

RESEARCH BRIEF #76

September 27, 2022

Sociocultural and Demographic Drivers of Latino Population Health in New York State

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KEY FINDINGS

- Puerto Ricans, Dominicans, and Mexicans comprise the largest Latino subgroups in New York State and New York City.
- U.S.-born Latinos are approximately 2.5 times younger than their foreign-born counterparts.
- With few exceptions, foreign-born and non-citizen Latinos report lower educational attainment and income and higher uninsured rates.

Latinos are the largest minority group in the United States and are among the fastest-growing populations in New York State. Recent population estimates show that Latinos account for 1.3 million or approximately 11.4% of the population in New York State (excluding New York City) and comprise 2.4 million or about 29% of the population in New York City. Furthermore, research shows that sociocultural and demographic differences among Latino subgroups contribute to numerous health inequalities across the life course.¹⁻⁵

This research brief focuses on the diversity *within* the Latino population living in New York State across critical drivers of population health. Below we summarize key indicators of the Latino population in New York State (NYS; excluding NYC) and New York City (NYC).

Latinos Have Diverse Ancestral, Immigration, and Citizenship Backgrounds

Figure 1 shows the five largest Latino subgroups in NYS and NYC. Puerto Ricans, Dominicans, Mexicans, and Ecuadorians rank among the largest Latino subgroups in both regions. Notably, the percentage of the Dominican population in NYC is 2.4 times that of the rest of the NYS Dominican population.

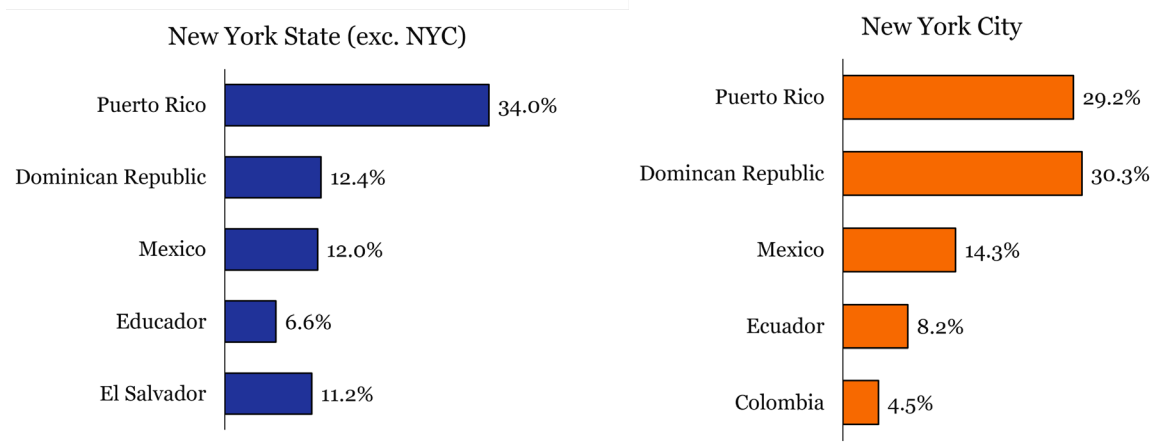


Figure 1: Largest Latino Groups by Country of Origin
Data Source: American Community Survey 2015-2019.

Nativity status (U.S.-born versus foreign-born) is an important social determinant of population health. Generally, foreign-born Latinos have more favorable health outcomes in early and mid-life than their U.S.-born counterparts. However, their health tends to decline at a faster rate as they age and with increased duration in the U.S. Overall, 42% of Latinos residing in NYS and 49% of Latinos living in NYC are foreign-born.⁵ However, there are substantial differences by country of origin. Figure 2 depicts the percentage of the foreign-born population for NYS and NYC. Note that we categorize island-born Puerto Ricans as foreign-born, given the well-documented contextual differences between the island and the U.S. mainland. The large percentage foreign-born in NYS and NYC suggests many Latinos may experience obstacles in accessing and accumulating resources that promote health given numerous barriers to economic incorporation.

