

# Status of Latino/ Hispanic Health

Santa Clara County 2012



Volume 1 of 2

Latino / Hispanic Health Matters

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To the Residents of Santa Clara County:

In my State of the County Address this year, I proposed that part of “building our future together” means building healthy and safe communities. By 2050, it is estimated that 4 of every 10 county residents in Santa Clara County will be Latino. Today, although Latinos nationwide live longer lives and experience fewer deaths from heart disease and cancer, they are less likely to have access to healthcare coverage, and more likely to be overweight or obese and to have diabetes. This report, ***Status of Latino/Hispanic Health: Santa Clara County 2012***, provides a comprehensive health assessment of our growing Latino community, which will help us take steps to ensure that they are healthy in years to come.

Throughout my years of public service, I have sought to address the needs of the county’s most vulnerable communities through initiatives that improve public health and safety, senior and children services, and economic development. This is why this report is so important. Latinos face several pressing issues that should be a concern to us all. Latinos report an inability to live where they would like, especially given the high cost of housing; less access to a continuum of affordable healthy food options for them and their families; and a lack of safe, affordable physical activity opportunities.

Persistent barriers to eating a healthy diet, being physically active, and safety and violence prevention in Latino neighborhoods contribute to perhaps one of the most urgent issues facing Latinos in our county—obesity and overweight. The prevention and reversal of obesity is complex. It involves individual and community change, including developing and sustaining partnerships with schools, communities, work sites and healthcare systems. It is also important to understand how policy and environmental barriers play a role in obesity. Successfully addressing obesity will require a concerted effort at all these levels for sustained change.

Latinos, and all residents of Santa Clara County, should have an equal opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background. This opportunity begins in our neighborhoods—where we live, learn, work, and play. As a community, only by promoting access to healthy environments and targeting the root causes of health inequities can we attain optimal health for all.

I am grateful to Dan Peddycord, Public Health Director, and his staff for their leadership on this project, and would like to acknowledge the contributions of community leaders and volunteers for their participation.

Sincerely,

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Great Things Start with Good Health

To the Residents of Santa Clara County:

We are pleased to announce the release of this special report on Latino health during Binational Health Week 2012. The mobilization of government agencies, community-based organizations, and thousands of volunteers during Binational Health Week serves as an exciting opportunity to share information in the report that can be used to generate solutions to address health disparities among Latinos.

Latinos are a large and growing segment of the population in Santa Clara County, and one that is socioeconomically disadvantaged and disproportionately affected by some poor health outcomes. Specifically, Latinos are more likely than some other racial/ethnic groups to have lower incomes, higher rates of unemployment, and lower educational attainment. Additionally, Latinos are more likely to be overweight or obese; to have lower levels of physical activity and poorer nutrition; and to experience some types of injury and violence more than some other racial/ethnic groups.

Increasingly, research is finding that the environment plays a large role in influencing our individual behaviors. Our environment shapes the choices we make, like what we choose to eat or how active we are. Since health disparities may sometimes be the consequence of environmental factors that are beyond the control of the individual, we decided to conduct an in-depth analysis of the factors associated with obesity, physical activity, nutrition, and injury/violence among Latinos in eight selected neighborhoods.

We hope that the findings from the ***Status of Latino/Hispanic Health: Santa Clara County 2012*** will be used by the community to advocate for improvements countywide and in their neighborhoods. Given the complexity of these issues, it is crucial that many people from a variety of sectors come together to generate solutions as part of a communitywide process informed by data from this report.

Special thanks to community leaders for their support of the assessment and their commitment to Latino health, and to the dedicated neighborhood residents who participated in the assessment.

Sincerely,

A handwritten signature in black ink that reads "Dan Peddycord". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Dan Peddycord, RN, MPA/HA  
Public Health Director

A handwritten signature in black ink that reads "Martin Fenstersheib MD". The signature is cursive and includes the letters "MD" at the end.

Martin Fenstersheib, MD, MPH  
Santa Clara County Health Officer





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# Latino/Hispanic Health Matters

## Introduction

Latinos/Hispanics are the third largest racial/ethnic group in Santa Clara County and are projected to be the largest group by 2050. As the Latino/Hispanic population grows, our public health system will have to expand and adjust to meet changing health needs. At the request of the Santa Clara County Board of Supervisors, the Santa Clara County Public Health Department conducted an assessment of Latino/Hispanic health, with the goal of providing information that can be used to generate solutions to health issues in this population.

Please visit the Santa Clara County Public Health website, [www.sccphd.org/statistics2](http://www.sccphd.org/statistics2), to access additional health data, trends, and maps.

The ***Status of Latino/Hispanic Health: Santa Clara County, 2012*** is divided into two volumes.

Volume 1 focuses on the health status of Latinos/Hispanics countywide. We compare the health of Latinos/Hispanics to that of other racial/ethnic groups and to county residents overall. We also

examine health outcomes among Latinos/Hispanics by gender, age, education, income, and place of birth in order to better understand which Latinos/Hispanics may be most affected.

Volume 1 is intended to be read with Volume 2, entitled *Neighborhood Conditions that Affect Latino/Hispanic Health*. A highlight of Volume 2 is an assessment of neighborhood conditions related to nutrition, physical activity, and safety in eight neighborhoods throughout the county with high proportions of Latino/Hispanic residents.

Together, these volumes aim to enhance understanding about the health of the Latino/Hispanic population in Santa Clara County. We hope to identify factors that can improve Latino/Hispanic health, as well as opportunities to transform neighborhoods to improve the lives of Latino/Hispanic residents and residents countywide.



# Chapter 1: Socioeconomic and Cultural Conditions that Influence Latino/Hispanic Health in Santa Clara County

## Key Findings

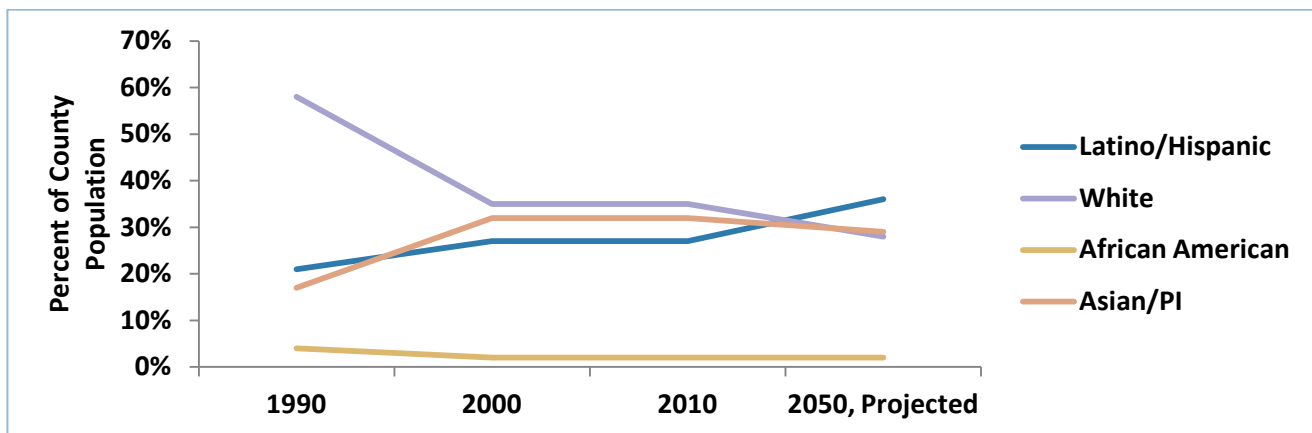
- The Latino/Hispanic population is the third largest racial/ethnic group in Santa Clara County and is expected to become the largest group by 2050.
- Latinos/Hispanics live in communities throughout the county, with higher concentrations in the east and south. Since 2000, the population has grown in West and South San Jose, Palo Alto, Campbell, and the South County area.
- Latinos/Hispanics have less education, lower incomes, and higher unemployment than Whites and Asians.
- Latinos/Hispanics are more likely than any other racial/ethnic group to live in overcrowded and severely overcrowded households, and to spend 30% or more of their income on rent or mortgage.
- Almost 4 in 10 Latinos/Hispanics were born outside of the United States.

## Demographic Snapshot

### Population Size

The Latino/Hispanic population is the third largest racial/ethnic group in Santa Clara County, accounting for 27% of the county’s total population of 1,781,642, just behind Whites (35%) and Asian/Pacific Islanders (32%). By the year 2050, the Latino/Hispanic population is projected to become the largest racial/ethnic group in the county, accounting for 36% of the total population.

### Population Growth over Time and Projected Population Size by Race/Ethnicity



**Note:** White, African American, and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Sources:** U.S. Census Bureau, 1990, 2000, 2010 Census; State of California, Department of Finance, County Population Estimates and Projections, July 2007

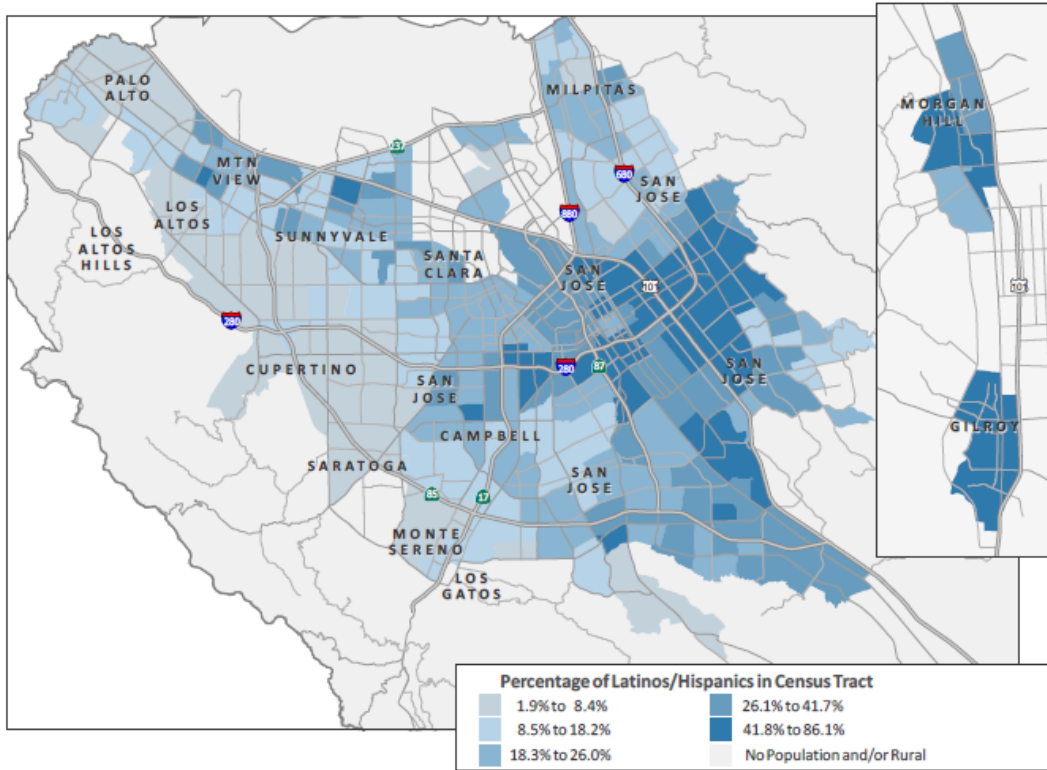
## Areas of Residence

In 2010, Latinos/Hispanics lived throughout Santa Clara County, with higher concentrations in the east and south. The map to the upper right illustrates the proportion of Latinos/Hispanics in census tracts in the county. Most census tracts in Gilroy and Morgan Hill had a high proportion of Latino/Hispanic residents. Much of Southeastern San Jose and parts of Santa Clara, Sunnyvale and Mountain View were also home to higher concentrations of Latino/Hispanic residents.

The map to the lower right shows the change in the population of Latino/Hispanic residents in census tracts in Santa Clara County from 2000 to 2010. Since 2000, the Latino/Hispanic population has become more dispersed throughout the county. Lower rates of growth have occurred in areas that historically have been home to high concentrations of Latinos/Hispanics, such as Downtown and East San Jose. There has been a higher rate of growth in the Latino/Hispanic population in West and South San Jose and the South County area. All incorporated cities in Santa Clara County had Latino/Hispanic population growth rates exceeding the county average with the exception of San Jose, Cupertino, Milpitas, and Saratoga.

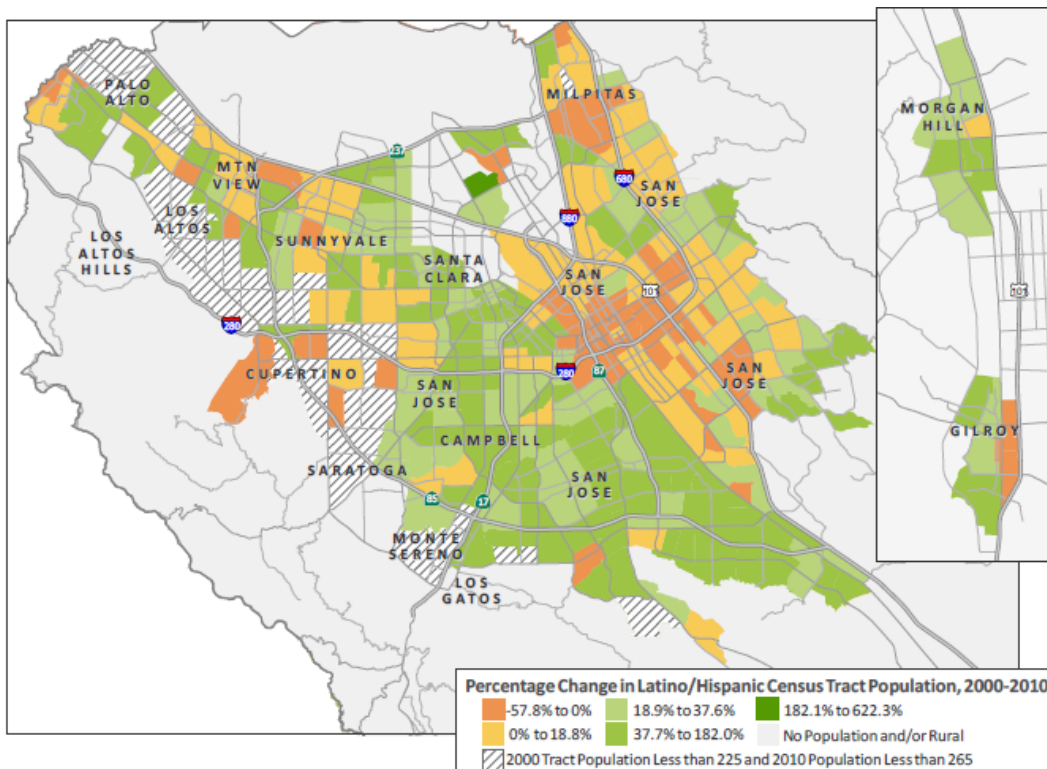


## Percentage of Latinos/Hispanics in Census Tracts in Santa Clara County



Source: U.S. Census Bureau, 2010 Census

## Change in the Latino/Hispanic Population in Census Tracts in Santa Clara County, 2000-2010



Source: U.S. Census Bureau, 2000, 2010 Census

## Age Distribution

In 2010, the median age of Santa Clara County residents was 36 years, while the median age of Latino/Hispanic residents was 27 years. Nearly a third of Latinos/Hispanics (33%) was under the age of 18, compared to 20% of Whites and 23% of Asians.<sup>(1)</sup> The younger age distribution of the Latino/Hispanic population means that a relatively larger proportion of Latinos/Hispanics are vulnerable to health issues that affect youth and young adults, such as smoking, binge drinking, and teen pregnancy.

