



# The **Health of Immigrants** in New York City Report Summary

## Key Findings

New York City's over 3 million immigrants — more than one-third of the city's population — represent a broad spectrum of global communities, cultures and languages and have a variety of health needs. While four out of five immigrants have been in the U.S. for 10 years or longer, over 229,000 have arrived from the U.S.-Mexico border between spring 2022 and January 2025. This influx of new arrivals has made attention to the health needs of immigrants ever more urgent.

No report can touch on all of the health experiences of immigrant New Yorkers nor delineate all of the structural conditions that influenced them. We have tried to fairly portray and interpret the data while noting the numerous limitations. For example, the NYC Department of Health and Mental Hygiene (NYC Health Department) does not ask about immigration status in providing services or conducting surveys, as a matter of policy and inclusion, so we cannot report on immigration status; and data on some new immigrant populations, especially communities with a smaller number of immigrants, and immigrant experiences with discrimination or anti-Black racism, are limited. We acknowledge these and other factors as affecting the well-being of our city's immigrants particularly and of all New Yorkers.

Some noted strengths of NYC's immigrant population and their support to the city as relates to health:

- Immigrants in NYC are estimated to live longer from birth than U.S.-born New Yorkers (83.5 vs. 79.9 years).
- Immigrants overall are less likely than U.S.-born New Yorkers to be currently smoking (7% vs. 11%), and the rate among female immigrants is lower (4%).
- Heart disease and cancer are the number one and number two causes of death for both immigrant and U.S.-born New Yorkers. Compared with U.S.-born New Yorkers, however, immigrants have death rates that are 28% lower for heart disease and 19% lower for cancer.
- Immigrants are more likely than U.S.-born New Yorkers to work in service professions (30% vs. 18%), which includes many social service and health care support roles and other positions that sustain New Yorkers' well-being.
- Immigrants comprise 47% of NYC's workforce of health care practitioners and technical occupations.

For the complete [report](#) and [appendix tables](#), visit [nyc.gov/immigranthealth](https://nyc.gov/immigranthealth).

Immigrants may experience health challenges stemming from structural issues such as exclusion from programs based on immigration status, race and ethnicity, employment that doesn't offer health insurance, and language barriers. Some key indicators of structural and health issues among NYC's immigrants are:

- Immigrant adults (15%) are nearly twice as likely as U.S.-born adults (8%) to not have health insurance. Immigrants who are Latino (26%) or born in Mexico (46%) are most likely to lack insurance.
- Immigrants with depression are less likely to receive mental health treatment (34%) than U.S.-born New Yorkers with depression (48%).
- Immigrant New Yorkers (14%) are more likely than U.S.-born New Yorkers (10%) to have diabetes. Diabetes prevalence is particularly high among immigrants from Bangladesh (31%).
- The prevalence of hypertension, a major risk factor for heart disease and stroke, is higher among Caribbean-born New Yorkers (36%) than immigrants as a whole and U.S.-born New Yorkers (both 29%).
- Infant death is rarer when the birthing parent is an immigrant than U.S.-born (3.3 vs. 4.2 per 1,000 live births). However, relative to other babies of immigrant parents, infant mortality is elevated among those born to birthing parents from Jamaica and Haiti, which is likely due to related systems of oppression including racism and their multilevel impact on social and health conditions.

- Among adults ages 18 to 64, high rates of COVID-19 mortality by occupation type were observed among immigrants working essential jobs such as food preparation and serving (234.2 deaths per 100,000 people), transportation (185.6 deaths per 100,000 people), and construction and extraction (178.7 deaths per 100,000 people). This compared with 48.8, 55.4 and 43.1 deaths per 100,000 people among U.S.-born New Yorkers in the same respective occupation types.

As of June 2024, NYC emergency housing was sheltering 65,000 of the 206,000 immigrants who newly arrived since spring 2022. Seventy-eight percent of these shelter residents were members of families with children under the age of 19. Local government, health care and community organizations are attempting to address the immediate needs of our new arrivals and connect them to primary care services.

To protect the health of immigrants, NYC needs to take measures to affect policy in health and other domains. Efforts must be made to broaden health insurance coverage and safeguard health service access for all New Yorkers. Broader structural issues will need to be addressed as well. We must ensure immigrant populations have access to affordable housing and a right to seek employment. A comprehensive leave-taking policy must protect immigrant New Yorkers' rights to take time off for sickness, caregiving and family formation.

