

# Puerto rican health research paper examples

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



## **Introduction**

There are about 7 million Puerto Ricans living both on the mainland and in the island and together they make a population of 18% population of the United States of America Hispanic population. In the United States of America and from all over the world, people call the Puerto Ricans living on the mainland “ mainland Puerto Ricans” and those living in the islands “ island Puerto Ricans” although the two live in the US. This is the second largest subgroup of the Hispanic in the United States of America.

During the early years between 1950 and 1960, majority of the Puerto Ricans moved to the United States mainland. The reason for their migration was to look for better economic opportunities but while doing so, they experienced language barriers, acculturative stress and disadvantages concerning socio economic. Such factors affected them while trying to access health care thus affecting their entire health status (Thomas, 167).

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 Rica regardless of race. There is a comparison of island and mainland Puerto Ricans in this study but data remains limited. The missing data could provide information on the ways relocation from Puerto Rico to the mainland affected their health status. In particular, it could determine whether both mainland and island Puerto Ricans have health problems requiring different health attention

In this study, we concentrated on health differences between mainland and island Puerto Ricans. The majority of mainland Puerto Ricans resides in the New York City and there is comparison of various health status indicators and utilization of health care in both populations.

## **MATERIALS AND METHODS**

### Study data

In the study, there was analysis of data obtained in 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 island Puerto Ricans 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 the other one New York City survey.

The BRFSS is a continuous random telephone dialing survey of grown ups sponsored by the disease control and prevention centers in Atlanta and aged 18 years and above. The random dialing survey is done in all over the world inclusive of Puerto Rico. The main purpose of the survey is to monitor the prevalence of common problems of health, health care utilization and major behavioral factors.

In this study, there was an analysis of the 1999 BRFSS data on island Puerto Ricans and New York where there are populations of more than 50% of mainland Puerto Ricans. Puerto Ricans living on the mainland acculturate to the new culture and regional lifestyle. There is a higher possibility of them

having health status, health care utilization patterns and risk factors than those living in the islands.

There is a possibility of identifying island Puerto Ricans in the BRFSS database using a state code. On the other hand, it is impossible for one to identify mainland Puerto Ricans because their identification does not have the basis of ethnic subgroups. As a result, it was impossible to get a comparison group of Puerto Ricans from the database. The New York City survey provided a sample of mainland Puerto Ricans that was of great help to the study (McWilliams & John, 2008).

The methodology used was almost similar to the BRFSS protocol. This is because it was random dialed numbers survey and the majority of questions resembled those in the Behavioral Risk Factor Surveillance System. This system was able to capture over 1304 adults either in the New York City meaning the adults were 18 years or above. Those captured identified themselves as Puerto Ricans. They were either Puerto Ricans by birth or born elsewhere and mostly in the United States of America mainland.

The purpose of the survey was have a close examination of the diabetes disease being common among the Puerto Ricans either island or mainland. The risk factors of mainland Puerto Ricans living in New York City had oversampled respondents. The respondents with diabetes remained in the sample and those without underwent selection at a rate of yielding equal numbers of those with or without the congenital disease.

## **Statistical analysis**

For the purposes of ensuring that there is a compatibility of both surveys, only the questions with similar codes underwent analysis meaning that for a question to undergo analysis, it has to be similar to that one in the other survey. Variables giving the descriptions of demographic characteristics of both island and mainland Puerto Rican populations comprised of education, sports, gender, employment status and annual house hold income. The self reported health status and health risk factors indicators included smoking status, body mass index weighed in kilograms and divided by height in meters giving kilograms per square meters, diabetes diagnosis, smoking status, other diseases diagnosis, high blood pressure (HBP) and high blood cholesterol. The doctor ought to have measured 30 days prior to the analysis. Doctor's report should show if the participant had injuries or illnesses in the recent times (McWilliams & john, 178)

Frequencies of routine checkups and preventive care measured the utilization of health care as well as access to health care. This included influenza vaccination, history of blood pressure, pneumococcal vaccination, blood cholesterol pressure and health insurance coverage. Not all this should be older than one year from the date when the doctor checked the participants. Diabetes stratified these health parameters comparisons between the two populations; island Puerto Ricans and mainland Puerto Ricans, for the purposes of avoiding confusion.