## ***Socioeconomic Conditions that Influence Latino/Hispanic Health***

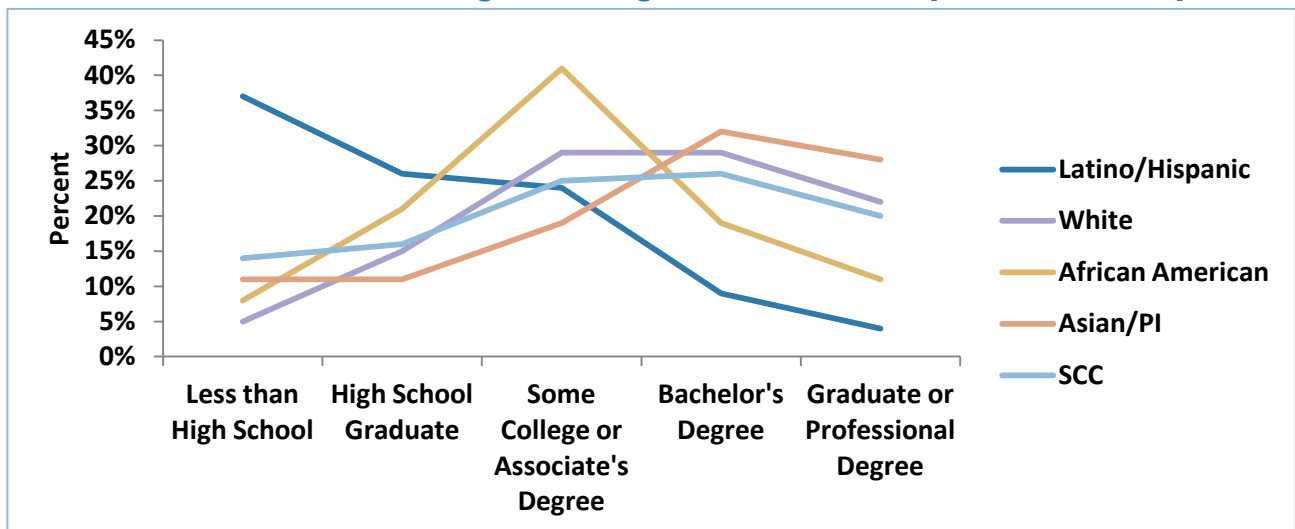
Socioeconomic status is related to both physical and mental health.<sup>(2)</sup> Latinos/Hispanics in Santa Clara County have less education, lower income, and higher unemployment than Whites and Asians.

## Educational Attainment

In Santa Clara County in 2008 to 2010, Latino/Hispanic adults, along with African Americans, had lower than average levels of educational attainment, while White and Asian adults had higher levels. Thirty-seven percent (37%) of Latino/Hispanic adults did not have a high school diploma, compared with 14% of adults countywide. Lower levels of educational attainment place Latinos/Hispanics at risk for poorer health outcomes.<sup>(2)</sup>

In 2009-10, a larger percentage of Latino/Hispanic students dropped out of high school than students countywide and students from any other racial/ethnic group.

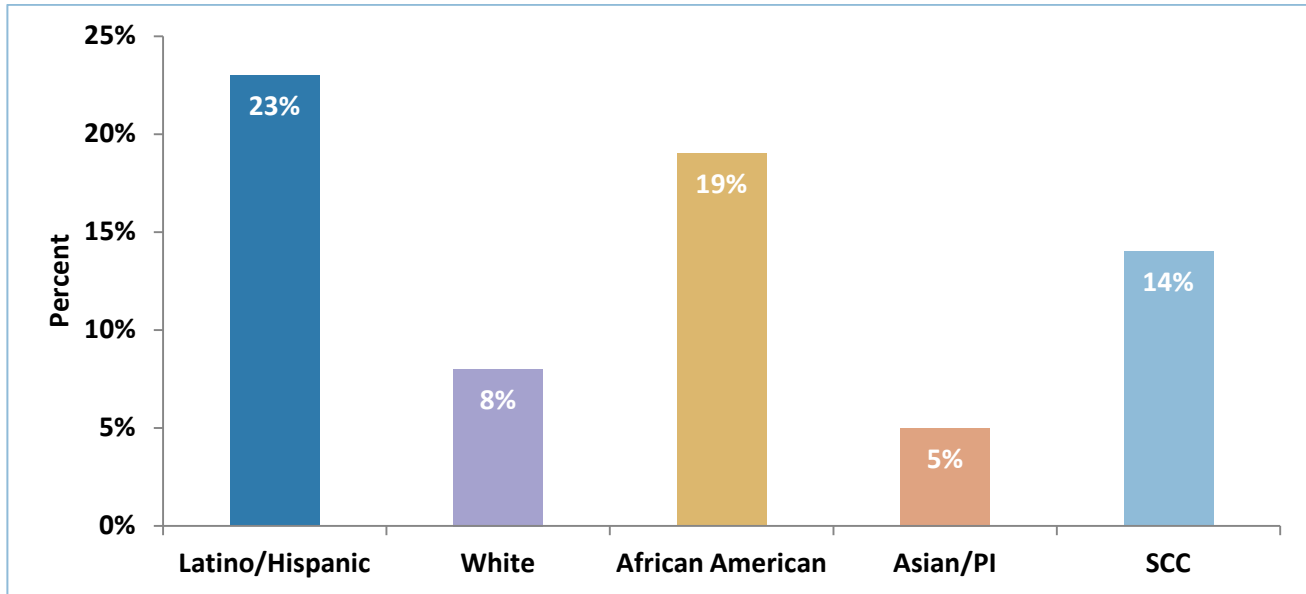
## **Educational Attainment Among Adults Ages 25 and Older by Race/Ethnicity**



**Note:** Percentages may not add to 100 due to rounding. White, African American, and Asian categories do not include Latinos/Hispanics.

**Source:** U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates

## High School Drop-out Rate by Race/Ethnicity



**Note:** Rates are based on Adjusted Grade 9-12 4-year Derived Dropout Rate. Asian does not include Filipino. White, African American, and Asian categories do not include Latinos/Hispanics.

**Source:** California Department of Education, Educational Demographics Unit, 2009-10

## Income and Unemployment

In 2010, the median household income in Santa Clara County was just over \$85,000. Eleven percent (11%) of the county's population lived below the federal poverty line. Whites and Asians tended to fare better than the county average, with median household incomes over \$92,000 and \$106,000, respectively. In comparison, the median household income for Latinos/Hispanics was just under \$50,000, and for African Americans, it was \$53,000. Likewise, there was a difference in poverty rates among racial/ethnic groups, with 19% of Latinos/Hispanics living below the federal poverty line compared to 7% of Whites, 8% of Asians and 16% of African Americans.<sup>(3)</sup> Lower income is linked to poorer health outcomes.<sup>(4)</sup>

In 2010, a higher percentage of Latinos/Hispanics ages 16 and older (15%) were unemployed than Whites (9%) and Asians (7%). Only African Americans (16%) had higher unemployment.<sup>(3)</sup>

## Family Size and Composition

In 2008 to 2010, the average household size in Santa Clara County was 3 people, compared to 4 people in Latino/Hispanic households. Nearly half of Latino/Hispanic family households (households in which individuals are related) included children, more than any other racial/ethnic group. A higher percentage of Latino/Hispanic households that were headed by females (in which no husband was present) included children than other racial/ethnic groups.

Fewer Latinos/Hispanics (43%) were married than Whites (53%) and Asians (62%). However, divorce was lower among Latinos/Hispanics (8%) than Whites (11%).<sup>(5)</sup>

### Average Household Size and Household Type by Race/Ethnicity

	Santa Clara County	Race/Ethnicity			
		Latino/Hispanic	White	African American	Asian
Average Household Size	2.9	3.8	2.4	2.5	3.2
Family Households with Children, %	35	49	25	31	43
Households with Female Heads in Which No Husband Was Present that Include Children, %	5	12	3	11	3

**Note:** A household includes all the people who occupy a housing unit. A family household consists of two or more other people living in the same household who are related to the householder by birth, marriage, or adoption. White, African American, and Asian categories do not include Latinos/Hispanics.

**Source:** U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates

### Housing

In 2008 to 2010, 42% of Latino/Hispanic households owned their homes compared to 58% of all households in the county. Whites and Asians had higher rates of home ownership, at 67% and 58%, respectively. Nearly two-thirds of Latino/Hispanic renters spent 30% or more of household income on rent, compared to less than half of Whites and approximately a third of Asians. There were similar disparities for the percentage of homeowners that spent 30% or more of household income on mortgages and other home ownership expenses.

In 2007 to 2009, a larger percentage of Latinos/Hispanics lived in overcrowded (31%) or severely overcrowded (12%) households than any other racial/ethnic group (see table online for results for all racial/ethnic groups at [www.sccphd.org/statistics2](http://www.sccphd.org/statistics2)).<sup>(6)</sup>

### Home Ownership and Percentage of Household Income Spent on Rent or Mortgage by Race/Ethnicity

	Santa Clara County	Race/Ethnicity			
		Latino/Hispanic	White	African American	Asian
Home ownership, %	58	42	67	35	58
Occupied Units Paying 30% or More of Household Income on Rent, %	46	60	43	54	36
Housing Units with a Mortgage Paying 30% or More of Household Income on Selected Monthly Owner Costs, %	50	67	45	60	49

**Source:** U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates

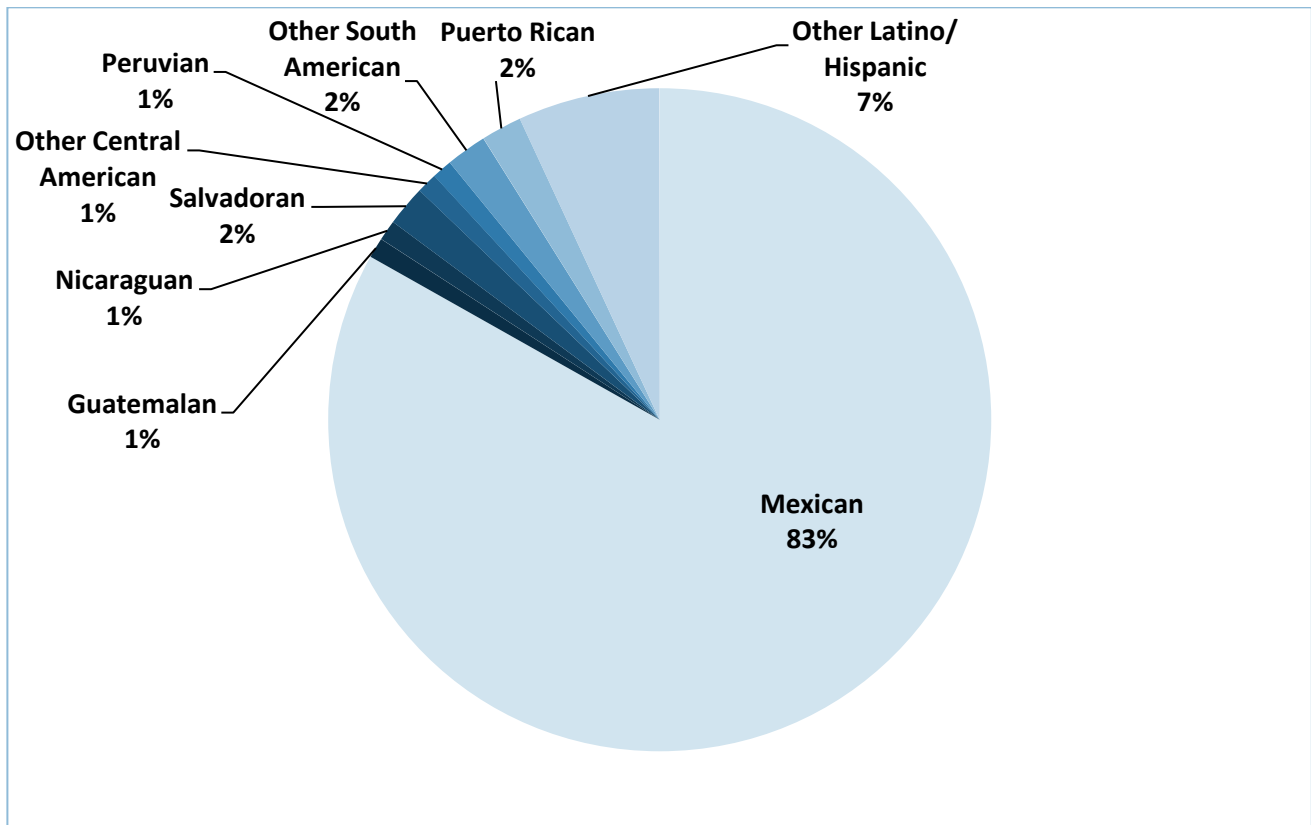


## Immigration and Country of Origin

Strong family ties and adherence to a traditional diet are characteristic of recent immigrants and are linked to good health.<sup>(7)</sup> In 2008 to 2010, almost 4 in 10 (38%) of Latinos/Hispanics in Santa Clara County were born outside of the United States.<sup>(5)</sup> While there is little information about the number of Latino/Hispanic immigrants who are undocumented in Santa Clara County, immigration status can be a factor in access to healthcare, health information, education, employment, and social services.<sup>(8)</sup>

In 2010, most Latinos/Hispanics (both U.S. and foreign-born) reported that they were of Mexican descent.

### **Origin of the Latino/Hispanic Population**



Source: U.S. Census Bureau, 2010 Census

## Linguistic Isolation

In 2008 to 2010, 25% of Spanish-speaking households in Santa Clara County were linguistically isolated, meaning that all household members ages 14 and older had at least some difficulty with English.<sup>(5)</sup> Linguistic isolation may restrict many Latino/Hispanic residents from obtaining higher education and better paying jobs and may also limit the ability of parents to communicate with doctors, teachers, and other service providers.<sup>(9)(10)</sup>

## Hunger and Food Assistance

In 2010, 1 in 7 households in the United States were food-insecure at some time during the year, meaning that the food intake of one or more household members was reduced and eating patterns were disrupted because the household lacked money and other resources for food.<sup>(11)</sup> Food insecurity can result in a higher risk of diet-related diseases and obesity.<sup>(12)</sup>

In 2009, 6% of Latino/Hispanic adults in Santa Clara County reported that they had been hungry and could not afford enough food in the past 12 months, compared to 4% of adults countywide. Seventeen percent (17%) of Latino/Hispanic adults reported that they or another adult in the household had obtained food from a food bank, food pantry, or church in the past 12 months, which was nearly twice the percentage of adults countywide (9%) and more than three times that among Whites (5%) and Asian/Pacific Islanders (6%).<sup>(13)</sup>

## ***Cultural and Ethnic Conditions that Influence Latino/Hispanic Health***

Culture and conditions related to race/ethnicity, such as discrimination, can affect health in many ways. While this report focuses on Latinos/Hispanics in Santa Clara County, this section describes cultural and ethnic conditions that influence health among Latinos/Hispanics across the nation. Where possible, we have included results from focus groups with Latino/Hispanic community members in Santa Clara County (see Volume 2 of this report) to provide information on these topics for Latinos/Hispanics in the county.

### Family Ties

Latinos/Hispanics have a deep rooted tradition of looking to extended family members and close family friends for emotional support and resources, which may support healthy behaviors and improve health.<sup>(14) (15)</sup>



### Traditional Gender Roles

Traditional gender roles may function both as protective factors and as risk factors for health outcomes among Latinos/Hispanics. For example, the traditional Latina role (sometimes referred to as *marianismo*) emphasizes motherhood, viewing childrearing and keeping the home as primary female responsibilities.<sup>(16)</sup> This orientation towards motherhood may contribute to good health for infants and young children.<sup>(17)</sup> Similarly, the traditional Latino/Hispanic role for males (sometimes referred to as *machismo*) casts the man as a provider, idealizing hard work, sacrifice, and

protecting the family.<sup>(16)</sup> This provider role may positively affect Latino/Hispanic health by creating a nurturing environment for children in the home and by emphasizing family support.

However, traditional gender roles can also have a harmful effect on Latino/Hispanic health. The view of the man as the primary decision-maker can encourage controlling behaviors including financial dependence and domestic violence (see Chapter 2: *Health Profile of the Latino/Hispanic Population: Advantages and Disadvantages* in this volume). Additionally, a view of young women as innocent and chaste may contribute to an unwillingness among Latino/Hispanic parents to communicate with their daughters about sexuality, which can increase the risk of teen pregnancies and sexually transmitted diseases.<sup>(18)</sup>

### Traditional Diet

The diet of many Latinos/Hispanics in the United States is influenced by traditional dietary patterns in their countries of origin. Traditional diets consist mainly of grains, beans, and fresh fruits and vegetables, which contribute to good health.<sup>(19)</sup> Because family life has traditionally been central to Latino/Hispanic culture, it is typical for Latino/Hispanic families in the United States to prepare meals at home and eat meals together.<sup>(20)</sup> However, in focus groups with Latino/Hispanic community members in the county (see Volume 2 of this report), many participants felt that they did not have enough time or motivation to prepare meals at home because they work long hours.

### Traditional Medicine and Health Practices

Reliance on traditional medicine and health practices is common among immigrant Latinos/Hispanics in the United States. Due to the influence of traditional medical beliefs and health practices, many Latinos/Hispanics may simultaneously seek the help of both Western medicine and traditional healers. Traditional Latino/Hispanic healers (such as *curanderos*, *yerberos*, or *sobadores*) often use teas, prayers, and rituals to correct imbalances within the body.<sup>(21)</sup>

Some Latinos/Hispanics may seek Western healthcare only when they are sick and when teas, prayers, and rituals fail to produce the desired results. While not discounting the potential efficacy of traditional or alternative approaches to healing, the delay of modern healthcare may put Latinos/Hispanics at an increased risk for life-threatening diseases and contribute to the development of chronic diseases like diabetes and heart disease.<sup>(22)</sup>

### Discrimination

Discrimination based on race/ethnicity, language, immigration, and citizenship status may limit the ability of many Latinos/Hispanics in Santa Clara County to maintain health and improve educational attainment, employment and housing opportunities, and earning potential. Those facing discrimination often report poorer health outcomes resulting from the stress of these experiences, as well as effects on self-esteem, blood pressure, alcohol and tobacco use, and overall sense of wellbeing.<sup>(23)</sup> Latino/Hispanic community members who participated in focus groups (see Volume 2 of this report) described experiencing discrimination in a variety of contexts, including substandard

housing, lack of access to safe places to exercise, and inconsistent law enforcement in their neighborhoods. There was a sense of disempowerment among focus group participants, who felt they were unable to make neighborhood improvements that would positively impact their health.