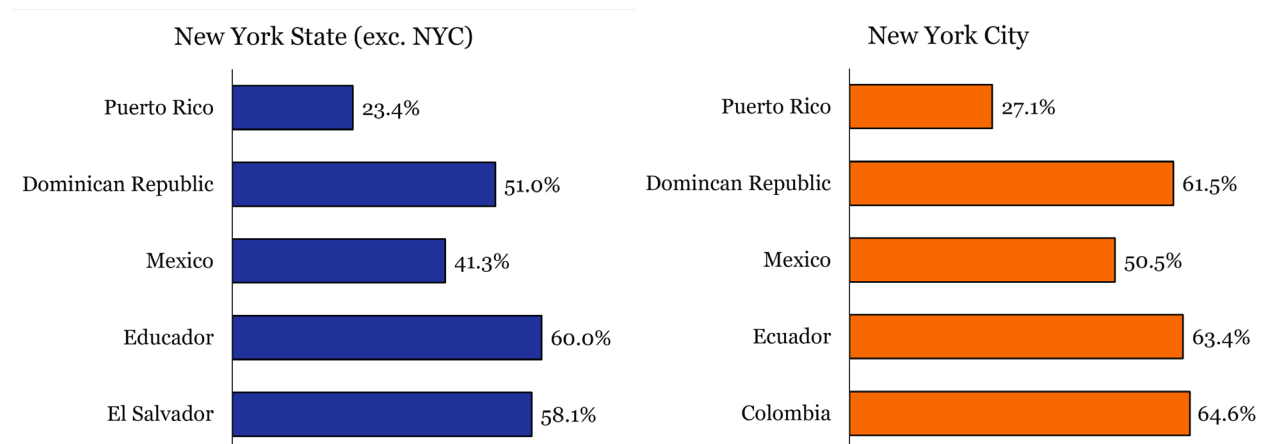


Figure 2: Percent Foreign-born of Largest Latino Groups by Origin Country
Data Source: American Community Survey 2015-2019.

Citizenship status is also an important indicator of population health for Latinos, as it determines eligibility for many social and health care services (e.g., SNAP, Medicare). Figure 3 illustrates within-group differences in the percentage of foreign-born Latinos with U.S. citizenship in NYS and NYC. Notably, Mexican-origin Latinos are the least likely to be U.S. citizens in NYS and NYC, whereas Dominicans in NYC and Colombians in NYC are more likely to be U.S. citizens.

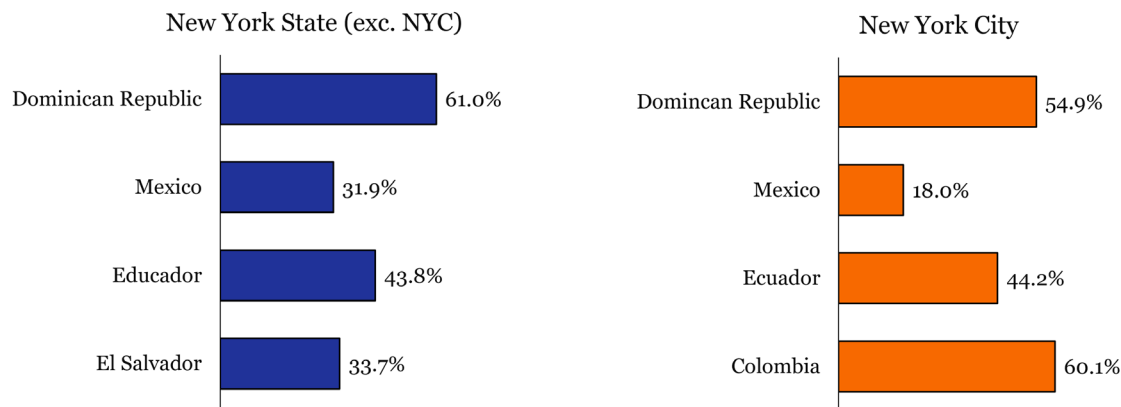


Figure 3: Percent Foreign-born with U.S. Citizenship among Largest Latino Country of Origin Groups

Data Source: American Community Survey 2015-2019.

U.S.-Born Latinos are Defined by their Youth. Foreign-Born Latinos are Much Older

The median age of Latinos in NYS is 29 years compared to 42 years for non-Latinos, and the median age of Latinos in NYC is 29 years compared to 40 years for non-Latinos. Figure 4 shows large variation in median age among Latinos by country of origin and nativity status. U.S.-born Latinos residing in NYS and NYC are approximately 2.5 times younger than their foreign-born counterparts, with island-born Puerto Ricans having the highest median age of all Latino subgroups regardless of region. Age differences by nativity have important implications for population health given the projected needs of older foreign-born Latinos who have inadequate access to preventative health care.

