INTRODUCTION

Racial disparities in the United States are pervasive and have been documented for decades. Also documented is the rapid and persistent growth of the Hispanic population during the last 30 years. Hispanics, the largest minority population subgroup in the United States, comprise people from ≥25 countries in Latin America with the Spanish language as the common social glue. Although Hispanics can be of any race (White, Black, or some other race), race has seldom been investigated among Hispanics. Consistent with the historical pattern of disadvantage among non-Hispanic Blacks, people with darker skin, regardless of their ethnic background, may face racism and discrimination in US society. These experiences may lead to disadvantaged life chances which then translate into poorer health. If race as a social construct matters among non-Hispanics, Hispanic Blacks might confront the same exposures as non-Hispanic Blacks.

The few studies assessing race and health among Hispanics are consistent—Hispanic Blacks have worse health outcomes than do Hispanic Whites. New York City compared to 2.0% nationally. Thus, data from a community survey in New York City afford the opportunity to examine the independent effect of race on hypertension among Hispanics and non-Hispanics and whether the strength of the associations between race and hypertension differ in Hispanics and non-Hispanics. On the basis of previous studies, we also test interaction terms between race and country of birth and race and the neighborhood racial/ethnic composition among Hispanics.

METHODS

The New York City Community Health Survey (CHS), modeled after the Behavioral Risk Factor Surveillance Survey, is an annual random-digit dialed telephone survey conducted by the New York Department of Health and Mental Hygiene, which provides neighborhood-specific and citywide estimates on a broad range of chronic diseases and behavioral risk factors of New York residents. Briefly, interviews were administered to a stratified random sample of noninstitutionalized adults, ≥18 years of age, from all five boroughs of New York—Manhattan,