### ***The “Healthy Migrant” Effect and Acculturation***

First generation immigrants are often healthier than U.S.-born residents who share similar ethnic or racial backgrounds, known as the “healthy migrant” effect. Foreign-born Latinos/Hispanics living in the United States experience better health for some outcomes than the general population despite having lower socioeconomic status.<sup>(24)</sup> Over time, many of these health advantages diminish because of adaptation to social and cultural practices in the United States.





## Chapter 2: Health Profile of the Latino/Hispanic Population: Advantages and Disadvantages

### Introduction

In this chapter, we present data on a variety of health indicators in order to better understand the health status of Latinos/Hispanics living in Santa Clara County. We explore how Latino/Hispanic health risk factors and healthcare access compare to other racial and ethnic groups and to the overall population in Santa Clara County. Additionally, we examine how the diverse demographic characteristics of the Latino/Hispanic population—such as gender, income level, education, and place of birth—may reveal differences in rates of obesity, physical activity, nutrition, injury, and violence. The health indicators described in this report fall into two categories: those having to do with lifestyle risk factors, violence, and injury and those having to do with healthcare and health outcomes. Throughout this section, we also draw connections with findings presented in Volume 2, particularly the health-related challenges and possible solutions described by community members who participated in a series of focus groups.

### Key Health Advantages and Disadvantages

#### Health Advantages

Latinos/Hispanics in Santa Clara County experience health advantages in the following areas:

- Latinos/Hispanics live longer than Whites and African Americans.
- Latino/Hispanic adults have lower rates of cancer (all cancer sites combined).
- Latina/Hispanic women are slightly less likely to deliver low birth weight babies.
- Latino/Hispanic adults have half the rate of high blood pressure of Whites and African Americans.
- Latino/Hispanic immigrants are less likely to report that their mental health was not good on at least one day in the past month than U.S.-born Latino/Hispanic adults.
- Latino/Hispanic immigrants are less likely to be obese than U.S.-born Latino/Hispanic adults.

#### Health Disadvantages

Latinos/Hispanics in Santa Clara County experience health disadvantages in the following areas:

- Latino/Hispanic adults have higher rates of overweight and obesity than adults countywide.
- Latino/Hispanic adults have higher rates of diabetes than adults countywide.
- Fewer Latino/Hispanic youth have a healthy weight or meet all physical fitness standards than youth countywide.
- Even though they comprise only 27% of the county population, Latinos/Hispanics account for 4 in 10 homicide deaths.
- Latina/Hispanic females have higher rates of teen births.

## Lifestyle Risk Factors, Violence, and Injury

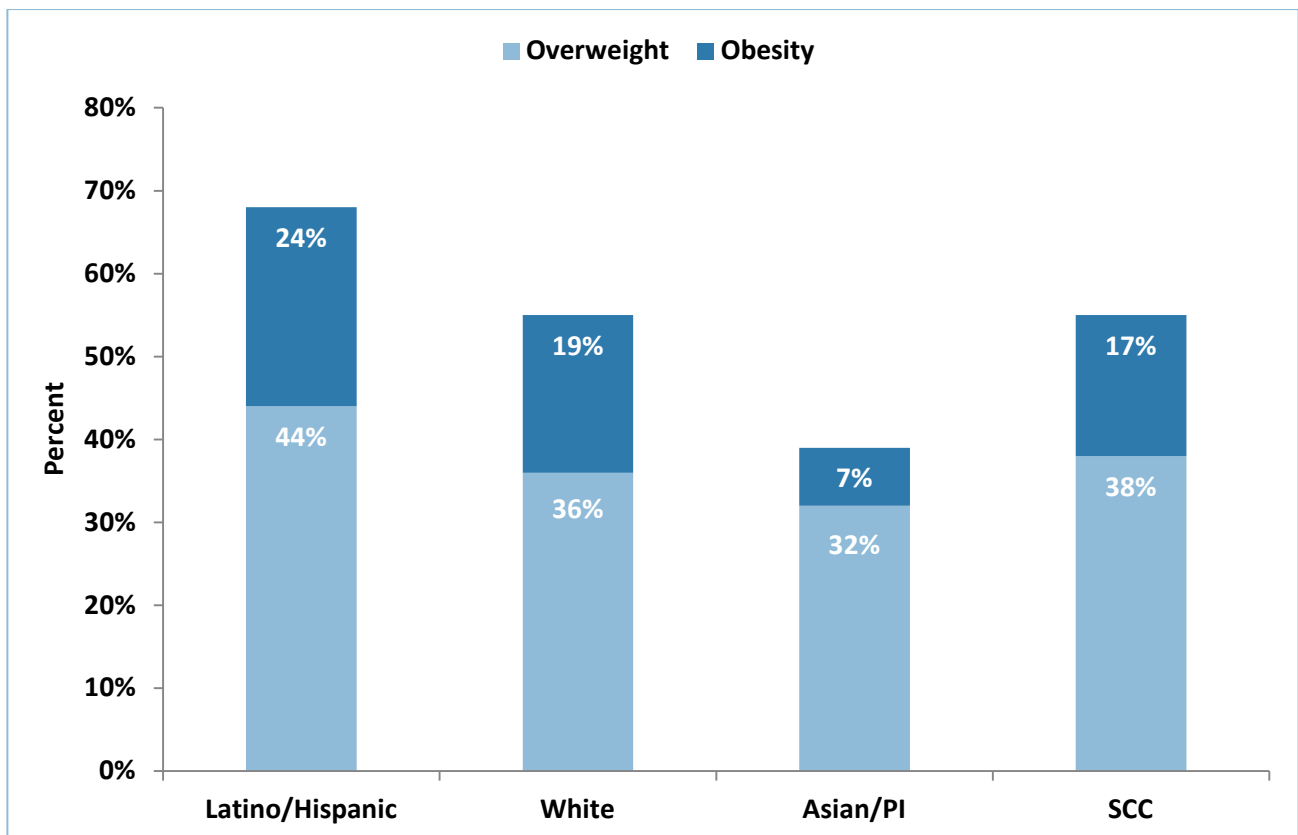
### Obesity, Nutrition, and Physical Activity

Diet and physical activity impact physical and mental health. For example, consuming fast food, which is high in calories and fat content, has been linked with weight gain and overweight and obesity.<sup>(25)</sup> Regular physical activity reduces the risk of heart disease, high blood pressure, diabetes, anxiety, and depression.<sup>(26)</sup> It is important for us to understand the lifestyle and behavioral risk factors experienced by Latinos/Hispanics in Santa Clara County in order to create programs aimed at reducing obesity, diabetes, and other conditions.

### Overweight and Obesity

In 2009, Latino/Hispanic adults in Santa Clara County were more likely than Whites or Asian/Pacific Islanders to be overweight or obese. More than 4 in 10 were overweight and a quarter were obese. Obesity among Latino/Hispanic adults was higher than among Whites and more than three times higher than among Asian/Pacific Islanders.

### Percentage Overweight or Obese Adults by Race/Ethnicity



**Note:** Results for African Americans not reported due to small sample size. White and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Source:** Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

### *Overweight and Obesity Among Latino/Hispanic Adults*

In 2009, Latino/Hispanic women were more likely than men in Santa Clara County to be overweight or obese. While foreign-born Latinos/Hispanics were nearly twice as likely to be overweight as their U.S.-born counterparts, they were less likely to be obese.

#### **Percentage Overweight or Obese Latino/Hispanic Adults by Selected Characteristics**

		Overweight %	Obese %
Gender	Male	43	22
	Female	46	27
Age Group	18-44	45	19
	45-64	39	41
	65+	53	22
Education	Less Than High School Diploma	33	15
	High School Graduate, GED, or Equivalent	55	24
	Some College or Associate's Degree	38	37
	Bachelor's, Graduate, or Professional Degree	47	20
Household Income	<\$20,000	--	--
	\$20,000-\$49,999	50	24
	\$50,000-\$74,999	46	--
	\$75,000+	39	32
Nativity	U.S.-born	33	26
	Foreign-born	61	22

**Note:** Results for some categories not reported due to small sample size.

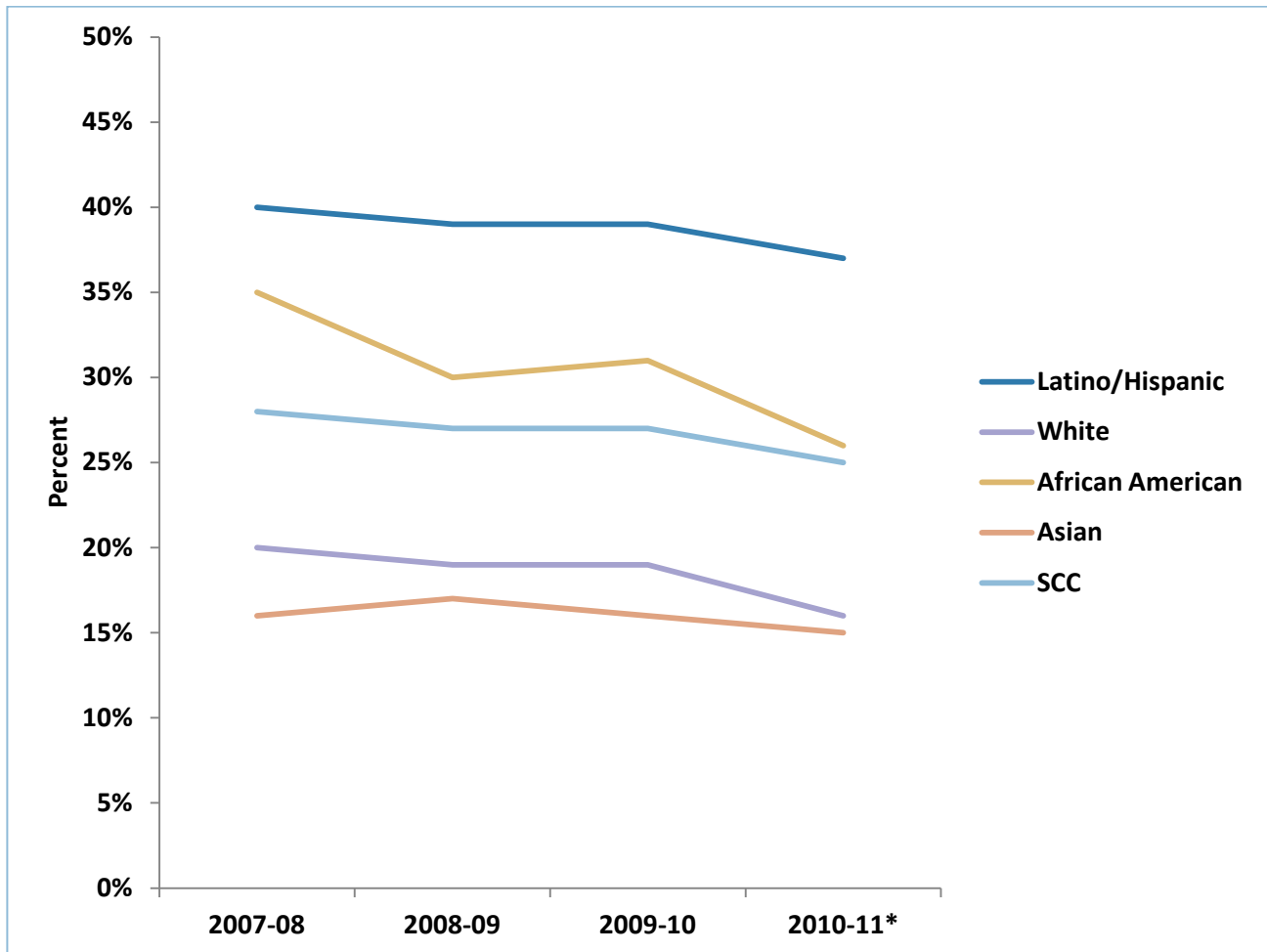
**Source:** Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

### Healthy Weight Among Youth

The Healthy Fitness Zone is a set of physical fitness standards that measures body composition, or body fatness, as an indicator of healthy weight among students. More information on Healthy Fitness Zone can be found here: <http://www.fitnessgram.net/newstandards/#whatisbodcomp>.

From 2007 to 2011, a greater percentage of Latino/Hispanic fifth graders than fifth graders from all other racial/ethnic groups in Santa Clara County were not in the Healthy Fitness Zone for body composition. The percentage of Latino/Hispanic fifth graders who did not meet these standards decreased slightly (from 40% to 37%) from 2007 to 2011, meaning that more fifth graders had a healthy body weight. Similar disparities were evident for Latino/Hispanic students in seventh and ninth grades (see table for all grades tested online at [www.sccphd.org/statistics2](http://www.sccphd.org/statistics2)).<sup>(27)</sup>

### Percentage of Fifth Graders Not in the Healthy Fitness Zone for Body Composition by Race/Ethnicity, 2007-2011



\*Standards changed in 2011. Results shown are for 2011 using 2010 HFZ Standards.

**Note:** White, African American, and Asian categories may include Latinos/Hispanics.

**Source:** California Department of Education, 2007-2011 FITNESSGRAM

### Physical Activity and Sedentary Behavior Among Adults and Youth

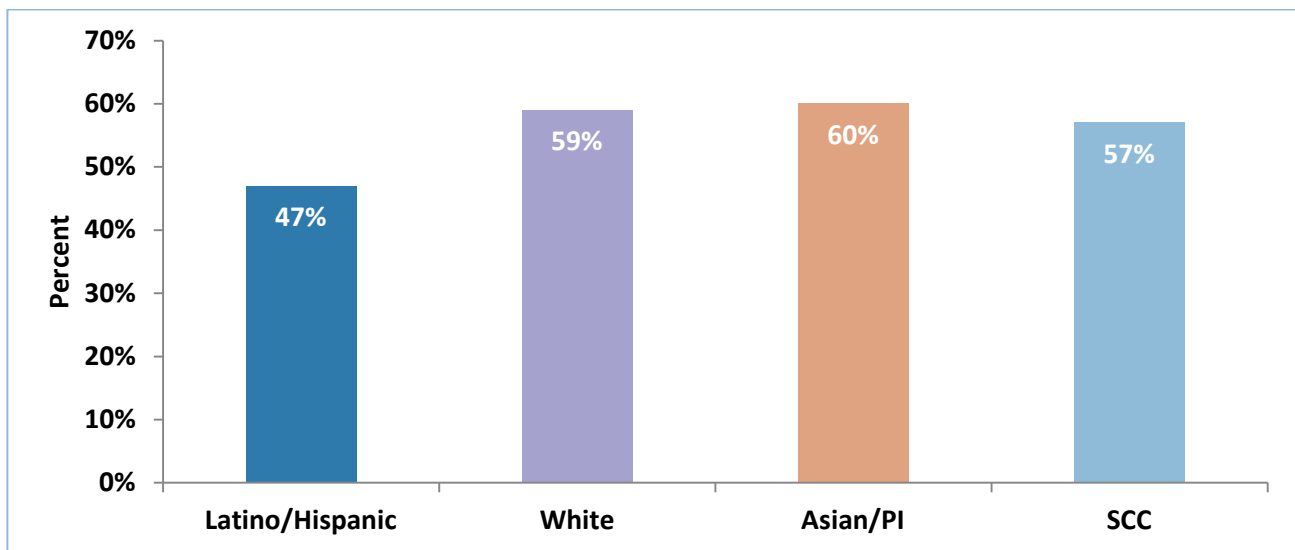
The Centers for Disease Control and Prevention (CDC) suggests that adults ages 18 and older get at least 2 hours and 30 minutes (150 minutes) of moderate intensity aerobic activity (i.e., brisk walking) every week for good health; 1 hour and 15 minutes (75 minutes) of vigorous intensity aerobic activity (i.e., jogging or running); or an equivalent mix of moderate and vigorous intensity activity.

In 2007, the percentage of Latino/Hispanic adults in Santa Clara County who met the CDC recommendations for physical activity was below the county average and that of White and Asian/Pacific Islander adults.

