



**We are
Called**

TO HEAL. TO UNITE. TO JUSTICE.

Team Reflection

No 19 – Hispanic Health Disparities

Hispanics are the largest ethnic group in the U.S. — just under 20% — apart from the white, non-Hispanic population. This large, diverse population comprises Mexican, Puerto Rican, Cuban, South American, Central American or other Spanish cultures of origin regardless of race. Over the past decade, Hispanics accounted for more than half of the U.S. population growth, and they are among the youngest racial/ethnic groups in the country with a median age of 30. By 2060 the percentage of Hispanic children under the age of 18 in the U.S. will nearly equal that of white (non-Hispanic) children, 32% and 36% respectively. [19.1]

Health disparity data in Hispanic populations reveal paradoxes. When compared to whites, Hispanics fare better in some health categories, such as lower cancer rates and generally lower rates of heart disease. Hispanics, however, experience higher rates of obesity. They are 30% more likely to die from diabetes and twice as likely to be hospitalized for diabetes-related complications. They are twice as likely to not see access to mental health treatments.

Given the large demographic, granular subpopulation analysis reveals other disparities. For example, Puerto Ricans have low birth weights, nearly double that of whites. Mexican Americans experience higher rates of diabetes, and Puerto Ricans have disproportionately high rates of asthma, HIV/AIDS and infant mortality. Not only this, health and health risks are impacted by length of time in the country, language preference and fluency and immigration status. [19.2]

Life expectancy for Hispanics exceeds that of whites by nearly two years, however, it remains to be seen how the coronavirus pandemic might shift the data, given the COVID-19 death rate was highest among Hispanics in 2020. [19.3] The pandemic's high impact on this community is likely due to large the representation of Hispanics in agriculture and food industry, frontline service jobs, other essential work positions and intergenerational or multi-family living conditions.

On the whole, Hispanics overcome obstacles beyond language and cultural differences. Their increased life expectancy seems to reflect a distinct resiliency. Ada María Isasi-Díaz, a Hispanic professor of theology and ethics who passed away in 2012, writes,

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“One of my earliest insights, which becomes deeper and clearer with the passing of time, has to do with Hispanic women’s ability to deal with suffering without being determined by it. It is an indication that we are unwilling to allow ourselves to be defined by others or by the circumstances over which we have no control.”

She continues,

“*La lucha* and not suffering is central to Hispanic women’s self-understanding. I have gotten the best clues for understanding how Latinas understand and deal with suffering by looking at Latinas’ capacity to celebrate ... to organize a *fiesta* in the midst of the most difficult circumstances and *in spite of* deep pain ... The struggle for survival, then, is not only a struggle not to die, not only a struggle to live, but only barely. It is a struggle to live fully ... The *fiestas* are, of course, not celebrations of suffering, but of the struggle against suffering ... *Fiestas* are a very important way for Latinas to not allow only the suffering in our lives to determine how we perceive life, how we know, how we understand and deal with reality.”

If professor Isasi-Díaz were alive today, she would be grappling herself with the injustices in society and health, as this was an extension of her own spirituality. “As the years have gone by,” she said, “I have accepted that for me, to strive to live to the fullest by struggling against injustice is to draw nearer and nearer to the divine. Drawing closer to God and struggling for injustice have become for me one and the same thing.” [19.4]

Consider

- Were there rituals that your care facility enacted during the coronavirus pandemic that helped the care teams cope with the stress and struggle? What were they, and what did the rituals or celebrations mean to you?
- How does your care facility build connections with the Hispanic community in your geography, and what resources are available to provide culturally appropriate care and outreach?
- What health-related disparities are addressed or could be addressed by your facility?

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Let us pray together,

It is wrong to be sad.

Christians cannot be pessimists.

*Christians must always nourish in their hearts
the fullness of joy.*

Try it, brothers and sisters;

*I have tried it many times and in the darkest moments,
when slander and persecution were at their worst,
to unite myself intimately with Christ, my friend,
and to feel a comfort*

*that all the joys of the earth do not give –
the joy of feeling oneself close to God,
even when humans do not understand one.*

It is the deepest joy the heart can have.

- St. Óscar Romero, May 20, 1970. *The Violence of Love*

[19.1] <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf>; and <https://www.pewresearch.org/fact-tank/2020/07/07/u-s-hispanic-population-surpassed-60-million-in-2019-but-growth-has-slowed/>

[19.2] <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/>; and <https://www.ahrq.gov/research/findings/final-reports/iomracereport/reldata2.html>

[19.3] See CDC's Provisional Mortality Data for 2020, released March 31, 2021; <https://www.cdc.gov/mmwr/volumes/70/wr/mm7014e1.htm>; See Also, <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64>

[19.4] Ada Maria Isasi-Diaz, *Mujerista Theology: A Theology for the Twenty-first Century*, (Maryknoll, NY: Oerbis Books), 1996, 12 –131; 33.