During the past two decades, Puerto Ricans have been moving to central Florida in large numbers in search of better opportunities. While there is some evidence that Puerto Ricans in central Florida enjoy higher levels of education than Puerto Ricans living in traditional settlement hubs, it remains unclear if these population shifts have also translated into health benefits. The first goal of this paper is to provide a brief overview of the literature on the health of Puerto Ricans in the United States. The literature shows that Puerto Ricans continue to experience worse health outcomes than other groups. The second goal is to establish a recent profile of Puerto Rican health in the U.S. and Florida. By using recently released data from the 2007 American Community Survey, we compared disability rates of Puerto Ricans across 72 counties with large Puerto Rican populations. Our results indicate that Puerto Ricans in Florida have a health advantage over many Puerto Ricans living elsewhere in the U.S. We conclude by discussing some of the social scientific implications of this study and by making some recommendations for future research in this highly understudied area of Puerto Rican disability. [Keywords: Puerto Rican, health, mental health, disability, Florida]

* Both authors contributed equally and are listed in reverse alphabetical order.
ON AUGUST 13, 2008, the headlines of the *Miami Herald* read: “Puerto Ricans: Recession Drives Educated Puerto Ricans to South Florida” (Robles 2008). Headlines like this suggest a specific type of Puerto Rican migration – one based on higher education. Indeed, a recent report on Puerto Ricans in Central Florida indicates that the educational level of Central Florida Puerto Ricans is higher than elsewhere in the United States and Puerto Rico (Duany and Matos-Rodríguez 2006). These patterns of higher education and incursion into professional occupations are particularly important to the health of Puerto Ricans in Florida. Previous studies suggest that socioeconomic indicators, such as education and social class, have been associated with better physical and mental health outcomes among all ethnic/racial groups (Aneshensel 1992; James, Van Hoewyk, Belli, Strogatz, Williams, and Raghunathan 2006; Robert 1999; Williams 2005), including Puerto Ricans (Rivera, Guarnaccia, Mulvaney-Day, Lin, Torres, and Alegría 2008). The goal of this paper is not to examine the relationship between SES and health among Puerto Ricans in Central Florida, but rather to determine whether Puerto Ricans living in Central Florida enjoy better health, as measured by six types of disability variables, than Puerto Ricans living in other U.S. counties with large Puerto Rican populations.

Although the migration of Puerto Ricans to Central Florida dates back even before 1980 (Duany and Matos-Rodríguez 2006), this region continues to attract large numbers of Puerto Ricans from Puerto Rico and other states – particularly from the northeast region. For example, from 1990 to 2000 there was a 95.1 percent change in the Puerto Rican population in the state Florida with Orlando experiencing a 142 percent change and Tampa a 78 percent change (Falcón 2004). More recent estimates show that six out of the ten counties that experienced the largest growth in the Puerto Rican population between 2000 and 2006 were located in Central Florida (see Vélez and Burgos 2010). At this point, however, a dearth of empirical studies makes it difficult to assess whether this mass exodus of Puerto Ricans, one driven in part by the search for a better life, translates into better health for Central Florida Puerto Ricans.

The sociological and epidemiological literature on health, however, suggests two conflicting possibilities. On the one hand, Puerto Ricans living in segregated neighborhoods are expected to have poor health (Lee and Ferraro 2007). Given their increasingly large numbers and concentration in Central Florida counties, it is possible that the health of the Puerto Rican population in Central Florida is not among the best in the U.S. On the other hand, increased education
levels should provide for better health outcomes (Muntaner, Borrell, Chung, Avison, McLeod, and Pescosolido 2007). Given that the levels of education for Puerto Ricans in central Florida are relatively high, the average health of the Puerto Rican population in central Florida should be among the best in the nation. We engage this paradox by comparing disability rates, as indicators of physical and mental health status, of Puerto Ricans in Florida counties to the disability rates of Puerto Ricans living in other U.S. counties.

OUR FOCUS IS ON STUDIES THAT LOOK SPECIFICALLY AT PUERTO RICAN HEALTH, AND THOSE THAT COMPARE PUERTO RICANS TO OTHER GROUPS, INCLUDING LATINOS FROM OTHER ETHNIC BACKGROUNDS.