**“Immigrant New Yorkers exhibit notable strengths that contribute to their resilience and acceptance, including a collective work ethic and strong cultural bonds [that foster] community and mutual support.”**

— Korean Community Services





# Social, Economic and Environmental Conditions

Education, income and employment are interrelated factors that have a fundamental impact on health. In our society, secure employment, at a living wage and with other fair labor conditions, is necessary to meet basic needs for housing and nutrition and to access health care. In NYC, immigrant New Yorkers are workers and entrepreneurs who contribute to the economy and provide essential services. More than 50% of people considered frontline workers — nurses, janitors, bus drivers, grocery clerks and others who work in jobs essential to the people of NYC — are born outside the U.S.<sup>1</sup> Immigrants, both documented and undocumented, pay taxes as part of their employment and contribute to the economy of NYC.<sup>2</sup> Structural barriers such as racism and xenophobia, language limitations and lack of access to employment that provides fair wages and

benefits affect the economic security of immigrant New Yorkers.

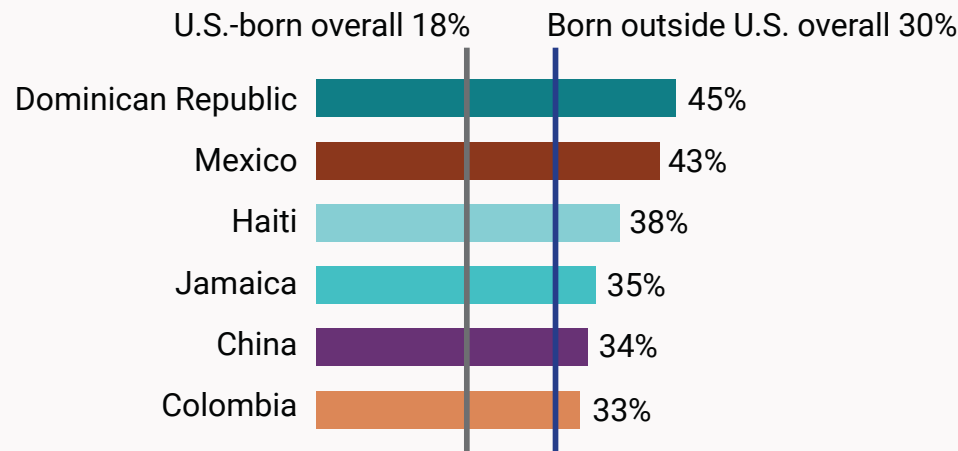
## Employment

Overall, New Yorkers 16 and older who were born outside the U.S. are more likely (93%) than U.S.-born adults (91%) to be employed in the past five years. Employment among immigrants is influenced by factors such as when they arrived in the U.S., education level, profession and eligibility for work visas. Among immigrants from the top places of origin, 97% of immigrants from India are employed.

Among employed New Yorkers, immigrants are more likely (30%) than those born in the U.S. (18%) to work in the second-most prevalent occupational category in NYC, the essential “service occupations.” Among

### Immigrants from the Dominican Republic and Mexico most commonly work in service occupations

Among the top places of origin, those with the largest percentage of employment in service occupations among New Yorkers born outside the U.S.



employed immigrant New Yorkers, those originally from the Dominican Republic (45%) and Mexico (43%) are most likely to work in service occupations. Conversely, immigrants are less likely (33%) than those born in the U.S. (49%) to be employed in the most prevalent occupational category in NYC, “management, business, science and arts occupations.” Although they are less likely to be employed in this group at large, this category includes the subcategory “health care practitioners and technical occupations,” and nearly half (47%) of workers with these jobs are New Yorkers born outside the U.S. even though immigrants make up about 36% of the population.

Compared with U.S.-born workers, those born outside the U.S. have more exposure to occupational health hazards and poor working conditions.<sup>3,4</sup> Immigrants, particularly undocumented immigrants, are heavily employed in the relatively low-wage construction industry. Workers 16 and older

born outside the U.S. are twice as likely (8%) as U.S.-born workers (4%) in NYC to work in natural resource/construction/maintenance occupations. This is a category of jobs that often use informal work agreements that can leave workers vulnerable to exploitation and dangerous work environments.

