HEALTH OF LATINOS







Dear New Yorker,

We are excited to present "Health of Latinos in New York City," the New York City Department of Health and Mental Hygiene's (NYC DOHMH) first comprehensive report on Latino health.

Latino New Yorkers make up nearly one-third of residents in our diverse and vibrant city. From 2000 to 2015, the Latino population grew by more than 14% to 2,485,125.

Although often described as one uniform group, Latinos in New York City (NYC) represent more than 20 unique countries of origin or heritage groups. This report highlights differences in demographics, health behaviors and health status among the largest Latino heritage groups in NYC: Puerto Rican, Dominican, Central and South American and Mexican.

Despite having fewer social, economic and health care opportunities than other residents, Latino New Yorkers as a whole tend to have more favorable health-related outcomes.

However, Latinos overall, compared with other New Yorkers, have a higher prevalence of some chronic conditions such as diabetes (17% vs. 10%) and obesity (29% vs. 20%).

Our results also revealed differences by Latino heritage. For example, although Latinos overall have a lower smoking rate than other New Yorkers (12% vs. 15%), the rate among Puerto Ricans is higher than other New Yorkers (25% vs. 15%). In general, Puerto Ricans have poorer health than other Latino groups, as do all Latinos who have been in the US for more than 10 years.

This report highlights the unique health-related successes, challenges and disparities among Latino New Yorkers. We hope this report not only raises awareness of the variation in health outcomes among New York's largest ethnic minority but also helps policy makers and communities better address the health priorities for all New Yorkers.

Many J. Basset

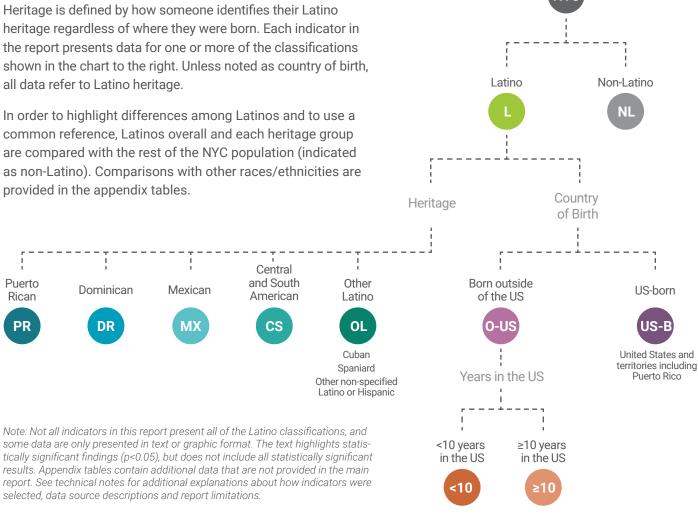
MARY T. BASSETT. MD. MPH

ABOUT THIS REPORT

This report provides a snapshot of Latino health in NYC and highlights the differences in outcomes by Latino heritage.

heritage regardless of where they were born. Each indicator in the report presents data for one or more of the classifications shown in the chart to the right. Unless noted as country of birth, all data refer to Latino heritage.

common reference, Latinos overall and each heritage group are compared with the rest of the NYC population (indicated as non-Latino). Comparisons with other races/ethnicities are



All New York City

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INTRODUCTION

Latinos have a long and rich history in New York City (NYC). The cultural and racial diversity of Latinos in NYC reflects more than 20 distinct heritage groups of indigenous, African and European ancestries.¹

The reasons for and timing of migration to NYC vary by heritage group and are influenced by political instability and economic hardship in the country of origin and changes in US immigration laws.²⁻⁵

Puerto Ricans arrived in large numbers in the 1940s and 1950s, followed by Dominicans in the 1960s and 1970s. A large number of Mexican and Central American immigrants arrived in the 1980s. South Americans have migrated more steadily over time, largely with family ties. With this continued migration, Latinos represent the largest immigrant group⁶ and a substantial proportion of the US-born population in NYC.

Variation in history, culture, patterns of migration to NYC and current experiences of acculturation and discrimination have an impact on health. Therefore, it is important to understand how health differs among Latinos overall and by heritage group. Latinos in NYC often report a healthier lifestyle

and experience more favorable health outcomes compared with non-Latino Whites, despite having less access to social and economic resources. However, this paradox hides the variation that exists between different heritage groups and by nativity status. In general, Latinos of Puerto Rican heritage (whether born in Puerto Rico or not) are more likely to have more adverse outcomes than other Latino heritage groups. Latinos born outside of the US who have lived in the US for ten years or more tend to have less favorable outcomes than recent immigrants.

Different experiences of racial discrimination, acculturation and structural barriers (e.g., policies that restrict access to social services and racial residential segregation) create variations in health, and health care access, among Latino heritage groups.⁷

In particular, racial residential segregation creates neighborhoods with high rates of poverty and

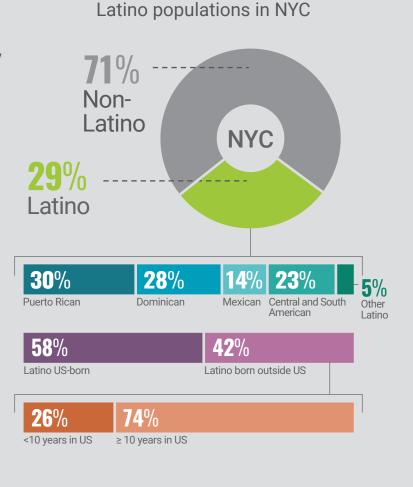
limited access to resources that promote health. Policies and practices that limit where people can live, learn and work are based on a history of racism and discrimination against racial and ethnic minorities in the United States (often referred to as structural racism), and have resulted in the marginalization of people of color, including Latinos.⁷⁻⁸

Our report presents the health profiles of the largest Latino heritage groups -Puerto Rican, Dominican, Mexican and Central and South American. Other Latinos, with smaller representation, are combined into a fifth group that includes Cubans and Spaniards. The data in this report should be interpreted in the context of the complex historical, political, social, economic and environmental factors that affect the health of Latinos in NYC. This report is an important first step towards understanding the complexities of health among New York's largest ethnic minority.

LATINOS IN **NEW YORK CITY**

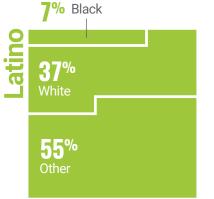
New York City (NYC) residents who identify as Latino or Hispanic account for nearly a third of the NYC population. From 2000 to 2015, the Latino population grew by more than 14% to 2,485,125.

