

Hispanic Health Profile

Houston/Harris County



Population Growth, Demographics, Chronic Disease and Health Disparities

CITY OF HOUSTON

**Department of Health and Human Services
and**

Hispanic Health Coalition

2013



Houston Department of
Health and Human Services

Letter from Houston Department of Health and Human Services



January 2, 2013

This health profile highlights the important health issues among the Hispanic population in Harris County. This profile also helps identify priority areas to promote health equity among the residents of our growing, culturally, and ethnically diverse county.

Hispanics is the largest and fastest growing population group in the nation. In Harris County, per the U.S. Census 2010, the Hispanic population constituted 41 percent of the population. Given the continuous growth and diversity of the Hispanics in our communities, it is the intention of the Houston Department of Health and Human Services (HDHHS), to promote a better understanding among local residents, community-based organizations, community leaders, medical providers, and the public health community of the unique character and circumstances of Hispanic communities. This profile also aims to draw attention to those issues that contribute to health disparities among the Hispanic population.

This profile also represents an effort on the part of HDHHS to provide a “baseline” of indicators of health in Hispanic communities, against which future trends in conditions can be measured and monitored, and appropriate public health actions taken.

We hope that this health profile will support these efforts in City of Houston and across Harris County.

Sincerely,

A handwritten signature in cursive script that reads "Stephen L. Williams".

Stephen L. Williams, M. Ed., M.P.A.

Director

Houston Department of Health and Human Services

Letter from Hispanic Health Coalition



January 2, 2013

On behalf of the Hispanic Health Coalition, we are pleased to be a part of this collaborative to produce a Hispanic Health Profile of Harris County, Texas that depicts the key health issues faced by Hispanics in Harris County.

Given the lack of comprehensive information about the overall health status of Hispanics in Harris County, we have relied on national and state level data to make decisions. With this profile, we will have important baseline information on the health status of Hispanics, and a valuable resource to prioritize our next steps. We hope that this profile will help initiate a dialogue among stakeholders in terms leveraging available resources, developing partnerships, and identifying potential strategies to address the health issues among Hispanics.

As a coalition of leaders from health care, education, social service, faith-based, business, community and government organizations with experience working with the Hispanic population, we are committed to improve the health of our community as our mission.

I would like to express my gratitude to Mr. Stephen L. Williams and his team at Houston Department of Health and Human Services for their expert contribution in developing, synthesizing, and publishing this timely profile.

Finally, I hope Hispanics living in Houston / Harris County, all the stakeholders and policy makers will find this profile useful in understanding and examining the health disparities and in advocating for health equity.

Thank you,

A handwritten signature in cursive script that reads "Norma Olvera, Ph.D.".

Norma Olvera, PhD

President

Hispanic Health Coalition, Houston, Texas

Goals of this profile:

- ◆ Depict the health of Hispanics living in Houston / Harris County.
- ◆ Present information on current demographics, selected health conditions, health behaviors, and quality of life.
- ◆ Highlight health disparities and identify priority areas to promote health equity.
- ◆ Inform public health interventions and programs to reduce disease burden among Hispanics.
- ◆ Provide information to policy makers and community leaders for decision making.

Project Director

Faith Foreman

Assistant Director, Office of Health Planning, Evaluation & Program Development

Project Oversight and Editing

Deborah Banerjee

Report Contributors

Vishnu Nepal, Priyanka Acharya, Monica Slentz,
Misael Obregon, Patsy Cano

Acknowledgement

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Table of Contents

Introduction	3
Socioeconomic, Cultural and Environmental Conditions	
Demographics	6
Language Issues	12
Household Characteristics	13
Poverty	15
Education	17
Occupation	18
Insurance	19
Other Issues Impacting Health	20
Summary and Recommendations.....	22
Health Conditions and Quality of Life	
Stroke	24
Diabetes.....	25
Cancer	28
Overweight/Obesity.....	29
High Blood Pressure and High Cholesterol.....	31
Mental Health.....	32
Quality of Life.....	34
Summary and Recommendations.....	36
Health Behaviors	
Alcohol Consumption	38
Smoking.....	39
Cancer Screening	40
Fruit/Vegetable Consumption and Physical Activity	41
Summary and Recommendations.....	42
Other Health Concerns	
Teen Pregnancy.....	44
Prenatal Care	45
HIV	46
Summary and Recommendations.....	47
References	48

Introduction

The Houston Department of Health and Human Services (HDHHS) has developed baseline neighborhood health profiles in the past, which highlighted important health issues facing residents. More recently, there is a growing interest in health profiles for population subgroups, such as by race/ethnicity, and to document and monitor the health status of these sub-populations. Following this trend, this document presents a snapshot of information on health issues affecting Hispanics/Latinos living in Harris County.

Tremendous growth in the Hispanic population across the U.S. has been attributed to higher fertility rates and a large influx of new immigrants. Texas has a large population of Hispanics and Harris County, in particular, has experienced a huge growth in this population.

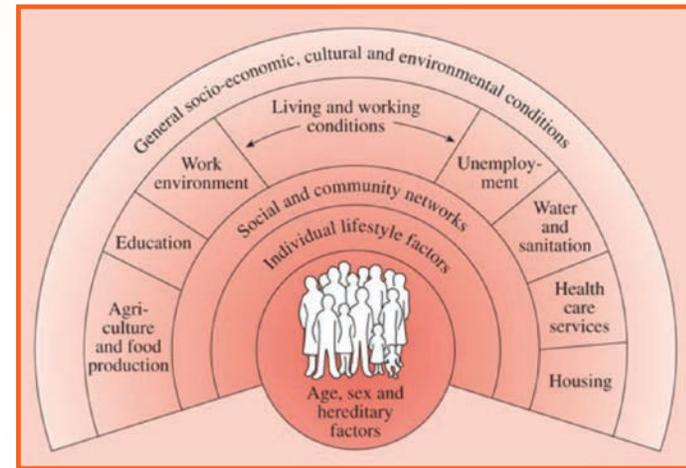
This profile uses the term “Hispanic” to refer to any person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race as indicated in the Standards for the Classification of Federal Data on Race and Ethnicity (Humes, Jones, & Ramirez, 2011). However, it is important to recognize the extensive diversity among those with Hispanic ethnicity since cultural norms, social status and socio-demographic factors can be vastly different depending in part on the region from which they originate. Hispanics can self-identify with any of the race groups.

While Hispanics play a significant role in the economic, social, and cultural progress of our county, they also face tremendous health disparities. The Centers for Disease Control and Prevention (CDC) has listed heart disease, cancer, unintentional injuries, stroke, and diabetes as some of the leading causes of illness and death among Hispanics. Other conditions and risk factors that significantly affect Hispanics include asthma, HIV/AIDS, obesity, liver disease and chronic obstructive pulmonary disease (COPD) (CDC, 2012). We have aligned the content areas with the nationally identified health concerns of Hispanics. Some priority issues among Hispanics, for example unintentional injuries, were not included in the profile because either the data were not available at the local level or the burden of condition did not seem alarming in Harris County. Many of these health

conditions are exacerbated by socioeconomic factors such as low educational attainment, language/cultural barriers, lack of access to health care, lack of health insurance, and immigration status.

The health of Hispanics in the U.S. is shaped by demography, disease trends, and social forces (Vega, Rodriguez & Gruskin, 2009).

Contextual Factors that Impact Health



Source: Dahlgren and Whitehead (1991)

This profile will present information on some of the factors based on the socio-ecological framework depicted in the Dahlgren and Whitehead framework as shown above.

According to Dahlgren and Whitehead (1991), health is impacted by many factors. These can be at the individual level (age, sex, hereditary factors, and individual lifestyle factors); at the community level (social and community networks) and at a broader level encompassing general socioeconomic, cultural and environmental conditions (agriculture and food production, education, work environment, living and working conditions, unemployment, health care services and housing). Changes in any or a combination of any of the above factors can have a profound impact on the health of a community.

(Continued on next page)

(Introduction continued)

The profile begins with information on the broader macro-level factors that impact the health of Hispanics in Harris County. These are followed by factors at the community level such as social and community networks and a brief discussion on other health concerns of Hispanics in Harris County. Finally, factors related to individual and lifestyle behaviors are presented.

Wherever possible, data on Hispanics in Harris County are compared with the non-Hispanic White population, henceforth referred as to “Whites”. In some cases, data on Hispanics are unavailable at the county level, where state and national level data are presented instead. This brings to focus the gaps in available data, the need to collect detailed health data at a subgroup level due to the diverse backgrounds and country of origin of Hispanics that live in Harris County, issues in accuracy of mortality data, underestimation and classification of Hispanic groups in the U.S. Census present challenges in accessing accurate data to monitor, track trends and quantify health disparities among Hispanics.

The CDC’s Healthy People 2020 goals strive to achieve health equity, eliminate disparities, and improve the health of all groups by 2020 (Katzmarzyk & Staiano, 2012). It is hoped that community based organizations, government agencies, policy makers and community members will use this profile to initiate a dialogue to inform and discuss the current health status of Hispanics in Harris County and develop strategies to address disparities. Thus, a set of recommendations is presented at the end of each section for specific action items relevant for individuals, organizations, and communities.

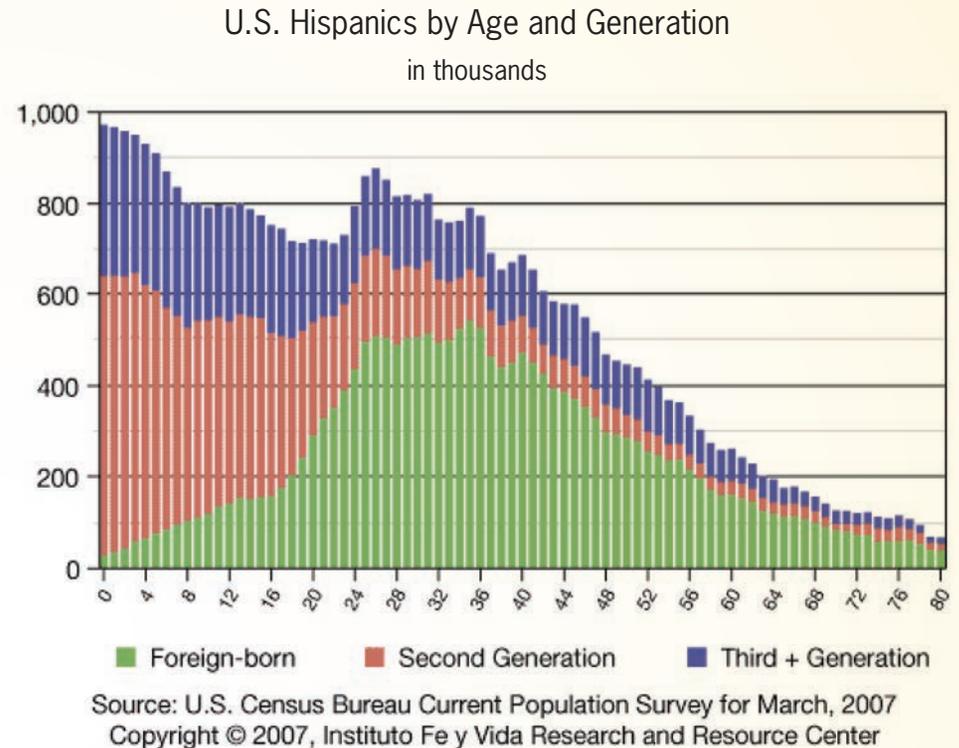
Key Findings

- ◆ Overall socioeconomic status (primary indicators being education, income, and occupation) of Hispanics living in Houston / Harris County is far lower than that of Whites.
- ◆ Health conditions that need to be addressed among Hispanics include overweight/obesity and diabetes among younger age group (<40 years).
- ◆ Behavioral risk factors include lack of physical activity, unhealthy eating behaviors, binge drinking, and lack of adherence to screening behaviors.
- ◆ High uninsurance rates result in poor health outcomes due to lack of access to care.
- ◆ Some quality of life indicators are also poorer among Hispanics compared to Whites.

Socioeconomic, Cultural and Environmental Conditions

- 
- ◆ Demographics
 - ◆ Language Issues
 - ◆ Household Characteristics
 - ◆ Poverty
 - ◆ Education
 - ◆ Occupation
 - ◆ Insurance
 - ◆ Summary and Recommendations

Hispanic Population Growth in the U.S.



The projected Hispanic population of the United States on July 1, 2050 will be 132.8 million. According to this projection, Hispanics will constitute 30 percent of the nation's population by 2050.

Source: Population projections <<http://www.census.gov/newsroom/releases/archives/population/cb08-123.html>> accessed on 10/10/2012.

The largest single Hispanic subpopulation by origin in a state is Mexican in California at 11.8 million people. Texas is home to another 8.4 million Mexicans. Together, these two states make 61 percent of the total Mexican population in the U.S.

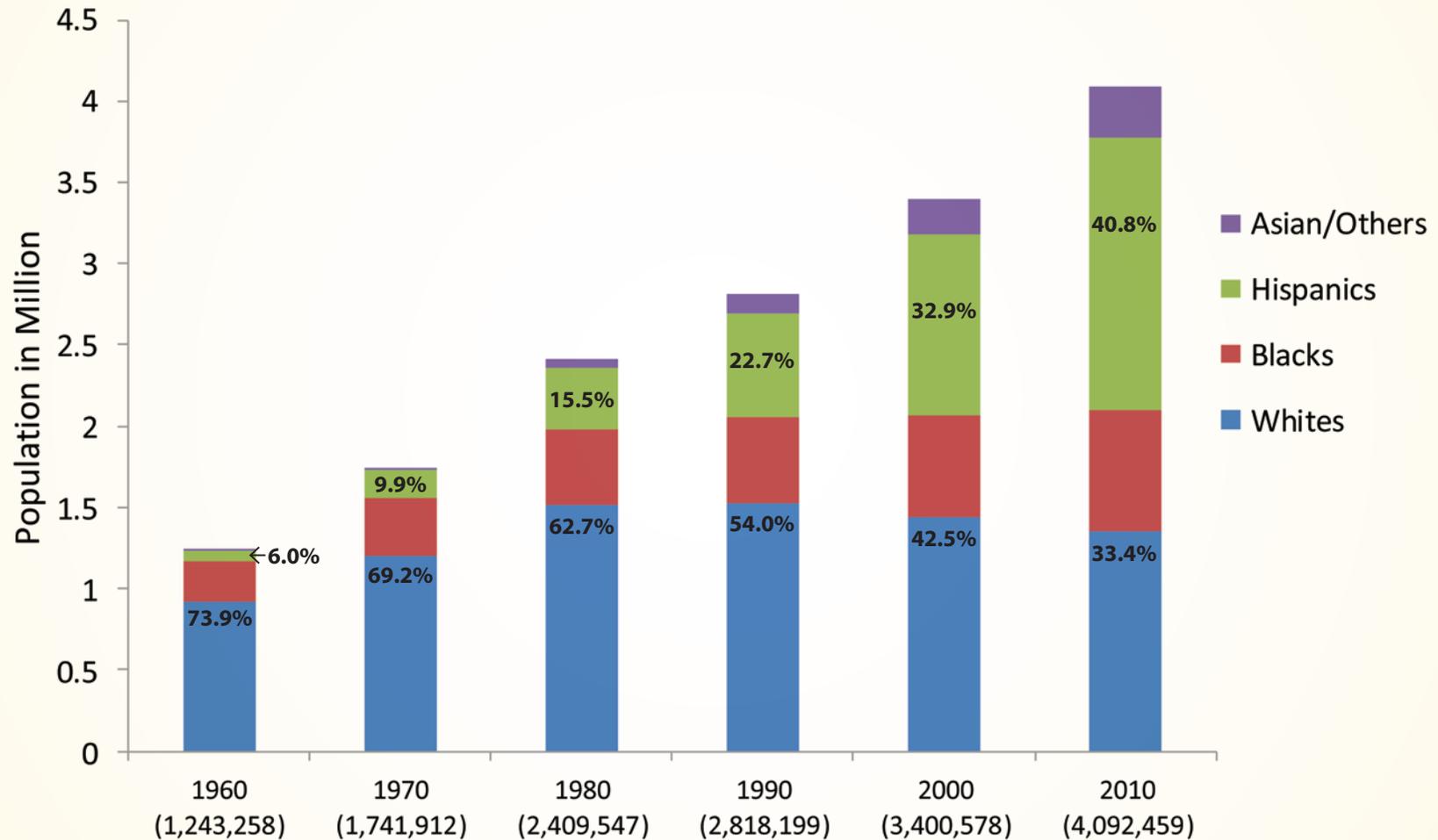
Source: Pew Hispanic Center, re-leased June 27, 2012. www.pewhispanic.org

Since 2000, among Hispanics, the foreign-born share of each major Hispanic origin group has declined. Overall, the share of Hispanics that is foreign born decreased from 40 percent in 2000 to 37 percent in 2010. The largest decline—13 percentage points—was among Salvadorians (from 76% to 62%).

