

Study calls into question the 'Hispanic paradox' for birth outcomes in New York City

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In the United States, African American or non-Hispanic Black infants have historically experienced worse birth outcomes than Hispanic

infants, whose outcomes are more comparable to those of non-Hispanic white infants despite mothers' lower educational attainment and income as well as reduced access to health care. This phenomenon is referred to as the "Hispanic paradox."

A new study published in the journal *Social Science & Medicine* led by CUNY SPH Distinguished Professor Luisa N. Borrell with affiliated faculty member Francisco Bolívar, doctoral student Christina Nieves and University of the Basque Country Professor Elena Rodríguez-Alvarez suggests that the Hispanic paradox does not apply to all Hispanic people and calls attention to the need for data disaggregation for the Hispanic population when it comes to birth outcomes whenever possible to better understand and address health inequities.

When disaggregating New York City Hispanic women by country or region of origin, infants of Mexican American, Central American, and South American women were less likely to have low birth weight infants whereas the opposite was true for infants of Cuban women when compared with infants of white women.

When compared with white women, Mexican American and South American women were less likely to have an infant that was small for their gestational age whereas Puerto Rican women were more likely to have a small for gestational age infant.

All Hispanic women were more likely to have a preterm birth baby than [white women](#) whereas for [infant mortality](#), greater odds of dying were observed for infants of Puerto Rican and Dominican women.

The findings highlight the need for data disaggregation not only for the Hispanic category but all racial and ethnic categories to deepen our understanding and contribute to the elimination of health inequities on birth outcomes, the researchers say.

"We found that the Hispanic paradox does not apply to all Hispanic women when subgroups' outcomes were examined in NYC," says Dr. Borrell. "In addition, our findings suggest that the racial and ethnic composition of the neighborhoods in which women live and interact may be important for birth outcomes, underscoring the importance of downstream and upstream determinates of health and their interactions to promote or affect [health outcomes](#)."

More information: Luisa N. Borrell et al, Adverse birth outcomes in New York City women: Revisiting the Hispanic Paradox, *Social Science & Medicine* (2022). [DOI: 10.1016/j.socscimed.2022.115527](https://doi.org/10.1016/j.socscimed.2022.115527)

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