

THE HEALTH IMPACT OF “HISPANIC” -- A PAN ETHNIC LABEL IN THE US

Institute for Latino Studies | University of Notre Dame | Student Research Briefs

Mission

The purpose of this brief is to highlight the complex political and cultural history and present use of “Hispanic” and other similar pan ethnic terms, then to explore the advantages and disadvantages of these terms and suggest how to optimize them.

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2020 Census Hispanic Origin Question

→ NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this census, Hispanic origins are not races.

6. Is this person of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.* ↕

Figure 1: Excerpt from 2020 US Census Hispanic Identifier question. Photo courtesy of Marks & Merarys, 2021.

Introduction

In 2022, the US Hispanic population reached nearly 64 million (Lopez, Krogstad & Passel, 2023). As this demographic continues to grow, the pan-ethnic identifier “Hispanic” is rising in importance. The purpose of this brief is to highlight the complexity surrounding the development of “Hispanic” and similar pan ethnic terms, then to explore advantages and disadvantages of a pan ethnic label, then finally to suggest how to optimize these benefits while minimizing the drawbacks.

The terms Hispanic, Latino, and more recently Latinx or Latine are all relatively recent terms that have developed to attempt to define

Race and Ethnicity as a Health-Marker in the US

The US frequently uses race and ethnicity as a determinant of health, and this marker consistently emerges as relevant. In the past, theories of biological and genetic superiority were referenced to explain these patterns, but these were disproved and largely rejected by the end of the 20th century (Wiley & Allen, 2021). However, in the US, racial groups tend toward shared histories, experiences of discrimination, access to resources, challenges, etc. These determinants of health frequently act via increased stress and decreased access to resources, establishing a correlation between health outcomes and race and ethnicity in the US via these pathways (Wiley & Allen, 2021).

a diverse group. Each of these terms has complex historical and political roots, reflected by the current confusion and controversy surrounding the use of these terms. On one hand, a pan-ethnic identity serves to give a political voice and leverage to subgroups who would otherwise be smaller minorities. However, a broad label can also obscure the wide diversity within subgroups, leading to an inaccurate interpretation of the data and misguided health policy. The US Census is key in defining demographic groups for future studies and providing evidence for political leverage. Through these routes, it plays a role in the development of public health policy. Over the years, the US Census has both influenced and been influenced by the formation of the Hispanic identity. To collect quality data to adequately inform health policy to promote Latino health, it is important to understand the terms with which people identify while also keeping in mind the wide diversity across subgroups. This brief explores the complexity of this issue in the past and present and raises important questions. (In seeking to preserve accuracy of primary sources, this brief uses both the terms “Hispanic” and “Latino” depending on term used in the primary source.)

A Pan Ethnic Label

“Hispanic” or “Latino” are not racial identifiers but rather pan-ethnic labels because they incorporate a group of many nationalities, as well as ethnic and racial backgrounds. Broadly speaking, pan ethnicity is “grouping together of individuals with previously distinct ethnic identities under one broader and encompassing label” (Brown, Hana & Jones, 2015:182). Oftentimes, this ethnically diverse group is seen as homogenous by outsiders despite the sub-group diversity (Brown, Hana & Jones, 2015). External forces often first ascribe the pan ethnic label – for example, a state institution creating an official classification. These state-defined classifications have power because they are the lines along which resources are distributed (Brown, Hana & Jones, 2015). However, the individuals within the group are also agents in creating this pan ethnic identity, motivated by various reasons. Seeing that unification would lead to better representation, a pan ethnic group may coalesce motivated by their own volition. For example, before the 1980s, Asian Americans largely identified by their country of origin. However, they solidified as a group in the 1980s to mobilize as a larger group with more political and social leverage especially in response to (Espiritu, 1993). A similar phenomenon happened in the 1970s when Mexican, Cuban and Puerto Rican activist groups united to push for unifying state classification (Mora, 2014). After a group rallies under an encompassing identity, they begin to recognize shared experiences and create shared histories to further unify the group (Espiritu, 1993). Thus, a feedback loop emerges between external forces ascribing a pan ethnic classification and members within the group reacting and interacting with the external forces – adopting and evolving this label (Brown, Hana & Jones, 2015).