Source: Pew Hispanic Center, Tabulation of 2010 ACS and 2000 Census, released June 27, 2012. www.pewhispanic.org

Demographic Transformation of Harris County (U.S. Census, 1960-2010)

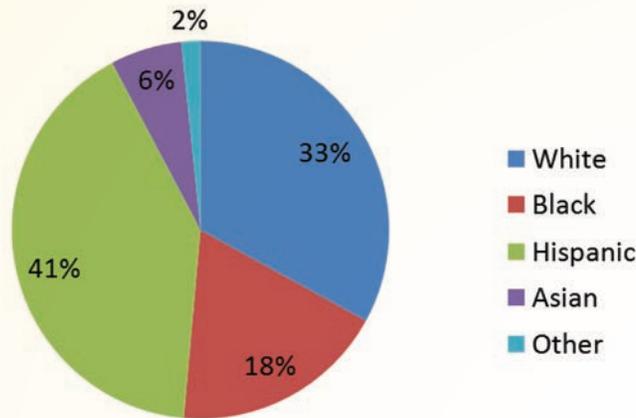
Census data show consistent growth in the Hispanic population in Harris County from 1960 to present.



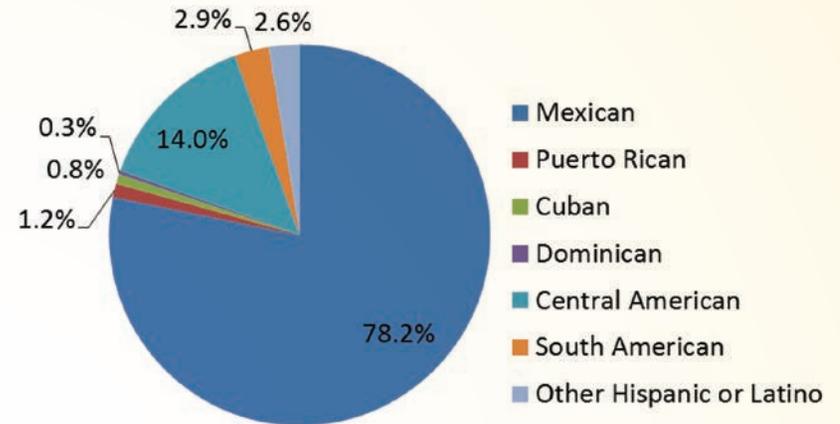
Source: "THE CHANGING FACE OF HOUSTON: Tracking the Economic and Demographic Transformations Through 31 Years of Surveys" pg. 25. Stephen L. Klineberg. The Complete Presentation on the Survey Findings (Year 2012). Rice University Kinder Institute for Urban Research.

Hispanics in Harris County

Race and Ethnicity* in Harris County



Hispanics by Country of Origin



Source: American Community Survey (ACS) 2006-2010



Hispanics constituted almost 41 percent (1,671,540) of the population in Harris County (per U.S. Census 2010) compared to 38.1 percent of Hispanics in Texas.
 *Race/ethnicity is described here using data from the U.S. Census 2010.

Nationally, in 2008, 46.6 percent of the foreign-born population in the U.S. was Hispanic.

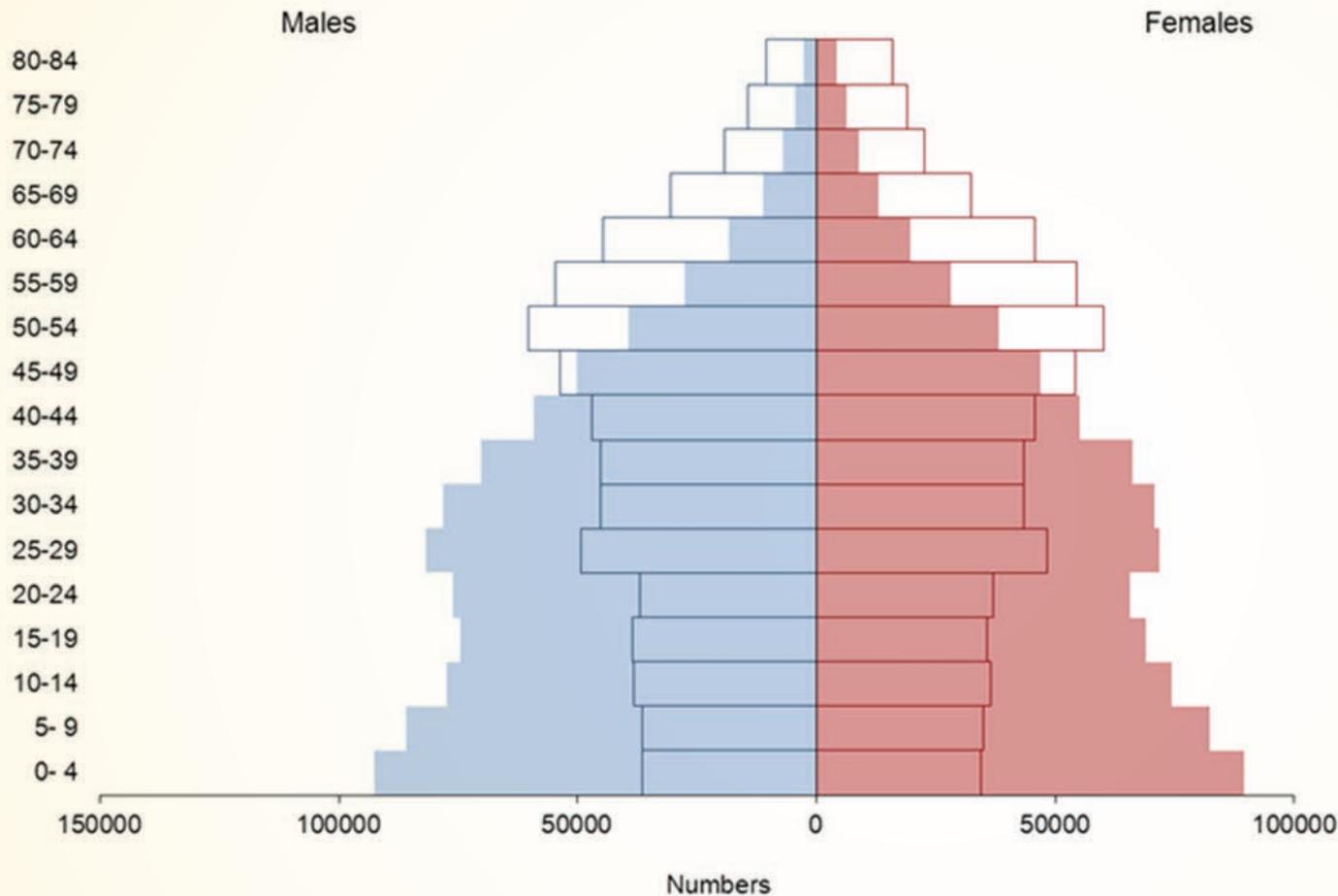
Source: 2010 American Community Survey. <http://www.census.gov/acs/>

A majority of Hispanics living in Harris county are of Mexican origin. Central Americans make the second largest group of Hispanics in Harris County. Others come from Puerto Rico, Cuba, the Dominican Republic, South America and other Spanish speaking regions.



Population Pyramid

Hispanics (Shaded) and Whites



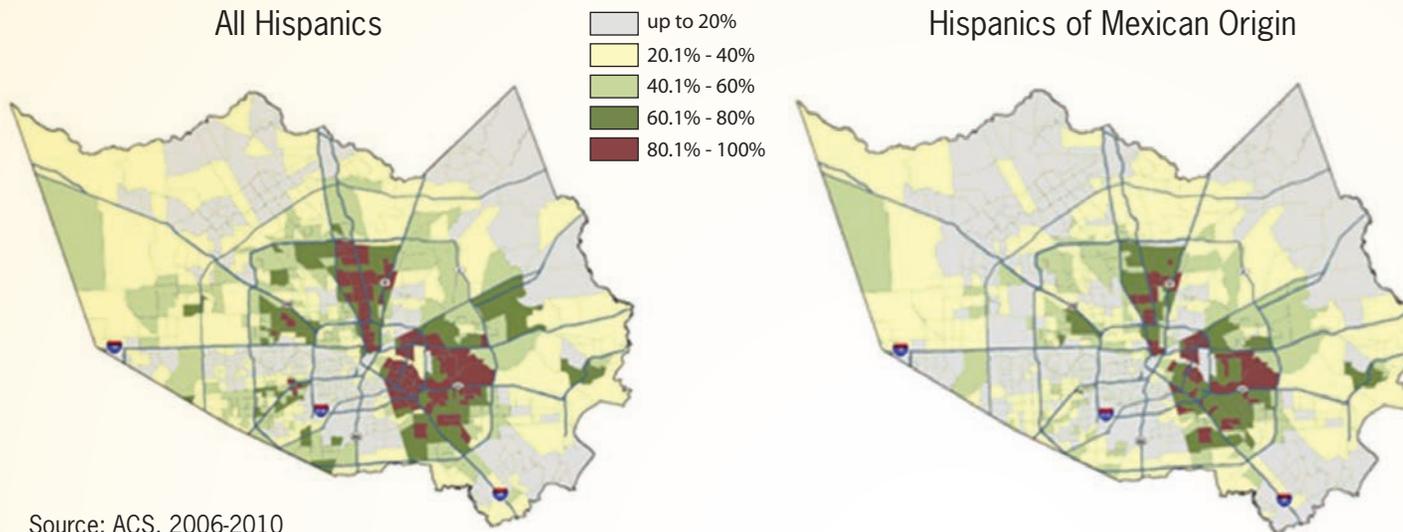
Aging Adults

The Hispanic population is generally considered younger at age and Harris County bears this out, with only 4 percent of Hispanics currently being 65 and over. Nevertheless, the population of elderly Hispanics is expected to significantly increase in the coming decades. On average, Hispanics aged 65 and above in the U.S. are poorer, less educated and have higher rates of many chronic diseases than their non-Hispanic counterparts. Harris County does not seem to be an exception to this.

Harris County Population Pyramid – U.S. Census 2010

A large proportion of Hispanics in Harris County are younger in age while the White population is more mature as seen in the bulge in the shaded pyramid in the 40 and younger age groups.

Proportion of Hispanic Population by Census Tract



Source: ACS, 2006-2010

A majority of Hispanics according to a Pew study (51%), say they most often identify themselves by their family's country of origin; just 24% say they prefer a pan-ethnic label.

Source: Pew Research Center
<http://www.pewhispanic.org/2012/04/04/when-labels-don't-fit-hispanics-and-their-views-of-identity/>

Census tracts located to the north and southeast of downtown Houston have large proportions of Hispanics. Hispanics of Mexican origin mirror the same pattern as that of overall Hispanics, as they comprise the majority (close to 80%) of Hispanics in Harris County.

Extensive literature exists on relationships between neighborhood resources such as social cohesion and social networks and many health outcomes. Large studies such as the Hispanic-Established Populations for Epidemiologic studies of the Elderly (HEPESE) found that a concentration of certain Hispanic groups (Mexican Americans) in neighborhoods sometimes buffer the negative effects of poverty on health.

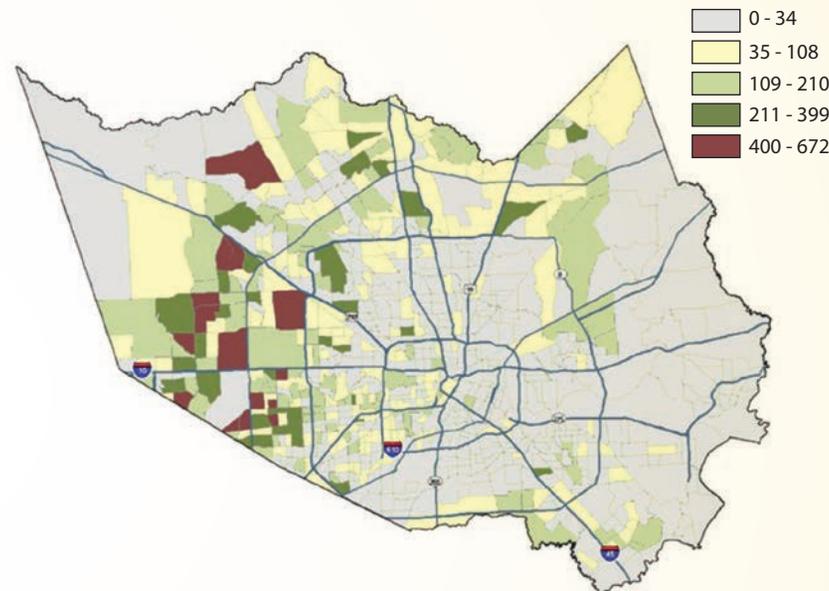
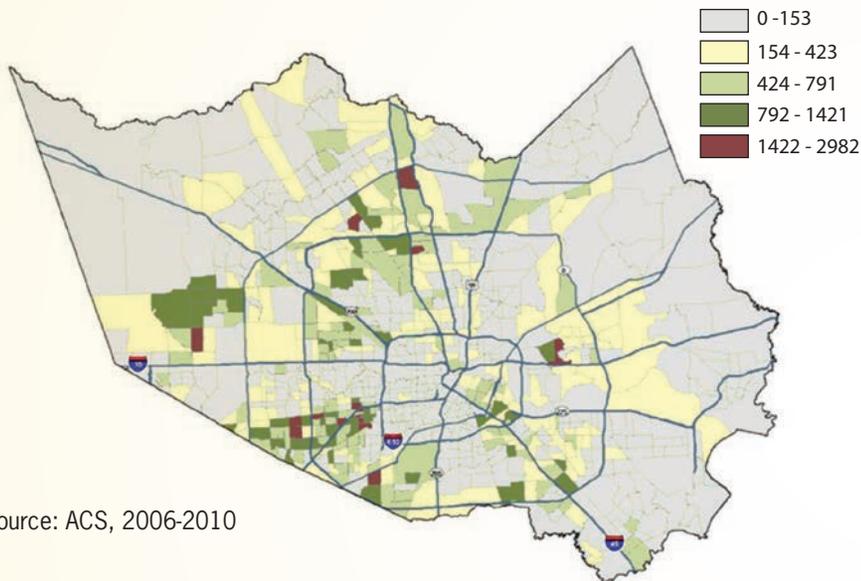
Social networks promote mutual trust and norms of reciprocity that result in greater social cohesion. This explanation, although widely accepted, has not been conclusively proven. Hispanics, particularly Mexican Americans, report having a wider and deeper social networks and more social ties than other ethnic groups. This wider social network is hypothesized to engender greater social cohesion among this group. However, in high poverty neighborhoods, it is possible that social and economic factors overshadow the positive effects of social cohesion.



Diversity by Region of Origin

Hispanic Population of Central American Origin
Count by Census Tract (ACS estimates 2006-2010)

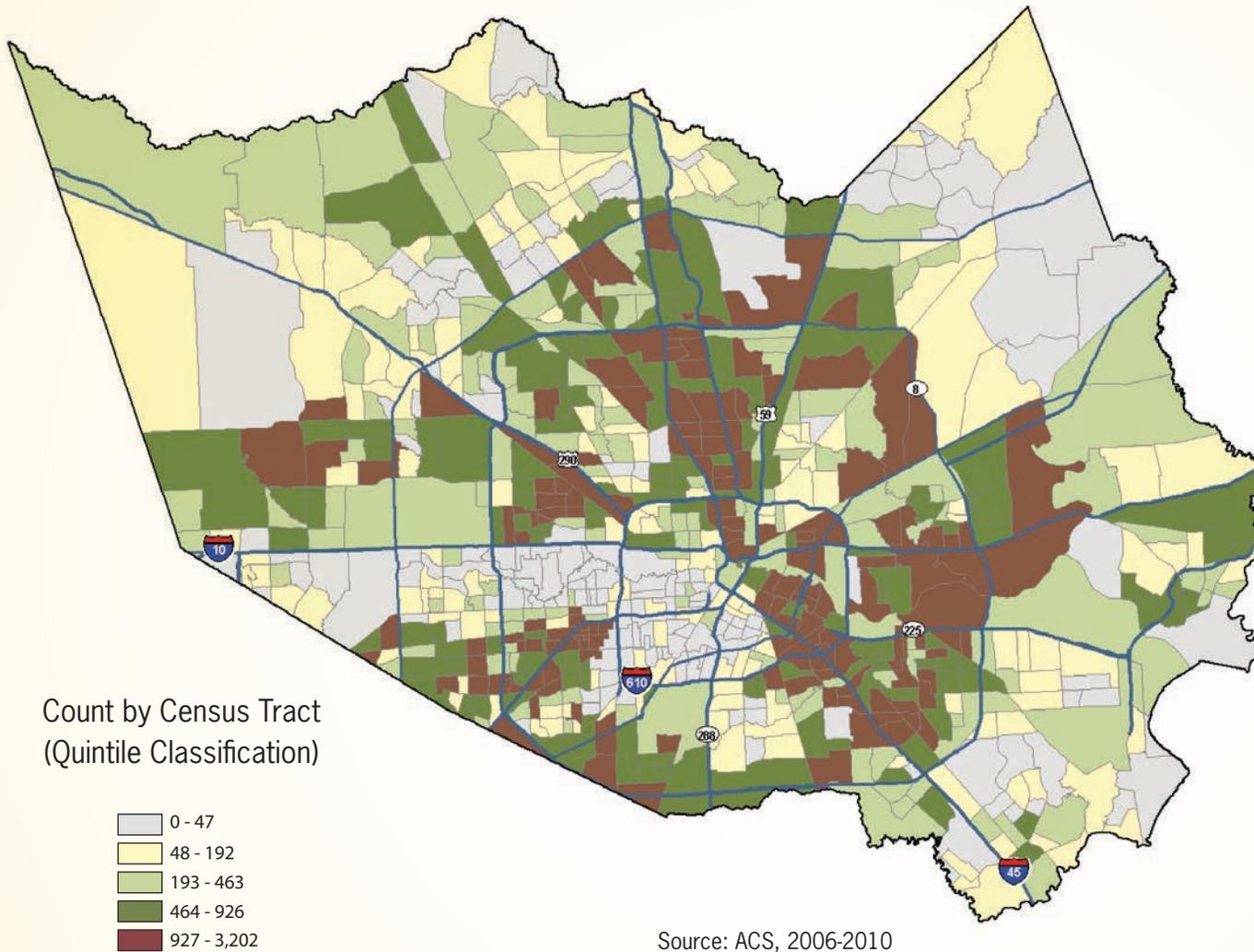
Hispanic Population of South American Origin
Count by Census Tract (ACS estimates 2006-2010)



Source: ACS, 2006-2010

Mexicans, Central Americans and South Americans are the largest Hispanic sub-populations in Harris County. More Hispanics of South American origin live in far west Harris County than those of Central American origin; the patterns of residence based on census data indicate that these Hispanic groups are more dispersed through the county than are Mexican Hispanics.

