

Black Race Matters in the Latino Population

LaKendra Beard Morgan, MPH, Erik J. Rodriguez, PhD, MPH, Jordan J. Juarez, MS, and Eliseo J. Pérez-Stable, MD

ABOUT THE AUTHORS

LaKendra Beard Morgan is a medical student at Howard University College of Medicine, Washington, DC. Erik J. Rodriguez is with the Division of Intramural Research, National Heart, Lung, and Blood Institute, National Institutes of Health, Bethesda, MD. Jordan J. Juarez is a medical student at Temple University School of Medicine, Philadelphia, PA, and was completing a research year at Division of Intramural Research, National Heart, Lung, and Blood Institute. Eliseo J. Pérez-Stable is with the National Institute on Minority Health and Health Disparities, and the Division of Intramural Research, National Heart, Lung, and Blood Institute, National Institutes of Health.

The Latino population living in the United States is categorized as an ethnic group, which can be of any race as defined by the US Census. Most Latino individuals living in the United States are of mixed heritage with Spanish, other European, Indigenous, and African being the most dominant. Mixed heritage among Latino individuals varies with greater Indigenous mixture among persons of Mexican, Central American, and Andean heritage and greater African heritage among persons of Caribbean heritage.¹ The substantial presence of African heritage in Latin America reflects where a majority of enslaved people from Africa were taken. Mixed heritage, shared culture, demographic characteristics, and geography in Latin America evolved to define the identity of the Latino population as an ethnic group.

Recent estimates by the Pew Research Center suggest that 6 million US Latino adults, or about 10% of the population, identify as Afro-Latino or Black and Latino.² There are limited health data on Afro-Latino individuals, as health research has generally focused on a single Latino population or differences by Latin American heritage

and not by race.³ The Latino population includes a diverse group of people with varied histories and experiences, and many intersections of self-identity that have included African influence since the start of European colonization in the 16th century. In this essay, we examine the importance of focusing on the Afro-Latino population to expand scientific perspectives and to understand health disparities and clinical care among these individuals. There is a clear need for more systematic study of how Black race matters in the Latino population.

RACE AND ETHNICITY ARE SELF-REPORTED SOCIAL CONSTRUCTS

Race and ethnicity are demographic characteristics frequently used by US-based researchers to identify and describe population-level trends in health. Race is a sociopolitical construct that has been used to classify population groups based on phenotype or skin color throughout the history of the European presence in the Americas. Among persons of African heritage, racial classification led to enslavement and exploitation. As social constructs

that are assessed by self-report in health research, race and ethnicity have robust associations with life expectancy, clinical events, and disease incidence in many conditions. These may reflect the contributions of lived experiences, including racism and discrimination, as well as environmental, behavioral, and biological factors. In a heterogeneous group such as the Latino population, how one believes people in the United States perceive your race ("street race") may add another component to the influence of identity on health status.⁴

AFRO-LATINO HEALTH IN THE UNITED STATES

Individuals who identify as Afro-Latino may share a racial identity with Black non-Latino persons and experience racism in everyday activities. However, most Afro-Latino persons share some amount of common ethnic, cultural, and linguistic characteristics with White and other Latino individuals within the United States. Their position at the intersection of these groups makes Afro-Latino individuals uniquely distinct. Table 1 summarizes selected published studies that describe differences and similarities within the Latino population by race. Most studies on Latino health have not addressed the intersection of racial identity, whether it be Black or Indigenous race, to evaluate differences in health outcomes within the Latino population. The paucity of data highlights the need for more research, especially as the US Census is poised to change its assessment of race and ethnicity.

Analysis of National Health Interview Survey data from 2000 to 2007 found that both race and ethnicity influence the health of Afro-Latino individuals in

TABLE 1— Selected Studies on the Health of Afro-Latino Individuals in the United States, 2003–2020