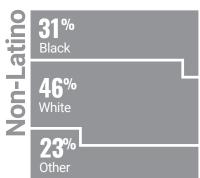
The largest Latino heritage groups in NYC are Puerto Ricans and Dominicans. More than half of Latinos are US-born. Of Latinos born outside of the US, nearly three-quarters have lived in the US for 10 years or more.



RACF

Latinos often identify by heritage alone and may not identify as a separate race.8 Among NYC Latinos, 7% identify as Black, 37% identify as White and approximately 55% identify as Other (includes those who identify as another race, more than one race, or do not identify as a separate race).











Non-Latino









Mexican



South American



Latino





US-born



outside US



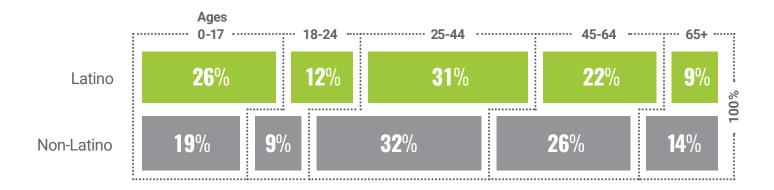
in the US



≥10 years in the US

AGE DISTRIBUTION

The Latino population in NYC is younger than the non-Latino population, with a higher percentage of children, teens and young adults and a lower percentage of older adults.



LANGUAGE SPOKEN AT HOME

More than 80% of Latinos ages five and older living in NYC report speaking Spanish at home; 17% speak English only, and less than 1% speak another language.



ENGLISH PROFICIENCY

English proficiency among Latinos ages five and older in NYC is associated with increased education and employment opportunities, improved health literacy and more positive interactions with health care providers. Approximately 15% of US-born Latinos in NYC report limited English proficiency compared with 68% of Latinos born outside of the US.

SEXUAL ORIENTATION

Compared with non-Latino adults, a lower percentage of Latino adults identify as gay, lesbian or bisexual (4% vs. 5%). A higher percentage of Latino public high school students report being gay, lesbian or bisexual than non-Latino students (12% vs. 9%).

LATINO POPULATION BY NEIGHBORHOOD

This map presents the number of residents who identify as Latino or Hispanic by Neighborhood Tabulation Area (NTA).[†] Latino residents are primarily located in northern Manhattan, the Bronx, northwest Queens and parts of Brooklyn.

Total number of NYC residents who identify as Latino 71 - 5,000 5,001 - 15,000 15,001 - 25,000 25,001 - 35,000 35,001 - 64,235 Non-residential ISLAND

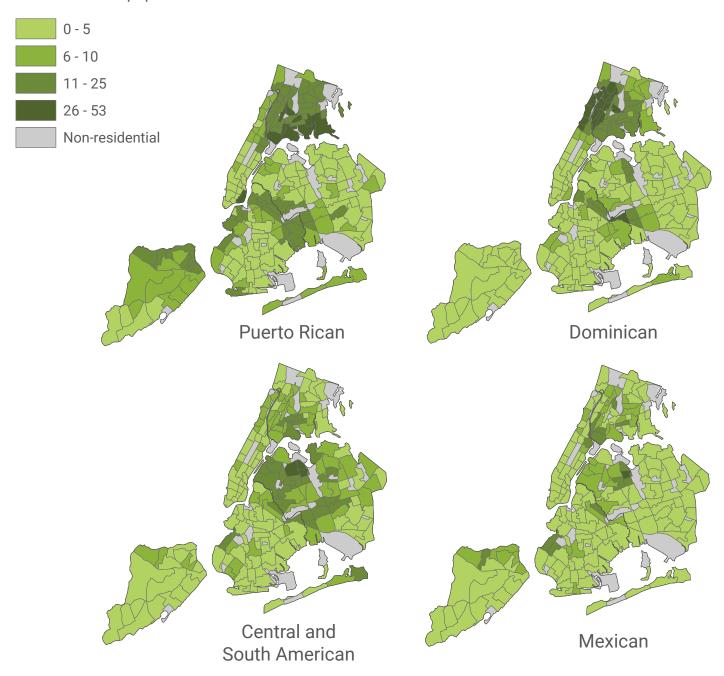
[†]NTAs are aggregations of census tracts that represent a minimum population of 15,000 residents and were created to project populations at a small area level for PlaNYC. For more information, visit nyc.gov/planning and search "neighborhood tabulation areas."

LATINO HERITAGE BY NEIGHBORHOOD

The following maps present the percentage of NYC residents that identify as Latino, by heritage and Neighborhood Tabulation Area (NTA).† A large percentage of Puerto Rican residents live in the Bronx, parts of Queens and Brooklyn; Dominican residents live primarily in northern Manhattan and the

Bronx; Central and South American residents live primarily in western Queens; and Mexican residents live primarily in northern and western Queens, parts of Brooklyn and the Bronx. Other Latinos (Cubans, Spaniards and Latino not specified) represent 0-5% of the total population per neighborhood.

Percent of total population



[†]NTAs are aggregations of census tracts that represent a minimum population of 15,000 residents and were created to project populations at a small area level for PlaNYC. For more information, visit nyc.gov/planning and search "neighborhood tabulation areas."

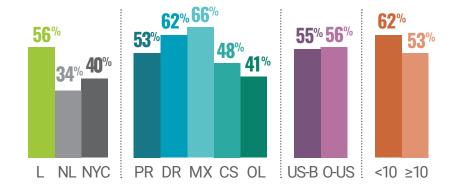
SOCIAL AND ECONOMIC CONDITIONS

Structural racism in Latino communities creates concentrations of poverty, unemployment and poor education, which limit access to resources that promote health and prevent illness. These factors can also increase stress and lead to poor health outcomes.

POVFRTY

More than half of Latinos in NYC live in poverty, compared with a third of non-Latinos. Three in five Dominicans and Mexicans live below 200% of the federal poverty level (less than \$48,500 yearly income for a family of four in 2015).

Income below 200% of the federal poverty level



EMPLOYMENT STATUS

Latinos ages 16 and older are more likely than non-Latinos to work in the following industries: service (34% vs. 20%); construction, extraction and maintenance (9% vs. 5%); and production, transportation and moving (13% vs. 7%). Latinos ages 16 and older are half as likely as non-Latinos to be in management or professional occupations (20% vs. 44%). Unemployment is lower among Mexicans (7%) and higher among Puerto Ricans (15%) and Dominicans (13%) than among non-Latinos (9%).

