Health Outcomes and Healthcare Utilization of Mothers and Infants in New York City Department of Homeless Services Shelters, 2008-2015

Note about language in this brief

In acknowledgement of the potential experience of oppression and health inequities when a person holds multiple marginalized identities, including gender identity, we are taking a gender-additive approach using gender neutral language alongside the language of womanhood with words like 'women' and 'people' throughout this brief. We are committed to addressing health inequities for all New Yorkers.

Introduction

The Newborns in Shelter project is a research collaboration between the Mayor's Office Center for Innovation through Data Intelligence (CIDI), Department of Health and Mental Hygiene (DOHMH), Department of Social Services/Department of Homeless Services (DSS/DHS), and Administration for Children's Services (ACS). The data presented in this brief describe health conditions and healthcare utilization of infants and their mothers residing in DHS shelters.

Families and individuals experiencing homelessness often face extensive housing and other instabilities prior to shelter entry. Parents often bring a history of trauma, childhood poverty, and adverse childhood experiences (ACEs), and many are also domestic violence survivors (Hamilton et al., 2011; Hayes et al., 2013; Hernandez and Wiewel, 2020; Martijn and Sharpe, 2006; Tischler et al., 2007; Vostanis et al., 1998). Studies show that trauma and ACEs, in addition to poverty, are known to lead to both future homelessness and poor health outcomes (Roos et al., 2013; Schnurr and Green, 2004; Link and Phelan, 1995; Brooks-Gunn and Duncan, 1997), including poor birth outcomes (Koning et al., 2022). Literature has furthermore documented the association between homelessness and elevated rates of physical and mental health challenges (Kushel et al., 2001; Weinreb et al., 2006). Specifically in DHS's Families with Children (FWC) shelter system, analyses conducted in collaboration with New York University's Health Evaluation and Analytics Lab (HEAL) confirm that compared to a matched sample of Medicaid clients, adults in FWC shelters are substantially more likely to suffer from a wide range of chronic medical and behavioral

health conditions (unpublished analyses, 2020). The most frequent medical conditions reported by adults in FWC shelters include asthma, hypertension/high blood pressure, and diabetes (NYC DSS, 2021)—all conditions associated with a higher risk of adverse birth outcomes. These studies highlight the complex personal and structural forces that impact many individuals' health and well-being prior to entering shelter.

Consistent with these findings, past research has found that infants born to young mothers in New York City experiencing housing instability were more likely to be of low birthweight (Carrion et al., 2015). Earlier analyses of the 2008-2013 data included in this brief found higher prevalence of anemia and of asthma or lung disease during pregnancy among people experiencing homelessness, as well as greater prevalence of low birth weight, preterm birth, assisted ventilation and NICU admission among their infants, as compared to pregnant people and infants residing in public housing (Reilly et al., 2019). However, these analyses were limited in that the matched data was based on DHS shelter addresses and not client identifiers, and some shelters were unable to be matched due to address limitations.

Beyond immediate housing conditions, structural racism has historically shaped public policies and practices in the United States, resulting in economic disadvantages and other kinds of cumulative obstacles to equity for Black and Latino communities (Bailey et al., 2017). These inequities are reflected in high rates of intergenerational poverty, as well as access to housing and employment opportunities, and health care services. These problems disproportionately burden people experiencing homelessness and impact their health and well-being (Bailey et al., 2017). The longstanding urgency of these health inequities warrants attention to the health and healthcare utilization of pregnant people experiencing homelessness and their infants.

Newborn in Shelter project background

The two-fold goal of the Newborns in Shelter project was to improve understanding of the health of mothers and birthing people and infants experiencing homelessness and to inform two Health Department home-visiting initiatives available in DHS family shelters. The first home-visiting program, Nurse Family Partnership (NFP), pairs pregnant people living in poverty with a registered nurse who provides home visits from early in pregnancy until the child's second birthday. NFP seeks to improve pregnancy outcomes, child health and development, and the economic self-sufficiency of first-time birthing people and their families. More recently, to reach the city's most vulnerable, first-time parents, DOHMH has implemented a tailored NFP model, called the Targeted Citywide Initiative (TCI). NFP-TCI provides specialized NFP services to three primary populations: birthing people in the shelter system; birthing teens in foster care; and birthing people at Rikers Island.

The second home-visiting initiative, the Newborn Home Visiting Program (NHVP), serves low-income birthing parents and families who have a new infant. It is designed to provide parenting and breastfeeding support, help create a safe living environment, provide topic-specific education, and identify any health or social issues that require referral to community-based services. With increased awareness of the vulnerabilities

of birthing parents and young babies experiencing homelessness, DOHMH received funding in 2015 to collaborate with DHS in offering NHVP services to all children born during a DHS shelter stay or entering shelter within the first two months of life. For the sheltered population, the NHVP intervention was enriched by adding an extra visit with a focus on chronic disease and maternal depression screening and referral.