In 2009, the percentage of Latino/Hispanic adults who walked in the past 7 days for transportation, fun, or exercise (73%) was lower than for Whites (76%), Asian/Pacific Islanders (83%), and residents countywide (78%).<sup>(28)</sup>



### Percentage of Adults Meeting CDC Recommendations for Aerobic Physical Activity by Race/Ethnicity



**Note:** Results for African Americans not reported due to small sample size. White and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Source:** UCLA Center for Health Policy Research, 2007 California Health Interview Survey

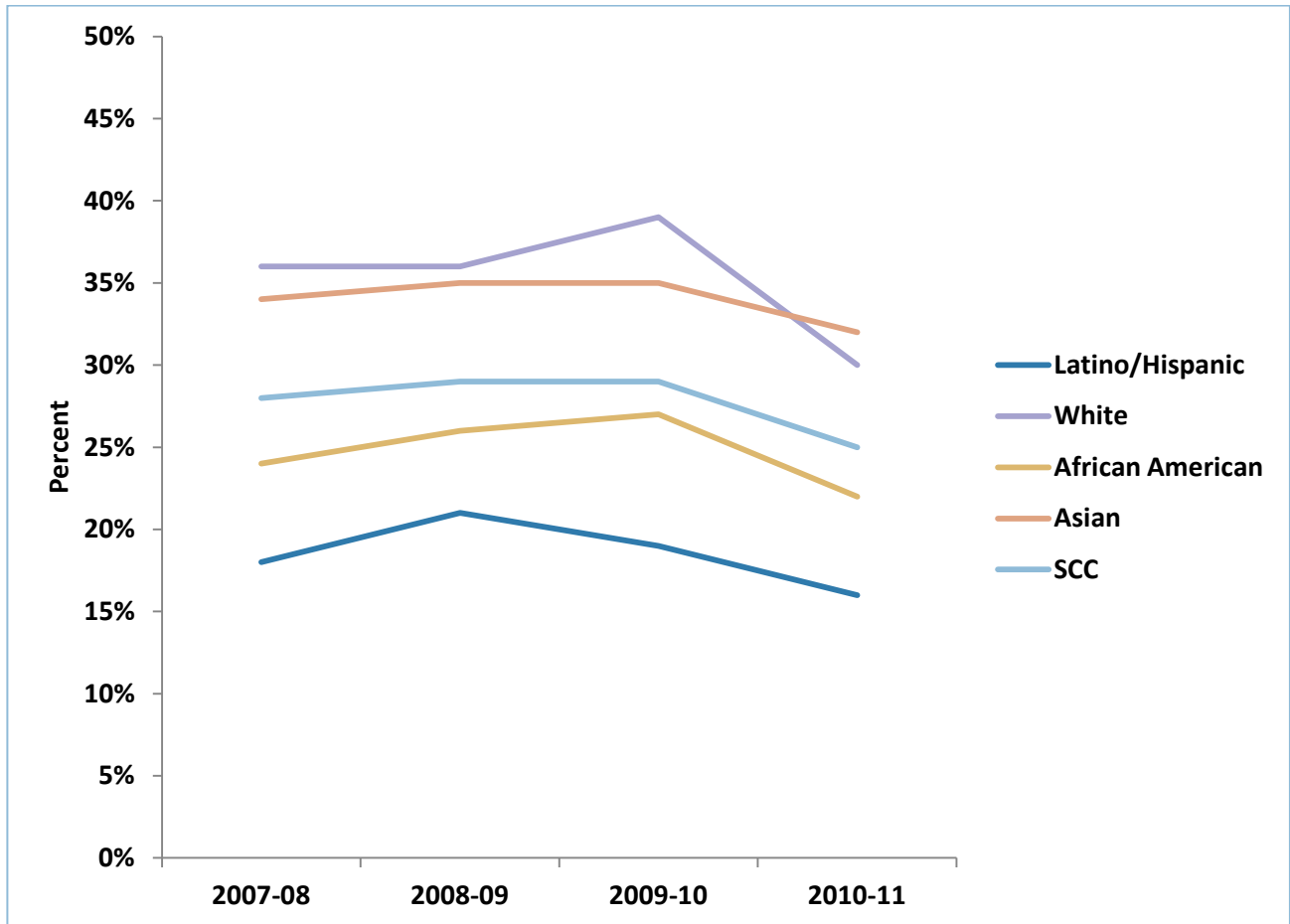
In 2007-08, a higher percentage of Latino/Hispanic middle and high school students in Santa Clara County (58%) reported watching television or playing video games for at least two hours on an average school day than Whites (47%), African Americans (56%), Asian/Pacific Islanders (48%), and students countywide (52%).<sup>(29)</sup> However, Latino/Hispanic middle and high school students (44%) were more likely to attend daily physical education classes than Whites (30%), African Americans (37%), Asian/Pacific Islanders (41%), and students in the county overall (40%).<sup>(29)</sup>

Between 2001 and 2008, the percentage of Latino/Hispanic middle and high school students who reported daily physical activity in the past seven days changed little, from 53% to 52%, and was lower than for all other racial/ethnic groups. The percentage increased for Whites (60% to 65%) and Asian/Pacific Islanders (47% to 54%), but changed little for African Americans as well (58% to 59%).<sup>(29)</sup>

*Physical Fitness Standards Among Youth*

From 2007 to 2011, most Latino/Hispanic youth did not meet all physical fitness standards for students in California schools (see <http://www.fitnessgram.net> for more information on standards). The percentage who met all standards fell below that of fifth graders countywide and fifth graders from all other racial/ethnic groups. Patterns were similar for seventh and ninth grades (see table online for all grades tested at [www.sccphd.org/statistics2](http://www.sccphd.org/statistics2)).<sup>(27)</sup>

**Percentage of Fifth Graders Meeting Physical Fitness Standards by Race/Ethnicity, 2007-2011**



**Note:** White, African American, and Asian categories may include Latinos/Hispanics.

**Source:** California Department of Education, 2007-2011 FITNESSGRAM

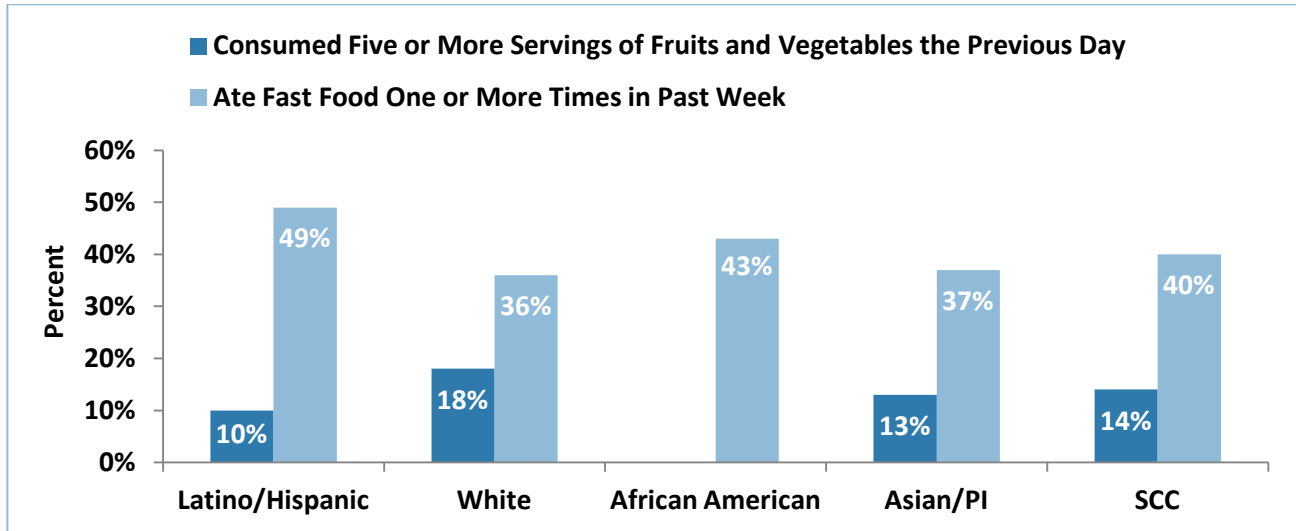


### *Fruit and Vegetable Consumption Among Adults and Youth*

In 2009, a lower percentage of Latino/Hispanic adults in Santa Clara County consumed five or more servings of fruits and vegetables the previous day than White and Asian/Pacific Islander adults. A higher percentage of Latino/Hispanic adults consumed fast food at least once in the past week than White, African American and Asian/Pacific Islander adults.



### **Fruit and Vegetable and Fast Food Consumption Among Adults by Race/Ethnicity**



**Note:** Results for African Americans for fruit and vegetable consumption not reported due to small sample size. White, African American, and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Source:** Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

In 2007-08, a lower percentage of Latino/Hispanic (31%) middle and high school students, as well as African American students (31%), reported eating five or more servings of fruits or vegetables the previous day than Whites (35%), Asian/Pacific Islanders (40%) and students countywide (36%).<sup>(29)</sup>

***“We have Burger King, McDonald’s and Jack in the Box. Instead of having places with fruits and vegetables, we have about 10 times more fast food places. And we have one good store, the only one.”***

Seven Trees/Los Arboles/Serenade community member

### *Fast Food Consumption Among Latino/Hispanic Adults*

In 2009, Latino/Hispanic adults born in the United States were more likely to have consumed fast food at least once in the past week than those born outside the United States. Fast food consumption among men was nearly twice that of women. As education and income increased, consumption of fast food decreased. Younger adults were more likely to eat fast food than older adults.

#### **Percentage of Latino/Hispanic Adults Who Ate Fast Food by Selected Characteristics**

		Ate Fast Food One or More Times in Past Week
		%
Gender	Male	63
	Female	33
Age Group	18-44	54
	45-64	40
	65+	27
Education	Less Than High School Diploma	72
	High School Graduate, GED, or Equivalent	36
	Some College or Associate's Degree	52
	Bachelor's, Graduate, or Professional Degree	36
Household Income	<\$20,000	--
	\$20,000-\$49,999	51
	\$50,000-\$74,999	47
	\$75,000+	44
Nativity	U.S.-born	57
	Foreign-born	38

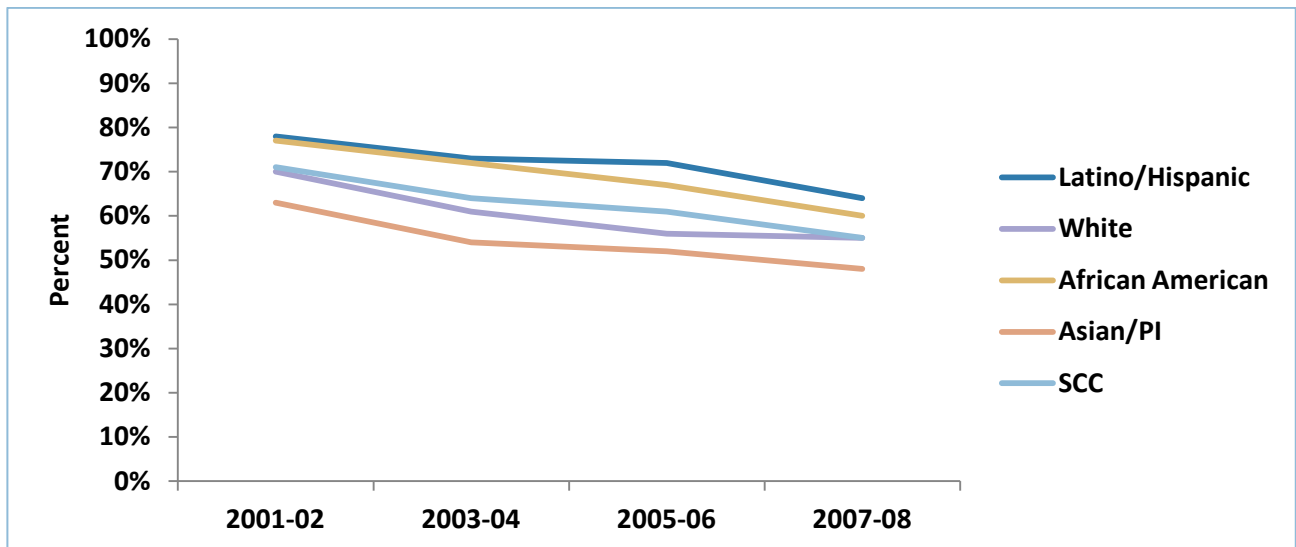
**Note:** Results for household income for <\$20,000 not reported due to small sample size.

**Source:** Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

### Soda Consumption Among Youth

Between 2001 and 2008 in Santa Clara County, soda consumption among middle and high school students declined steadily across all racial/ethnic groups. However, in 2007-08, as in previous years, a greater percentage of Latino/Hispanic middle and high school students consumed soda in the past 24 hours than students from any other racial/ethnic group in the county.

### Percentage of Middle and High School Students Who Drank Soda Pop in Past 24 Hours by Race/Ethnicity, 2001-2008



**Note:** White, African American, and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Source:** California Healthy Kids Survey, 2001-08

### Alcohol, Tobacco, and Drug Use

Alcohol, tobacco, and drug use can have a negative impact on health and wellbeing. Tobacco use increases risk of cancer, heart disease, and stroke. Binge drinking, or consumption of five or more alcoholic beverages at one time, can lead to health and social problems including injuries from car crashes, domestic violence, and risky sexual behaviors. Drug use puts individuals at risk for a variety of infections, including HIV/AIDS, hepatitis, and tuberculosis.<sup>(30) (31) (32)</sup> Understanding patterns of tobacco, alcohol, and drug use among Latinos/Hispanics in Santa Clara County can help community providers and policy makers develop strategies to educate the population about health risks related to use of these substances.

#### Key Findings

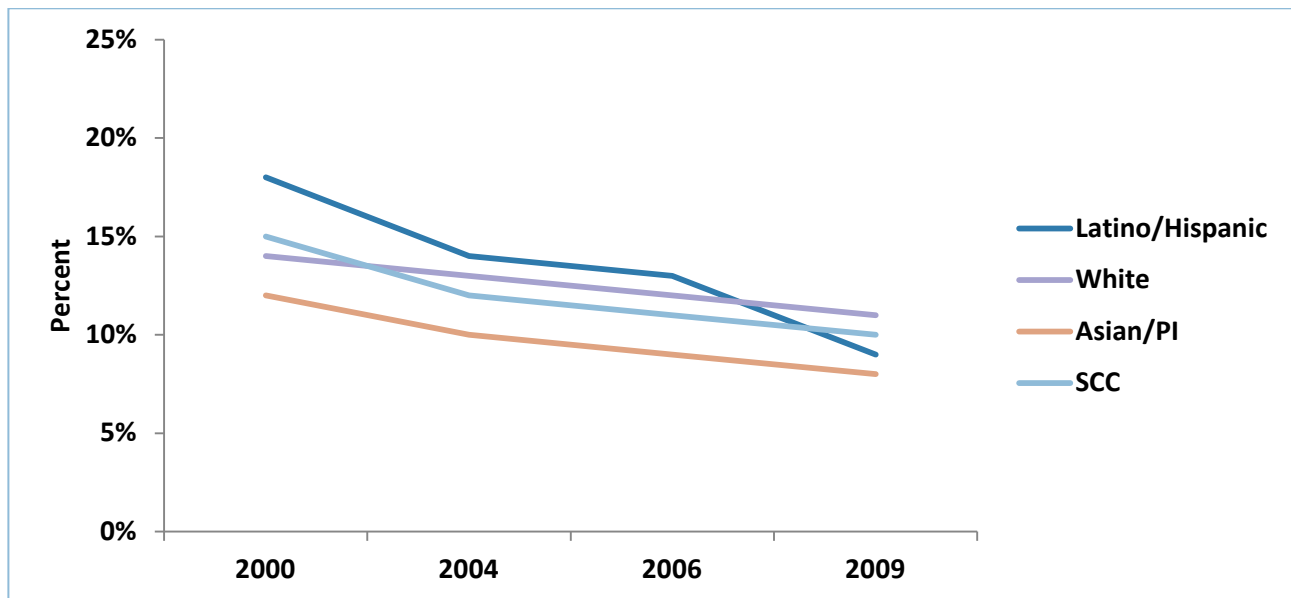
- Latino/Hispanic middle and high school students report the highest rates of cigarette, alcohol, and marijuana use.
- Latino/Hispanic adults report higher rates of binge drinking.

### *Alcohol, Tobacco, and Drug Use Among Adults*

Between 2000 and 2006, the smoking rate among Latino/Hispanic adults was higher than the county average and that of any other racial/ethnic group. In 2009, however, the smoking rate among Latino/Hispanic adults dropped to 9%, which was less than that of the White population (11%).

In 2009, Latino/Hispanic adults with less than a high school diploma (10%) had a higher smoking rate than those with at least some college education (7%). Latino/Hispanic men (11%) were almost twice as likely as Latina/Hispanic women (6%) to be current smokers.