The reason behind this is that diabetes has great influence on utilization of health care frequency and health status. The study populations varied in

diabetes prevalence. For the diabetics, utilization of health care depended on whether they followed the American Diabetes Association guidelines for care. This included things like if the participants had seen a doctor for feet and eyes check in the past year. Prevalence data of the representatives reflected age and sex distribution of each population.

## **Results**

Island and mainland Puerto Ricans' demographic characteristics were clear and of the two populations, mainland Puerto Ricans from New York City were the youngest and uneducated on average bases. Mainland Puerto Ricans were rich and 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 were born in the islands and 53% of them were born in the American mainland (shiriki, 456).

## **Prevalence of diabetes and obesity in Puerto Rico**

In the study, data stratification did not have anything to do with age because there is no relationship between age and obesity unlike in diabetes. The prevalence differences among Island Puerto Ricans and mainland Puerto Ricans remained reliable across all age groups although there was no data to prove that. 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 island and mainland Puerto Ricans have a likelihood of being obese. The trend was tangible for both men and women and there is a higher prevalence of age and sex when it comes to diabetes. Statistics show that there is a big difference between Island and mainland Puerto Ricans especially in the age bracket of 18 to 44. This suggests that the mainland Puerto Ricans is more likely to get diabetes earlier in age than island Puerto Ricans (Thomas & Laveist, 98)

### **Health status and care between the two populations**

The health access and status to diabetes care of the two populations is clear in the study and despite the fact that the island and mainland Puerto Ricans had similar hyper-Cholesterolemia and hypertension prevalence, mainland Puerto Ricans displayed the worst indicators of health. The two populations had massive disparities and mainland Puerto Ricans were mostly overweight due to lack of exercises and sports activities as well as poor diet.

Island Puerto Ricans reported the lowest smoking prevalence 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 insurance coverage among the mainland Puerto Ricans could have contributed to the impact of diabetes care. This was confirmed when study showed that they hardly received the recommended diabetes care.

### **Discussion**

Both island and mainland Puerto Ricans have featured in the past National Health Surveys but there is no survey providing comparative data showing

the difference between them. The study at hand is unique in that it is a combination of island and mainland Puerto Ricans populations based surveys trying to examine disparities of health between them. There are suggestions from the observations conducted showing that the New York Puerto Ricans are United States of America mainland Puerto Ricans representatives (shiriki, 90).

Findings of the study show that mainland Puerto Ricans had the most risks of smoking and physical illnesses than those in the islands. Concerning the United States of America's immigrant populations, foreign-born immigrants are less likely to be obese than those born in America. This is a suggestion that one should expect more health problems in the mainland Puerto Ricans than in island Puerto Ricans. It is interesting that this study did not concur with the notion showing that both island Puerto Ricans and mainland Puerto Ricans had the same pervasiveness of obesity.

The study came up with one explanation proving that traditional lifestyle in mainland Puerto Rican population is unhealthy and their acculturation confers advantages in an uncomfortable rise in the rate of obesity. We carried an analysis of lifestyle variables in the Behavioral risk factor surveillance system of 2000 and found out that below 7% of the total population in Puerto Rica met the consumption guidelines of five or more servings of vegetables and fruits in each day.

The study also suggests that mainland Puerto Ricans adopted a diet that was high in fat and the acculturated island Puerto Ricans consumed a diverse diet rich in cereals, fruits although they are rare to find in the islands. The



non-traditional diet relates to the prevalence decrease in central and total obesity (McWilliams & John, 78). There is no physical activity in island Puerto Ricans as compared to the physically active mainland Puerto Ricans.

There are health advantages for mainland Puerto Ricans including improvement in health care as per the regular check ups 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 mainland. Mainland Puerto Ricans are more active because they have activities like playing football; playing basketball and tennis unlike island Puerto Ricans who have small fields of dry land to engage in sports. 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. There are more ways of delivering healthcare services on mainland than on water, which is the only way of going to the islands apart from air, which turns out to be expensive. The study shows that insurance services are available to both populations.

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