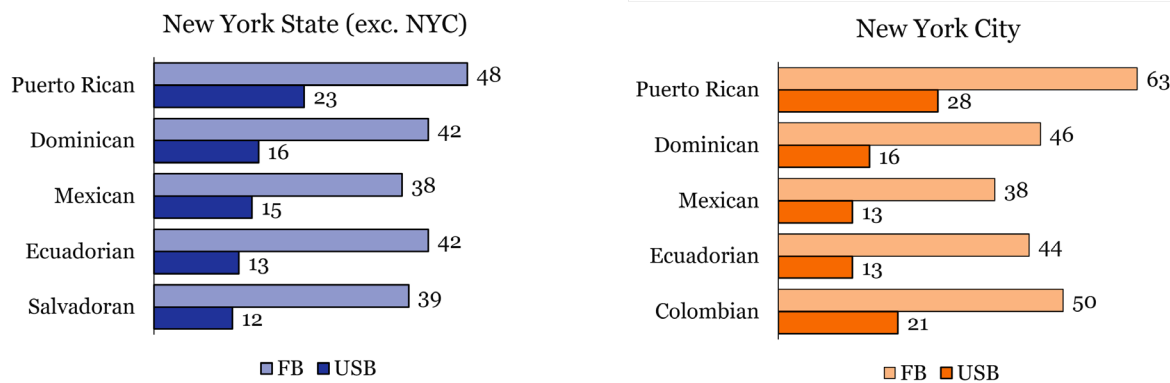


Figure 4: Median Age among Largest Latino Country of Origin Groups by Nativity Status

Data Source: American Community Survey 2015-2019. Note: FB=foreign born. USB=U.S. born

Education and Income Vary by Latino Subgroup

Education and income are key determinants of health. Figure 5 shows large education differences among Latinos by country of origin and nativity. Foreign-born Latinos have lower educational attainment than U.S.-born Latinos. Of these Latino subgroups Salvadoran immigrants have the highest share with less than high school in NYS, and island-born Puerto Ricans have the highest share with less than high school in NYC.

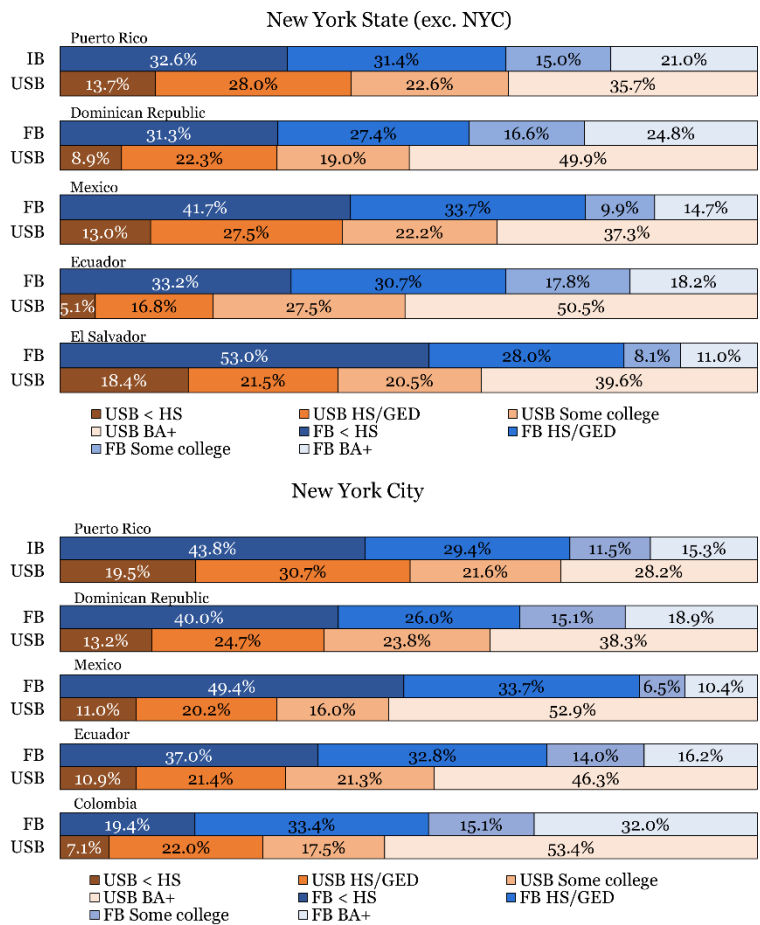


Figure 5: Educational Attainment for Ages 25 and Older among the Largest Latino Country of Origin Groups by Nativity Status

Data Source: American Community Survey 2015-2019.