**“Our immigrant patients are hard workers — even willing to put up with poor working conditions, long hours and low pay in order to get ahead. Many times, they are working to help families back home to put food on tables or send their children, siblings or relatives to school, or send money for medical care.”**

— Terra Firma



**In 2021, adults in NYC who were born outside the U.S. were more likely (63%) than U.S.-born adults (47%) to report they worked outside the home during the COVID-19 outbreak.**





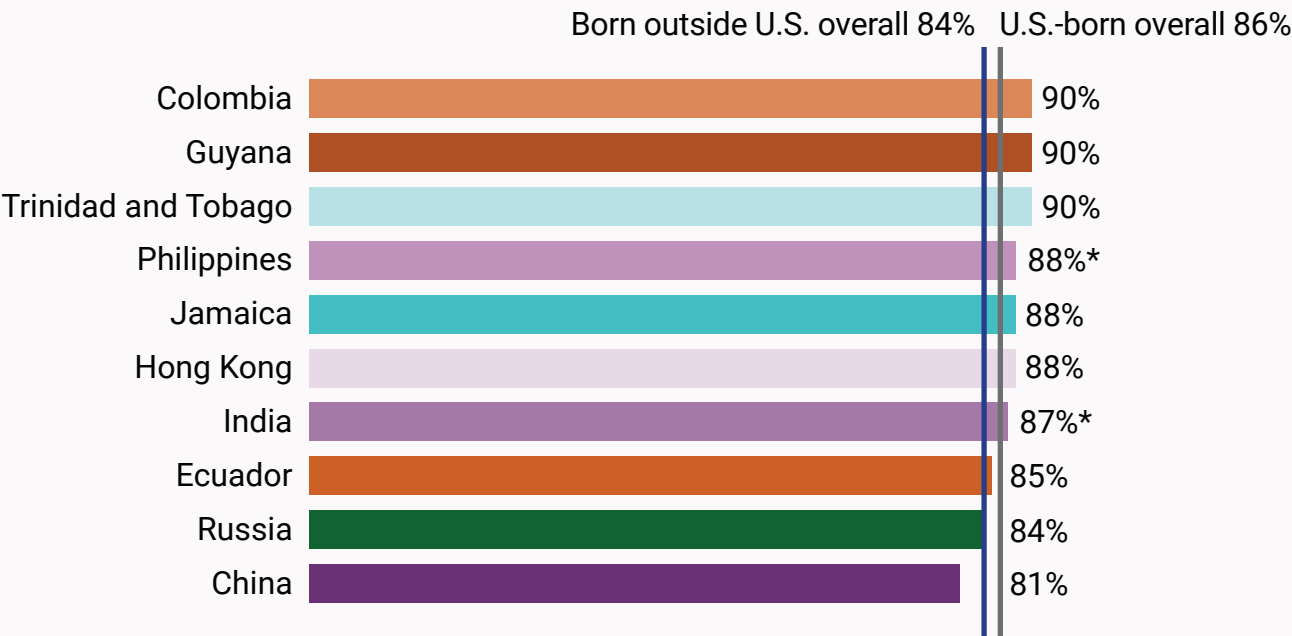
# Healthy Living

## Self-Reported Health

How people feel about their own health can be a good measure of overall mental and physical health. A lower proportion of New Yorkers born outside the U.S. (84%) report “excellent,” “very good” or “good” general health, compared with U.S.-born New Yorkers

(86%). A higher proportion of immigrant New Yorkers from Guyana and Colombia (both 90%) report “excellent,” “very good” or “good” general health compared with immigrants overall, while those born in the Dominican Republic (75%) are less likely to report “excellent,” “very good” or “good” general health.

### Self-reported “excellent,” “very good,” or “good” health among immigrant New Yorkers



Notes: Highest percentages among the top places of origin.  
\*Interpret estimate with caution due to small sample size.

What models of care provision and accompaniment have you found most successful in working with immigrant New Yorkers? “Providing culturally responsive care, for example, nutritional advice that incorporates food commonly eaten by a patient.”