Figure 2: Visualizing feedback loop in the formation of a pan-ethnic label

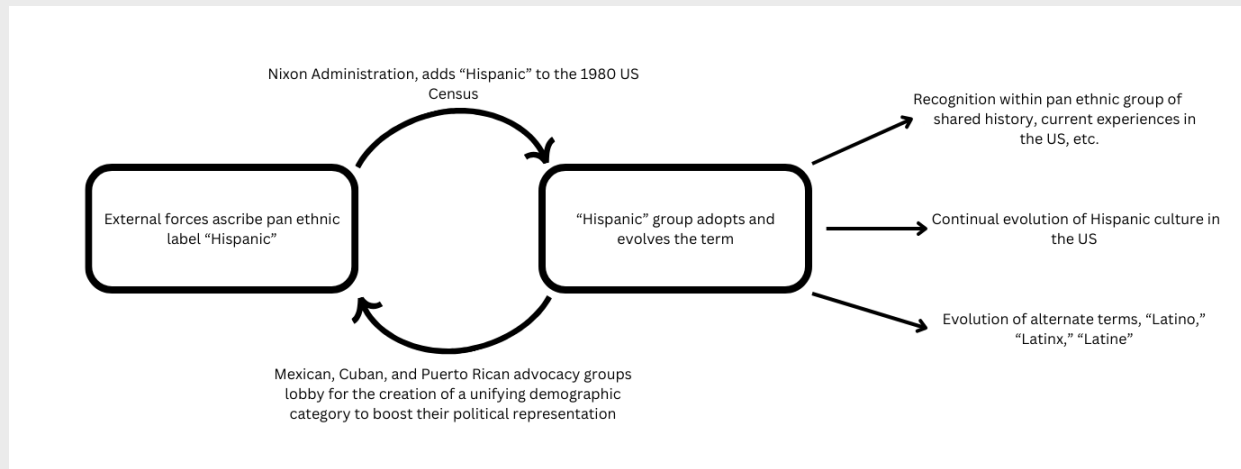


Figure created by the author and based on information from Brown, Hana & Jones, 2015.

Health Characteristics of Hispanic population

In this section, we will highlight the diversity across subgroups within the Latino population. Then, we will look at some of the health characteristics that have been correlated with Latino immigrants and citizens in the US, then finally some challenges and advantages that have been hypothesized to cause these disparities.

A diverse demographic

Because the Latino population includes such a wide demographic, there is a large amount of diversity in health characteristics between subgroups. Chronic disease rates vary widely within the Latino demographic depending on country of origin, birthplace, current residence, citizenship, number of years in the US, generation status, language, race and other demographics (Baquero & Parra-Medina, 2020). For example, breast cancer incidence is lower in foreign-born women than in US-born Latina women regardless of socioeconomic status, showing a distinction in place of birth (Stern et al., 2016). Rates are also lower for Puerto Rican women living in Puerto Rico versus the mainland, showing a distinction in place of residence (Stern et al., 2016). Among Latina women who reside in Florida, rates are relatively higher for those of Puerto Rican and Cuban origin as compared to those of Mexican or other Latin American origin, showing a distinction across countries of origin (Stern et al., 2016). The variation in breast cancer incidence among Latina women who belong to different sub-groups is one example of the diversity within the Hispanic population.

General characteristics, challenges, and advantages

However, within this broad demographic, among Latinos in general there are higher rates of chronic disease and furthermore higher rates of mortality associated with these diseases as compared to other ethnicities (Baquero & Parra-Medina, 2020). For example, there is an estimated 16.9% prevalence of type 2 diabetes in the Latino adult population compared with 10.2% in the white adult population (American Diabetes Association, 2014). Furthermore, Latino adults are 50% more likely to die from diabetes compared with white adults, showing the higher mortality rate of a chronic disease among the Latino population (Baquero & Parra-Medina, 2020 & CDC, 2016).