Note: USB=U.S. born. FB=foreign born. IB=island born. <HS=less than high school. HS=high school graduate. BA+=4-year college degree

The median household income for Latinos is approximately \$42,200 in NYS and \$31,300 in NYC.⁶ Figure 8 highlights substantial within-group differences in median household income. Except for Salvadorans, U.S.-born Latinos in NYS fare better than foreign-born Latinos. In contrast, foreign-born Mexicans and Ecuadorians in NYC have higher median incomes than their U.S.-born counterparts.

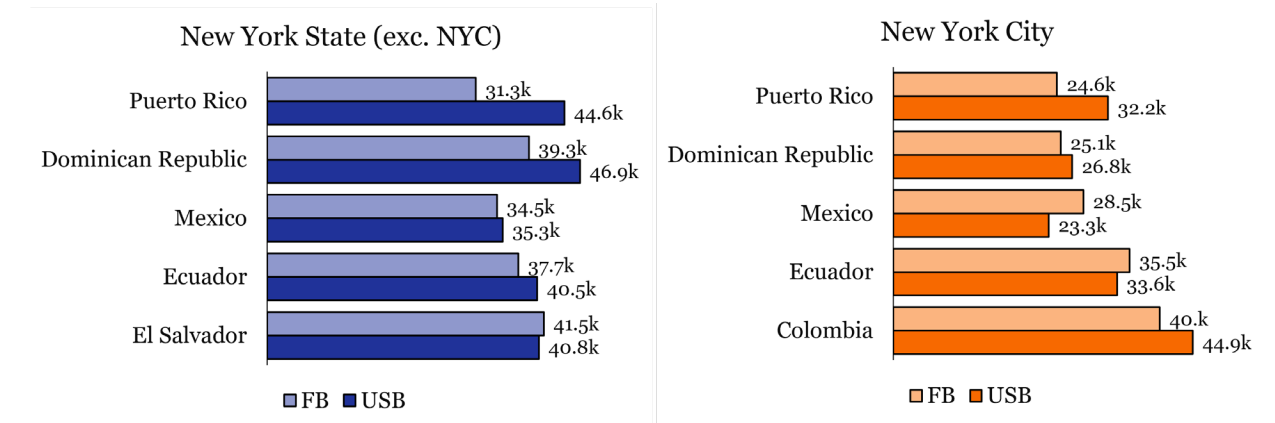


Figure 6: Median Household Income among 5 Largest Latino Country of Origin Groups by Nativity Status

Data Source: American Community Survey 2015-2019.

Note: FB=foreign born. USB=U.S. born

Health Insurance Rates Vary by Latino Subgroup

Health care coverage is essential to accessing preventative health services and treating ongoing health conditions. Foreign-born Latinos, except for island-born Puerto Ricans, have higher uninsured rates than U.S.-born Latinos (see Figure 7). Immigrants from Mexico and Ecuador are the most disadvantaged when it comes to uninsured rates in both NYS and NYC.