Unemployment rate





Latinos ages 16 and older working in management and professional occupations







Latino **57**%

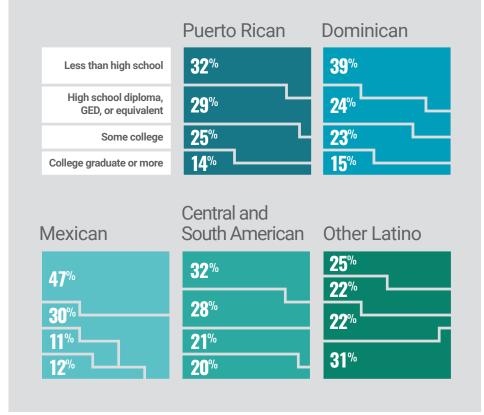
Non-Latino **50**%

RENT BURDEN

Households that pay more than 30 percent of their income for housing may have difficulty affording food, clothing, transportation and medical care. More than half of Puerto Ricans (53%), Dominicans (59%), Mexicans (63%) and Central and South Americans (57%) spend over 30% of their monthly household income on rent, compared with 50% of non-Latinos.



Among Latino adults in NYC ages 25 and older, 35% do not have a high school education compared with 14% among non-Latino adults. A lower percentage of Latinos than non-Latinos have completed college (16% vs. 42%).



INCARCERATION

People who are incarcerated have high rates of poor mental and physical health, which have an impact on individuals, families and communities. In NYC, Latinos are more likely to be incarcerated than New Yorkers citywide. Latinos experience disproportionately high policing compared with non-Latino Whites,¹⁰ leading to higher rates of detention, which may include lengthy pretrial confinement in jail.¹¹







HOUSING AND NEIGHBORHOODS

Living in neighborhoods with safe, affordable and quality housing and social support from friends and family can have a positive impact on health. Poor housing conditions, including the presence of pests and mold, can make asthma and other respiratory illnesses worse.

MULTIGENERATIONAL HOUSEHOLDS

Living with family can be an important source of social support. Multigenerational households consist of three or more generations such as a grandparent, an adult child, and a grandchild residing in one household. In NYC, a higher percentage of Dominicans (18%), Puerto Ricans (14%) and Central and South Americans (13%) live in a household with three or more generations than non-Latino residents (10%).

Households with three or more generations



Latino		14%
Non-Latino	10%	

PERCEPTION OF NEIGHBORHOOD SAFETY

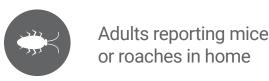
The percentage of adults who feel that their neighborhood is very safe or somewhat safe is lower among Latinos than non-Latinos and lower among Latinos born outside of the US than USborn Latinos (73% vs 79%).

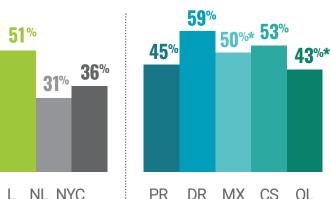
Adults who report their neighborhood as safe or very safe



PRESENCE OF PESTS AND PESTICIDE USE

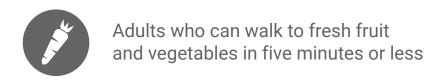
Cockroaches and mice are known asthma triggers. Half of Latinos in NYC saw cockroaches or mice inside their home on one or more days within the past month, higher than the non-Latino population. Personal use of pesticides can be a signal that building owners are not adequately controlling pests. Among adults who use pesticides to control insects in their home, Latinos are more likely than non-Latinos to use Tempo or insecticide chalk (15% vs. 6%), which are dangerous and not intended for personal use.





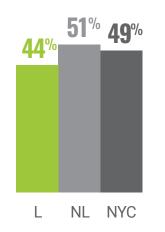


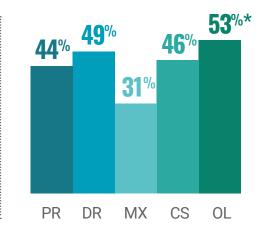
HEALTHY LIVING



ACCESS TO FRUITS AND VEGETABLES

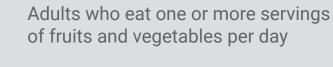
Ready access to fresh fruit and vegetables is important to maintain a healthy diet. Less than half of Puerto Ricans and less than a third of Mexicans can buy fresh fruits and vegetables within a five minute walk from their home.





FRUIT AND VEGETABLE CONSUMPTION

Overall Latino adults in NYC are less likely to consume one or more fruit and vegetable servings per day than non-Latinos. Among NYC public high school students, Latino students have a lower prevalence of eating an average of one or more fruit or vegetable servings per day than non-Latino students.



adults



89%



Latino

Non-Latino

NYC

High school students who eat an average of one or more servings of fruits and vegetables per day

high school students



(61%)



Latino

Non-Latino

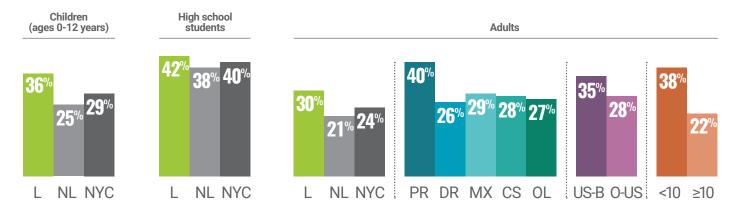
NYC

SUGARY DRINK CONSUMPTION

Sugary drink consumption can lead to weight gain and obesity, which increases risk of diabetes, high blood pressure and cancer. Puerto Rican adults are about twice as likely as non-Latino adults, and US-born Latino adults are more likely than adults born outside the US to drink one or more sugary drinks per day.

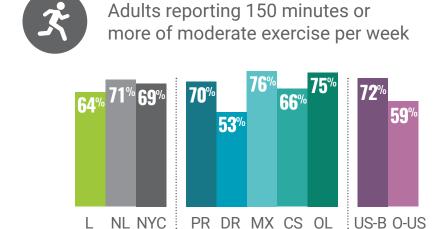


People who drink one or more sugary drinks per day



PHYSICAL ACTIVITY

Regular physical activity helps improve overall health, including reducing the risk for chronic diseases like heart disease. Dominican and Central and South American adults are less likely than non-Latino adults to report the recommended 150 minutes of moderate physical activity each week. US-born Latinos are more likely than Latinos born outside of the US to report moderate physical activity.