Reference	Year	Population	Main Finding
Cuevas et al. ³	2016	Black Latinos/as	Most studies focused on self-reported measures of health status and were limited by inconsistent use of race and skin color measures.
LaVeist-Ramos ⁵	2012	Black Hispanic adults	Health behaviors were similar among Black Hispanic and White Hispanic adults, but access to care was worse.
Arias et al. ⁶	2020	Latinos aged ≥25 y	White Latino adults experienced lower mortality than their Latino counterparts who identified as Black, American Indian and Alaska Native, some other race, and more than 1 race.
Borrell and Crawford ⁷	2006	Black Latino adults	Black Latino adults were more likely to rate their health as fair/poor than White Latino adults.
Borrell ⁸	2009	Black Hispanic adults	Black Hispanic individuals had a higher prevalence and odds of hypertension than with White Hispanic individuals.
Ramos et al. ⁹	2003	Afro-Latino individuals in grades 7–12	Afro-Latino youths exhibited higher levels of depressive symptoms than Latino, African American, and European American youths.
Calzada et al. ¹⁰	2019	Mexican and Dominican children aged 4–5 y	Collective Black (3 least-lightest skin tones) children had higher ratings on internalizing and externalizing behaviors compared with honorary White (6 lightest skin tones) children.
Bediako et al. ¹¹	2015	Black Latina mothers	Black Latina mothers were more likely than all Latina mothers to experience low birth weight, preterm birth, or small for gestational age.
Kershaw and Albrecht ¹²	2014	Hispanic Black adults aged >25 y	Higher residential segregation was associated with higher mean BMI among White Hispanic women but with lower mean BMI among Black Hispanic women.
Gravlee et al. ¹³	2005	Puerto Rican adults aged 25–55 y	Social-cultural processes mediate the relationship between skin color and blood pressure.

Note. BMI = body mass index (defined as weight in kilograms divided by the square of height in meters).

that there were similarities to both Black non-Latino and White Latino individuals for health outcomes.⁵ The prevalence of chronic conditions, such as diabetes and hypertension, were similar among the Latino population regardless of race. However, access to health services differed by race within the Latino population. Having a usual source of care and being seen by a clinician within the past year among Afro-Latino individuals was like what Black individuals reported. However, health behavior outcomes such as alcohol consumption, level of physical activity, and cigarette smoking varied less within the Latino population by race.⁵ Other research has found that

Afro-Latino individuals tend to have a shorter life expectancy,⁶ worse self-rated health,⁷ higher levels of self-reported hypertension,⁸ and more depressive symptoms compared with their White Latino counterparts.^{9,10} Afro-Latina women were also found to be at greater risk of preterm birth, delivering more newborns that are of low birth weight, and having higher body mass index (defined as weight in kilograms divided by the square of height in meters) than White Latina women.^{11,12}

Comparing other demographic determinants of health among the Latino population by race identifies lower median household income, higher

rates of unemployment, and higher rates of poverty among Afro-Latino individuals.³ Multiple studies have also noted that Afro-Latino individuals' phenotypic similarities to Black individuals may place them at a higher risk of racism than White Latino individuals in the United States, which may also be exacerbated by having limited English proficiency and questioning of immigration status.^{2,3,5} In the 2021 National Survey of Latinos, Afro-Latino individuals reported similar experiences with discrimination as other Latino individuals, but were more likely to report being unfairly stopped by police during the year before the survey (22% vs 8%) and being criticized for speaking Spanish in

public (30% vs 20%).² Research has consistently demonstrated the association between experiences of discrimination and higher rates of chronic stress, poorer health, and adverse health behaviors that may increase the risk of chronic disease.³

Furthermore, research has suggested that the relationship between skin color and health can be attributed, at least partially, to being socially classified as “Black” by other Latinos in the United States, independent of skin pigmentation.¹³ This provides evidence of anti-Blackness within the Latino population in the United States and its influence on health. However, in cross-national research in Latin America, gradients in self-reported health by skin color were not explained by self-reported or ascribed race and ethnicity, although class and color discrimination were significant.¹⁴ Instead, the relationship between skin color and self-reported health was mostly mediated by socioeconomic status and access to health care.

US CENSUS AND THE AFRO-LATINO POPULATION

Currently, race and ethnicity are assessed separately by the US Census using a two-question format. The first question asks about “Hispanic, Latino, or Spanish origin” followed by the race question: African American or Black, American Indian and Alaska Native, Asian, Native Hawaiian and Pacific Islander, White, and multiracial.¹⁵ However, there is increasing evidence that this two-part question is confusing to Latino individuals and that up to half do not identify with any of the racial categories.¹⁶ In 2020, the US Census estimated that approximately 1.2 million individuals

identified as ethnically Latino and racially Black, which is five times less than what was estimated by the Pew Research Center between 2019 and 2020.² This discordance implies a significant undercount,¹⁷ because directly asking respondents whether they identify as Afro-Latino as a subcategory of Latino was shown to yield a higher count of individuals who identify with this group compared with using two separate questions.²

