



Mentors can help Hispanic youth in recognizing their rich cultural heritage.

# 2 THE HISPANIC POPULATION

“As the Hispanic community increases, the importance of acquiring quality health care is critical.” We need doctors, nurses, dentists and health care administrators, but if we truly want to impact and address the needs of the Hispanic community, careers in public policy and research are the arenas where important decisions are being made.”

Marilyn Aguirre-Molina, Ph.D  
Professor in Public Health,  
Columbia University

## Purpose

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This chapter provides a demographic overview of the Hispanic population. It also examines several issues that challenge Hispanic youth, including: education, health, substance abuse and mental health.

## Introduction

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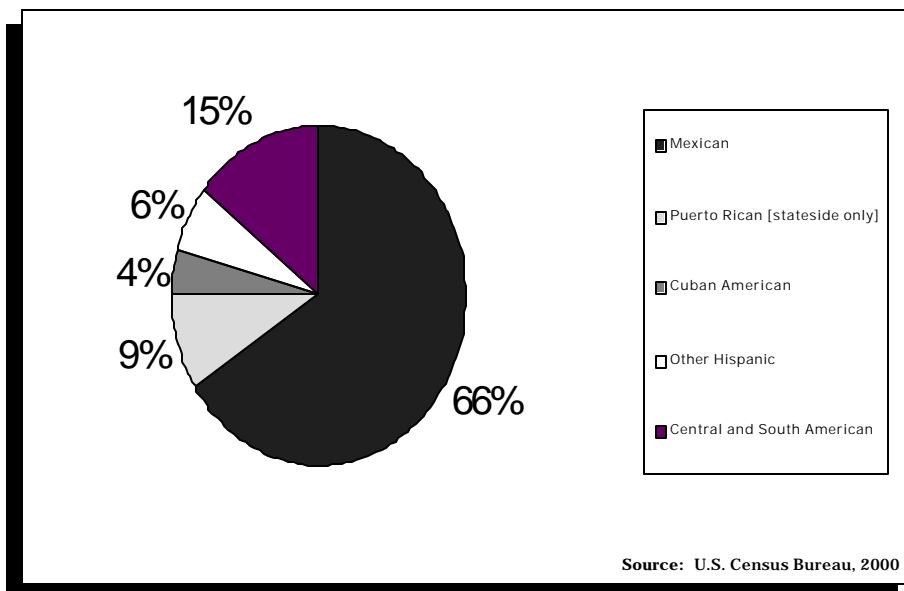
The Hispanic American population is growing so rapidly that the 2000 Census reported numbers roughly equal to the black population (*Washington Post*, March, 2001). Furthermore, the U.S. Census Bureau (1999) projects that the Hispanic population will increase from 35 million in 2000 to roughly 100 million in 2050. This will make-up approximately 25% of the population.

## Hispanics as an Ethnic Group

Most Americans tend to think of Hispanic Americans as one monolithic group, but it is a very diverse group. This presents a challenge to substance abuse and mental health workers who want to serve and interact with this community. Some Hispanic Americans speak only English, others speak only Spanish, and a growing number are bilingual. Hispanic Americans differ in education, socioeconomic status, language and country of origin with roots that connect to Spanish-speaking countries including: Spain, Puerto Rico, Mexico, the Caribbean and to the many countries of Central and South America. They can also be of any race. Therefore, the label or identifier used often depends on the individual (Oboler, 1995).

As indicated on Figure 2-1, Mexican Americans, the largest Hispanic group, account for the largest U.S. Hispanic population (66%). Puerto Ricans (State side only) are the second largest group (9%); this percentage does not reflect the 3.6 million that live on the island. Cuban-Americans are third (4%). Others come from Central and South America (U.S. Census Bureau, 2000).