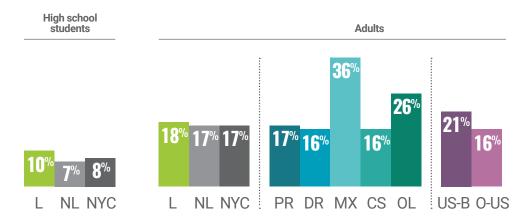


ALCOHOL USE

Excessive alcohol use, including binge drinking, is linked with high-risk behaviors and chronic health problems. Latinos have a lower prevalence of drinking than non-Latinos (51% vs. 58%). Among adults who drink alcohol, Mexicans have a higher prevalence of binge drinking than non-Latinos. Among high school students, Latinos have a higher prevalence of binge drinking than non-Latinos.



People who binge drink



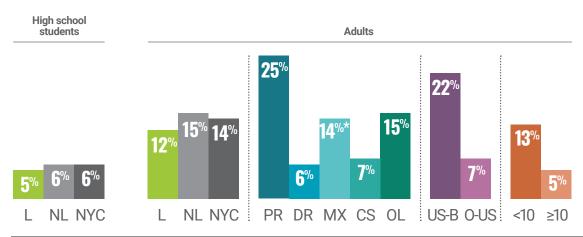
CURRENT SMOKERS

Smoking is a risk factor for heart disease, lung cancer and other health-related problems. Dominicans and Central and South Americans have a lower prevalence of smoking than non-Latinos and Puerto Ricans have a higher prevalence. US-born Latinos have three times the prevalence as Latinos born outside of the US.



People who are current smokers

Latino high school students report a higher percentage of electronic vapor product use than non-Latino students (19% vs. 14%).



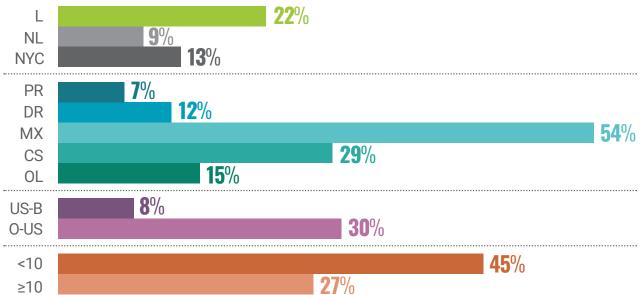
HEALTH AND HEALTH CARE

HEALTH INSURANCE

Having health insurance increases access to preventive and primary care services and reduces high out-of-pocket medical costs. Central and South Americans are over three times as likely and Mexicans are six times as likely as non-Latinos to be uninsured. A higher percentage of Latinos born outside of the US-especially recent immigrants-are uninsured compared with US-born Latinos.



Adults without health insurance





MEDICAL CARE ACCESS

Medical care includes doctor's visits, tests, procedures, prescription medication and hospitalizations. Limited or no access to these resources can have a negative impact on health. Compared with non-Latinos, a higher percentage of Latinos report needing medical care but not getting it (12% vs. 9%).



























Non-Latino

NYC

Puerto Rican



Mexican

Central and South American Latino

Other

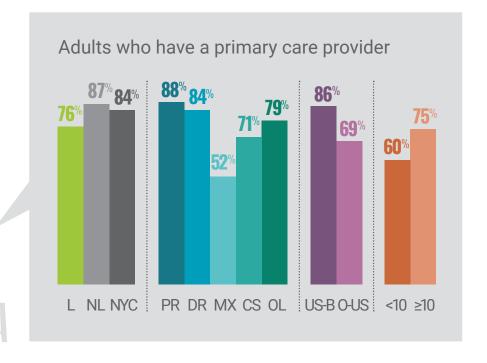
Latino US-born

Latino born outside US

in the US

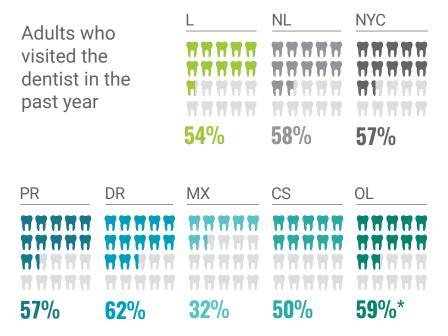
PRIMARY CARE PROVIDER

Primary care providers are important for both disease prevention and treatment. Having a primary care provider is less common among Mexicans and Central and South Americans compared with non-Latinos. Puerto Ricans and Dominicans have a similar prevalence as the non-Latino population. Latinos born outside of the US are less likely to have a primary care provider than US-born Latinos.



DENTAL HEALTH

Oral health is an essential part of overall health, and regular visits to the dentist are important to maintain healthy teeth and gums. Over half of Latinos have visited a dentist in the past year; however, fewer Mexican adults have visited the dentist in the past year compared with non-Latinos.



GENERAL HEALTH

Self-reported general health is one indicator often used to measure overall health. This indicator encompasses people's perceptions of their physical, mental and emotional health. Among Latino adults, 67% report their health as "excellent", "very good" or "good," compared with 81% of non-Latino adults. Adults who report general health as "excellent," "very good" or "good"





Non-Latino



Rican





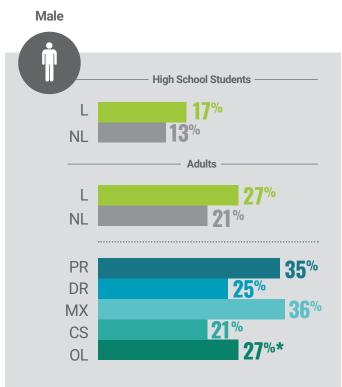


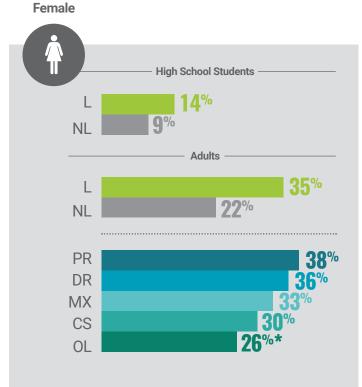
OBESITY

Obesity can lead to serious health problems, including diabetes, high blood pressure and heart disease. Nearly a third of Latino adults are obese, compared with about a fifth of non-Latinos. Similarly, among NYC public high school students, a higher percentage of Latinos are obese compared with non-Latinos (15% vs. 11%). American