A study of the impact of using a one-question combined format compared with the two-question format showed that use of a combined race and ethnicity question increased reporting within the Census racial categories, decreased the proportion reporting as “some other race,” decreased nonresponse, and improved accuracy and reliability.¹⁶ Given these data, the two-question format for the collection of race and ethnicity is being reconsidered by the Office of Management and Budget (OMB) and would be replaced with a single question asking about self-identity. Administering a one-item combined question would simplify the process, facilitate estimates of mutually exclusive categories, and facilitate the possibility of new subcategories such as Afro-Latino. If this change is endorsed by OMB, it would lead to revised expectations in data collection for research. The last substantial change to racial and ethnic categories occurred in the 2000 Census.¹⁸

To this end, OMB released this set of recommended revisions on January 26, 2023, to revise OMB’s 1997 Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity.¹⁹ These proposed changes were open to public comment, are under review by federal agencies, and, if approved, would be enacted in 2024. These

proposed changes may be an important step toward increasing the accuracy and reliability of demographic data collection, especially for Afro-Latino individuals. Researchers do not need to wait until such recommendations are finalized to use the single-item question. By not waiting, researchers would have improved statistics on race and ethnicity to report within a short period of time around the enactment of the revised standards.

The Pew Research Center study indicated that when Afro-Latino individuals were asked about racial identity using the current Census-style format, 30% selected White, 25% selected Black, 23% selected “some other race,” 16% selected multiple races, and 1% selected Asian.² Similarly, the US Census found that the overall number of Latino individuals reporting more than one race increased from 3 million in 2010 to 20.3 million in 2020, which was attributed in part to changes in how “more than one race” was determined in the 2020 Census.²⁰ These results highlight the importance of methods and measures that facilitate the collection of inclusive and meaningful data, which more accurately captures the intersectionality of self-identity for Afro-Latino individuals.

THE INTERSECTIONALITY OF AFRO-LATINO IDENTITY

Because of the heterogeneity of the Latino population in the Americas, ethnicity is the preferred identity for most, reflecting some amount of shared or common culture, language, and history across Latin America given a spectrum of racial mixture.²¹ Intersectionality is inherent in the ethnic identity of Latin American populations given

530 years since the arrival of Europeans. First proposed by Black feminist scholar Kimberlé Williams Crenshaw, intersectionality is a term originally used to describe the simultaneous racial and gender prejudice experienced by Black women.²² This foundational theory applies to the study of Afro-Latino individuals, acting as a vehicle for understanding the experiences of a population whose health profile is both similar and different from White Latino or non-Latino Black populations. Further critical intersections include those between race and ethnicity and socioeconomic status as well as immigration history and status. Socioeconomic status often defines power relations within society. Migration patterns, particularly those driven in large part by people seeking economic opportunities over the past 60 years, contribute new intersectional perspectives.

RACE AND IDENTITY IN LATIN AMERICA

In Latin America, primary spoken language has been the most utilized measure of ethno-racial identity, with the goal of identifying Indigenous populations.²³ Since 2000, more countries have moved toward utilizing self-identification as the primary means of assessing ethno-racial identity in national surveys.²³ Categories vary by country but may include Indigenous, White, Mestizo, Black, Mulato, and others as well as specific Indigenous groups and specific combinations of racial groups.²³ Even in Caribbean countries, where Afro-Latino individuals have a significant presence in the population, the underrepresentation of African-descendant populations in

positions of power has impeded the collection of demographic data.

The historical context in Latin America is rooted in systematic racism, characterized by the enslavement of African persons and the marginalization and exploitation of Indigenous populations. Rooted in European colonialism, the societal caste system that permeates much of Latin America stratifies individuals based on skin color and geographic heritage. Spanish-born Whites sat atop of this hierarchy, followed by those born in the Americas, and with all mixtures ranked as inferior. However, some Afro-Latino individuals would pass as White in postcolonial society given their phenotypical characteristics. Such dynamics may partially explain why Afro-Latino individuals in the United States appear reluctant to identify as Black and Latino but are much more willing to identify as Afro-Latino.

The dominant paradigm in Latin America has been that socioeconomic factors are the driving force behind health inequities and accepting that the implications of race and discrimination merit similar consideration in understanding these inequities is a more recent development.²⁴ For example, Mexico has only recently recognized its African-descendant population in its national census, estimated to be approximately 2% of the population, despite a cultural presence since the early colonial period.²⁵ Ascertainment of race in Cuba and the Dominican Republic has been inconsistent and often couched as “not relevant” because of the notion that most of the population is racially mixed. Across Latin America, African-descendant individuals are generally overrepresented among the poor, underrepresented in positions of power, and face significant socioeconomic and health barriers, which

have been inconsistently documented.