**Figure 2-1. Hispanics, by Origin, 1999**



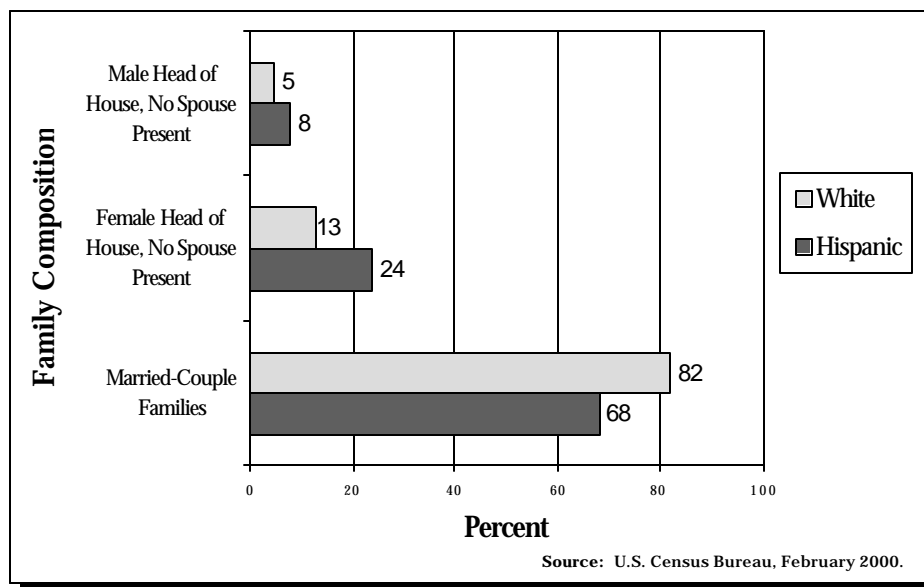
Despite popular misconceptions regarding the citizenship status of most U.S. Hispanics, many are native born, are naturalized citizens, or have legal residency status. Puerto Ricans are not immigrants, but U.S. citizens. Ironically, undocumented immigrants remain a small minority.

## Some Demographic Facts

The Hispanic community is marked by its youthfulness. The median age of the Hispanic population is about 25.9 years, compared with a median age of 35.3 years for whites (U.S. Census Bureau, 2000).

The average size of the Hispanic household is 3.5 persons, compared with 2.6 persons per white household. As indicated on Figure 2-2, two-parent families remain the most common family structure for Hispanics (Aponte, 1999; U.S. Census Bureau, 2000).

**Figure 2-2. Type of Families by Hispanic Origin, 1999**

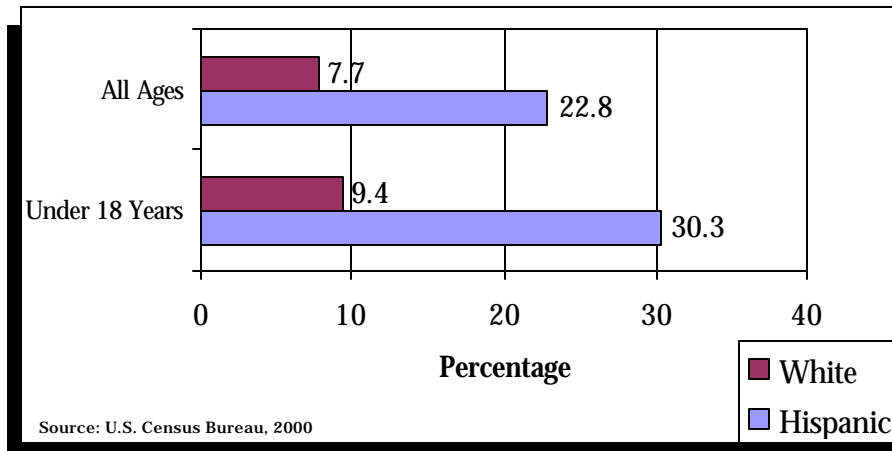


Hispanics tend to be regionally scattered across the U.S. Most Puerto Ricans live in the Northeast. Most Cubans live in the South and most Mexican Americans live in the West and the South. Nearly half of all Hispanics live in urban areas. Already in some major cities, Hispanic students comprise the majority of children in school (U.S. Census Bureau, 2000).