— Coalition for Asian American Children and Families





# Mental Health

The detrimental mental health effects of the COVID-19 pandemic have put a spotlight on communities that may have already been struggling, including many immigrant communities. Immigration can be a stressful life event with lasting consequences such as reduced resources and social support.<sup>5</sup> The process of adaptation and adjustment to a new cultural environment, as well as linguistic and cultural barriers, also plays a significant role in the mental health of immigrants and may especially challenge older adults. Additionally, the recent, ongoing rise in violent and dehumanizing anti-immigrant rhetoric and policies has tremendous impacts on mental health. Experiences of discrimination, physically demanding jobs, different health behaviors from place of origin, and cultural and linguistic barriers to accessible health care are additional stressors. Due to cultural and linguistic differences, diagnosing, treating and understanding the scope of the mental health needs among NYC’s immigrants is challenging. It remains critically important that mental health services are designed to identify and meet these needs, which may include providing culturally appropriate and accessible services for all ages and exploring

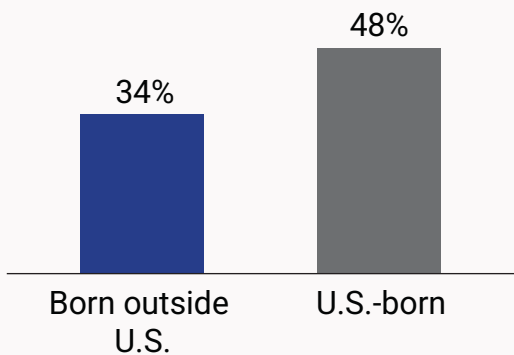
alternative and non-Western forms of mental health treatment.

## Mental Health Access and Treatment

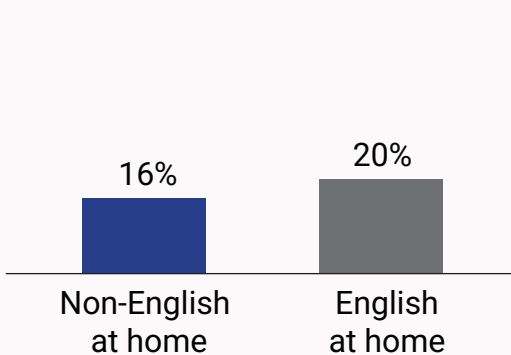
Mental health treatment includes counseling, therapy or taking prescription medicines. Among adults who have depression, those born outside the U.S. are less likely (22%) than U.S.-born adults (30%) to report needing mental health treatment but not getting it at some point in the past year. Among all NYC adults with depression, 43% get mental health treatment. Immigrant adults with depression are less likely (34%) to receive treatment than U.S.-born adults with depression (48%). It is possible that immigrant adults may not be fully assessing or acknowledging their mental health needs, due to cultural norms and stigmas which may limit help-seeking behaviors.

Among teens, the percentage of NYC public high school students who seek help from a professional counselor, social worker or therapist is lower among students who primarily do not speak English at home (16%) compared with those who speak mostly English at home (20%).

**Adults with depression who got mental health treatment**



**Public high school students who got help from a counselor**



Notes: Adult prevalence of receiving mental health treatment (counseling, therapy or medication) in the past 12 months is among those with depression; prevalence of public high school students who got help from a professional counselor, social worker or therapist for an emotional or personal issue in the past 12 months is among all.



# Health Care Access and Outcomes

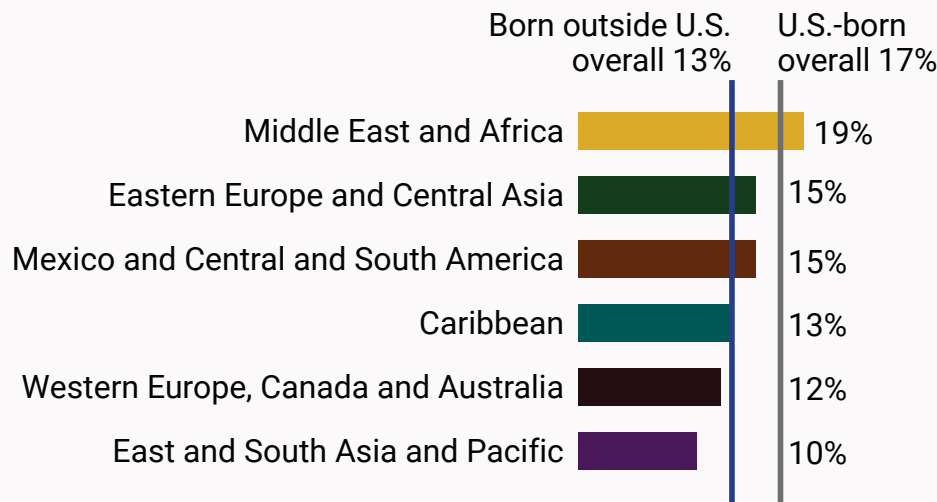
Consistent access to affordable high-quality health care services is crucial to keeping communities healthy. Options for low- or no-cost health care and health insurance for immigrants in New York City are described in the New York City Human Resources Administration’s [Immigrants](#) webpage; for more information, visit [nyc.gov](#) and search for **find what fits: immigrants**. Options include the NYC Care program, which is among the country’s largest programs for direct access to health care for uninsured people, accessible at [www.nyccare.nyc](#).

