

# Older Latinos' health: Truth is in the data, not headlines

If we were to believe the news headlines, Latinos in the United States present one health problem after another: obesity, diabetes, higher COVID death rates, falling life expectancies, and other health dysfunctions. Mexican food has even been likened to a heart attack on a plate.

These headline-driven images have at times caused health care organizations to approach this patient population gingerly, afraid that if Latinos begin to utilize their services, the demand for expensive health care interventions will increase.

However, ever since death record data that uniformly identified Latinos became available in the late 1980s, an unexpected pattern has emerged: Latino populations have far *lower death rates* and *longer life expectancies* than non-Hispanic whites. This is true despite the fact that, on average, Latinos have lower income and education levels and are more likely to live in medically underserved areas than non-Hispanic whites.

Since 1986, this phenomenon has been known as the “Latino epidemiological paradox.”<sup>1</sup> We see the same paradoxical epidemiological pattern among older Latino adults.



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Despite news headlines portraying Latinos as a population with numerous serious health problems, Latinos have far lower death rates and longer life expectancies than non-Hispanic whites.



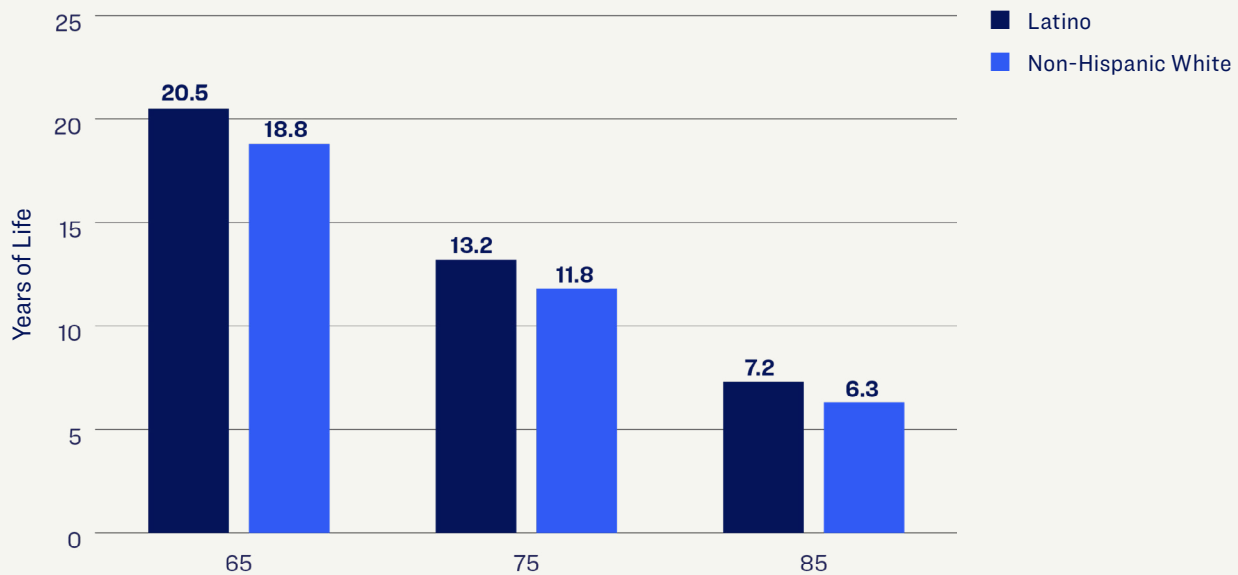
## Longer Latino life expectancy

Latinos born in 2022 can expect to live, on average, 2.5 years longer than non-Hispanic white babies born that same year (80.0 versus 77.5 years).<sup>2</sup>

As shown in Figure 1, this longer life expectancy persists even among senior citizens. At age 65, Latinos have a life expectancy of another 20.5 years, compared with 18.8 years for non-Hispanic whites. Even at ages 75 and 85, Latinos have a longer life expectancy.

**FIGURE 1. LIFE EXPECTANCY AT AGES 65, 75, AND 85**

Latino and Non-Hispanic White, U.S., 2022



UCLA Center for the Study of Latino Health and Culture  
Arias et al. (2023)

Notably, during the COVID-19 pandemic, headlines blared that Latinos lost more years of life expectancy than almost any other group due to this new communicable disease. However, the news stories failed to note that Latinos had a longer life expectancy to begin with: They could lose more years of life expectancy and still have a longer life expectancy than other groups. Data presented without context can unwittingly reinforce the notion of Latino health dysfunction, which in turn can affect how health care organizations decide to engage with this population.