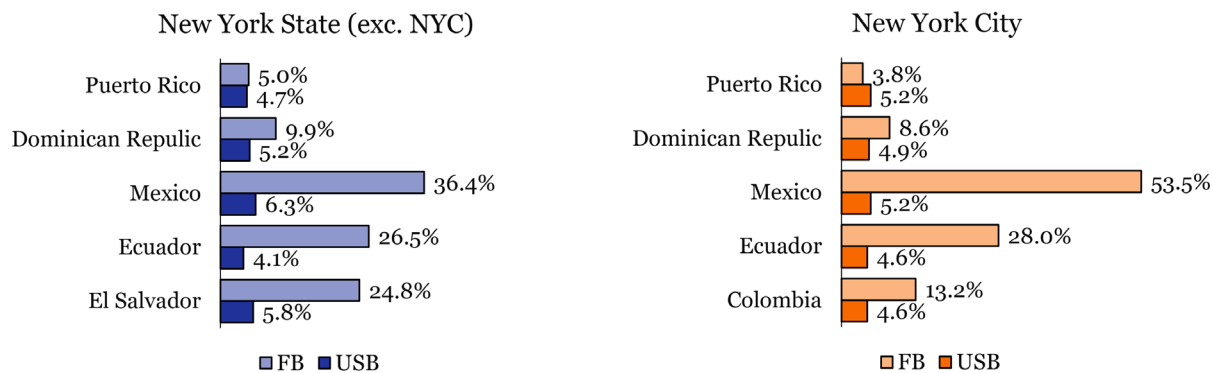


Figure 7: Percent Uninsured among Five Largest Latino Country of Origin Groups by Nativity Status

Data Source: American Community Survey 2015-2019.

Among non-citizens, 34% of foreign-born Latinos are uninsured in NYS and NYC, compared to the 7% of Latino citizens in NYS and 6% of Latino citizens in NYC.⁶ Figure 8 illustrates important country of origin differences in uninsurance rates by citizenship status. All Latino non-citizens are disadvantaged relative to Latino U.S. citizens in the percentage of uninsured individuals. Salvadoran, Mexican, and Ecuadorian U.S. citizens in NYS and Colombian, Mexican, and Ecuadorian U.S. citizens in NYC are between 2.8 and 5.4 times more likely to report being uninsured than their non-citizen counterparts.

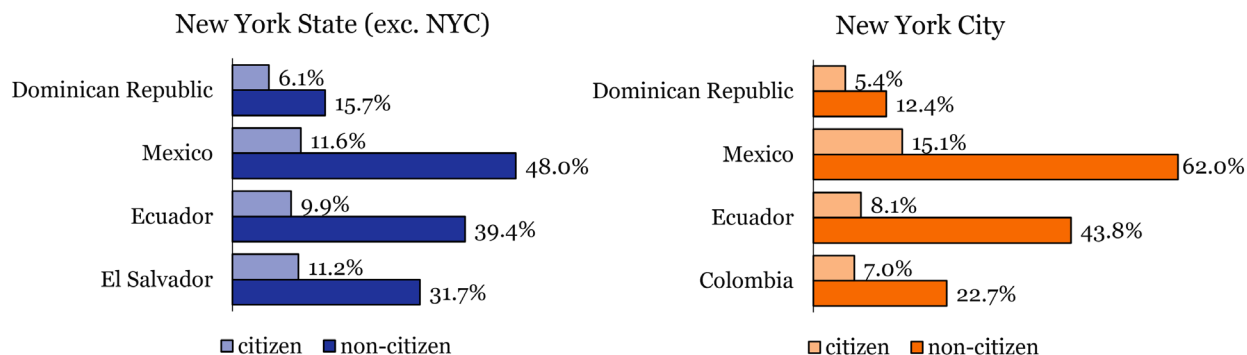


Figure 8: Percent Uninsured among Foreign-born from 5 Largest Latino Country of Origin Groups by Citizenship Status

Data Source: American Community Survey 2015-2019.

For New York Latinos, One Size Does Not Fit All

Latinos living in New York State have lower educational attainment and median household income than the average non-Latino New Yorker. In addition, large percentages of residents of these communities are uninsured. Inequalities across these key sociocultural and demographic drivers of population health accumulate over the life course and increase the risk of chronic conditions, disability, cognitive impairment, and mortality.

To improve population health and achieve health equity, it is critical to recognize that the Latino population living in NYS and NYC is not a homogenous group. We highlight that foreign-born and non-citizen Latinos experience greater social and economic inequalities that place them at an increased risk for adverse health outcomes. Foreign-born Mexican and island-born Puerto Rican Latinos are particularly disadvantaged relative to other Latino subgroups. Thus, we urge researchers, health practitioners, and policymakers to 1) consider how variation across critical indicators of population health differentially

impact the capacity to maintain health and well-being over the life course; and 2) use this information to create culturally-targeted strategies for community outreach that address social and economic inequalities and improve access to health-promoting services that are essential for achieving health equity among the various Latino subgroups living in New York State.

Data and Methods

Data are from the American Community Survey 2015-2019 5-year data file. All estimates are weighted to be representative of New York State (excluding the five boroughs of NYC) and New York City.

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6. Authors' calculations

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