

**NEW YORK STATE
HISPANIC/LATINX
HEALTH ACTION AGENDA**

Our Health - Our Future



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I. EXECUTIVE SUMMARY OF NYS HISPANIC/LATINX HEALTH ACTION AGENDA

This health agenda is a concrete response to the ongoing health inequities among Hispanic communities in New York State, which have been further exacerbated during the COVID-19 pandemic. “Setting our Agenda” is a community-wide and driven process aimed at developing a set of recommendations to address these inequities. This agenda acknowledges the historical health, socioeconomic, and political disparities in the U.S. and pursues justice and equity for all.

The community-led model created a space for building broad consensus on critical health issues and establishing priority action steps to meet the health needs of our diverse and growing communities. The project started in February 2022 with a series of consultations with key public health leaders, service providers, and community leaders with expertise in the health field and Hispanic communities. Soon after, we established steering and planning committees to provide direction and focus to the discussion. Based on the expert consultations and the subsequent meetings of the steering and planning committees, the policy recommendations focused on the following overarching priorities:

1. **Mitigating discrimination and stigmatization** (e.g., racism, xenophobia, homophobia, transphobia) within health care systems;
2. **Ensuring availability, accessibility, and affordability** of health care, prevention services, and insurance plans for all, regardless of immigration status;
3. **Funding health programs and interventions** with demonstrable capacity to serve the diversity of the Hispanic communities;
4. **Increasing the NYS health workforce’s capacity** to provide culturally and linguistically appropriate services to Hispanic communities; and
5. **Implementing structural changes, addressing poverty to increase social and financial stability** as an effective strategy to improve health outcomes.

The priorities consider the diversity and heterogeneity of New York State Hispanic communities. This diversity allows for richer health needs assessments, service innovation, and more focused and effective health policies. In addition, we hope this framework reflects the differential impact of health inequities throughout NYS.



In the Spring of 2022, the steering and planning groups held discussions to reach a consensus on critical subpopulations and health issues for this health policy agenda. Finally, the steering and planning groups convened population-based workgroups to articulate their perspectives on state-wide issues, analyze challenges, and provide recommendations.

STRUCTURE:

1. Steering Committee
2. Planning Committee
3. Population-based Workgroups

POPULATION-BASED WORKGROUPS:

1. Youth and young adults
2. Older adults
3. New immigrants (e.g., refugees, undocumented, and asylum seekers), migrant seasonal farmworkers, day laborers
4. Women
5. Children and Families
6. LGBTQIA+
7. Incarcerated and recently released individuals
8. People who use substances

CRITICAL ISSUES TO EXAMINE:

- a. Socioeconomic instability
- b. Prevention of chronic and infectious disease
- c. Access to care (health policy and health care delivery)
- d. Mental health
- e. Substance use
- f. Research and data
- g. COVID-19
- h. Environmental impacts on health

This community-driven process engaged clinical and non-clinical professionals, faith-based representatives, community leaders and health advocates throughout New York State. The [Hispanic Health Network](#), [Hispanic Federation](#), and the [Latino Commission on AIDS](#) facilitated the process with the support of 75 community-based organizations and key stakeholders.

The health agenda process engaged the participation of clinical and non-clinical professionals, faith-based representatives, community leaders and health advocates throughout all 62 counties in New York State.

II. RESUMEN EJECUTIVO DE LA AGENDA DE ACCIÓN SOBRE LA SALUD DE LOS HISPANOS/LATINX QUE RESIDEN EN EL ESTADO DE NUEVA YORK

Esta agenda de salud es una respuesta concreta a las continuas desigualdades en el área de salud entre las comunidades hispanas del estado de Nueva York, que se han agravado aún más durante la pandemia de COVID-19. “Establecer nuestra agenda” es un proceso impulsado por toda la comunidad y destinado a desarrollar un conjunto de recomendaciones para abordar estas desigualdades. Esta agenda reconoce las históricas disparidades en el campo de la salud, socioeconómicas y políticas en los Estados Unidos y sus Territorios, este esfuerzo Estatal busca justicia social y equidad.