Findings from the Newborns in Shelter project are additionally important for informing other DHS programming and service models for families in shelter. This includes the work of the Client Care Coordinators, shelter-based social workers who conduct in-depth family assessments, offer brief counseling services, and provide referrals to behavioral health, medical and other services as needed. Client Care Coordinators are in all contracted DHS FWC shelters, and in addition to their direct work with families, provide training for other shelter staff regarding family needs and available community resources. The coordinators also play a critical role in DHS efforts to develop innovative programming to support young families in shelter. Current pilots include Strong In Shelter, a postpartum depression-related pilot intervention for mothers of children under one year. Another is NYC Mental Health Outreach for Mothers (MOMS), a pilot intervention in partnership with Yale University focusing on stress management for families residing in shelter, which aims to advance family mental health as a pathway to economic mobility. DHS is additionally piloting Positive Parenting Program (or "Triple P"), an evidence-based program that supports healthy parent-child relationships and aims to prevent behavioral and emotional issues in children.

Data and analytic approach

For this analysis, CIDI and DOHMH matched administrative data from DOHMH, DHS, and the NYC Human Resources Administration (HRA). The matched data provided the opportunity to use individual-level information for individuals residing in all DHS FWC shelters. All babies born between 2008 and 2015 to mothers who had a stay in DHS homeless shelters during their pregnancy (N=12,605) were included in the analysis[1]. This population was compared to all babies born in NYC to birthing parents enrolled in Medicaid during the same period (N=572,143), as well as to all babies born in NYC in that period (N=989,719). The DOHMH data describes health conditions and healthcare utilization of infants and their mothers residing in DHS shelters. DHS shelter system utilization data provides context to health outcomes. The analysis also included enrollment status in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program, which provides nutritional food packages along with nutrition counseling, breastfeeding support, and other assistance to pregnant people, new birthing parents, and young children. Data analyses generated proportions for all variables and 95% confidence intervals; differences across groups were detected using chi-square tests. All findings reported here are statistically significant.

1 Only includes eligible stays. All families must apply to for shelter and demonstrate that they do not have alternate housing options.

Key Takeaways

- Structural racism in the United States has resulted in inequities that disproportionately burden people of color, and particularly Black communities, with the experience of homelessness further impacting their health and well-being.

- Mothers who spent time in shelter while pregnant were less likely to obtain on-time prenatal care than those in the Medicaid and overall NYC populations.

- Mothers who spent time in shelter while pregnant were slightly less likely to experience gestational diabetes and slightly more likely to experience gestational hypertension as compared to those in the NYC Medicaid and overall NYC populations.

- Infants whose mothers spent time in shelter while pregnant were more likely to experience certain adverse birth outcomes, such as preterm birth, low birthweight, being small for gestational age and admission to the neonatal intensive care unit, as compared to those in the NYC Medicaid and overall NYC populations.

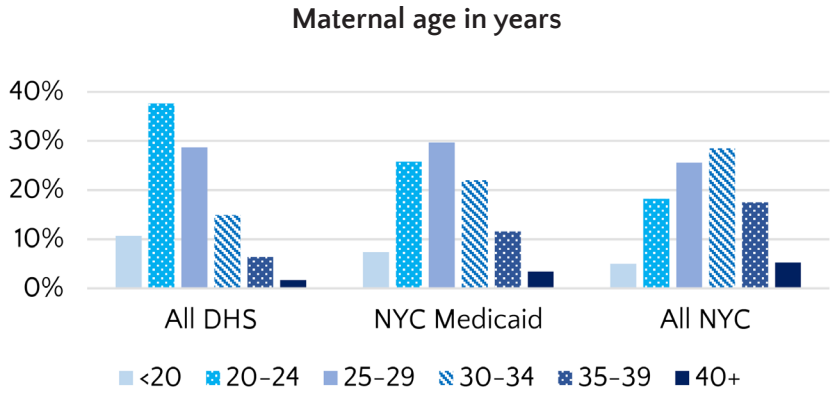
- Entering shelter earlier in pregnancy and having a longer and more continuous shelter stay were associated with higher rates of on-time prenatal care access and WIC enrollment.

- These findings are descriptive in nature and do not indicate whether or not shelter usage is the cause of adverse health outcomes for mothers and infants. We know many factors at the structural and individual level play role in health. Further analysis is needed to better understand how to support positive maternal and infant health outcomes among mothers in shelter in New York City.

