

Puerto rican health research paper

[Health & Medicine](#), [Diabetes](#)



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Thesis statement

There are about 7 million Puerto Ricans living both in mainland of the United States of America and the island and together they make 18% of the United States of America Hispanic population. From all over the world, people refer to Puerto Ricans living on the mainland and dry lands mainland Puerto Ricans and those living in the islands or near the sea island Puerto Ricans. They make almost the largest subgroup of the Hispanic in the United States of America being the second largest population (McWilliams, 78). Throughout the study, it was evident that Puerto Ricans from the island are healthier. This is because of the fruits and fishing exercises they engage in while on the islands.

During the early years between 1950 and 1960, mainland Puerto Ricans had

no option other than transferring to United States of America. The reason for their migration was to look for better economic opportunities but while doing so, they experienced language barriers. Such factors affected them while trying to access health care thus affecting their entire health status (Thomas, 167).

Data collection

For the purposes of data collection on health, the government of the United States defines Hispanics or Latinos as people of Cuba, Mexico and Puerto Ricans regardless of race. There is a comparison of island and mainland Puerto Ricans in this study but data remains limited. There could be determination of whether both groups have health problems requiring health care. The research focused on health differences between mainland and island Puerto Ricans. Puerto Ricans in the island would turn out to be healthier, due to all the fruits in the island and the non-processed food, but in reality, Puerto Ricans in the mainland are healthier, due to the better health care system

Methodology

In the study, there was analysis of data from the year 1999 to 2000 from sampled surveys. In my own opinion, there is more awareness on the mainland than in the islands. One survey provided us with data on Puerto Ricans living on the island while the other one provided data on mainland Puerto Ricans. The survey on island Puerto Ricans is Behavioral Risk Factor Surveillance System or simply BRFSS and other surveys in the New York City.

The BRFSS is a continuous random telephone dialing survey of controlling and preventing disease of people aged 18 and above in Atlanta. The random dialing survey is done in all over the world including Puerto Rico. The main purpose of the survey is to monitor the common problems of deployment, health occurrence, and health care and major behavioral health factors.

There is a higher possibility of them having health status, utilization of health care and risk factors than those living in the islands.

There is a possibility of identifying people living on the island in the BRFSS database using a state code. On the other hand, it difficult to make identifications of Puerto Ricans living on mainland because their identification does not have the basis of ethnicity amongst themselves. It was impossible to get a group similar to Puerto Ricans from the database. The New York City survey gave an example of Puerto Ricans living on the mainland that was of great help to the study (McWilliams, 208).

The method used was almost similar to the BRFSS protocol. This is because it was random dialed numbers survey and many questions resembled those found in the BRFSS. This system was able to capture over 1304 adults either in New York City meaning the adults were above the age of 18. They were either Puerto Ricans citizens by birth or born elsewhere and mostly in the United States of America mainland.

The purpose of the survey was to have an examination of the diabetes disease being common among the Puerto Ricans either island or mainland. The risk factors of people living in the mainland of New York City had gone through sampling more than one time. Those people with diabetes survived

but the rest went through sampling to determine those with congenital diseases and those without.

Analysis of statistics

Protective care and regular checkups measured the use of health care as well getting health care. Diabetes was the best choice of health comparisons between the two populations; island Puerto Ricans and mainland Puerto Ricans, for the purposes of avoiding confusion Diabetes has great influence on use of health frequency and health status. The populations varied in diabetes incidences. For the diabetics, use of health care depended on whether they were familiar with the guidelines of the association dealing with diabetes and its care. If the participants had enquired doctor's consultation and attention for feet and eyes check. Frequent data of the representatives reflected distribution of sex and age of each population (McWilliams, 78).

Results

Mainland Puerto Rican citizens were financially stable than those in the islands as shown in the average status of employment and household income annually. In the New York City, 46% of the Puerto Ricans have lived in islands since birth and 53% of them were born in the American mainland (shiriki, 456). " In the mainland appointments can be made to ones convenience, but in Puerto Rico they give you an appoint regardless of your convenience", this is according to Jose (McWilliams, 78).