El modelo centrado en la comunidad creó un espacio para construir un amplio consenso sobre temas críticos en el campo de salud y establecer pasos de acción prioritarios para responder a las necesidades de salud de nuestras diversas y crecientes comunidades. El proyecto comenzó en febrero de 2022 con una serie de consultas con líderes claves de la salud pública, proveedores de servicios y líderes comunitarios con experiencia en el campo de la salud y las comunidades hispanas. Poco después, establecimos comités de dirección y planificación para proporcionar dirección y enfoque a la discusión. Sobre la base de las consultas con expertos y las reuniones posteriores de los comités de dirección y planificación, las recomendaciones políticas se centraron en las siguientes prioridades generales:

1. **Mitigar la discriminación y la estigmatización** (por ejemplo, el racismo, la xenofobia, la homofobia y la transfobia) en los sistemas de atención de salud;
2. **Garantizar la disponibilidad, la accesibilidad y la asequibilidad** de la atención médica, servicios de prevención y los planes de seguro médico, independientemente de la condición migratoria de la persona;
3. **Financiar programas e intervenciones** sanitarias con capacidad demostrable para atender a la diversidad de las comunidades hispanas;
4. **Aumentar la capacidad del personal en la salud pública del Estado de Nueva York** para prestar servicios cultural y lingüísticamente adecuados a las comunidades hispanas; y
5. **Implementar cambios estructurales, abordando la pobreza para aumentar la estabilidad social y financiera** como una estrategia efectiva para mejorar los resultados de salud.

Las prioridades consideran la diversidad y heterogeneidad de las comunidades hispanas/latinas del Estado de Nueva York. Esta diversidad permite una evaluación más rica de las necesidades de salud, la innovación de los servicios y políticas de salud más enfocadas y efectivas. Además, esperamos que este marco refleje el impacto diferencial de las desigualdades de salud en todo el Estado de Nueva York.

En la primavera de 2022, los grupos de dirección y planificación celebraron debates para llegar a un consenso sobre las subpoblaciones críticas y los problemas de salud para esta agenda de política de salud. Finalmente, los grupos de dirección y planificación convocaron a grupos de trabajo basados en la población para articular sus perspectivas sobre los problemas de todo el estado, analizar los desafíos y proporcionar recomendaciones.

ESTRUCTURA:

1. Comité Directivo
2. Comité de Planificación
3. Grupos de trabajo basados en la población

GRUPOS DE TRABAJO BASADOS EN LA POBLACIÓN:

1. Jóvenes y adultos jóvenes
2. Adultos mayores
3. Nuevos inmigrantes (ej., refugiados, indocumentados y solicitantes de asilo), trabajadores agrícolas temporales migrantes, jornaleros
4. Mujeres
5. Niños y Familias
6. LGBTQIA+
7. Individuos encarcelados y recientemente liberados recientemente
8. Las personas que consumen sustancias

CUESTIONES CRÍTICAS A EXAMINAR:

- a. Inestabilidad socioeconómica
- b. Prevención de enfermedades crónicas e infecciosas.
- c. Acceso a la atención (política de salud y prestación de atención médica)
- d. Salud mental
- e. Uso de sustancias
- f. Investigación y datos
- g. COVID-19
- a. Impactos ambientales en la salud

Este proceso impulsado por la comunidad involucró a profesionales clínicos y no clínicos, representantes religiosos, líderes comunitarios y defensores de la salud en todo el estado de Nueva York. [La Red Hispana de Salud](#), [La Federación Hispana](#), y [La Comisión Latina Sobre el SIDA](#) facilitaron el proceso con el apoyo de 75 organizaciones comunitarias y liderazgo comunitario.

III. INTRODUCTION: OUR HEALTH - OUR FUTURE

While sharing many sociocultural characteristics, Hispanic/Latinx subgroups present significant socioeconomic, educational, and demographic variations. These variations include language spoken (e.g., Spanish, K'iche'/Quiche), racial/ethnic and gender identification (e.g., Latinx, Afro-Latinx, indigenous, or white), and national ancestry identification (e.g., Dominican, Colombian, or Mexican-American). Furthermore, there is great genetic diversity and variation between and within Hispanic ethnic groups, which provides valuable opportunities to examine the interaction of race, genetics, culture, and environment.¹

Public health agendas and policies in the U.S. seek to enhance the lives of all communities. Still, they often fail to consider the diversity within Hispanic/Latinx* communities and how structural inequities are distributed across sub-groups and geographies. Indeed, health outcomes are intimately related to factors such as sociocultural norms, immigration and migration, educational attainment, occupation, primary language, social support systems, and eligibility for health services, among other factors. Furthermore, racial/ethnic discrimination, sexism, homophobia, xenophobia, transphobia, or classism may impact the health of Hispanic sub-groups differently in urban versus rural areas. Hence, there is a need to develop a more granular health agenda that considers our diversity.