Spanish Speakers with Limited English Proficiency by Census Tract



Twenty-one percent of the Hispanic population in Harris County does not speak English well and 12 percent do not speak English at all.

Language issues place Hispanics at a disadvantage in accessing services, employment and education.

A Pew Hispanic Center national survey reports that Hispanics express a strong, shared connection to the Spanish language. More than eight-in-ten (82%) Latino adults say they speak Spanish, and nearly all (95%) say it is important for future generations to continue to do so.

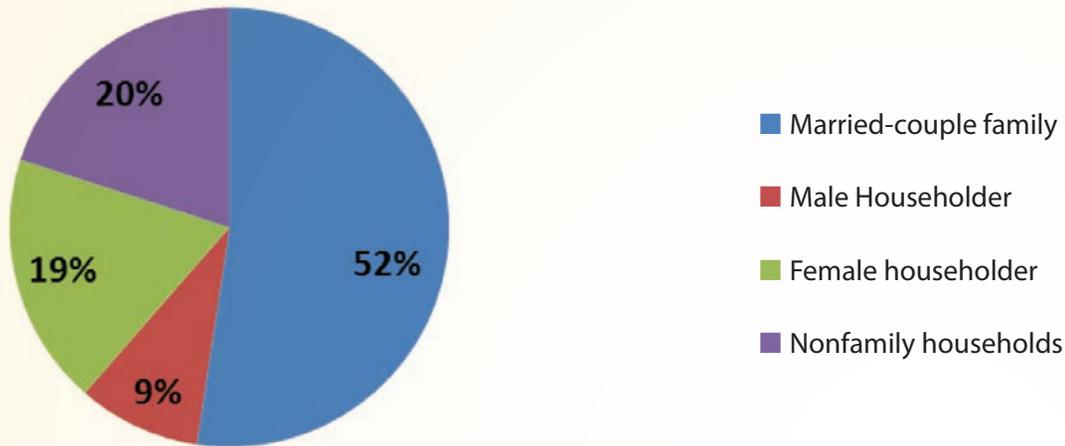
Source: Pew Hispanic Center, <http://www.pewhispanic.org/2012/04/04/when-labels-dont-fit-hispanics-and-their-views-of-identity/>

Limited English Proficient is defined as “individuals who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English” .



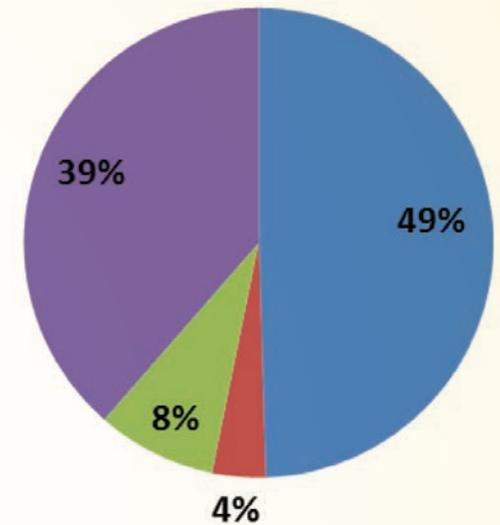
Household Type

Hispanics by Household Type



Source: ACS, 2006-2010

Whites by Household Type



Smaller proportions of Hispanics live in non-family households compared to Whites in Harris County. The proportion of female-headed households is higher among Hispanics. According to the National Poverty Center, nationwide poverty rates are highest for families headed by single women, particularly if they are Black or Hispanic. In 2010, 31.6 percent of households headed by single women were poor, while 15.8 percent of households headed by single men and 6.2 percent of married-couple households lived in poverty. (National Poverty Center, University of Michigan, <http://npc.umich.edu/poverty/>).

Compared to Whites, fewer Hispanics own the homes they live in (Williams & Collins, 2001). Home ownership is a crucial factor in wealth building and has an indirect influence on health (Cairney & Boyle, 2004).

Other household information:

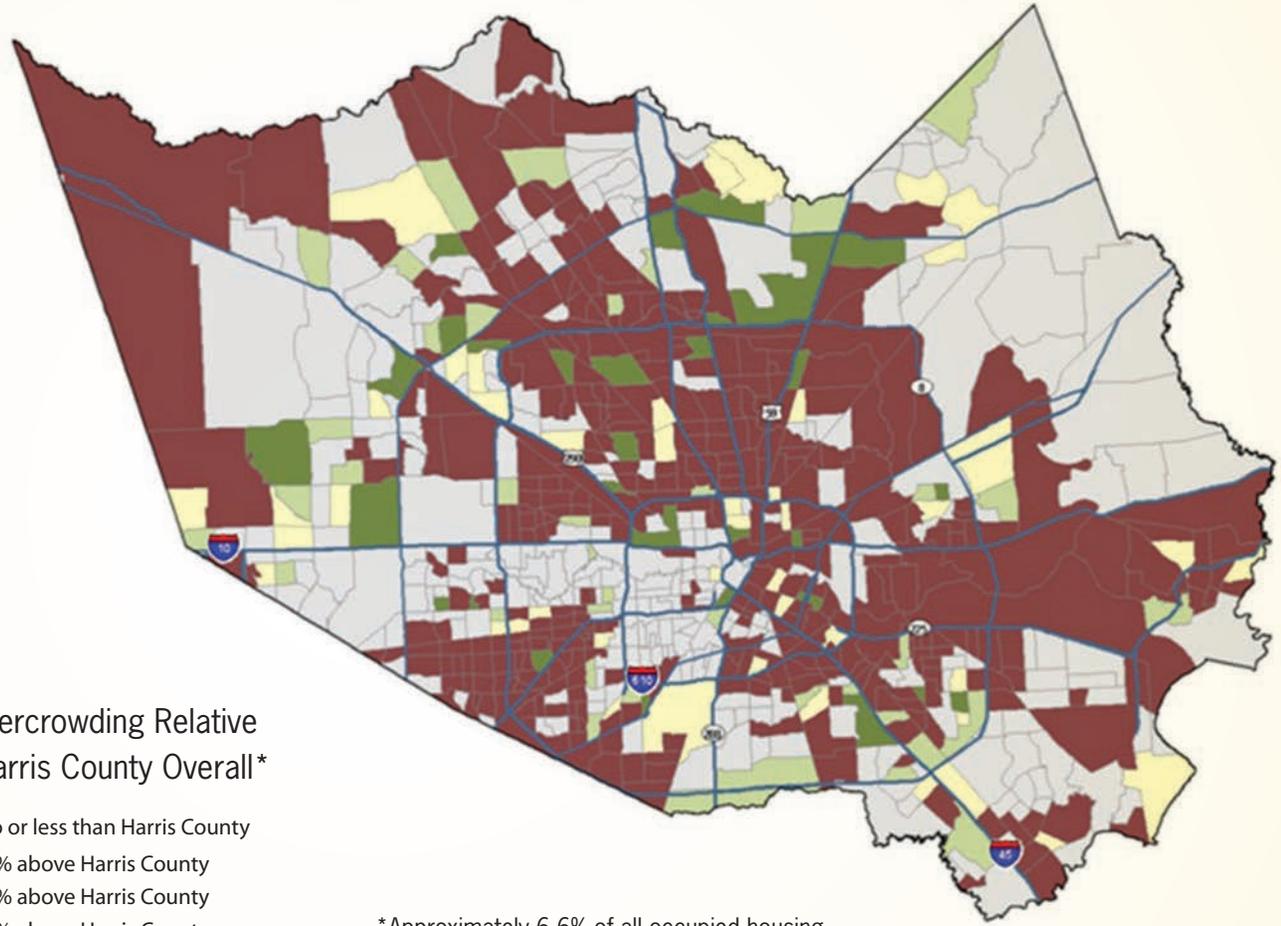
- ◆ 51 percent of Hispanic households are “owner-occupied” compared to 69 percent of White households
- ◆ 16 percent of Hispanic households are considered “overcrowded” compared to 1 percent of White households

Overcrowding among Hispanics

Hispanic Overcrowding (Percent of Hispanic Households)
Count by Census Tract (ACS estimates 2006-2010)

“Overcrowding” is defined by the Census as more than one person per room in a household.

According to the World Health Organization, overcrowding may be a factor in poorer health outcomes due to greater likelihood of transmission of infectious disease, increased stress, and more respiratory diseases.



Hispanic Overcrowding Relative to that of Harris County Overall*

- similar to or less than Harris County
- up to 25% above Harris County
- up to 50% above Harris County
- up to 75% above Harris County
- more than 75% above Harris County

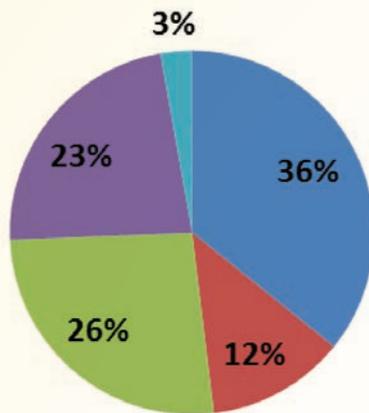
*Approximately 6.6% of all occupied housing units in Harris County are overcrowded.

The majority of census tracts in Harris County reflect a high proportion of overcrowding among Hispanic households.

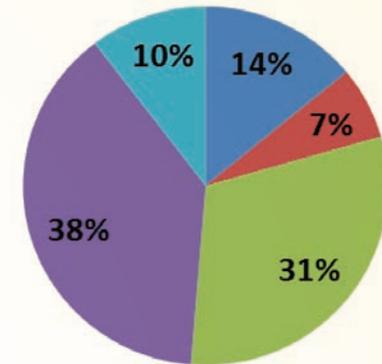
Source: <http://www.tdhca.state.tx.us/glossary.htm>

Poverty by Race/Ethnicity

Hispanics: Poverty by Age



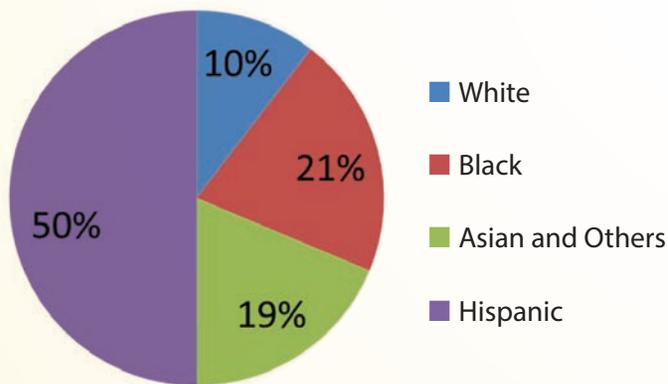
Whites: Poverty by Age



- Under 12
- 12-17 years
- 18-34 years
- 35-64 years
- 65 and above

Source: ACS, 2006-2010

Poverty by Race/Ethnicity



- White
- Black
- Asian and Others
- Hispanic

Source: U.S. Census 2010

Forty-eight percent of Hispanics living in poverty in Harris County are children under the age of 18 years compared to 21 percent among Whites.

Compared to 7 percent among White, a larger proportion of the Hispanic population (26%) had incomes below the poverty level.

Overall, half of the impoverished population living in Harris County are Hispanics compared to 10 percent Whites.

Sixteen percent of Hispanic households received food stamps or other social assistance, compared to 4 percent of White households.

Hispanic Population in Poverty by Census Tract

In addition to the measure “living below poverty level”, another measure of poverty that is frequently used is “low income” families. Low income is defined as “living at or below 200% of poverty level”. Poverty is far higher among immigrant families compared to native born families. Among immigrant families with children, almost two-thirds (63%) of Hispanic families were low income as compared to a quarter of immigrant White families.

Source: Urban Institute
<http://www.urban.org/publications/411936.html>

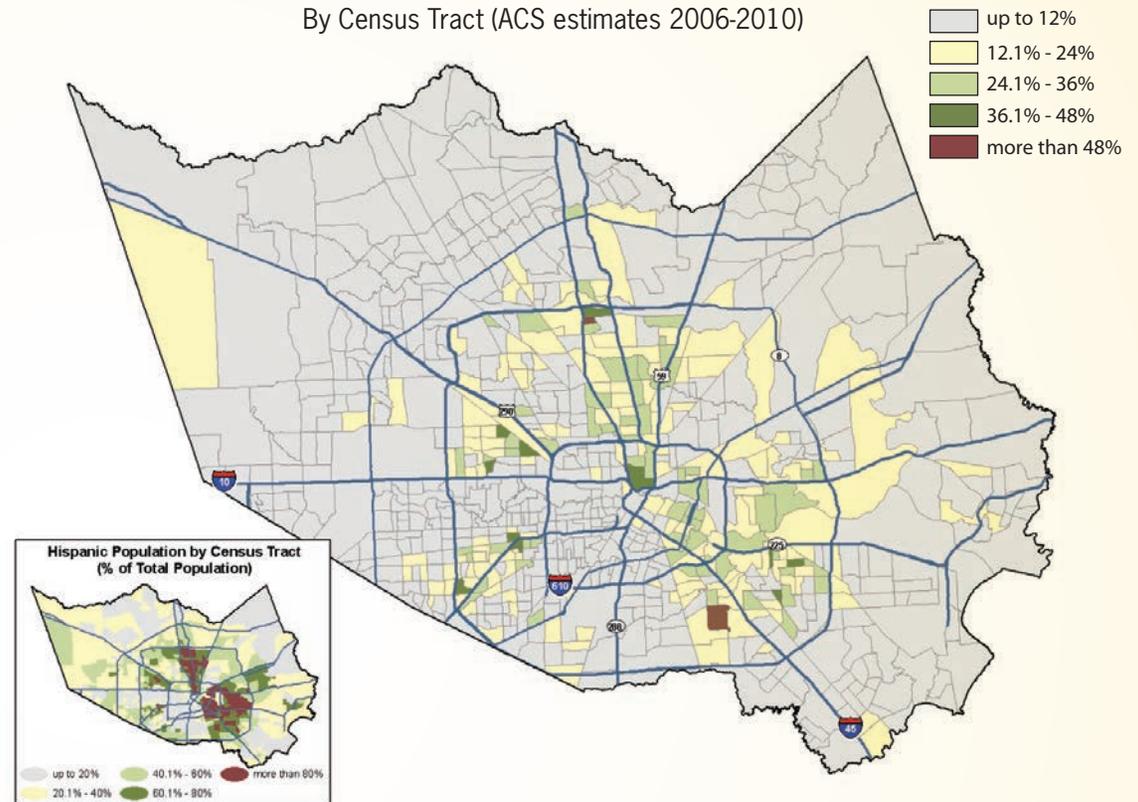
Many health outcomes vary by neighborhood and are also found to be closely related to socioeconomic status. Urban communities with high rates of poverty suffer from poor health and social outcomes such as mental illness, infant mortality, youth disenfranchisement and crime (Casselmann, 2012).

Hispanic Paradox

Despite low socio-economic status (SES), Hispanics have lower mortality and morbidity than other groups for many health outcomes such as infant mortality and functional status. It is hypothesized that Hispanics, particularly certain subgroups, benefit from strong social networks characteristic of their culture. This has been termed as “Hispanic Health Paradox” (Morales et al., 2002). Despite an acute lack of resources and social and economic challenges, the greater emotional support, deep cultural values and familial solidarity of Hispanics provide a protective influence on health. The Hispanic Health Paradox is most striking among Mexican Americans, who have the lowest socioeconomic status among all the Hispanic subgroups but also have the lowest mortality rate. The Cuban American mortality rate is greater than that of Mexican Americans and is similar to that of non-Hispanic Whites. Cuban-Americans also have the highest socioeconomic levels among Hispanics, although they are still disadvantaged relative to non-Hispanic Whites. Puerto Rican Americans, on the other hand, are less advantaged than non-Hispanic Whites and have a higher all-cause mortality rate. Of these Hispanic subgroups, Puerto Rican Americans appear to least exhibit the health paradox (Vega et al., 2009).