Central Other and South Latino

People who are obese, by sex







HIGH BLOOD PRESSURE

High blood pressure is a leading risk factor for heart disease and stroke. Mexican, Central and South American and Other Latino adults have a similar prevalence of high blood pressure to non-Latinos. Puerto Rican and Dominican adults have a higher prevalence of high blood pressure than non-Latinos. Consuming too much sodium increases blood pressure and risk of heart disease and stroke. Most adults in NYC consume more than the recommended daily limit of sodium (2300 mg/day). Latino adults consume an average of 3395 mg/day.¹²

Adults with high blood pressure



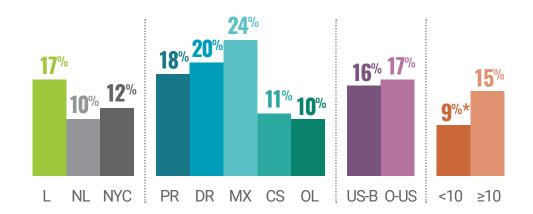




DIABETES

Puerto Rican, Dominican and Mexican adults have a higher prevalence of diabetes than non-Latino adults.

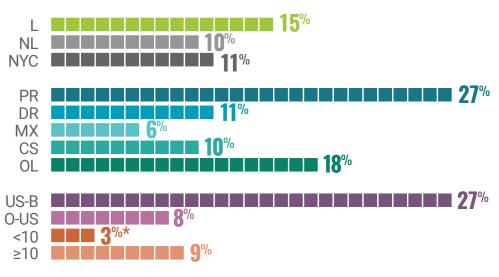
Adults with diabetes



ASTHMA

The prevalence of adults who have ever had asthma is lower among Mexicans compared with non-Latinos. The prevalence of asthma is nearly three times as high among Puerto Ricans compared with non-Latinos. More than one in six Latino children ages 0-12 (15%) and one in four Latino high school students (28%) has asthma.

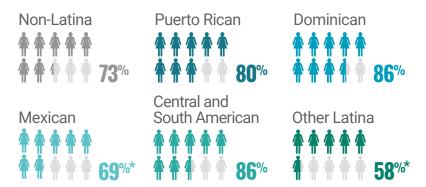
Adults who have ever had asthma



BREAST CANCER SCREENING

Early detection of breast cancer is important for effective treatment and care. Latina women ages 40 years and older are more likely to have had a mammogram in the past 2 years than non-Latinas (82% vs. 73%).

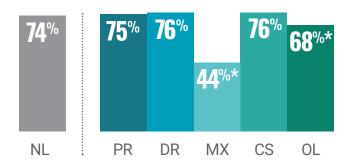
Women 40 and older who have had a mammogram in the past two years



COLON CANCER SCREENING

A similar percentage of Latinos and non-Latinos ages 50 years and older report ever having a colonoscopy. Latinos 50 years and older who were born in the US and those born outside of the US also report similar percentages (73% vs 74%).

Adults 50 and older who have ever had a colonoscopy

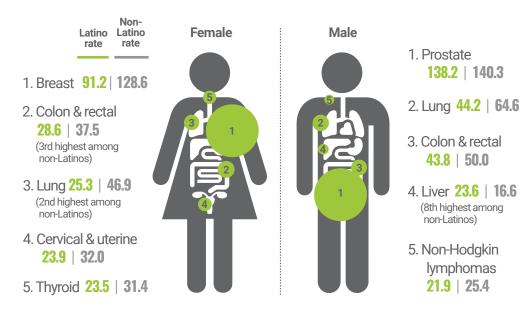


CANCER INCIDENCE

The most common types of cancer among Latinos and non-Latinos are similar, with the exception of liver cancer, which is more common among Latino than non-Latino men.

Cancer incidence rates are generally lower among Latinos compared with non-Latinos.

Top five types of cancer incidence per 100,000 people by sex





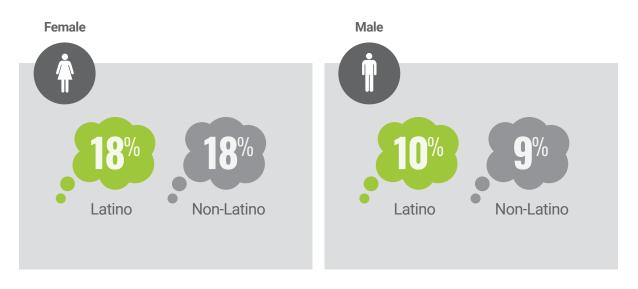
MENTAL HEALTH AMONG HIGH SCHOOL STUDENTS

Feeling sad or hopeless or considering suicide can be signs of depression or other mental health problems. Among NYC high school students, similar percentages of Latinos and non-Latinos have considered suicide (14% vs. 14%), or have felt so sad or hopeless for two or more weeks in the past year that they stopped doing their usual activities (31% v. 28%).

High school students who felt sad or hopeless for two or more weeks, by sex



High school students who considered suicide, by sex





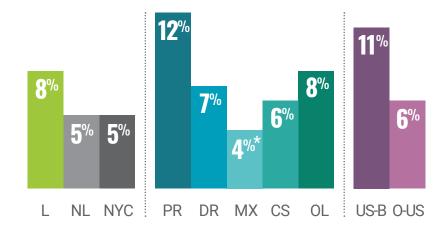
MENTAL HEALTH **CARE ACCESS AMONG ADULTS**

Mental health is a key part of overall well-being. The percentage of adults who report needing mental health treatment but not getting it in the past year is similar among Latinos and non-Latinos (4% vs. 3%).

SERIOUS PSYCHOLOGICAL DISTRESS

Serious psychological distress (SPD) is a measure of sadness, nervousness, restlessness, hopelessness and low self-confidence. Latinos have a higher prevalence of SPD than non-Latino adults. Puerto Ricans and Dominicans are also more likely to experience SPD than non-Latino adults.

Serious psychological distress among adults





INTIMATE PARTNER VIOLENCE

While a similar percentage of Latino (5%) and non-Latino (4%) adults experience intimate partner violence (defined as ever fearing for their safety or the safety of others because of anger or threats from a current or former intimate partner), the percentage is marginally higher among Puerto

Ricans (6%) compared with non-Latinos. Among high school students who dated someone in the past 12 months, a similar percentage of Latino and non-Latino students report physical or sexual dating violence (19% vs. 18%).





























