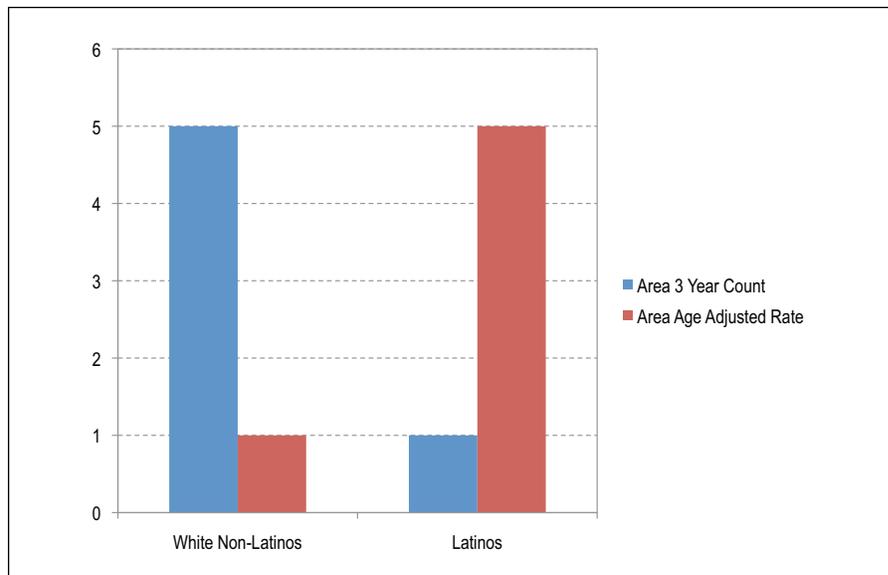


Figure 6. Asthma Mortality: Worcester



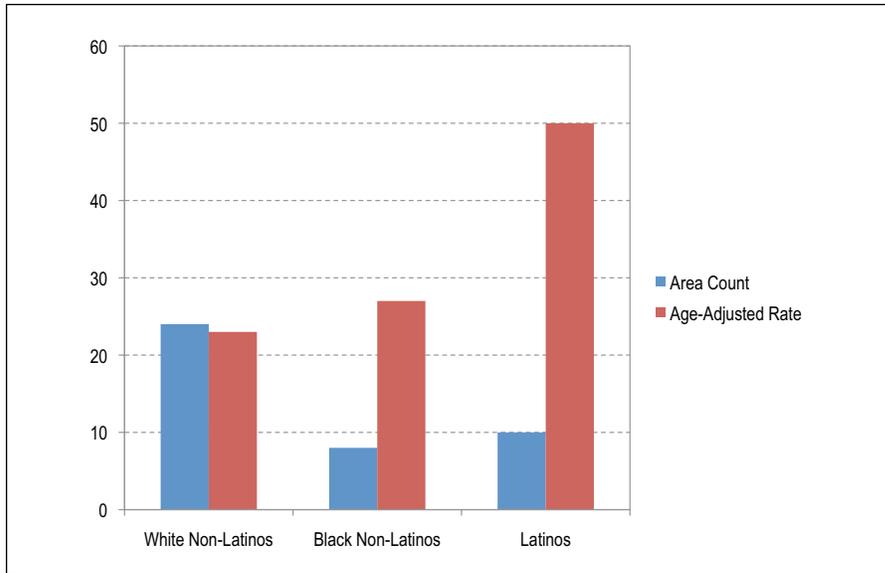
Source: MassCHIP, 2005-2007 Mortality (Vital Records) ICS-10 based

Diabetes

Black and Latino populations have nearly twice the rate of diabetes as white populations (MDPH, 2010). Latinos' diabetes-related mortality rates are higher than the rates for whites but lower than blacks' rates (MassCHIP data). Black adults (13%) and Latino adults (13%) are more than twice as likely as white adults (6%) to report that they have ever been diagnosed with diabetes (MDPH, 2009e). Latino and black residents have higher death rates from diabetes than white residents (MDPH, 2010).