Higher rates of chronic disease among the Latino population have many roots, or ultimate causes. One of the more proximate causes that has been identified is obesity, which is the leading cause of death and disease in the Latino population (Baquero & Parra-Medina, 2020). From 2013-2016, Hispanic adults over age 20 were 1.2 times more likely to be obese than white adults over 20 (CDC, 2019). Although obesity is linked to the prevalence of chronic disease in the Latino population, it can be viewed as a proximate rather than ultimate cause – visualized as a chain of causality, it would be a link closer to the ultimate cause, but still just a link rather than an explanation. The reasons for higher obesity within the Latino population are complex. Occupation, social factors, neighborhood environments, and lifestyle have been linked to obesity rates within the Latino population (Baquero & Parra-Medina, 2020). Other ultimate causes of health disparities among the Latino population that have been identified are socioeconomic factors, education level, gender, perceived discrimination and experiences of racism, immigration status, and political factors (Baquero & Parra-Medina, 2020). However, one of the most consistent factors that has been identified is acculturation, which is defined as “changes in behaviors and cultural patterns derived from continuous exposure to a dominant culture” (Baquero & Parra-Medina, 2020:31). Acculturation may play into the greater prevalence of chronic disease as Latino immigrants live in the US for longer. Interestingly, the number of years that foreign-born Latinos have lived in the US is positively correlated with their risk of type 2 diabetes, which suggests the role of acculturation (Baquero & Parra-Medina, 2020 & American Diabetes Association, 2014). The Latino population in the US is very diverse, and this is reflected in the health characteristics between subgroups; nevertheless, some overarching characteristics emerge due to the shared challenges and advantages of Latino immigrants and citizens in the US.

A Brief History of Hispanic, Latino and Latinx/e

The history of the development of the pan ethnic identifiers “Hispanic” and “Latino” reflect the somewhat arbitrary nature of defining this pan ethnic group and highlight the group’s diversity. The later development of the terms “Latinx,” “Latine,” and others reflect the solidification and continual self-evolution of the group after adopting a pan ethnic identity.

Hispanic

Prior to the 1970s, most people of Hispanic descent classified themselves as racially white (Rodriguez, 2009). But around this time, Latino advocacy groups lobbied the federal government to create a separate category, distinguishing them from non-Hispanic whites. The goal was to create a unified demographic group with sufficient numbers to garner representation and fight for their shared interest (Meraji & Florido, 2017). This was a contentious decision because the Puerto Ricans didn't want their statehood issue to be overshadowed by the larger Mexican American group's interests (Mora, 2014). Furthermore, most Cubans identified as white and were more interested in the politics between Cuba and the US than with minority rights that the Mexican and Puerto Rican groups were interested in (Mora, 2014). In response to these groups and the growing population that would fall into this demographic category, the Nixon Administration acted (Mora, 2014). In their search for a pan ethnic term, the US Office of Management and Budget (OMB) took the suggestion of Juan Carlos I, the king of Spain to use "Hispanic" as an identifier for those with an ethnicity of Spanish-speaking descent, regardless of race (Martinez & Rhodes, 2020). Although "Latino" was already growing in popularity, Juan Carlos I advised against its adoption by the US census because of its similarity to "Ladino," the Sephardic Jewish-Castilian language historically spoken in the Mediterranean that the term might be confused with (Martinez & Rhodes, 2020). Furthermore, in defining this new pan ethnic identity, all efforts were made for the group to be presented as "American" – just as African Americans were seen as contributing to American society and economy rather than foreigners, this new term needed to encompass that. "Latin American" and by extension "Latino" were thought to highlight the foreignness of this new pan ethnic group, which could undermine its political momentum (Mora, 2014). Therefore, "Hispanic" was adopted to distinguish persons with origins in Spanish-speaking Latin American countries, and the Hispanic identifier question was distributed to 10% of households in the 1970 US Census, then rolled out to all households in the 1980 US Census (Meraji & Florido, 2017). Because a large motivation of the conglomeration of this pan ethnic group was to gain a political voice, it was important for Hispanics to identify with this term and check the box on the Census (Meraji & Florido, 2017). Therefore, Univision, Sesame Street, Public Broadcasting System as well as grassroots Latino advocacy groups were enlisted in the campaign and rolled out initiatives to promote the identifier "Hispanic" (Vargas & Bishop, 2015).

Latino

In the 70s when the Nixon Administration was choosing which term to use, "Latino" was already in circulation. The term, having its roots back in colonial times, stems from colonial French epistemology. It was meant to differentiate Anglo-Saxon Americans from non-Anglo-Saxon Americans in the New World. Any country that spoke a Latin-based language – which was Spanish, French or Portuguese – could be under this label (Martinez & Rhodes, 2020).

Later, "Latino" was used to draw a line between US-born citizens of Latino origin and "Latin Americans" who were born in Latin American countries and may not be citizens (Vidal-Ortiz, Salvador, & Martínez, 2018). This was perhaps a similar notion that the term "Hispanic" sought to do to an even greater extent.