We begin by first providing a brief overview of the physical and mental health status of Puerto Ricans in the U.S., noting in particular the need to add to the existing but limited literature in this area. Our focus is on studies that look specifically at Puerto Rican health, and those that compare Puerto Ricans to other groups, including Latinos from other ethnic backgrounds. Second, we discuss studies on the health status of Puerto Ricans in Florida. Third, we empirically compare disability rates (as a health indicator) utilizing data from the 2007 American Community Survey on regions with significant numbers of Puerto Ricans (mainly in the Northeast and Midwest regions) to Puerto Ricans in Florida. We then conclude by suggesting new avenues for future research in this understudied area of Puerto Rican health.

HEALTH TRENDS IN THE UNITED STATES AND FLORIDA

Until fairly recently, there have been few nationally representative data that would allow researchers to document and explain Latino ethnic differences (e.g., Puerto Rican, Mexican, Cuban) in physical and mental health (Heeringa, Wagner, Torres, Duan, Adams, and Berglund 2004). As a result, many researchers have had little choice but to lump Latinos into one monolithic group (i.e., “Latino” or “Hispanic”) and little recourse but to make broad generalizations on the health status of this population. Key problems associated with this lack of information is that researchers and policymakers continue to have a very difficult time documenting which ethnic groups are at high risk of developing health problems, explaining sub-group differences in health, and developing culturally sensitive interventions (Institute of Medicine 2004; U.S. Department of Health and Human Services 2001). These problems are compounded if we consider that the Latino population is expected to grow in the next few decades, that they are dispersing rapidly throughout the U.S., and that place
shapes the onset and trajectory of disease, wellness, and illness (Ahmed, Mohammed, and Williams 2007; Cisneros 2009; Curtis and Jones 1998; Fitzpatrick and LaGory 2003; Williams and Mohammed 2009).

Although place matters and the Latino population continues to grow in both geographical scope and in sheer numbers, little is known about the health of Puerto Ricans in different parts of the country. At the very least, this is a very serious issue in light of the fact that the Puerto Rican population, in particular, is on the move and that both the Center for Disease Control and World Health Organization have made it a priority to monitor emerging diseases associated with migration patterns (Brownstein, Freifeld, and Madoff 2009; Madoff and Woodall 2005). Because we have little or no information on many health indicators of Puerto Ricans in different parts of the U.S., we hope that this article will stimulate more research in this area and further the collection of health data that is linked to place—not just for Puerto Ricans but also for Latinos of different backgrounds.

**ALTHOUGH PLACE MATTERS AND THE LATINO POPULATION CONTINUES TO GROW IN BOTH GEOGRAPHICAL SCOPE AND IN SHEER NUMBERS, LITTLE IS KNOWN ABOUT THE HEALTH OF PUERTO RICANS IN DIFFERENT PARTS OF THE COUNTRY.**

Fortunately, there are a few data sets that allow researchers to gauge the health status of some Latino ethnic groups, such as Puerto Ricans. In this section we briefly review findings on Puerto Rican health at the U.S. national level, paying particular attention to common and disabling chronic health conditions (e.g. diabetes, cardiovascular disease, asthma, and cancer) that are known to have a disparate impact on the Puerto Rican community. In addition, we briefly document some of the common risk factors (e.g. obesity, smoking and physical activity) associated with these chronic conditions.

**Physical Health in the United States**

The Hispanic Health and Nutrition Examination Study (H-HANES) has allowed researchers to analyze Latino sub-group differentials in health and is still one of the most commonly used national surveys with regard to Latino health (National Center for Health Statistics 1985). Findings from these data reveal the disparities in health experienced by the U.S. mainland Puerto Rican community in comparison to other Latino ethnic groups. For example, studies that have utilized these data have reported higher levels of overweight and comparable hypertension rates among
Puerto Ricans (especially women) than Cubans and Mexican Americans (Crespo, Loria, and Burt 1996). Other studies also report slightly higher prevalence rates of diabetes (Flegal, Ezzati, Harris, Haynes, Juarez, Knowler, Perez-Stable, and Stern 1991), hypertension (Cangiano 1994), and asthma (Durazo-Arvizu, Barquera, Franco, Lazo, Seuc, Orduñez, Palloni, and Cooper 2006) when compared to the rates found in other groups. Furthermore, there is evidence of higher rates of self-reported bronchitis among Puerto Ricans in comparison to Mexican Americans and Cubans (Bang, Gergen, and Carroll 1990).