Hispanics in Poverty (Percent of Total Population)

By Census Tract (ACS estimates 2006-2010)



Educational Attainment

(for the population 25 years and above)

Disparities in health and educational achievement are closely linked. Epidemiological evidence suggests that education can increase life expectancy, reduce morbidity, decrease behaviors that place one's health at risk and delay decreased functioning related to aging.

In Harris County nearly half (46%) of Hispanics (age 25 and above) have not completed high school compared to 6 percent of Whites. Similarly, the proportion of those who have completed Bachelor's degree or higher is 10 percent among Hispanics compared to 43 percent among Whites.

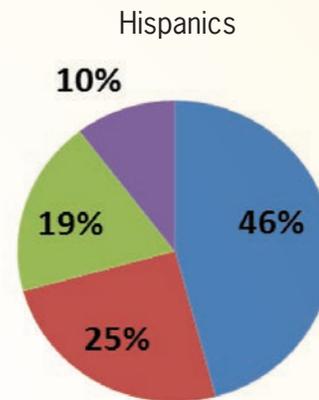
The overall dropout rate for Hispanic students in Houston Independent School District (school year 2011-12) was 13.8 percent compared with 5.2 percent among White students.

"Low education rates and inadequate income translate directly into premature death, more disease, and more money spent treating avoidable illnesses. Prioritizing education and economic opportunity is an important strategy to save lives, improve health, and reduce spending on avoidable illnesses".

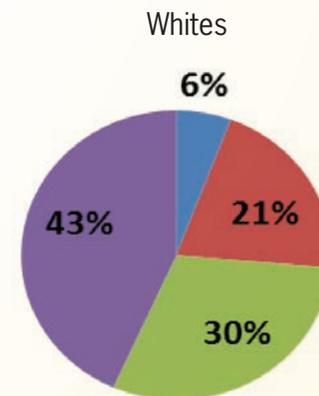
-Robert Wood Johnson Foundation

Hispanic Health Professionals:

As the fastest growing minority group in the U.S., the need for Hispanic health professionals has never been greater. With a nationwide shortage of culturally and linguistically competent health care professionals to treat Hispanics, there is need to recruit and train new professionals to fill this gap. Furthermore, with a Hispanic population exceeding 40 percent of the total Harris County population (much higher than the national average), this need is magnified locally.



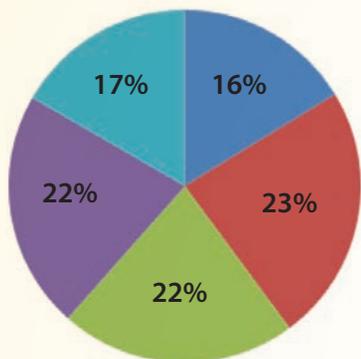
- Less than high school diploma
- High school graduate, GED, or alternative
- Some college or associate's degree
- Bachelor's degree or higher



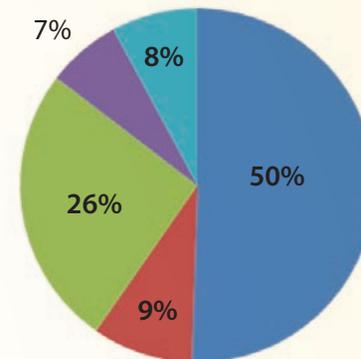
Source: ACS, 2006-2010

Occupation

Hispanic by Type of Occupation



White by Type of Occupation



- Management, business science and arts
- Service occupations
- Sales and office occupations
- Natural resources, construction, and maintenance occupations
- Production, transportation, and material moving occupations

Source: ACS, 2006-2010

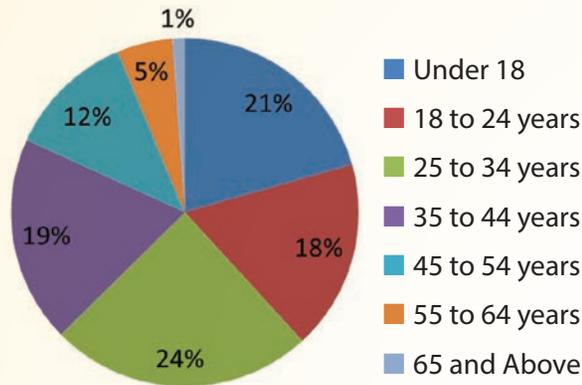
Only a small portion of Hispanics are employed in management, business, science and arts occupations compared to Whites. Individuals belonging to these occupation categories are typically better insured.

Occupation is linked to life opportunities and health equity. Hispanics in Harris County represent the largest percentage of all race/ ethnicity groups that are uninsured (53%); 13 percent of Whites are uninsured. Some factors that explain the high level of uninsurance among Hispanics are working in the secondary labor market, being economically disadvantaged, and relying on family for care especially among the elderly at later stages of life (Saenz and Rubio: 2007). Immigrant workers, especially undocumented workers, are typically uninsured and employed among the lower rungs of occupations regardless of educational attainment from the home country.



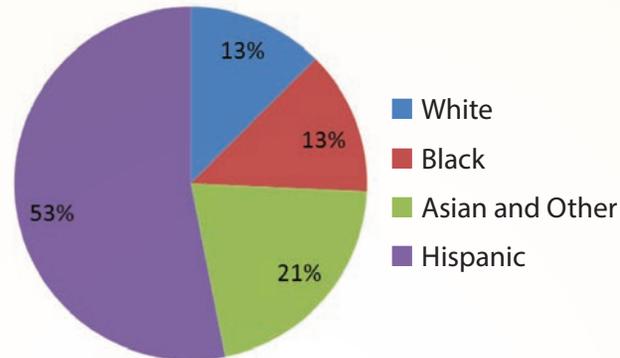
Uninsured Hispanics in Harris County

Uninsured Hispanics by Age



Source: ACS, 2006-2010

Uninsured Population by Race/Ethnicity



Fifty-three percent of the Hispanics in Harris County had no health insurance coverage at the time of the 2010 American Community Survey compared to 13 percent of Whites.

According to National Health Interview Survey (2011) in the U.S., 29.6 percent of Hispanics and 11 percent of Whites did not have health insurance coverage.

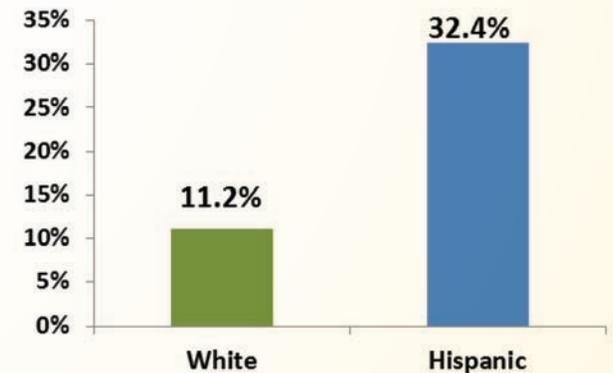
Texas has the highest number of uninsured adults in the U.S. According to Pew Hispanic Center, 37 percent of the Hispanics living in Texas do not have health insurance. The numbers are even more alarming in Harris County.

Nationwide, 30.4 percent of Hispanics and 9.9 percent of Whites do not have health insurance. Sixty-two percent of the foreign born Hispanics living in Texas do not have health insurance.

Among Hispanics with health insurance, a third reported that they could not access a health care provider due to the cost of the visit.

Higher proportions of Hispanics compared to Whites reported that cost was a reason for lack of access to doctors.

No Access To Doctors Due To Cost



Source: BRFSS (2004-2010)

Broader Issues Impacting Health

Social determinants are commonly categorized as proximal and distal factors consisting of an individual's biological makeup, behavior, social position, and ecological surroundings (Roger, Hummer, and Nam, 2000) that affect health. An individual's access to life opportunities and equitable health is dependent on factors that may or may not be within his or her control. Some of these factors may pose a potential challenge to over-come if an individual is at a disadvantage with respect to social determinants of health. Some aspects of the social position of Hispanics within Harris County are presented through a sociological and ecological perspective in this section.

Acculturation and Assimilation

The process of adapting to customs, culture, and social institutions such as language, clothing, food, and government are aspects of acculturation where the minority group, primarily adapts to the dominant majority. In rare cases, the dominant majority accepts some aspects of the minority group. Acculturation reflects adaptation and not acceptance into the dominant majority. The established literature focuses primarily on four areas: socioeconomic status (SES), spatial concentration, language attainment, and intermarriage (Waters and Jimenez, 2005) where acculturation occurs. When individuals are fully integrated in these benchmarks it is expected that they are acculturated and accepted into the dominant majority group.

For some Hispanics, acculturating and assimilating into the dominant group is curtailed by individual and structural forces in their community. For a diverse group such as Hispanics, each individual's life experience is unique, in addition to differences in culture, socioeconomic status (SES), human capital (education), and mode of entrance into the U.S. (Bean and Stevens, 2003). Immigrants with high levels of education and SES can acculturate and assimilate into the mainstream

middle class with greater ease compared to labor immigrants who start at the bottom of the SES scale.

Literature suggests that Hispanic immigrants arrive in the U.S. practicing healthier behaviors than their European American counterparts. As the number of years living in the U.S. (a rough measure of acculturation) increases, there are changes in health behaviors and health outcomes. Acculturation is associated with certain lifestyle choices such as poorer nutrition, more tobacco use, and substance abuse. Conversely, acculturation is also associated with some positive health behaviors such as more leisure time physical activity (Escamilla, 2011).

Ethnic Enclaves

Many new Hispanic immigrants to the U.S. dealt with poverty, deprivation, poor job opportunities and even social unrest in their country of origin. To adjust to life in the U.S., new immigrants sometimes use their social networks and, when available, the established ethnic enclaves to develop social ties.

Neighborhood social context affects health outcomes among immigrants with the greatest health benefit seen in ethnic enclaves. Enclaves provide a safe zone from potential hostility from the dominant group, serve as economic base providing access to the low income jobs not in direct competition with the White working class and legal wage regulations, low income housing, and provide an environment that creates and illusion of "home" (Zhou, 1992).

Better health outcomes are seen in foreign born Hispanics across age groups, different health indicators and in some cases, across different countries of origin and these are more pronounced in those that live in ethnic enclaves (Cagney, 2007).

A closer look at the highly concentrated residential areas for Hispanics show a high percentage (80% – 100%) of the population living below the poverty level (ACS estimates 2006-2010). Hispanics are known to be a close knit and family-oriented group, and overcrowding within households appears to be evident throughout the county (ACS estimates 2006-2010). Furthermore, Hispanics have traditionally had the highest total fertility rate of the major race and ethnic groups.

Civic Engagement

Civic engagement is important due to its potential to harness political power. However, given the disadvantaged circumstances that many Hispanics find themselves, such as low levels of education, occupation and wage degradation and segmented assimilation, having high levels of civic engagement poses a challenge for this group. This is more evident among immigrants living in the shadows, those without legal status who are caught in an awkward position of 'being in America but not being a part of it' (Portes and Rumbaut, 2006). Even among legal residents, civic engagement continues to remain limited in scope among Hispanics across the country and they are noted to be underrepresented in terms of political power and political representation. Civic engagement and political representation are areas that needs to be monitored as the Hispanic population continues to follow growth projections. Furthermore, as the White population ages, the Hispanics' working age population will be contributing a larger share toward Social Security and Medicare (Malhotra and Raso, 2007). Greater civic engagement and political representation for Hispanics is needed to improve health and quality of life indicators, especially in accessing resources to promote health equity in the largest racial and ethnic group in Harris County.



“It is time to refocus, reinforce, and repeat the message that health disparities exist and that health equity benefits everyone”

*– Kathleen G. Sebelius, Secretary,
U.S. Health and Human Services*

Summary

- ◆ Hispanics constituted 41 percent of the population in Harris County, with majority being of Mexican origin.
- ◆ A large proportion of Hispanics in Harris County are younger in age, compared to Whites.
- ◆ The majority of Hispanics reside in the north and south-east side of downtown Houston.
- ◆ Twenty-one percent of the Hispanic population in Harris County do not speak English well and 12 percent do not speak English at all. Two thirds speak English well.
- ◆ Home ownership among Hispanics in Harris County is less prevalent than among Whites.
- ◆ A majority of census tracts in Harris County reflect overcrowding among Hispanic households.
- ◆ Forty-eight percent of Hispanics living in poverty are children under the age of 18 compared to 21 percent among Whites living in poverty.
- ◆ Nearly half (46%) of Hispanics, 25 years and older, have not completed high school, compared to 6 percent of Whites.
- ◆ Only a small portion of Hispanics are employed in management, business, science and arts occupation compared to Whites.
- ◆ A large proportion of Hispanics are uninsured.

Recommendations

Individuals may:

- ◆ Focus on educational attainment, including language proficiency, which will ultimately result in better economic outcomes, through better opportunities for employment.
- ◆ Improve English proficiency, which results in better access to services.

Organizations may:

- ◆ Focus their programs and services in areas where a majority of Hispanics reside.
- ◆ Align their programs to address cultural and linguistic issues among Hispanics.
- ◆ Focus their programs aimed at education, job training and poverty reduction in identified geographic areas with high rates of Hispanic poverty.

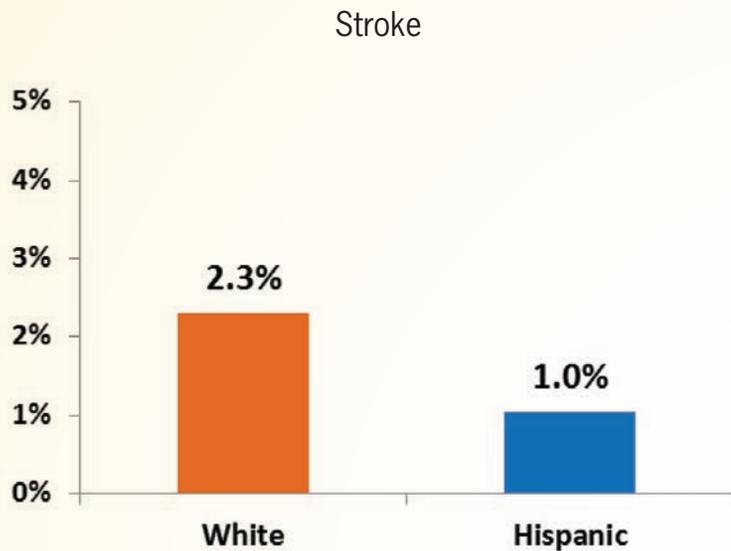
Communities (policy level) may:

- ◆ Realign resources and strategies to address key issues faced by Hispanics in Harris County, e.g. educational attainment, housing, and uninsurance.

Health Conditions and Quality of Life

- ◆ Stroke
- ◆ Diabetes
- ◆ Cancer
- ◆ Overweight / Obesity
- ◆ Blood Pressure and Cholesterol
- ◆ Mental Health
- ◆ Quality of Life
- ◆ Summary and Recommendations

Stroke



Source: BRFSS (2004-2010)

In Harris County, smaller proportions of Hispanics compared to Whites had been told by a doctor, nurse, or other health professional that they had a stroke.

CDC Facts on Mortality Due to Stroke:

Healthy People 2020 goal: 42.2 deaths / 100,000

Hispanics in Harris County : 41.2 deaths / 100,000

Whites in Harris County : 48.9 deaths / 100,000

A stroke happens when blood flow to a part of the brain stops. The symptoms of stroke depend on what part of the brain is damaged. High blood pressure is the number one risk factor for stroke.

Texas

The prevalence of stroke in Texas has remained unchanged at 2.8 percent in the last decade.

Hispanics have lower prevalence of stroke (1.6 percent) compared to Whites (3 percent) in 2010.

Adults with higher education and higher household income have lower prevalence of stroke compared to those with lower education and low income.

Source: Texas Department of State Health Services (2012) Cardiovascular disease in Texas 2012.

U.S.

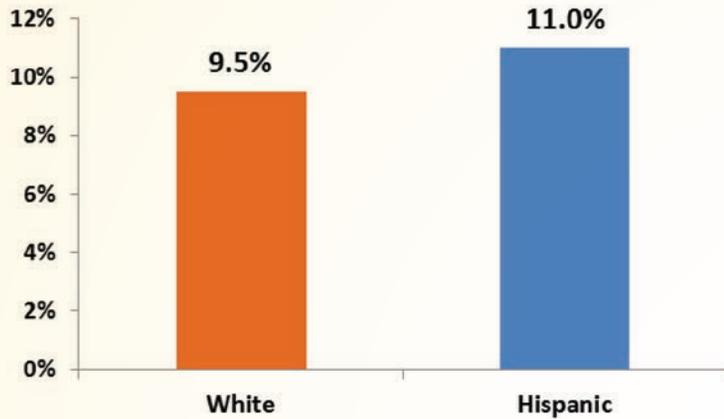
According to CDC statistics, 2.6 percent of non-institutionalized U.S. adults had a history of stroke during 2005. Overall, prevalence of stroke among Hispanics was similar to the prevalence among Whites (MMWR, 2007).

Mean age at stroke death was lower among Hispanics compared to non-Hispanics and overall, Hispanics had lower age-specific death rates for stroke compared with Non-Hispanics (MMWR, 2005).