## Access to Health Care Services

Immigrant New Yorkers are less likely (13%) than those born in the U.S. (17%) to report that they needed medical care in the past 12 months but did not get it. Rates vary by region, with immigrants from East and South Asia and the Pacific about half as likely (10%) as immigrants from the Middle East and Africa (19%) to forgo needed care. There are many reasons individuals may forgo care, including concerns related to insurance or costs, fear related to immigration status, or distrust of or lack of knowledge about navigating the U.S.’ complex health care systems.<sup>6</sup>

### New Yorkers who went without needed medical care in the past 12 months

Among adults by region of origin



“Many [of our immigrant patients] might use the public hospital system for emergency care or acute care but may forgo important preventative services such as primary care, dental health and mental health.”

— Charles B. Wang Community Health Center



## Health Insurance Coverage

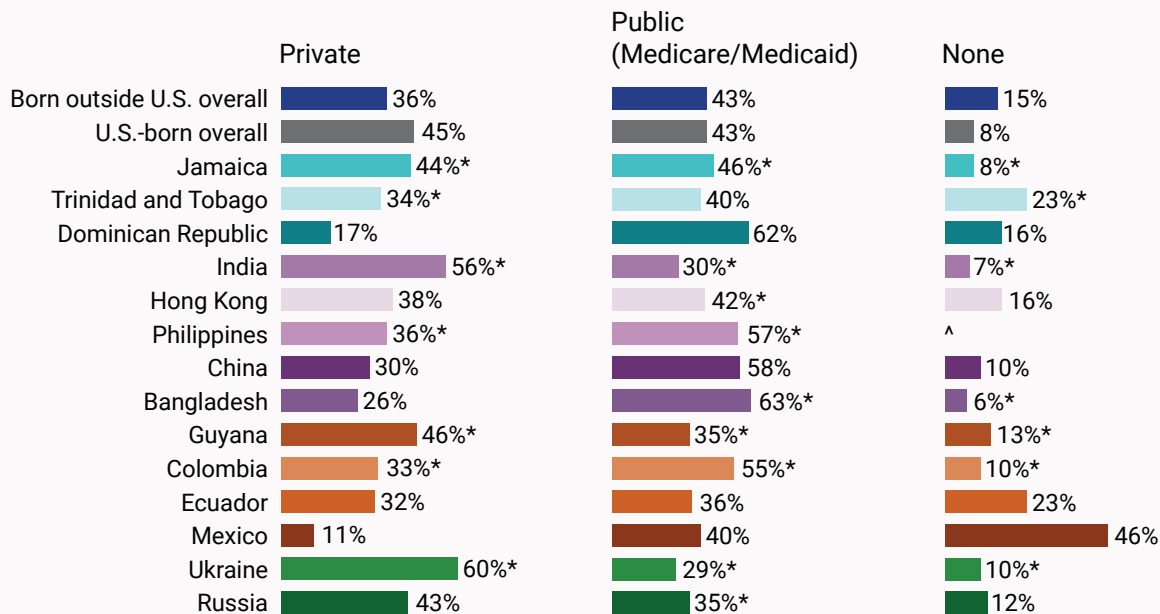
Having health insurance improves health care outcomes by facilitating access to necessary services. Immigrant adults are nearly twice as likely (15%) as U.S.-born adults (8%) to be uninsured. Latino immigrant adults are over twice as likely (26%) to be uninsured as Asian or Pacific Islander immigrant adults (11%). There are also differences by place of origin even within regions. For example, 23% of Ecuadorian immigrant adults are uninsured whereas 46% of Mexican immigrant adults are uninsured. Immigrant adults living in low- and medium-income households are more likely (18% and 16%, respectively) to be uninsured than those in high-income households (12%).

