Health of Puerto Ricans in the United States, 2000-2010
Research Brief

This report provides an overview of Puerto Rican health status in the last decade. Data for this report integrates statistics from various published reports and publically available data sources including the Center for Disease Control, the Nationals Institutes of Health and the Office of Minority Health.

Mortality
The leading causes of deaths for the Hispanic population are as follows: cancer, heart disease, unintentional injuries (accidents), stroke and diabetes (Kochanek et al. 2011). Other health conditions and risk factors that affect Hispanics are: asthma, chronic obstructive pulmonary disease, HIV/AIDS, obesity, suicide and liver disease. Among the Hispanic subgroups, the age-adjusted death rate in 2008 per 100 thousand was highest for the Puerto Rican population. The death rates for the largest Hispanic groups were: 639.3 for Puerto Ricans, 565.3 for Cubans and 553.5 for Mexicans.

Selected Disease Conditions
The incidence of chronic diseases in the Hispanic population varies substantially among each subpopulation. Described below are selected chronic conditions that stand out within the Puerto Rican population.

Cancer
Among Hispanic subgroups, Puerto Ricans had the highest rates of cancer, according to 2001 data (Pinnero et al. 2009). Women had the highest rates of breast cancer when compared to Mexican and Cuban women (Pinnero et al. 2009), but one of the lowest rates of colorectal cancer (Siegel et al. 2012). In another study comparing Puerto Ricans in the island with those in the United States, results showed that the incidence rates of both major as well as less common cancers were found to be significantly lower among those living on the island (Ho et al. 2009). In this same study, researchers found that mainland Puerto Ricans had the highest rates for stomach, liver and cervical cancers when compared to non-Hispanic whites in the U.S. and Puerto Ricans in the island.

Diabetes
Diabetes mellitus affects an estimated 2.5 million Hispanics in the U.S. and is the fourth leading cause of death among Hispanic women and Hispanic elderly (National Diabetes Education Program 2009). In 2010, of the 3 million Hispanics of all ages with diabetes (9.3 percent of the total population), Puerto Ricans had the highest diagnosis rate (11.2 percent), followed by Mexicans (10.2 percent), and Cubans (7.3 percent) (see figure 1). The rate of diagnosis in non-Hispanic whites and blacks was 6 and 9.5 percent, respectively. Over the past fifteen years, the Mexican population

Figure 1: Diabetes Prevalence, 2010

Age-adjusted of civilian, Noninstitutionalized Population with Diagnosed Diabetes, United States, 1997-2010
had the highest rates of diabetes among all Hispanic subgroups, except in 2007, when the incidence of diabetes in the Puerto Rican population surpassed Mexicans (CDC 2011b). Though the Puerto Rican population has relatively high rates of diabetes, they have the best management of the disease, such as self-care as well as care provided by health care professionals, when compared to other Hispanic groups (Mainous et al. 2007).

Alcohol Consumption
Puerto Ricans also have the highest rate of alcoholic consumption of all Hispanic groups, consuming approximately 13.2 drinks per week versus 9.45 drinks a week for Mexicans and 5.9 drinks a week for Cubans.

Asthma
Hispanics of Puerto Rican origin have the highest prevalence among all population groups in the U.S. (25.1 percent, as of 2010) and among Hispanic-only groups. The average rate of asthma diagnosis from 2008-2010 among Puerto Ricans was 113 percent higher than non-Hispanic whites and 50 percent higher than non-Hispanic blacks (Akinbami et al. 2011). Among Hispanics, those of Mexican origin have the lowest (9.4 percent) asthma rates.

In addition, the prevalence of asthma attacks and hospitalizations is also highest among Puerto Ricans compared to all other groups. As indicated by these data, asthma has become one of the foremost, and prevalent health issues for the Puerto Rican population, resulting in a relatively high number of deaths.

Numerous factors have been implicated to explain the disparity in asthma prevalence among Puerto Ricans, although they are poorly understood. These factors include: nativity, gene-environment interactions access to asthma health care resources, family poverty and genetics (Findley 2003 et al., Koinis-Mitchell et al. 2011). As displayed below, Puerto Ricans have higher rates of insurance coverage, which may account for their generally higher rates of diagnosis. Currently, little is understood in the way of preventative measures for asthma, which in part explains the persistence of asthma among the general and Puerto Rican populations (Koinis-Mitchell 2011).

Fertility and Infant Mortality
The neonatal mortality rate in 2008 for all Hispanics was 3.76 per 1,000 live births. Among Hispanics subgroups, the highest infant mortality rate was among Puerto Ricans (4.98 per 1,000 live births) compared to Mexicans (3.78 per 1,000 live births) and Cubans (3.23 per 1,000 live births). The average infant mortality rate for all ethnicities (including Non-Hispanic black and Non-Hispanic white) was 3.5 per 1,000 live births. Puerto Rican women had the highest percentage of preterm births of all Hispanic subgroups (Macdorman and Mathews 2011). According to the CDC, preterm-related causes of death accounted for 61 percent of the difference between Puerto Rican and non-Hispanic white infant mortality rates, while congenital malformations accounted for 6 percent of the difference.
Insurance
Of the various Hispanic subgroups, Puerto Ricans in the United States have the highest rate of both private and public health insurance coverage of all the Hispanic subgroups (Figure 5). Approximately 15 percent of Puerto Ricans lack health insurance compared with 31 percent of all Hispanics and 16 percent of the general U.S. population. Of Puerto Ricans younger than 18 years of age, only 5 percent of Puerto Ricans are uninsured (Pew Hispanic Center).

Public Insurance
The rate of poverty among the Puerto Rican population is relatively high, making Puerto Ricans more likely to enroll in government programs. As Figure 6 indicates, Puerto Ricans have the highest rates of Medicaid coverage among all Hispanic subgroups and races, according to NHIS data. Among Hispanic/Latino subgroups, Cubans were least likely to be insured under Medicaid (17.2 percent), while Puerto Ricans were most likely to be insured (35.7 percent) as of 2010.

Private Insurance
Currently, private insurance coverage is at an all-time low for all racial and ethnic groups. Figure 7 reflects the change in private health insurance over time for all races and Hispanic subgroups. Of the Hispanic subgroups, private insurance coverage for the Puerto Rican population has remained relatively high and relatively consistent over time (Figure 7). However, in comparing the Puerto Rican population to other racial and ethnic groups, they have consistently remained one of the lowest privately insured groups. Rates of private health insurance coverage dipped dramatically in 2007, when the Great Recession hit. This was most likely due to the fact that some employers were less likely to be able to afford to cover private health insurance costs.
The Center for Puerto Rican Studies (Centro De Estudios Puertorriqueños) at Hunter College, City University of New York, is the only university-based research institute in the United States solely devoted to the interdisciplinary study of the Puerto Rican experience in diaspora. It is the oldest and largest Latino research and archival institution in the Northeast, and boasts the world’s only repository of archival and library materials dedicated exclusively to the Puerto Rican migration. Since its inception in 1973, Centro also has developed notable ties to academic, advocacy, and community-based constituencies, enabling it to document and respond to critical cultural and social conditions within the stateside community. This report is part of a series designed to provide up-to-date information on demographic changes in our communities.

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