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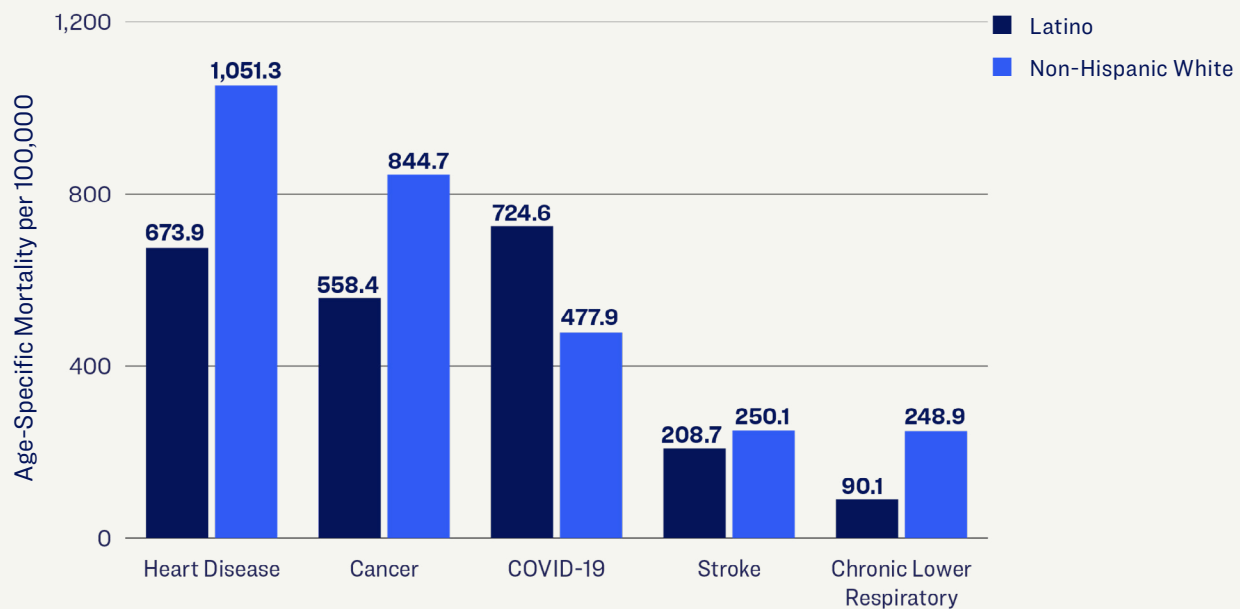
## Lower Latino mortality

As has been true for decades, in 2022, Latinos of all ages had a lower age-adjusted death rate for all causes of 614.7 per 100,000, nearly 25% lower than the non-Hispanic white rate of 822.2.<sup>3</sup>

We observe a similar trend in the age-specific death rate for individuals age 65+ years. Figure 2 shows the comparative age-specific death rates for the top five causes of death for Latinos and non-Hispanic whites age 65 and above in 2021.<sup>4</sup>

**FIGURE 2. TOP 5 CAUSES OF DEATH FOR 65+ YEARS**

Latino and Non-Hispanic White, U.S., 2021



UCLA Center for the Study of Latino Health and Culture  
Curtin et al. (2024)

Four of the top five causes of death—cancer, heart disease, chronic lower respiratory conditions, and stroke—are lifestyle-related diseases (also known as chronic diseases). While health care services can alleviate some of their consequences, the trajectory of these diseases is largely determined by the patient’s lifestyle. Notably, in the age 65+ population shown, Latinos have lower age-specific mortality rates for these diseases than non-Hispanic whites.

A telling exception to the lower overall death rate in 2021 was COVID-19, for which the Latino age-specific rate was much higher than that for non-Hispanic whites. COVID-19 was a communicable disease that could infect anyone regardless of lifestyle. In part, this COVID-19 exception signals a population with less access to health care services, including educational programs, personal protective equipment, testing, and vaccinations. Lack of access to health care was exacerbated by living in areas where shortages of life-saving equipment and measures were the norm, and by employment in industries and occupations less likely to offer health insurance benefits.

Headline news also leaves out important context. While the often-highlighted Latino diabetes death rate is indeed higher than that for non-Hispanic whites, diabetes is a far rarer cause of death for both populations (at #8 in 2022) than heart disease or cancer (#1 and #2, respectively) for which, as Figure 2 shows, Latinos—even those aged 65+—have far lower death rates. Why is it that many people are aware of the headline about Latinos' higher death rates for a rarer cause of death such as diabetes, but have never heard of their lower death rates for most other causes of death?



Latino populations may provide a model to reduce the leading causes of death for Americans.

## Moving forward

When it comes to health care services and research in Latino health, headline news that unwittingly reinforces the notion of Latino health dysfunction can affect strategic planning decisions. For example, health care service providers, particularly those operating on a prepaid basis, may overlook an opportunity to expand their presence in Latino populations for whom low-cost preventive services are more appropriate compared with other populations that require more high-cost intensive interventions. Importantly, researchers focused on dysfunction also may well overlook the fact that Latino populations might provide a model to reduce chronic illnesses.

Data, not headlines, should inform health care services, research, and policy for Latino health.

## Endnotes

- 1 Markides KS, Coreil J. The health of Hispanics in the southwestern United States: an epidemiologic paradox. *Public Health Reports*, May–June 1986, Vol. 101, No. 3, 253–265. [pmc.ncbi.nlm.nih.gov/articles/PMC1477704/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC1477704/)
- 2 Arias E, Kochanek KD, Xu JQ, Tejada-Vera B. Provisional life expectancy estimates for 2022. *NCSH Vital Statistics Rapid Release*, National Center for Health Statistics, No. 31, November 2023, p. 2. [dx.doi.org/10.15620/cdc:133703](https://dx.doi.org/10.15620/cdc:133703).
- 3 Xu JQ, Murphy SL, Kochanek KD, Arias E. Deaths: Final data for 2022. *National Vital Statistics Reports*, National Center for Health Statistics, June 2025, Vol. 74, No. 4, 22–23. [dx.doi.org/10.15620/cdc/174588](https://dx.doi.org/10.15620/cdc/174588).
- 4 Curtin SC, Tejada-Vera B, Bastian BA. Deaths: Leading causes for 2021. *National Vital Statistics Reports*, National Center for Health Statistics, April 2024, Vol. 73, No. 4. pp. 31 and 83. [dx.doi.org/10.15620/cdc/147882](https://dx.doi.org/10.15620/cdc/147882).

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