Furthermore, in the 1970s, “Latino” was also held as a term of resistance against the connotations of colonialism drawn by the term “Hispanic” (Vidal-Ortiz, Salvador, & Martínez, 2018). Because “Hispanic” was a term imposed by external forces on the group, “Latino” is seen by some as a self-chosen term in contradiction of this imposition. Today, preference for “Latino” may be due to many reasons, which are explored in this brief.

Development of other terms

As in Fig 1, once adopted, a pan-ethnic identity continues to evolve. The development of alternative terms such as Latinx or Latine are examples of this evolution. Latinx has originally been traced to online forums in the 1990s, and in 2004 it was published in the journal *Feministas Unidas* (Vidal-Ortiz, Salvador, & Martínez, 2018). In the mid-2000s, it became mainstream not only in academic spheres but also within LGBTQ communities (Vidal-Ortiz, Salvador, & Martínez, 2018).

In Spanish, pronouncing the “x” is a phonetic disruption, and proponents say it draws attention to otherwise overlooked questions of gender identity (Vidal-Ortiz, Salvador, & Martínez, 2018). Tying to its history, its undercurrents are to acknowledge the diversity within marginalized Latino communities and specifically to call attention to the fluidity of gender and sexuality (Martinez & Rhodes, 2020).

Although the hard to pronounce “x” ending is meant to draw attention to issues of gender and sexuality, some prefer easier-to-pronounce gender-neutral alternatives that stay closer to Spanish phonetics. “Latine” has gained popularity in some spheres more recently (Alarcón, Mejia, Mejia & Revelo, 2022). Some cite that Latine opposes the colonialism and imperialism that the imposition of the “x” by English-speakers signifies (Alarcón, Mejia, Mejia & Revelo, 2022). Rather than using a phonetic disruption to draw attention to issues of gender and sexuality, “Latine” maintains gender neutrality while honoring the other issues of marginalized Latino communities such as colonialism (Vidal-Ortiz, Salvador, & Martínez, 2018). Furthermore, it can be seen as even more forward-thinking and adopted as the first among many changes to un-gender all the Spanish language, as cited by one Colorado-based activist group (Lopez, 2022). The development of alternative pan ethnic labels shows the solidification of the group and that its constant evolution is reflected in its language.

Reactions to terms

Different subgroups of the Hispanic population have responded differently to a pan ethnic label and its variations. It is key to remember that this is a label that was created in the US to conglomerate a diverse demographic that is unified by ethnic roots in any Spanish-speaking country.

Identification with a pan ethnic label

Pew Research surveyed the Hispanic population regarding what constitutes being Hispanic (Lopez, Krogstad, & Passel, 2023). In 2015, 71% of adults said that speaking Spanish is not required and 84% said that having a Spanish last name is not required (Lopez, Krogstad, & Passel, 2023). In 2021, data was collected from immigrants whether they identify as Hispanic or not. Pew Research found that around 90% of immigrants of Latin American countries identify as Hispanic/Latino, and roughly the same percentage of their US-born children will. By the third generation this falls to around 75%, and by the fourth generation it falls to roughly half (Lopez, Krogstad, & Passel, 2023). Furthermore, this varies by country of origin. For example, nearly 100% of those from Mexico, Cuba, and El Salvador identified as Hispanic, while only 88% of immigrants from Panama did (Lopez, Krogstad, & Passel, 2023).

Data regarding preference for a pan ethnic label at all is interesting. In general, in 2019, 47% of Hispanics said that they still preferred to be identified by their family’s country of origin, 39% identified as Latino or Hispanic, and 14% identified most often as America (Lopez, Krogstad, & Passel, 2023).

Preference between labels

Of those who identify with a pan-ethnic label, it is also interesting to look at which one they prefer, as each label has different historical and political roots and different cultural connotations that vary across contexts.