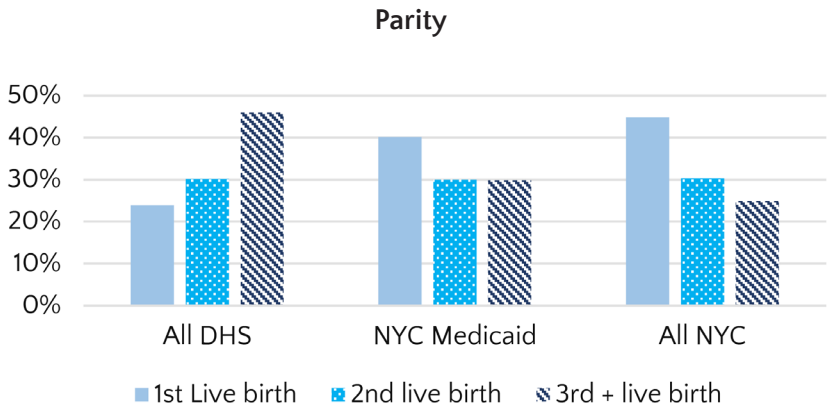
Sociodemographic characteristics

Mothers and birthing parents who spent time in DHS homeless shelters while pregnant differed markedly from the overall population of birthing people in NYC, across multiple sociodemographic characteristics. Sociodemographic differences remained when the comparison was limited to birthing people with Medicaid-covered births. Compared to both other groups, birthing people experiencing homelessness during their pregnancy tended to be younger, overwhelmingly Black or Hispanic, and far less likely to have a high school diploma or further education—characteristics associated with poorer health (and other) outcomes. Differences were also seen in nativity. Most mothers with time in shelter were U.S.-born, compared to fewer than half of birthing people in NYC overall. Finally, despite their younger average age, nearly half of mothers with time in shelter had three or more previous births, compared to less than a third of their counterparts in the Medicaid and NYC overall group.

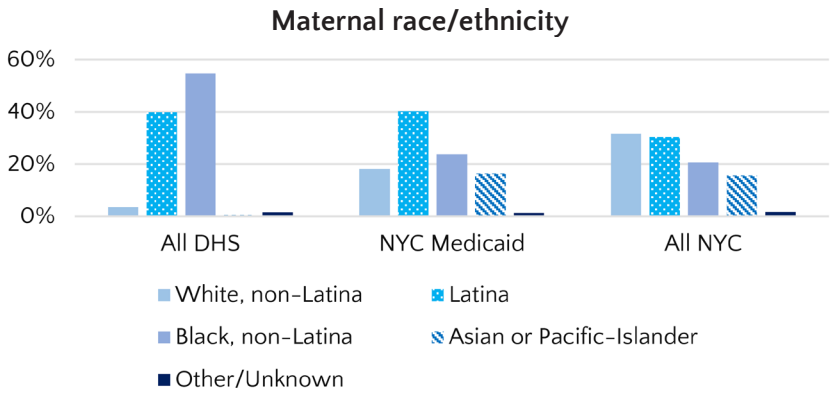
Forty-eight percent (48.4%) of births to women who spent time in shelter while pregnant occurred before the parent turned age 25, compared to one third (33.2%) of the NYC Medicaid births and less than a quarter (23.2%) of all NYC births. Among women in shelter with no prior births, nearly one-third (31.1%) were under age 20 (not shown). This compares to 16.0% of birthing parents among NYC Medicaid births and 9.6% among all NYC births.



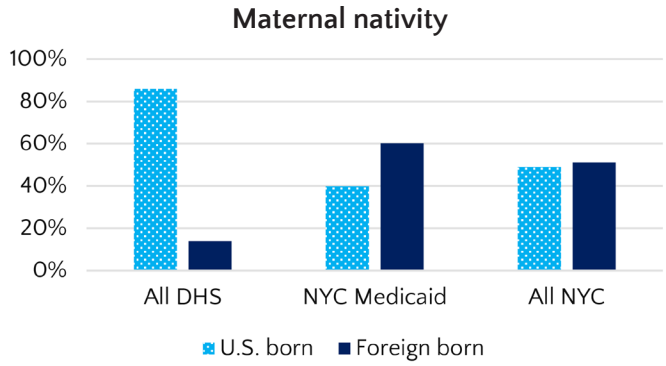
Women who spent time in shelter while pregnant were more likely to have two or more children (46%), as compared to the NYC Medicaid population (30%) and to all NYC births (25%).



