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Confronting the Hispanic Health Paradox

By Michael Tsang

Over the past few decades of research, studies and surveys have portrayed a dichotomy that exists among the health of Latino individuals. Research has shown that Latinos are disproportionately affected by diseases and conditions such as AIDS, Tuberculosis, Asthma, Obesity and Diabetes yet according to some studies, Latinos have the lowest mortality rate in the nation.

According to the Centers for Disease Control and Prevention, Latinos have the most reported cases of Tuberculosis. Latinos also have a greater chance of dying from Diabetes Type II than non-Latino Whites.

The reasons for such adverse conditions are not fully understood. One explanation may be the fact that Latinos often have lower rates of health insurance, lower rates of preventative care, and lower chances of having a primary-care physician. These factors obviously play an important role in the health of the average American.

Meeting with a primary-care physician is one of the most important ways a person can avoid serious ailment. With many Latinos coming from a lower socio-economic background it can be harder to afford the health insurance or out of pocket fees to see a primary-care physician.

This is where the dichotomy of Latino health comes into the picture. It seems counterintuitive that the group of people with some of the most prevalent health disparities might have the lowest mortality rates. This puzzle is what Kyriakos Markides and Jeannine Coreil were referring to in their 1985 study when they coined the phrase "Hispanic Health Paradox".

The Hispanic Health Paradox is not well understood. Some have claimed and tried to demonstrate that it is because only the healthiest individuals from Latino countries are immigrating to the US. Others claim that Latinos often return to their home country when they are elderly or sick. Neither of these two popular hypotheses has been shown to be a proper explanation of the paradox.

Also, studies like these have tried to explain the cause of the paradox without truly developing an honest profile of Latino Health. "The problem is that no study has been long enough and large enough to answer the question, to confirm the existence of the [health paradox] and secondly, to potentially explore the explanations of it", explains

Dr Greg Talavera, an Associate Professor at **San Diego State University** Graduate School of Public Health.

Latinos as a whole represent a vast group of people from many different countries. Accurately assessing and explaining health in the Latino community is difficult and complex. Take for example the HIV/AIDS incidence rate. According to the Center for Disease Control and Prevention, Latinos as a whole are 3.5 times more likely to contract HIV than non-Latino Whites. However, Puerto Ricans are 6 times as likely. Similarly, Mexican-Americans are the Latinos who disproportionately suffer the most from Diabetes.

These statistics represent real differences among Latinos as a whole. It demonstrates that Latinos are not all the same. For this reason, the Hispanic Health Paradox is most likely due to a large sum of factors and not a single reason. However, the health of Latinos must be accurately profiled, as much as it can, before any real inferences can be made about the state of Latino health.

Dr. Greg Talavera and San Diego State University are a part of a nationwide study on Latino health to do just that. As the medical director of the San Ysidro Health center, Dr. Talavera will locally track the health of Latinos for up to six years; hopefully resulting in data sufficient enough to accurately describe the state of Latino health. At that point the study will be prepared to address the Hispanic Health Paradox.

"That is the importance of this study and that is what it is entirely designed to do... to document the [Hispanic Health Paradox's] existence and possibly give explanations", says Dr Greg Talavera. "If not", he emphasizes, "we will have a very good study that accurately profiles the health of Latinos in the US, and accurately profiles the health of the sub-groups also".