Nationally, there is no gender disparity in stroke related risk factors and prevalence.

Diabetes

Diabetes Prevalence



CDC reports that diabetes is the fifth leading cause of death among Hispanics and is a leading cause of heart disease, stroke, kidney disease, blindness and amputations. Current statistics show that prevalence of diabetes among Hispanics in Harris County is 11 percent and for Whites is 9.5 percent. (Houston Health Survey, 2010), which are comparable to the Texas rate.

The lifetime risk of developing diabetes is higher for Hispanics compared to other race/ ethnic groups.

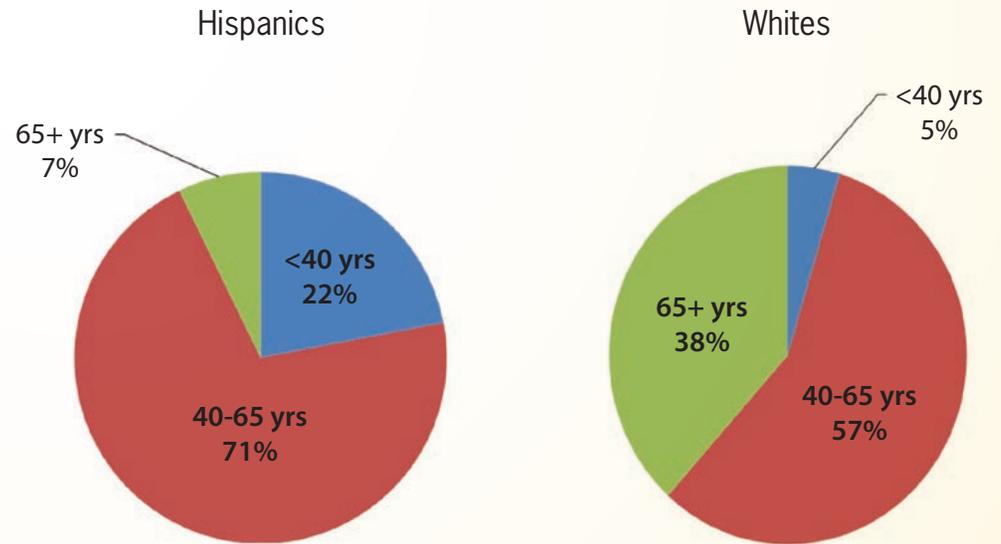
Among Hispanics, Mexican Americans and Puerto Ricans have higher prevalence of diabetes compared to Cubans and Central or South American Hispanics. (NDEP: The Diabetes Epidemic among Hispanic and Latino Americans).

Source: HHS, 2010

Diabetes by Age Group

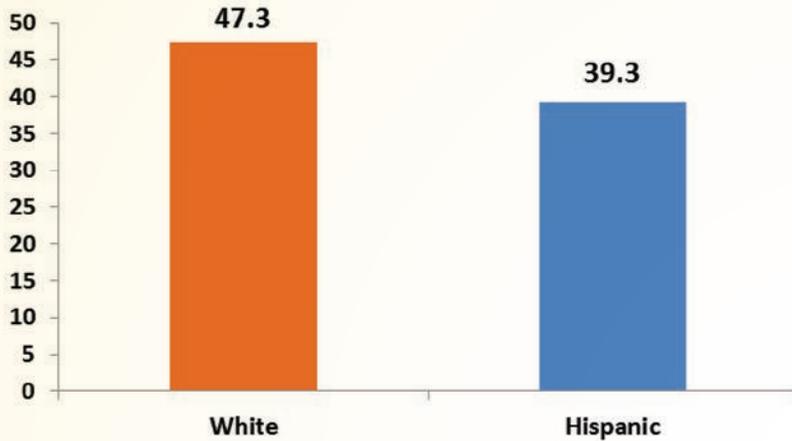
The majority of the individuals with diagnosed diabetes are within the age bracket of 40 to 65 years, in both race/ ethnic groups. However, many more Hispanics are affected by diabetes at younger ages compared to Whites.

Source: HHS, 2010



Diabetes

Mean Age of Diabetes Diagnosis



Source: HHS, 2010

The mean age of diabetes diagnosis for Hispanics is lower than for Whites. Both groups in Harris County are younger when diagnosed with diabetes as compared to the national average of 52.5 years.

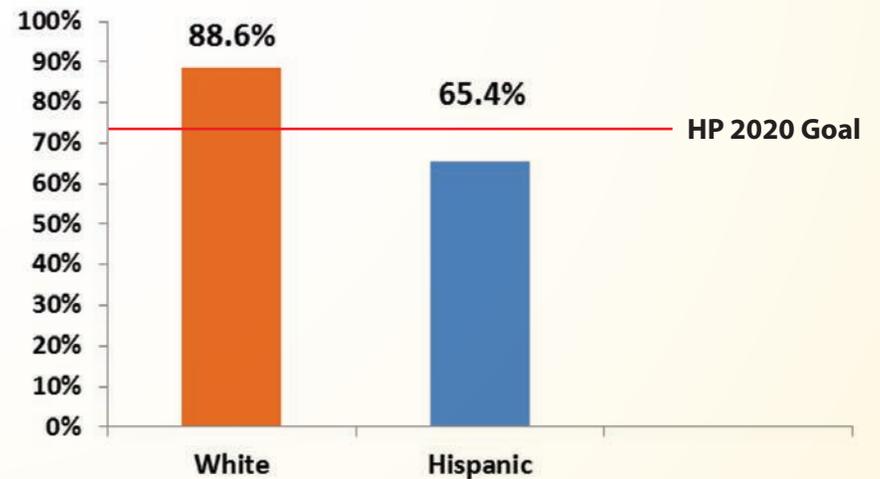
Healthy People 2020 Objective:

(D-11) Increase the proportion of adults with diabetes who have a glycosylated hemoglobin (HbA1C) measurement at least twice per year to 71.1 percent, compared to Hispanics. Proportion of Hispanics that had HbA1C tests in the past year was also far lower than Healthy People 2020 Goals

The HbA1C test measures an individual's average blood glucose control for the past two to three months, an indicator of diabetes management. HbA1C monitoring uses a blood test that indicates how well a person's blood sugar has been controlled.

Disparities exist between Hispanics and Whites in management of diabetes. Among those that have been diagnosed with diabetes a higher proportion of Whites had HbA1C tests done in the past year compared to Hispanics.

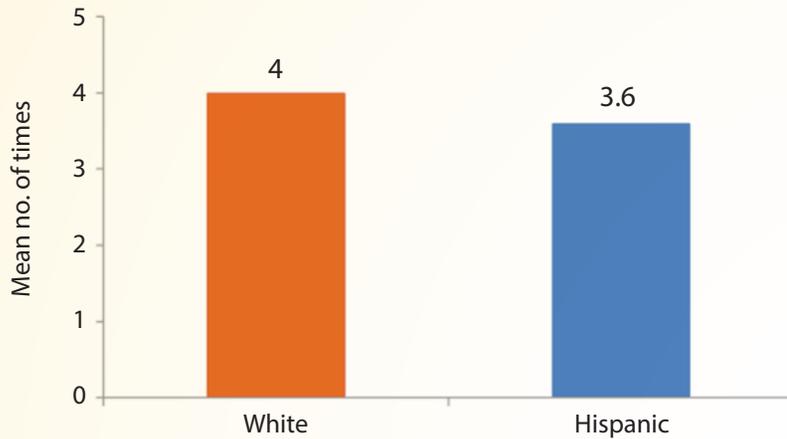
HbA1C test in Past 12 Months



BRFSS (2004-2010) and HP 2020

Diabetes Self-Management

Seen Health Professionals in Past Year for Diabetes

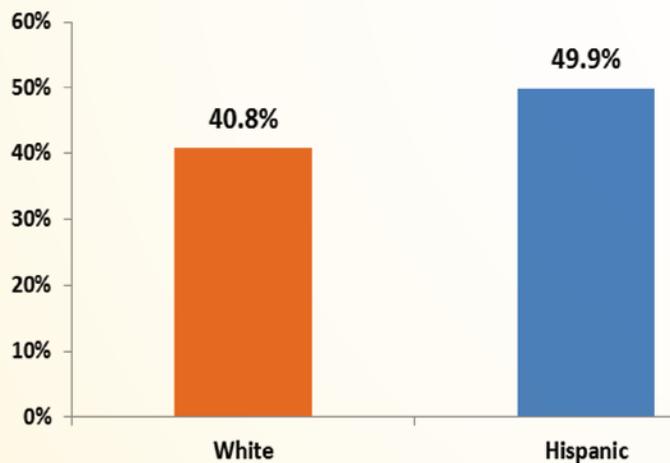


On average, Hispanics with diabetes have seen a doctor, nurse, or other health professional 3.6 times in the past year for their diabetes as compared to 4 times for Whites.

Among those who identified themselves as diabetic, almost half of the Hispanic group had never attended a diabetes management class.

Health care providers play a critical role in communicating standards of care to their patients. Literature demonstrates that patients that received advice on self-management of disease were more likely to follow the provider guidelines.

No Diabetes Management Class



In Harris County, Texas, if 5 percent more people attended some college and 5 percent more had an income higher than twice the federal poverty level we could expect to save 1,200 lives, prevent 12,200 cases of diabetes, and eliminate \$97.8 million in diabetes costs every year.

County Health Rankings, Robert Wood Johnson Foundation

Source: BRFSS (2004-2010)

Cancer Incidence and Mortality

Invasive Cancer Incidence Rates

Harris County, Texas

Both Genders, Hispanic, 2005-2009

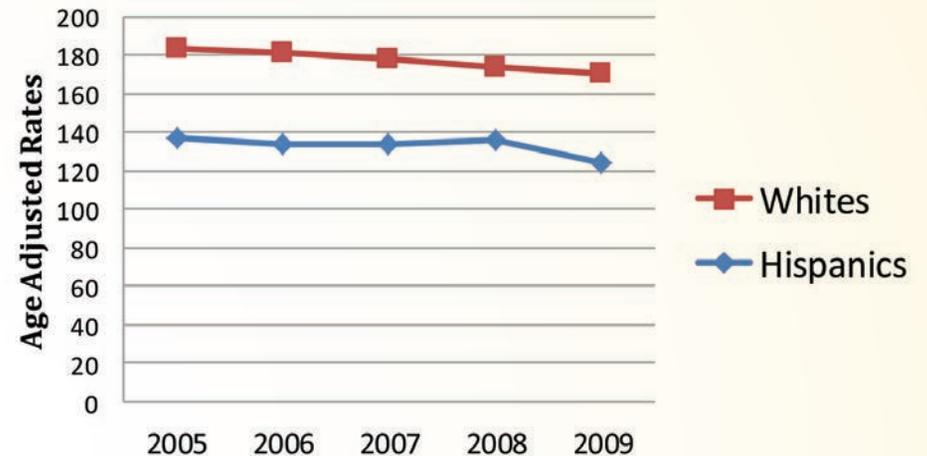
(Top five most common types of cancers)

Site	Age-adjusted Rate
All sites	340.7
Prostate (males only)	113.3
Breast	45.3
Colon and rectum	33.6
Lung and bronchus	33.5
Non-Hodgkin lymphoma	16.6

Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population. Source: Texas Cancer Registry

In the U.S., for all cancers combined, and for the most common cancers (prostate, breast, colorectal, and lung), incidence and death rates are lower among Hispanics than among non-Hispanic Whites (American Cancer Society, 2011)

Cancer Mortality Rates in Harris County
(All sites, 2005-2009)

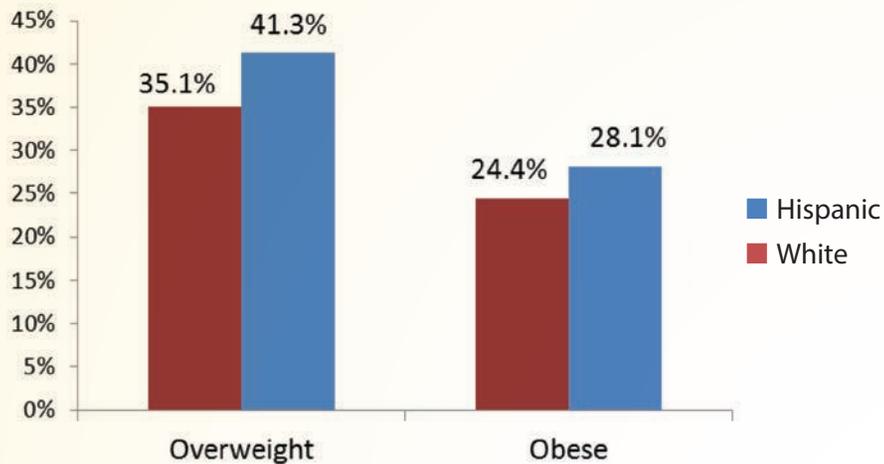


According to a report by the American Cancer Society, cancer has passed heart disease as the leading cause of death among Hispanics in the U.S. Looking at trends, cancer mortality rates for Hispanics and Whites have been decreasing in the last few years. Overall, Hispanics have lower rates of cancer related mortality than that of Whites.

Important factors that will play a role in reducing the risk of cancer in Hispanics include access to health care, including utilization of screening and available vaccines, as well lifestyle factors such as reducing alcohol consumption, obesity and smoking.

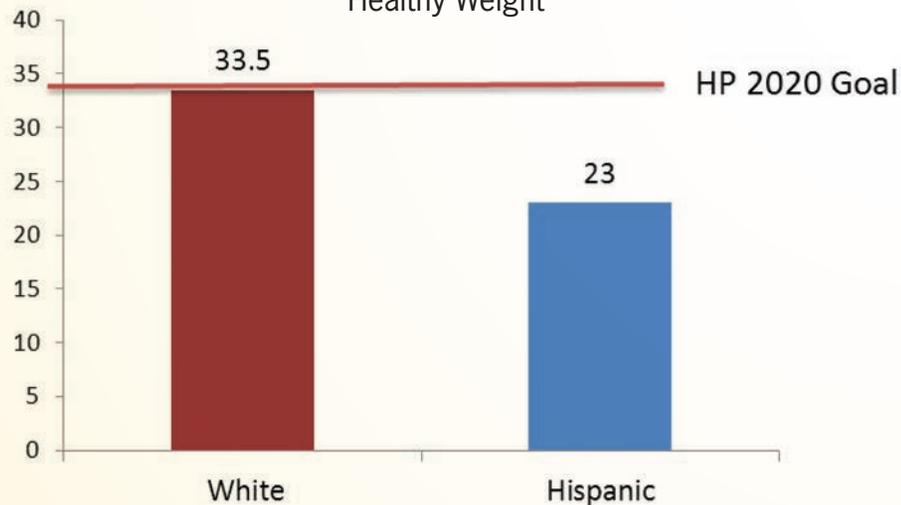
Overweight / Obesity

BMI Categories



Source: BRFSS (2004-2010)

Healthy Weight



Source: HHS, 2010

For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the “body mass index” (BMI). For most people, BMI is a good indicator of body fat.

For adults, a BMI between 25 and 29.9 is considered overweight. An adult who has a BMI of 30 or higher is considered obese.

Source: <http://www.cdc.gov/obesity/adult/defining.html>

Higher proportions of Hispanics than Whites are overweight and obese in Harris County.

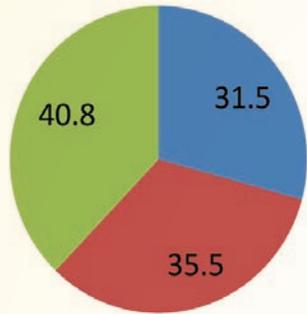
In 2009, nearly 66.8 percent of Texas adults were either overweight or obese. According to the Office of Minority Health, 78 percent of Hispanic women are obese compared to 60.3 percent for Whites. Even among U.S. children, in 2009-2010, Mexican American children were 1.6 times more likely to be overweight than Whites.

About 31 percent of persons aged 20 years and over were at a healthy weight in 2005–08 (age adjusted to the year 2000 standard population) in U.S. The Healthy People 2020 (HP 2020) goal is to improve healthy weight to 33.9 percent. Harris County already has nearly achieved the HP 2020 goal for Whites for healthy weight at 33.5 percent while Hispanics are trailing at 23 percent .

Promoting healthy weight among Harris County Hispanics is a high priority.

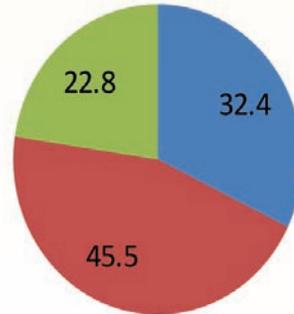
Overweight / Obesity

Overweight Whites by Age



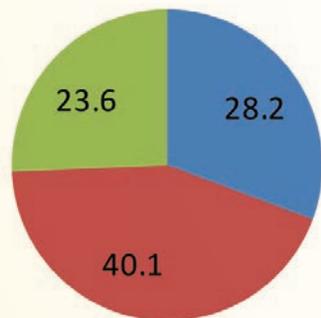
- 18-49
- 50-65
- 66+

Overweight Hispanics by Age



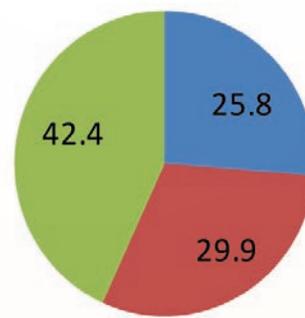
Among overweight Hispanics, the largest group is in the age group of 50 to 65 years. However, among overweight Whites, the largest group is among adults older than 66 years.