In 2022, Pew Research found that 53% prefer Hispanic, 26% Latino, 2% Latinx and 18% have no preference (Lopez, Krogstad, & Passel, 2023). Latinx is championed by some news and entertainment corporations, local governments and universities; however, it also faces a lot of controversy and has even been banned in some US government communications (Alarcón, Mejia, Mejia & Revelo, 2022). Preferences for the use of Latinx also highlight diversity within the Hispanic group between subgroups, especially of age and gender. For example, in 2019, 42% of Hispanics aged 18 to 29 had heard of the term (7% of this group identifies with it) versus only 7% of those aged 65 and older (Lopez, Krogstad, & Passel, 2023). Among Hispanic adults, 14% of women said they were likely to use the term while only 1% of men did (Lopez, Krogstad, & Passel, 2023). More broadly, those found more likely to use the term were college-

Figure 3: Results from Hispanic Pew Research

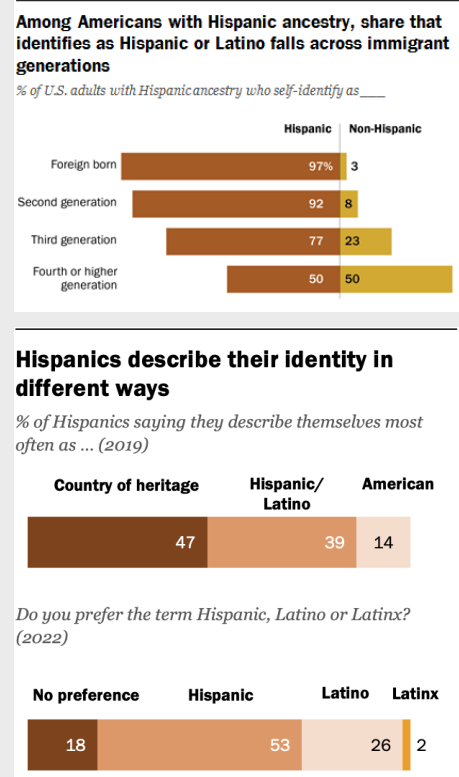


Figure 3: Top: showing differences between subgroups in proportion that identify as Hispanic. Image courtesy of Lopez, Gonzalez-Barrera & Lopez, 2017.

Bottom: showing how Hispanics prefer to identify. Image courtesy of Lopez, Krogstad, & Passel, 2023.

educated, US born and English speaking (Noe-Bustamante, Mora, & Lopez, 2020). Preferences for these terms are one example the diversity within the Latino population.

Figure 4: Timeline of US Census landmarks

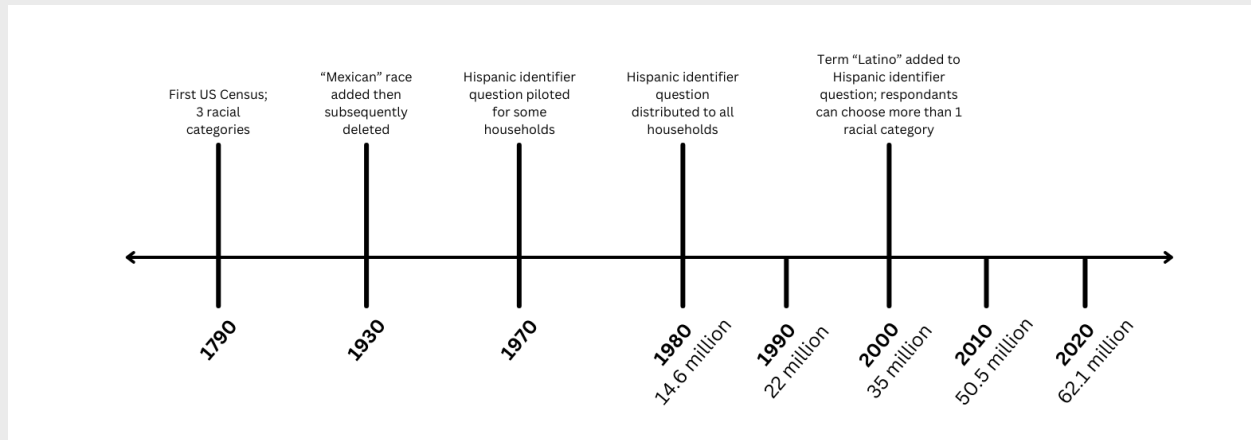


Figure created by author and based on information from Rodriguez, 2009 and data from the US Census.

The US Census

Throughout the years, the US Census has evolved in response to demographic changes in an effort to better capture the population (Rodriguez, 2009). However, because of the influence that the US Census data carries, the way the US Census asks questions and generates demographic data also has a profound impact on demographic identities and political representation (Meraji & Florido, 2017).