Since 1972, the median income of Hispanic families has been below that of white families. In 1997, the Hispanic family median income was \$28,000, considerably below that of whites, \$41,000 (U.S. Census Bureau, 1998).

A significant number of Hispanic youth (See Figure 2-3) under 18 years old (30.3%) live below the poverty level compared to white youth (9.4%). Hispanics (66.5%) are just as likely as whites (66.7%) to participate in the labor force (U.S. Census Bureau, 2000; Council of Economic Advisers, 1998).

Figure 2-3. People Below the Poverty Level, 1999



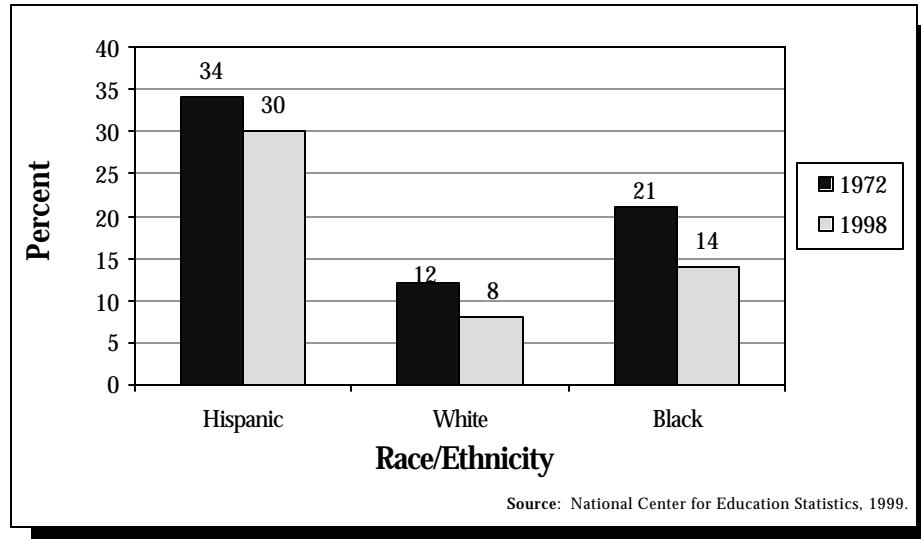
## Middle School and Secondary Education Experiences

Hispanic students require extensive support systems in order to succeed in school. The lack of adequate educational support and career-related experiences presents enormous obstacles for adolescents to overcome. Consider the following:

- In the year 2000, 35.7% of Hispanics were less than 18 years of age, compared to 23.5% of non-Hispanic Whites (U.S. Census Bureau, 2000).
- More than 90% of Hispanic students attend urban schools (U.S. Department of Education, National Center for Education Statistics, 2000).
- Sixty percent of 4th grade Hispanic students lag behind in reading, mathematics and science proficiency (National Assessment of Educational Progress, 1997).
- At age 13, Hispanic students are, on average, about 2 years behind in math and reading and about 4 years behind in science (U.S. Department of Education, National Center for Education Statistics, 1995).
- Hispanic students are more likely to be “held back” in the elementary grades, or experience “delayed schooling.” This is the highest predictor of school dropout rates (Secada, et al., 1998).

- Hispanics have a high dropout rate. As recent as 1998, the dropout rate for Hispanic 16-to-24-year-olds was 30% (see Figure 2-4). That is, 30% of all Hispanics in this age group had not completed and were not enrolled in high school, which was more than three times the rate for whites (8%) in the same group (National Center for Education Statistics, 1999).

**Figure 2-4. Status of Dropout Rates by Race/Ethnicity, Ages 16-24, 1972-1998**



- Grade retention is one of the major factors contributing to school dropout rates. Information from the National Center for Education Statistics (1995) show that most students who dropout of school have repeated one or more grades.
- Hispanic students are often “tracked” into courses that satisfy only the basic high school requirements (President’s Advisory Commission on Educational Excellence for Hispanic Americans, 1998). Such courses do not qualify Hispanic students for good, entry-level jobs in the health care industry, or prepare them adequately for college.
- The proportion of Hispanics age 25 or older with a bachelor’s degree is 10.6%, compared to 28.1% for non-Hispanic whites.