Prevalence of diabetes and obesity in Puerto Rico

Data outline did not have anything to do with age because there is no relationship between age and obesity unlike in diabetes. The difference occurrence among island Puerto Ricans and mainland Puerto Ricans remained reliable and important to many people. This is regardless of lacking enough data to prove the same. There was a similarity of obesity prevalence between Island Puerto Ricans and mainland Puerto Ricans. There was also no substantial difference between the two populations based on birthplace concerning obesity.

In both populations, women had more likelihood of being obese. The difference between the numbers of obese men in the two populations was very small but the fact shows that both groups of people in subject have a likelihood of being obese. The trend was evident for both genders and there is a higher occurrence of sex as well as age when it comes to diabetes. Statistics show that there is a big difference between Island and mainland Puerto Rican citizens especially in the age bracket of 20 to 80. This suggests that the mainland Puerto Rican citizens is more likely to get diabetes earlier in age that island Puerto Ricans (Thomas, 98)

Care and status of health between populations

The health access and status to the care of diabetes for the two populations is clear in the study and regardless of the island and mainland, mainland Puerto Rican people displayed the worst indicators of health. Again, the two populations had massive disparities and mainland Puerto Rican people were mostly overweight due to lack of exercises and sports activities as well as poor diet, " Puerto Ricans who live in the mainland the appointments can be

made through phone call, while in Puerto Rico they go personally in order to get an appointment" (Julio).

Island people reported the lowest smoking occurrence of 9%. However, the smoking differences between the two populations had nothing to do with diagnosis of diabetes because the former smokers' proportions were similar in both (shiriki, 89). Low coverage of insurance among the mainland people could have contributed to the heavy impact of diabetes and poor health care. This was confirmed when study showed that they hardly received the care of diabetes.

Discussion

Both island and mainland Puerto Ricans have featured in the past Surveys of health nationwide but there is no enough survey providing comparative data showing the difference between them. The study at hand is not common, it is a combination of island, and mainland people populations based surveys trying to examine disparities of health between them. There are suggestions from the observations conducted showing that the New York citizens are United States of America mainland people representatives (shiriki, 90).

Findings of the study show that mainland Puerto Ricans had the most risks and physical illnesses than those in the islands. Concerning the United States of America's immigrant populations, foreign-born immigrants suffer less than those born in America (McWilliams, 78). This is a suggestion that one should expect more health problems in the mainland people than in island people. It is interesting that this study did not agree with the notion showing that both island people and mainland Puerto Rican citizens had the same perception of obesity. During the research one explanation came up to prove conventional

culture in mainland people's population is unhealthy and their acculturation confers advantages in an uncomfortable rise in the rate of obesity. From the carried an analysis of lifestyle variables with some Puerto Ricans and found out that. " The Puerto Ricans who live in the mainland have better health because of the health insurance. In Puerto Rico all they have is the governments insurance", this is what Maritza found out in a research (Maritza, 55).

Study also suggest that the mainland people adopted a diet that was fatty and the acculturated island Puerto Ricans consumed a diverse diet rich in carbohydrates coming from cereals they have for breakfast, fruits although they are rare to find in the mainland and that is why the citizens from the islands easily access fruits. " The diet relates to the prevalence decrease in central and total obesity" (McWilliams, 78).

There are health advantages for mainland Puerto Ricans including working more on health through their regular checkups recorded and preventive care unlike for the island Puerto Ricans. It will therefore be in order to say that some traditions change affected those from islands to the main lands.

Mainland citizens of New York are more active because they have activities like playing football; playing basketball and tennis like island people who have small fields of dry land to engage in sports but still engage in sports like baseball and the likes. They spend most of their time in water fishing and swimming limiting themselves to more sports activities that improve health.

It is easier to receive healthcare in the mainland because there are many health facilities meaning you find the best health care facilities there to give

the best. Availability of hospitals in mainland is better than in the islands because of population and space. Distribution of healthcare and treatment is easier done on roads than on water. " When they go to the Hospital in Puerto Rico and they get a prescription the medication isn't available, unlike the U. S. where a medication can be found much easier" (Carmen).

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