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Prevalence of Chronic Health Conditions among Latinos in the United States between 1990 and 2011

Amanda Mia Marin-Chollom
Center for Latin American, Caribbean, and Latino Studies

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Prevalence of Chronic Health Conditions among Latinos in the United States between 1999 and 2011

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The Center established and helps administer an interdisciplinary specialization in Latin American, Caribbean and Latino Studies in the Masters of Arts in Liberal Studies program.

The Latino Data Project was developed with the goal of making information available on the dynamically growing Latino population of the United States and especially New York City through the analysis of extant data available from a variety of sources such as the U.S. Census Bureau, the National Institute for Health, the Bureau of Labor Statistics, and state and local–level data sources.

All Latino Data Project reports are available at http://clacls.gc.cuny.edu

For additional information you may contact the Center at 212–817–8438 or by e-mail at mailto:clacls@gc.cuny.edu.

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Executive Summary

This study examines the prevalence of five major chronic health conditions - heart disease, stroke, cancer, arthritis, and diabetes - among adults 18 years of age and older in the United States between 1999 and 2011. These patterns were examined by age structure among the four largest race/ethnic groups in the U.S., and among the two largest Latino subgroups in the U.S. (Mexicans and Puerto Ricans) using data from the Center for Disease Control and Prevention.¹

Latinos had higher rates of diabetes than did non-Hispanic whites and Asians, with no change in the disparity between those rates from 1999 to 2011. Approximately 12.0% of Latinos had diabetes in 2011, compared with 7.3% of non-Hispanic whites and 8.4% of Asians. However, Latinos and non-Hispanic blacks (12.0% and 12.5% in 2011, respectively) had similar rates of diabetes.

Latinos had lower rates of heart disease than did non-Hispanic whites and non-Hispanic blacks between 1999 and 2011. While 8.2% of Latinos had heart disease in 2011, 11.5% of non-Hispanic whites, and 10.7% of non-Hispanic blacks. However, Latinos had higher heart disease prevalence than Asians (6.7% in 2011).

The Latino population had lower rates of arthritis than did non-Hispanic whites and non-Hispanic blacks. Approximately 15.9% of Latinos had arthritis in 2011, compared with 22.9% of non-Hispanic whites and 22.1% of non-Hispanic blacks. The Asian population had the lowest rates of arthritis (12.5% in 2011).

The comparatively high rates of diabetes but low rates of heart disease and arthritis among Latinos may be due to the younger age structure of the Latino population in the United States. The median age of the Latino population was 29 in 2013, in comparison to the median age of 46 among non-Hispanic whites, 37 among non-Hispanic blacks, and 37 among Asians. Rates of heart disease and arthritis are more common among older populations, whereas diabetes can occur at relatively younger ages.²

The most significant finding was that Mexicans had lower rates of all five chronic conditions examined in this report - heart disease, stroke, cancer, arthritis, and diabetes - than did Puerto Ricans. Heart disease among Mexicans was 8.1% in 2011, compared to 12.9% among Puerto Ricans. Rates of strokes were slightly lower among Mexicans (2.7% in 2011) than Puerto Ricans (4.1% in 2011). Cancer prevalence was lower among Mexicans (3.5% in 2011) compared to Puerto Ricans (5.1% in 2011). Rates of arthritis were significantly lower among Mexicans (15.6% in 2011) than Puerto Ricans (21.6% in 2011). Diabetes prevalence was marginally lower among Mexicans than Puerto Ricans in 2011

¹ Data regarding Latino subgroups were only available for Mexican and Puerto Rican populations. The data used in this report come from the Center for Disease Control and Prevention’s (CDC) National Center for Health Statistics, Health Data Interactive tables. (www.cdc.gov/nchs/hdi.htm). Health Data Interactive tables present national health statistics for infants, children, adolescents, adults, and older adults. Data used to create the Health Data Interactive tables come from several sources (see http://www.cdc.gov/nchs/data_access/hdi/hdi_data_sources.htm). The CDC estimates the prevalence of the chronic health conditions in three-year annual averages to obtain stable estimates. In this report 1999 = 1999-2001 estimates; 2005 = 2005-2007 estimates; 2011 = 2011-2013 estimates.
² http://www.nhlbi.nih.gov/health/health-topics/topics/cad/atrisk.
(13.4% and 14.9%). The difference in rates of all five chronic conditions between Mexicans and Puerto Ricans experienced almost no change between 1999 and 2011.