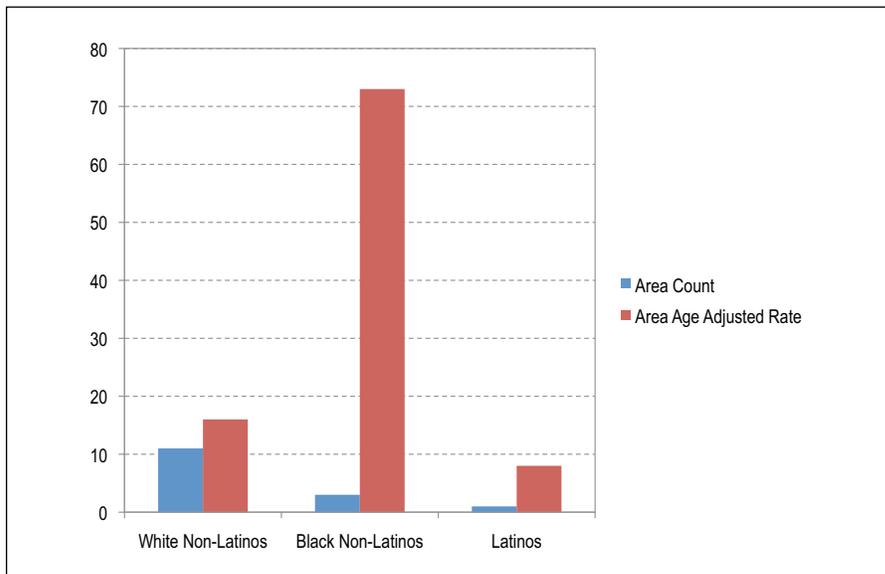
Data show that area age adjusted diabetes mortality rates for Latinos are the highest in Springfield (MassCHIP data). These rates are two times higher than for whites in Springfield and almost two times higher than for Latinos statewide. In sharp contrast, diabetes mortality rates are low among Latinos residing in Lynn (see Figure 8).

Figure 7. Diabetes Mortality: Springfield



Source: MassCHIP, 2007 Mortality (Vital Records) ICS-10 based

Figure 8. Diabetes Mortality: Lynn

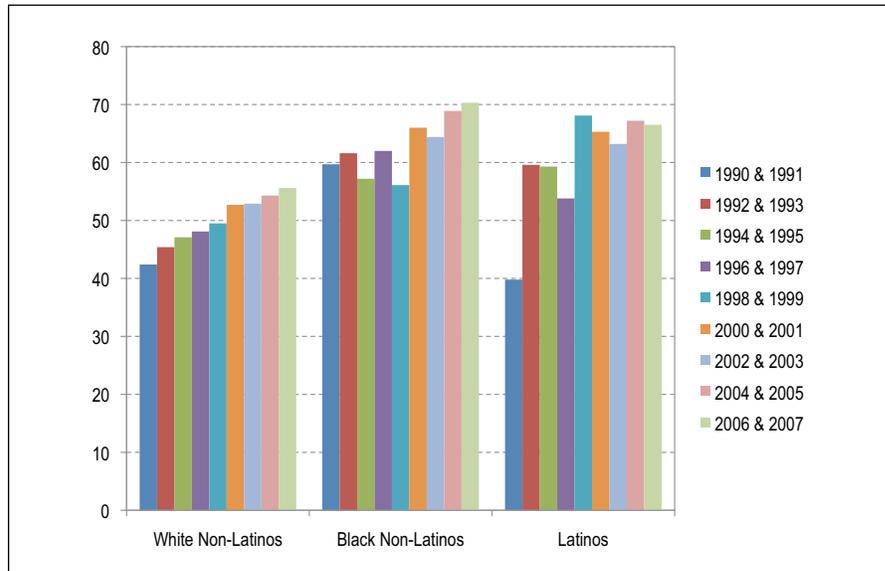


Source: MassCHIP, 2007 Mortality (Vital Records) ICS-10 based

Obesity

For 1990 to 2007, the average percentage of Latino residents who were overweight (i.e., Body Mass Index between 25 and 29.9) or obese (i.e., Body Mass Index of 30 and higher) was 63.1%, compared to 49.5% for whites and 64.4% for blacks (MDPH, 2008). The overweight/obesity rates across ethnic/racial groups have experienced steady increase overtime (see Figure 9). As of 2008, 60.2% of Latinos in Massachusetts were overweight or obese (CDC, 2008). The 2008 overweight/obesity rates for black and white residents were 63.2% and 55.2%, respectively (CDC, 2008).