Recent studies utilizing other data sources have found a higher prevalence of asthma (for both U.S. mainland and island-wide Puerto Ricans) in comparison to other Latino subgroups, blacks and non-Hispanic whites (Rose, Mannino, and Leaderer 2006). The findings for other health outcomes revealed the same patterns of a Puerto Rican health disadvantage. For instance, Durazo-Arvizu et al. (2006), reported age-adjusted mortality rates for cardiovascular disease for different U.S. racial/ethnic groups (non-Hispanic whites, blacks, Puerto Ricans, Cubans, and Mexicans) and found higher rates for Puerto Ricans—only African Americans had higher rates than Puerto Ricans. In this study they also looked at these rates among non-U.S. Cuban, Puerto Rican, and Mexican populations and found a higher rate for Cuban residents, followed by Puerto Ricans and Mexicans. Rates for Puerto Rican islanders were lower than U.S. Puerto Ricans. This finding suggests a relative advantage for Puerto Rican islanders (at least for CVD mortality); nonetheless, there is evidence that indicates that Puerto Rican islanders have higher rates of metabolic syndrome, overweight, and obesity (all related to cardiovascular disease) than the total adult population in the U.S. (Perez, Guzman, Ortiz, Estrella, Valle, Perez, Haddock, and Suarez 2008).

**THE FINDINGS FOR OTHER HEALTH OUTCOMES REVEALED THE SAME PATTERNS OF A PUERTO RICAN HEALTH DISADVANTAGE.**

In 2000, a report on the health status of Hispanics from the National Health Interview Survey from the Centers for Disease Control (Hajat, Lucas, and Kington 2000) indicated that Puerto Ricans reported lower health status and increased functional limitation when compared to other Latino groups (Mexican Americans and Cubans). The authors of the report implied that the health differentials might be the result of very low socioeconomic status among Puerto Ricans.

Newer reports indicate similar health patterns for Puerto Ricans. For example, a report on infant mortality rates found that Puerto Ricans had the highest infant mortality rate (8.3 per 1,000 live births) when compared to other Latino groups (Cuban, Mexican, Central, and South Americans). In fact, this mortality rate was 40 percent higher than for non-Hispanic Whites (Mathews and MacDorman 2008). This finding is similar to previous studies that reported higher infant mortality rates for both continental and
islander Puerto Ricans among all Hispanic groups such as Cubans and Mexicans (Becerra, Hogue, Atrash, and Perez 1991). Consistently, other studies indicate higher low weight birth rates for both U.S.-born and Island-born Puerto Ricans (Acevedo-Garcia, Soobader, and Berkman 2007; Rosenberg, Raggio, and Chiasson 2005).

Overall, these findings suggest a rather bleak Puerto Rican health profile, regardless of whether they live in Puerto Rico or in the United States. One of the reasons people migrate to the U.S. is the search for the American Dream, which is expected to fulfill aspirations of improved life chances, including better health. It appears, that the Latino health paradox, a situation where first-generation Latino immigrants are healthier than Latinos from the second and third generation (Acevedo-Garcia and Bates 2007), is not applicable to the Puerto Rican population.

The reason is that there is mounting evidence suggesting that there are no clear physical health advantages or disadvantages for Puerto Ricans migrating to the U.S. with respect to a plethora of health conditions such as cardiovascular disease, low birth weight, obesity, and other health conditions. But before any concrete conclusions can be reached, more studies are needed in this area to confirm and accurately establish the health profile of Puerto Ricans in the U.S. by migrant status. Unfortunately, while there is some nationally representative prevalence data on Latino groups, most data collection attempts fail to account for the full heterogeneity of Latino groups. As such, this lack of oversight makes Latino subgroup differences in health determinants difficult to establish (Acevedo-Garcia and Bates 2007). For instance, the latest Health 2007 data (National Center for Health Statistics 2007) have excellent health indicators, but does not distinguish sub-Latino ethnicities.

In short, while the existing studies above are useful, there is nonetheless a need for more Latino sub-group health information, particularly on Puerto Ricans (Carter-Pokras and Zambrana 2001). Based on the evidence reviewed, it is becoming increasingly clear that Puerto Ricans are experiencing a very unfavorable health
outlook. Two glaring questions that need more attention are: Where are Puerto Ricans doing worse, and where are they doing better? The answer to this simple and obvious question needs to be addressed for the development of proper and targeted health care interventions.