As such, methods and measures used to quantify African-descendant populations is an issue of broader international significance, as underrepresentation of African-descendant populations in national and regional surveys limits the data that can inform the development and implementation of interventions and policies to address health inequities.

FUTURE DIRECTIONS

There is a need to differentiate racial groups within the heterogeneous Latino population in the United States, with the goal of conducting additional research. The Hispanic Community Health Study/Study of Latinos (HCHS/SOL) provides a tangible opportunity for researchers to contribute to our understanding of Afro-Latino health in the United States. HCHS/SOL, visit 1 completed from 2008–2011, is one of the most diverse studies among Latino individuals regarding Latin American heritage and continues to follow more than 9000 persons from four urban sites for visit 3.²⁴ An additional resource, the All of Us Research Program, has already recruited more than 58 500 Latino individuals, including many Afro-Latino individuals.

Several national-level health data sets can be used to conduct such research, although some analyses may require access to restricted data or recoding so that Black or African American race can be identified among Latino individuals. For example, recoding would identify the subset of individuals who checked Latino and Black boxes from those that indicated any other combination of multiple racial and ethnic group boxes. Other studies will need to consider adding more granular questions to their data collection methods, which

should provide insights into the intersectionality of race, ethnicity, and socioeconomic status. For example, adding a subcategory of Afro-Latino for persons identifying as Latino would be a first step. Additional measures, such as perceived race, could also be included to evaluate their value to health research. Using such data to conduct analyses among Afro-Latino individuals will advance our understanding of the health of this population as well as inform proposed structural interventions. We encourage researchers and funders to identify opportunities to facilitate and support research and interventions to meet the unique needs of Afro-Latino individuals and strive for equity for this population.

As the Latino population continues to grow and the United States continues to diversify, researchers and policy-makers will need to revisit the way in which race and ethnicity are conceptualized and operationalized to ensure that health interventions and policies are appropriately targeted. Failing to inquire about the multiple racial and ethnic identities of individuals in health disparities research threatens to limit the extent to which we can understand and address the needs of Afro-Latino individuals. Behavioral and system interventions benefit from tailoring to target populations, and the effects of generic policies need to be considered in this context. Improving health through evidence-based policies and practice will not occur for Afro-Latino individuals without intentional data collection. Health interventions and policies may need to be tailored, and should be consciously designed, to meet people where they are. Clinicians need to be aware of these concepts and equipped with knowledge and

resources to provide effective, quality, and culturally competent care. **AJPH**

CORRESPONDENCE

Correspondence should be sent to Eliseo J. Pérez-Stable, MD, Office of the Director, National Institute on Minority Health and Health Disparities, National Institutes of Health, 6707 Democracy Blvd, Ste 800, Bethesda, MD 20892-5465 (e-mail: eliseo.perez-stable@nih.gov). Reprints can be ordered at <https://ajph.org> by clicking the "Reprints" link.

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The authors have no conflicts of interest.

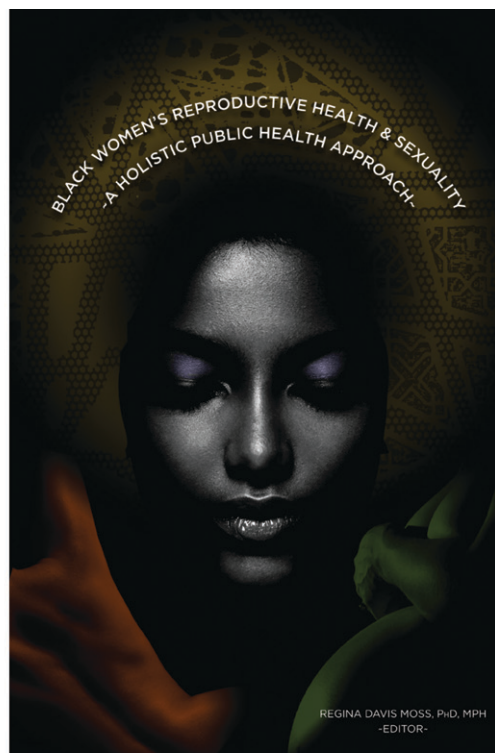
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Edited by Regina Moss Davis, PhD, MPH

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