

LATINO HEALTH

IN SANTA CLARA COUNTY



KEY FINDINGS

- Latinos account for more than a quarter of residents in Santa Clara County.
- A higher percentage of Latino adults in Santa Clara County are overweight or obese than adults in the county as a whole; additionally, a higher percentage of Latino adults have been diagnosed with diabetes.
- A lower percentage of Latina women visit a dentist during pregnancy than all other races and ethnicities.
- A lower proportion of Latino adults have graduated from college than adults in the county overall.
- A lower proportion of Latino adults have received a diagnosis for depression than White adults.
- The teen birth rate is highest among Latinas, but this rate has declined rapidly since 2001.
- A lower percentage of Latino adults have been to a routine health screening than all other races and ethnicities.
- Latinos have a lower life expectancy than residents of the county overall.
- Foreign-born Latinos have some health advantages over U.S.-born Latinos, but are also less likely to have health insurance.

HEALTH STATUS

Latinos in Santa Clara County have some health advantages relative to other racial and ethnic groups, and there has been marked improvement on some health outcomes over the last decade. However, Latinos experience significant disparities for other health and social indicators when compared to other populations. This brief highlights both these advantages and disparities.

DEMOGRAPHICS

Latinos comprised more than a quarter (26%) of the county's population in 2016. The Latino population is relatively young, with nearly a third (31%) under the age of 18, compared to 23% of residents countywide. Only 7% of the Latino population is ages 65 and older.¹ Between 2000 and 2010, the Latino population increased in size by 19% (from 403,401 to 479,210).² Latinos are projected to make up a third (33%) of the county population by 2060.³

Socioeconomic Status

In 2016, 15% of the Latino population was living below the federal poverty level⁴ as compared to 9% in the county overall. Twenty-one percent (21%) of Latino children under the age of 18 were living in poverty compared to 11% of children in the county as a whole. The median household income for Latinos (\$71,207) was lower than county median income (\$111,069).⁵

Educational Attainment

In 2016, the proportion of Latino adults ages 25 and older with less than a high school diploma (34%) was higher than for the county overall (13%).⁶ In 2016-17, Latinos had the highest high school drop-out rate of students in any racial/ethnic group (17%)⁷ Latinos also have the lowest proportion of adults with a bachelor's degree or higher (17%) than the county overall (51%).⁸

ACCESS TO HEALTHCARE

In 2016, 9% of Latino residents did not have health insurance coverage compared to 4% of adults countywide.⁹

Latinos have the lowest rate of healthcare coverage in the county.

A lower percentage of Latino adults (57%) had seen a doctor for a routine health checkup during the past year than African Americans (75%), Asian/Pacific Islanders (69%), Whites (72%), and adults in the county overall (68%).¹⁰

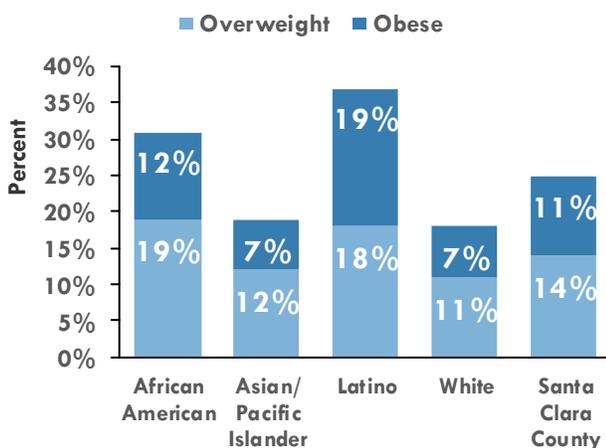
A higher percentage of Latino adults (20%) reported that cost was a barrier to seeing a doctor when needed in the past year than Whites (8%) and Asian/Pacific Islanders (8%) and adults in the county overall (11%).¹¹

LIFESTYLE RISK FACTORS

Overweight and Obesity

In 2013-14, almost 7 in 10 Latinos (72%) were overweight or obese, a higher percentage than adults in the county as a whole (54%).¹²

Percentage of overweight or obese adults by race/ethnicity



Source: Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey

In 2015-16, a greater percentage of Latino middle and high school students were overweight (21%) or obese (20%) compared to the percentage of students who were overweight (17%) or obese (14%) in the county overall.¹³

Nutrition

In 2013-14, a similar percentage of Latino adults (8%) consumed 3 or more servings of vegetables and 2 or more servings of fruit the previous day as adults countywide (9%).¹⁴

