Author's response to reviews

Title: Association of Acculturation and Country of Origin with Self-Reported Hypertension and Diabetes in a Heterogeneous Hispanic Population

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Author's response to reviews: see over
Dear BMC Public Health Editorial Board:

We are pleased to submit our original research paper, “Association of Acculturation and Country of Origin with Self-Reported Hypertension and Diabetes in a Heterogeneous Hispanic Population,” for your consideration for publication in BMC Public Health. Little is known about the complex interplay between acculturation and chronic disease factor prevalence in the growing and increasingly diverse Hispanic population. While prior studies have demonstrated that health outcomes may vary with acculturation, few have examined the impact of acculturation across Hispanic subgroups defined by country of origin. We examined the hypothesis that diabetes and hypertension prevalence among U.S. Hispanics vary by country of origin and by the degree of acculturation.

Using a large state sample of Hispanic adults over seven years, our study has several important findings. First, self-reported prevalence of hypertension and diabetes varied by country of origin. Second, stratifying by nativity status demonstrated important differences in disease reporting by country of origin. Third, among all foreign-born subgroups, only Mexicans reported lower odds of hypertension after adjustment for socioeconomic and acculturation factors suggesting that the Hispanic health paradox holds primarily for Mexicans and not other Hispanic subgroups. Fourth, acculturation, measured by years of residence in the US, self-reported English ability and citizenship, was an important predictor of hypertension and diabetes rates. This suggests that acculturation may differentially impact Hispanic subgroups. Our findings highlight the importance of disaggregation of Hispanic by country of origin and acculturation factors whenever possible.

A major strength of our paper is that we were able to assess acculturation in three dimensions (i.e., English language ability, years in the US, and nativity status). This is an improvement over previous studies using NHANES and those studies using the National Health Interview Survey (NHIS), which did not include a language ability component. In addition, California’s large Hispanic demographic patterns allowed for a larger and more representative sample of Hispanics from Central and South America, groups traditionally underrepresented in other datasets.

We have included a statement in the methods section of our manuscript regarding Institutional Review approval for our study.
All authors have read and approved the submission of the manuscript; the manuscript has not been published and is not being considered for publication elsewhere, in whole or in part, in any language, except as an abstract. The authors all had full access to the data and were involved in data analysis, drafting and critical revision of the manuscript. I will serve as corresponding author. The authors have no financial disclosures to report.

Thank you for your time and consideration.

Sincerely,

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