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MEXICANS IN NEW YORK CITY: ADDRESSING THE HEALTH CONCERNS OF ONE OF THE CITY'S FASTEST GROWING HISPANIC GROUPS

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In keeping with its mission, MHRA is dedicated to improving the health status and well-being of New Yorkers, with a special emphasis on high-risk, underserved populations, including immigrants to New York City. MHRA has become one of the city's largest providers of services to immigrants, with a staff that has the language and cultural capacity to reach both longtime residents and new arrivals. This study of a specific population subgroup, Mexicans in New York City, was undertaken as an important step in serving our target populations by gaining a better understanding of their health needs.

Demographic Profile of Mexicans in New York City: The 2004 American Community Survey by the US Census Bureau estimated the number of Hispanics in the United States to be 40.5 million (or 14% of the US population), with Hispanics of Mexican origin accounting for 64% of the Hispanic population.¹ Mexicans are one of the fastest-growing Hispanic groups in New York City, with a Department of City Planning report indicating that the city's Mexican population increased by more than 50% in just four years, from a population of 159,490 in 2000 to 244,411 in 2004.² Taking into account undocumented individuals, others have estimated that more than 450,000 Mexicans were residing in New York City in 2005.³

Mexican New Yorkers have higher rates of labor force participation than other groups in New York City,⁴ and census data indicate that the majority of New York City Mexicans work in service occupations (38%) and production, transportation and material moving occupations (23%).⁵ One-quarter of Mexican migrants in New York City surveyed reported working in the hospitality industry.⁶ According to the Census, 68% of people of Mexican ancestry in New York City had an annual household income of less than

\$50,000.⁷ Mexicans in New York City have lower levels of education than both the overall population of New York City and other New York City Hispanics. The education gap between New York City Mexicans and city residents overall is particularly marked at the high and low ends of the spectrum, with three times more Mexicans having less than a ninth grade education, and three times fewer Mexicans having a college or graduate degree.⁸ Compared to the city's overall population, the Mexican population in New York City is disproportionately male and comparatively young,⁹ because of high immigration rates among teenagers and young adults, as well as high birth rates.¹⁰

Like the successive waves of immigrants that came before them, this influx of Mexican immigrants to the city is making important economic contributions, but also presents challenges to the social service and health infrastructures.

Access to Health Insurance and Use of Health Services: A recent report released by the New York City Department of Health and Mental Hygiene (NYCDOHMH) revealed that one million New Yorkers – including 700,000 who were employed – lacked health insurance coverage in 2005.¹¹ Lack of health insurance is an even more serious concern for Mexicans in New York City.

Because many are undocumented, recent arrivals, or employed in low-wage sectors that are less likely to offer health insurance, *New York City Mexicans are almost five times less likely to have health insurance than all New Yorkers, and almost three times less likely than other Hispanics.* Lack of health insurance is the gateway – or bottleneck – through which all other health issues must pass, and it poses a major barrier to getting healthcare for Mexicans.

*The author was policy manager at MHRA when this paper was written.

Table 1. Selected Health Indicators among Adults Age 18 and Over, by Selected Ethnic/Racial Groups: New York City, 2002-2004

Characteristic	Mexican-born (%)	Hispanic/not Mexican-born (%)	Black/non-Hispanic (%)	Total NYC (%)
Lack health insurance ^a	58	20	16	12
Have a primary care provider ^a	48	68	78	76
Usual source of care is the emergency room ^b	18	15	11	8
Report fair or poor health ^a	40	36	19	22
Overweight (BMI≥25) ^a	32	39	36	35
Obese (BMI≥30) ^a	25	24	27	20

SOURCE: New York City Department of Health and Mental Hygiene, Bureau of Epidemiology Services, November 2005. All prevalences are weighted to the New York City Census population 2000 and are age-adjusted to the US standard population 2000.

^a New York City Community Health Surveys 2002, 2003, 2004

^b New York City Community Health Surveys 2003, 2004, Bureau of Epidemiology Services

As shown in Table 1, NYCDOHMH Community Health Survey data reveal that, compared to other Hispanic sub-groups and New York City as a whole, Mexican New Yorkers are less likely to have a primary care provider, more likely to rely on emergency departments for healthcare, and more likely to report fair or poor health. Disparities in the quality of care among Hispanics, compared to non-Hispanic whites, have grown over time, even as the quality of care that other minority groups receive has shown improvement.¹²

Key informant interviews with social service providers in Mexican communities in New York City described multiple, severe sources of stress that their clients often experience simultaneously, including overcrowded and unaffordable housing; frequent moves; job instability; long working hours; low pay; depression; loneliness and isolation flowing from separation from family and other support networks; fear of

being discovered and deported, if undocumented; and language barriers. These kinds of stressors may contribute to or exacerbate illness and the perception of poor health.