### **Current Smokers Among Adults by Race/Ethnicity, 2000-2009**



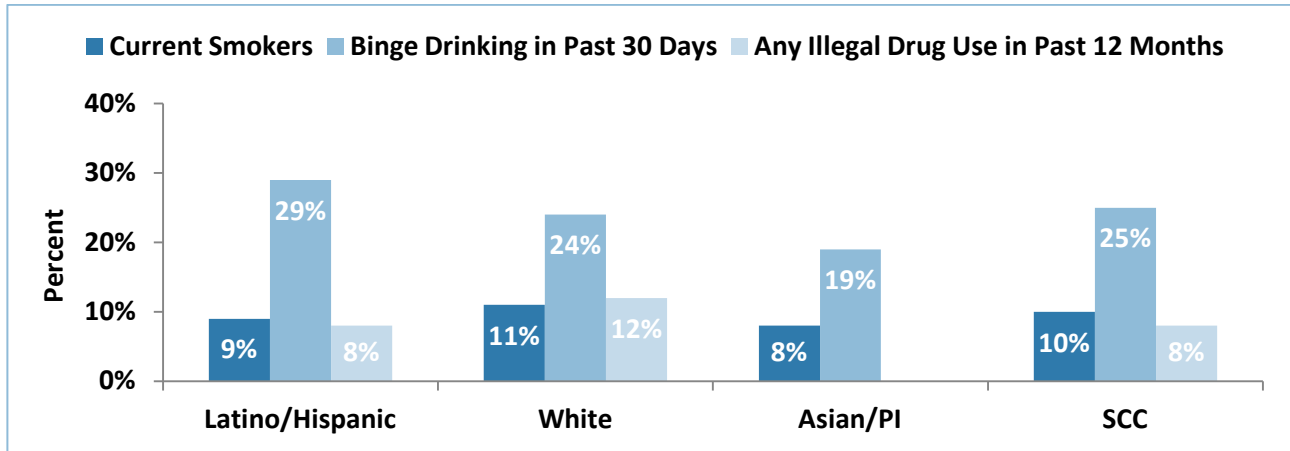
**Note:** Results for African Americans not reported due to small sample size. White and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Source:** Santa Clara County Public Health Department, 2000-2009 Behavioral Risk Factor Survey

In 2009, Latino/Hispanic adults were more likely to report binge drinking in the previous 30 days than Whites and Asian/Pacific Islanders. Rates of illegal drug use and marijuana use among Latino/Hispanic adults were similar to those among adults in the county as a whole, but were lower than rates among Whites.

Latino/Hispanic men (42%) were three times as likely as Latina/Hispanic women (14%) to have engaged in binge drinking within the past 30 days.

### Alcohol, Tobacco, and Drug Use Among Adults by Race/Ethnicity



**Note:** Results for African Americans (all outcomes) and for Asian/Pacific Islanders (drug use only) not reported due to small sample size. White and Asian/Pacific Islander categories do not include Latinos/Hispanics.

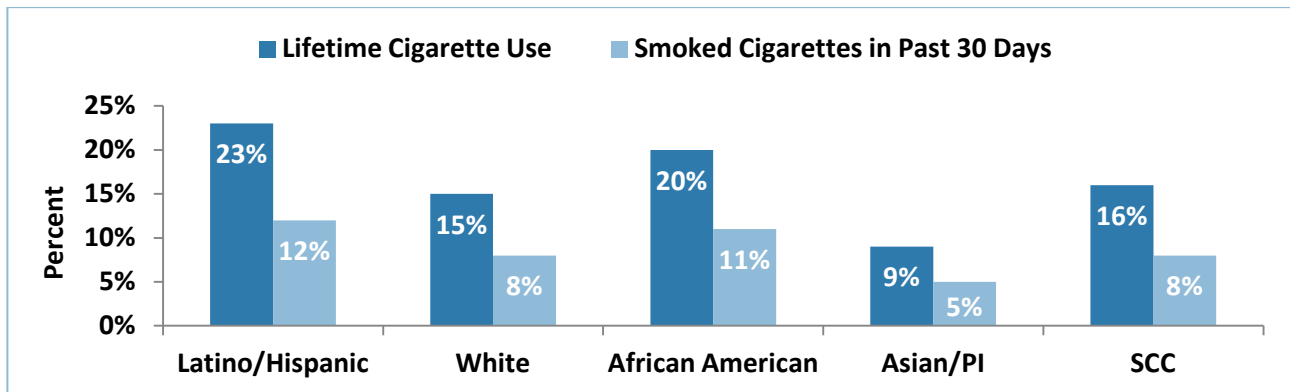
**Source:** Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

### Alcohol, Tobacco, and Marijuana Use Among Youth

In 2009-10, Latino/Hispanic middle and high school students reported higher rates of current and lifetime (at least once) cigarette use than any other racial/ethnic group in the county. Since 2001-02, current smoking among Latino/Hispanic students has changed little (11% in 2001-02, 12% in 2009-10) but has consistently been higher than among Whites, Asian/Pacific Islanders, and students countywide (see table online for trends for all racial/ethnic groups at [www.sccphd.org/statistics2](http://www.sccphd.org/statistics2)).

In 2009-10, lifetime alcohol use among Latino/Hispanic middle and high school students (49%) was higher than that for Whites (38%), African Americans (40%), Asian/Pacific Islanders (23%), and the county overall (36%).<sup>(33)</sup> Lifetime marijuana use among Latino/Hispanic middle and high school students (32%) was also higher than that for Whites (22%), Asian/Pacific Islanders (11%), and students in the county overall (22%), and similar to that of African Americans (31%).<sup>(33)</sup>

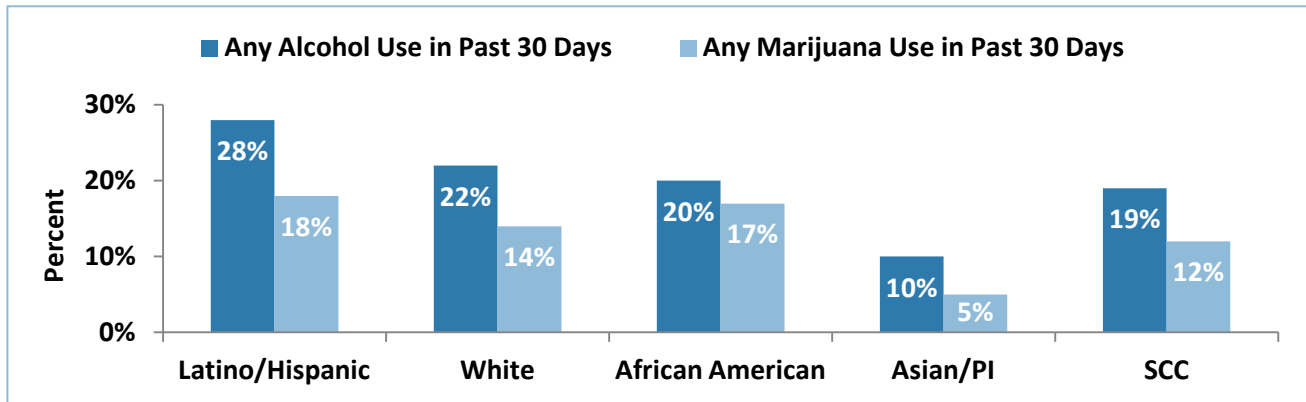
### Cigarette Smoking Among Middle and High School Students by Race/Ethnicity



**Note:** White, African American, and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Source:** California Healthy Kids Survey, 2009-10

## Current Alcohol and Marijuana Use Among Middle and High School Students by Race/Ethnicity



**Note:** White, African American, and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Source:** California Healthy Kids Survey, 2009-10

## Violence

Previous assessments have found that socioeconomically disadvantaged communities in Santa Clara County are more likely to be victims of violence, know victims, or hear about or witness acts of violence.<sup>(34)</sup> Violence contributes to poor physical and mental health.<sup>(35)</sup> Violence is a health equity issue; it contributes to poor health outcomes, particularly among young people, people of color, and low-income communities. The major root causes of health disparities—poverty and lack of economic opportunity, education inequities, racism/discrimination, and poor neighborhood conditions— increase the likelihood that violence will take place in communities. Preventing violence demands attention and action to address these root causes.<sup>(36)</sup>

In order to develop and prioritize local violence prevention strategies that can reduce injury and death and improve quality of life, it is important for us to understand the degree to which Latinos/Hispanics in Santa Clara County are affected by different forms of violence.

### Key Findings

- More than half of homicide victims in the county are Latino/Hispanic.
- Latino/Hispanic adults and juveniles are twice as likely to be arrested for violent offenses as the county population as a whole.
- A higher percentage of Latino/Hispanic middle and high school students report gang membership, or have seen, carried, or been threatened with a weapon on school property.
- A higher percentage of Latinos/Hispanics die from domestic violence.



### Homicide Deaths

While Latinos/Hispanics comprised less than a third of the population in Santa Clara County, they accounted for more than half of all deaths from homicides (139 of 270 homicide deaths) between 2005 and 2010.<sup>(37)</sup>

### Arrests for Violent Offenses

In 2009, the rate of arrest for violent felonies committed by adult and juvenile Latinos/Hispanics was more than twice that of the overall county population. Among Latino/Hispanic adults, the arrest rate was four times that of Whites, but lower than the rate for African Americans. For Latino/Hispanic youth, the arrest rate for violent offenses was more than three times that of White youth.

### Adult Felony Arrest Rate for Violent Offenses by Race/Ethnicity

		Rate per 100,000 Adults				
		Homicide	Forcible Rape	Robbery	Assault	Total Violent Offenses
Santa Clara County		4.3	6.6	36.8	250.3	297.9
Race/ Ethnicity	Latino/ Hispanic	13.6	20.6	76.2	541.8	652.3
	White	1.1	1.7	15.6	143.7	162.2
	African American	5.7	19.9	338.4	807.5	1,171.5
	Asian/ Pacific Islander	--	--	--	--	--

**Note:** Violent offenses include homicide, forcible rape, robbery, and assault. Santa Clara County rates include other racial/ethnic groups. The California Department of Justice reports felony arrests for the following race/ethnicities: Latino/Hispanic, White, African American, and Other. White and African American categories may include Latinos/Hispanics.

**Sources:** California Department of Justice, Criminal Justice Statistics Center, 2009; California Department of Finance, State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050, July 2007

## Juvenile Felony Arrest Rate for Violent Offenses by Race/Ethnicity

		Rate per 100,000 Juveniles				
		Homicide	Forcible Rape	Robbery	Assault	Total Violent Offenses
Santa Clara County		1.6	2.7	86.3	140.7	231.2
Race/ Ethnicity	Latino/ Hispanic	5.6	5.6	191.2	305.1	507.6
	White	0.0	4.8	37.0	102.9	144.7
	African American	0.0	0.0	869.0	620.7	1489.8
	Asian/ Pacific Islander	--	--	--	--	--

**Note:** Violent offenses include homicide, forcible rape, robbery, and assault. Santa Clara County rates include other racial/ethnic groups.

**Sources:** California Department of Justice, Criminal Justice Statistics Center, 2009; California Department of Finance, State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050, July 2007

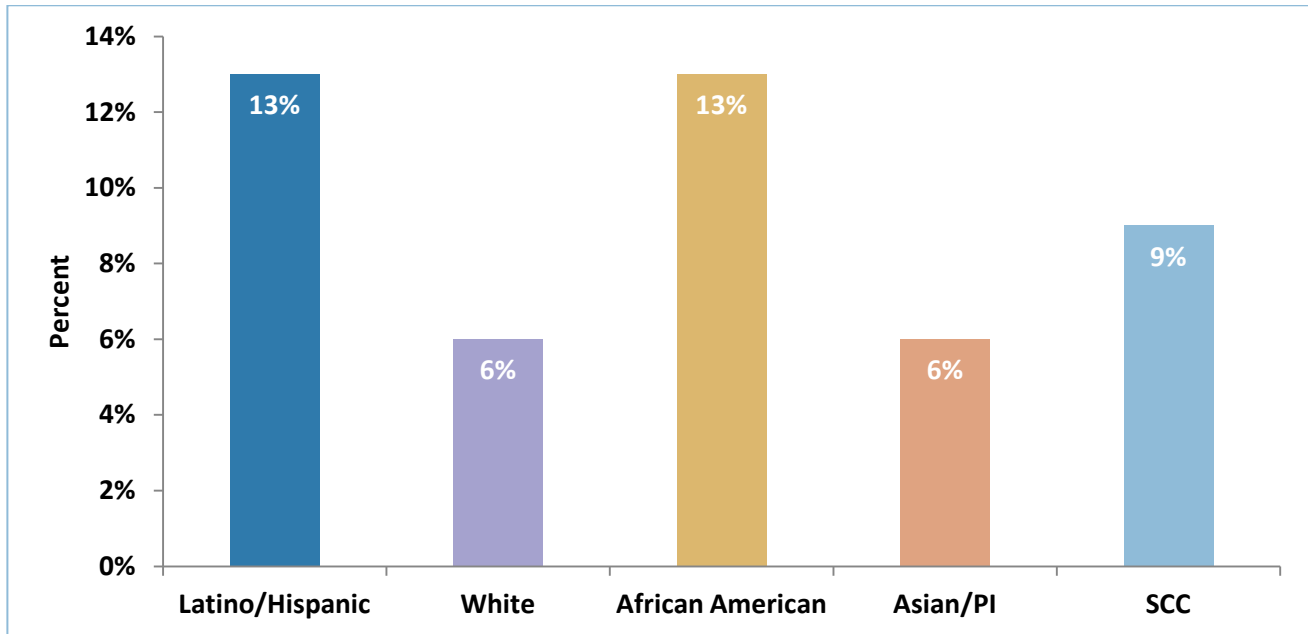
### Youth Violence

In 2009-10 in Santa Clara County, the percentage of Latino/Hispanic middle and high school students (10%) who considered themselves members of a gang was twice that of Whites (5%) and Asian/Pacific Islanders (5%); percentages were higher only for African Americans (14%). Patterns were similar for students who had seen, carried, or been threatened with a weapon on school property (see table online for data on seeing and being threatened by a weapon at [www.sccphd.org/statistics2](http://www.sccphd.org/statistics2)). A higher percentage of Latino/Hispanic students reported having been physically bullied than Whites or Asian/Pacific Islanders.

***“We need programs for youth who are 11 and 12 years old, which is the most dangerous age. Teach them boxing... The ones that like graffiti can take art classes in drawings, paintings... That would be very good for young people... instead of being outside doing mean things, breaking windows, because there's nothing to do. Give them options.”***

Tropicana/Dorsa/Miller community member

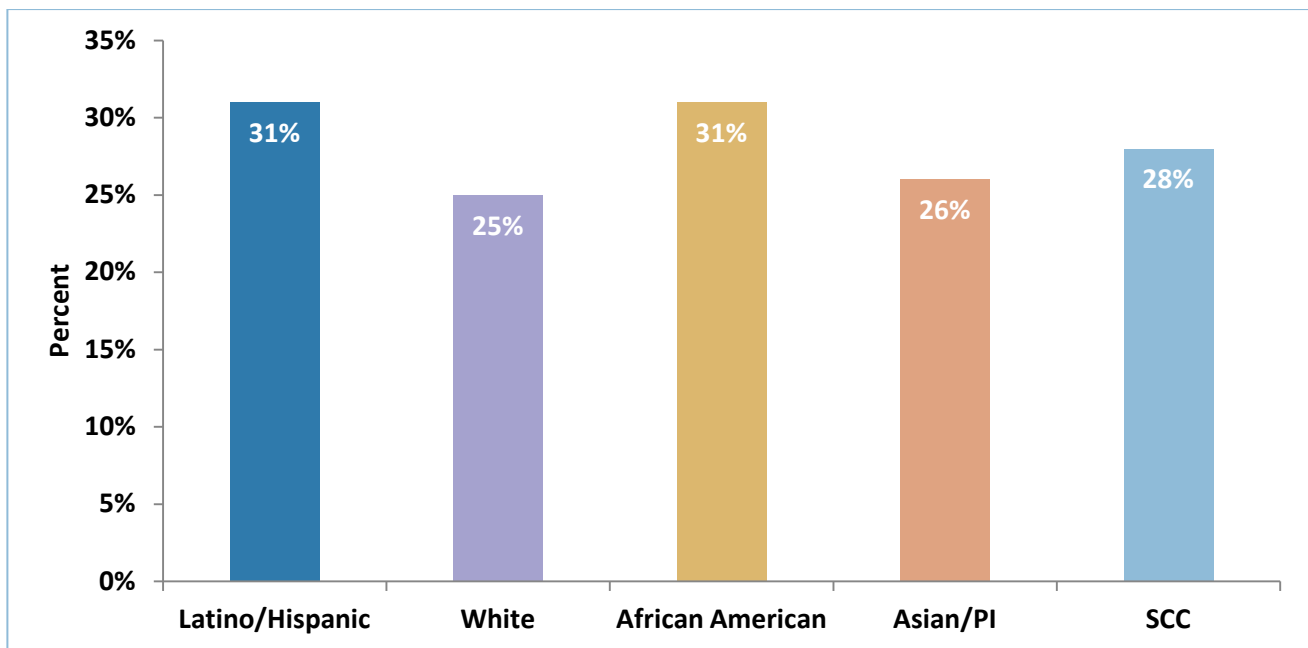
**Percentage of Middle and High School Students Who Reported Carrying a Weapon Such as a Knife or Club on School Property in Past 12 Months by Race/Ethnicity**