The lower rates of chronic health conditions among Mexicans compared to Puerto Ricans may be explained by a lack of health care access among Mexicans. In 2011, 54.4% of Mexicans had health insurance coverage, compared to 79.3% of Puerto Ricans with health insurance. Because Puerto Ricans have greater access to health care they may be more likely to receive diagnoses of and treatment for chronic health conditions. It is possible that Mexicans had lower rates simply because their chronic conditions go undiagnosed and so are underreported. Other possible reasons for the differences in rates between Mexicans and Puerto Ricans — nativity, exercise, poverty rates, and age structure — did not explain the differences. It is also possible that dietary habits among Puerto Ricans are more similar to mainstream American dietary habits, increasing Puerto Ricans’ risk of chronic health conditions compared to Mexicans. Moreover, these findings mirror the Mexican birth-weight paradox showing favorable health outcomes, in spite of socioeconomic disadvantages.

Among Mexican and Puerto Rican men and women the only difference in chronic health condition rates by sex was that women had higher rates of arthritis. Approximately 18.6% of Mexican women had arthritis in 2011, compared to 12.5% of Mexican men. Puerto Rican women had a rate of 24.6% in 2011, whereas 18.1% of Puerto Rican men had arthritis in that year. These sex differences could be due to the higher rate of obesity in Latinas (42.4%) than Latinos (38.0%). Women also tend to have higher rates of arthritis than men, possibly due to levels of exercise and as a result of child bearing.

---

3 These data are for adults aged 18 to 64 years.
6 According to the CDC risk of arthritis is higher among women. (http://www.cdc.gov/arthritis/basics/risk_factors.htm).
Chronic Health Conditions among Latinos in the United States

Chronic Condition Prevalence among the Total Population in the United States

Among the total U.S. population the overall rates of the five major chronic health conditions examined in this report - heart disease, stroke, cancer, arthritis, and diabetes - changed little between 1999 and 2011 among adults 18 years and older. In 2011 the most common chronic condition in the total population was arthritis (21.3%) followed by heart disease (10.9%), diabetes (8.5%), cancer (7.9%), and stroke (2.6%). (See table 1). The age structure of the total population influenced rates of chronic health conditions, as the rates of all five chronic conditions were higher in older age cohorts.

Table 1
Prevalence of Chronic Conditions in Adults Aged 18+
United States, 1999 - 2011

<table>
<thead>
<tr>
<th>Chronic Condition</th>
<th>1999</th>
<th>2005</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>11.8%</td>
<td>11.2%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Stroke</td>
<td>2.5%</td>
<td>2.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Cancer</td>
<td>7.0%</td>
<td>7.3%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>*</td>
<td>7.1%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6.4%</td>
<td>7.5%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

Note: Asterisks indicate prevalence estimates that were not available

Table 2
Prevalence of Chronic Conditions by Age
United States, 1999 - 2011

<table>
<thead>
<tr>
<th>Age</th>
<th>Chronic Condition</th>
<th>1999</th>
<th>2005</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-44 years</td>
<td>Heart Disease</td>
<td>4.6%</td>
<td>4.1%</td>
<td>3.7%</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>0.4%</td>
<td>0.3%</td>
<td>0.5%</td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
<td>2.2%</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td></td>
<td>Arthritis</td>
<td>*</td>
<td>7.1%</td>
<td>7.4%</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>2.0%</td>
<td>2.2%</td>
<td>2.5%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>Heart Disease</td>
<td>13.1%</td>
<td>12.2%</td>
<td>12.3%</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>2.3%</td>
<td>2.8%</td>
<td>2.8%</td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
<td>8.3%</td>
<td>8.3%</td>
<td>9.2%</td>
</tr>
<tr>
<td></td>
<td>Arthritis</td>
<td>*</td>
<td>28.2%</td>
<td>30.2%</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>9.3%</td>
<td>10.6%</td>
<td>12.3%</td>
</tr>
<tr>
<td>65+ years</td>
<td>Heart Disease</td>
<td>31.8%</td>
<td>31.3%</td>
<td>30.6%</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>9.1%</td>
<td>8.3%</td>
<td>8.6%</td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
<td>19.8%</td>
<td>22.2%</td>
<td>24.5%</td>
</tr>
<tr>
<td></td>
<td>Arthritis</td>
<td>*</td>
<td>47.8%</td>
<td>49.2%</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>15.1%</td>
<td>18.6%</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

Note: Asterisks indicate prevalence estimates that were not available
Chronic Condition Prevalence by Race/Ethnicity

The rates of the five major chronic conditions were examined among the four major race/ethnic groups in the United States. See table 3 and figures 1 through 4 for complete data on chronic health conditions among race/ethnic groups.