Non-Latino

NYC

Puerto Rican

Central and South American

Other Latino

Latino US-born

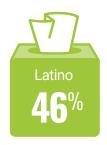
Latino born outside US

<10 years in the US

FLU VACCINATION

Influenza (commonly known as the flu) is a dangerous respiratory infection that can lead to hospitalization and even death. Getting a flu vaccine or flu shot is the best way to reduce the risk of getting the flu and spreading it to others. Latinos are more likely than non-Latinos to get a flu shot. Puerto Ricans have a higher prevalence of getting the flu shot than non-Latinos (48% vs. 43%).

Adults who received a flu vaccination in the past year



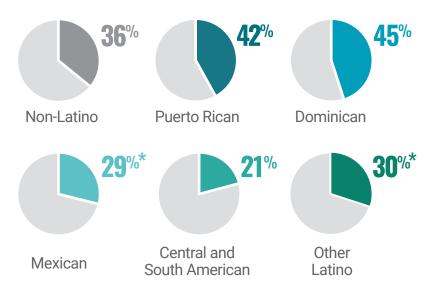




HEPATITIS C SCREENING

While anyone can get hepatitis C, approximately three quarters of people in the US who have hepatitis C were born from 1945 to 1965,¹³ and New York state mandates testing for hepatitis C among all people born during this period.¹⁴ Testing is important to prevent liver damage, cirrhosis and liver cancer. In NYC, 36% of Latino adults born between 1945 and 1965 have ever been tested for hepatitis C. Testing for hepatitis C is less common among Central and South Americans compared with non-Latino adults.

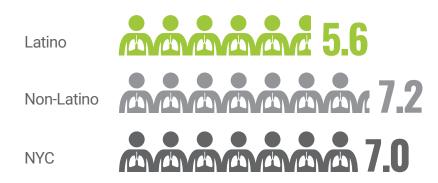
Adults born between 1945 and 1965 who have been screened for hepatitis C



TUBERCULOSIS

By country of birth, rates of confirmed tuberculosis diagnoses are lowest among people born in the Dominican Republic (5.5 per 100,000) and highest among those born in Mexico (20.0 per 100,000).

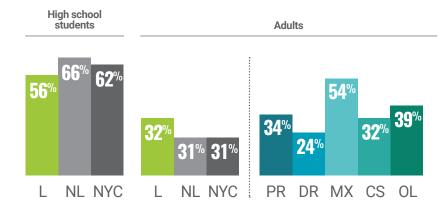
Tuberculosis diagnoses per 100,000 people



CONDOM USE

Regular condom use reduces the risk of sexually transmitted infections, including HIV, and unintended pregnancies. Among adults, Mexicans are more likely and Dominicans are less likely than non-Latinos to report condom use during a previous sexual encounter. Among sexually active NYC high school students, condom use is lower among Latinos than non-Latinos, and higher among Latinos who have always lived in the US than those who have not.

People who used a condom the last time they had sex



HIV TESTING

Some people with HIV do not know they are infected. Getting tested is the first step to treatment and is important for reducing transmission. Among adults and high school students, Latinos are more likely than non-Latinos to have ever been tested for HIV. Latino adults born in and outside of the US report similar rates of HIV testing (76% vs. 74%).

People ever tested for HIV

	High school students	Adults
Latino	25 %	76 %
Non-Latino	20 %	58 %
NYC	22 %	63 %

NEW HIV DIAGNOSES

The rate of new HIV diagnoses among Latinos is higher than the rate among all New Yorkers. The rate of new HIV diagnoses among Dominican-born people is nearly a quarter lower than the rate among non-Latinos (20.5 vs. 26.2 per 100,000 people). US-born Latinos have a higher rate than Latinos born outside the US (37.4 vs. 34.6 per 100,000).

New HIV diagnoses per 100,000 people



Timely Care to People Newly Diagnosed with HIV[†]

Among Latinos newly diagnosed with HIV, 75% receive timely care.





























Latino

Non-Latino

NYC

Rican

Central and South American

Latino US-born

Latino born outside US

in the US

≥10 years in the US

BIRTH AND DEATH OUTCOMES

PRENATAL CARE

Prenatal care can improve pregnancy outcomes through patient education and by monitoring medical conditions. The majority of births in NYC occur to mothers in care. The percentage of women who received late or no prenatal care is similar by Latino heritage.

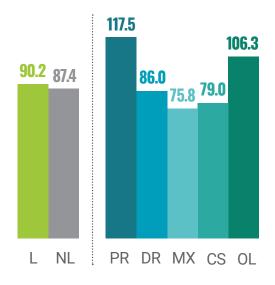
Births to mothers who received late or no prenatal care

Latino	8 %
Non-Latino	7 %
NYC	7 %

PRETERM BIRTHS

Preterm births include babies born before 37 weeks of clinical gestational age. Dominican, Central and South American and Mexican mothers have lower preterm birth rates than non-Latina mothers. Puerto Rican mothers have a 30% higher preterm birth rate than non-Latina mothers.

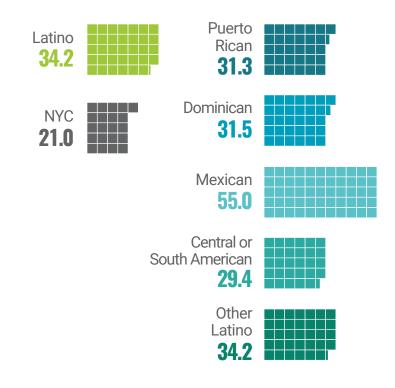
Preterm births per 1,000 live births



TEEN BIRTHS

Among NYC teens ages 15 to 19, teen birth rates are highest among Mexican and lowest among Central and South American teens.

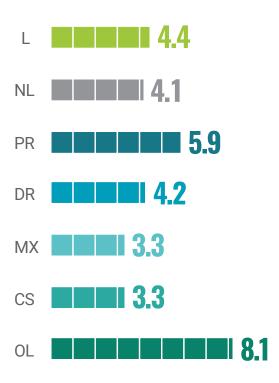
Teen births per 1,000 females ages 15-19



INFANT DEATHS

Mexicans and Central and South Americans have lower infant death rates (deaths of infants less than one years old) than non-Latinos; Puerto Ricans and other Latinos (Cuban, Spaniard, other nonspecified Latino or Hispanic) have higher infant death rates than non-Latinos.