**Note:** White, African American, and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Source:** California Healthy Kids Survey, 2009-10

**Percentage of Middle and High School Students Who Reported Being Physically Bullied on School Property in Past 12 Months by Race/Ethnicity**



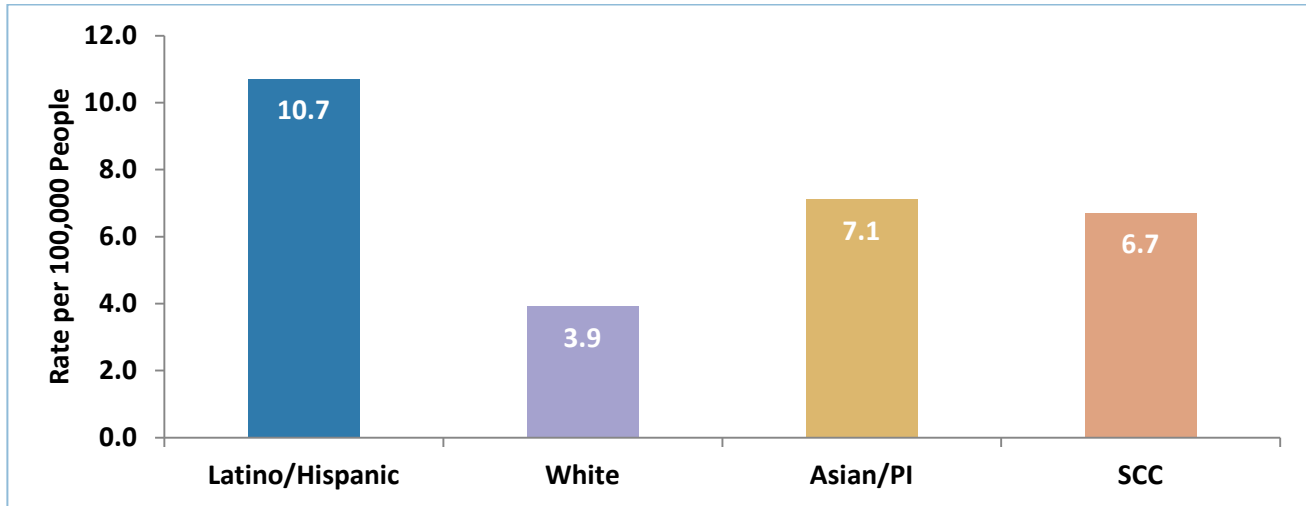
**Note:** White, African American, and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Source:** California Healthy Kids Survey, 2009-10

### Deaths Due to Domestic Violence

In Santa Clara County, the mortality rate due to domestic violence from 2000 to 2010 was 7 per 100,000 people. The death rate was higher among Latinos/Hispanics than among Whites and Asian/Pacific Islanders.

#### Mortality Rate Due to Domestic Violence by Race/Ethnicity



**Note:** Results for African Americans not reported due to low number of deaths. White and Asian categories may include Latinos/Hispanics.

**Sources:** Santa Clara County Domestic Violence Council, Domestic Violence Death Review Committee, 2000-2010; California Department of Finance, State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050, July 2007

### Injury

Injuries can cause a variety of health problems, from temporary physical ailments to disability, chronic pain, or even early death (measured as years of potential life lost).<sup>(38)</sup> Many injuries can be prevented through appropriate action such as the use of seatbelts or bicycle helmets.<sup>(38)</sup>

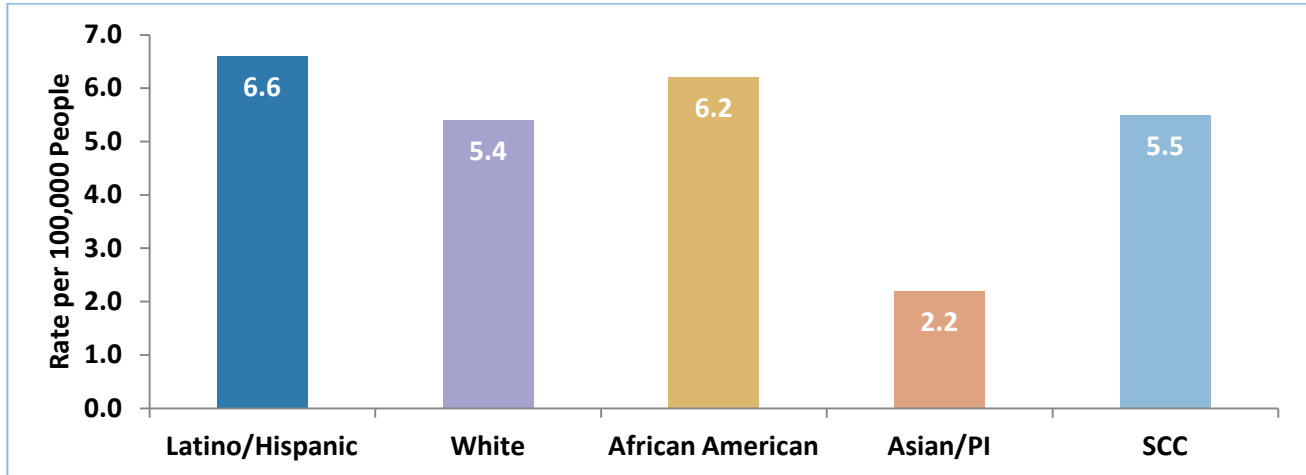
#### Key Findings

- The mortality rate from motor vehicle crashes is highest among Latinos/Hispanics.
- Latino/Hispanic middle and high school students are less likely to use a seatbelt or wear a bicycle helmet than students countywide.
- The suicide rate in the Latino/Hispanic population is the lowest in the county.
- Latinos/Hispanics have more years of potential life lost due to deaths from unintentional injuries.

### Deaths from Motor Vehicle Crashes

In 2009-10, the age-adjusted mortality rate for motor vehicle crashes was higher among Latinos/Hispanics than among any other racial/ethnic group and residents countywide.

### Age-Adjusted Mortality Rate Due to Motor Vehicle Crashes by Race/Ethnicity

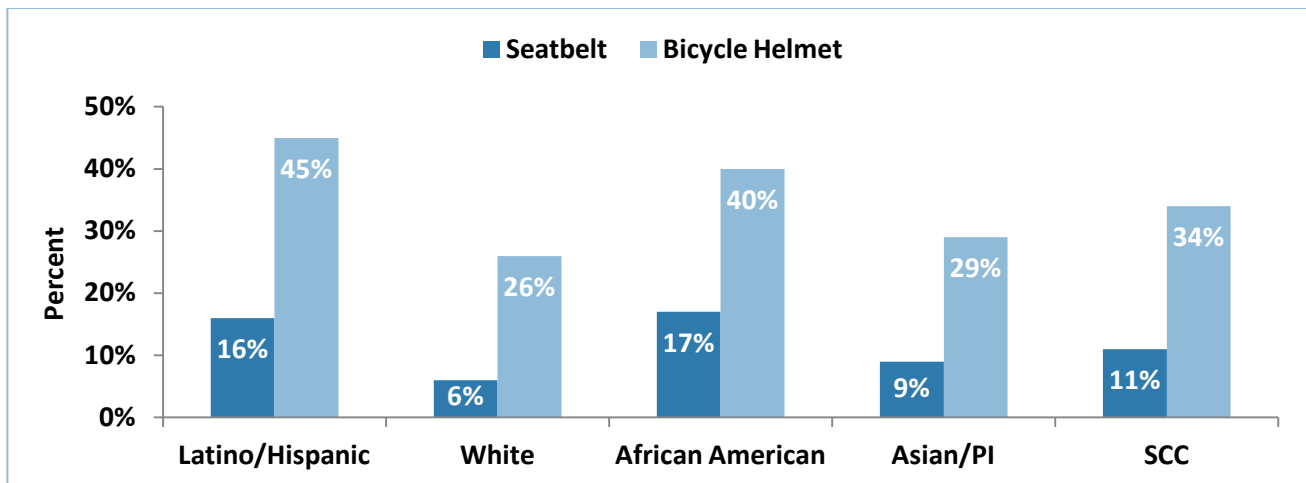


**Note:** White, African American, and Asian/Pacific Islander categories do not include Latinos/Hispanics.  
**Source:** California Department of Public Health, 2010 Vital Statistics

### Seatbelt and Bicycle Helmet Use Among Youth

In 2009-10, the percentage of Latino/Hispanic middle and high school students who reported never or rarely using a seatbelt was higher than the countywide average, and almost triple the rate of White students. The percentage of middle and high school students who reported never or rarely using a bicycle helmet was also highest among Latinos/Hispanics.

### Percentage of Middle and High School Students Who Reported Never or Rarely Using a Seatbelt or a Bicycle Helmet by Race/Ethnicity



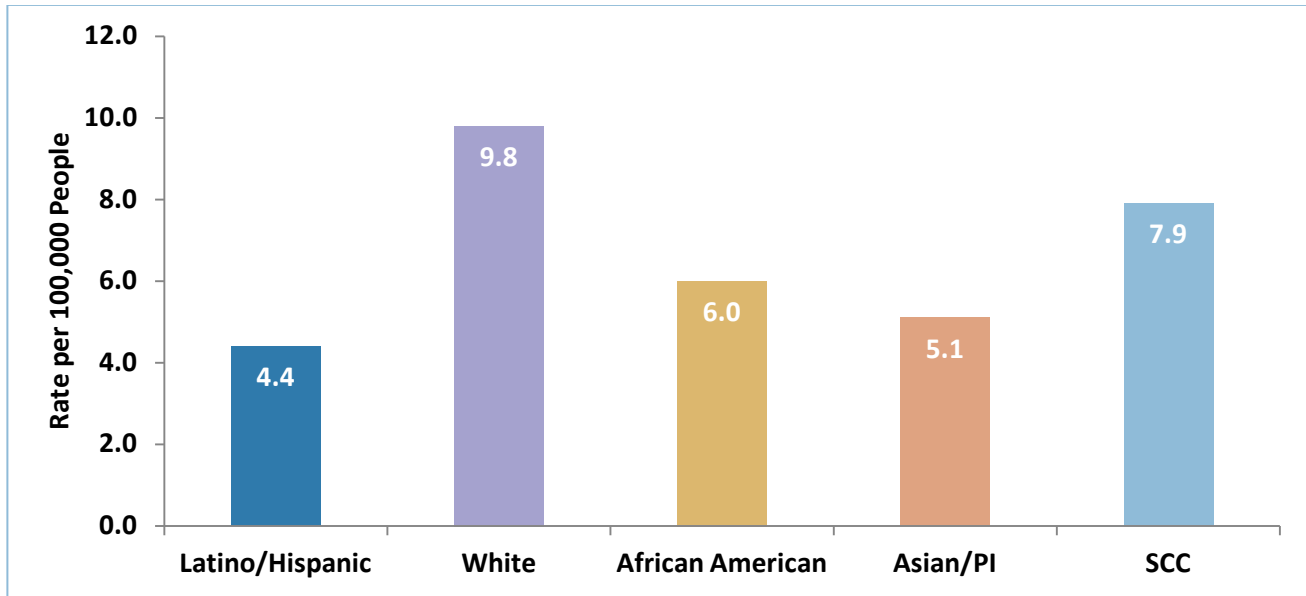
**Note:** White, African American, and Asian/Pacific Islander categories do not include Latinos/Hispanics.  
**Source:** California Healthy Kids Survey, 2007-08

### Suicide

In 2010, the age-adjusted suicide rate among Latinos/Hispanics (4.4 per 100,000 people) was roughly half that of Whites (9.8) and lower than for African Americans (6.0), Asian/Pacific Islanders (5.1), and residents countywide (7.9).

However, in 2009-10, a higher percentage of Latino/Hispanic middle and high school students (10%) reported attempting suicide in the past 12 months than Whites (6%), Asian/Pacific Islanders (7%), and students countywide (7%). Only African American students (12%) had higher rates.<sup>(33)</sup>

### Age-Adjusted Mortality Rate Due to Suicide by Race/Ethnicity



**Note:** White, African American, and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Source:** California Department of Public Health, 2010 Vital Statistics

### Years of Potential Life Lost

Premature death is sometimes measured by years of potential life lost (YPLL). YPLL represents the total number of years not lived by people in a particular group (for example, Latinos/Hispanics) who die before reaching a given age. Deaths among younger people contribute more to YPLL than deaths among older people. Because Latinos/Hispanics are more likely to experience some types of violence and injury, we assessed the age-adjusted years of potential life lost due to deaths from unintentional injury before age 85 (YPLL-85). We also present the total years of potential life lost for comparison.

In 2010 in Santa Clara County, YPLL-85 due to deaths from unintentional injury for Latinos/Hispanics was higher than for Whites, Asians, and residents countywide. However, the YPLL-85 for all causes of death for Latinos/Hispanics was lower than for residents countywide, Whites, and African Americans.



## Age-Adjusted Years of Potential Life Lost (YPLL-85) by Race/Ethnicity

		YPLL - Unintentional Injury	Total YPLL
Santa Clara County		566.2	5938.8
Race/Ethnicity	Latino/Hispanic	1192.0	6571.2
	White	858.6	7066.2
	African American	1671.5	11496.4
	Asian	1025.9	3691.6

**Note:** White, African American, and Asian categories do not include Latinos/Hispanics.

**Sources:** California Department of Public Health, 2010 Vital Statistics; U.S. Census Bureau, 2010 Census

## Healthcare and Health Outcomes

### Healthcare Access and Overall Health

Health insurance coverage is related to better health outcomes for both adults and children. Health insurance allows individuals to seek care for acute and chronic conditions and obtain preventive care. In 2009, as many as 44,500 deaths in the United States were attributed to a lack of health insurance.<sup>(39)</sup>

#### Key Findings

- Latino/Hispanic adults have the lowest rate of health insurance coverage in the county.
- Foreign-born Latino/Hispanic adults have lower rates of health insurance U.S.-born Latinos/Hispanics.
- Latino/Hispanic adults are more likely to report poor mental health than Whites or Asian/Pacific Islanders.

### Access to Healthcare

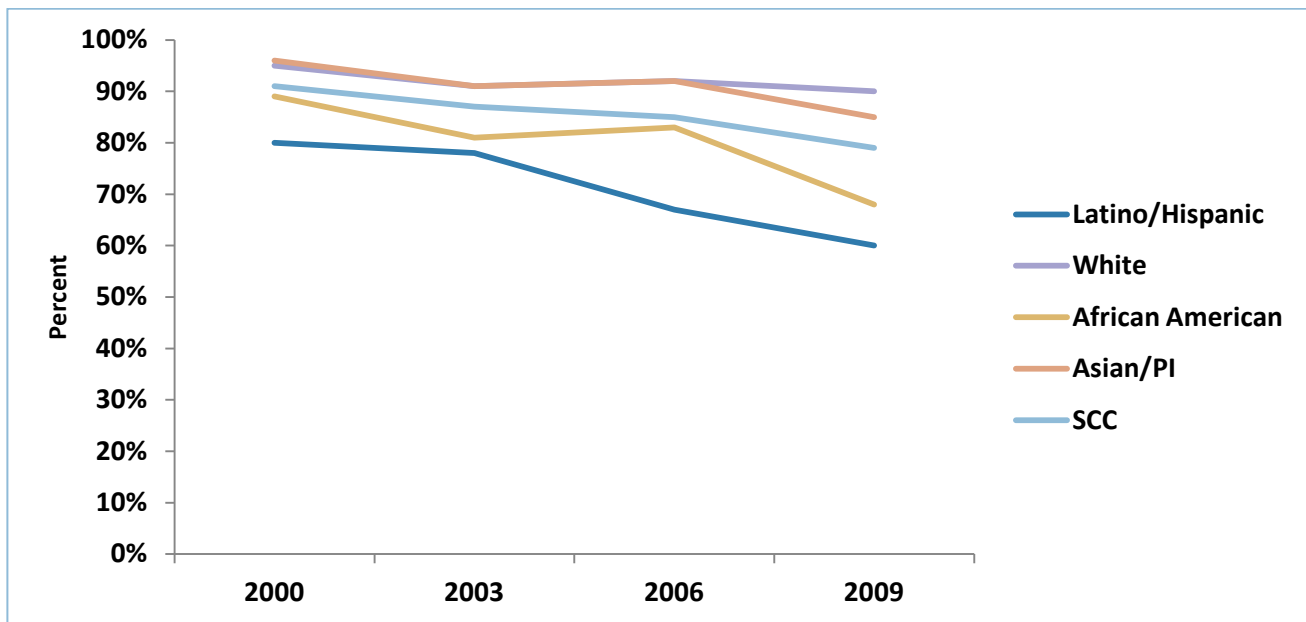
In 2009, Latino/Hispanic adults ages 18 to 64 had the lowest rate of health insurance coverage in Santa Clara County (60%), followed by African Americans (68%). By comparison, almost all Whites (90%) and Asian/Pacific Islanders (86%) ages 18 to 64 had health insurance coverage. Between 2000 and 2009, the percentage of all adults in Santa Clara County with health insurance decreased by more than ten percent, and for Latinos/Hispanics by 20%. Both Latino/Hispanic and African American adults experienced a proportionally greater loss of health insurance than White and Asian/Pacific Islander adults.