Figure 9. Overweight/Obesity Rates



Source: Massachusetts Department of Public Health, Bureau of Health Information Statistics, Research and Evaluation, BRFSS

School-age Latinos have slightly higher rates (15%) of overweight compared to their white counterparts (9%), but lower than blacks (22%) (MDPH, 2010). Although it is not possible to establish a causal relationship between overweight and sedentary behavior, it is important to highlight that TV watching is more prevalent among school-age blacks and Latinos than among whites. Almost half (49%) of the Latino students and 46% of black students watch three or more hours of television on an average school day compared to only 27% of white students (MDPH, 2010). Participation in any leisure time physical activity among adults is also disparate. Black adults (73%) and Latino adults (59%) are less likely to report any leisure time physical activity than white adults (81%) (MDPH, 2009e). Black and Latino residents also report the highest prevalence of a poor diet (i.e., self-reports on fruit and vegetable intake), and are more likely to report not engaging in regular physical activity (MDPH, 2010).

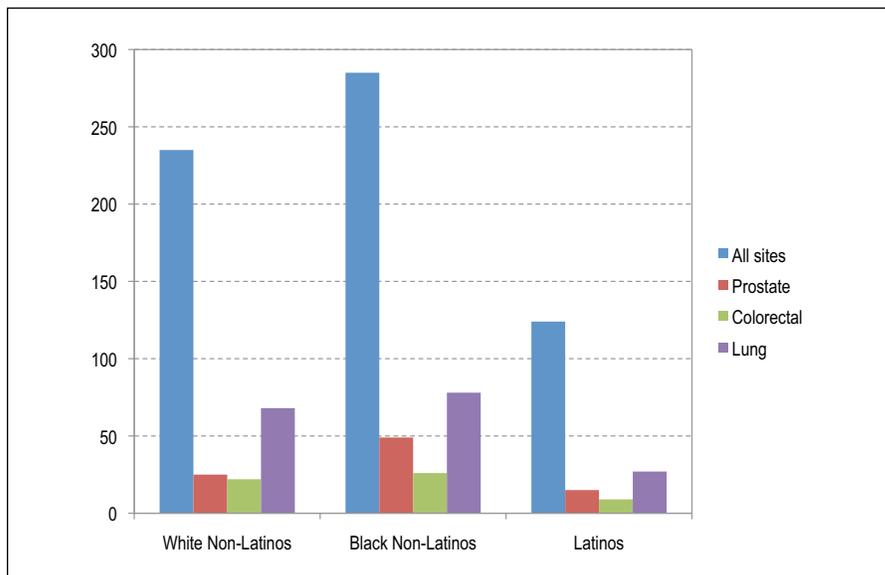
Occupational Health

Occupational fatality data collected by the Massachusetts Department of Public Health's Occupational Health Surveillance Program indicate that Latino workers in Massachusetts are more likely to be fatally injured at work than their white counterparts (MDPH, 2010). Data from years 2000–2007 document that Latino workers were more likely to die on the job. The rate for fatal occupational injuries among Latinos was 3.1 per 100,000 workers compared to 2.0 per 100,000 workers among whites (MDPH, 2010). The occupational fatality rates are even more disparate for fatal falls in construction: 8.4 per 100,000 workers among Latinos versus 3.6 among whites.