The Affordable Care Act and the various NYS health plans have increased access to health coverage for many Hispanics. Nonetheless, various pre-existing and new challenges impact efforts to reduce health disparities in access to care, utilization of health services, and health outcomes. Some of the major structural drivers of health disparities for Hispanics in NYS are: geographic differences in health resources (e.g., upstate vs. downstate, rural vs. urban areas); insufficient culturally and linguistically appropriate services (e.g., lack of multi-lingual educational materials, insufficient bilingual providers); lack of public transportation to services; and lack of adequate health coverage for migrant communities and undocumented immigrants. Even when services are available, the shortage of culturally competent providers and services across NYS creates additional services access challenges, particularly in rural areas and amongst transient populations (e.g., migrant seasonal farmworkers). Finally, low health literacy levels, lack of awareness of eligible services, stigmatization of health conditions (e.g., mental illness, substance abuse, HIV), and cultural health norms (e.g., emphasis on self-reliance) hinder the utilization of existing services.

* For simplicity of this document, we will use the pan-ethnic term Hispanic to refer to the diverse self-identifications within our communities, including those related to variations in race/ethnicity, family origin group, and gender expression (e.g., Hispanic, Latino, Cuban-American, or Latinx). The described populations are composed of various racial groups, so using them as racial categories is inaccurate.

There is a need to develop a more granular health agenda that considers the diversity within the Hispanic community and understands the structural inequities across sub-groups and geographic locations.

IV. HISPANICS IN NEW YORK STATE

Of the 19,512,849 residents in New York State, 19.5% (3,864,337) identify as Hispanic. Of these, about a quarter (26.1%) identified as Puerto Rican, 24.2% as Dominican, 12.2% as Mexican, 16.5% as South American, and 11.7% as Central American.² Latino cultural and racial diversity in NYS reflects more than 20 heritage groups, including Indigenous, African, European, Asian, and other ancestries.³

In 2020, Hispanic births in New York accounted for 20.9%. Based on the origin/ancestry of the mother, 12.6% identified as Mexican, 21.3% as Puerto Rican, 23.9% as Dominican, and 33.4% as Central and South American.⁴ While the birth rate among unmarried women in NYS continues to decline, unmarried Hispanic women still have high rates than White unmarried women (55.8 vs. 27.6 per 1,000).⁵

An estimated total of 1,138,867 foreign-born immigrants entered NYS in the year 2010 or later. Of those, 44.6% were from Latin American countries, including 21.3% from the Caribbean, 13.0% from South America, and 10.3% from Central America.⁶ Understanding the diversity of Hispanics in NYC will help us set better health policies to address the variations in health outcomes among NYS's largest ethnic minority.

According to the Sentencing Project, NYS had 70,389 people incarcerated, in prison, or jail in 2019.⁷ Hispanic communities are more likely to be the target of a criminal justice system rooted in historical anti-blackness, racism, discrimination, and xenophobia. Selective targeting includes over-policing in their communities and schools, increased surveillance, being pulled over more often, and receiving longer sentences for the same crimes committed by whites. Not surprisingly, Hispanics were three times more likely to be imprisoned than whites, with a ratio of 285 vs. 96 per 100K. In addition, Hispanics are overrepresented in adult arrests and sentences in NYS and NYC. In 2019, 24% of the 356,333 arrests in NYS were among Hispanics, and 34% of the 172,515 arrests in NYC were among Hispanics.⁸

In 2021, Hispanics accounted for 36.6% of the nonelderly uninsured group in New York State; the highest rate among all races/ethnicities.



