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## Key Health Issues Facing Latinas

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## Latinos in Massachusetts: HEALTH

### Key Health Issues Facing Latinas

by Dharma E. Cortés, Helen Cajigas, and Odilia Bermúdez

*The Mauricio Gastón Institute of the University of Massachusetts Boston conducts research on and for the Latino population. A goal is to generate the kind of information and analysis necessary to develop sound public policy, and to improve Latino participation in the policy-making process. The Gastón Institute has produced this series of fact sheets in an effort to present up-to-date information about the issues affecting Latinas in a number of key areas: Education, Health, Housing, Immigration, and Political Representation.*

#### INTRODUCTION

ACKNOWLEDGING THE RELATIONSHIP THAT EXISTS AMONG HEALTH OUTCOMES, SOCIOECONOMIC FACTORS, AND ACCESS TO HEALTH CARE IS KEY TO UNDERSTANDING THE HEALTH STATUS OF LATINAS IN MASSACHUSETTS. For example, poverty disproportionately affects Latinas in Massachusetts, and they have the lowest rate of health insurance in the Commonwealth despite the fact that Massachusetts has one of the most inclusive and comprehensive public health insurance programs in the nation. This situation impacts access to regular health care for Latinas and affects their overall health status. This fact sheet provides information on the following health areas of particular concern to Latinas: maternal and child health, sexually transmitted diseases, HIV/AIDS, breast cancer, cervical cancer, and diabetes.

#### Maternal and Child Health

LATINAS IN MASSACHUSETTS HAVE THE HIGHEST PERCENTAGE OF BIRTHS AMONG NON-WHITE RACIAL AND ETHNIC GROUPS. In 1999, non-Latino whites represented 74.7% of all births, Latinas represented 10.9%, blacks 7.2%, and Asians 5.1% (MDPH, 2001a). Among Latinas, Puerto Ricans had the highest percentage of births with 5.5%, followed by Dominicans with 1.9%, other Latinas with 1.8%, Central Americans with 0.9%, and Salvadorians with 0.8% (MDPH, 2001b). The Massachusetts cities with the highest percentage of Latino births in 1999 were Lawrence (70.5%), Holyoke (64.5%), Springfield (38.2%), Lynn (30.4%), Worcester (24.1%), and Boston (21.4%) (MDPH, 2001b).

#### ACCESS TO PRENATAL CARE

Access to prenatal care is related to both low birth weight and infant mortality. Latinas in Massachusetts are less likely to receive prenatal care than the general population, but are more

likely to receive it from publicly funded health programs. During 1999, almost 80% of women in Massachusetts received adequate prenatal care compared with 66.5% of all Latinas (MDPH, 2001a). Among Latinas, Salvadorians were less likely to receive adequate prenatal care followed by Puerto Ricans and Dominicans (MDPH, 2001b). Of all births to Latinas in 1999, 70.1% of the mothers received prenatal care services through publicly funded programs (MDPH, 2001a). These 1999 figures compare to 16.6% among non-Latino whites, 57% among blacks, and 26.5% among Asians. When compared with Latinas who received prenatal care services through privately funded programs, those Latinas served by publicly funded services were less likely to receive adequate prenatal care (MDPH, 2001b). During their pregnancies, Latinas were found to smoke less than non-Latina whites and blacks; and once they gave birth, were more likely to breastfeed their babies (MDPH, 2001a).

#### **ADOLESCENT BIRTHS**

In 1999, the adolescent birth rate of Latinas in Massachusetts (i.e., births to women age 15-19) was 116.3 (per 1,000 women age 15-19) (MDPH, 2001a). This compares with 26.6 for the state as a whole. Births to women younger than 20 years old accounted for 6.9% of the total number of births in Massachusetts. Of this total number of births, Latinas accounted for 19.8%, blacks 12.3%, Asians 5.2%, and non-Latina whites 4.4% (MDPH, 2001b). Among Latinas, Puerto Ricans had the highest percentage of teen births (28%), followed by Dominicans (13.8%), Salvadorians (12%), other Latinas (10.1%), and other Central Americans (9.2%) (MDPH, 2001b).