Latinos had higher rates of diabetes than did non-Hispanic whites and Asians between 1999 and 2011. Approximately 12.0% of Latinos had diabetes in 2011, compared with 7.3% of non-Hispanic whites and 8.4% of Asians. As diabetes may occur earlier in life, the relatively higher rates of diabetes among Latinos may be due to the younger age structure of the Latino population in the United States. The median age of the Latino population was 29 in 2013, in comparison to the median age of 46 among non-Hispanic whites, 37 years among non-Hispanic blacks, and 37 years among Asians. Latinos and non-Hispanic blacks, however, had similar rates of diabetes in 2011 (12.0% and 12.5%, respectively). Rates of diabetes also increased among all race/ethnic groups. The prevalence of diabetes among Latinos climbed from 9.2% in 1999 to 12.0% in 2011.

The Latino population had lower rates of heart disease than did non-Hispanic whites and non-Hispanic blacks between 1999 and 2011. While 8.2% of Latinos had heart disease in 2011, that rate was 11.5% among non-Hispanic whites and 10.7% among non-Hispanic blacks in that year. As prevalence of heart disease tends to increase with age, the comparatively lower rates of heart disease among Latinos may be due to the younger age structure of the Latino population in the United States. However, Latinos had higher heart disease prevalence than did Asians (6.7% in 2011). Rates of heart disease were steady among Latinos, non-Hispanic whites, and non-Hispanic blacks, but declined among the Asian population.

The Latino population had lower rates of arthritis than did non-Hispanic whites and non-Hispanic blacks. Approximately 15.9% of Latinos had arthritis in 2011, compared with 22.9% of non-Hispanic whites and 22.1% of non-Hispanic blacks. This may again be due to the age structure of the race/ethnic groups. Because the prevalence of arthritis increases with age, as a younger group Latinos may have lower rates of this chronic condition. The Asian population, however, had the lowest rates of arthritis (12.5% in 2011). Rates of arthritis were steady among Latinos, non-Hispanic whites, and non-Hispanic blacks, but increased among the Asian population between 2005 and 2011.7

Cancer prevalence was much higher among non-Hispanic whites than the other three race/ethnic groups, at 8.1% in 1999 and 9.2% in 2011. Latinos’ rates of cancer were steady at 3.1% in 1999 and 3.8% in 2011. Among non-Hispanic blacks cancer rates increased slightly, from 3.3% in 1999 to 5.0% in 2011. Cancer rates among the Asian populations were approximately 3.5% in 2005 and 2011.8 Rates of stroke were relatively low and stable among all race/ethnic groups, between 2.1% and 4.0% in each year considered in this report.

7 No data were available for arthritis rates among the total U.S. population in 1999.
8 No data were available for cancer rates among the Asian population in 1999.
## Table 3
Prevalence of Chronic Conditions in Adults Aged 18+
by Race/Ethnicity
United States, 1999 - 2011