**Mental Health in the United States**

In the previous section, we provided a brief overview on the physical health of Latinos and Puerto Ricans. In this section, we turn our attention to the issue of mental health. In an early study, Black and Markides (1993) used H-HANES data to examine the influence of acculturation on alcohol consumption among Puerto Rican, Cuban American, and Mexican American women. Their findings showed that drinking was more common among Puerto Rican and Mexican American women when compared to Cuban American women. Similar to the findings on physical health previously reported from the H-HANES, Puerto Ricans were found to have higher rates of depressive cases and major depressive episodes in comparison to Mexican and Cuban Americans (Guarnaccia, Angel, and Worobey 1991; Moscicki, Rae, Regier, and Locke 1987). Recent results utilizing data from the National Longitudinal Asian American and Latino Study (NLAAS) find comparable results (Alegría, Takeuchi, Canino, Duan, Shrout, Meng, Vega, Zane, Vila, Woo, Vera, Guarnaccia, Aguilar-Gaxiola, Sue, Escobar, Lin, and Gong 2004). For example, reports on the prevalence of psychiatric disorders among different Latino groups (Puerto Ricans, Cubans, Mexicans, and Other Latinos) found that Puerto Rican men and women had the highest overall lifetime and past-year year prevalence rates for psychiatric disorders (Alegría, Mulvaney-Day, Torres, Polo, Cao, and Canino 2007). Recent reviews of prevalence rates find similar findings (Alegria, Canino, Stinson, and Grant 2006; Guarnaccia and Martinez 2005; Vega and Alegría 2001), but report lower rates for Island-born Puerto Ricans and Puerto Rican islanders in comparison to mainland Puerto Ricans.

**Physical and Mental Health Trends in Florida**

Health information for Puerto Ricans in Florida is as limited as those at the national level. Health statistics from the Florida Department of Health website (http://www.doh.state.fl.us) only report on health measures for Hispanics as a group, with some health reports documenting only a white-non-white dichotomy. Only a handful of studies have examined Puerto Rican health in Florida. One study analyzed infant mortality differentials among Hispanic groups in Florida, mainly Puerto Ricans, Cubans, Mexicans, and Other Hispanics. Using data from linked birth-death certificates from the Florida birth cohorts of 1980-1982, the study found overall rates of infant mortality among both Puerto Ricans and Mexicans to be higher than the mortality rates of Cubans and Other Hispanics (Hummer, Eberstein, and Nam 1992). Another study analyzed Hispanic sub-group differences in cancer mortality rates and found that Puerto Ricans had lower cancer mortality rates than Cubans (which were comparable to the rate of non-Hispanic Whites), but higher rates than Mexicans (Martinez-Tyson, Pathak, Soler-Vila, and Flores 2008). In another study Pinheiro et al. (2009) analyzed cancer incidence rates (including 16 types of cancer, e.g., prostate, lung, colon and rectum, bladder, etc.) among Hispanics in Florida, and found that Puerto Ricans had the highest rates, followed by Cubans and Mexicans. Another study analyzed a sample of 406 Hispanic female students (21 Puerto Ricans) in regards to psychosocial factors related to eating disorders.
They found that Puerto Rican and Venezuelans students had the highest Body Mass Index (BMI) levels. Puerto Ricans also had higher scores for the ideal body image measure (a measure that compares the current body image with the ideal body image). The authors suggested that both of these indicators are risk factors for eating disorders. Although the study results cannot be generalized to the Puerto Rican population in Florida, it nonetheless points to potential risks among this sector of the population (George, Erb, Harris, and Casazza 2007).

In short, the limited evidence on the health of the Puerto Rican population, both in the U.S. and in Florida, suggests that Puerto Ricans generally fare worse in comparison to non-Hispanic Whites and other Latino groups. Still, the inquiry on whether there is a health advantage for Puerto Ricans residing in Florida counties in comparison to Puerto Ricans living in other U.S. counties remains unanswered.

**IN SHORT, THE LIMITED EVIDENCE ON THE HEALTH OF THE PUERTO RICAN POPULATION, BOTH IN THE U.S. AND IN FLORIDA, SUGGESTS THAT PUERTO RICANS GENERALLY FADE WORSE IN COMPARISON TO NON-HISPANIC WHITES AND OTHER LATINO GROUPS.**

*Methods, Data and Measures*

*Methods*

We spent approximately six months looking for studies, reports, and statistics on the health of Puerto Ricans in Florida that differentiated Puerto Ricans from Pan-Ethnic Hispanic ethnicity. We contacted persons of interest at the state department level, local health departments, and different health coalitions, and the information was, unfortunately, not available. There are several national data sources (such as the National Interview Survey and the National Latino and Asian American Study) that can be geo-coded and linked to individuals’ county of residence in Florida. These data would potentially allow researchers to examine the health of Puerto Ricans in Florida and compare it to the health of Puerto Ricans living elsewhere. Still, readily available information on health and mental health indicators for Puerto Ricans in Florida remains limited.