Immigrant adults are as likely as U.S.-born adults to be enrolled in public health

insurance, such as Medicaid. Access and enrollment in public health insurance varies greatly by documentation status, with undocumented people far more likely to be uninsured than those considered lawfully present.<sup>7</sup> While many data sources may have information about whether someone is an immigrant, few record documentation status.

Immigrant adults are less likely (36%) than U.S.-born adults (45%) to have private health insurance. Compared with Asian or Pacific Islander immigrant adults, at 35%, white and Black immigrants are more likely (53% and 43%, respectively) and Latino immigrants less likely (22%) to have private insurance. Female immigrant adults are less likely (33%) than their male counterparts (40%) to have private insurance.

### Insurance type among adult New Yorkers born outside the U.S.



Notes: Among top places of origin. "Other" insurance category not visualized.

\*Interpret estimate with caution due to small sample size.

^Suppressed due to imprecise and unreliable estimate.

## Diabetes and Hypertension

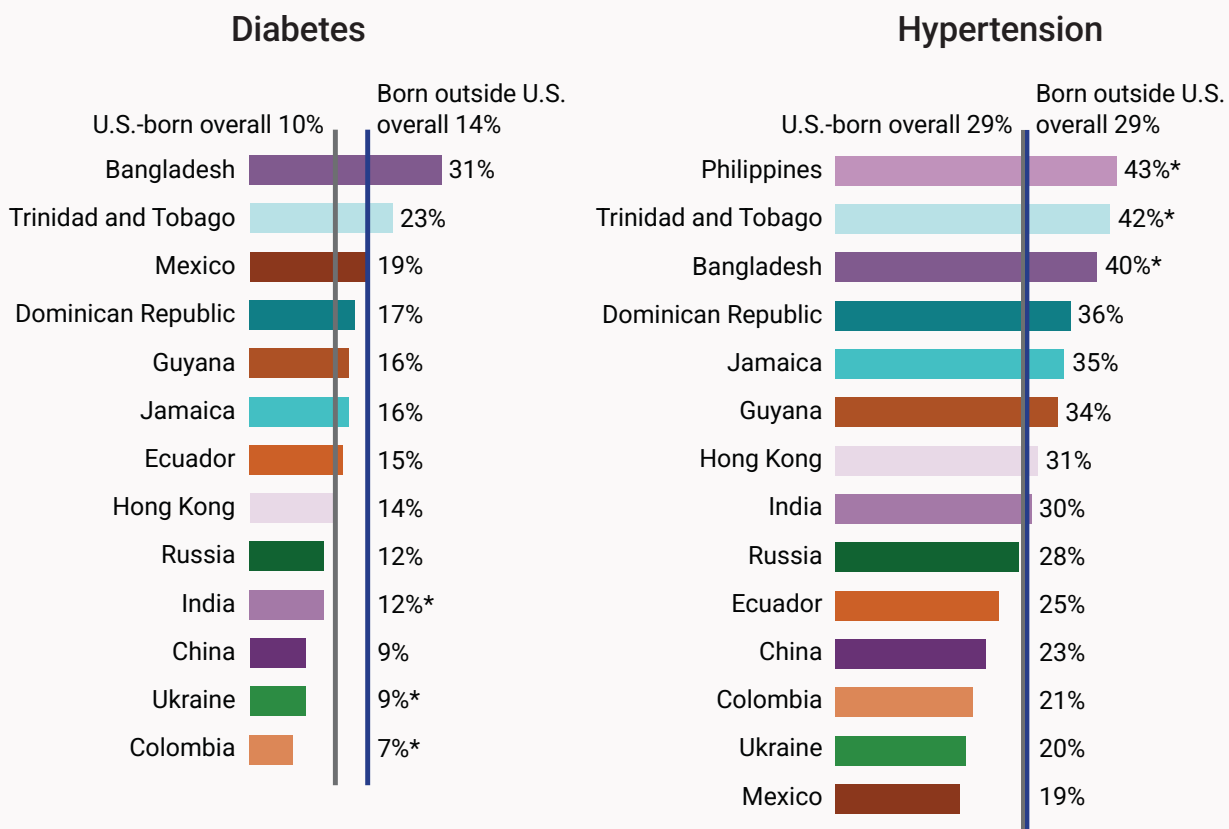
Nearly 1 million New Yorkers have diabetes, a chronic condition that was the eighth-leading cause of death in NYC in 2021. Adult immigrant New Yorkers have a higher diabetes prevalence (14%) compared with U.S.-born New Yorkers (10%). Among the top places of origin, immigrants from Bangladesh have a higher prevalence of diabetes (31%) and those from Colombia (7%\*) and China (9%) have lower prevalence of diabetes than overall immigrants. Immigrants in the highest-poverty households are more likely (16%) to have diabetes than those in medium- (12%) or low-poverty households (10%).