Language difficulties also pose barriers to accessing healthcare, making it hard to understand or be understood within the healthcare system. Many Mexicans in New York City have limited English language ability. The recent Latino Data Project report on Mexicans in New York City found that 16% did not speak English, and another 28% did not speak English well; these proportions were higher than those for the other Latino nationalities in the City.¹³ A lack of legal immigration status may lead to anxiety about interactions with the official, institutional American world, including hospitals and doctors' offices. The result is that many Mexican New Yorkers remain outside the healthcare system.

HEALTH CONCERN HIGHLIGHT:

Overweight and Related Health Concerns among Adults and Children: Limited access to healthcare may exacerbate several health conditions that disproportionately affect Mexican adults and children. The 57% prevalence of overweight and obesity among Mexican adults in New York City (see Table 1) is a risk factor for diabetes, which disproportionately affects Hispanics both nationally¹⁴ and in New York City.¹⁵ Among Mexican-American children in New York City and nationally,¹⁶ the rising prevalence of overweight is of particular concern. New York City children are already more likely to be overweight than US children overall, with one study finding 24% of New York City schoolchildren age 6-11 overweight (BMI≥95th percentile), compared to 15% nationally. In the same study, New York City Hispanic children in this age group were much more likely to be overweight than other New York City children, with 31% overweight among Hispanic children, compared with 23% among black children, 16% among white children, and 14% among Asian children. There was also a significantly greater increase over time in the prevalence of overweight among Hispanic New York City children

than other racial and ethnic groups, between surveys taken in 1996 and 2003. An MHRA survey among racially and ethnically diverse two- to four-year-old children participating in MHRA's New York City Neighborhood WIC Program (the Special Supplemental Nutrition Program for Women, Infants, and Children) also found the highest rates of overweight among Hispanic children, with 49% overweight (BMI≥95th percentile) or at risk for overweight (BMI≥85th percentile and <95th percentile), compared to 39% of the total sample.¹⁷ Forty-four percent of the Mexican children in the survey were overweight or at risk for overweight. Mexican children in the New York City WIC population also had higher rates of inactivity than the total sample (59% vs. 43% participating in less than 30 minutes of physical activity each day) and higher rates of soda consumption (66% vs. 53% drinking any soda each week).¹⁸ Mexican-American children nationally are also significantly more likely to be overweight than other groups, with the prevalence of overweight among Mexican-American boys age 12-19 increasing 13 percentage points to 27.5% between 1988-94 and 1999-2000.¹⁹

Policy Response: Much work remains to be done to bring Mexican New Yorkers into the healthcare system and to ameliorate the health conditions for which they are most at risk.

As noted earlier, the most fundamental health issue for many Mexicans in New York City is the lack of health insurance. This is particularly the case for men, who comprise about 60% of the Mexican population in New York City, and who are not eligible for public health programs in which children and pregnant and postpartum women can participate, even if they are undocumented. Nonprofit groups, local government agencies, and health insurance companies that conduct outreach and facilitated health insurance enrollment should make special efforts to reach women and children who are eligible for insurance through such public health programs, but who may be unaware of eligibility or unable to complete applications independently.

But for undocumented Mexican men and women who are not pregnant or postpartum, the problem of uninsurance may remain difficult to solve if no changes are made to

national immigration policy. At the local level, more should certainly be done to compel employers of documented and undocumented immigrants to provide health insurance and safe working environments. More should also be done to encourage hospitals and health centers that serve Mexicans and other predominantly undocumented, low-income, immigrant populations to increase outreach, including the provision of information on subsidized or sliding-fee scales for which low-income people are eligible.

As New York State is re-evaluating its public insurance programs, healthcare access for both documented and undocumented immigrant populations should get increased attention. While continuing to provide reproductive health services through MIC-Women's Health Services to both documented and undocumented individuals, MHRA is also reaching out to uninsured populations and enrolling them in public health insurance when eligible, and referring them to free and low-cost healthcare services provided by community health centers, the New York City Health and Hospitals Corporation (HHC), and other providers when they are not.

Footnotes:

¹ US Census Bureau. The American Community Survey 2004 – Hispanics. February 2007. <http://www.census.gov/prod/2007pubs/acs-03.pdf> (September 11, 2007).

