

## Latinos and Health Care: An Opportunity for Philanthropy

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After a meeting last year of foundations based in the South, I began to wonder aloud why we were not having a discussion about how to meet the needs and leverage the assets of the Latino population. Hispanics in Philanthropy (HIP) recently published two compelling reports, *Foundation Funding for Hispanics/Latinos in the United States and for Latin America* and *Gaps and Opportunities: Foundation Funding and Latino Community Priorities*. While acknowledging that “all data are political,” both publications identified the need for a bigger conversation about the issues, which I characterize as 1) how do we best meet the health needs of Latino communities, and 2) how do we engage community partners to support our efforts?

### LATINOS IN THE SOUTH

According to the 2010 U.S. Census, Latinos are the nation’s largest ethnic minority, comprising 15 percent of the U.S. population. For Florida, the percentage is 23 percent, and in Palm Beach County (where Quantum Foundation works), it is 20 percent. The population in the South grew faster during the past decade than in any other region, with Florida showing the highest rate of growth. The largest ethnicity migrating to the South was Latino. The Latino population grew 36 percent between 2000 and 2009, while non-Latino whites grew only 2 percent. This trend is only going to escalate. The average age of Latinos in the United States is 27—placing Latino women squarely within their reproductive years—and Latinos account for 26 percent of all U.S. births over the past decade (Johnson and Kasarda 2011).

### WHAT WE KNOW ABOUT LATINOS AND HEALTH CARE

Data from The Henry J. Kaiser Family Foundation reveal that Latinos make up one in seven Americans, but nearly half of the country’s non-elderly uninsured (Feder 2010). Latinos are more likely to work in low-wage jobs or for small businesses that do not provide insurance, but according to the data, Latinos are 50 percent more likely to be uninsured than African Americans, a population that has slightly lower income that

Latinos. According to the Kaiser study, the rate of uninsured Latino kids is almost twice that of African Americans.

Of course, national data can mask important differences. In the first nationally representative study of Latino Americans, *The National Latino and Asian American Study*, there were clear differences when it came to health and the use of health care services between the three major subgroups: Cuban Americans, Mexican Americans, and Puerto Rican Americans. (Some other groups represented in Palm Beach County, such as Guatemalans, were not segregated in this report.) Growing up half-Cuban in South Florida, I saw firsthand the differences between subgroups of Latinos, and this is certainly true when it comes to health care issues. In the 1960s through 1980s, Cubans led community discussions in South Florida, even though they were not the only Latino group in the community. These nuances in culture and health status make the conversation about how to address the issue even more dynamic.

### WHAT WE KNOW ABOUT FOUNDATION FUNDING FOR LATINO POPULATIONS

At the same time that Latinos are a growing part of our population, according to HIP’s *Foundation Funding and Latino Community Priorities* survey of large foundations, the percentage of total funding directed at this population has remained flat for 10 years. Among grants that specify one of the four largest specific ethnic groups, blacks received the largest share of funding, and Latinos received the second largest share. The follow-up recommendations of the survey specifically cited the need for “funders to engage in institution-wide dialogues and processes to develop policies and strategies for greater inclusiveness of Latinos and other under-represented communities to address shifting demographics while remaining true to donor intent” (Rodriguez et al. 2012).

### DETERMINING AN EFFECTIVE PHILANTHROPIC STRATEGY

► *Get to Know the Community*—Quantum Foundation hosted two “community conversations” in November 2012, held in locations in Palm Beach County where people faced

health care access challenges, whether they were economic, cultural, or logistical. While the need for care in these two neighborhoods may have been similar, the communities' ability to access health care based on adapting to the "systems" that were the gatekeepers and their skill at navigating methods of getting assistance were profoundly different. Residents from the city of Rivera Beach, which is a predominantly black community (80 percent of participants self-identified as black), were sophisticated in their navigation of access to health care, citing the different public insurance that was available (Medicaid and county insurance available through the health care taxing district) and how to apply for it, as well as the best locations for receiving direct care. This was in contrast to the discussions held in the city of Lake Worth, which is home to a large Latino population. Of that cohort (61 percent of whom self-identified as Latino), 52 percent were uninsured, with none taking advantage of the local health care taxing district insurance coverage. Not only did the participants appear less knowledgeable about the health care system, they were clearly less comfortable having a discussion about the issues surrounding health care, whether it was access, affordability, or customer service.

► **Analyze the Foundation's Data** – We often do not know what we do not know: how do our dollars impact the groups in our communities, regions, or states? There is a great opportunity to mine the data we have on our grantees and who they serve, and to use this information to better understand how we are affecting different segments of the population. This can easily be compared to standard data from the U.S. Census or *American Community Survey* to reveal a picture of whether we are ignoring an opportunity. At Quantum Foundation, we prepare this type of background information about our board membership relative to the make-up of the county in an effort to be mindful about whom we should recruit to serve. It would be enlightening, if not powerful, to do this for our community investments as well.

► **Consider Targeted Initiatives** – Is the opportunity for targeted impact one that we should investigate and purposefully create with this community? I know that is a subjective hot button, because all communities who need access to health care deserve our help, but are there inherent differences in the Latino community that we should acknowledge, work with, and leverage?

There are two obvious issues. I think that we, as foundations, want "all boats to rise," and programs targeting any one group by definition exclude others. The other issue is one that gets even stickier when viewed from a political angle: do we create programs that may benefit a segment of the population that is defined as "illegal"? Approximately 45 percent of currently "illegal" immigrants come into this country legally, and end up in the illegal category by virtue of overstaying a visa, or similar violation (Johnson and Kasarda 2011). According to the April 2013 Kaiser Commission study *Medicaid and the Uninsured: Health Coverage for the Hispanic Population Today and Under the Affordable Care Act*, 76 percent of Hispanics and over 90

percent of Hispanic children are U.S. citizens. The bottom line is this: a large percentage of the population that has become a "boogeyman" first come to America with our country's blessing or are born citizens.

## LEVERAGING COMMUNITY PARTNERS

► **Build Organizational Capacity** – To be good stewards of our resources, we must invest in those organizations that are either solid performers or "good bets." Due to language and cultural barriers, Latino-serving organizations and general service organizations that may want to focus on Latinos may not be fully mature in many communities. It is no secret that foundations struggle with the need to have strong community partners to enact change, and to provide general operating support at a meaningful level.

As I see it, an acknowledgment of population demographics, needs, and resources creates two opportunities for philanthropy: 1) understand the groups who may be the ultimate beneficiaries of our work, and 2) engage this population in the solution to the work (as members of the philanthropic community, as a significant part of the health care workforce, and as a large segment of health care consumers).

We hope to find answers to the questions posed here, or at least engage in a rich dialogue, at the upcoming Grantmakers In Health Strategy Session *Latinos and Health Care: Assets and Opportunities in the South* on May 10, 2013, in Palm Beach County, Florida. This will be a great opportunity for the South to learn then lead, and perhaps even provide a chance for others around the country to maximize an opportunity.

## SOURCES

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Kaiser Commission on Medicaid and the Uninsured, The Henry J. Kaiser Family Foundation, *Medicaid and the Uninsured: Health Coverage for the Hispanic Population Today and Under the Affordable Care Act*, <<http://www.kff.org/minorityhealth/upload/8432.pdf>>, April 2013.

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