In 2015-16, more than half (53%) of Latino middle and high school students ate 2 or more servings of fruits and 24% ate 3 or more servings of vegetables the past 24 hours. These percentages were similar among students in the county overall (54% and 28%, respectively).¹⁵

Tobacco Use

In 2013-14, a similar percentage of Latino adults (11%) were current cigarette smokers compared to adults in the county overall (10%).¹⁶

In 2015-16, a similar percentage of Latino middle and high school students smoked cigarettes in the past 30 days (4%) than students in the county overall (3%). A higher percentage of Latino middle and high school students (9%) used electronic cigarettes (e-cigarettes) in the past 30 days than in the county overall (6%).¹⁷

Alcohol Use

In 2013-14, a higher percentage of Latino adults (21%) engaged in binge drinking (defined as consuming 5 or more drinks (men) or consuming 4 or more drinks (women) on one occasion in the past 30 days) than Asian/Pacific Islander adults (8%), White adults (15%), and adults countywide (14%).¹⁸

In 2015-16, a higher percentage of Latino middle and high school students drank alcohol in the past 30 days (15%) than Whites (13%),

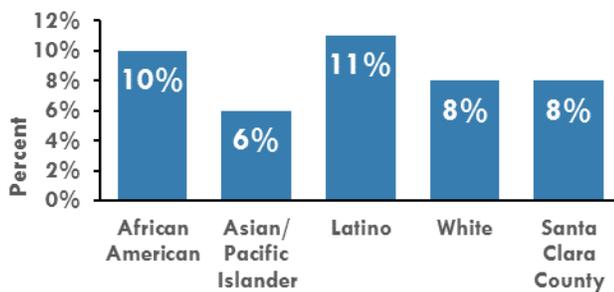
African Americans (10%), Asian/Pacific Islanders (6%), and middle and high school students in the county overall (11%).¹⁹

CHRONIC DISEASE²⁰

Diabetes

As of 2013-14, 11% of Latino adults had been diagnosed with diabetes, compared to 10% of African Americans, 6% of Asian/Pacific Islanders, 8% of Whites, and 8% of adults in the county overall.

Percentage of adults ever diagnosed with diabetes by race/ethnicity



Source: Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey

High Blood Pressure and Cholesterol

As of 2013-14, a lower percentage of Latino adults (27%) were diagnosed with high blood pressure than African Americans (40%) and Whites (33%). This percentage was lower among Asian/Pacific Islanders (19%) and similar to the county overall (27%).

A lower percentage of Latino adults (25 %) were diagnosed with high cholesterol compared to African Americans (31%), Asian/Pacific Islanders (31%), Whites (38%), , and adults countywide (32%).

A lower percentage of Latino adults have been diagnosed with high cholesterol.

Asthma

As of 2013-14, 15% of Latino adults had been diagnosed with asthma. Latinos had a similar prevalence of asthma than adults in the county as a whole (14%). Among middle and high school students, 10% of Latino students had an asthma episode or attack in the past 12 months. This percentage was higher among African American (16%) and White (11%) students and comparable to Asian/Pacific Islander students (10%) and students countywide (10%).²¹

COMMUNICABLE DISEASE

HIV/AIDS²²

By the end of 2017, Latinos comprised 40% of people living with HIV/AIDS in the county. The rate of persons living with HIV/AIDS among Latinos was 255 per 100,000 people, higher than among Whites (181). African Americans had the highest rate (809).

In 2017, 42% of the new HIV/AIDS cases were among Latinos. The rate of new HIV/AIDS cases among Latinos ages 13 and over was 16 per 100,000 people, which was the second highest followed by Asian/Pacific Islanders (7) and Whites (6). The rate of new cases was highest among African Americans (44).

Pertussis (Whooping Cough)²³

In 2017, a total of 188 pertussis cases were reported to the Santa Clara County Public Health Department.

Latinos were the second most affected group after Whites. The overall case rate was highest among Latinos (12 per 100,000 people) than Whites (10), Asian/Pacific Islanders (5) and African Americans (2). Latino infants between 6 months and 11 months of age had the highest rate (78 per 100,000 people), among any subgroup , which was more than 7 times the overall case rate for all ages in the county (10 per 100,000 people).

Tuberculosis (TB)²⁴

In 2017, nearly 1 in 10 newly diagnosed TB cases in the county were among Latinos. However, the TB rate among Latinos (4 per 100,000 people) was lower than in the Asian population, which had an incidence rate of 24 per 100,000 people. Incidence of TB among Latinos decreased from 9 per 100,000 people in 2007 to 4 per 100,000 people in 2017.