In spite of all of these educational challenges, the number of Hispanic high school graduates is beginning to increase. Hispanic students who graduate from high school are just as likely as white students to continue on to college. About 55% of Hispanics who graduated from high school in 1994 enrolled in college the next fall (U.S. Department of Education, National Center for Education Statistics, 1995).

## Adolescent Health Status

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Adolescence is a time when many choices are made and the consequences of those choices affect both the immediate and long-term health of the individual and the community. Some of the health issues that Hispanic youth face include:

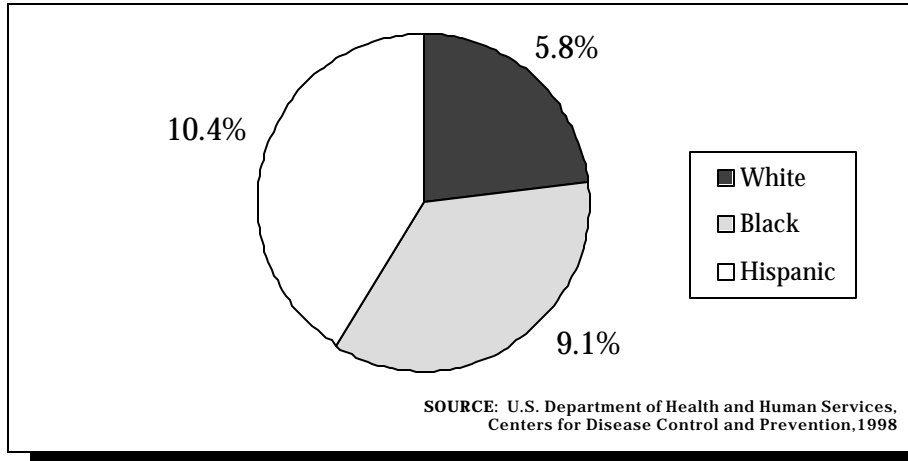
- Substance Abuse
- Alcohol
- Smoking
- Mental Health
- Violence
- Sexual Activity
- AIDS

**Substance Abuse** Young people begin experimenting with alcohol, tobacco and illicit drugs at earlier ages, although not all who try drugs once or twice continue to use them (Schneider Institute for Health Policy, 2001). For Hispanic youth acculturation plays a role in substance abuse. Acculturation occurs when an individual or group who has a certain cultural behavior and way of thinking begins to change because of exposure to another culture. Increased English language use by Hispanic youth, one indicator of acculturation, is associated with higher rates of illegal drug use even after sociodemographic variables, such as gender, age, income and education, are considered.

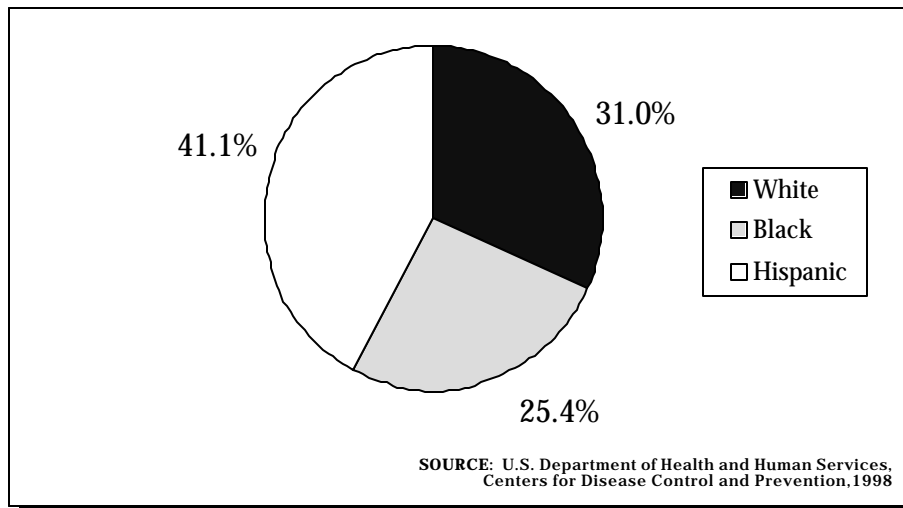
Rates of illicit drug use (marijuana, cocaine/crack, and inhalant use) are higher among Hispanic adolescents (9.3%) than among white adolescents (6.3%) (U.S. Department of Health and Human Services, 1999).

