

iQue Viva!

Latinos and Health Care in the South

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The Latino population in the southern United States is flourishing, which offers the region an opportunity to enrich the fabric of their communities with dynamic and vital young families who are eager to thrive. This demographic shift has sparked strategic conversations within health philanthropy about how best to ensure that Latino communities in the southern states have access to quality, affordable health care.

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DEMOGRAPHIC TRENDS

Approximately 54 million Latinos live in the United States, accounting for about 17 percent of the total population. Estimates suggest that the Latino population will be 128.8 million in 2060, or about 31 percent of the country's total

population (U.S. Census Bureau 2012).

Between 2000 and 2010, the South experienced a 57 percent growth in its Latino population, four times the growth rate of the total population in the region. In Alabama, Arkansas, Kentucky, Maryland, Mississippi, North Carolina, South Carolina, and Tennessee, the Latino population more than doubled in size, with South Carolina and Alabama experiencing the fastest growth rates (Ennis et al. 2011).

LATINO HEALTH AND WELL-BEING

The health status of Latinos has both advantages and challenges relative to other racial/ethnic groups. On the one hand, some very encouraging data are reflected in what researchers have coined the "Hispanic mortality paradox" (Ruiz et al. 2013). The apparent paradox is that Latinos with certain chronic conditions tend to live longer than their non-Latino white and black peers, even though they are likely to live in poverty, are disproportionately at risk of being uninsured, and are less likely to have finished high school or

LOCATION	TOTAL LATINO POPULATION	PERCENT OF TOTAL POPULATION	MEDIAN AGE	PERCENT IN POVERTY (AGE <17)	PERCENT WITHOUT HEALTH INSURANCE
Alabama	186,000	4	25	47	44
Arkansas	190,000	6	23	38	32
Delaware	76,000	8	24	Not available	25
District of Columbia	58,000	9	30	Not available	17
Florida	4,354,000	23	33	31	33
Georgia	880,000	9	25	41	45
Kentucky	132,000	3	23	47	33
Louisiana	197,000	4	29	27	40
Maryland	489,000	8	28	18	30
Mississippi	81,000	3	28	48	43
North Carolina	828,000	9	24	44	43
Oklahoma	347,000	9	23	35	37
South Carolina	241,000	5	25	41	41
Tennessee	296,000	5	24	40	43
Texas	9,794,000	38	27	37	36
Virginia	649,000	8	27	25	32
West Virginia	21,000	1	23	Not available	18

Source: Brown and Lopez 2013

college (Brown and Lopez 2013). This suggests that Latino communities have protective factors that have mitigated their health challenges.

On the other hand, Latinos are disproportionately at risk of experiencing asthma, periodontitis, HIV/AIDS, obesity, teen pregnancy, tobacco use, and infant mortality. These risks are generally highest among Latinos of Puerto Rican background, and lowest among those of Cuban background. In addition, there is increasing evidence that while Latino immigrants generally enjoy comparatively good health, their U.S.-born descendants may not (Hernandez 1999).

PHILANTHROPIC STRATEGIES

Philanthropy has an important role to play in supporting the health of Latino families and communities. Southern funders are experimenting with replicable solutions from other regions and promising approaches unique to the South. Their discussions have focused on three major areas of investment: increasing health care coverage, exploring the value of Medicaid expansion, and securing the safety net.

► **Increasing Health Care Coverage** – Latino children and adults are at a disproportionate risk of being uninsured, even when they are eligible for coverage (Heron 2013). When the Affordable Care Act (ACA) was passed in 2010, it was widely recognized that Latino communities would be a key population to reach and enroll into the newly available coverage opportunities (Doty et al. 2014a). Although rates of Latino enrollment have varied from state to state, recent data from The Commonwealth Fund seem to indicate that efforts are beginning to hit the mark. Nationally, the rate of uninsured Latinos dropped significantly – from 36 to 23 percent – in just 18 months (Doty et al. 2014b).

Despite this progress, many eligible Latinos are still uninsured. The Urban Institute's *Health Reform Monitoring Survey* has provided some insight into the reasons for this, which include mistrust of the health care system, doubts about the necessity of health insurance, fear of deportation, language and cultural barriers, and perceptions that enrollment is complicated (Blavin et al. 2014).

Many foundations that are supporting efforts to expand or enhance outreach and enrollment have included targeted components to reach Latino individuals and families, including The California Endowment, The Colorado Health Foundation, New York State Health Foundation, Kate B. Reynolds Charitable Trust, and Allegany Franciscan Ministries, Inc. Their successful strategies have included funding Spanish language media campaigns and Spanish language outreach materials, supporting skill training sessions for outreach workers, and providing interpreters for those who have limited English proficiency.

► **Exploring the Value of Medicaid Expansion** – Approximately 20 million Latinos live in states that have not

yet implemented the Medicaid expansion provision of the ACA, most notably in Florida and Texas (Doty et al. 2014b). Expanding Medicaid has the potential to provide coverage for an unprecedented number of adults by offering public health benefits to childless adults under the age of 65 with incomes below 133 percent of the federal poverty level (Kaiser Commission on Medicaid and the Uninsured 2013). In states that have not yet decided to expand Medicaid, philanthropic activities include researching and publicizing the health and economic benefits of an expansion, examining the impact of possible federal waivers that would implement versions of an expansion under differing guidelines, and supporting advocacy and developing messaging to keep the legislative conversation moving (Custer and Robinson 2013).

► **Securing the Safety Net** – Latinos who find themselves ineligible for public health insurance coverage due to immigration status or unable to afford private coverage due to high out-of-pocket expenses are at risk of falling through the cracks of the health care system. Foundations have long supported the backbone of this country's health care safety net by funding free clinics, federally qualified health centers, mobile health care units, and other resources. Foundations engage in several types of activities to strengthen the safety net in Latino communities, including:

- building capacity in the community and the organizations that serve it, including advocacy organizations;
- supporting education and outreach about public coverage eligibility and consumer rights;
- addressing cultural and linguistic issues that create barriers to health care; and
- tracking data and publicizing research to inform policy conversations (GIH 2005; Appold et al. 2013).

CONCLUSION

Improving the health of Latinos is intricately linked to improving the health of the entire nation. Grantmakers in the South (and elsewhere) can continue to advance the field by identifying Latino health as a priority, acknowledging areas where enhanced support is needed, drawing on successful models that have achieved progress on the issue, and making strategic commitments to ensure that Latino communities flourish.

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