Although information on health insurance coverage for Latino/Hispanic children in Santa Clara County is not currently available, over the past decade 97% of all children in the county had medical, dental, and vision insurance, suggesting that most Latino/Hispanic children had insurance coverage.<sup>(40)</sup> In 2009, 98% of children ages 0 to 17 were insured.<sup>(28)</sup> The Children’s Health Initiative program covers nearly one-third of the children from low-income households in the County.



In 2009, a similar percentage of Latino/Hispanic adults received a routine checkup in the past year as adults from other racial/ethnic groups in Santa Clara County; however, they were roughly three times as likely as Whites to report not being able to see a doctor due to cost or health insurance as a barrier.

**Percentage of Adults Ages 18 to 64 with Health Insurance by Race/Ethnicity, 2000-2009**



**Note:** White, African American, and Asian/Pacific Islander categories do not include Latinos/Hispanics.  
**Source:** Santa Clara County Public Health Department, 2000-2009 Behavioral Risk Factor Survey

## Percentage of Adults with Access to Healthcare by Race/Ethnicity

	Santa Clara County	Race/ Ethnicity			
		Latino/ Hispanic	White	African American	Asian/ Pacific Islander
Has Health Insurance (Adults Ages 18 to 64), %	79	60	90	68	86
Has a Personal Doctor or Healthcare Provider (All Adults), %	80	72	83	78	83
Needed to See a Doctor Due to Illness or Injury in Past 12 Months (All Adults), %	40	28	51	53	34
Received Routine Checkup in Past 12 Months (All Adults), %	68	66	69	68	69
Could Not See a Doctor When Needed in Past 12 Months Due to Cost or Insurance as a Barrier (All Adults), %	13	22	7	--	10

**Note:** Results for African Americans for cost not reported due to small sample size. White, African American, and Asian categories do not include Latinos/Hispanics.

**Source:** Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

### *Access to Healthcare Among Latino/Hispanic Adults*

In 2009, Latino/Hispanic men and women ages 18 to 64 in Santa Clara County were equally likely to have health insurance. As education and income levels rose, the percentage of Latino/Hispanic adults who reported having health insurance also increased. Foreign-born Latinos/Hispanics were less likely to be insured (43%) than U.S.-born Latinos/Hispanics (73%).

Men (29%) were more than twice as likely females (13%) to report not seeing a doctor due to cost or health insurance as a barrier. A lower percentage of foreign-born Latino/Hispanic adults reported a need to see a doctor due to illness or injury in the past year (37%) than U.S.-born Latinos/Hispanics (50%).<sup>(41)</sup> A higher percentage of U.S.-born Latino/Hispanic adults (95%) had a personal doctor or healthcare provider than foreign-born Latinos/Hispanics (78%).<sup>(41)</sup>

**Percentage of Latino/Hispanic Adults Ages 18 to 64 with Health Insurance by Selected Characteristics**

		Has Health Insurance %
Gender	Male	60
	Female	61
Age Group	18-44	58
	45-64	69
	65+	--
Education	Less Than High School Diploma	49
	High School Graduate, GED, or Equivalent	57
	Some College or Associate's Degree	64
	Bachelor's, Graduate, or Professional Degree	82
Household Income	<\$20,000	47
	\$20,000-\$49,999	62
	\$50,000-\$74,999	82
	\$75,000+	92
Nativity	U.S.-born	73
	Foreign-born	43

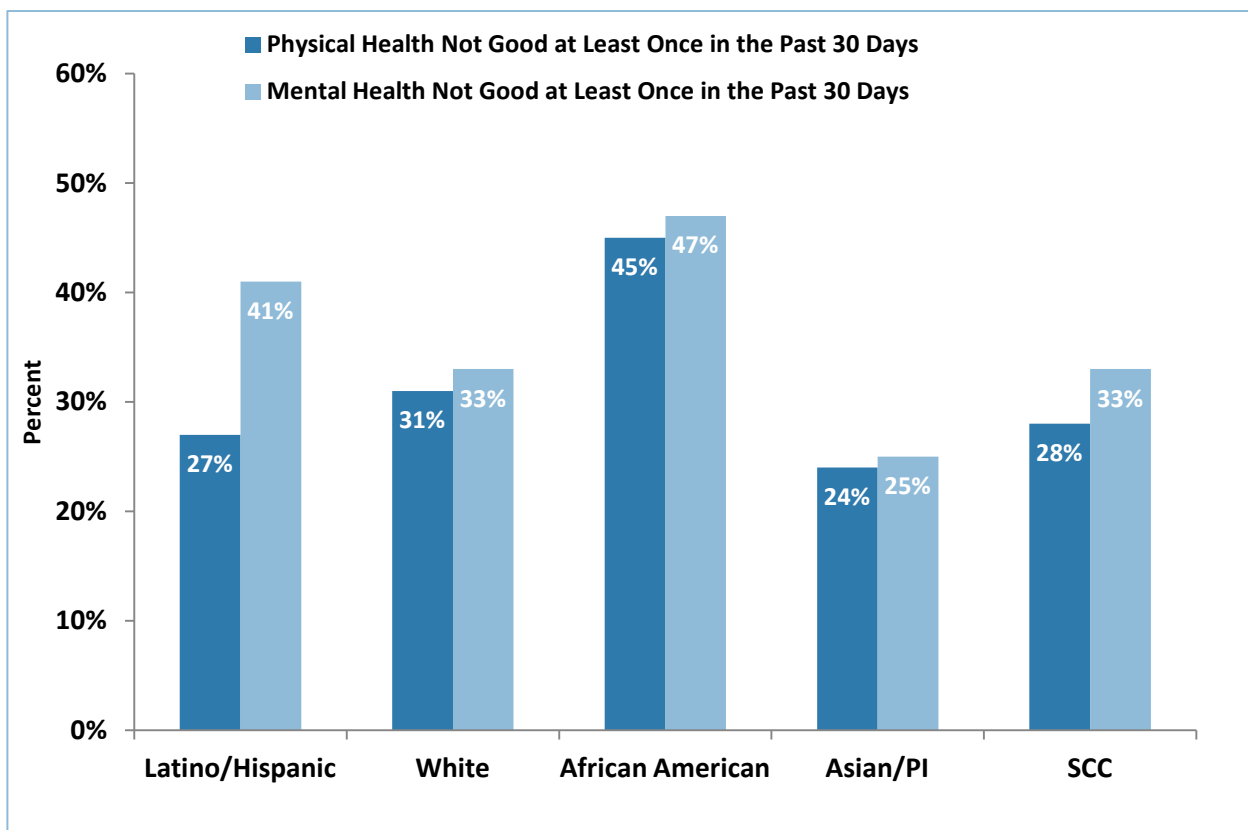
**Note:** Results for ages 65+ not reported due to small sample size.

**Source:** Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

### Perception of Health

In 2009, 1 in 5 Latino/Hispanic adults (20%) reported fair or poor overall health, nearly double the rate of Whites (11%) and Asian/Pacific Islanders (11%).<sup>(40)</sup> Consistent with perceptions of overall health, a larger percentage of Latino/Hispanic adults reported that their mental health was not good on at least one day in the past 30 days than Whites, Asian/Pacific Islanders, and adults countywide. A smaller percentage of Latino/Hispanic adults than Whites or adults in the county overall reported that their physical health was not good on at least one day in the past 30 days. Poorer self-reported overall health and mental health days among Latino/Hispanic adults may be due to translation issues between English and Spanish versions of survey questions or a culturally-influenced understanding and expression of health.<sup>(42)</sup>

### Poor Physical and Mental Health Days Among Adults by Race/Ethnicity



**Note:** White, African American, and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Source:** Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

## Chronic Disease

Chronic diseases, such as heart disease, stroke, cancer, and diabetes, are the leading causes of mortality, accounting for 63% of worldwide deaths.<sup>(43)</sup> While chronic diseases are among the most common and costly health problems, they are also among the most preventable and many can be effectively controlled.<sup>(44)</sup> Understanding how chronic diseases affect Latinos/Hispanics in Santa Clara County can aid in the development of strategies aimed at improving prevention, treatment, and ultimately health outcomes for the community.

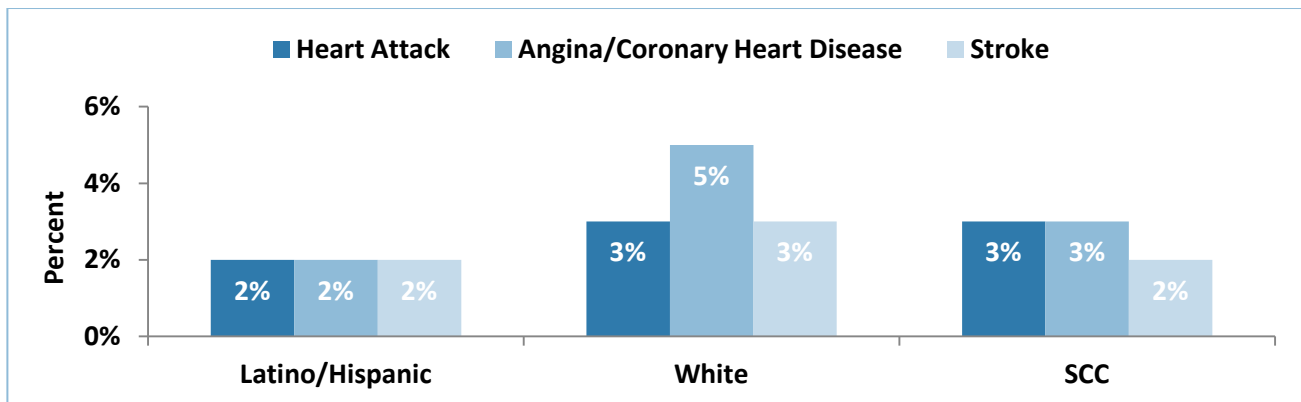
### Key Findings

- Latino/Hispanic adults in Santa Clara County have the lowest rates of high blood pressure and high cholesterol of any racial/ethnic group.
- Latino/Hispanic adults have the highest rates of diabetes in the county.
- Latino/Hispanic adults have a lower incidence of cancer (all cancer sites combined) than Whites and adults in the county overall, but a higher incidence than Asian/Pacific Islanders.

### Heart Disease, Stroke, and Related Risk Factors

In 2009, a lower percentage of Latino/Hispanic adults in Santa Clara County had ever been told by a health professional that they had had a heart attack, angina/coronary disease, or stroke than White adults. Also, a lower percentage of Latino/Hispanic adults had ever been diagnosed with high blood pressure (hypertension) or high cholesterol than adults from any other racial/ethnic group. Rates among Latino/Hispanic adults for both hypertension and high cholesterol were approximately half the rates among Whites.

### Percentage of Adults Who Ever Had a Heart Attack, Angina/Coronary Heart Disease, or Stroke by Race/Ethnicity

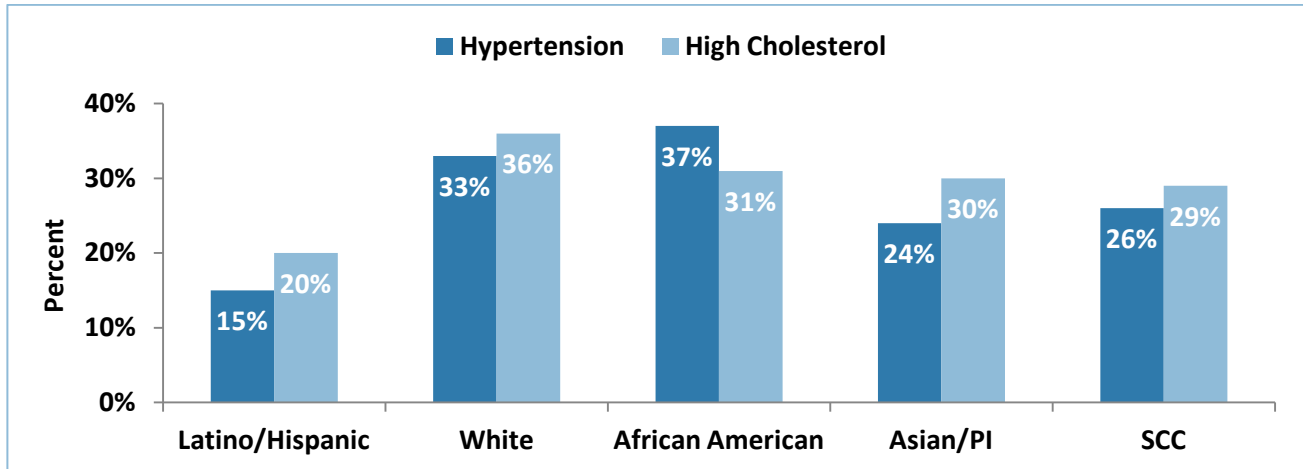


**Note:** Results for African Americans and Asian/Pacific Islanders not reported due to small sample size. White category does not include Latinos/Hispanics.

**Source:** Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey



### Percentage of Adults with Hypertension or High Cholesterol by Race/Ethnicity



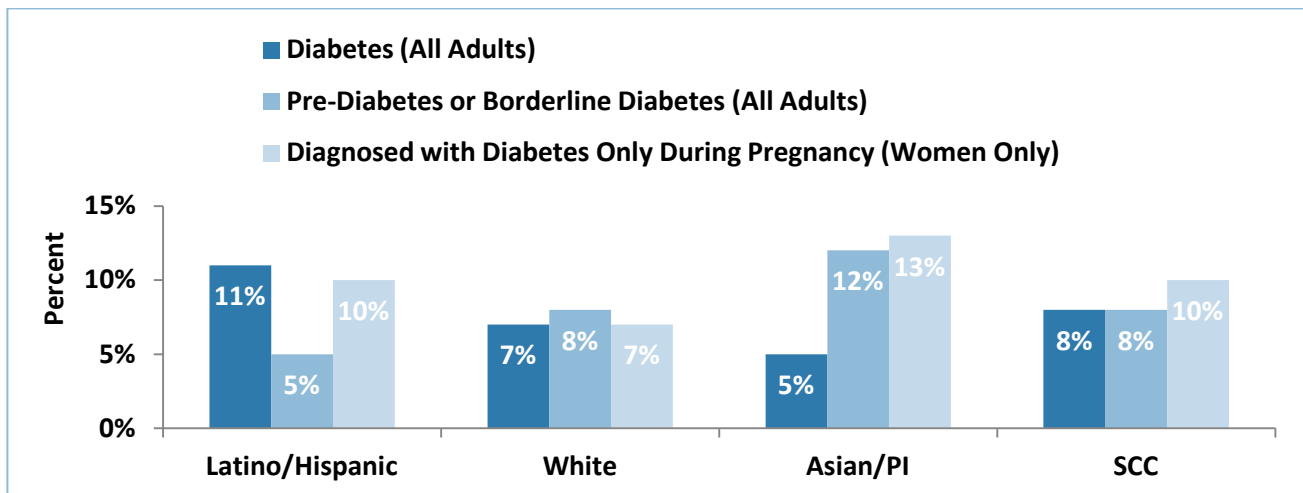
**Note:** White, African American, and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Source:** Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

### Diabetes

In 2009, 11% of Latino/Hispanic adults in Santa Clara County had ever been told by a doctor that they had diabetes. This percentage was higher than for Whites and more than double that of Asian/Pacific Islanders. However, the percentage of Latino/Hispanic adults who had ever been diagnosed with pre-diabetes or borderline diabetes was lower than that of Whites and county residents overall. The proportion of Latino/Hispanic women diagnosed with diabetes only during pregnancy was higher than for Whites, but lower than for Asian/Pacific Islanders.

### Percentage of Adults with Diabetes, Pre-Diabetes, or Diabetes Only During Pregnancy (Women Only) by Race/Ethnicity



**Note:** Pre-diabetes does not include adults also diagnosed with diabetes. Women diagnosed with both pre-diabetes and with gestational diabetes are included. Results for African Americans not reported due to small sample size. White and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Source:** Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

### *Diabetes Among Latino/Hispanic Adults*

In 2009, a larger percentage of Latino/Hispanic men than women had ever been told by a doctor that they had diabetes. Diagnosed diabetes was more common among older than younger Latino/Hispanic adults and among adults with some college or an associate’s degree versus other education levels.