FOOD INSECURITY

In 2013-14, a higher percentage of Latino adults (8%) reported that they were usually or always worried or stressed about having enough money to buy nutritious meals in the past 12 months, compared to adults countywide (5%).²⁵

ORAL HEALTH

Among adults, 64% have dental insurance. This percentage is lower among Latino adults (51%) than among African American (71%), Asian/Pacific Islander (67%), and White (69%) adults.²⁶ A lower percentage of Latino adults (59%) visited a dentist in the past 12 months than African American (73%), Asian/Pacific Islander (71%), White (82%), and Santa Clara County adults (72%).²⁷

Almost 8 in 10 (79%) Latino middle and high school students visited a dentist in the past 12 months. This percentage is similar to that of African American students (79%) and lower than that of Asian/Pacific Islander (87%), White (86%), and Santa Clara County students overall (83%).²⁸

In 2016, a higher rate of African American and Latino residents visited the emergency room for non-traumatic dental conditions (810.9 visits and 404.2 visits per 100,000 residents, respectively) than among Asian (62.4) and White (258.2) residents. Non-traumatic dental conditions include caries, periodontal disease, erosion, occlusal anomalies, cysts, impacted teeth,

teething, and all other non-traumatic conditions associated with the oral cavity and exclude trauma-related diagnoses.²⁹ Non-traumatic dental conditions are often seen in emergency departments, but preferably treated in dental offices.

A lower percentage of Latina women (37%) visited the dentist during pregnancy than African American (52%), Asian/Pacific Islander (60%), White (66%) and pregnant women in the county overall (54%) in 2015-16.³⁰

MENTAL HEALTH

In 2013-14, Approximately 1 in 10 (9%) of adults experienced frequent mental distress, defined as 14 or more days in the past 30 days when mental health was not good. Eleven percent (11%) of Latino adults experienced frequent mental distress.²⁶ Fourteen percent (14%) of adults have ever been diagnosed with depression. This percentage is highest among White adults (24%) and lower among African American (11%), Latino (10%), and Asian/Pacific Islander (6%) adults.³¹

MATERNAL AND CHILD HEALTH³²

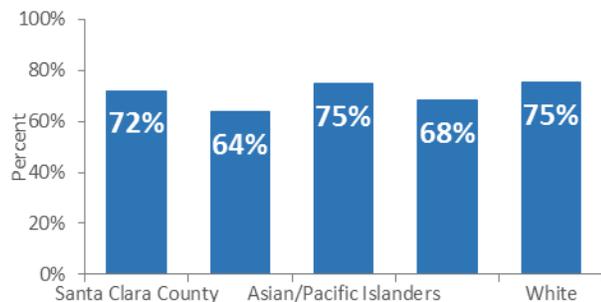
In 2015, Latinos had the second highest birth rate in the county, after Asian/Pacific Islanders (14.8 and 15.5 live births per 1,000 people, respectively). African American residents had the third highest birth rate (9.5), followed by Whites (8.2). The overall county birth rate was 13.1 per 1,000 people.

In 2015, the teen live birth rate for Latina females ages 15 to 19 (25.3 live births per 1,000 females ages 15 to 19) was higher than for all other racial/ethnic groups (African Americans, 7.0; Whites, 2.1; Asian/Pacific Islanders, 1.5). The teen birth rate among Latinas has declined from 59.1 to 25.3 live births per 1,000 females ages 15 to 19 since 2006, a 57% decrease.

Latinas and Whites have the lowest percentages of low birth weight babies (weight <2,500 grams) in the county. In 2015, the percentage of low birth weight births was lower for Latinas (6%) and Whites (6%) than African Americans (10%), and Asian/Pacific Islanders (8%), as well as for females in the county overall (7%).

In 2015, a lower percentage (68%) of Latinas received adequate prenatal care than Asian/Pacific Islanders (75%), Whites (75%), and females in the county overall (72%). This percentage was higher than among African Americans (64%). Adequate prenatal care is defined as receiving prenatal care by the 4th month of pregnancy and 80% or more of recommended visits.³³

Percentage of mothers who received adequate prenatal care by race/ethnicity



Source: California Department of Public Health, 2015 Vital Statistics

MORTALITY

Life Expectancy³⁴

In 2016, Latinos had a higher life expectancy (81.0 years) than African Americans (75.7), but lower than Asian/Pacific Islanders (84.3) and Whites (82.0). Latino life expectancy was slightly lower than that of the overall county population (82.3).

Injury and Violence³⁵

In 2016, 22% of deaths among Latinos were a result of accidents and unintentional injuries. This percentage was higher than other racial/ethnic groups. Accidents and unintentional injuries

caused 19% of deaths among African Americans, 13% of deaths among Whites, 11% of deaths among Asian/Pacific Islanders, and 14% of deaths in the county overall.