Obese Whites by Age



- 18-49
- 50-65
- 66+

Obese Hispanics by Age

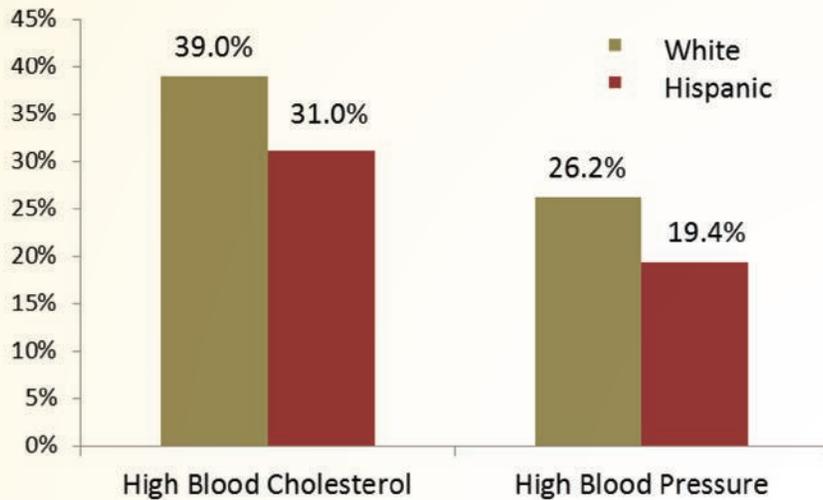


On the other hand, older Hispanics (66+) represent a larger portions of obese Hispanics, while the mid-age population (50-65 years) represents the larger portions of obese Whites.

Source: HHS, 2010

Blood Pressure and Cholesterol

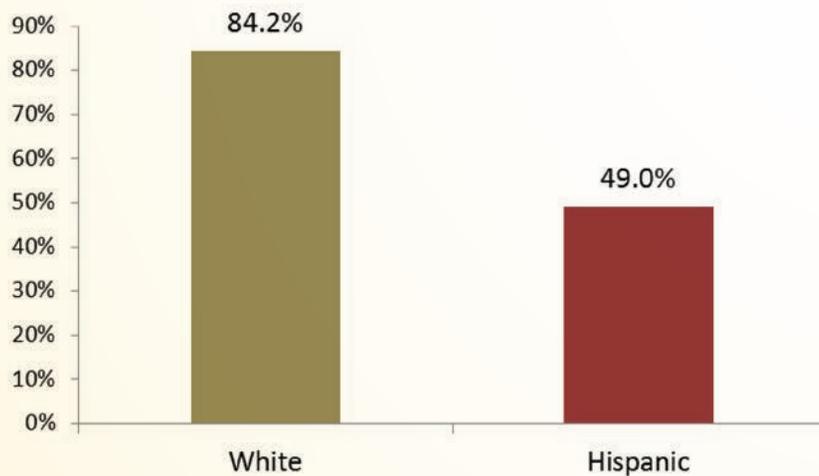
Diagnosed High Blood Cholesterol and Blood Pressure Prevalence



Hispanics of Harris County reported lower prevalence of high blood pressure and high cholesterol than Whites, which is comparable to national statistics. It is noteworthy because screening for blood pressure and cholesterol among Hispanics is lower than among Whites.

According to the Office of Minority Health (2012), the percentage of Hispanic adults in the U.S. who had high blood pressure (in 2010) was 22.5.

Blood Cholesterol Checked



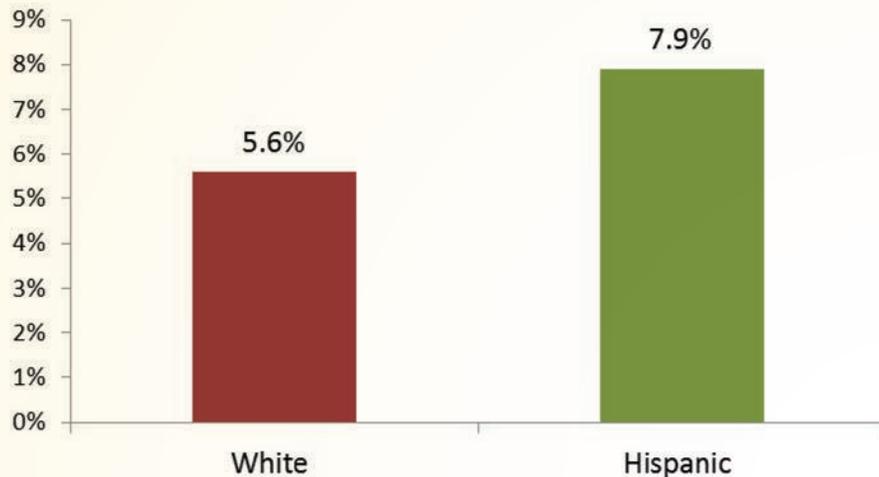
According to the Office of Minority Health (2012), the percentage of Hispanic adults in the U.S. who received a blood cholesterol measurement in the last five years (in 2008) was 71.8.

Access, availability, knowledge, attitude and several other factors may contribute to lower screening rates among Hispanics

Source: BRFSS (2004-2010)

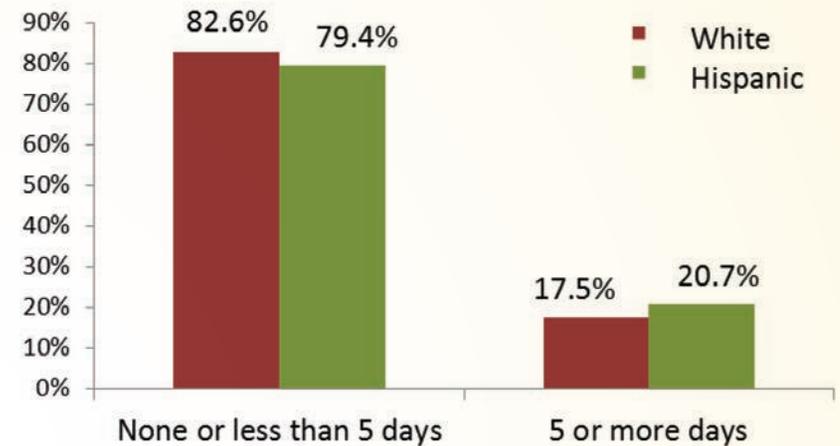
Mental Health

Severe Psychological Distress



Source: HHS, 2010

Mental Health “Not Good” in Past 30 Days



Source: BRFSS (2004-2010)

Severe Psychological Distress (SPD) is a non-specific measure of psychological distress. Among Hispanics, 7.9 percent reported SPD as compared to 5.6 percent of Whites. Slightly higher proportions of Hispanics reported having poor mental health for five or more days in a month compared to Whites.

Over the past few decades, numerous research studies have found that from adolescence to adulthood, Hispanics experience higher rates of stress and certain mental health problems than other racial and ethnic groups. These conditions often result from depression, anxiety and post traumatic stress disorder (PTSD) arising from family separation issues, social isolation, moving to a new country and ramifications of war and/or violence in their country of origin. Despite this, they tend to under utilize mental health services. Numerous studies also found evidence that highlights the lack of availability, lack of access to quality mental health services to Hispanics (Acosta, 2008). Some reasons for this include: lack of culturally and linguistically appropriate mental health resources, services and residential facilities; lack of knowledge of resources; and lack of insurance.

Mental Health

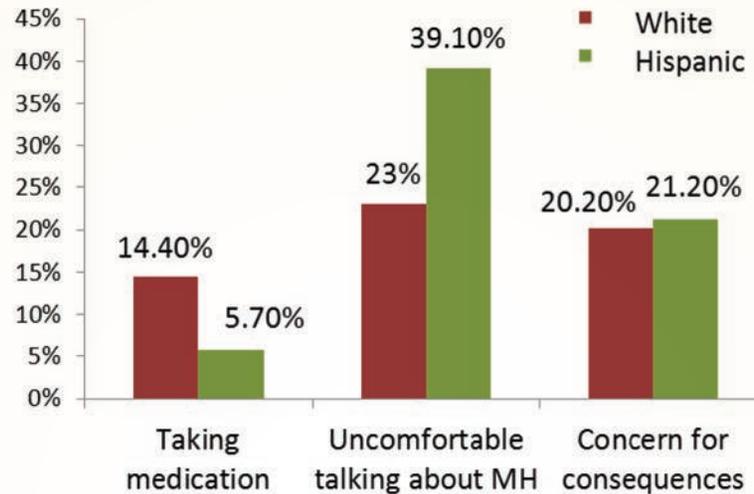
Lower proportions of Hispanics compared with Whites reported that they took any prescription medications, such as antidepressants or sedatives – daily or almost daily for two weeks or more, for an emotional or personal problem in the past year.

A higher proportion of Hispanics compared to Whites reported that they did not see a mental health professional because they felt uncomfortable talking about mental health issues.

Almost similar proportions of Hispanics and Whites reported that they did not see a doctor because they were concerned about what would happen if someone found out that they had a mental health problem.

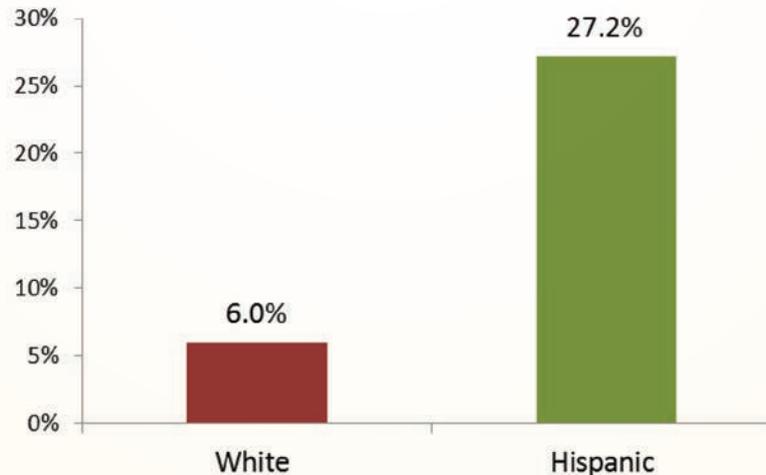
As compared to Whites, a large proportion of Hispanics reported having difficulties making appointments for mental health concerns.

Mental Health Issues



Source: HHS, 2010

Mental Health Appointment Difficulties



National Mental Health Facts

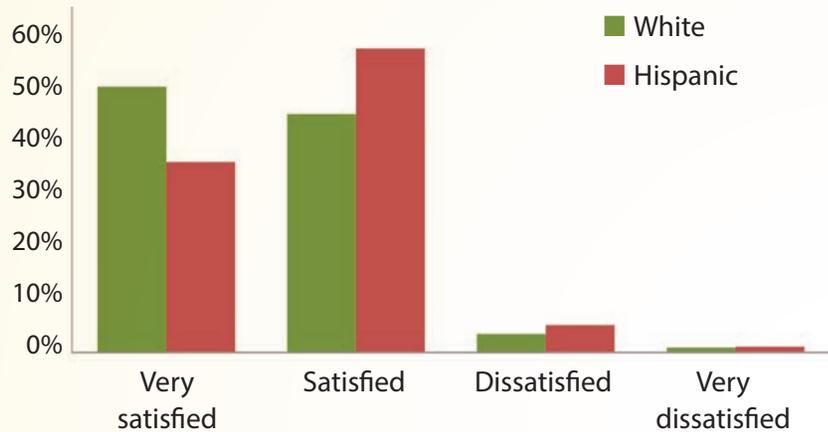
- ◆ Hispanics are identified as a high-risk group for depression, anxiety, and substance abuse.
- ◆ Women and Hispanics are more likely to experience a major depressive episode.
- ◆ Prevalence of depression is higher in Hispanic women (46%) than Hispanic men (19.6%).
- ◆ There are higher rates of mental illness among U.S. born and long term residents than among recent Hispanic immigrants.
- ◆ Place of birth has a significant correlation with the subsequent risk for most psychiatric disorders.
- ◆ A study found conclusively that long-term residence in the United States significantly increased rates in mental disorders, with particularly dramatic increases in the rates of substance abuse.

Source: NAMI multicultural action center.

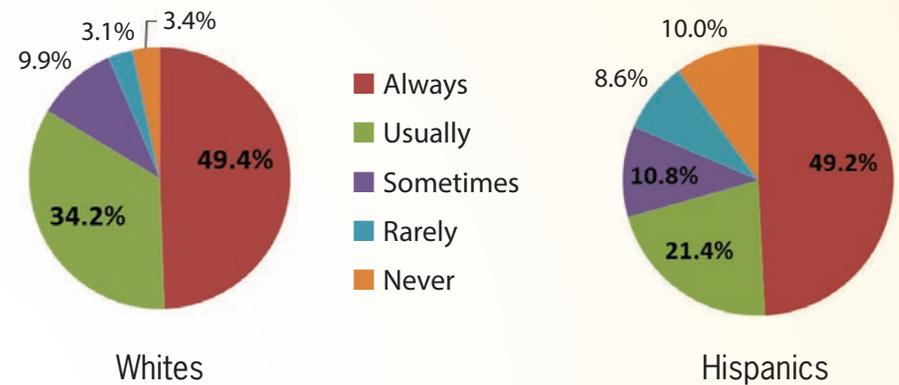
Quality of Life

General Satisfaction and Social/Emotional Support

General Satisfaction with Life



Social and Emotional Support



Source: BRFSS (2004-2010)

General satisfaction with life is a subjective measure of well-being. Smaller proportions of Hispanics compared to Whites reported general satisfaction with life.

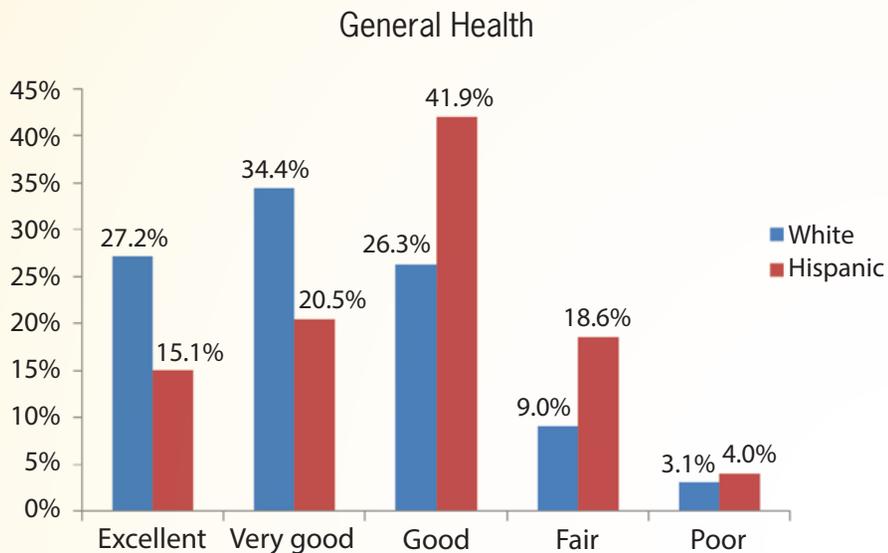
Proportions of Hispanics who reported never having had social and emotional support were higher than that for Whites (10 % vs. 3.4%).

How do social relationships affect health?

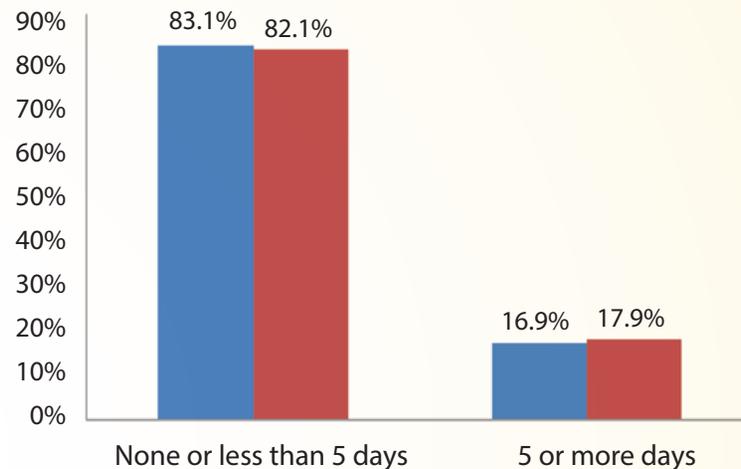
Social relationships provide resources to minimize risk of disease, avoid risk of disease, or influence health promoting behaviors. The indirect pathways linking social relationships and health outcomes such as mortality from all diseases and mortality from cardiovascular conditions are through social support, social isolation, social norms and weak or strong social ties and marital status. The direct effects of social support on health, specifically on mortality, are through physiologic systems such as immune responses, neuroendocrine responses through stress hormones and cardiovascular reactivity.

