TuSalud

Major Study Continues to Generate Key Data on Latino Health

Latinos come from diverse ethnic and cultural backgrounds, and their risk of certain diseases varies between groups.

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In research about the overall health of specific population groups, more data is always better. This is why scientists are so excited about the Hispanic Community Health Study/Study of Latinos (HCHS/SOL), an ongoing inquiry initiated in 2006. Over a 15-year period, the investigation has yielded almost 400 scientific papers about health and disease in the Latino community, reports an online story on Heart.org.

HCHS/SOL researchers enrolled 16,000 adults ages 18 to 74 at four centers affiliated with San Diego State University, the University of Illinois at Chicago, Albert Einstein College of Medicine in Bronx, New York and the University of Miami. In 2008, scientists began gathering individuals' medical histories and receiving additional scientific and logistical support from a coordinating center at the University of North Carolina in Chapel Hill.

Participants had familial roots in Cuba, Puerto Rico, Mexico, Central America, South America and the Dominican Republic. (Latinos born in the United States made up a fifth of this group.)

As part of the study, scientists conducted a seven-hour examination of participants and collected blood and urine specimens. Scientists assessed certain health outcomes with annual follow-up interviews that started in 2009. In 2012, the same individuals underwent another exam; a third is planned for 2023.

In addition, scientists amassed data from the children of adults who participated in this inaugural study for a separate investigation called the Hispanic Community Children's Health Study/Study of Latino Youth (SOL Youth).

This inquiry aims to examine associations between Latino youths' lifestyle behaviors and heart disease risk factors. The research focuses on differences in how parents and children manage acculturation, parenting strategies and family and parental health behaviors as well as young people's mental health in connection with discrimination-induced stress and cultural adjustment.

Gregory Talavera, MD, MPH, a professor in the department of psychology at San Diego State

University, was a principal investigator for HCHS/SOL who was involved in talks at the National Institutes of Health (NIH) about the project. “There was a lot of skepticism,” he told the American Heart Association News.

The feasibility of a long-term study on Latinos was, at first, in question because research organizations “struggle with cultural competence—struggle with knowing where to reach people and how to reach them and having the language and cultural aptitude to maintain contact with them,” suggested Talavera.

In addition to these obstacles, “there weren’t many Latino voices in government, or at the NIH, to lobby for this,” he added.

However, after the study received funding, data began to accumulate that provided invaluable information about the health of Latinos in America.

Some key study findings from the first paper published in JAMA in 2012 offered the following insights:

- Diabetes rates in the Latino community were more than 40% higher than previously estimated.
- 24% percent of Latino women had high blood pressure; prevalence varied from 16% for those of South American heritage to 29% for those of Puerto Rican heritage.
- In comparison to U.S.-born Latinos, those born outside the country were likelier to report a history of stroke and heart disease and have several heart disease risk factors.
- Heart disease was widespread among Latino immigrants who lived in the United States longer.

As part of a national effort to learn more about the long-term effects of COVID-19, future studies will utilize blood samples drawn for HCHS/SOL prior to the start of the pandemic. In addition, 700 projects on various health-related matters are underway.

“I think there’s a lot that can only be learned by following somebody over time and through stages of their life,” observed Talavera. “These data allow us to make informed and evidence-based decisions to improve people’s health.”

To learn more about cardiovascular risk, read “Cardiovascular Disease Risk Factors.”
