

## HISPANIC HEALTH: HOW HEALTHY IS THE FASTEST GROWING POPULATION OF THE UNITED STATES?

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(*Ethn Dis.* 2002;12:459)

**Key Words:** Hispanic, Medical School Admissions

In terms of health, the rapidly growing Hispanic population offers tremendous opportunities and potentially grave dangers.

The opportunities are intriguing. With only minor exceptions, Hispanic populations across the United States present a mortality profile that stands the classic “minority health disparity” model on its head. White Latinos have far greater risk factors than non-Latinos (eg, lower income, less educational attainment, less access to care), Latino health profiles are paradoxically quite strong. Compared to non-Hispanic Whites in California, Latinos have

- 35% lower mortality due to heart disease;
- 43% lower mortality due to cancers;
- 25% lower mortality due to stroke.

In fact, of the top 10 causes of death, Latinos have mortality rates lower than, or equal to, non-Hispanic White, for 7 of these causes. For the 28-year period from 1970 to 1998, Latino infant mortality has been equal to, or lower compared to non-Hispanic White infant mortality. Additionally, Latinos enjoy a longer life expectancy (4.1 years longer) than non-Hispanic Whites.

How does a low-income, low-education, low-access population achieve such spectacular health outcomes?

The simple answer is that medical research does not really know, other than that Hispanic culture appears to provide some little-understood “protective factor.” A tremendous opportunity exists to provide a quantum leap in the wealth of the non-Hispanic population. If the “bio-cultural” model were understood to the point where all populations (non-Hispanic White, African American, etc.) were able to incorporate the Hispanic cultural activities that provide epidemiological protection, California could save more than 49,000 lives taken away each year due to heart disease, cancer and stroke alone. This protection would be low-cost and nearly universally available, a far cry from the expensive “big-iron” approaches of the human genetics and technology, which are probably two to three human generations away from being available over-the-counter.

Yet, basic scientific research is not being done on this so-called paradox, so the mechanisms by which these tens of thousands of lives might be saved are not yet known. And the reason why so little research is being done on the Hispanic health paradox is the faint presence of Latinos in the health professions. In California, while Latinos are more than 33% of the state’s physician supply, less than 5% of the state’s physicians are Latino. This translates into few Latinos capable of engaging in research in the “bio-cultural” model, and/or teaching physicians and other healthcare providers about how to work with cultural dynamics.

The simple fact is that non-Hispanic physicians are not likely to study Latino health. Far from being an issue for Affirmative Action, the low Latino presence in medical schools represents a loss for the non-Hispanic population who would benefit the most from a clear understanding and application of the Latino epidemiological paradox.

And a bad situation will become worse. Latino and African-American first year matriculations in the five University of California medical schools have dropped by nearly 50% between 1992 and 2000. This will, most likely, translate into even fewer Latino researchers studying the positive effects of Latino cultural dynamics on health, which, in turn, will mean that even more non-Hispanics will die due to heart disease, cancer and strokes—deaths that could have been prevented if our society truly researched and understood the linkages between ethnicity, disease and health. This research area provides great promise to the population of the United States, not just to a particular ethnic group. The danger is that, by viewing increased Latino and African-American presence in the medical schools (as students, faculty and researchers) as simply an issue of Affirmative Action, we will lose the opportunity to save thousands of lives each year. The choice is ours to make.

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