Quality of Life

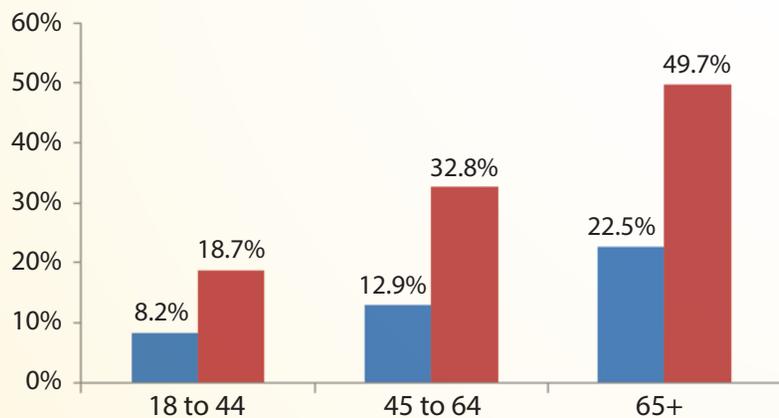
General Health



Self Reported Physical Health “Not Good” (in Past 30 Days)



General Health “Fair to Poor” by Age Group



Proportions of respondents reporting fair and poor health status in the past month were higher among Hispanics compared to Whites (22.6% vs. 12.1%)

There was no significant difference in proportions of Hispanics and Whites reporting number of days when physical health was not good.

General health among people gets poorer with age. Proportions of people reporting poor health was higher among all age groups for Hispanics compared to Whites.

Source: BRFSS (2004-2010)

Summary

- ◆ Overall prevalence of diagnosed stroke among Hispanics is lower than that of Whites, however, the older age group among Hispanics has a higher burden of disease compared to the same age group of Whites.
- ◆ Diagnosed diabetes prevalence is higher among Hispanics compared to Whites. The younger Hispanic population (<40 years) has an alarming rate of diabetes diagnosis. Access to and utilization of services related to diabetes management among Hispanics appears to be poor compared to Whites.
- ◆ The most common types of cancer among Hispanics living in Harris County are prostate, breast and colon/rectal cancer. Overall cancer mortality is lower among Hispanics compared to Whites.
- ◆ Both overweight and obesity are high among Hispanics living in Harris County, especially among the younger age group (<40 years).
- ◆ Hispanics have lower a prevalence of high blood pressure and high cholesterol. It is noteworthy that screening for both conditions are lower among Hispanics compared to Whites.
- ◆ Slightly higher proportions of Hispanics reported poor mental health for five or more days in a month compared to Whites. As compared to Whites, a larger proportion of Hispanics feel uncomfortable talking about mental health concerns and a larger proportion of Hispanics report difficulties in making appointments for mental health.
- ◆ Hispanics report poorer quality of life compared to Whites, in all age groups.
- ◆ Proportions of Hispanics who reported having “no social support” was higher than that reported by Whites.

Recommendations

Individuals may:

- ◆ Focus on individual health concerns such as adopting more healthy behaviors and distancing from unhealthy behaviors to achieve better health outcomes. Examples may include adopting healthy eating patterns (higher consumption of fruits and vegetables and lower consumption of fat and sugar) and 60 minutes of daily physical activity.
- ◆ Adhere to regular screening to promote early detection of health issues, thus creating an opportunity for early intervention.

Organizations may:

- ◆ Realign their health care services targeting identified health conditions as priority issues.

Communities (policy level) may:

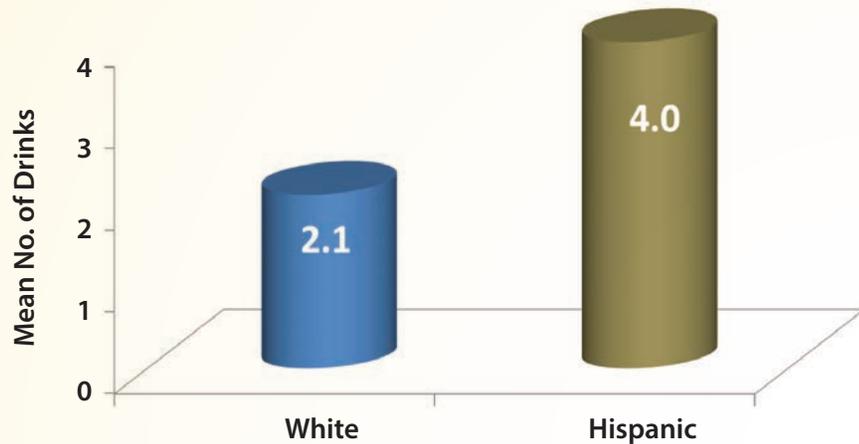
- ◆ Develop and implement strategic approach to address obesity and diabetes among Hispanics by enhancing:
 - ▷ Opportunities to access healthy food choices.
 - ▷ Making the healthy choice the easier choice.
 - ▷ Safe opportunities to be active at schools, parks, community centers, work sites.

Health Behaviors

- ◆ Alcohol Consumption
- ◆ Smoking
- ◆ Cancer Screening
- ◆ Fruit/Vegetable Consumption and Physical Activity
- ◆ Summary and Recommendations

Alcohol Consumption

Average Number of Alcoholic Drinks During Past 30 Days,
(on the occasions when they drink)

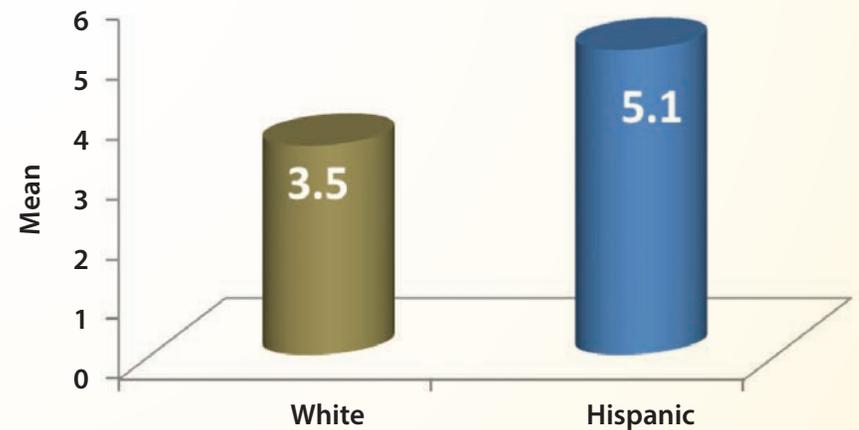


Research shows that drinking patterns among Hispanics are different from those of Whites and other ethnic groups. During the preceding 30 days, on the days when they drank, Hispanics in Harris County reported consuming almost double the number of drinks on average, compared to White respondents.

“Binge drinking” means alcohol consumption of more than four drinks for women and more than five for men within a span of two hours. Drinking large volumes of alcohol over the long term can damage the liver and other organs.

According to National Institute on Alcohol Abuse and Alcoholism, overall, Hispanics are less likely to drink than are Whites, but they drink more when they consume alcohol, compared to Whites. A similar trend was noted in Harris County.

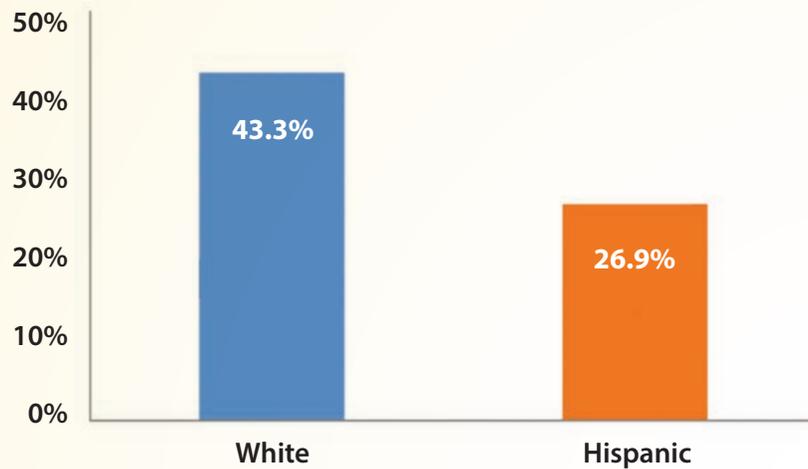
Largest Number of Drinks on Any Occasion



Source: BRFSS (2004-2010)

Smoking

Smoked 100 Cigarettes in Entire Life



Source: BRFSS (2004-2010)

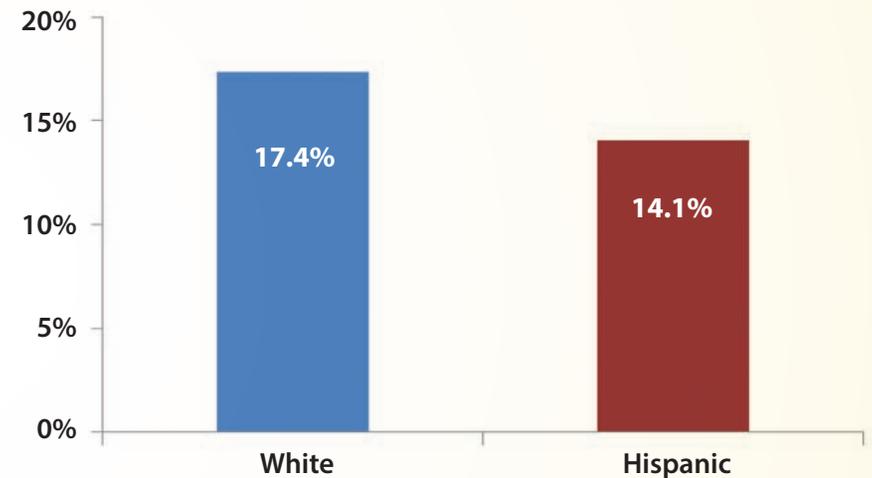
Hispanics in Harris County report smoking less than Whites. During 2004 to 2010, higher proportion of Whites (17.4 percent) reported smoking compared to Hispanics (14.1 percent).

According to CDC data, 21 percent of Whites and 12.5 percent of Hispanics are current smokers in the U.S.

In Harris County, the prevalence of individuals who had smoked previously is also lower among Hispanics compared to Whites.

Smoking is the leading cause of preventable morbidity, mortality and disabilities. In the U.S., annual deaths attributable to cigarette smoking was 443,000 during 2000 to 2004 (CDC Smoking Fact Sheet: http://www.cdc.gov/tobacco/data_statistics/tables/health/attrdeaths/)

Current Smoker



Source: BRFSS (2004-2010)

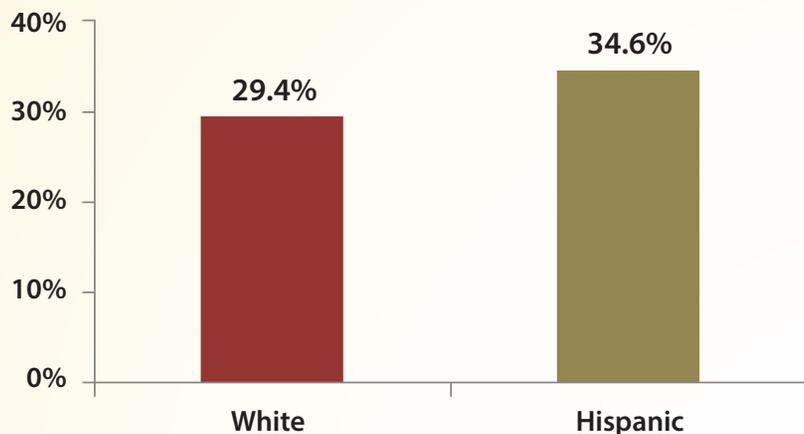
Overall Adult Smoking Rates

Harris County	17%
Texas	19%
USA	14%

Lower prevalence of smoking among Hispanics is sometimes used to explain the Hispanic Paradox. In general, foreign born Hispanics smoke substantially less than U.S. born Hispanics, which may potentially contribute to Hispanics' longevity advantage in the U.S. (Blue and Fenelon, 2011).

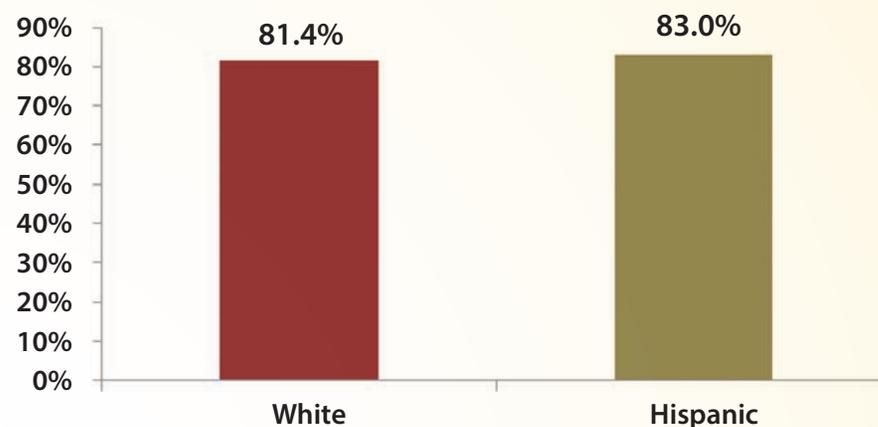
Cancer Screening

No Mammogram Within the Past 2 Years



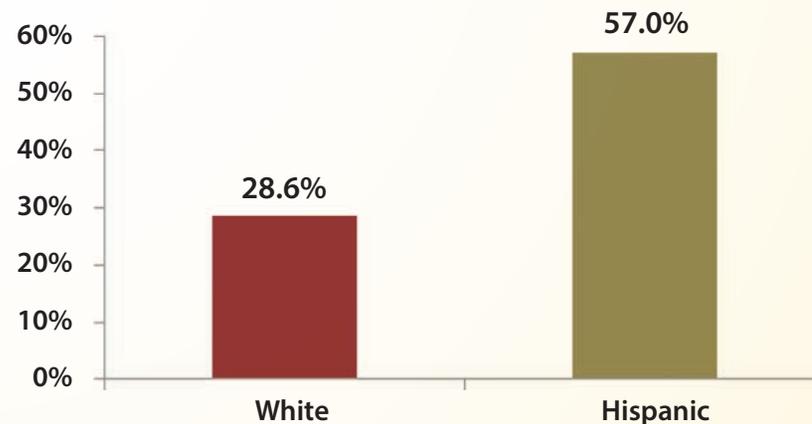
Hispanics appear to have a slightly lower screening rate than other groups. Slightly higher proportions of Hispanic females, 40 years and older had no mammograms (to detect breast cancer) and were thus at risk.

No Blood Stool Test Within the Past 2 Years



Slightly higher proportions of Hispanics 50 years and older had no blood stool test (to detect colorectal cancer) within the past two years. In Texas, Hispanics and those under 65 are slightly less likely to be screened.

No Digital Rectal Exam Within the Past 5 Years



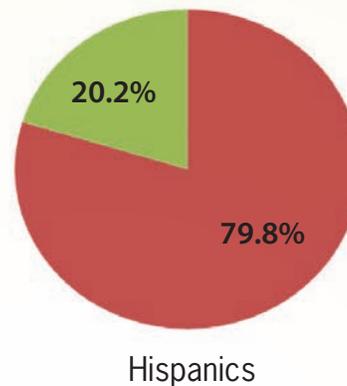
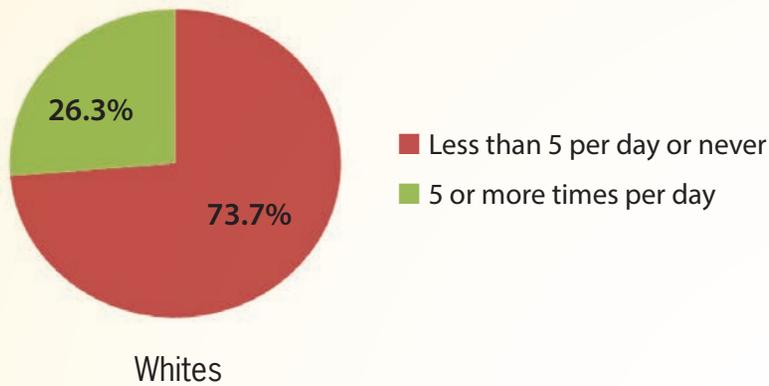
More than half of Hispanic male respondents 40 years and older had not had a digital rectal exam within the past five years.

Some barriers that have been identified that prevent screening are lack of insurance, lack of access to care, lack of a usual provider, lack of awareness of screening and cultural and/or language differences impacting access to care.

Source: BRFSS (2004-2010)

Fruit/Vegetable Consumption and Physical Activity

Five Servings of Fruits and Vegetables per Day:

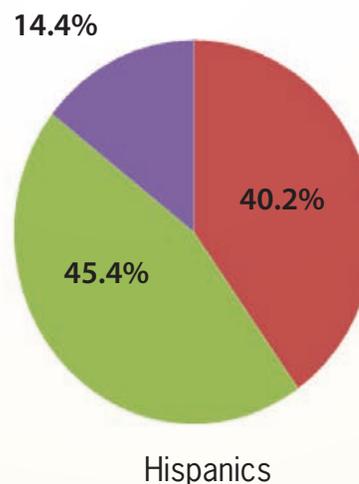
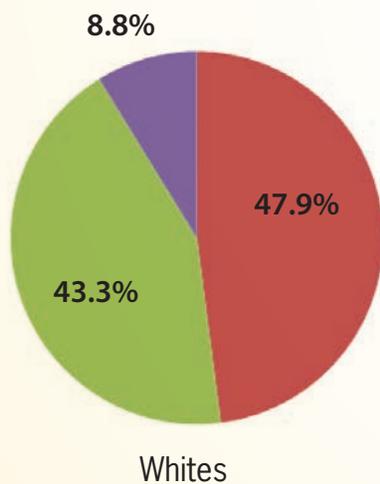


Only 20 percent of Hispanics reported consuming five fruit and vegetable servings per day as compared to 26 percent reported by Whites.