² Population Division – New York City Department of City Planning. Hispanic Population by Origin, New York City. http://home2.nyc.gov/html/dcp/pdf/census/acs_hisp_05.pdf (September 11, 2007).

³ Bergad LW. Latino Data Project: Mexicans in New York City, 1990-2005. Center for Latin American, Caribbean, and Latino Studies and the Center for Urban Research, City University of New York Graduate Center. June 2007. <http://web.gc.cuny.edu/lastudies> (September 18, 2007). Page 2.

⁴ Bergad LW. Latino Data Project: Mexicans in New York City, 1990-2005. Page 12.

⁵ US Census, 2000. DP-3 Profile of Selected Economic Characteristics: 2000; Data Set: Census 2000 Summary File 4 (SF 4) – Sample Data; Geographic Area: New York, NY PMSA; Mexican. <http://www.factfinder.census.gov> (September 18, 2007).

⁶ Suro R, Survey of Mexican Migrants, Part One: Attitudes about Immigration and Major Demographic Characteristics, Washington, DC: Pew Hispanic Center, March 2, 2005. <http://pewhispanic.org/reports/report.php?ReportID=41> (January 25, 2006). Page 11.

⁷ US Census, 2000. PCT88. Household income in 1999 [17] – Universe: Households. Data Set: Census 2000 Summary File 4 (SF 4) – Sample Data; Geographic Area: New York, NY PMSA; Mexican. <http://factfinder.census.gov> (September 18, 2007).

⁸ US Census DP-2. Profile of Selected Social Characteristics: 2000; Data Set: Census 2000 Summary File 4 (SF 4) – Sample Data; Geographic Area: New York City, New York; Racial or Ethnic Grouping: Total Population; Hispanic or Latino; Mexican. <http://www.factfinder.census.gov> (November 18, 2005).

⁹ US Census, 2000. PCT3. Sex by Age [209] – Universe: Total population. Data Set: Census 2000 Summary File 4 (SF4) – Sample Data; New York City, New York; and for Racial or Ethnic Grouping: Mexican. <http://www.factfinder.census.gov> (September 18, 2007).

¹⁰ Bergad LW. Latino Data Project: Mexicans in New York City, 1990-2005. Page 3.

¹¹ New York City Department of Health and Mental Hygiene. Health Care Access among Adults in New York City. May 2007. <http://www.nyc.gov/html/doh/downloads/pdf/hca/hca-nyc-adults.pdf> (September 11, 2007).

- ¹² US Dept of Health and Human Services, Agency for Healthcare Research and Quality, 2005 National Healthcare Disparities Report, December 2005. <http://www.ahrq.gov/qual/nhdr05/nhdr05.pdf> (January 17, 2006).
- ¹³ Bergad LW. Latino Data Project: Mexicans in New York City, 1990-2005. Pages 20-21.
- ¹⁴ Health, United States, 2006, National Center for Health Statistics. Table 55. <http://www.cdc.gov/nchs/hus.htm> (September 24, 2007).
- ¹⁵ Kim M, Berger D, Matte T. Diabetes in New York City: Public Health Burden and Disparities. New York: New York City Department of Health and Mental Hygiene, 2006. http://www.nyc.gov/html/doh/downloads/pdf/epi/diabetes_chart_book.pdf (September 24, 2007).
- ¹⁶ Thorpe L et al., Childhood Obesity in New York City Elementary School Students, *American Journal of Public Health* 2004; 94(9): 1496-1500.
- ¹⁷ Nelson J, Chiasson MA, Ford V. Childhood Overweight in a New York City WIC Population, *American Journal of Public Health* 2004; 94(3): 458-62.
- ¹⁸ Special analysis by Jennifer Nelson, Research Associate, Research & Evaluation, Medical and Health Research Association of New York City, Inc., October 2005.
- ¹⁹ Ogden CL et al; Prevalence and Trends in Overweight Among US Children and Adolescents, 1999-2000. *Journal of the American Medical Association* 2002; 288(14): 1728-32.

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Celebrating 50 Years of Improving the Health and Well-Being of New Yorkers

Medical and Health Research Association of New York City, Inc. is dedicated to researching, developing, and managing innovative health and social service programs in response to public health needs. Founded in 1957, MHRA's work addresses some of the city's most serious and urgent public health challenges, linking comprehensive public health research with the creation and management of community-based health programs for nearly 200,000 adults and children in New York City's diverse communities.



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