Acknowledging the difficulties in establishing a comprehensive health portrait of Puerto Ricans in Florida (with measures that capture the prevalence rate of psychiatric disorders or chronic diseases such as diabetes and heart disease), in this study we access disability rates for Puerto Ricans in 72 counties utilizing data from the just-released 2007 American Community Survey. There are a number of reasons
that make disability worth examining. First, individuals suffering from a disability are more inclined to report poorer overall health than those without a disability. And as Idler (1997: 27) documents, “self-rated health captures the full array of illnesses a person has and possibly even symptoms of disease as yet undiagnosed but present in preclinical or prodromal stages.” Disability rates may thus provide insight into some of the most important health issues facing the Puerto Rican population. Indeed, the Centers for Disease Control and Population Disability Health Team are promoting the reduction of health disparities (as part of the Healthy People 2010 initiative). On their mission statement they point on the importance of studying disability rates among minority groups as they state:

Minorities with disabling conditions and impairments make up a significant and important group of people who can benefit from public health efforts. This group has the same preventive health concerns as minorities without disabilities. However, having both attributes, minority and disability, has been referred to as “double jeopardy” because of persistent racial and ethnic health disparities, cultural distinctions, prejudice, discrimination, and economic barriers that are coupled with environmental and access issues (2). The shortage of public health information published about minorities with disabilities has prompted the production of this webpage. (http://www.cdc.gov/ncbddd/dh/minoritiesdisability.htm)

Second, the study of disability also has significant implications for the study of social stratification. As Jenkins (1991) argues, studying disability is crucial given that individuals with disabilities have lower incomes, higher debt, are more likely to be unemployed, live in substandard housing, and many suffer daily indignities including experiences with rejection and discrimination. Long-term experiences with disability can also lead to the downward social mobility of families, which can hamper the life chances of children and youth. If Puerto Ricans have high rates of disability, their future may be limited.

Thus, aside from providing a glimpse into the health of Puerto Ricans in Florida, this study also contributes to an important public health and sociological issue.

Data
Our data come from the Public Use Microdata Samples (PUMS), extracted from the 2007 American Community Survey (ACS). The ACS is a monthly rolling sample of households and individuals that was designed to approximate and ultimately substitute estimates from the U.S. Census Decennial long form. One of the goals of the ACS is to inform both policymakers and researchers with nationally representative data on the social and economic well-being of the population. The sample for the ACS survey is selected from each of the 3,141 counties in the U.S., which includes the District of Colombia and the 78 municipios (municipalities) in Puerto Rico. Each year, about three million households units and 2.5 percent of individuals living in group quarters in each of these counties are selected from a continually updated Master Address File of all addresses in the country, maintained by the U.S. Census Bureau. Based on predetermined sampling rate categories, areas with small populations are oversampled so the data represent each county or county equivalent. At the beginning of each month, selected individuals from each household are mailed the survey. A month later, those who failed to respond are contacted over the phone for a computer-assisted telephone interview (CATI).
One month after the CATI attempt, one third of the non-respondents are contacted in person for a computer-assisted interview (overall response rate is 97.5 percent).

The ACS PUMS are extracted from the Census Bureau’s larger internal database, where the sampling unit is the household and all persons living in those households. Specifically, this sample is a 1-in-100 national random sample of the population and includes persons living inside group quarters. The selection of individuals is done in multiple stages and involves the clustering of individuals within households, mixed geographic sampling rates, non-response adjustments, and individual sampling probabilities As such, analyses should be weighted to account for the additional sampling error introduced by this sample design (Ruggles, Matthew Sobek, Trent Alexander, Catherine A. Fitch, Ronald Goeken, Patricia Kelly Hall, Mariam King, and Ronnander 2008). Detailed descriptions of the complex cluster-sample design of the ACS has been published elsewhere (U.S. Census Bureau 2006)

We arrived at our final sample by first geo-coding the ACS PUMS data and assigning a census county code to each respondent in these data. Given our key interest on counties with large numbers of Puerto Ricans, we selected counties that had approximately 3,000 Puerto Ricans (estimated from Census 2000 Summary File 1) and 100 Puerto Ricans (unweighted count; once weighted, the count represents thousands of individuals) in the ACS PUMS. These criteria resulted in a large sample of Puerto Ricans (17,165) living in 72 different counties throughout the U.S. When weighted, the sample represents more than 800,000 Puerto Ricans in these counties.