Selected Hispanic health indicators

- **HEALTH COVERAGE:** Approximately 10% of Hispanics (381,336) in New York have no health insurance coverage, 88.4% of them ages 19 to 64.⁹ Out of the nonelderly uninsured New Yorkers in 2021, 36.6% were Hispanics.¹⁰
- **COVID-19:** The COVID-19 pandemic impacted Hispanics more severely

than other groups. Excluding New York City, Hispanics have accounted for 7% (1,674) of total deaths in New York State. However, New York City Hispanics, who represent 92% of the Hispanic state population, have accounted for 34% of COVID-19 deaths.¹¹ On the other hand, Hispanics in New York State have the second highest coverage of completed vaccine series at 75.4%, after Asians (90.2%).¹²

New York City Hispanics, who represent 92% of the Hispanic state population, have accounted for 34% of COVID-19 deaths in NYC.

- **ASTHMA:** Asthma is more prevalent among adult Hispanic New Yorkers than non-Hispanic Whites (11.3% vs. 9.5%).¹³ In NYC, African American and Hispanic patients account for more than 80% of hospitalizations and deaths due to asthma among children and young adults.¹⁴
- **DIABETES:** The top 5 leading causes of death among New York Hispanics in 2019 were heart disease, cancer, unintentional injury, cerebrovascular disease, and diabetes. Compared to all New Yorkers, diabetes appears among the top 5 causes of death among Hispanics (19.3 per 100K).¹⁵
- **CANCER:** NYS's annual cancer incidence rate for all invasive malignant tumors is lower among Hispanics than non-Hispanics (367.1 vs. 503.5 per 100K). On the other hand, the mortality rate, while lower, is closer for Hispanics versus non-Hispanics (103.3% vs. 143.2% per 100K),¹⁶ possibly indicating disparities in cancer care.
- **HIV/STI:** In 2021, a total of 2,123 HIV diagnoses were reported for New York State, 36.0% (764) among Hispanics. The majority of the 675 HIV diagnoses among Hispanics for 2020 were MSM and MSM/IDU (73.6%) and those under 34 (57.3%). In 2020, HIV viral suppression for New York Hispanics was 63.1% compared to 68.1% among Whites. Syphilis infections continue to rise from previous years (from 5.7 cases per 100K in 2010 to 15.5 in 2020). Out of the 3,022 syphilis cases, 23.3% were among Hispanics. Gonorrhea cases have also increased (from 94.4 cases per 100K in 2010 to 218.6 in 2020). Out of the 42,517 gonorrhea cases, 13.8% were among Hispanics.¹⁷ As of October 22, 2022, 34% (1,369) of all Monkeypox Virus (MPV) cases in NYS were among Hispanic individuals, who represent 19.5% of the NYS population.^{18,19}
- **HIV AND AGING:** Thanks to the effectiveness of HIV prevention and treatment, the overall number of new diagnoses continues to decrease, and people living with HIV (PLWH) are growing older and living healthier lives. This has resulted in an increase in the proportion of older PLWH needing aging services. These trends are happening across NYC, NYS, and the U.S. For 2018, individuals over 50 years of age represented 49.3% of those living with HIV in the U.S.,²⁰ 54.9% in New York State,²¹ and 57.7% in New York City.²²
- **MENTAL HEALTH AND SUBSTANCE USE:** The percentage of New York Hispanics experiencing depression has remained stable in the last decade (17.1% in 2011 and 17.0% in 2020),²³ as well as frequent mental distress



(13.0% in 2011 and 13.3% in 2020).²⁴ Non-medical drug use among New York Hispanics has remained somewhat stable (10.9% in 2019 and 9.9% in 2021).²⁵ On the other hand, the rate of drug-related deaths among Hispanics has increased from 7.7 per 100K in 2007 to 19.1 in 2019.²⁶