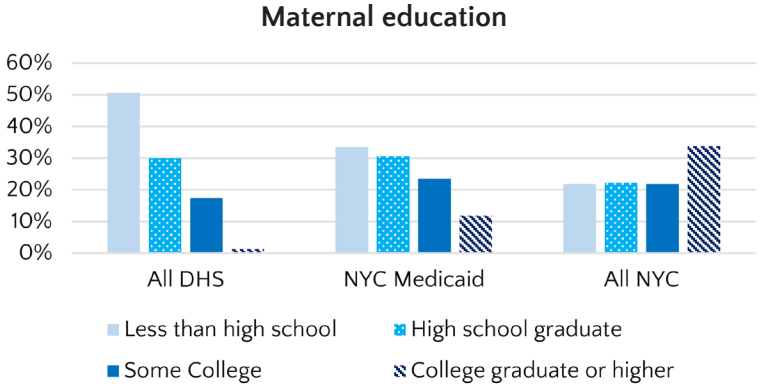
Women who spent time in shelter while pregnant were more likely to be Black or Latina, as were those in the NYC Medicaid population. Women among all NYC births were most likely to be White or Latina.



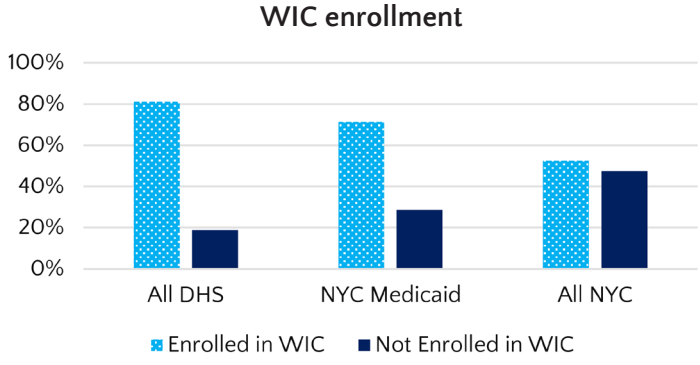
Among women who spent time in shelter while pregnant, 86% were U.S.-born versus less than half of mothers in the NYC Medicaid population (40%) and about half in the NYC population (50%).



Half (50.9%) of mothers who spent time in shelter while pregnant did not complete high school, as compared to 34% and 22% among the NYC Medicaid population and all NYC births, respectively. They were less likely to have graduated college (1.4%) than the Medicaid population (12%) and all NYC (33.9%).



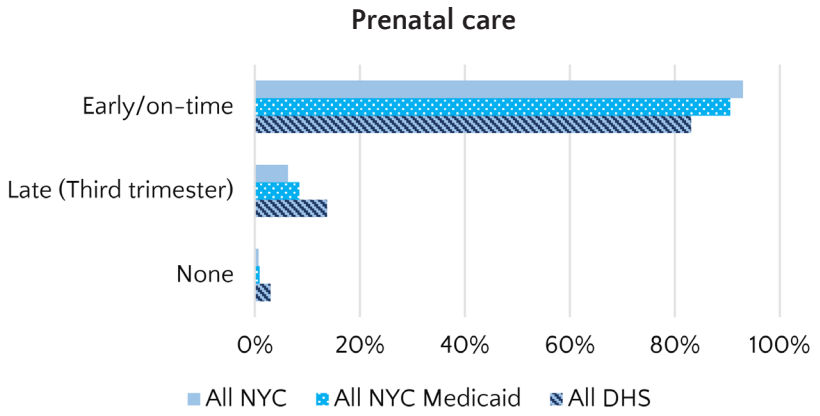
Mothers who spent time in shelter during pregnancy were more likely to be enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (81.2%) than birthing parents in the NYC Medicaid population (77.4%) among all NYC births (52.5%).



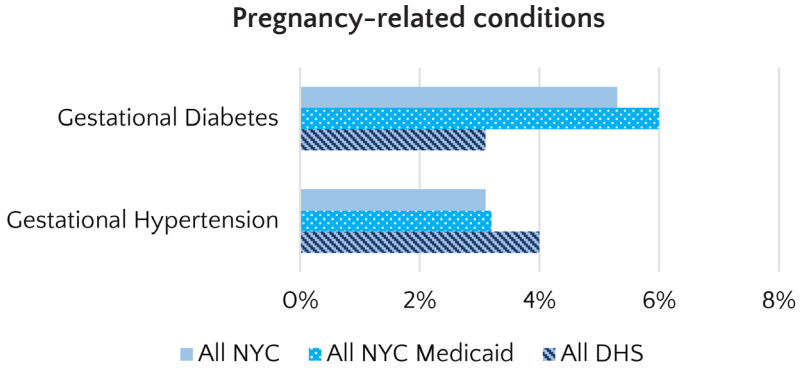
Health outcomes and healthcare utilization

There are differences in healthcare utilization and health outcomes between mothers and birthing parents who spent time in shelter and other NYC populations. While 83.1% received on-time prenatal care, this is lower than the overall NYC prevalence of 93.0%. Certain adverse birth outcomes were also somewhat more common among babies whose birthing parent spent time in shelter, including prevalence of low birth weight—11.7% compared to 8.5% overall in NYC.