Overall, only 25% of residents consumed the recommended five servings of fruits and vegetables per day.

Source: BRFSS (2004-2010)

Met Recommendations for Moderate or Vigorous Physical Activity:



Higher proportions of Hispanics do not meet the recommended level of physical activity compared to Whites. Similarly, the percentage of Hispanics who don't engage in physical activity at all is higher than that among Whites (14.4 vs. 8.8% respectively).

- Meets recommendations
- Some physical activity but does not meet recommendations
- No physical activity

Source: BRFSS (2004-2010)

Summary

- ◆ It appears that binge drinking among Hispanics is an issue. Hispanics are less likely to drink at all than are Whites, but when they do consume alcohol, they drink more when compared to Whites.
- ◆ Screening behaviors (such as mammogram for breast cancer detection, blood stool test for colorectal cancer and digital rectal exam to detect prostate related abnormalities) among Hispanics appear to be poorer compared to Whites.
- ◆ Lower proportions of Hispanics compared with Whites meet the physical activity recommendations.
- ◆ Lower proportions of Hispanics compared with Whites meet the fruit and vegetable consumption recommendations.
- ◆ The smoking prevalence among Hispanics is substantially lower compared to Whites. Foreign-born Hispanics smoke less than the U.S. born Hispanics.



Recommendations

Individuals may:

- ◆ Reduce or eliminate binge drinking behavior.
- ◆ Increase their uptake and adherence to recommended screening behaviors.
- ◆ Make an effort to adopt more healthful and nutritious eating behaviors, while reducing on unhealthy foods.
- ◆ Adopt a more active lifestyle.

Organizations may:

- ◆ Adapt/ develop and implement appropriate interventions for binge drinking among Hispanics.
- ◆ Align preventive services and include health literacy programs to promote screening behaviors among Hispanics by providing linguistically and culturally appropriate services.
- ◆ Provide appropriate lifestyle modification programs and services to encourage healthful eating and more active lifestyles.
- ◆ Conduct outreach to the uninsured to develop strategies to defray the cost of screening—a key factor preventing Hispanics from being screened.

Communities (policy level) may:

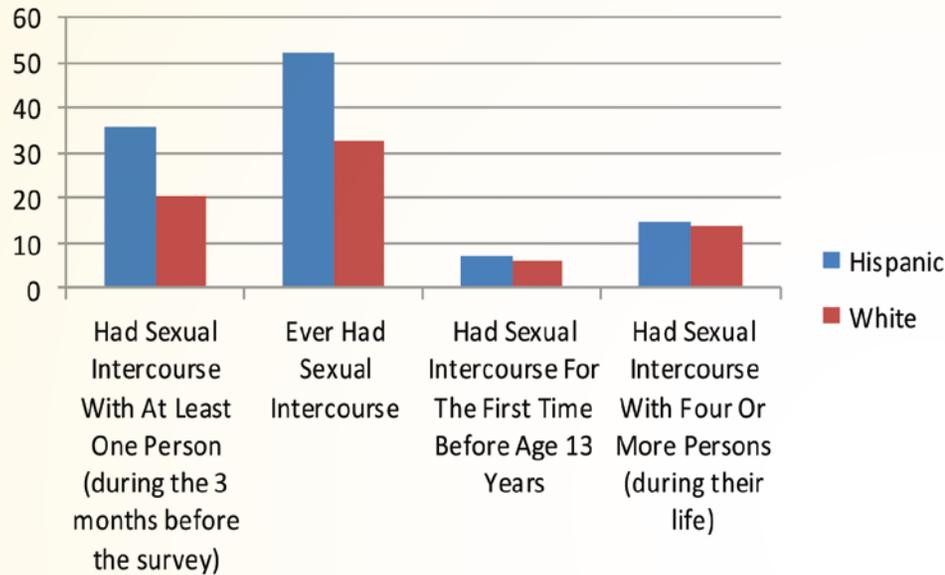
- ◆ Align resources and strategies to promote positive behaviors such as healthy eating, active living, and screening for various health conditions including early cancer detection which are likely responsible for the burden of disability among Hispanics through community centers and work sites.

Other Health Concerns

- ◆ Teen Pregnancy
- ◆ Prenatal Care
- ◆ HIV
- ◆ Summary and Recommendations

Teen Pregnancy

Sexual Behaviors Among High School Students, Houston (2011)
(15-19 years of age)



Source: Texas YRBSS, 2011

Giving birth to a child at a young age impacts the new mother, her child, her family and society as a whole. Often a pregnancy will prevent a young woman from graduating from high school or seeking higher education, impacting the type of employment that she may be eligible for, as well as her ability to find employment that offers health insurance. This can lead to a cycle of poverty that is difficult to break. While the familial support that a young pregnant Hispanic woman receives is a positive factor, pregnancy at such a young age is likely to have a lifelong impact. (State of Health, 2012).

The teen birth rate (per 1000 female population, ages 15-19) for Harris County is high (63) compared to national average of 22.

In Harris County, in 2008, the majority of births to girls ages 10 – 17 years were among Hispanic girls (70.8%).

Examination of Youth Risk Behavioral Surveillance System data (2011) revealed that there is a significant difference in sexual activity and experience of sex between Hispanics and White high school students, age 15 to 19 years, in Houston during 2011.

Hispanic compared to White students, were more likely to report having had sexual intercourse with at least one person during the three months prior to the survey and to report having ever had sexual intercourse. There were no differences in risk factors related to early sex and having multiple partners.

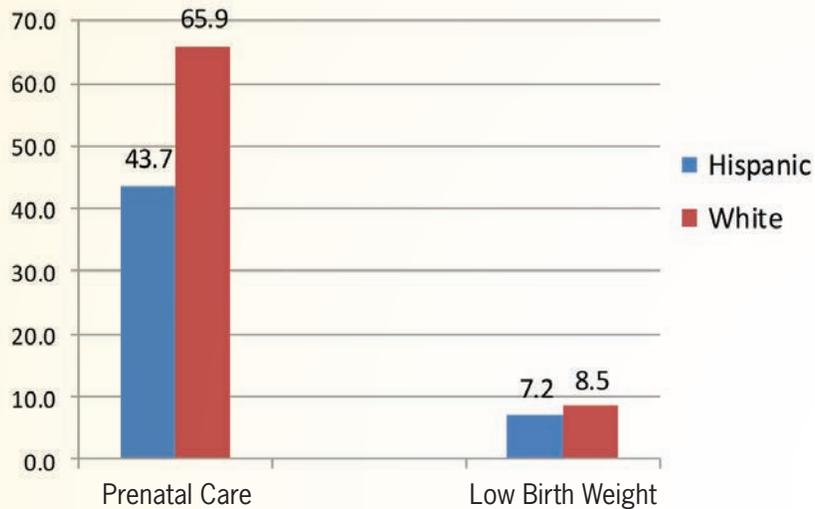
Texas Snapshot: Births From Teenage Mothers

Public Health issue	Texas	National
Birth Rates Per 1,000 Girls Aged 15-19 in 2007	64	43
Change in Birth Rate Among Girls Aged 15-19		
1991-2005	-21%	-34%
2005-2007	4%	5%
High School Students Who Have Had Sex (2009)	52%	46%
High School Students Who Have Had Sex with 4 or More People in Their Life	17%	14%

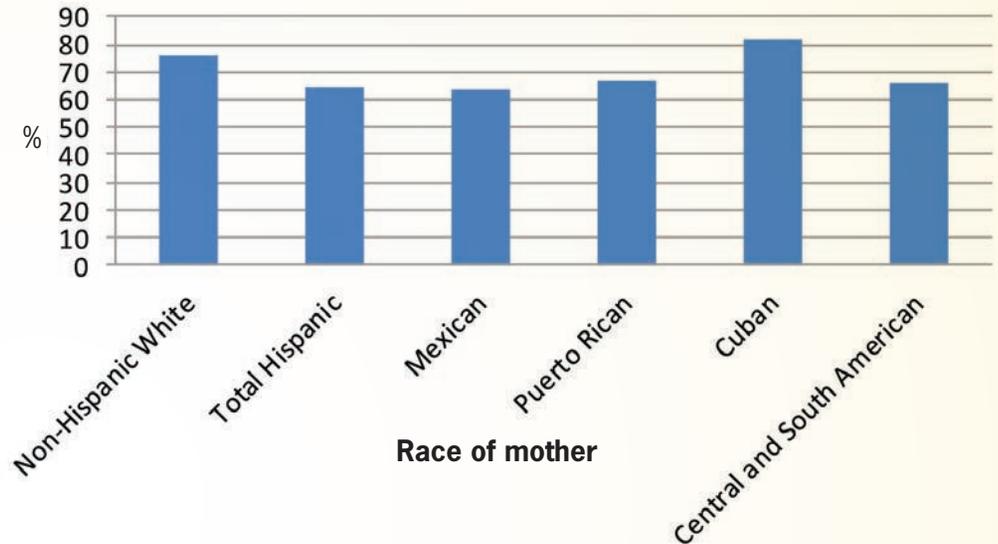
BRFSS (2004-2010) by CDC, 2011

Prenatal Care

Prenatal Care and Low Birth Weight



Percentage of Live Births in Which Mother Received Prenatal Care (U.S.)



Adequate use of prenatal care has been associated with improved birth weights and reduced risk of pre term delivery. These effects are the strongest in socially disadvantaged women.

In 2008, only 43.7 percent of Harris County Hispanic women received prenatal care that started in the first trimester as recommended (compared to 65.9 percent for Whites and 47.2 percent for African Americans). Surprisingly, this lower rate of complete prenatal care has not translated into poor pregnancy outcomes. In the same year, Hispanic women in Harris County gave birth to fewer babies with low birth weight (7.2%) than Whites (8.5%) or African Americans (14.1%). Reasons for this have been speculated to be related to the “Hispanic Paradox” (State of Health, 2009).

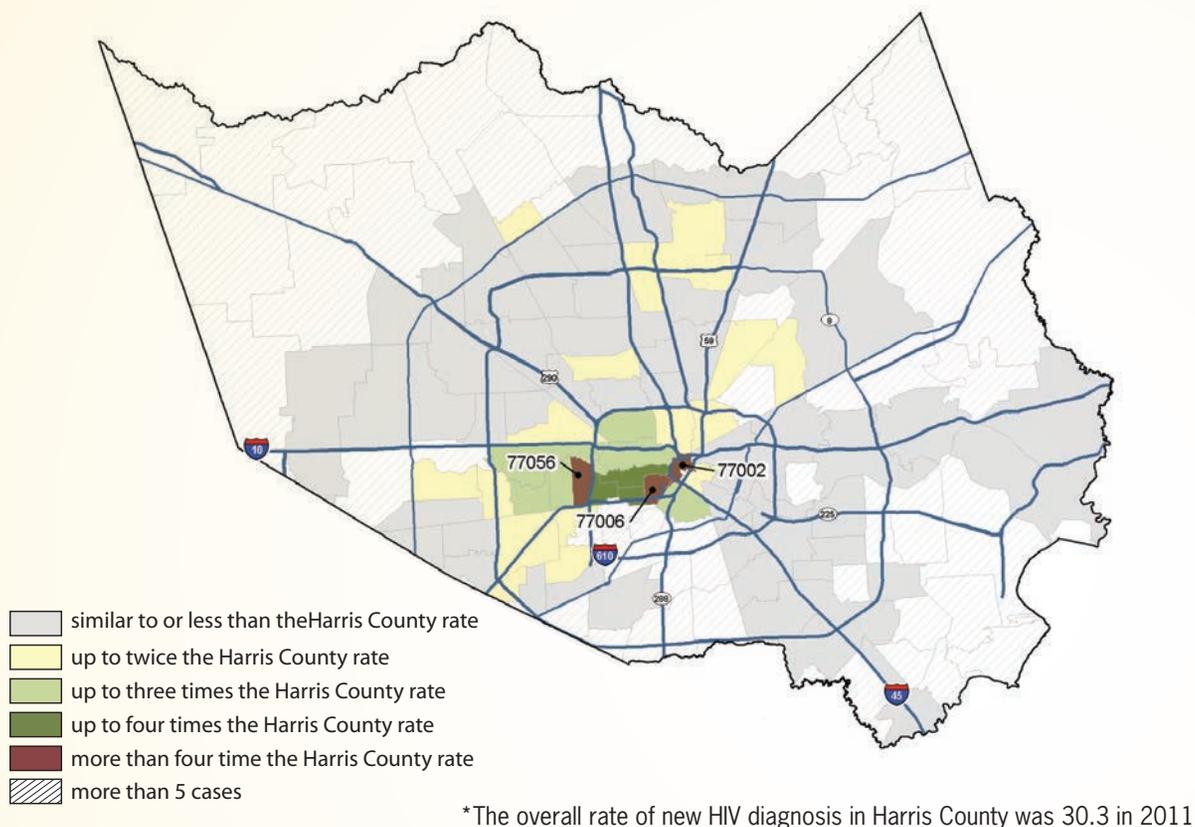
Source: Office of Minority Health, 2011

Prenatal care is currently monitored by the Centers for Disease Control (CDC) using four indicators – some prenatal care vs. no prenatal care, month or trimester of first prenatal care visit, total number of prenatal care visits and the Kessner index (measure using month of first visit and total number of visits). Some of the common barriers to using prenatal care are sociodemographic, system related and attitudinal factors.

Source
<http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf>

HIV

New HIV Diagnoses Among Hispanics by Zip Code Annual Rate per 100,000 Population (2008-2011)



Some of the identified zip codes had more than four times higher HIV diagnosis rates among Hispanics, compared to county average for all population. Overall, the new HIV diagnosis rate among Hispanics was 23.1 per 100,000 compared to 13.2 per 100,000 among Whites. Harris County as a whole had a rate of 30.3 per 100,000 population.

However, the overall rate of people living with HIV in 2011 was lower (272.7 per 100,000 population) among Hispanics compared to Whites (374.4 per 100,000 population).

Data Source for map and above information:
Bureau of Epidemiology, HIV Surveillance, HDHHS

HIV Facts (U.S.)

- ◆ Hispanic Americans accounted for 20 percent of all HIV infection cases in 2010.
- ◆ Hispanic males are three times as likely to develop AIDS as compared to White males.
- ◆ Hispanic females are almost five times as likely to have AIDS in 2010 as compared to White females.
- ◆ Hispanic men are two and half times as likely as non-Hispanic White men to die of HIV/AIDS.
- ◆ Hispanic women are nearly four times as likely as non-Hispanic White women to die of HIV/AIDS.
- ◆ In 2010, Hispanic females were more than four times more likely to be diagnosed with HIV infection, as compared to White females.

Human immunodeficiency Virus (HIV) infection in Hispanic communities in the U.S. is a growing problem. According to the Latino HIV Task Force, in 2011, Hispanics in Houston and Harris County represented 22 percent of the 18,364 new HIV infections reported to the HDHHS since 1999. They also made up 18 percent of the 26,843 local AIDS cases reported to HDHHS since the start of the epidemic in 1981. While HIV has been found to be a more severe problem in other populations, the 22 percent figure indicated above also represents a significant problem among a young population.

(<http://www.houstontx.gov/health/NewsReleases/freehivtesting.html>)

Summary

- ◆ Teenage pregnancy rate is higher among Hispanics compared to Whites.
- ◆ Hispanic women do not receive adequate prenatal care. Despite this, their birth outcomes are slightly better than other population sub-groups.
- ◆ HIV diagnosis rate among Hispanics is higher than Whites for new cases.



Recommendation

Individuals may:

- ◆ Educate their children about the consequences of teenage pregnancy.
- ◆ Adhere to adequate prenatal care recommendation.
- ◆ Promote HIV prevention behaviors among their families and extended networks.

Organizations may:

- ◆ Develop, adapt and implement evidence based programs to address sexual activity among Hispanic adolescents.
- ◆ Reach out to pregnant women to encourage them to use adequate prenatal care services.
- ◆ Focus on identified zip codes to offer culturally appropriate programs to the Hispanic population for HIV prevention and implement programs for those living with HIV.

Communities (policy level) may:

- ◆ Align resources to reach out to adolescents to offer programs to curb the teenage pregnancy and encourage prenatal care among pregnant women.
- ◆ Align the HIV prevention efforts in the identified areas where new HIV diagnoses are higher.

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Hispanic Health Profile

Houston/Harris County

**Population Growth, Demographics, Chronic Disease
and Health Disparities**

**CITY OF HOUSTON
Department of Health and Human Services
and
Hispanic Health Coalition
2013**



Houston Department of
Health and Human Services