Infant deaths per 1,000 live births



LEADING CAUSES OF DEATH

The top ten causes of death are similar between Latinos and non-Latinos. However, Latinos generally have lower death rates than non-Latinos, except for death rates due to Alzheimer's disease, diabetes, unintentional drug-related deaths and stroke.

Top causes of death and age-standardized rates per 100,000 people

Non-Latino Latino # rank and rate # rank and rate 139.5 181.9 **Heart Disease** 111.6 #2 139.4 Cancer 22.9 #3 24.1 Flu/pneumonia #5 **19.1** 20.9 **Diabetes** Mellitus 18.4 #6 17.8 Stroke Lower respiratory 16.8 19.3 diseases Alzheimer's 11.1 **Disease** Unintentional 10.2 #8 10_2 (not drug-related) **Hypertension** 10.7 10.1 and hypertensive renal diseases Unintentional 8.2 (drug-related)







Non-Latino











South American Latino







US-born



outside US



in the US

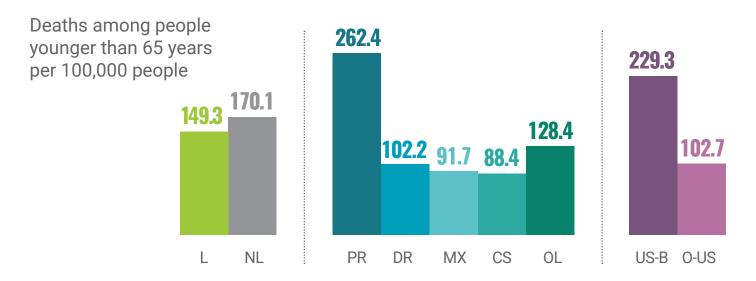


PREMATURE DEATH

The top five causes of premature death (deaths under the age of 65) among Latinos are cancer, heart disease, unintentional drug overdose, non-drug related accidents and HIV. Latinos overall have a lower premature mortality rate than non-Latinos, which is reflected among Dominicans,

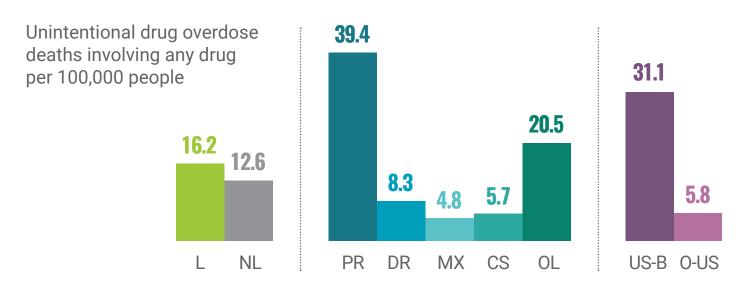
Mexicans and Central and South Americans.

Puerto Ricans have a higher premature death rate than non-Latinos. US-born Latinos have more than double the premature mortality rate of Latinos born outside of the US.



UNINTENTIONAL DRUG OVERDOSE[†]

Opioids are involved in 80% of all unintentional drug overdose deaths in NYC. Latinos have a higher rate of unintentional overdose deaths compared with non-Latinos. Among Latinos who died of a drug overdose, almost two-thirds are Puerto Rican. US-born Latinos are over five times more likely than Latinos born outside of the US to die from an unintentional drug overdose.



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TECHNICAL NOTES

LATINO ORIGIN/HERITAGE

For the purpose of this report, the term Latino includes people who identify as Hispanic or Latino/a. In the United States, Latino is a term used to describe people of Latin American descent, whereas Hispanic refers to people whose culture includes the Spanish language. Heritage groups presented in the report are defined as those who self-identified their Hispanic or Latino/a heritage as Puerto Rican, Dominican/ Dominican-American, Central American or South American, Mexican/Mexican-American and those who identified as any other Latino group, including Cuban/Cuban-American, Spaniard, and Latino or Hispanic not specified. "Latino US-born" is defined as born in the United States or US territories, including Puerto Rico. "Latino born outside of the US" is defined as any resident born outside of the United States or US territories. "Years in the US" is categorized for Latinos born outside of the US as living in the US for less than 10 years or 10 years or more. See the appendix for a more detailed explanation of how Latino heritage group information was collected for the main data sources used in this report.

DATA SOURCES

U.S. Census/American Community Survey (ACS): The U.S. Census calculates intercensal population estimates, which were used for overall population counts among Latinos. The ACS is an ongoing national survey conducted by the U.S. Census Bureau and was the source for indicators including age, race, percent born outside the US, adult education level, limited English proficiency, occupation, household composition, poverty, unemployment and rent burden as well as for population denominators for rate calculation as noted. Five-year estimates (2011-2015) are used to improve statistical reliability of the data. ACS data were obtained and analyzed using data from the Integrated Public Use Microdata Series (citation: Steven Ruggles, Katie Genadek, Ronald Goeken, Josiah Grover, and Matthew Sobek. Integrated Public Use Microdata Series: Version 6.0 [American Community Survey, 2011-2015]. Minneapolis, MN: University of Minnesota, 2015. http://doi. org/10.18128/D010.V6.0).

NYC DOHMH Community Health Survey (CHS): The CHS is conducted annually by the Health Department with approximately 9,000 non-institutionalized adults ages 18 and older. Estimates are age-adjusted to the US 2000 standard population except for Hepatitis C screening. The CHS has included adults with landline phones since 2002 and, starting in 2009, has included adults who can be reached by cellphone. For more survey details, visit www.nyc.gov/health/survey. Indicators include self-reported health, smoking, average daily sugary drink consumption, fruit and vegetable consumption, physical activity, obesity, diabetes, insurance coverage, flu vaccination, HIV testing, and others.

Single-year estimates (2015) are used unless otherwise noted. All indicators were weighted to represent the NYC adult population, and to compensate for unequal probability of selection and non-response bias.

NYC DOHMH Youth Risk Behavior Survey (YRBS): The YRBS is a biennial self-administered, anonymous survey conducted in NYC public high schools by the Health Department and the NYC Department of Education. For more survey details, visit www1. nyc.gov/site/doh/data/data-sets/nyc-youth-risk-behavior-survey. page. Indicators include smoking, tobacco and e-vapor product use, sugary drink consumption, fruit and vegetable consumption, physical activity, alcohol use, condom use, HIV testing, dental care, mental health and dating violence. Single-year estimates (2015) are used. All indicators were weighted to represent the NYC public high school population, and to compensate for unequal probability of selection and non-response bias.