Hispanic high school students (45%) reported having used marijuana at least once in their lifetime in 1995. Furthermore, of Hispanic high school students (10.4%) reported using marijuana at school (Figure 2-5). An astonishing 41.4% of Hispanic students were offered, sold, or given an illegal drug on school property (Figure 2-6) (U.S. Department of Health and Human Services, 1998).

**Figure 2-5. Students in Grades 9-12 who Reported Marijuana Use on School Property, 1997**



**Figure 2-6. Students in Grades 9-12 who were Offered, Sold, or Given Illegal Drug on School Property, 1997**



Hispanic youth ages 12 to 17 have higher rates of cocaine use than their non-Hispanic counterparts. Young Hispanic females had the highest lifetime use of cocaine, glue (for sniffing), heroine and other illegal substances (U.S. Department of Health and Human Services, 1999).

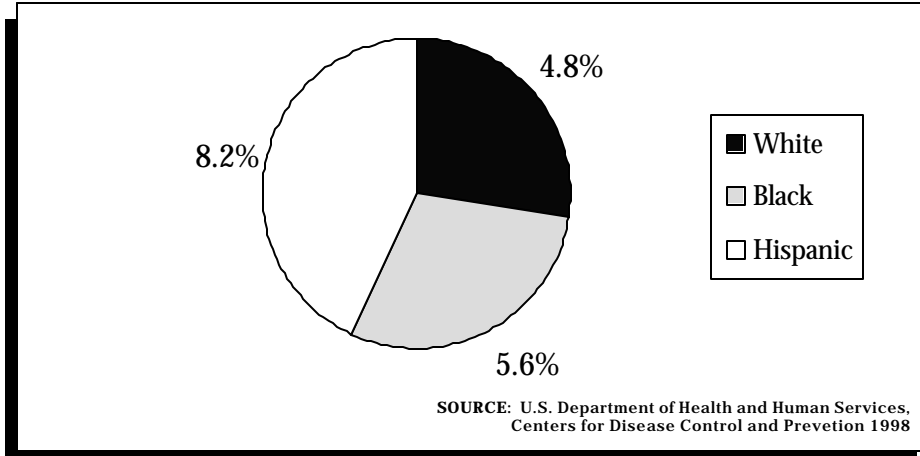
Hispanic drug injection use accounts for 27% of Hispanic AIDS cases (U.S. Department of Health and Human Services, 1998).

**Alcohol** The use of alcohol can affect the future and promise of Hispanic youth. In 1996, alcohol-related fatalities for all ages decreased as the number of youth alcohol-related fatalities increased. Ironically, since 1990, Hispanic youth alcohol-related traffic fatalities have been on the rise. According to the U.S. Department of Health and Human Services