#### **PERINATAL OUTCOMES**

Latinos in Massachusetts were second (8.2%) to blacks (12.2%) in the percentage of low-birth-weight babies in 1999 (MDPH, 2001a). Non-Latino whites (6.4%) and Asians (7.3%) had the lowest percentage of low-birth-weight babies. This pattern remains the same even when the quality of prenatal

care is taken into account. In other words, even when women from all four racial/ethnic groups receive the same level of prenatal care (e.g., adequate, intermediate, late/none), blacks continue to have the highest percentage of low-birth-weight babies, followed by Latinas, Asians, and non-Latina whites (MDPH, 2001b).

#### **Sexually Transmitted Diseases**

OVER THE PAST SIX YEARS THERE HAS BEEN A DRAMATIC DECREASE IN THE INCIDENCE RATES OF MOST SEXUALLY TRANSMITTED DISEASES (STDs) AMONG MINORITY GROUPS IN MASSACHUSETTS (MDPH, 1999A). However, the risk of contracting STDs continues to be higher for blacks and Latinos than for whites. In 1999, the rate per 100,000 individuals for syphilis among Latinas in Massachusetts was the second highest, (23.1) compared with 44.4 for black women and 4.6 for all women (MDPH, 2001a). Incidence rates for gonorrhea and chlamydia among Latinas were also second to blacks and significantly higher than the average for all women residing in Massachusetts (MDPH, 2001a).

Minority youth in Massachusetts are also at high risk for contracting STDs. For example, among Latinas age 15-19, their rate of syphilis in 1998 was 50 times higher than their white female counterparts (MDPH, 1999a). The rate for gonorrhea was nine times higher and the rate for chlamydia was eight times higher than for white females in the same age group (MDPH, 1999a).

#### **HIV/AIDS**

HIV/AIDS DISPROPORTIONATELY AFFECTS LATINOS IN MASSACHUSETTS. As of June 2001, Latinas in Massachusetts accounted for 27% of all the HIV/AIDS cases among women that were reported (MDPH, 2001c). The large majority of Latinas with AIDS fall within the 25-44 age category (MDPH, 2001c). Among Massachusetts Latinas with AIDS, the primary mode of HIV transmission is heterosexual contact followed by injection drug use (MDPH, 2001c).

In 1998, the Massachusetts Department of Public Health conducted

a survey at seventy-two family-planning sites on behavior and characteristics associated with the risk of HIV infection. Latinas made up 17.2% of the study's total sample of 2,081 women. Most respondents (85.4%) were identified as having at least one risk factor for HIV, regardless of age, income, race, ethnicity, or educational attainment. Some of the risk factors for HIV reported by respondents included having an STD during their lifetime, a history of injection drug use, and having a male partner believed to have HIV risk behavior, among others, all of which are known to disproportionately affect Latinas (MDPH, 1998).

#### **Breast Cancer**

Breast cancer is the second most common cause of death among women in the United States. The national mortality rate for breast cancer in all women is 24.2 cases per 100,000 persons, whereas that of Latinas is 14.7 (CDC, 1998).

In 1999, the age-adjusted mortality rate for breast cancer among women in Massachusetts was 27.8 cases per 100,000 persons, whereas for Latinas the rate was 17.5 (MDPH, 2001a).