Influence of the US Census

To give context, here is a brief overview of important historical landmarks for the US Census. The first US Census was 1790, and there were 3 racial categories – free whites, slaves, and all other free people (Rodriguez, 2009). Over the years, additional non-white categories were added, but the categories remained largely discrete with respondents only allowed to choose one category (Rodriguez, 2009). In 1930, a Mexican group was added, but it was deleted in subsequent censuses (Rodriguez, 2009). Mexicans, Puerto Ricans, and those with origins in other Latin American countries were classified as white unless they had other non-white heritage such as black, Asian or Native American (Rodriguez, 2009).

The 1970 and 1980 Censuses were landmarks when the “Hispanic identifier” question was added by the Nixon Administration in response to lobbying efforts by Latino activist groups and Nixon’s political support from this growing population (Mora, 2014). The “Hispanic identifier” question was separate

from the race question, and should a respondent indicate yes, they were asked to check the box for Mexican, Cuban, Puerto Rican or other Hispanic (specify) (Rodriguez, 2009). Therefore, being Hispanic was introduced as an ethnicity apart from race. This was important because all people were identified either as Hispanic or non-Hispanic. This sought to decrease undercounting and made the term ubiquitous, putting into mainstream terms such as “non-Hispanic white” or “Hispanic black” (Rodriguez, 2009). This gave leverage to Hispanic activist groups. However, there was still undercounting suspected, so the US continued to make iterations to find the best way to count.

The year 2000 was another turning point year, when the US Census allowed respondents to choose more than one racial category in response to the increasing complexity and diversity of race and its conception in the US (Rodriguez, 2009). More racial categories were added. Combining the possibilities between the race and Hispanic identifier question, 126 race/ethnic categories were possible (Rodriguez, 2009). Furthermore, in 2000, the term “Latino” was added in attempt to elicit a greater response rate, reading “Is this person Spanish/Hispanic/Latino?” (Rodriguez, 2009).

Snapshots from the US Census

The US Census creates a robust database which serves as the starting point to advance the interests of various groups (Meraji & Florido, 2017). We have seen how the US Census influences ethnic and racial identities through the definitions it uses and data it gathers. However, it also provides a snapshot of the current ethnic and racial landscape and its perceptions. These examples provided are not meant to be comprehensive, but rather to provide examples of the complexity that the US Census can show and how responses have changed over the years in response to a changing culture and strategic changes in the Census’s wording.

Responses to the race question by the Hispanics

Before the Hispanic identifier was added in 1970 and 1980, most Hispanics identified as white, but in the 2000 Census, less than half of those who identified as Hispanic origin identified as white (Rodriguez, 2009). Therefore, the percentage of Hispanics who identified as whites had fallen. Fewer Hispanics were identifying as white, and more started identifying as “some other race” after it was first added in 1980.

In 1980 and 1990, around 40% of Hispanics selected the racial category “some other race,” and in 2000, 97% of those who chose this racial group also indicated Hispanic origin as opposed to the .2% of the non-Hispanic population who identified as “some other race” (Rodriguez, 2009). It is hypothesized that some may identify more with their Hispanic heritage than a separate racial category. Largely for this reason, in 2000 it was hotly debated whether the Hispanic identifier question should be integrated into the race question, but studies found that it led to the under-counting of both Hispanics and whites. Instead, the high proportion of Hispanics choosing “some other race” led to the turning point decision in 2000 for respondents to be allowed to select more than one racial category (Rodriguez, 2009).

From 2000 to 2010, there was more than a 50% rate of change in the race question for Hispanics. There are various theories of attribution for this. It could be that people view their race as Hispanic and are less committed to another race and therefore more likely to change their response. Or, they may change their racial identity as they become more integrated into US society. Or, the questionnaire design might carry some influence (Liebler, et al., 2017).

These are just a few examples of the insights revealed and influenced by the US Census into the way that some Hispanics may view their race and ethnicity. Different subgroups of the Hispanic population have responded differently to a pan ethnic label and its variations. It is key to remember that this is a label that was created in the US to conglomerate a diverse demographic that shares ethnic roots in a Spanish-speaking country.