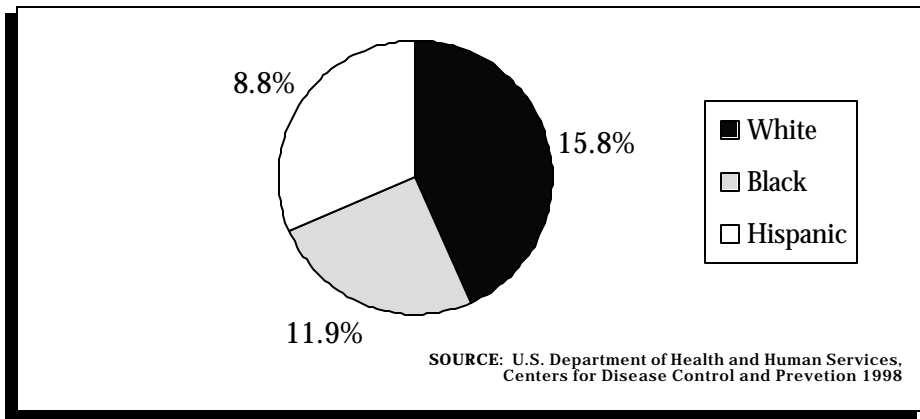
(1999), over 30% of Hispanic high school seniors reported binge drinking. Hispanic adolescents (8.2%) were more likely than their peers (4.8%) to use alcohol on school property (Figure 2-7).

**Figure 2-7. Students in Grades 9-12 who Reported Using Alcohol on School Property, 1997**



**Smoking** Among Hispanic high school students, 8.8% reported smoking cigarettes on school property and 3.3% of Hispanics reported using smokeless tobacco at school. Smoking is a risk factor in heart disease and cancer, the two leading causes of death for adult Hispanics.

**Figure 2-8. Students in Grades 9-12 who Reported Cigarette use on School Property, 1997**



There is strong evidence that smoking is increasing among Hispanic women. Although only 17.0% of Hispanic women currently smoke, 27.2% of Hispanic female high school students reported being current smokers (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1998).

**Mental Health** The teen years can be a very difficult transition into adulthood. There is pressure to be popular, to do well in school, to get along with family and to make important life decisions. Therefore, it is not unusual for Hispanic youth to experience mental health concerns. Two areas where this is most visible is among youth who suffer from low self-esteem and thoughts of suicide.

Self-esteem generally refers to how one perceives, feels and values themselves. Self-esteem also refers to how one expects to be accepted and valued by significant others and peers. This is significant for Hispanic youth since they enter the education system with high self-esteem and firm aspirations to succeed. However, by the time they reach middle school, their aspirations have significantly declined (Beane and Lipka, 1986).

Some researchers have also noted the relationship between self-esteem and school achievement. Our academic self-concept relates to how well we do in school, or how well we learn (Guinn, Semper and Jorgensen, 1997). When students experience academic success, their level of self-confidence increases. As self-confidence grows, they feel empowered to face new challenges. Hence, as Hispanic youth succeed in confronting new challenges, they develop the capacity to cope with whatever life throws their way.

One of the most critical areas in mental health for Hispanic adolescents is thoughts of suicide. Hispanic high school students are more likely to report suicidal thoughts than their non-Hispanic peers. Hispanic female high school students (14.9%) are more likely than their male peers (9.1%) to have made at least one suicide attempt (Holinger., et al, 1994).

**Violence** Firearms homicide is the second leading cause of death for Hispanic youth 15 to 20 years old (Violence Policy Center, 2001). Information from the National Center for Education Statistics (2000) presents some alarming indicators relevant to Hispanic youth and violence:

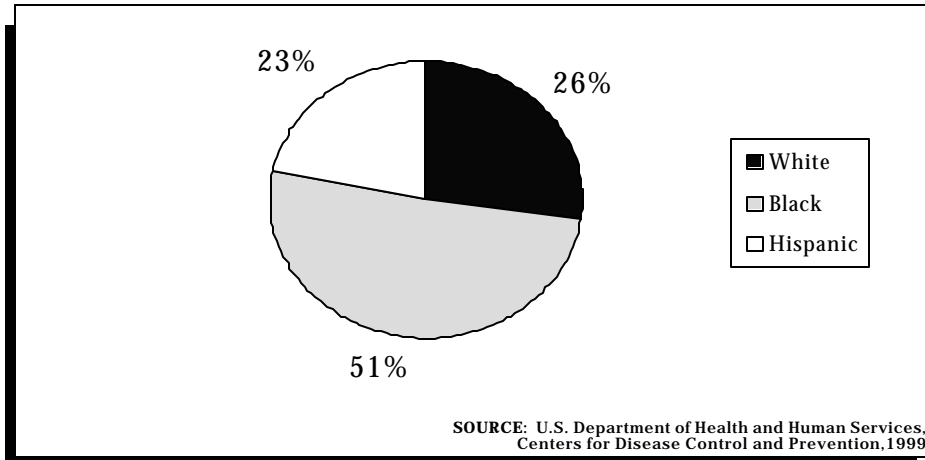
Hispanic students (7.2%) were significantly more likely to have missed at least one day of school because they felt unsafe at school, or they felt unsafe going to, or from school, compared to white students (2.4%). Hispanic students (9%) were more likely than white students (6.2%) to have been threatened or injured with a weapon on school property. Moreover, Hispanic students (10.4%) were significantly more likely than white students (7.8%) to have carried a weapon on school property. In addition, Hispanic students (19%) were significantly more likely than white students (13.3%) to have been in a physical fight on school property.