Cancer

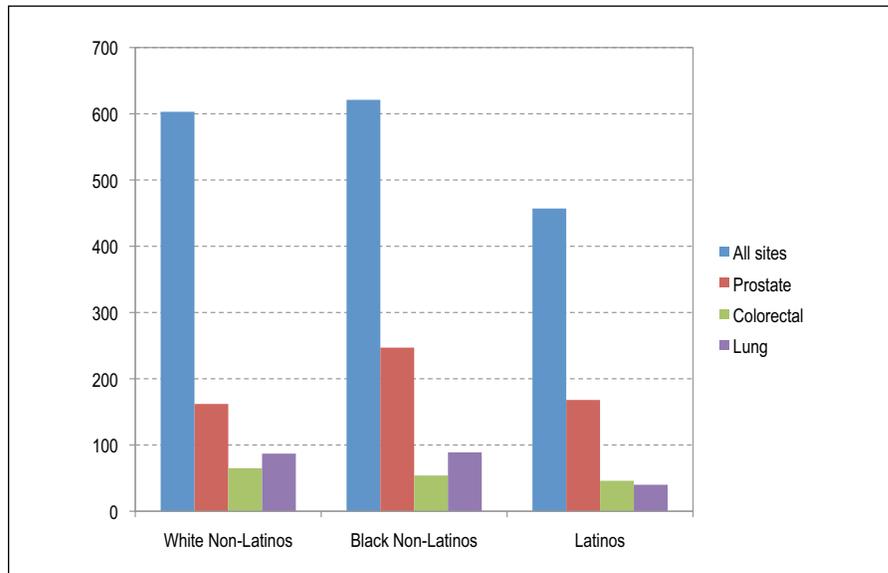
Although cancer is the leading cause of death in Massachusetts for all racial/ethnic groups except for American Indians, Latinos have a lower mortality rate due to cancer than any other group (see Figure 10) (MDPH, 2010). Black males have the highest incidence rate of all cancer types combined (Figure 11). Latinos and blacks had a higher incidence of prostate cancer than whites, although Latinos' prostate cancer mortality rate is lower than that of whites (MDPH, 2010). However, the incidence rate of prostate cancer among Latinos varies by region. In Boston, Latinos experience prostate cancer incidence rates (i.e., area age-adjusted rates) comparable to those of whites (see Figure 12). In Springfield, Latinos have slightly higher prostate cancer mortality rates than any other group (see Figure 13). It is important to note that Latinos 50 years old and older are less likely to be screened for prostate cancer, whether using prostate-specific antigen (PSA) test or digital rectal exam (DRE), than any other group (see Figure 14).