The five-year survival rate for breast cancer is 97% if detected early, compared with only 21% if detected in its late stages. Breast-cancer screening helps to prevent up to one-third of breast-cancer-related deaths in women 40 years and older. Over the years, Massachusetts has surpassed the national rate of women obtaining mammograms. For example, the national average of mammograms among women age 50 and older in 1996 was 70%, compared with 81% in Massachusetts (CDC, 1998). This success rate may be due in part to a capacity-building program initiated in 1992, with funds from the Centers for Disease Control and Prevention, designed to increase access to early detection of breast and cervical cancers. Since its inception in 1992, the Massachusetts Breast and Cervical Cancer Initiative, known as the Women's Health Network, has provided 22,392 mammograms. Almost 12% of the women who had mammograms through this program were Latinas, compared

with 71.4% who were white, 8% black, 0.3% American Indian/Alaska Native, and 8.6% other (CDC, 1998). A review of the age-adjusted rates for breast cancer among women in Massachusetts reveals that Latinas have one of the lowest rates of deaths related to breast cancer (MDPH, 2001a).

### Cervical Cancer

THE NATIONAL INCIDENCE OF CERVICAL CANCER AMONG ALL WOMEN (8.0 CASES PER 100,000 INDIVIDUALS) IS VERY SIMILAR TO THAT OF MASSACHUSETTS (7.7 CASES PER 100,000 INDIVIDUALS, FY 1992-96). Cervical cancer accounted for 2.1%, or 1,534 cases, of all newly diagnosed cancer cases among Massachusetts women from 1992 to 1996 (Holtzman et al., 2000).

Proper screening may prevent virtually all cervical-cancer-related deaths. However, the percentage of Latinas 18 and older who reported not having a Pap test during years 1995, 1997, and 1999 (15.9%) is the second-highest in Massachusetts (MDPH, 2001a). A number of programs in Massachusetts provide free Pap smears for cervical-cancer detection. Since its inception in 1992, and until September 1998, the Massachusetts Breast and Cervical Cancer Initiative provided 23,098 Pap tests to program participants. A much smaller proportion of Latinas (14%) than whites (70.2%) had Pap tests (CDC, 1998).

### Diabetes

THE PREVALENCE OF DIABETES AMONG LATINOS IN MASSACHUSETTS (5.4%) IS GREATER THAN THAT REPORTED AMONG WHITES (3.8%) (MDPH, 1999B). Data from the Massachusetts Hispanic Elders Study (MAHES), an epidemiological study conducted with a representative sample of Latinos residing in this state and a comparison group of whites, revealed a high prevalence of type 2 diabetes among Puerto Ricans (38.3%) and Dominicans (34.5%) (Tucker et al., 2000). Moreover, type 2 diabetes was found to affect a higher proportion of Puerto Rican and Dominican women than their male

counterparts. Data from the same study (Tucker et al., 2000) also indicated that the onset of type 2 diabetes occurs at earlier ages for both Puerto Ricans and Dominicans (55 and 59 years, respectively) compared with whites (61 years).

There is a strong association between the development of type 2 diabetes and low levels of physical activity and the presence of obesity. Puerto Rican and Dominican women in the MAHES study presented high rates of both total and central obesity. The proportion of Latinas who were either overweight or obese (BMI>25) was 74%, compared with 65% among men. Central obesity, defined as waist circumference of more than 102 cm for men and more than 88 cm for women, was also more prevalent among Latinas (75%) than among Latino males (41%) (Bermúdez & Tucker, 2001).

