

The State of Portuguese-American Health Disparities

O Estado das Disparidades em Saúde dos Luso-Americanos



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Historically, the United States (US) has been a magnet for Portuguese immigrants; there are several states with a significant population of Portuguese immigrants or Americans who claim Portuguese ancestry. Portuguese Americans are a diverse population consisting of people of Portuguese descent or immigrants from continental Europe, the Azores, and Madeira. The New England states of Massachusetts, Rhode Island, and Connecticut, along with New Jersey and New York, have a large concentration of Portuguese Americans; these people are mainly Azorean and Madeiran Portuguese and came to the United States to work in the textile mills.¹ The states of Hawaii and California were also desirable immigration attraction for Azoreans to work in the agricultural and farming industries. In the last 20 years, the state of Florida has become a retirement center, now hosting several communities of Portuguese American retirees and former residents of the New England states, New Jersey, and New York.¹ Additionally, many second and third generation Portuguese Americans have relocated to Texas, Nevada, Oregon, New Hampshire, Maine, and Vermont in search of new professional and economic opportunities.¹

Today, the image of a Portuguese American varies from the typical immigrant profile (e.g., those who emigrated 20 to 30 years ago) to those who are second and third generation. There are approximately 1.3 million Portuguese Americans by ancestry, and approximately 180 000 Portuguese by country of birth.¹ The size of the Portuguese American is comparable to other ethnic populations within the United States. There are 1.4 million Portuguese Americans compared to 1.8 million Cuban Americans, 1.6 million Vietnamese Americans, and 1.4 million Korean Americans.¹ A notable difference between Portuguese Americans and other ethnic American populations is evident in their lack of presence in the published health disparities literature. There is much published health disparities research on Cuban,² Vietnamese,³ and Korean Americans,⁴ yet Portuguese Americans have received little attention.

The weak presence of published literature on health disparities poses a problem for addressing the health needs of Portuguese Americans. The earliest call for health dis-

parities and services research was a 1974 article published by Francis Rogers.⁵ Health and medical topics discussed in Roger's original article included a need for tuberculosis prevention and folklore medical practices, as well as general health outcomes and incidence rates of disease among Portuguese immigrants. Out of the 15-page article, approximately six sentences addressed health, medicine, and folklore medicine. Roger's focus on medicine was limited but was also a call to action for Portuguese Americans, and other researchers, to focus on health and medicine for Portuguese American communities. Since the 1970s, this call to action was heard by few. Before 1999, a total of eight published peer reviewed articles addressed health or medical concerns of Portuguese Americans, with the earliest being Roger's 1974 article. Since 2000, approximately 30 articles have been published and addressed a variety of health disparities topics from mental health to cancer. Most of the literature published focused on mental health, followed by studies on substance abuse, sexually transmitted diseases, intimate partner violence, Machado's disease, and access to healthcare. Less than half of the published studies had at least one author with a Portuguese surname or Portuguese American background. This lack of Portuguese American presence speaks to a larger issue of the lack of Portuguese Americans in medical schools, schools of public health, and nursing schools who are interested in health services research and implementation science.

The question of how to move the Portuguese American health disparities research and literature forward is both complex and rooted in public health and medical social justice concerns.⁶ As Marmot noted, "health inequalities that are avoidable and are not avoided are unjust."⁶ The importance and emphasis of this injustice is directly connected to the role of data and how data can mitigate health disparities and health injustices, as well as how Portuguese American people are demographically represented within health data. If public health and medical researchers and practitioners have health data, then we can begin to address health disparities through targeted evidence-based strategies. The next section will address why there is a lack of health data for Portuguese Americans.

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Within the public health and medical literature, Portuguese Americans are considered both White and part of the Latino ethnic identity.⁷⁻⁹ The members of the Hispanic Congressional Caucus have current members who are of Azorean and Portuguese ancestry and that includes U.S. Representative Lori Ann Loureiro Trahan (parents are Azorean and from Mainland Portugal), and U.S. Representative Devin Nunes (both parents are Azorean), and Former U.S. Senator Ben Nighthorse Campbell (mother was Portuguese). Through the Portuguese American Leadership Council (PALCUS) 'Make Portuguese Count' campaign for the 2020 United States Census, those of Portuguese ancestry are encouraged to identify themselves as Portuguese. In other words, for PALCUS, Portuguese American are White and not considered Latino. There have also been several newspaper articles questioning if Portuguese Americans are White or Latino.^{10,11} This confusion in how to consider Portuguese ethnicity has direct implications for health data collection. If public health and the medical literature consider Portuguese Americans either White or Latino, then how can health services professionals get an accurate picture of the current health disparities? If elected officials are considered Hispanic, and there is a current debate on how Portuguese Americans ethnically identify – then how can policy makers and health service professionals get an accurate picture of current health disparities? This debate creates barriers against a unified approach to address Portuguese American health disparities. This is especially of concern as public health and medical professionals attempt to redress how COVID-19 impacts certain marginalized communities. Are Portuguese Americans White or Latino? When this question is addressed within health informatics, then we can get a complete picture of how COVID-19 impacted the Portuguese American community. Right now, we have limited anecdotal data on COVID-19 outcomes in Portuguese Americans.

In addition to the question around Portuguese American ethnicity, there are also other underlying issues that contribute to the lack of current knowledge of Portuguese American health disparities. There is lack of health disparities research on Portuguese Americans in the United States.

There are several Portuguese American public health and medical scholars, but they primarily conduct research on Latino populations. The lack of interest in Portuguese American health disparities is in part due to lack of health disparities data, and without data it is difficult to get research projects funded in the United States. With data limitations, it is hard to contribute new literature to the public health and medical literature.

Given these current data limitations, there are opportunities to move forward and rethink how Portuguese American health disparities research and practice could occur. One strategy is to engage elected Portuguese American officials to fund initiatives related to Portuguese Americans. A second strategy is to develop purposeful and targeted Portuguese and American university partnerships; these partnerships may include collaborative research projects within the United States as well as in Portugal. This idea is not new. Portugal has three Portugal Programs university partnerships – Massachusetts Institute of Technology, Carnegie Mellon University, and University of Texas, Austin. These three programs explore emerging frontiers in science with a global application through education, research and commercializing new discoveries. At the time of writing this article, there are no Portuguese and American partnerships focused on public health and/or medicine.

Lastly, as a result of new public health and medical partnerships, research initiatives between Portuguese and non-Portuguese students may occur and result in a shared cross Atlantic collaborative research projects exploring the health disparities of Portuguese communities. These cross Atlantic collaborative partnerships could lead to the development of online course student projects in which students from Portugal and the United States learn from each other. There is still much to do to understand and address Portuguese American health disparities, and the goal of this article is to stimulate future conversations.

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