From 2012 to 2016, Latinos had the highest age-adjusted mortality rate due to motor vehicle traffic injuries (9.9 per 100,000 people) in the county, followed African Americans (8.7), Whites (5.8), and Asian/Pacific Islanders (4.4).

From 2007 to 2016, Latinos had the lowest age-adjusted mortality rate due to suicide (4.4 per 100,000 people) in the county. The rate was highest among Whites (12.3), followed by African Americans (7.5), and Asian/Pacific Islanders (5.2).

From 2007 to 2016, half (50%) of all homicide deaths in the county were among Latinos, a greater share than for Whites (20%), Asian/Pacific Islanders (17%), and African Americans (8%).

Latinos have a lower life expectancy than residents in the county overall.

ACCULTURATION

Acculturation is a process that affects immigrants and their offspring as they adapt to norms and conditions in the U.S. Acculturation can result in adoption of higher-risk health behaviors more common in the U.S., such as substance use, poorer diet, and sedentariness, all of which are associated with poor health.³⁶ For this reason, foreign-born populations are often healthier than their U.S.-born counterparts. Over one-third (35%) of Latinos in Santa Clara County were born outside the U.S.³⁷

In 2013-14, foreign-born Latinos in Santa Clara County were less likely to have been diagnosed with high blood pressure than U.S.-born Latinos (26% versus 29%) or asthma (8% versus 24%).

However, a higher percentage (26%) of foreign-born Latinos were diagnosed with high cholesterol than U.S.-born Latinos (24%).³⁸

In 2013-14, 10% of foreign-born Latinos were current smokers, versus 12% of U.S.-born Latinos.³⁹ Foreign-born Latinos face challenges with access to health care. In Santa Clara County in 2013-14, 86% of U.S.-born Latinos ages 18 to 64 had health insurance compared to 55% of foreign-born Latinos.⁴⁰

CONCLUSION

Latinos experience both health advantages and disadvantages in comparison to other racial/ethnic groups. Latinos also face major socioeconomic challenges that may impact health and well-being. Correspondingly, addressing the root causes of health disparities, such as differences in health insurance access and income by race/ethnicity, will be important in addressing health disparities for Latinos in Santa Clara County.

FOR ADDITIONAL INFORMATION

2018 Silicon Valley Latino Report Card

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- 1 U.S. Census Bureau, 2016 American Community Survey, 1-Year Estimates
 - 2 U.S. Census Bureau, 1990-2010 Census
 - 3 State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060. Sacramento, California, July 2016
 - 4 In 2016, the Federal Poverty Level was \$24,300 for a family of four.
 - 5 U.S. Census Bureau, 2016 American Community Survey, 1-Year Estimates
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 - 7 California Department of Education, Data Reporting Office, 2016-17 DataQuest
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 - 9 U.S. Census Bureau, 2016 American Community Survey, 1-Year Estimates
 - 10 Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey
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 - 12 Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey
 - 13 California Healthy Kids Survey, 2015-16
 - 14 Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey
 - 15 California Healthy Kids Survey, 2015-16
 - 16 Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey
 - 17 California Healthy Kids Survey, 2015-16
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 - 27 Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey
 - 28 California Healthy Kids Survey, 2015-16
 - 29 Office of Statewide Health Planning and Development, 2016 Emergency Department Data. *Note: Rates are not age-adjusted
 - 30 California Department of Public Health, 2015-16 Maternal and Infant Health Assessment
 - 31 Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey
 - 32 California Department of Public Health, 2015 Vital Statistics
 - 33 Kotelchuck, M. (1994). Overview of Adequacy of Prenatal Care Utilization Index. http://ipodr.org/Overview_APCUIndex.pdf
 - 34 Santa Clara County Public Health Department, VRBIS, 2007-2016, data as of 5/26/2017, State of California, Department of Finance, Report P 3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060. Sacramento, California, January, 2013.
 - 35 Santa Clara County Public Health Department, VRBIS, 2007-2016, data as of 5/26/2017, State of California, Department of Finance, Report P 3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060. Sacramento, California, January, 2013.
 - 36 Lara M, Gamboa C, Kahramanian MI, Morales LS, Bautista DE. (2005). Acculturation and Latino Health in the United States: a review of the literature and its sociopolitical context. Annual Review of Public Health, 26.
 - 37 US Census Bureau, 2014 American Community Survey 1 Year Estimates
 - 38 Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey
 - 39 Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey
 - 40 Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey