



The use of Latinx in public health research when referencing Hispanic or Latino populations

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ABSTRACT

We provide a brief description of the demographics of the Hispanic or Latino population in the United States; point out the origin of the term Hispanic or Latino as standardized terminology in general including public health research; discuss the use of Latinx among the Hispanic or Latino population; and suggest recommendations for the use of Latinx in research including Hispanic or Latino populations. The Hispanic or Latino population is a heterogeneous population familiar with name and/or labeling controversies since the introduction of the ethnicity category in the 1980 U.S. Census. Latinx, a term aiming to be gender-expansive, inclusive, and/or neutral, is being used to refer to the Hispanic or Latino population overall. However, only a small proportion of this population has heard or use the term. For research purposes, we recommend that 1) the population is referred to using the labels used during data collection for existing data; 2) when using Latinx, participants are explained the meaning of the term and other choices be provided; and 3) investigations using Latinx should interpret the results within the current context of the term and acknowledge the group (s) to which the findings apply. The latter will lead to accurately represent the Hispanic or Latino population. This correct identification is important to document and address health inequities across race and ethnicity in the U.S.

The term “Latinx” first appeared in popular discourse in the early 2000 in the United States (U.S.) and has been used in efforts to be gender-expansive, inclusive, or neutral. The term appears to have peaked after the Pulse nightclub shooting on June 12, 2016, in Orlando, Florida (Ellis et al., 2016), and was added to the Merriam-Webster dictionary in September 2018 (“Latinx,” 2018). Interestingly, despite the fact that the Spanish language has gender binary grammatical references for most words, i.e., a word ending in ‘o’ to refer to ‘males’ and ‘a’ for ‘females’, the language lacks neutral nouns. Unlike the addition of ‘o’ or ‘a’ to refer to masculine or feminine as in Latino or Latina, adding ‘x’ refers to something unknown. Although some have argued against the addition of ‘x’ because of pronunciation problems, imperialist linguistic symbolism, and non-English-speaking alienation (de Onis, 2017), the ‘x’ hints to a non-conforming- or non-gendered term to represent people who do not identify with male/female binary gender choices or choose not to be identified with the gender binary. However, a recent editorial suggests that the term Latinx should be used more purposefully as a gender inclusive term (del Río-González, 2021), rather than neutral or gender-blinded to capture and increase the visibility of gender diversity.

In the present commentary, we do not discuss the debate around the meaning and/or controversies associated with the use of Latinx among people who are gender binary or non-binary, the reasons why they choose to identify with the term, or inequities associated with sex and/or gender stratification in the U.S. (and around the world). Our focus is on the use of Latinx in research when the term is applied to the Hispanic or Latino population as a whole. Of note, we recognize the distinction between sex and gender (i.e., broadly defined as biological features vs. social roles based on sex) but join these terms (‘and/or’) as most data collection systems use either term interchangeably. In other words, we examine and question the use of Latinx when it combines ethnic group and sex and/or gender affiliations as a single identifier. Specifically, we provide a brief description of the demographics of the Hispanic or Latino population in the United States; point out the origin of the term Hispanic or Latino as standardized terminology in general including public health research; discuss the use of Latinx among the Hispanic or Latino population; and suggest recommendations for the use of Latinx in research that includes Hispanic or Latino populations.

According to the 2020 U.S. Census, Hispanic or Latino people

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comprised 18.7% (62 million) of the U.S. population, a 23% increase from 2010 (16.3%, 50.5 million) (“Supplementary Tables on Race and Hispanic Origin: 2020 Census Redistricting Data,” 2021). The Hispanic or Latino population represents the only ethnic group in the U.S. The ethnicity category was first introduced in the 1980 U.S. Census and data were collected via the question: “Is this person of Spanish/Hispanic origin or descent?” (“U.S. Decennial Census Measurement of Race and Ethnicity Across the Decades: 1790–2020,” 2021). Although Hispanic or Latino ethnicity is intended to capture shared culture, values, and language, the Hispanic or Latino population has substantial variation by country of origin, place of birth, and racial identification (Borrell, 2005). For example, Hispanics self-identified with at least 19 countries of origin in Latin America and the Caribbean, with people from Mexico representing the largest group followed by people from Puerto Rico, Cuba, El Salvador, Guatemala, Dominican Republic, and Colombia (“American Community Survey. Table B03001. Hispanic or Latino origin by specific origin,” 2019). Moreover, of the 13.5% foreign-born individuals living in the U.S., Hispanic or Latino people comprised 44.2% of this population (“American Community Survey. Table S0501. Selected characteristics of the Native and foreign-born populations,” 2019). Finally, while the Hispanic or Latino population can be of any race, the large majority self-identified with Some Other Race (42.2%) followed by White (20.3%), American Indian and Alaska Native (2.4%), and Black (1.9%) in the 2020 U.S. Census.

Beginning with the 1980 U.S. Census, Hispanic or Latino people have been subjected to name and/or labeling controversies. For instance, debate on whether ‘Hispanic’ or ‘Latino’ is the best “umbrella” term dates back as the early 1980s (Del Olmo, 1985). Some have argued that “Latino” is a better term because it is linked to civil rights and political movements of the 1960’s that affirmed ethnic affiliation in the U.S. (Hayes-Bautista and Chapa, 1987). However, a counterargument was that “Hispanic” aligns with the official ethnicity label used by the U.S. Census Bureau, other government agencies including the Centers for Disease Control and Prevention, and importantly, that 14.6 million individuals identified with the term “Hispanic” in the 1980 U.S. Census (Treviño, 1987). Interestingly, proponents on both sides of this debate advocate for the consideration of nationality, nativity status and generation as part of identifying the population. In fact, following the tension between ‘Hispanic’ or ‘Latino’, Gimenez rejected both terms as identifiers and suggested that either term had political motivations and minoritized a group comprised of people with different immigration history to the U.S., social class, culture, and racial composition (Gimenez, 1989). She proposed the aggregation of the following groups: two minority groups (people of Mexican and Puerto Rican descent), and four privileged groups (Cuban immigrants, Central American refugees, Central American immigrants, and South American immigrants). These debates over the years led to the addition of the term “Latino” to the ethnicity category in the 2000 U.S. census modifying the question to “Is person X Spanish/Hispanic/Latino?” (“U.S. Decennial Census Measurement of Race and Ethnicity Across the Decades: 1790–2020,” 2021). Despite this terminology controversy, two independent and recent surveys (Noe-Bustamante et al., 2020; “The use of ‘LatinX’ among Hispanic Voters,” 2021) show that when it comes to identification of the Hispanic or Latino population, 61% and 68% prefer the term “Hispanic” to describe themselves and their peers of Latin American and Caribbean origin whereas 29% and 21% prefer “Latino,” respectively. Moreover, some have argued that the increased use of “Hispanic” is rooted in the U.S. Census classification systems and changes in classification have been driven by activists and political stakeholders (Martínez and Gonzalez, 2020).

Despite the proposed gender-expansive, inclusive and/or neutral origin of the term “Latinx,” we contend that the term is being commonly used by lay and scientific communities, with or without regards to gender inclusivity, neutrality, and gender or sex distinctions, to refer to the Hispanic or Latino population as a whole. In fact, the use of the term would suggest that there is consensus regarding the term

(Trujillo-Pagán, 2018). However, this is not the case. In a 2015 survey, participants were explained the gender neutrality purpose of the use of Latinx instead of Latino, Latino/a or Latin@s (Falcon, 2015). The survey found that only 3% preferred the term Latinx whereas almost half (46.3%) preferred the term Latino/a. Similarly, a survey including 3030 Hispanic adults part of the 2019 National Survey of Latinos found that only one in four (23%) of Hispanic adults have heard of the term “Latinx” and out those who have heard of this term, only 3% use it to identify themselves (Noe-Bustamante et al., 2020). Moreover, the survey found that awareness about the term Latinx varied across age, sex/gender, nativity status, education, and even political party identification among Hispanic or Latino people. Specifically, a higher percentage of adults aged 18–29 years (42%), women (24%), U.S. born (32%), adults with a college education or higher (38%) and those that identified or leaned towards the Democratic Party (29%) knew of the term ‘Latinx’ compared to those aged 50 years or older (22%), men (22%), foreign-born (16%), those with less than a high school education (14%) and those identifying or leaning Republican (16%). Interestingly, the largest discrepancy was across language proficiency, with English dominant adults (29%) being more than four times as likely to be aware of the term than adults with Spanish as the dominant language (7%).

In 2021, another survey (n = 800) asked Hispanic or Latino adult voters the term that best described their ethnic background, including the term Latinx (“The use of ‘LatinX’ among Hispanic Voters,” 2021). Among participants, 2% selected Latinx as the best term overall, with those aged 18–29 years having a slightly higher preference (4%). Moreover, the survey found that foreign-born (3%) and Republican (4%) Hispanic adults were more likely to use the term Latinx as the descriptor for their ethnic background compared with their U.S. born (2%) and Democratic (2%) peers. Finally, participants were asked whether the use of Latinx to describe the Hispanic or Latino community bothered or offended them. Of those surveyed, 40% stated that they were bothered or offended by the use of the term to describe the community, with 9% stating that their bothered or offended a little, 11% somewhat, and 20% a lot. Thus, we caution that the term Latinx may not be a one size fit all for the Hispanic or Latino population and does not seem to be embraced by a large percentage of the population. In fact, the term Latinx may be excluding and/or offensive to the same population it is trying to include when it is used to describe the population as a whole. Given its aims of inclusivity as well as to provide a voice and visibility to those who are oppressed and marginalized because of norms and expectations associated with gender identification in our society, the term “Latinx” should be used with groups who identify with, like and/or accept the term. As Dame-Griff notes regarding its current use by institutions, “... [it] centers the term’s perceived utility as a signal or marker of “inclusivity,” rather than as a term originally developed as part of self-naming practices of members of the Latina/o/x community whose non-binary identities are hyper-marginalized, most demonstrably by binary terminology (Dame-Griff, 2021).” This approach of aligning identification with groups will lead to the term Latinx becoming a welcomed addition to identification of the Hispanic or Latino population, rather than a replacement for ethnic identification.

Regardless of the original intent of gender inclusivity or neutrality as well as consensus on the use of Latinx, we have seen an exponential increase in its use to refer to the Hispanic or Latino population overall in the news, social media, and foremost, research. For instance, and specific to biomedical and public health research, a PubMed search from January 01, 2010 to 12/25/2021 yielded a total of 1705 publications going from two articles in 2016 to 1066 articles in 2021 (Fig. 1). Interestingly, the term is being used even for secondary and/or existing data (e.g., national surveys such as National Health and Nutrition Examination Survey, National Health Interview Survey, Behavioral Risk Factor Surveillance Survey, National Survey of Children Health, etc.), where race and ethnicity data collection did not include the term “Latinx” as part of the choices provided and sex or gender were collected as a separate question using the traditional binary format. Therefore, the

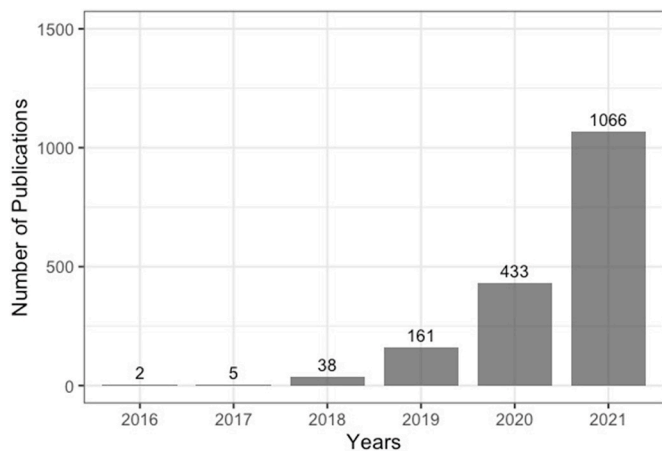


Fig. 1. Number of articles including the term “Latinx” in PubMed: 2010–2021.