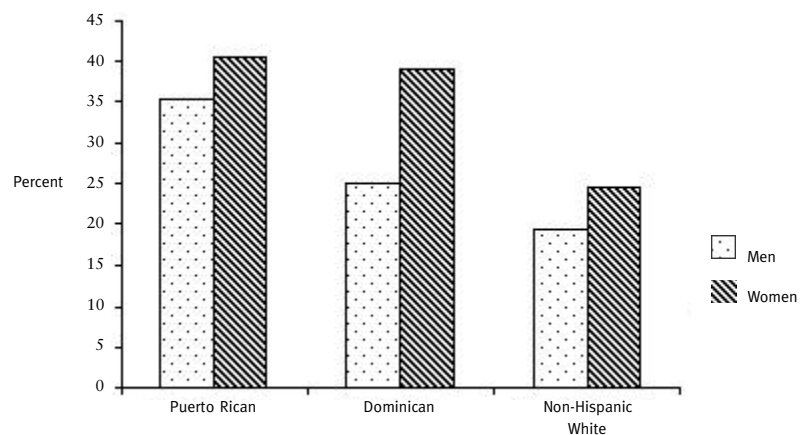
### Conclusion

DATA ON MATERNAL AND CHILD HEALTH INDICATE THAT THE VAST MAJORITY OF LATINAS IN MASSACHUSETTS RECEIVE THEIR PRENATAL CARE THROUGH PUBLICLY FUNDED PROGRAMS AND THAT THEIR PRENATAL CARE TENDS TO BE LESS THAN ADEQUATE. This might be further reflected in the less than optimal perinatal outcomes among Latino infants. The information on STDs and HIV/AIDS points to the fact that those diseases disproportionately affect Latinas.

Findings in the area of breast and cervical cancer point to the importance of screening tests and its relationship to access to health-care services.

Considering that Latinas are more likely to be uninsured, it is not surprising to find that mortality rates associated with these types of cancer are disproportionately high considering their low incidence in this population. Finally, diabetes severely affects Latinas in Massachusetts, and the main risk factors contributing to high incident rates of diabetes and other diseases could be curtailed with adequate interventions that take into account social, cultural, economic, and behavioral factors.

Figure 1. Prevalence of type 2 diabetes among Latino elders, women and men, in Massachusetts



Source: Tucker K, et al., 2000. Type 2 diabetes is prevalent and poorly controlled among Hispanic elders of Caribbean origin. *American Journal of Public Health*, 90, 1288-1293.

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### References

- BERMÚDEZ, O. I., & TUCKER KL. 2001. Total and central obesity among elderly Hispanics and the association with Type 2 diabetes. *Obesity Research*, 9, 443-451.
- CENTERS FOR DISEASE CONTROL. 1998. *National Center for Health Statistics, vital statistics data, underlying cause of death, 1994-1998*. <http://www.cdc.gov/cancer/dbdata01/ma-dbo101.pdf>. Accessed July 2001.
- HOLTZMAN, D. POWELL-GRINER E., BOLEN, J., RHODES, L. 2000. State- and-Sex-Specific Prevalence of Selected Characteristics-Behavioral Risk Factor Surveillance System, 1996 and 1997. *Mortality and Morbidity Weekly, Report Surveillance Summary*, 49, 1-60.
- MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH. 1998. *Family Planning Clients and HIV Risk*. Boston, Massachusetts: Bureau of Family and Community, Health and HIV/AIDS Bureau, Office of Statistics and Evaluation.
- MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH. 1999A. *1998 Annual STD Report*. Boston, Massachusetts: Bureau of Communicable Disease Control, Division of Sexually Transmitted Disease Prevention.
- MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH. 1999B. *The Burden of Diabetes in Massachusetts, 1993-1995*. Boston, Massachusetts: Massachusetts Department of Public Health: Bureau of Family and Community Health.
- MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH. 2001A. *Massachusetts Health Status Indicators by Race and Hispanic Ethnicity*. Boston, Massachusetts: Division of Research and Epidemiology, Bureau of Health Statistics, Research and Evaluation.
- MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH. 2001B. *Births 1999*. Boston, Massachusetts: Division of Research and Epidemiology, Bureau of Health Statistics, Research and Evaluation.
- MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH. 2001C. *HIV/AIDS Surveillance Program, Monthly Update Report June 2001*. Boston, Massachusetts: Bureau of Communicable Disease Control.
- TUCKER, K.L., FALCÓN, L.M., BIANCHI, L.A., CACHO, E & BERMÚDEZ, O.I. 2000. Self-reported prevalence and health correlates of functional limitation among Massachusetts elderly Puerto Ricans, Dominicans, and a Non-Hispanic White neighborhood comparison group. *Journal of Gerontology: Medical Sciences*, 55A, M90-M97.