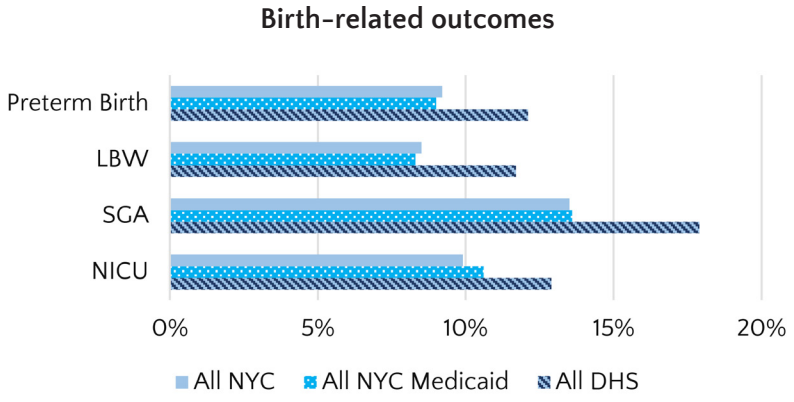
Eighty-three percent (83%) of women who spent time in shelter during pregnancy received on-time prenatal care—this was somewhat lower than women in the NYC Medicaid population or in the overall NYC population.



Women who spent time in shelter while pregnant were slightly less likely to experience gestational diabetes (3% versus >5%) and slightly more likely to experience gestational hypertension (4% versus 3%) as compared to the NYC Medicaid population and those in the overall NYC population.



Babies whose mothers spent time in shelter while pregnant were more likely to experience certain adverse birth outcomes than those in the NYC Medicaid population and those in the overall NYC population, such as preterm birth (<37 weeks gestational age), low birthweight (LBW), being small for gestational age (SGA), and admission to the neonatal intensive care unit (NICU).



Prenatal care and WIC enrollment by timing, duration, and continuity of shelter stay

Entering shelter early in pregnancy was associated with higher prevalence of prenatal care access and WIC enrollment. Similar patterns were found when viewed by length and continuity of shelter stay during pregnancy: Those who spent more time in shelter while pregnant and those with one continuous stay were more likely to receive on-time prenatal care than those with less time in shelter and those with two or more separate stays.

Among mothers and birthing parents who spent time in shelter during pregnancy, those who entered shelter before becoming pregnant or who entered in their first trimester were more likely to receive on-time prenatal care (84.6%), as compared to those who entered in their second or third trimester (80.8%). Among mothers who spent less than three months in shelter during their pregnancy, 81.4% received on-time prenatal care as compared to 85.0% among those who spent six to nine months of their pregnancy in shelter. Finally, among the small minority (10%) of mothers with two or more separate shelter stays while pregnant, 80.4% received on-time prenatal care, compared to 83.4% of birthing parents with a single continuous stay.

WIC enrollment also varied depending on family size in shelter. Pregnant women with no children residing in their shelter households were more likely to be enrolled in WIC (85.7%) as compared to pregnant people who had 1 or more children in their family while in shelter (80.3%).

Implications and directions for future research

This study provides baseline estimates that inform our understanding of the health and healthcare utilization of women and young infants in DHS shelters; it also shows the differences in this population's sociodemographic characteristics as compared to women in NYC overall. Observed differences in timely prenatal care access and adverse birth outcomes are generally small, but statistically significant and important. While these associations described in our findings cannot be used to establish causal relationships between sociodemographic characteristics, shelter use, and health outcomes, the data can be leveraged to provide targeted support and programming during the sensitive prenatal and perinatal period of mothers and infants and provide a foundation for additional research.

This analysis is limited in that it does not explore the health, early life experiences and trauma histories of women prior to entering shelter and therefore cannot account for the early-life experiences and structural factors that are likely to generate higher rates of homelessness and poor health outcomes (Browne, 1993; Hernandez and Wiewel, 2020). Further research could specifically examine the ways in which a history of homelessness, including in childhood, childhood trauma, poverty (both current and intergenerational), chronic poor health, and difficulty accessing adequate care impact the health of mothers and babies. Additional research could also examine the protective factors associated with women who are able to access shelter during their pregnancy. Other research approaches, including multivariate regression models as well as qualitative research, could provide a more

nuanced understanding of the factors contributing to adverse health outcomes for this population, specifically in the differences in shelter utilization, and inform resource allocation, program design and policy work.