**Sexual Activity** Education and prevention are crucial when Hispanic youth engage in sexual activities. Hispanic adolescent girls have the highest birth rate in the U.S. with one-third of them making their first gynecological visit for a pregnancy test compared to one-tenth of non-

Hispanic girls. Approximately one-quarter of the births in 1997 to teens aged 15-19 were to Hispanic adolescents. At the same time, sexually active Hispanic adolescent males (31.3%) are more likely to report ineffective or no contraceptive use at the time of their last sexual intercourse compared with their white peers (23.4%), (National Campaign to Prevent Teen Pregnancy, 1999).

**AIDS** Hispanics are disproportionately affected by AIDS (Acquired Immune Deficiency Syndrome). As seen in Figure 2-10, while Hispanic adolescents account for 13% of the population ages 13-to-19, they account for 23% of the adolescent AIDS cases (U.S. Department of Health and Human Services, Centers for Disease Control, 1999).

**Figure 2-10. Adolescent AIDS Cases, 1997**



## Conclusion

Hispanic youth are faced with many challenges during adolescence. These include: substance and alcohol abuse, tobacco use, mental health, violence, sexual activity and AIDS.

This overview of the Hispanic population with its changing demographics tells the story of a large, diverse, youthful and growing population, that while participating in the labor force, continues to face educational and economic challenges and health disparities. All of these demographic characteristics are important factors to consider in the development of a mentoring program for careers in substance abuse and mental health.

During this critical period a mentor can make a significant difference in an adolescent's life. Not only by promoting self-esteem, but also by assisting youth through those transition periods when they are faced with difficult choices. For a brief review of this chapter see: *Tool 2-1. Overview of Hispanic Youth.*

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# Tools



## Tool 2-1. OVERVIEW OF HISPANIC YOUTH

In the year 2000, 32.8 million Hispanics resided in the U.S. The major Hispanic subgroups are:

- Mexican (66%)
- Puerto Rican (9%)
- Cuban (4%)
- Central and South American (15%)
- Other Hispanic (6%)

The Hispanic population varies in terms of culture, history, socioeconomic factors and health status. Hispanics are a young population with 27% under the age of 18, and with a median age of 25.9 years. The following table provides an overview of some of the health factors that confront Hispanic youth in school.

### Students in Grades 9–12 who Reported Experience with Drugs and Violence, 1997

	White	Black	Hispanic
Cigarette use on school property	15.8%	8.8%	11.9%
Smokeless tobacco use on school property	6.5	1.4	3.3
Alcohol use on school property	4.8	5.6	8.2
Marijuana use on school property	5.8	9.1	10.4
Offered, sold or given an illegal drug on school property	31.0	25.4	41.1
Felt unsafe to go to school	2.4	6.8	7.2
Carried a weapon on school property	7.8	9.2	10.4
Threatened or injured with a weapon on school property	6.2	9.9	9.0
In a physical fight on school property	13.3	20.7	19.0
Property stolen or deliberately damaged on school property	32.6	34.0	32.1

SOURCE: U.S. Department of Education, National Center for Health Statistics, 2000