Responses to the Hispanic identifier question

Mirroring the pattern seen in the variation of race response, an inverse relationship was observed between consistency in racial identification and consistency in identification of Hispanic origin (Fernández, et al., 2018). This may be because Hispanics tend to identify either more with their race or more with their Hispanic ethnicity, given that higher consistency may signify a stronger identification. The rates of response changes from one census to the next show variation across subgroups, highlighting the diversity within the Hispanic population. For example, from 1990 to 2000, 13% of those who originally said yes to the Hispanic identifier question changed their answer to no, and 1% changed from no to yes (Liebler, et al., 2017). In similar trends between 2000 to 2010, commonalities in response variation were observed within certain groups. US-born individuals, those who spoke English at home, and those who lived in a predominantly non-Hispanic area were most likely to change their response (Fernández, et al., 2018). There was also less consistency noted among later-generational individuals and those who identify as racially Asian or black (Fernández, et al., 2018). Again, this shows the subgroup diversity within the Latino population.

These data presented are not meant to encompass all the data gained from the US Census, but rather provide a few examples of the kind of data gained from the US Census and how it highlights the complexity of the pan ethnic Hispanic origin identifier. Furthermore, it implicates the need for strategic care in structuring the census questions in order to get an accurate snapshot. In the next section, we will discuss why an accurate snapshot is so important related to the health of the Latino community.

Health Implications

Health research to policy

Health research and policy are closely intertwined, and each influences the other. The majority of recent health policy developments are informed by research in some way (Clancy, Glied & Lurie, 2012). Conversely, researchers are increasingly leaning toward engaging in policy-relevant questions (Clancy, Glied & Lurie, 2012). Therefore, research directions are sculpted by policy questions. Although basing

research questions around policy questions seems an effective use of resources, it also has drawbacks as it becomes increasingly motivated by politics rather than theory and method. To answer questions within an official or political sphere, researchers must make certain assumptions that align with the values of the policy-making body even if these assumptions run contrary to scholarly literature (Portes, 1978). Although the results may provide evidence to support policy decisions, this kind of research can be handicapped and constrained by the biases or assumptions of the policy-making bodies for which it is carried out (Portes, 1978).

Despite these potential drawbacks and cautions, routes have been identified through which health research can potentially positively influence policy. Research data can be disseminated in peer-reviewed journal articles, short summaries on websites, media releases and interviews, and workshops and presentations to health and educational professionals and policy makers (Laws, King, Hardy, et al. 2013). This data can identify critical problems or target groups, investigate the effects of policy solutions to justify them or suggest alternatives, and estimate the costs of policy proposals (Clancy, Glied & Lurie, 2012; Laws, King, Hardy, et al. 2013). Through these routes, population health monitoring data can be a powerful tool in health awareness, advocacy and resource allocation. For example, the OMB and Congressional Budget Office use context-specific research to make budget estimations that play a large role in a proposal’s approval (Clancy, Glied & Lurie, 2012).