Measures

Disability
The US Census defines disability: “as a long-lasting sensory, physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. It can impede a person from being able to go outside the home alone or to work at a job or business, and it includes persons with severe vision or hearing impairments” (U.S. Census Bureau 2005). The 2007 ACS questionnaire contains six questions addressing disability status. Three questions were gauged for all household members aged 5 and older, and they include the following dimensions: sensory, physical, mental, and self-care. In detail, to gather sensory disability, respondents were asked (for every person in the household): Does this person have any of the following long-lasting conditions: blindness, deafness, or a severe vision or hearing impairment? For physical disability they were asked: Does this person have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? For mental disability the following was inquired: Because of a physical, mental, or emotional condition lasting six months or more, does this person have any difficulty in doing any of the following activities: learning, remembering, or concentrating? Self-care disability was determined by asking whether a person had problems dressing, bathing, or getting around inside the home. Two other dimensions were gathered in the study: go-outside-the home disability and employment disability. Questions in regards to these two types of disability were only asked for household members ages 15 and older. To access them, the following two questions were asked: Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: Going outside the home alone to shop or visit a doctor’s office
(i.e., go-outside-the home disability)? Working at a job or business (i.e., employment disability)? For all the questions, the answer were coded 1=Yes and 0=No. In addition, the U.S. Census measures a seventh category named disability. Disability refers to a yes response to any of the disability questions described above. For the purpose of this study disability rates will be accessed utilizing this criterion.

THE RESULTS INDICATE THAT SOME TYPE OF DISABILITY AFFLICTS 22.5 PERCENT OF PUERTO RICANS IN THIS SAMPLE.

Findings
Table 1 shows descriptive statistics for all disability variables for Puerto Ricans living in the selected counties throughout the U.S. The results indicate that some type of disability afflicts 22.5 percent of Puerto Ricans in this sample. That is, almost a quarter of all Puerto Ricans are afflicted by a serious disability. This percentage is high when compared with the percentage of the U.S. adult population (ages 16 to 64 years) with any disability of 12 percent (U.S. Census Bureau 2007). That is, the disability rate of Puerto Ricans is almost double that of the national average. Of the six types of disability, the highest percentage was for employment disability (14.1 percent), followed closely by physical disability (13.9 percent), and the lowest was for self-care disability (0.05 percent). Further, a tenth of the population has some kind of mental disability, 8 percent are impaired enough not to be able to go outside their homes without assistance, and close to 6 percent have vision and/or hearing difficulty. To say the least, these are very alarming numbers.

In Table 2, we turn to the issue of whether Puerto Ricans in Florida (appearing in bold-font), and especially those living in central Florida counties, are healthier than Puerto Ricans living elsewhere. The counties in Table 2 are ranked from high rates of disability to low rates of disability. For instance, the county with the highest disability rate is Erie County, New York, with a 39.1 percent average disability. This represents a disability rate that is three times higher than the national average. At the other end of the spectrum, Puerto Ricans living in Orange County, California, enjoy the lowest rates of disability; only 8.5 percent report any type of disability. This figure is slightly below the national average of 12 percent.

One of the most interesting patterns that emerge from Table 2 is the high rate of disability for Puerto Ricans living in the northeastern region of the U.S. With the exemption of Lorain County, Ohio (ranked 6th), the top 17 counties with the highest disability rates are in the northeast. For instance, even Bronx County, New York, which ranks 10th on the list, has a disability rate that is more than twice the national average (28.8 percent). Another noteworthy pattern is that even within census regions, there is great variation in average disability. Compare for instance, disability rates in New York City (33.9 percent) with the disability rates of Union County, New Jersey (10 percent) just a few miles away across the Hudson Bay. This finding suggests that researchers and policy-makers need to pay attention to both regional patterns and intraregional differences.
What about the Florida counties? Are Puerto Ricans living in Florida, especially in central Florida Counties, enjoying significantly better health than Puerto Ricans living in Northeastern counties with the ten highest rates of disability? Using an adjusted Wald test (see Long and Freese 2003), we can examine if the mean rate of disability in each Florida county is significantly lower than each of the first ten counties or those counties with the highest rates of disability. For ease of reference, we highlighted each Florida County in boldface. The superscripted number denotes the comparison that is being made. For instance, superscript one is interpreted that the Florida County in question has a significantly lower rate of disability than the first county on the list (Erie, NY) in Table 2. Similarly, superscript two means that the Florida County in question has a significantly lower rate of disability than the second county on the list (Worcester, MA) and so on.