Figure 10. Cancer Mortality Rates by Race and Ethnicity



Source: MDPH Cancer Registry, 2002–2006

Figure 11. Cancer Incidence Rates by Race and Ethnicity



Source: MDPH Cancer Registry, 2002-2006

Figure 12. Prostate Cancer Incidence: Boston

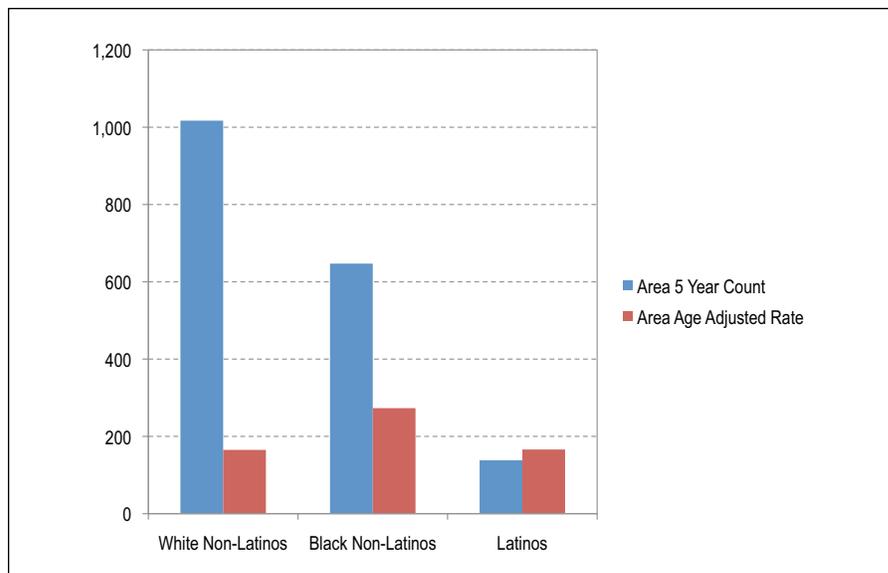
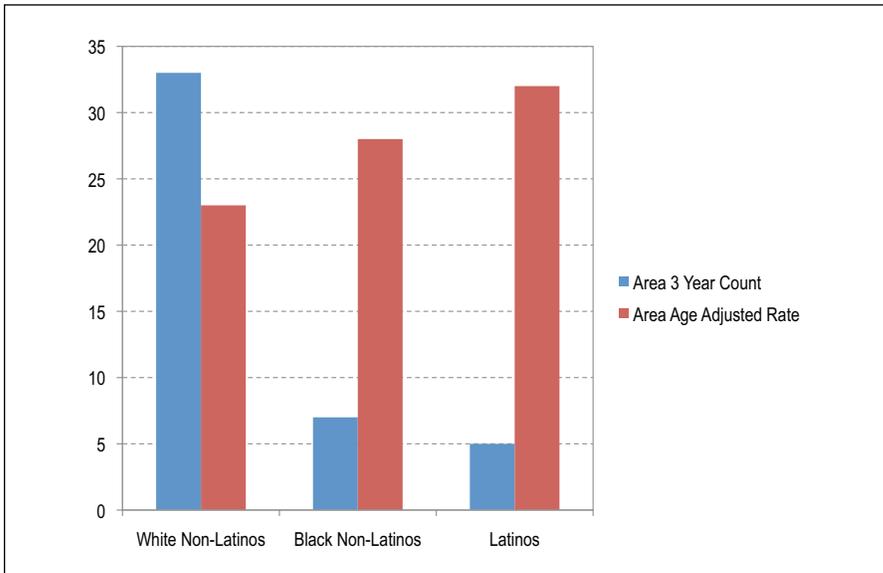
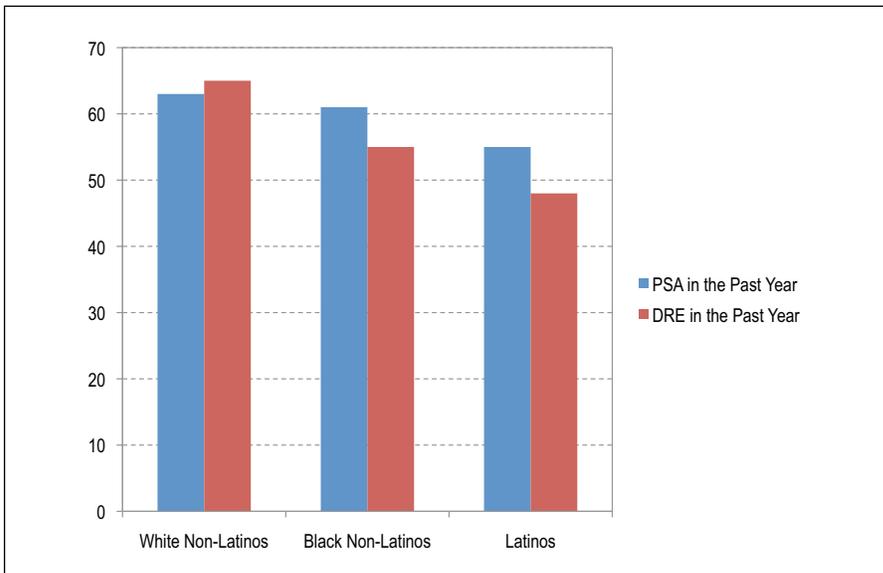