Hypertension, or high blood pressure, is a major risk factor for heart disease and stroke.

Diseases of the heart are a leading cause of death in NYC and nationally. In NYC, 29% of adults have been diagnosed with high blood pressure. This rate is the same for immigrant and U.S.-born New Yorkers. Among the top places of origin, higher rates of hypertension are seen among immigrants from the Philippines (43%\*), Trinidad and Tobago (42%\*), Bangladesh (40%\*) and the Dominican Republic (36%) compared with immigrants overall and lower rates are seen among immigrants from Mexico (19%), Ukraine (20%) and China (23%) compared with immigrants overall.

Immigrants who are Black (36%) are more likely to have hypertension than Asian or Pacific Islander (27%), Latino (28%) and white immigrants (25%).

### The prevalence of diabetes and hypertension (high blood pressure) among adults in New York City differs by place of origin



Notes: Among top places of origin. Diabetes data for the Philippines are suppressed due to an imprecise and unreliable estimate.

\*Interpret estimate with caution due to small sample size.

## Mortality by Occupation During COVID

During the COVID-19 pandemic, frontline essential workers continued to work in settings where social distancing was difficult or impossible. In every occupation category, mortality rates for immigrants ages 18 to 64 were higher than those for U.S.-born New Yorkers. Among adults ages 18 to 64 years, the highest rates of mortality among immigrants were observed in those working in food preparation and serving-related (234.2 deaths per 100,000 people), transportation (185.6 deaths per 100,000 people), and construction and extraction occupations (178.7 deaths per 100,000 people). In the occupational categories of Personal Care and Service, Building and Grounds Cleaning and Maintenance, and Health Care Support, the differences in mortality rates between New Yorkers born outside the U.S. and U.S.-born New Yorkers still existed but were less pronounced.

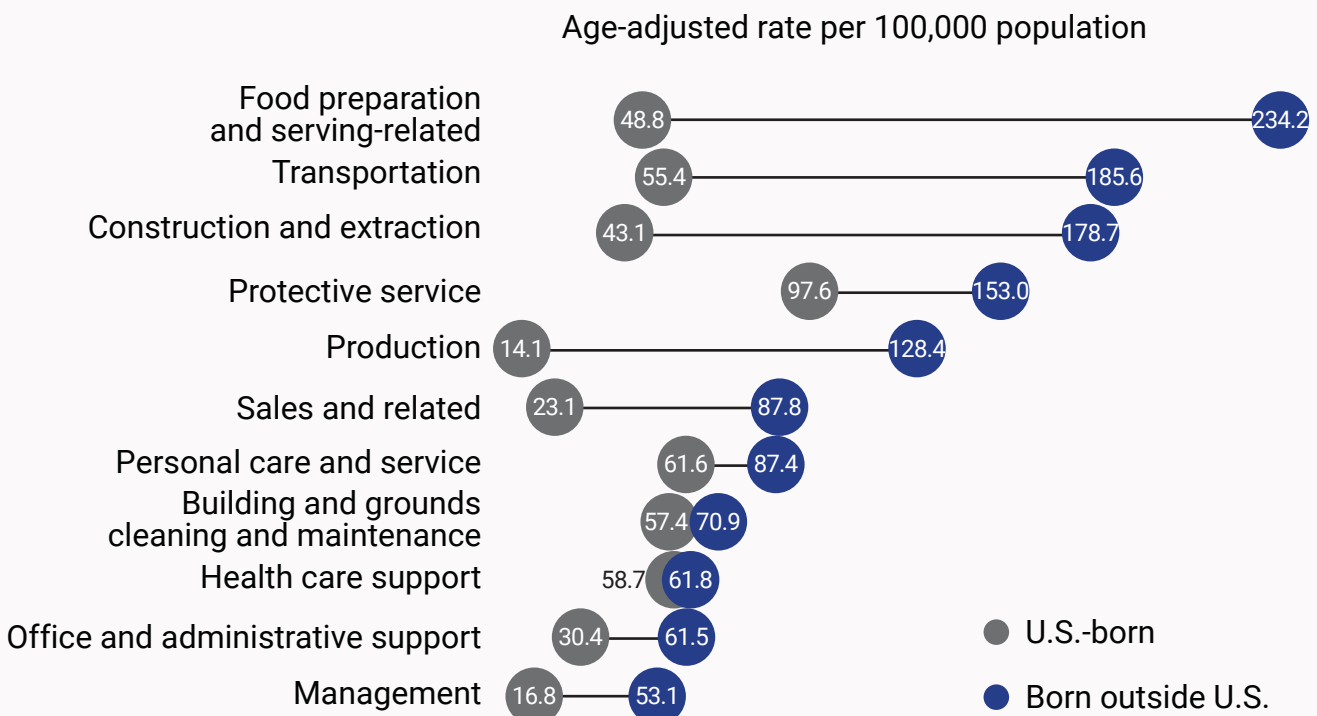
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**“COVID-19 amplified existing barriers to accessing health care services, particularly for undocumented immigrants who faced fears of deportation when seeking care and experienced financial strain due to loss of employment during lockdowns.”**