We hope that these findings may serve to inform the development of the New Family Home Visits (NFHV) program, a new initiative serving first-time families, families in public housing residing in neighborhoods prioritized by the Taskforce on Racial Inclusion and Equity, as well as families who are engaged with child welfare citywide[2]. Families who enroll in the program will receive evidence-based services tailored to their unique needs, including connections to community-based organizations and health care providers. Findings will similarly inform ongoing DHS efforts to identify, pilot, and scale programming to address the health and mental health of parents and young children in shelter, with interventions such as Strong in Shelter, NYC MOMS, and the Positive Parenting Program (or "Triple P").

2 https://www1.nyc.gov/site/doh/about/press/pr2021/home-visiting-services-for-new-parents.page

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Data tables

Table 1. Prevalence of maternal and infant characteristics and health outcomes among live births to parents staying in a DHS shelter during pregnancy, all NYC Medicaid births, and all NYC births, New York City, 2008–2015. *Source: NYC DOHMH Office of Vital Statistics, NYC Department of Homeless Services.*

	All DHS births (Medicaid and non-Medicaid) N=12605				**All NYC Medicaid births N=572143**				**All NYC births N=989719**			
			95% Confidence Intervals				*95% Confidence Intervals*				*95% Confidence Intervals*	
	N	%	*Lower*	*Upper*	N	%	*Lower*	*Upper*	N	%	*Lower*	*Upper*
Age of birthing parent												
<20	1345	10.7	10.1	11.2	42374	7.4	7.3	7.5	49513	5.0	4.9	5.0
20–24	4747	37.7	36.8	38.5	147839	25.8	25.7	25.9	180286	18.2	18.1	18.3
25–29	3619	28.7	27.9	29.5	170028	29.7	29.6	29.8	253193	25.6	25.5	25.7
30–34	1877	14.9	14.3	15.5	126094	22.0	21.9	22.1	281982	28.5	28.4	28.6
35–39	804	6.4	6.0	6.8	66485	11.6	11.5	11.7	173047	17.5	17.4	17.6
40+	213	1.7	1.5	1.9	19323	3.4	3.3	3.4	51691	5.2	5.2	5.3
Missing	0	--			0	--			7	--		
Race and ethnicity of birthing parent												
White, non-Latina	448	3.6	3.2	3.9	103872	18.2	18.1	18.3	312909	31.6	31.5	31.7
Latina	5023	39.8	39.0	40.7	230046	40.2	40.1	40.3	301070	30.4	30.3	30.5
Black, non-Latina	6880	54.6	53.7	55.5	136178	23.8	23.7	23.9	203444	20.6	20.5	20.6
Asian or Pacific-Islander	57	0.5	0.3	0.6	94041	16.4	16.3	16.5	155576	15.7	15.6	15.8
Other/Unknown	197	1.6	1.3	1.8	8006	1.4	1.4	1.4	16720	1.7	1.7	1.7
Education of birthing parent												
Less than high school	6373	50.9	50.0	51.8	191797	33.7	33.6	33.8	216225	21.9	21.8	22.0
High school graduate	3779	30.2	29.4	31.0	174797	30.7	30.6	30.8	219332	22.2	22.2	22.3
Some College	2193	17.5	16.9	18.2	134661	23.6	23.5	23.8	215802	21.9	21.8	22.0
College graduate or higher	170	1.4	1.2	1.6	68190	12.0	11.9	12.1	334723	33.8	33.8	34.0
Missing	90	--			2698	--			3637	--		

Table 1, continued. Prevalence of maternal and infant characteristics and health outcomes among live births to parents staying in a DHS shelter during pregnancy, all NYC Medicaid births, and all NYC births, New York City, 2008–2015. *Source: NYC DOHMH Office of Vital Statistics, NYC Department of Homeless Services.*