Figure 13. Prostate Cancer Mortality: Springfield



Source: MassCHIP, 2005-2007 Mortality (Vital Records) ICS-10 based

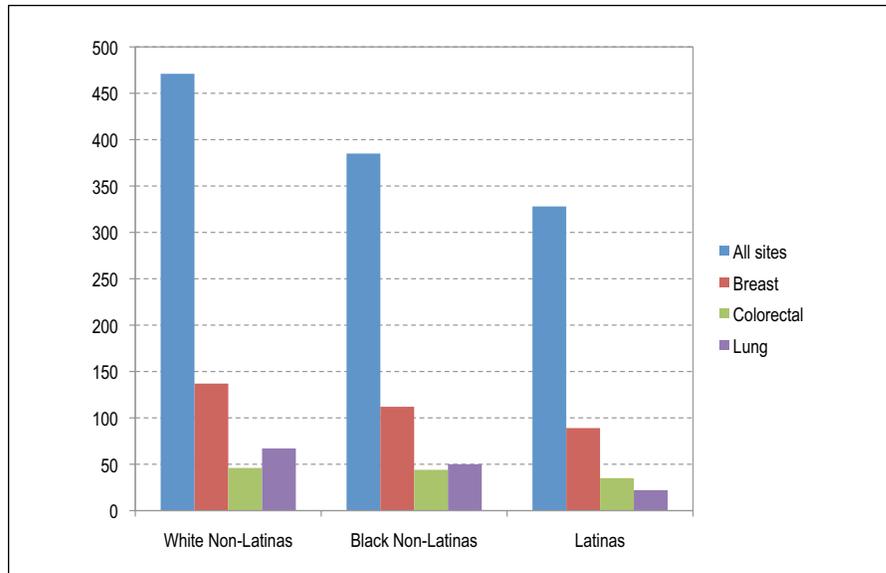
Figure 14. Prostate Cancer Screening among Men 50+ Years



Source: MDPH BRFSS, 2008

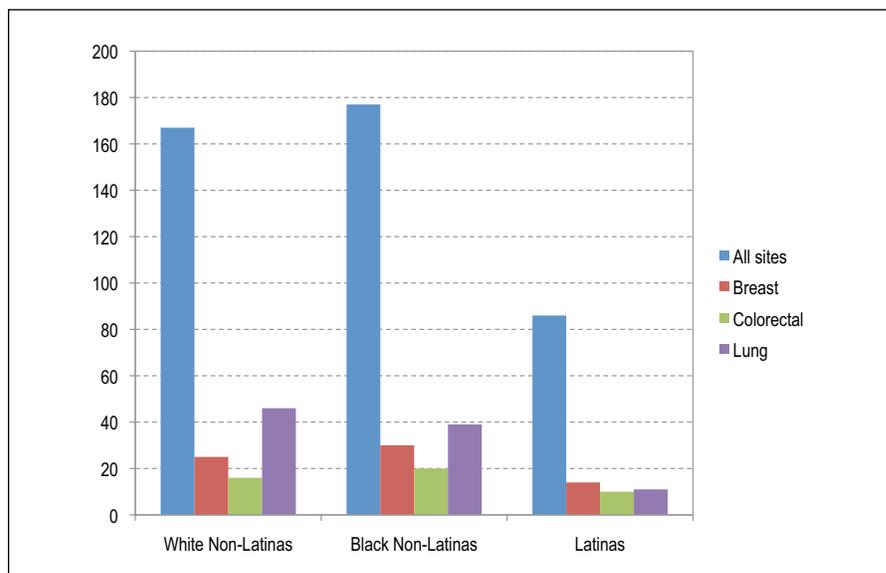
White females have a higher incidence rate of cancer (all types combined) than women from any other racial/ethnic group. However, black females have a higher age-adjusted cancer mortality rate (all types combined) than any other group, even though their incidence of all types of cancer combined is lower than whites' (see Figure 15) (MDPH, 2010). Black and white females are twice as likely to die of cancer as Latinas (see Figure 16).

Figure 15. Cancer Incidence Rates among Women



Source: MDPH Cancer Registry, 2002-2006.

Figure 16. Cancer Mortality Rates among Women



Source: MDPH Cancer Registry, 2002-2006

Oral Health

Latinos have a lower rate of dental visits than white residents (MDPH, 2010). Dental visit rates vary across the state. For example, residents in large cities such as Boston, Springfield, and Worcester report similar rates of dental care (approximately 75%) to the state rate of 78%. However, the dental care rates for some other cities, such as Fall River and New Bedford, are approximately 66% (MDPH, 2010).