term is being applied to identify the Hispanic or Latino population regardless of how the data were collected, how people identified in the context of ethnicity and sex and/or gender, or more importantly, whether it accurately represents a segment of the population who does not identify with the traditional gender binary. Moreover, its use may imply gender-blind sexism by excluding and erasing those who have struggled to find a place at the table and be named, such as women of color and specifically Latinas and more recently gender expansive people, through the silencing of their voices in a White patriarchal society (Trujillo-Pagán, 2018). Thus, we propose the following recommendations to ensure that the use of the term “Latinx” is inclusive rather than exclusive and does not add more problems to our system of racial and ethnic identity and hierarchy in the U.S.

First, we suggest referring to study populations using the term by which ethnicity data were collected during data collection when using existing or secondary data, i.e., Spanish origin, Hispanic, Latino, Mexican American, Ecuadorian, Dominican, etc. It seems inappropriate to assume that people who participated in studies conducted in 2000 (e.g., National Health Interview Survey) and identified as Hispanic and/or Latino or other national or country identifier, want to be called Latinx. The latter conflates participants ethnic and sexual and/or gender identification. Moreover, as health equity researchers, it is important to continue to use the original categories, as imperfect and changing as they may be, to monitor and document health inequities across race and ethnicity over time.

Second, researchers should explain to study participants the meaning of the term “Latinx” whenever it is used as an identification choice by being specific to whom it may apply and the intention behind its use when collecting primary data. Whenever Latinx is used, researchers should be clear about the population the term is intended to capture. If the term ‘Latinx’ is offered as a choice for participants’ ethnic identity, gender expansion categories should be offered to capture the intersection of the term Latinx for gender and ethnicity. In addition, participants should be provided with an explanation for the meaning of the term for research purposes. We recommend conducting pilot testing with study participants to determine how they would like to be identified and provide options for self-identification of ethnicity including terms such as Hispanic, Latino, Latino/a, Latina/x/o, or Latin@, and national origin in addition to Latinx. This approach would 1) center the lived realities of the people affected by racial, ethnic and sex and/or gender classifications that are rooted in historical systems of oppression, power and privilege; and 2) allow inferences of the study/research to be specific to the intended group. Finally, researchers should state what their findings mean for participants identified as Latinx in the context of both, racial/ethnic and sex and/or gender inequities.

Third, as our commentary highlights, the meaning and use of racial,

ethnic, sexual and/or gender identifiers are constantly changing over time. As such, if researchers use the term ‘Latinx’ then study findings should be interpreted within its current historical moment for participants who identify with Latinx, and specify the acceptability of the term in the Hispanic or Latino population given its recent introduction in popular discourse and research channels.

In summary, from the very first U.S. Census conducted in 1790, we have seen that racial and ethnic categories are fluid, dynamic and representative of the social, political and economic contexts of our society (“U.S. Decennial Census Measurement of Race and Ethnicity Across the Decades: 1790–2020,” 2021). Latinx will likely continue to grow as an identifier to capture and embrace the diversity and heterogeneity of the Hispanic or Latino population. With this broader historical context in mind, however, we caution researchers to use Latinx when the data collection included the term as an identifier, defined it for participants, and assessed if it was an acceptable term. At the end of the day, our goal in research is to accurately represent study populations and make inferences that are explicitly inclusive rather than exclusive or incorrect. For the Hispanic or Latino population, using the most accurate descriptor allows for the identification of the correct population to document and address health inequities across race and ethnicity in the U.S.

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