The results for the Florida counties are varied. For example, Polk County (ranked 18th in average disability) was significantly different from Erie County, but not to the other top ten counties. Marion County (20th on the list) was not significantly different to the top ten counties. The rest of the Florida counties (Seminole, Pinellas, Miami-Dade, Lake, Brevard, Osceola, Palm Beach, Hillsborough, Orange, Duval, Pasco, Volusia, and Broward) were significantly different from Erie County, New York, and most of the top ten mean disability counties. People living in the three Central Florida counties (Brevard, Orange, and Osceola) seem to be enjoying significantly better health than individuals in many counties in the northeast. This is especially the case of Puerto Ricans living in Orange County.

Overall, the results show at least two distinct profiles. First, as suggested by the health literature reviewed above, disability rates for Puerto Ricans are generally higher than the national average. Out of the 72 counties, those living in Broward County, Florida enjoy similar levels of well-being to the national average. However, Puerto Ricans living in a few counties in New York (Richmond, Nassau, Rockland), New Jersey (Union), Texas (Harris), and California (Orange) are doing slightly better than the national average. Second, there is some hope; Puerto Ricans in Florida tend to have a lower mean disability rates than those Puerto Ricans living in the top mean disability counties (mostly concentrated in the Northeast continental U.S.). These results suggest a relative health advantage for Puerto Ricans living in Florida. Although there are some counties that closely resemble counties with high disability rates (e.g., Marion and Polk Counties), the overall health picture is an encouraging one.

### Table 1: Descriptive Statistics for Disability Variables, 2007 American Community Survey

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>S.E.</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Disability</td>
<td>0.141</td>
<td>(.003)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>0.139</td>
<td>(.003)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Mental Disability</td>
<td>0.101</td>
<td>(.002)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Go-outside-the home Disability</td>
<td>0.082</td>
<td>(.002)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Vision Hearing Difficulty</td>
<td>0.056</td>
<td>(.002)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Self-Care Disability</td>
<td>0.050</td>
<td>(.001)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total (Any) Disability</strong></td>
<td>0.225</td>
<td>(.004)</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Notes: Standard errors in parentheses; N=17,165 Puerto Ricans, Weighted Population = 800,060.
TABLE 2: Average Total Disability by County, 2007 American Community Survey

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>TOTAL DISABILITY</th>
<th>COUNTY</th>
<th>TOTAL DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Erie, NY</td>
<td>0.391</td>
<td>38. Palm, Beach, FL</td>
<td>0.190</td>
</tr>
<tr>
<td>2. Worcester, MA</td>
<td>0.372</td>
<td>39. Hillsborough, FL</td>
<td>0.190</td>
</tr>
<tr>
<td>3. Monroe, NY</td>
<td>0.364</td>
<td>40. Plymouth, MA</td>
<td>0.189</td>
</tr>
<tr>
<td>4. Philadelphia, PA</td>
<td>0.344</td>
<td>41. Ocean, NJ</td>
<td>0.189</td>
</tr>
<tr>
<td>5. New York, NY</td>
<td>0.339</td>
<td>42. Honolulu, HI</td>
<td>0.187</td>
</tr>
<tr>
<td>6. Lorain, OH</td>
<td>0.313</td>
<td>43. Suffolk, NY</td>
<td>0.183</td>
</tr>
<tr>
<td>7. Mercer, NJ</td>
<td>0.307</td>
<td>44. Passaic, NJ</td>
<td>0.181</td>
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<td>51. Duval, FL</td>
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<tr>
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<td>53. Cumberland, NJ</td>
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</table>

Notes: Table compares each Florida county to the first 10 counties with the highest rates of disability. 1 Florida county significantly different than county 1 or Erie County . . . 10 Florida county significantly different than the 10th county on the list or Bronx County. Test statistics (H0=0) is based on the Adjusted Wald test at p < .05.