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Chronic Condition</th>
<th>1999</th>
<th>2005</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>Heart Disease</td>
<td>12.4%</td>
<td>11.8%</td>
<td>11.5%</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>2.3%</td>
<td>2.2%</td>
<td>2.4%</td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
<td>8.1%</td>
<td>8.4%</td>
<td>9.2%</td>
</tr>
<tr>
<td></td>
<td>Arthritis</td>
<td>*</td>
<td>21.8%</td>
<td>22.9%</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>5.6%</td>
<td>6.3%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>Heart Disease</td>
<td>11.1%</td>
<td>10.1%</td>
<td>10.7%</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>3.6%</td>
<td>3.7%</td>
<td>4.0%</td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
<td>3.3%</td>
<td>4.6%</td>
<td>5.0%</td>
</tr>
<tr>
<td></td>
<td>Arthritis</td>
<td>*</td>
<td>20.2%</td>
<td>22.1%</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>10.3%</td>
<td>12.3%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Latino</td>
<td>Heart Disease</td>
<td>8.2%</td>
<td>8.9%</td>
<td>8.2%</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>2.7%</td>
<td>2.5%</td>
<td>2.7%</td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
<td>3.1%</td>
<td>3.7%</td>
<td>3.8%</td>
</tr>
<tr>
<td></td>
<td>Arthritis</td>
<td>*</td>
<td>15.6%</td>
<td>15.9%</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>9.2%</td>
<td>10.8%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>Heart Disease</td>
<td>8.5%</td>
<td>6.9%</td>
<td>6.7%</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>3.7%</td>
<td>2.6%</td>
<td>2.1%</td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
<td>*</td>
<td>3.3%</td>
<td>3.5%</td>
</tr>
<tr>
<td></td>
<td>Arthritis</td>
<td>*</td>
<td>9.9%</td>
<td>12.5%</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>5.0%</td>
<td>8.7%</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

Note: Asterisks indicate prevalence estimates that were not available.
Figure 1
Prevalence of Chronic Conditions in Non-Hispanic White Adults Aged 18+
United States, 1999 - 2011

Figure 2
Prevalence of Chronic Conditions in Non-Hispanic Black Adults Aged 18+
United States, 1999 - 2011
Figure 3
Prevalence of Chronic Conditions in Latino Adults Aged 18+
United States, 1999 - 2011

Figure 4
Prevalence of Chronic Conditions in Asian Adults Aged 18+
United States, 1999 - 2011
Chronic Condition Prevalence among Mexicans and Puerto Ricans

The rates of the five major chronic conditions were examined among Mexicans and Puerto Ricans in the United States. Data regarding Latino subgroups from the Center for Disease Control and Prevention were only available for Mexican and Puerto Rican populations. The Mexican population tended to have lower rates of all five chronic conditions considered in this report in comparison to Puerto Ricans, with little change in those gaps between 1999 and 2011.

Diabetes rates were lower among Mexicans compared with Puerto Ricans between 1999 and 2011. Among Mexicans rates of diabetes were 10.8% in 1999 and 13.4% in 2011. Diabetes rates among Puerto Ricans were 12.7% in 1999 and 14.9% in 2011. While rates of diabetes among Mexicans increased, prevalence of diabetes among Puerto Ricans was steady.

Mexicans had lower rates of heart disease than Puerto Ricans. Among Mexicans rates of heart disease were 7.5% in 1999, 8.3% in 2005, and 8.1% in 2011. Heart disease prevalence among Puerto Ricans, in contrast, was 13.2% in 1999, 14.6% in 2005, and 12.9% in 2011. Rates of heart disease were steady among both groups.

Prevalence of arthritis was lower among the Mexican population than Puerto Ricans in 2005 and 2011. Arthritis rates among Mexicans were 14.7% in 2005 and 15.6% in 2011, in contrast, rates among Puerto Ricans were 20.7% in 2005 and 21.6% 2011. Both groups showed slight increases in rates of arthritis.

Cancer prevalence among Mexicans was also lower than the prevalence among Puerto Ricans. Mexican cancer rates were 2.9% in 1999, 3.6% in 2005, and 3.5% in 2011. In comparison, Puerto Rican cancer prevalence was 6.0% in both 1999 and 2005, and 5.1% in 2011. While Mexicans had stable cancer rates, prevalence of cancer among Puerto Ricans dropped by one percentage point.

Rates of stroke were slightly lower among Mexicans between 1999 (2.8%) and 2011 (2.7%) compared to Puerto Ricans in 1999 (4.8%) and in 2011 (4.1%). Both subgroups had stable stroke prevalence.

The lower rates of chronic health conditions among Mexicans compared to Puerto Ricans may be explained by a lack of health care access among Mexicans. In 2011, 54.4% of Mexicans had health insurance coverage, compared to 79.3% of Puerto Ricans with health insurance. In 2013, 29.0% of the Mexican population did not have a usual health care provider source, compared to only 18.2% of Puerto Ricans without a usual health care provider. Because Puerto Ricans have greater access to health care they may be more likely to receive diagnoses of and treatment for chronic health conditions.