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			95% Confidence Intervals				*95% Confidence Intervals*				*95% Confidence Intervals*	
	N	%	Lower	Upper	N	%	Lower	Upper	N	%	Lower	Upper
Nativity												
U.S. born	10830	86.0	85.4	86.6	227478	39.8	39.7	39.9	484762	49.0	48.9	49.1
Foreign born	1769	14.0	13.4	14.6	344279	60.2	60.1	60.3	504454	51.0	50.1	51.1
Missing	6	--			386	--			503	--		
Parity												
1st Live birth	3004	23.9	23.1	24.6	229184	40.1	40.0	40.2	443330	44.8	44.7	44.9
2nd live birth	3794	30.1	29.3	30.9	171371	30.0	29.9	30.1	299916	30.3	30.2	30.4
3rd + live birth	5788	46.0	45.1	46.9	171191	29.9	29.8	30.0	245797	24.9	24.8	24.9
Missing	19	--			397	--			676	--		
WIC participation												
Participated	10135	80.4	79.7	81.1	439862	76.9	76.8	77.0	519402	52.5	52.4	52.6
Did not participate	2353	18.7	18.0	19.3	128097	22.4	22.3	22.5	463752	46.9	46.8	47.0
Participation unknown	117	0.9	0.8	1.1	4184	0.7	0.7	0.8	6565	0.7	0.6	0.7
Prenatal care												
Early/on-time	9618	83.1	82.4	83.8	504444	90.6	90.5	90.7	896544	93.0	92.9	93.0
Late (Third trimester)	1602	13.8	13.2	14.5	47433	8.5	8.4	8.6	61052	6.3	6.3	6.4
None	351	3.0	2.7	3.3	4752	0.9	0.8	0.9	6827	0.7	0.7	0.7
Missing	1034	--			15514	--			25296	--		

Table 1, continued. Prevalence of maternal and infant characteristics and health outcomes among live births to parents staying in a DHS shelter during pregnancy, all NYC Medicaid births, and all NYC births, New York City, 2008–2015. *Source: NYC DOHMH Office of Vital Statistics, NYC Department of Homeless Services.*

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	N	%	*Lower*	*Upper*	N	%	*Lower*	*Upper*	N	%	*Lower*	*Upper*
Gestational age at birth												
Preterm (<37 weeks)	1529	12.1	11.6	12.7	51401	9.0	8.9	9.1	91310	9.2	9.2	9.3
Term (>=37 and <47 weeks)	11065	87.9	87.3	88.4	520674	91.0	91.0	91.1	898223	90.8	90.7	90.8
Missing	11	--			68	--			186	--		
Birthweight												
<2,500 grams	1475	11.7	11.1	12.3	47417	8.3	8.2	8.4	84594	8.5	8.5	8.6
2500+ grams	11129	88.3	87.7	88.9	524722	91.7	91.6	91.8	905092	91.4	91.4	91.5
Missing	1	--			4	--			33	--		
Small for gestational age												
Yes	2253	17.9	17.2	18.5	77842	13.6	13.5	13.7	133050	13.5	13.4	13.5
No	10339	82.1	81.4	82.6	493979	86.4	86.2	86.4	856017	86.5	86.4	86.6
Missing	13	--			322	--			652	--		
NICU Admission	1631	12.9	12.4	13.5	60365	10.6	10.5	10.6	97592	9.9	9.8	9.9

Table 2. Prevalence of prenatal care by shelter stay characteristics among births (N=12,605) to parents who stayed in a DHS shelter during pregnancy, New York City, 2008–2015. *Source: NYC DOHMH Office of Vital Statistics, NYC Department of Homeless Services*

		On-time prenatal care		*95% Confidence Intervals*		**Late prenatal care**		*95% Confidence Intervals*		**No prenatal care**		*95% Confidence Intervals*		*Missing*	
	Total N	N	%	*Lower*	*Upper*	N	%	*Lower*	*Upper*	N	%	*Lower*	*Upper*	N	%
Trimester of Shelter Entry															
Before Pregnancy/1st trimester	*7081*	5990	84.6	*83.7*	*85.4*	877	12.4	*11.6*	*13.1*	214	3.0	*2.6*	*3.4*	587	–
2nd/3rd trimester	*4490*	3628	80.8	*79.6*	*81.9*	725	16.1	*15.1*	*17.2*	137	3.0	*2.5*	*3.5*	447	–
Number of Shelter Stays During Pregnancy															
1 Episode	*10411*	8685	83.4	*82.7*	*84.1*	1421	13.6	*13.0*	*14.3*	305	2.9	*2.6*	*3.2*	924	–
2 Episodes or more	*1160*	933	80.4	*78.1*	*82.7*	181	15.6	*13.5*	*17.7*	46	4.0	*2.8*	*5.1*	110	–
Length of Stay During Pregnancy															
<3 months	3670	2989	81.4	*80.2*	*82.7*	559	15.2	*14.1*	*16.4*	122	3.3	*2.7*	*3.9*	354	–
3–6 months	*3634*	3001	82.6	*81.3*	*83.8*	527	14.5	*13.3*	*15.6*	106	2.9	*2.4*	*3.5*	332	–
6–9 months	*4267*	3628	85.0	*83.9*	*86.1*	516	12.1	*11.1*	*13.1*	123	2.9	*2.4*	*3.4*	348	–