NYC Department of Correction: The average daily population of incarcerated people in NYC jails ages 16 years and older included in the report is based on NYC Department of Correction biweekly in-custody files from Jan 1, 2015, through December 31, 2015. A rate was calculated by using average daily incarcerated population and American Community Survey, 2015 1-year estimates downloaded from U.S. Census American Factfinder.

Child Health, Emotional, Wellness and Development Survey: The Child Health, Emotional Wellness and Development Survey was a random-digit-dialed survey of approximately 3,000 randomly selected families conducted by the Health Department in 2015. The indicator included in the report is sugary drink consumption for children ages 0-12 years.

NYC DOHMH HIV/AIDS Surveillance Registry: The NYC HIV Epidemiology and Field Services Program (HEFSP) manages the HIV surveillance registry, a population-based registry of all persons diagnosed with AIDS (since 1981) or HIV infection (since 2000) and reported to the NYC DOHMH according to standard Centers for Disease Control and Prevention (CDC) case definitions. The Registry contains demographic, HIV transmission risk, and clinical information on HIV-diagnosed persons, as well as all diagnostic tests, viral load tests, CD4 counts, and HIV genotypes reportable under New York State law. For a list of surveillance definitions and technical notes see: http://www1.nyc.gov/site/doh/data/ data-sets/hiv-aids-annual-surveillance-statistics.page. Indicators include new HIV diagnosis rates per 100,000 (based on American Community Survey 2015 population estimates) and timely linkage to care among people newly diagnosed with HIV by Latino origin overall and by country of birth. Timely linkage to care is defined as having an HIV viral load or CD4 test drawn within 3 months (91 days) of HIV diagnosis, following a seven day lag. All data are based on information received by the NYC DOHMH as of June 30, 2016 and are for calendar year 2015.

NYC DOHMH Bureau of Tuberculosis Control: The Bureau of Tuberculosis Control receives data for persons in NYC confirmed with active TB disease, suspected of having TB, or who are contacts to infectious TB cases. These data are reported to

the Health Department by health care providers and clinical laboratories throughout the city as mandated by the New York City Health Code and New York State Public Health Laws. The indicators presented in this report are tuberculosis rates per 100,000 population for 2015 (based on American Community Survey 2015 population estimates). Data were collected by self-identified Hispanic ethnicity and by country of birth.

New York State Cancer Registry: Data were obtained from the New York State Cancer Registry report. Cancer Incidence and Mortality in New York State, 2010-2014. http://www.health.ny.gov/statistics/cancer/registry/. Accessed August 10, 2017. Indicator presented is top five highest age-adjusted incidence rates among Latinos by sex.

NYC DOHMH Vital Statistics: The Health Department's Bureau of Vital Statistics maintains administrative data on all births and deaths in NYC obtained from birth and death certificates. Indicators include preterm births, teen births (limited to births to women less than 20 years of age), prenatal care, leading causes of death and infant mortality. Data were combined across five vears (2011-2015) to increase statistical reliability. Average annual rates are presented. For this reason, these statistics may differ from those in the annual "Summary of Vital Statistics." All rates are shown as crude rates, except leading causes of death and premature mortality rates, which are age-adjusted. Data on unintentional drug overdose were provided by the Health Department's Bureau of Alcohol and Drug Use Prevention, Care and Treatment in collaboration with the Bureau of Vital Statistics and the Office of the Chief Medical Examiner. Rates are based on American Community Survey 2011-2015 population estimates.

ANALYSES

Indicators were selected for this report based on: 1) availability of data by Latino heritage group, 2) data source availability for analysis and 3) relevance to the Health Department's program priorities. After review by the Health Department and non-Health Department content experts, a preliminary list of indicators was reduced to include those considered high priority. Comparisons that showed a number of statistical differences between groups or that were of high public health importance were included in the main report. Additional results are included in the Appendix.

For CHS and YRBS data, t-tests were conducted to determine if each estimate was statistically different from the reference group. Reference groups were defined as follows:

- The non-Latino population was the reference group for estimates of the total Latino population and the Latino heritage subgroups (Dominican, Mexican, Puerto Rican, Central and South American, and Other Latino).
- Latinos born outside of the US was the reference group for US-born Latinos.
- Among Latinos who were born outside the US, those who lived in the US for less than 10 years was the reference group for those who lived in the US for 10 years or more.

Most estimates were evaluated for statistical reliability using the relative standard error. Those estimates with a relative standard error ≥30% are flagged as follows: "Interpret estimate with caution due to small number of events or small sample size." Where noted, estimates in this report were age-standardized to the US 2000 Standard Population. Estimates were also weighted to represent the NYC population and compensate for unequal probability of selection and non-response bias. For ACS data, z-tests were used to determine if each estimate was significantly different from the reference group as described in "A Compass for Understanding and Using American Community Survey Data: What General Data Users Need to Know" from the U.S. Census.

LIMITATIONS

- 1) Data availability: Because of limited data availability, many important indicators and populations were not able to be included in the report.
 - Heritage group information was not available for high school students and children.
 - Race and ethnicity categories often used in survey data do not capture the indigenous populations that are common among persons of Latin American origin. For example, most Mexicans in New York are from the Mexican state of Puebla, where almost 20% of the population is indigenous.
 - Data including a person's documentation status were not available and therefore not presented in this report.

2) Latino origin/heritage:

- Central and South Americans are presented as a combined group because of data collection limitations. This large group includes many distinct heritages with differences in historical, cultural, social, economic and demographic characteristics.
- Some populations of Latin American or Spanish-speaking origin might not self-identify as Latino or Hispanic (e.g., Brazilian, Guyanese) and therefore may not be represented by this report.

3) Race:

- Some studies have shown that health outcomes differ among Latinos by race (e.g., Black or Afro-Latinos vs. White Latinos). Due to sample size considerations and the scope of this report, we did not report estimates by race.
- Similarly, the non-Latino comparison group is comprised of multiple races (non-Latino Black, non-Latino White, Asian, etc.), which may mask important differences within the comparison group. These additional comparisons are provided in the appendix tables.

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Complete tables of data presented in this report are available here: www1.nyc.gov/assets/doh/downloads/excel/episrv/2017-lhr-pud.xlsx

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