**Demographic Profile of Latinos in the United States**

**The Issue**
Currently, Latinos comprise the second largest and fastest growing racial/ethnic group of people living in the U.S. In states with large Latino populations, Latinos are rapidly becoming the majority. Many demographers have projected that by 2050 Latinos will comprise 29% of the population of the U.S., and in California, Latinos will comprise more than 50% of the state’s population.

Despite this tremendous growth and presence, Latinos are often underserved or unable to access healthcare services. This, in large part, is a result of the concentration of Latinos in job sectors that are low wage, high risk, and do not provide benefits, as well as a result of other factors, such as low socioeconomic status, language, and culture. Because Latinos are the second largest group in the U.S., their health and well being is crucial to the current and future well being of the entire U.S. population from a public health perspective.

**The Population**
- Latinos comprise approximately 15% of the total U.S. population.¹
- Latinos are the fastest-growing minority in the U.S. More than one of every two people added to the U.S. population between July 1, 2008, and July 1, 2009 was Latino.¹
- Only Mexico has a larger population of Latinos than the U.S. (111 million vs. 48.4 million).³

**Geographical Location**
- 39 states have more than 100,000 Latino residents.²
- The majority of Latinos reside in California (36.6%), Texas (36.2%), Florida (21%), and New York (16.6%).²

**Increasing Geographic Diversity**
- Though the majority of Latinos continue to be concentrated predominantly in four states, the geographic location of Latinos is becoming increasingly diverse. For example, from 1990 to 2000 the Latino population grew 152.6% in Iowa, 101% in Kansas, and 95.8% in South Dakota.³
- Between July 1, 2008 and July 1, 2009, the state of Alabama had the highest growth of its Latino population (6.6%).¹
- The percentage of Mexican immigrants arriving in California five years prior to 1990 was 63%, as compared to those arriving in California five years prior to 2000 (35%). At the same time that the number of Mexican immigrants going to large Californian metropolitan areas fell, the number of Mexican immigrants going to New York, Phoenix, Dallas, Las Vegas, and Minneapolis rose.⁴

**Economic Status**
- It is estimated that 23.5% of all Latinos live in poverty.⁵
- In 2008, the median personal earnings for Latinos was approximately $24,488, while the average non-Latino household made approximately $41,041.⁶
- 41.5% of Latinos ages 18 to 64 live in poverty while 18.7% of those 18 and younger live in poverty.⁶

**Labor Force Participation**

**Men**
- Latino men (age 20 and older) have the highest employment-population ratio in the U.S. (78.6%).⁷
- Over half of all Latino men are employed in natural resources, construction, maintenance and production, transportation, and material moving occupations.⁷
- Latino men have considerably lower earnings than non-Latino Whites. The median weekly earning for a Latino man in 2008 was $559, compared to $825 for a non-Latino White man.⁷

**Women**
- 54.6% of Latinas (age 20 and older) participate in the U.S. labor force.⁷
- 64% of Latina women work in service jobs and are highly overrepresented in the housekeeping (41%) job sector.⁷
- The average weekly earning for a Latina woman is approximately $501 compared to $654 earned by a non-Latina White woman.⁷

**Health Status**

**Children (under age 18)**
- Health Status: 73% of all Latino children state being in excellent or very good health; 3% state being in fair or poor health.⁸
- Mortality: The leading causes of death for all Latino children ages 1 to 17 include: accidental injuries, homicide, cancer, and birth defects.⁹
  - For ages 1 to 12: accidental injuries, cancer, and birth defects.¹⁰
  - For ages 13 to 17: accidental injuries, homicide, and suicide.¹⁰

**Adults (Age 18-64)**
- Health Status: 55% of Latino adults report being in excellent or very good health while 13% state being in fair or poor health.⁸
Health Status: 28% of older adult Latinos state being in excellent or very good health while 50% report being in fair or poor health.

Mortality: Leading causes for adult Latinos include cancer, accidental injuries, and heart disease.

Older Adults (Age 65 and over)

Health Status: 28% of older adult Latinos state being in excellent or very good health while 50% report being in fair or poor health.

Mortality: Leading causes for adult Latinos include cancer, accidental injuries, and heart disease.

Chronic diseases: The most common chronic conditions for older adult Latinos include arthritis, diabetes, and heart disease.

Health Insurance Coverage

Latino adults are the least likely ethnic group to have health insurance. In 2008, the uninsured rate among Latinos was 30.7%. The rate among whites—10.7%—is the lowest of any group.

Foreign born are more likely to be uninsured; 32.9% of foreign born are uninsured compared to 12.9% of all native born. The uninsured rate for non-citizens was 46.4% in 2008.

34% of Latinos under the age of 65 are uninsured, compared to only 14% of non-Latino Whites.

In 2008, 8% of all Latinos did not receive medical care due to costs and 10% delayed medical care due to costs.

60% of all Latinos state cost is the primary reason for not having health insurance due to the employer not offering it (17%) and lack of employment (15%).

Policy Recommendations

Latinos comprise the second largest group in the U.S. and their numbers are increasing. Because of their population size, it is crucial for the future of the U.S. that the health and well-being of Latinos be taken fully into consideration. Though Latinos have some of the highest employment rates, preventative health care services and emergency healthcare services are frequently out of their reach. If disparities in access to care experienced by Latinos persist, this will ultimately have negative implications for the future of the U.S. These health disparities are a result of many factors that prevent Latinos from accessing preventive and emergency care. Thus, it is crucial to:

- Increase the accessibility of Latinos to preventive and emergency healthcare services;
- Increase the number of healthcare providers that provide culturally and linguistically relevant services;
- Increase the number of non-traditional sites where information and services are provided, like mobile clinics, work-site clinics and workshops;
- Ensure that Latinos, regardless of immigration status, are able to access crucial healthcare services.

References


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