Selected Hispanic socioeconomic indicators

- **EDUCATION:** Higher educational attainment has been long associated with improved health outcomes.²⁷ Hispanics lag behind other major racial/ethnic groups in completing secondary and post-secondary education. For example, while 94.0% of NYS Whites have an HS degree or higher, 73.6% of NYS Hispanics do; furthermore, only 23.3% of Hispanics have a bachelor's degree or higher compared to 46.1% of Whites.²⁸
- **POVERTY:** One in five Hispanics lives below the poverty level (20.9%). Over half are women (56.1% vs. 43.9%), a third are Hispanic youth under 18 years of age (32.6%), and 11.9% are Hispanics over 65.²⁹ **Close to one in five** Hispanic households in NYS (17.8%, 149,522) have incomes below the poverty level. The financial burden is even more severe for women. Out of the 149,522 Hispanic households living in poverty, 70,550 are headed by single mothers with children under 18 years and 11,034 by single fathers.³⁰
- **FOOD INSECURITY:** Hispanic account for 16.2% (1,240,166) of the estimated 7,652,666 households in New York State, but they account for almost a third (31.7%) of the 1,145,332 estimated households receiving food stamps/SNAP.³¹ In addition, the percentage of eligible individuals participating in the WIC program (coverage rate) is 59.0% in New York State and 64.6% for Hispanics. However, over a third of eligible Hispanics (35.4%) do not participate in the program.³²
- **HOUSING INSTABILITY:** Almost one in four New York Hispanic families (37.2%) report severe housing problems such as lack of complete kitchen facilities, lack of plumbing facilities, overcrowding, or severe rent burden, more than twice the percentage of Whites (16.8%).³³ In NYC, 41.2% of families with children in shelters in 2020 were Hispanic households, and 26.9% of single adults were Hispanics.³⁴

While Hispanics represent 16% of the households in New York State, they account for 32% of the households receiving food stamps.



V. RECOMMENDATIONS BY POPULATION

1. YOUTH AND YOUNG ADULTS:

The workgroup highlighted a lack of resources, immigration concerns, and social support to address behavioral health among young and younger adults. A significant concern in this workgroup was mental health, as many young individuals have experienced the compounding effect of COVID-19 and other pre-existing social determinants of health. Secondly, the group discussed social media's role in increasing health services utilization. While organizations currently have some presence in social media, workgroup members stressed their interest in expanding services through social media platforms (e.g., YouTube and TikTok). Finally, bureaucratic health processes, a low sense of vulnerability, and an emphasis on self-reliance preclude Hispanic youth from utilizing health and social services.

Youth-oriented educational and recreational activities also emerged as a critical need to address “boredom” and engagement in behaviors that can place them at health and social risks. Group members suggested strengthening programs such as basketball, mentorship, scholarship, standardized test support, and after-school programs. At the same time, the group acknowledged the lack of green spaces across many urban areas with high numbers of Hispanic youth.

RECOMMENDATIONS:

- a. **Expand and improve health care access:** NYS expanded health insurance coverage for young adults until 29 years of age in 2009 (“Age 19” law). However, the “Age 29” law fails to address gaps for those without parental employer-sponsored insurance or insurance plans that do not cover dependents. Raising the age of NYS Child Health Plus from 19 to 29, without any limitation related to income status, may begin addressing health insurance gaps among Hispanic youth. Health plans should also include coverage of mental health, dental, and vision services.
- b. **Establish nutrition and physical exercise programming:** Youth need to increase healthy eating and physical exercise. Suggestions included mentorship and after-school programs, educational nutrition sessions, creating green spaces, and establishing areas where young adults can use sports equipment. Furthermore, NYS must ensure the school system complies with nutrition and physical exercise requirements.
- c. **Increase educational and recreational opportunities:** Increasing educational and recreational opportunities may reduce youth participation

in gang-related activities. Options include establishing specialized classes for all middle and high school students (e.g., coding courses, grant writing classes, yoga classes, etc.). In addition, NYS could provide direct funding to youth organizations for after-school programming and partner with NYS labor agencies to provide job training programs for young adults.

- d. Enhance sexual health awareness:** There is a need to improve sexual health and youth-focused STI services via online campaigns and events. Unfortunately, New York schools are not required to teach sex education. While HIV/AIDS instruction is required, there are no standardized curricula, and lessons must stress abstinence. To address the lack of adequate sexual health education at NYS schools, NYS Senate Bill S2584A requires comprehensive sexuality instruction for K to 12 and model curricula.

2. OLDER ADULTS

The workgroup identified multiple factors impacting the health of older Hispanic adults in New York State. For instance, the lack of culturally sensitive providers, transportation barriers, and lack of translation services impair access to quality care among older Hispanic adults. As the healthcare system has a more significant digital presence, low technology literacy and access to fast internet constitute critical barriers. There is also a need to enhance programs to decrease loneliness, increase social integration, and increase physical exercise among older Hispanic adults. In addition, for Hispanic elderly adults, access to food and nutrition programs must be culturally appropriate. Finally, the group recommended the creation of an “Elderly Bill of Rights” within Social Security.