Table 3. WIC enrollment by shelter stay length and family composition characteristics among births (N=12,605) to parents who stayed in a DHS shelter during pregnancy, New York City, 2008–2015. *Source: NYC DOHMH Office of Vital Statistics, NYC Department of Homeless Services*

		Enrolled in WIC		*95% Confidence Intervals*		**Not enrolled in WIC**		*95% Confidence Intervals*		Missing	
	Total N	N	%	*Lower*	*Upper*	N	%	*Lower*	*Upper*	N	%
Length of Stay During Pregnancy											
<3 months	*3980*	3163	79.5	*78.2*	*80.7*	817	20.5	*19.3*	*21.78*	44	–
3–6 months	*3937*	3210	81.5	*80.3*	*82.7*	727	18.5	*17.2*	*19.67*	29	–
6–9 months	*4571*	3762	82.3	*81.2*	*83.4*	809	17.7	*16.6*	*18.80*	44	–
Children in shelter family composition											
No Children	*1980*	1696	85.7	*84.1*	*87.2*	284	14.3	*12.8*	*15.88*	13	–
1 Child	*3902*	3226	82.7	*81.5*	*83.9*	676	17.3	*16.1*	*18.51*	35	–
2 Children	*3064*	2471	80.6	*79.2*	*82.0*	593	19.4	*17.9*	*20.75*	26	–
3 or more Children	*3542*	2742	77.4	*76.0*	*78.8*	800	22.6	*21.2*	*23.96*	43	–

Table 4. Prevalence of live births by maternal age among births (N=12,605) to parents who stayed in a DHS shelter during pregnancy, Medicaid births, and all NYC births, New York City, 2008–2015. *Source: NYC DOHMH Office of Vital Statistics, NYC Department of Homeless Services*

	1st live birth		95% Confidence Intervals		2nd live birth		95% Confidence Intervals		3rd + live birth		95% Confidence Intervals		Missing	
Maternal age	**N**	**%**	*Lower*	*Upper*	**N**	**%**	*Lower*	*Upper*	**N**	**%**	*Lower*	*Upper*	**N**	**%**
DHS	3004				3794				5788					
<20 Years	934	*31.1*	*29.4*	*32.7*	336	*8.9*	*8.0*	*9.8*	71	*1.2*	*0.9*	*1.5*	4	–
20–29 years	1851	*61.6*	*59.9*	*63.3*	2975	*78.4*	*77.1*	*79.7*	3532	*61.0*	*59.8*	*62.3*	8	–
30–39 years	206	*6.9*	*5.9*	*7.8*	455	*12.0*	*10.9*	*13.0*	2015	34.8	33.6	36.0	5	–
40+ Years	13	*0.4*	*0.2*	*0.7*	28	*0.7*	*0.9*	*1.5*	170	*2.9*	*2.5*	3.4	2	–
Medicaid	229184				171371				171191					
<20 Years	36688	*16.0*	*15.9*	*16.2*	5071	*3.0*	*2.9*	*3.0*	573	*0.3*	*0.3*	*0.4*	42	–
20–29 years	148620	*64.8*	*64.7*	*65.0*	103010	*60.1*	*59.9*	*60.3*	66043	*38.6*	*38.3*	*38.8*	194	–
30–39 years	40821	*17.8*	*17.7*	*18.0*	58879	*34.4*	*34.1*	*34.6*	92736	*54.2*	53.9	54.4	143	–
40+ Years	3055	*1.3*	*1.3*	*1.4*	4411	*2.6*	*2.5*	*2.6*	11839	*6.9*	*6.8*	7.0	18	–
All NYC	443330				299916				245797					
<20 Years	42774	*9.6*	*9.6*	*9.7*	5977	*2.0*	*1.9*	*2.0*	708	*0.3*	*0.3*	*0.3*	54	–
20–29 years	216372	*48.8*	*48.7*	*49.0*	134074	*44.7*	*44.5*	*44.9*	82755	33.7	33.5	33.9	278	–
30–39 years	167839	*37.9*	*37.7*	*38.0*	144691	*48.2*	*48.1*	*48.4*	142206	*57.9*	*57.7*	58.1	293	–
40+ Years	16345	*3.7*	*3.6*	*3.7*	15174	*5.1*	*5.0*	*5.1*	20128	*8.2*	*8.1*	*8.3*	44	–