Although oral disease affects nearly all members of society, it disproportionately affects minorities, lower socioeconomic groups, and individuals who live in areas with limited access to dental care. Nationally, 80% of dental decay is experienced by 25% of children, most of whom are members of a minority group and are in low-income families (MDPH, 2010). In Massachusetts, the average incidence of untreated decay among 3rd graders is 17% (MDPH, 2010). Among 3rd-grade Latinos, the prevalence of untreated decay is 32% (MDPH, 2010).

Fluoridation is the most cost-effective and efficient means of community-wide tooth decay prevention (MDPH, 2010). Since the 1950s, 140 communities in Massachusetts have provided fluoridation to more than half (59%) of its total population. Unfortunately, of the top six most highly populated cities in the state, three (Worcester, Springfield, and Brockton) do not fluoridate (MDPH, 2010).

Conclusions and Implications for Policy and Practice

The health information presented in this report suggests that Latinos experience disproportionate disease burden related to HIV/AIDS, asthma, diabetes, and occupational health. The data also indicate that the disease burden and less favorable health outcomes vary by region with Latino residents in the state's western region facing greater health-related challenges (although mortality rates for Latinos in Revere also raise concern). In order to improve the health of Latinos in Massachusetts, this report points to the need to closely examine the social determinants of health (e.g., health insurance coverage, access to care beyond health insurance coverage, environmental, social-, and neighborhood-level factors) that may be contributing to the disparate health outcomes reported here.

From a policy perspective, it is important to first examine the underlying factors that are contributing to regional health disparities like the higher rates of HIV/AIDS in the Western Health Service Area; the high rate of asthma hospitalizations in Springfield and Lowell; asthma mortality in Worcester; and asthma, diabetes, and prostate cancer mortality in Springfield. The data also suggest the need to better understand what is happening to Latinos in Revere, where their mortality rates due to diabetes, chronic obstructive pulmonary disease, and pneumonia/influenza are significantly higher than the rates for Latinos in other parts of the state. By the same token, it is also important to uncover the effective interventions that may be contributing to the very low diabetes mortality rates among Latinos in Lynn.

Occupational health is another area that needs to be addressed. Specifically, the data suggest that Latino workers are exposed to greater risks for injury than any other group. It is important to better understand the working conditions that lead to heightened risk for injury. Finally, the data on oral health also point to the need to address structural factors such as the lack of fluoridation in highly populated cities.

The data compiled for this report suggest that Latinos continue to face formidable barriers even after the implementation of a health reform that has brought nearly universal health insurance for Massachusetts residents. Latinos continue to be the group most likely to be uninsured, suggesting that limited access to health care services may be preventing them from obtaining preventive and timely health care services. This may be one of the reasons why health disparities persist in areas such as diabetes, asthma, and oral health, where preventive measures could help delay disease onset, mitigate symptoms, exacerbation, and prevent complications.

It is important to decipher why many Latinos continue to be uninsured after the statewide health insurance reform, especially when Massachusetts has taken the national lead on health reform. Is the high rate of lack of health insurance due to immigration status or is it due to challenges that eligible Latino residents face as they attempt to obtain health insurance coverage? Answers to these questions will inform policies to close this gap. Another important issue to be addressed from a policy standpoint is to better understand the factors that make it difficult for insured Latinos to attend to their health care needs. In other words, what are the obstacles that insured Latinos continue to face now that health insurance coverage should have eased their pathway to health care services? The fact that almost four years after health insurance reform has been implemented 97% of the residents have health insurance coverage, and yet ethnic/health disparities prevail suggests that health insurance in itself is not enough. Policymakers need to address the social and economic conditions that shape our residents' living conditions and, consequently their health outcomes.

Notes

¹ Since the frequency of death varies with age, adjusting the rates by age eliminates the effect of the age distribution of the population on mortality rates..

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