RECOMMENDATIONS

- a. Attend to CLAS standards:** There is a need to increase or establish translation services resources at all service locations. In addition, NYS funding agencies must allocate additional funding specifically for bilingual services and ensure that funded agencies can deliver culturally and linguistically appropriate services.
- b. Enhance the health and social workforce serving seniors:** COVID-19 showed significant gaps in quality services at organizations serving older adults. NYS must enforce current regulations. NYS should also increase the number of Spanish-speaking service providers through financial incentives (e.g., sign-on bonuses and healthcare coverage for home healthcare workers). While senior services may be available for some Hispanics, there is a need for additional services sensitive to the needs of LGBTQIA+ individuals, particularly older transgender individuals and those aging with HIV.
- c. Address the digital divide:** NYS should fund organizations to establish technology support for clients, staff training on telehealth services, and institutional technology upgrades. Furthermore, NYS should require

technology providers to address the gaps in fast internet access and phone coverage throughout many rural and semi-urban areas.

- d. **Increase engagement in programs for older New Yorkers:** There is a need to improve outreach efforts and increase awareness of available services and programs. These programs can address loneliness and increase social integration, for instance, through a version of the big brother/little brother program (*grandparent/grandchild*). In particular, efforts should seek to increase access to the Consumer Directed Personal Assistance Program (CDPAP) program in New York State.

3. NEW IMMIGRANTS (E.G., REFUGEES, UNDOCUMENTED AND ASYLUM SEEKERS), MIGRANT SEASONAL FARMWORKERS AND DAY LABORERS

Often related to economic opportunities, the transient nature of these groups hinders the ability of organizations and clients to remain connected. Furthermore, new immigrants, migrant seasonal farmworkers, and day laborers may have pressing priorities above obtaining or remaining in health services. For instance, these communities are often concerned about their financial and housing stability. They are also fearful of deportation and immigration officials (ICE). Finally, this group identified the lack of trust as a significant challenge when our organizations try to reach out to these groups. Building trust requires time, continuity, and effective services. Nonetheless, mobility and transiency disrupt service plans and increase isolation from the health system.

RECOMMENDATIONS:

- a. **Increase legal and immigration resources:** While communities may continue experiencing fear of deportation, NYS should increase the provision of legal services, awareness of legal rights related to immigration, and human rights campaigns to change perceptions of migrant groups. Hence, there is a need for training and protocols to increase cultural competency among providers serving transient groups.
- b. **Address the hierarchy of needs:** For many, accessing health and social services is related to their hierarchy of needs. To address the lower prioritization of health services and increase service engagement, NYS should fund the provision of primary services (e.g., clothing and food) in multi-service organizations.
- c. **Increase housing quality and affordability:** Equally important, there is a need to address housing quality, availability, and affordability in areas attracting immigrants, seasonal migrants, day laborers, and farm workers. For example, state regulations should enforce quality housing for migrant

seasonal farm workers and increase rent relief and subsidized housing for those moving to low-income rural areas.

- d. Increase health literacy and mobile services:** Health literacy efforts should include linguistically-appropriate resources, culturally-relevant health information, and geographic-specific resource guides. In addition, mobile services have the potential to address changes in work or home location, language barriers, and trusting relations. These services include mobile units, telehealth services, and electronic communication, which requires NYS to address the digital divide across the state.
- e. Make NYS an actual sanctuary state:** NYS allows undocumented immigrants to obtain a driver's license. NYS may consider the New York For All Act as a mechanism to prevent law enforcement from asking about immigration status and collaborating with federal U.S. Immigration & Customs Enforcement agents. NYS should then ensure police departments across the state have the knowledge and expertise to implement NYS immigration policies.

4. WOMEN

This workgroup identified multiple factors impacting women's health and hindering their engagement in healthcare. They include inadequate access to childcare, underutilization of paid family leave, prioritization of their family health over their health, assumptions about women's risks (e.g., low risk for HIV/HCV), deficient women's sexual health programs, untreated mental illnesses, and inadequate domestic violence services. The group also highlighted socioeconomic burdens impacting women, including lower pay rates, taxes on women's sanitary supplies (pink tax), increased incarceration, medical bills, and student debt.