---

9 No data were available for arthritis rates among the Mexican and Puerto Ricans populations in 1999.
10 No data were available for stroke rates among Puerto Ricans in 2005.
11 These data are for adults aged 18 to 64 years. The data come from the Center for Disease Control and Prevention’s (CDC) National Center for Health Statistics Health Data Interactive. (www.cdc.gov/nchs/hdi.htm).
12 The 2013 health care source estimates come from the American Community Survey IPUMS (Public Use Microdata Series) released by the Census Bureau and reorganized for public use by the Minnesota Population Center, University of Minnesota, and IPUMSusa. (https://usa.ipums.org/usa/index.shtml).
It is possible that Mexicans had lower rates simply because their chronic conditions go undiagnosed, and underreported.

Other possible reasons for the differences in rates of chronic health conditions between Mexicans and Puerto Ricans - nativity, exercise, poverty rates, and age structure - did not provide full explanation for the differences. Similar percentages of Mexicans (66.0% in 2013) and Puerto Ricans (70.0% in 2013) were born in the United States. Mexican adults engaged in about the same levels of aerobic exercise as Puerto Ricans, at 42.0% among Mexicans and 39.2% among Puerto Ricans in 2011. The same was true for muscle strengthening, at 18.1% among Mexicans and 18.7% among Puerto Ricans in 2011. Mexicans and Puerto Ricans also had similar poverty rates, at 26.4% among Mexicans and 26.8% among Puerto Ricans in 2013. Mexicans and Puerto Ricans had similar age structures, with median ages of 27 and 30 in 2013, respectively.

It is also possible that dietary habits among Puerto Ricans are more similar to mainstream American dietary habits, increasing Puerto Ricans’ risk of chronic health conditions compared to Mexicans. In contrast, Mexicans are more likely to live in ethnic enclaves with other Mexicans, particularly because Mexicans comprise two-thirds of the Latino population in the United States. This pattern may increase the likelihood that native Mexican dietary habits will be practiced more than American dietary habits.

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13 The 2013 nativity, poverty, and age estimates come from the American Community Survey IPUMS (Public Use Microdata Series) released by the Census Bureau and reorganized for public use by the Minnesota Population Center, University of Minnesota, IPUMSusa. (https://usa.ipums.org/usa/index.shtml).
Figure 5
Prevalence of Chronic Conditions in Mexican Adults Aged 18+
United States, 1999 - 2011

![Bar chart showing the prevalence of chronic conditions in Mexican adults aged 18+ in the United States from 1999 to 2011.](chart_1.png)

Figure 6
Prevalence of Chronic Conditions in Puerto Rican Adults Aged 18+
United States, 1999 - 2011

![Bar chart showing the prevalence of chronic conditions in Puerto Rican adults aged 18+ in the United States from 1999 to 2011.](chart_2.png)
Chronic Condition Prevalence in the United States among Mexicans and Puerto Ricans by Sex

The most notable difference between Mexican and Puerto Rican men and women was among arthritis rates. In both groups men and women had similar rates of heart disease, stroke, cancer, and diabetes. See table 4 for complete data on chronic health conditions among Mexicans and Puerto Ricans by sex.

Among Mexican women arthritis rates were 18.6% in both 2005 and 2011. Rates of arthritis among Mexican men, in contrast, were 10.6% in 2005 and 12.5% in 2011. These same trends occurred among the Puerto Rican population. Puerto Rican women had arthritis rates of 24.8% in 2005 and 24.6% in 2011, and Puerto Rican men had a prevalence of 16.0% in 2005 and 18.1% in 2011. These sex differences could be due to the higher rate of obesity in Latinas (42.4%) than Latinos (38.0%). Women also tend to have higher rates of arthritis than men, possibly due to levels of exercise and child bearing.14

### Table 4
Prevalence of Chronic Conditions among Mexican and Puerto Rican Adults Aged 18+ by Sex
United States, 1999 - 2011