Figure 5: Links between US Census, Health research and Hispanic health

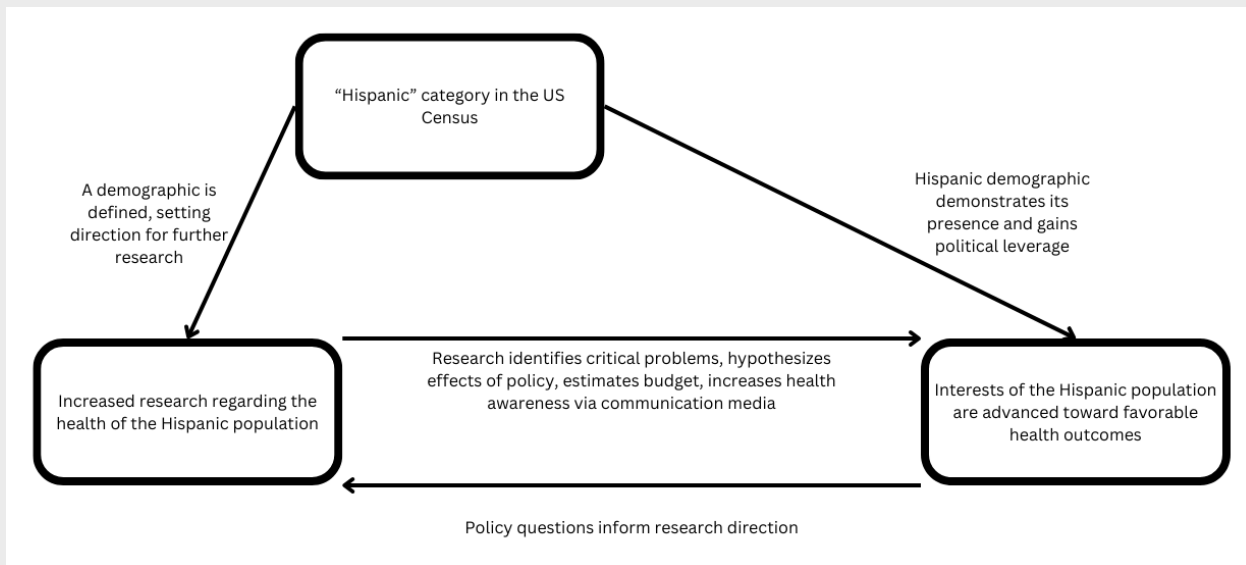


Figure created by the author.

Returning to the introductory health characteristics of the Latino population in the US, diabetes type 2 has been recognized as a significant issue. Recognizing that Latinos are at a higher risk for diabetes type 2, the public and policymakers have responded. In response to this issue, various initiatives have

been rolled out such as Project Dulce by the American Diabetes Association (Fortmann, Savin, Clark, et al. 2019). Project Dulce was informed not only by the understanding that Latinos are at elevated risk for diabetes type 2, but also by the research-based Chronic Care Model (Fortmann, Savin, Clark, et al. 2019). Furthermore, studies were carried out to evaluate the initiative's positive outcomes, justifying its continuation and scalability. This is one example of the inter-relatedness of research and policy specific to the health of the Latino population. The US Census plays a fundamental role in demographic research in the US by providing definitions and framework for subsequent health surveys to work from. In this way, the US Census influences health research and affects the health policies regarding a population.

Lending power to a group

Furthermore, census data is important because it dictates the political power of an ethnic or racial group. In fact, part of the motivation for the formation of the pan ethnic identity Hispanic was greater political leverage of an aggregated group as opposed to divided minority groups (Mora, 2014). Because numbers are the goal, undercounting for any reason tends to be against the best interest of that group. Thus, it is important to use terms and structure questions in a way that the group will identify with. This paper reviewed some of the ways the US Census has changed the structure of its questions over the years for this goal.

Despite the advantages of unifying a pan ethnic demographic, understanding the subgroup variation is important. Throughout this brief, different examples of diversity within the Hispanic group have been highlighted. While a pan ethnic label does give the Latino group more political power, it is important to acknowledge the diversity within the group in order to best meet people's true needs.

Conclusions

The pan-ethnic identifiers Hispanic and Latino are relatively recent creations seeking to define a diverse group for political and demographic reasons. These pan ethnic labels allow previously smaller groups of minorities to aggregate their voices and political influence. At the same time, this aggregation can obscure the diversity between sub-groups which could reduce the generalizability of data and lead to misguided policy if not recognized. Demographic data and the US Census are key in forming public health policies which influence health outcomes. Therefore, the way that the Hispanic population is viewed as a demographic can have effects on the population's health outcomes. This brief has raised important questions and highlighted the complexity surrounding the history, purpose, and effect of counting Hispanic people in the US. To advocate for the health of the Hispanic population in the US, I will offer two recommendations.

First, it is important to maintain the pan ethnic label "Hispanic" in the US Census. These growing numbers are evidence to policymakers and the public of the growing presence of those with Hispanic heritage in the US, and the necessity of policy to reflect this. This pan ethnic identity serves to garner

representation, protect the political interests of otherwise isolated minority groups, and provides the opportunity for a unified voice. Furthermore, it is important to continue researching the best ways to reduce undercounting as the Hispanic pan ethnic identity in the US continues to evolve.

Second, it is necessary to recognize the differences between subgroups in subsequent health research. For example, US-born citizens of Puerto Rican descent living in New York are in a very different situation than foreign-born Mexican immigrants and should not be lumped together in health research. Not recognizing this diversity can lead to ineffective data, misguided policy, and poor health outcomes.

As the Hispanic population continues to quickly grow in the US, these issues will become increasingly relevant.

Image Credits

Lopez, M. H., Krogstad, J. M., & Passel, J. S. (2023). Who is Hispanic? *Pew Research*.

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