Discussion
In this study we provided a brief overview of the health literature in order to establish a baseline profile of the physical and mental health of Puerto Ricans in the U.S. and those living in Florida. In addition, we utilized data from the 2007 American Community Survey to learn about disability rates among Puerto Ricans, both in the U.S. and Florida. In general, we found that the health and mental health profile of Puerto Ricans is a discouraging one. Compared to other Hispanic groups (and in most instances the U.S. population), Puerto Ricans continue to experience worse health outcomes. Several explanations have been suggested for this phenomenon, including overrepresentation in the lower socioeconomic strata (Hajat, Lucas, and Kington 2000).
Yet, what happens when mass migration and concentration is accompanied by higher socioeconomic indicators, such as higher education? At the onset of the paper, we asked whether this relatively socioeconomic advantage translated into health benefits. Our results indicate, that largely, Puerto Ricans living in the selected Florida counties have a health advantage (for disability indicators) over those Puerto Ricans living in other parts of the U.S. (mainly the Northeast).

Another goal of the study was to review the health literature with regards to Puerto Ricans in Florida. The little research that exists also suggests that Puerto Ricans in Florida are not doing as well as other individuals living in Florida. As there is limited literature, we encourage researchers to continue to foster studies that analyze health issues among Puerto Ricans in Florida and other counties throughout the U.S. We also encourage public health organizations (e.g., Department of Health, Health Coalitions, etc.) to coordinate efforts to distinguish between Hispanic sub-ethnicities when collecting their health data. As the Puerto Rican population in Florida continues to grow, it becomes increasingly important to pay attention to these issues.

**THE LITTLE RESEARCH THAT EXISTS ALSO SUGGESTS THAT PUERTO RICANS IN FLORIDA ARE NOT DOING AS WELL AS OTHER INDIVIDUALS LIVING IN FLORIDA.**

Future research should look at some of the social factors that affect Puerto Rican disability. For instance, although there is a large body of sociological literature that traces the mechanisms that link socioeconomic status to health, we know next to nothing about the association between class and disability in this population. Research also needs to examine how disability affects socioeconomic statuses, such as education, wages, and occupational prestige among Puerto Ricans and other Latino groups. One promising line of research is to compare the effects of disability on SES between Puerto Ricans and other groups. Similarly, at least some preliminary work needs to be done on how other social statuses such as gender, acculturation, discrimination, and race (see Loue 2006) may be related to the risk of disability.

At the structural level, neighborhood and county level factors such as segregation, income inequality, concentrated disadvantage, and other economic conditions and social factors (see Carr and Kuttty 2008) need to be incorporated into hierarchical linear models. This technique would allow researchers and policy-makers to better understand the individual and structural level factors that affect both the onset and trajectory of disability. Overall, the fact that we found significant geographical variation in disability status with one ethnic group in the U.S. suggest that we should move away from cultural accounts that implicitly pathologize Latinos and other minority groups (Bonnell and Hunt 1999; Hunt, Schneider, and Comer 2004) toward more structural explanations of Latino and Puerto Rican health.

As with other studies, ours does not come without limitations. Our study is strictly descriptive, and the data are cross-sectional. Although we pointed to a
different Puerto Rican migration gradient of those moving to Florida, mainly higher educational levels and better socioeconomic indicators, we did not test the association between socioeconomic status and differences in disability rates among the different counties studied. This will be an important consideration to analyze in future research. However, we consider these analyses a crucial first step in this neglected area of research and hope that these troubling results encourage others to trace the multilevel mechanisms that link social factors to individual disability. As British researcher Jenkins (1991) argued on his *Disability and Social Stratification* article, understanding disability is of upmost sociological importance given the intricate relationship between disability and social stratification. Given that individuals and families with disabilities and poor health are often marginalized and experience downward social mobility, the time has come for those interested in the Puerto Rican experience to bring the study of disability to the forefront. Health plays an intricate part in the social and economic well-being of a people (Savedoff, T. Paul Schultz, and Bank 2000). Nonetheless, we believe that our results give warranted attention to the health status of Puerto Ricans in Florida and provide a crucial first step towards understanding the life chances of Puerto Ricans in the United States.

GIVEN THAT INDIVIDUALS AND FAMILIES WITH DISABILITIES AND POOR HEALTH ARE OFTEN MARGINALIZED AND EXPERIENCE DOWNWARD SOCIAL MOBILITY, THE TIME HAS COME FOR THOSE INTERESTED IN THE PUERTO RICAN EXPERIENCE TO BRING THE STUDY OF DISABILITY TO THE FOREFRONT.
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