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexican</td>
<td>Heart Disease</td>
<td>7.7%</td>
<td>7.4%</td>
<td>8.8%</td>
<td>8.2%</td>
<td>9.0%</td>
<td>7.4%</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>3.6%</td>
<td>2.3%</td>
<td>*</td>
<td>3.1%</td>
<td>3.0%</td>
<td>2.7%</td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
<td>1.6%</td>
<td>4.0%</td>
<td>*</td>
<td>4.6%</td>
<td>3.1%</td>
<td>4.1%</td>
</tr>
<tr>
<td></td>
<td>Arthritis</td>
<td>*</td>
<td>*</td>
<td>10.6%</td>
<td>18.6%</td>
<td>12.5%</td>
<td>18.6%</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>11.5%</td>
<td>10.1%</td>
<td>11.9%</td>
<td>12.5%</td>
<td>13.1%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>Heart Disease</td>
<td>15.5%</td>
<td>11.4%</td>
<td>15.3%</td>
<td>13.9%</td>
<td>12.0%</td>
<td>13.6%</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>*</td>
<td>5.0%</td>
<td>*</td>
<td>4.0%</td>
<td>4.4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
<td>*</td>
<td>7.7%</td>
<td>*</td>
<td>7.8%</td>
<td>4.3%</td>
<td>5.8%</td>
</tr>
<tr>
<td></td>
<td>Arthritis</td>
<td>*</td>
<td>*</td>
<td>16.0%</td>
<td>24.8%</td>
<td>18.1%</td>
<td>24.6%</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>14.3%</td>
<td>11.2%</td>
<td>12.5%</td>
<td>11.3%</td>
<td>14.8%</td>
<td>15.0%</td>
</tr>
</tbody>
</table>

Note: Asterisks indicate prevalence estimates that were not available

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Summary of Key Findings

- **Latinos had higher rates of diabetes than did non-Hispanic whites and Asians** from 1999 to 2011. Approximately 12.0% of Latinos had diabetes in 2011, compared with 7.3% of non-Hispanic whites and 8.4% of Asians; diabetes prevalence among non-Hispanic blacks was 12.5% in 2011.

- **Latinos had lower rates of heart disease than did non-Hispanic whites and non-Hispanic blacks** between 1999 and 2011. About 8.2% of Latinos had heart disease in 2011, compared to 11.5% of non-Hispanic whites and 10.7% of non-Hispanic blacks; prevalence was lowest among Asians (6.7% in 2011).

- **The Latino population had lower rates of arthritis than did non-Hispanic whites and non-Hispanic blacks.** Approximately 15.9% of Latinos had arthritis in 2011, compared with 22.9% of non-Hispanic whites and 22.1% of non-Hispanic blacks; prevalence was lowest among the Asian population (12.5% in 2011).

- **The comparatively high rates of diabetes but low rates of heart disease and arthritis among Latinos may be due to the younger age structure of the Latino population in the United States.** Heart disease and arthritis are more common among older populations, whereas diabetes can occur at relatively younger ages.

- **Mexicans had lower rates of all five chronic conditions examined in this report than did Puerto Ricans, with little change in the disparity between those rates between 1999 and 2011.**

- **The lower rates of chronic conditions among Mexicans compared to Puerto Ricans may be explained by a lack of health care access among Mexicans.** Mexicans may have lower rates than Puerto Ricans simply because their chronic conditions go undiagnosed and so are underreported.

- Other possible reasons for the differences in rates between Mexicans and Puerto Ricans - nativity, exercise, poverty rates, and age structure - did not explain the differences.

- It is possible that Puerto Rican dietary habits were more similar to **mainstream American dietary habits**, which may have increased Puerto Ricans’ risk of chronic health conditions compared to Mexicans. Because Mexicans tend to live in ethnic enclaves with other Mexicans they may be more likely to maintain potentially healthier Mexican dietary habits.

- **Diabetes** prevalence was marginally lower among Mexicans than Puerto Ricans in 2011 (13.4% and 14.9%).

- **Heart disease** among Mexicans was 8.1% in 2011, compared to 12.9% among Puerto Ricans.
Rates of arthritis were significantly lower among Mexicans (15.6% in 2011) than Puerto Ricans (21.6% in 2011).

Cancer prevalence was lower among Mexicans (3.5% in 2011) compared to Puerto Ricans (5.1% in 2011).

Rates of stroke were lower among Mexicans (2.7% in 2011) than Puerto Ricans (4.1% in 2011).