RECOMMENDATIONS:

- a. Expand healthcare access:** NYS must expand access to health plans for low-income women, undocumented women, and women working in the informal economy. NYS will also need to prioritize health literacy on family planning, preventative services, routine screenings, and eligibility for health programs.
- b. Declare interpersonal violence as a health priority:** NYS should strengthen laws and funding to address domestic, gender-based, and sexual violence. In addition, efforts should include mandatory training for providers and state-wide public education about available resources explicitly targeting women.
- c. Strengthen reproductive health rights:** This includes strengthening privacy laws, increasing the community's awareness of privacy laws, allowing NYS Medicare/Medicaid to cover abortion procedures, and ensuring equitable access to contraception and science-based sex education. In addition, there is a need to abolish the "pink tax" in NYS and

provide free menstrual products in public bathrooms.

- d. Address the structural financial burden on women:** Lower pay rates and employment discrimination put many women in economic precariousness. Remedies include reducing current barriers to free daycare services and paid family leave, prioritizing debt relief specifically for Latinas, and expanding public transportation and transportation support for health-related appointments.
- e. Address lack of quality and nutritional food:** NYS should establish state-wide regulations for school food programs and financial incentives for programs to reduce food deserts in poor neighborhoods.

5. CHILDREN AND FAMILIES

While the workgroup acknowledged the existence of services, there is not enough advertising in Spanish and other native languages about available programs. The critical issues identified were undiagnosed learning disabilities and cognitive disorders, child abuse and family violence, and discrimination against LGBTQIA+ children. The group suggested obtaining community input to identify effective interventions and programs. Finally, the group stressed the need for further investment in libraries, recreational facilities, and green spaces, particularly in low-income areas.

RECOMMENDATIONS

- a. Decrease the technology gap:** This includes providing in-person and online training for parents on using the internet and other virtual platforms to access education and health care services. In addition, CBOs need additional state funding to establish client technology support, staff training on telehealth services, and institutional technology upgrades.
- b. Enhance the mental health workforce:** There is a need to increase the number of bi-lingual therapists from the community. Furthermore, school counseling services should incorporate a trauma-informed perspective to address the trauma of families related to immigration and family separation.
- c. Increase support services for immigrant families:** In particular, there is a need for services for newly-immigrant families adjusting to a new country and neighborhoods, including through community-based navigator programs and home services. Increasing support for parenting programs within local communities is also necessary.
- d. Increase physical exercise:** There is a need to ensure that schools follow physical activity requirements for all students through regular, ongoing monitoring. For instance, monitoring activities should ensure gym classes are at the end of the day for all NYS Schools.
- e. Increase housing stability:** NYS should implement stricter policies to increase and strengthen housing protections, particularly concerning

safety conditions and reporting of landlords.

6. LGBTQIA+

The workgroup identified multiple sociocultural factors impacting LGBTQIA+. In particular, the prevalent stigmatization of LGBTQIA+ individuals is rooted in machismo, homophobia, misogyny, and religious dogma. This often results in individuals deciding to remain in the closet and conceal critical information from health providers. In addition, many individuals may not access care due to medical distrust, institutionalized racism, and lack of appropriate services. Finally, the group highlighted primary concerns such as stable housing, transportation, healthcare cost, and lack of LGBTQIA+ services. For instance, transgender resources are still scarce, especially in communities outside of New York City.

RECOMMENDATIONS:

- a. **Increase availability of services specific to LGBTQIA+:** This includes PrEP services, coverage for trans-related transitional hormones, and culturally and linguistically sensitive health care services. In addition, public education needs to be expanded to increase awareness of existing LGBTQIA+ resources. There is also a need for specific aging and geriatric services for LGBTQIA+ individuals aging with HIV.
- b. **Address stigma, homophobia, and transphobia:** NYS should expand efforts to address stigma, homophobia, and transphobia across the state and highlight the connection to health outcomes. This should include inclusivity campaigns for LGBTQIA+ Hispanics, sex education programs that include gender and sexual orientation, and funding for agencies that provide safe spaces and housing for LGBTQIA+ individuals. In addition, there is a need for spaces where families can come together and learn how to support each other.
- c. **Establish a state-wide Health Disparities Center:** NYS should establish a center to address health disparities in LGBTQIA+ Hispanics and other communities of color.
- d. **Increase capacity to provide clinical and non-clinical services:** NYS should increase efforts to enhance the ability of providers to address behavioral health issues affecting LGBTQIA+ Hispanics. In particular, there is a need for culturally relevant training to establish suicide prevention services for LGBTQIA+ individuals.
- e. **Decriminalize sex work in New York State:** In addition to decriminalizing sex work, NYS should also establish workforce development and employment opportunities that create a path to other forms of employment.

