Objectives: We investigated the Latino paradox in a managed care setting and examined the role of birthplace.

Methods: We evaluated 133,155 non-Latino Whites and 5,237 Latinos (36% born in the United States, 34% in Central and South America, 21% in Mexico, and 8% in the Caribbean Islands) who were enrolled in an integrated healthcare delivery system in northern California. Baseline data were from 1964–1973, and the median followup was 34 years. Main outcome measures were cause-specific and all-cause mortality.

Results: In fully-adjusted analyses, and compared with non-Latino Whites, the risk of death from circulatory causes was significantly lower among US-born Latinos (hazard ratio [HR] .79, 95% confidence interval [CI] .66–.93), among Central and South America-born Latinos (HR .76, 95% CI .63–.91), and Caribbean-born Latinos (HR .66, 95% CI .47–.93). Risk of death by malignant neoplasms was significantly lower among US-born Latinos (HR .68, 95% CI .56–.83). Risk of respiratory death was significantly lower among Central and South America-born Latinos (HR .50, 95% CI .32–.80). All-cause mortality risk was significantly decreased in US-born Latinos (HR .79, 95% CI .71–.87), Central and South America-born Latinos (HR .81, 95% CI .73–.90), and Caribbean-born Latinos (HR .76, 95% CI .63–.93) but not in Mexico-born Latinos.

Conclusions: In our managed care setting, the Latino paradox phenomenon varied by birthplace; it was more evident among US-born Latinos. This subgroup experienced lower circulatory, cancer, and all-cause mortality than did non-Latino Whites, despite higher prevalences of current smoking, obesity, and asymptomatic hyperglycemia. (Ethn Dis 2009;19:185–191)

Key Words: Hispanic/Latino Paradox, Cohort Study, Risk Factors, Mortality

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INTRODUCTION

According to the 2000 US Census, 35.3 million people in the 50 states (12.5% of the population) and 3.8 million in the Commonwealth of Puerto Rico self-identified as Hispanic or Latino.1 By 2050, an estimated 25% of the US population (102 million) will be Hispanic or Latino.2

The observation that Latinos (particularly foreign-born Latinos) experience lower all-cause and cardiovascular mortality than do non-Latino Whites, despite increased prevalence of obesity, type 2 diabetes, lower socioeconomic status, and increased barriers to health care, has been termed the “Hispanic paradox” or “Latino paradox.”3 However, this paradox is controversial and has been attributed to problems of data reliability (ethnic misclassification and differential ascertainment of deaths by ethnicity) and the effect of selective out-migration of unhealthy people.4 A limitation of prior research among Latinos in the United States includes lack of consideration of heterogeneity according to place of birth; the preponderance of studies have been done among Latinos of Mexican descent.

The aim of this article is to shed light on the Latino paradox by examining the cardiovascular risk factor profile and long-term mortality among Latino members of a large health plan in Northern California.

The aim of this article is to shed light on the Latino paradox by examining the cardiovascular risk factor profile and long-term mortality among Latino members of a large health plan in Northern California. The unique aspects of our setting include the fact that it controls for access to care and reduces the chance of out-migration, since most of our members have health insurance provided through employment. In addition, we were able to segregate our Latino sample by place of birth.

METHODS

Study Cohort and Procedures

The study cohort was a subset of a larger sample of 177,750 health plan members who attended Multiphasic Health Checkups at the Kaiser Permanente Oakland and San Francisco medical centers between 1964 and 1973. Kaiser Permanente is an integrated healthcare delivery system providing medical care for one-third of the population in the San Francisco Bay Area. Kaiser Permanente subscribers are representative of the region, although there is underrepresentation of the extremes of the income distribution.5 At the Multiphasic Health Checkups, information on age, sex, race/ethnicity, country of birth, education level, height and weight, cigarette smoking, alcohol consumption, history of physician-diagnosed hypertension, diabetes mellitus, chronic obstructive pulmonary disease, asthma, coronary heart disease, stroke,