— Korean Community Services

## Premature death due to COVID-19 by type of occupation

Rate per 100,000 people ages 18 to 64 years





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**Thank you to everyone who contributed to this report.**

**The cover artwork is a community mural titled “We Gon’ Be Alright” for the Kings County Hospital Wellness and Recovery Center. Unveiled in 2024, it was made by Fitgi Saint-Louis (@fitgisaintlouis), a New York City-based artist, who explores the African diaspora and her Haitian heritage across various mediums.**

**Quotes from community partners are featured to provide personal and organizational anecdotes, convey factors affecting immigrants’ health and cast attention across the lifespan.**



## Resources for Supporting Immigrant Health in New York City

- [MOIA Immigration Legal Support Hotline](#) — 800-354-0365, or call **311** and say “Immigration Legal,” Monday to Friday, 9 a.m. to 6 p.m. (ET); visit [nyc.gov](#) and search for **immigration legal services**
- Community Resources for Immigrant New Yorkers (New York Immigration Coalition) — [nyc.org/resources-training/kyr](#)
- [Fact Sheet: Immigrant Eligibility for Public Benefits in New York State](#) — Visit [empirejustice.org/free-legal-resources](#) and search by issue.
- [Mayor’s Office of Immigrant Affairs](#) — Immigrant Resource Road Map available in 50 different languages: Visit [nyc.gov](#) and search for **immigrant resource road map**
- New York State New Americans Hotline — [dos.ny.gov/office-new-americans](#); 800-566-7636, Monday to Friday, 9 a.m. to 8 p.m. (ET)
- Notify NYC — [a858-nycnotify.nyc.gov](#): Emergency alerts provided in 14 different languages
- NYC Care health care access program — [www.nyccare.nyc](#)
- [NYC Government and Nonprofit Services for Recently Arrived Immigrants](#) — Visit [nyc.gov](#) and search for **services for recently arrived immigrants**
- Ready New York — [nyc.gov/site/em/ready/ready-new-york.page](#): Tips and information to help prepare New Yorkers for all types of emergencies
- [Receiving Health Care Services in New York City, Regardless of Immigration Status \[PDF\]](#) — Frequently asked questions, available at [nyc.gov/site/doh/health/health-topics/immigrant-health.page](#) or by visiting [nyc.gov/health](#) and searching for **immigrant health care**
- Coalition for Asian American Children and Families AAPI Health Resources Hub — [cacf.org/health-resources-hub](#)
- [HRA Immigrant Resources](#) — Available at [nyc.gov/site/hra/help/immigrant-resources.page](#) or by visiting [nyc.gov](#) and searching for **hra immigrant resources**
- [NYC Administration for Children’s Services Resources for Immigrants](#) — Available at [nyc.gov/site/acs/about/resources-for-immigrants.page](#) or by visiting [nyc.gov](#) and searching for **resources for immigrants**