### **Percentage of Latino/Hispanic Adults Who Have Been Told They Have Diabetes by Selected Characteristics**

		Diabetes %
Gender	Male	12
	Female	10
Age Group	18-44	--
	45-64	30
	65+	40
Education	Less Than High School Diploma	--
	High School Graduate, GED, or Equivalent	8
	Some College or Associate’s Degree	21
	Bachelor’s, Graduate, or Professional Degree	10
Nativity	U.S.-born	10
	Foreign-born	--

**Note:** Results for age group, education and nativity for some categories not reported due to small sample size.

**Source:** Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

## *Cancer*

In 2007 to 2009, age-adjusted cancer incidence rates (all cancer sites combined) were lower among Latino/Hispanic adults than among Whites and adults countywide, but higher than among Asian/Pacific Islanders. Latino/Hispanic men had a higher cancer incidence rate (all sites) than women.

Age-adjusted incidence rates for lung cancer were lower among Latino/Hispanic adults overall, and among Latino/Hispanic men and women, than among Whites, Asian/Pacific Islanders, and adults countywide. However, Latino/Hispanic adults had higher rates of stomach and liver cancer than Whites and adults countywide; incidence was higher only among Asian/Pacific Islanders.

Age-adjusted incidence rates for breast cancer were lower for Latina/Hispanic women than for Whites, Asian/Pacific Islanders, and women in the county overall, while incidence rates for uterine/cervical cancer were highest among Latinas/Hispanics. Incidence rates for prostate cancer were lower among Latino/Hispanic men than among Whites and men countywide, but higher than among Asian/Pacific Islanders.

Patterns for age-adjusted mortality rates for cancer were generally similar to those for incidence (see table online for mortality at [www.sccphd.org/statistics2](http://www.sccphd.org/statistics2)).

**Age-Adjusted Cancer Incidence Rates per 100,000 Adults by Cancer Site, Gender, and Race/Ethnicity**

	Santa Clara County	Latino/Hispanic	White	Asian/Pacific Islander
<b>All Sites</b>				
Men	616	524	727	643
Women	519	428	623	403
All Adults	558	467	664	418
<b>Breast</b>				
Women	175	134	214	140
<b>Colon and Rectum</b>				
Men	58	59	60	77
Women	50	41	54	48
All Adults	54	50	57	49
<b>Liver</b>				
Men	21	36	12	50
Women	7	10	4	14
All Adults	14	22	8	25
<b>Lung</b>				
Men	63	44	70	69
Women	50	30	63	33
All Adults	56	36	66	44
<b>Prostate</b>				
Men	191	154	228	125
<b>Stomach</b>				
Men	13	17	10	26
Women	9	12	7	12
All Adults	11	14	9	15
<b>Uterine Cervix</b>				
Women	10	14	9	10

**Note:** Rates for African Americans not reported due to the small number of cases. White and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Sources:** Greater Bay Area Cancer Registry, 2007-2009; U.S. Census Bureau, 2007-2009 American Community Survey 3-Year Estimates

### *Mammograms*

In 2009, almost all Latina/Hispanic women ages 40 and older (94%) in Santa Clara County reported that they had ever had a mammogram. The percentage among Latinas/Hispanics was higher than for women countywide (92%), and similar to rates among Whites (95%) and African Americans (95%). The percentage was lowest among Asian/Pacific Islanders (89%).<sup>(41)</sup>

### *Colon Cancer Screening*

In 2009, 59% of Latino/Hispanic adults ages 50 and older in Santa Clara County reported that they had ever had a colon cancer screening, which was lower than among adults countywide (65%), and lower than among Whites (69%) and African Americans (67%). Asian/Pacific Islanders had a similar rate (59%).<sup>(41)</sup>

### Communicable Disease

Communicable diseases are diseases that can be passed from one person to another, such as tuberculosis and HIV. It is important to understand how communicable diseases affect the Latino/Hispanic population in Santa Clara County in order to develop strategies to prevent or reduce the spread of such diseases.

#### **Key Findings**

- Latinos/Hispanics have lower rates of tuberculosis than Asian/Pacific Islanders and county residents overall.
- The HIV disease case rate is higher among Latinos/Hispanics than among residents countywide, but lower than among African Americans.

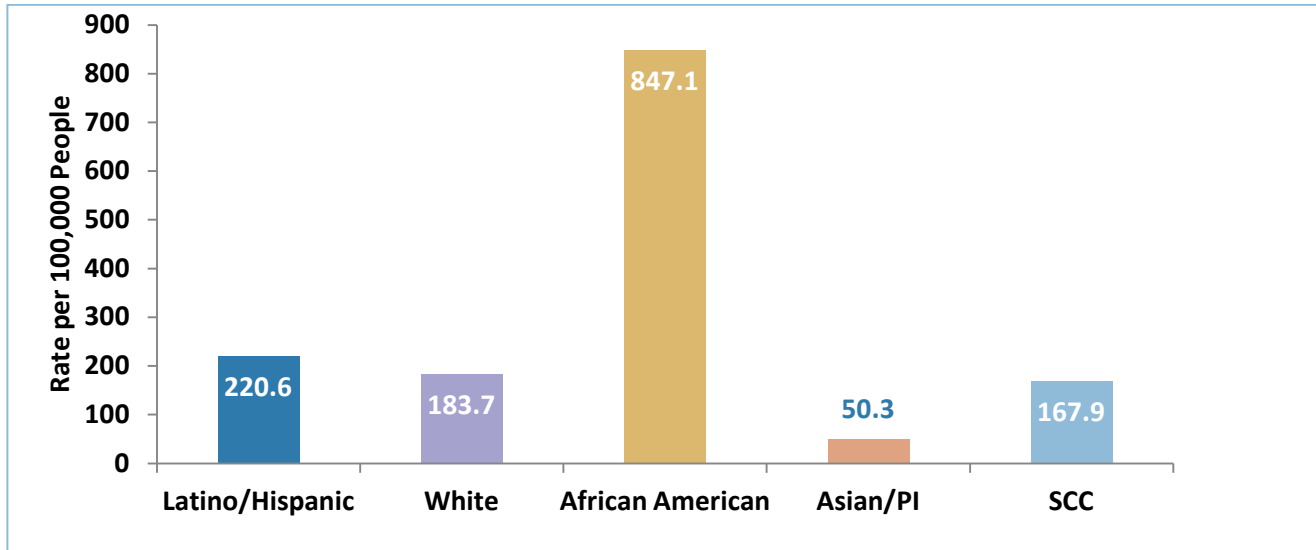
### *Tuberculosis*

In 2010, the tuberculosis rate among Latinos/Hispanics in Santa Clara County was 6.5 cases per 100,000 people, compared to the county rate of 10.8. Rates among Latinos/Hispanics were lower than among Asian/Pacific Islanders (28.0 per 100,000 people). Among Latinos/Hispanics, most tuberculosis occurred among foreign-born individuals (88% of cases).<sup>(45) (46) (47)</sup>

### *HIV Disease Case Rate*

As of 2011, the HIV disease case rate among Latinos/Hispanics was higher than among Whites and Asian/Pacific Islanders, as well as the county as a whole, although lower than among African Americans.

## HIV Disease Case Rates by Race/Ethnicity



**Note:** “HIV disease” is defined as cases of HIV infection and AIDS. White, African American, and Asian/Pacific Islander categories do not include Latinos/Hispanics.

**Sources:** EHARS 2011; State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Sacramento, CA, July 2007

## Maternal, Infant, and Child Health

The wellbeing of mothers, infants, and children affects the health of the next generation and can help us to understand what health challenges lie ahead for families and communities. It is important to understand maternal, infant, and child health in the Latino/Hispanic population in Santa Clara County in order to develop strategies that will enhance health, wellbeing, and quality of life for women, children, and families.<sup>(48)</sup>



### Key Findings

- Latina/Hispanic teens have more than twice the birth rate of teens in the county as a whole and nearly six times the rate of White teens.
- Teen births have declined steadily for Latinas/Hispanics since 1997.
- The Latina/Hispanic population has the lowest percentage of low birth weight births in the county.

### *Birth Rate*

In 2010, the birth rate for Latinos/Hispanics (18.0 per 1,000 people) was more than double that of Whites (8.6) and higher than among African Americans (10.2) and Asian/Pacific Islanders (15.7).<sup>(49)</sup>

### *Infant Mortality, Low Birth Weight, and Preterm Births*

In 2009, the infant mortality rate in Santa Clara County among Latinas/Hispanics was roughly equivalent to the county average. In 2010, the percentage of low birth weight births was lower for Latinas/Hispanics than for other racial/ethnic groups—1% lower than Whites, 2% lower than Asian/Pacific Islanders, and 4% lower than African Americans. The rate of preterm births among Latinas/Hispanics in 2010 (10% of live births) was equivalent to that for females countywide.

### **Infant Mortality and Low Birth Weight Births (<2500 grams) by Race/Ethnicity**

		Infant Mortality Rate per 1,000 Live Births <sup>1</sup>	Low Birth Weight Births <sup>2</sup> %
Santa Clara County		3.9	7
Race/Ethnicity	Latina/Hispanic	4.0	6
	White	3.4	7
	African American	8.1	10
	Asian/Pacific Islander	3.5	8

**Note:** White, African American, and Asian/Pacific Islander categories do not include Latinas/Hispanics.

<sup>1</sup>**Source:** California Department of Public Health, 2009 Vital Statistics

<sup>2</sup>**Source:** California Department of Public Health, 2010 Vital Statistics

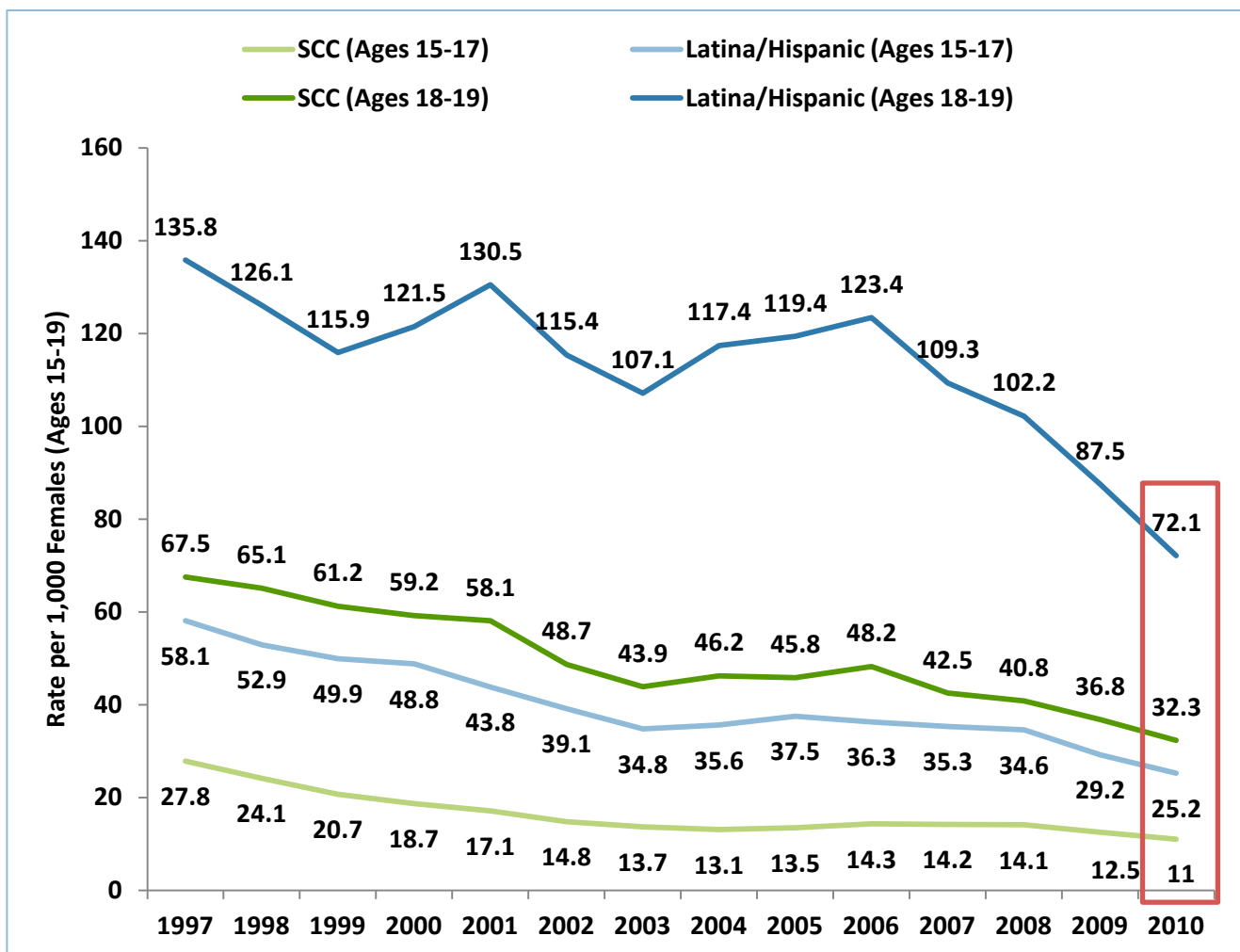
### *Educational Attainment of Mothers*

In 2010, more than half (54%) of mothers with live births in Santa Clara County were college graduates, compared to only 16% of Latina/Hispanic mothers. Thirty-eight percent (38%) of Latina/Hispanic mothers with live births had a high school diploma or less, compared with 16% countywide.<sup>(49)</sup>

### Teenage Birth Rate

Between 1997 and 2010, teen birth rates declined by half in Santa Clara County. This trend was similarly pronounced among Latina/Hispanic teens ages 15 to 17 and ages 18 to 19. In 2010, Latina/Hispanic teens (43.1 per 1,000 live births) ages 15 to 19 had more than twice the birth rate of teens countywide (19.5), more than twice the rate of African Americans (21.0), six times that of Whites (6.8), and more than twelve times that of Asian/Pacific Islanders (2.7) (see graph online at [www.sccphd.org/statistics2](http://www.sccphd.org/statistics2)).<sup>(49)</sup> High teen birth rates are associated with lower educational attainment and low income.<sup>(50)</sup> Because teen birth can limit one's ability to advance educationally and economically, there can be long term health consequences for both the mother and child.

### Teen Birth Rates for Latina/Hispanic Females and All Females, Ages 15-19, 1997-2010



Source: California Department of Public Health, 1997-2010 Vital Statistics



## Mortality

Latina/Hispanic women have the longest life expectancy in the United States at 83.8 years.<sup>(51)</sup> Understanding mortality rates and causes of death can help to guide strategies to extend life and measure the success of efforts to improve the health and wellbeing of a population.<sup>(52)</sup>

### **Key Findings**

- The life expectancy of Latinos/Hispanics is higher than that of Whites and African Americans.
- Accidents, unintentional injuries, and diabetes account for a larger percentage of the total number of deaths for Latinos/Hispanics than for residents countywide.

### *Life Expectancy*

In 2010, life expectancy for Latinos/Hispanics in Santa Clara County mirrored that of the county population as a whole, and was higher than that of Whites and African Americans. Similar patterns were evident for both males and females.

### **Life Expectancy by Gender and Race/Ethnicity**

		Years		
		All Individuals	Males	Females
Santa Clara County		<b>83.7</b>	<b>81.9</b>	<b>85.4</b>
Race/Ethnicity	Latino/ Hispanic	<b>83.5</b>	<b>81.4</b>	<b>85.5</b>
	White	<b>82.1</b>	<b>80.2</b>	<b>84.1</b>
	African American	<b>79.2</b>	<b>77.8</b>	<b>80.7</b>
	Asian	<b>87.9</b>	<b>86.6</b>	<b>89.0</b>

**Note:** White, African American, and Asian categories do not include Latinos/Hispanics.

**Sources:** California Department of Public Health, 2010 Vital Statistics; U.S. Census Bureau, 2010 Census

### *Leading Causes of Death*

In 2010, heart disease and cancer were the two leading causes of death for Latinos/Hispanics in Santa Clara County, as for residents countywide. Heart disease and cancer accounted for a smaller percentage of the total number of deaths among Latinos/Hispanics than for other racial/ethnic groups. Accidents and unintentional injuries (7%) comprised a larger percentage of the total number of deaths for Latinos/Hispanics than for other racial/ethnic groups. Seven percent (7%) of deaths among Latinos/Hispanics were due to diabetes, a higher percentage than for Whites, Asian/Pacific Islanders, and residents countywide.<sup>(49)</sup> (See graph online for leading causes of death for all racial/ethnic groups at [www.sccphd.org/statistics2](http://www.sccphd.org/statistics2)).

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George Shirakawa  
President, Board of Supervisors



This mural is located at the San Jose Mexican Heritage Plaza, and was created by Susan Cervantes, Rick Sales and 50 middle school and high school students.

Santa Clara County  
**PUBLIC  
HEALTH**

Great Things Start with Good Health