7. INCARCERATED AND RECENTLY RELEASED INDIVIDUALS

The working group identified multiple interrelated issues affecting incarcerated and recently released Hispanics. First, those currently detained experience solitary confinement, inadequate and insufficient educational resources, and a lack of behavioral health services. Second, once released, they lack sufficient financial and health resources to remain in the community (e.g., stable housing, employment, counseling, and mentorship). Third, a central concern was the lack of access or ineligibility to certain health and social benefits during or after incarceration. Finally, even when eligible, they may experience insensitive services, mistreatment, and stigmatization due to their incarceration history.

Furthermore, many Hispanics experience multiple sources of stigmatization (e.g., race/ethnicity, incarceration history, immigration status). Not surprisingly, some individuals may distrust the legal and health systems. Finally, the group stressed the need to assess ICE detention facilities and the adherence to human rights.

RECOMMENDATIONS:

- a. **Ensuring continuity of services:** There is a need to improve the current health system to ensure continuity of care, particularly health coverage. This includes providing comprehensive healthcare to those entering the system and those returning to their communities and increasing the health and pharmacy workforce to provide healthcare within the justice system
- b. **Increase funding for re-entry programs:** Programs should provide support and resources for individuals and their families to deal with the trauma of incarceration. This also includes evaluating existing programs to ensure effectiveness and cultural and linguistic sensitivity.
- c. **Enact a human rights approach to detention:** This includes abolishing solitary confinement as a practice in NYS, eliminating all juvenile detention facilities in NYS, removing all barriers to communication for incarcerated individuals, providing the state minimum wage to all imprisoned workers, and allowing house arrest for incarcerated mothers up to a year post pregnancy. NYS should also require and promote educational opportunities in native languages in all its detention facilities (e.g., degree earning credits, occupational certifications and licenses, and life experience courses).
- d. **Remove health and social services from police units:** NYS should transfer homelessness, schools, mental health, substance use, wellness checks, and other responsibilities to non-police crisis response teams within a new agency. These teams will work with community-based organizations.
- e. **Review current expungement regulations.** NYS should address the expungement of marijuana charges for currently incarcerated offenders and criminal history for non-violent offenders after five years.

8. PEOPLE WHO USE SUBSTANCES

This workgroup identified various factors related to the lack of access to and underutilization of services. Institutional factors include a lack of bilingual providers, inadequate translation and interpretation services, framing substance use as a crime, long waiting lists, and focus on abstinence. In addition, the group highlighted sociocultural views normalizing alcohol and marijuana use, stigmatizing substance use and people who use substances, and silencing family discussions about it. Finally, the group emphasized that the use of substances is often a coping mechanism to manage socioeconomic life circumstances such as homelessness, unemployment in rural areas, poverty, trauma, and mental illness.

RECOMMENDATIONS:

- a. Increase culturally and linguistically appropriate substance use services:** Some steps include partnering with interpretation services to increase client access, providing cultural sensitivity training for service providers, increasing telehealth services to reduce stigma, and providing funding for mutual aid services for individuals and families.
- b. Frame substance use perspective within a public health perspective:** This includes moving away from a character trait to a disease-based approach and from the “identification” of substances to general patterns of problematic substance use. It also includes avoiding racialized descriptions of substance use and people who use substances.
- c. Frame substance use services within a harm reduction approach:** For instance, educational campaigns related to substance use should include a broader conversation on harm reduction.
- d. Increase the capacity of the workforce to provide behavioral services:** NYS should increase efforts to enhance the workforce’s capacity to address the overdose epidemic among Hispanics and its connection to mental distress and illness.

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PARTICIPANTS

(partial list)

