



State of Latinos and Health: A Fact Sheet Series

The “State of Latinos and Health: A Fact Sheet Series” discuss the current state of five issue areas in health including community engagement in health research; COVID-19 vaccine access; social and emotional well-being; health care access; and food security by catalyzing current data, stats, and gaps within each issue. The series aims to highlight community-based approaches and case studies of programs and policies that seek to solve these disparities and advance health equity in the Latino community.

TOPIC OVERVIEW*

1. [Health Care Access: Unprecedented Opportunities to Close the Enrollment Gap for Latino Families](#)
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* Topics are hyperlinked.

Health Care Access: Unprecedented Opportunities to Close the Enrollment Gap for Latino Families

Latinos are far [more likely to qualify for health programs](#) but not be insured, compared to non-Hispanic white people. Latinos* are also disproportionately likely to be denied health coverage due to immigration status. The current environment offers remarkable opportunities to close enrollment gaps and eliminate barriers to access for Latinos. Engagement from community organizations can ensure Latinos benefit from these opportunities and that policymakers take additional steps to address coverage disparities.

INTRODUCTION

Despite progress following the implementation of the ACA, Latinos continue to make up [a disproportionate share](#) of the total remaining uninsured population (37%). Unsurprisingly, Latinos also [suffered](#) disproportionately from the COVID-19 pandemic, in part because of limited access to health care. While Latinos remain more likely to be uninsured than non-Hispanic whites, increased APTCs and the temporary suspension of Medicaid terminations have kept the Latino uninsured rate stable during the pandemic.

Some states have also taken the initiative to cover more people, including by expanding access for the undocumented and implementing auto-enrollment [policies to reach the eligible](#) but uninsured.

Key Terms

Marketplace: The online shopping and enrollment service for health insurance, created by the Affordable Care Act (ACA). In many states, the Marketplace is run by the federal government (at either [Healthcare.gov](#) or [CuidadodeSalud.gov](#)), but some states operate their own.

Advanced Premium Tax Credits (APTCs): A tax credit that helps lower the cost of your health insurance premiums, available for people who buy their own insurance on the ACA Marketplace.

* The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout our materials to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Our materials may also refer to this population as "Latinx" to represent the diversity of gender identities and expressions present in the community.

CURRENT STATE

Latinos without health insurance now have extraordinary opportunities to enroll in health coverage, often at zero cost. Nearly 3 million Latinos are [uninsured but eligible](#) for Medicaid. Following the passage of the American Rescue Plan Act (ARPA), Latinos also make up around 30% of those uninsured but eligible for a subsidized health plan, and nearly [one-third](#) of those eligible for a plan where federal financial help pays the full premium cost (1.9 million individuals).

Recent years have seen important positive developments at the federal level and in many leading states:

- The Biden administration also significantly increased investment in outreach and education for Open Enrollment, after years of severe cuts under the previous administration. More than [2.5 million](#) Latinos now buy their own insurance from the Marketplace, making up one in four Marketplace participants. That represents a 60% increase over Latino participation as of 2019.
- Nine states¹ have enacted so-called “Easy Enrollment” initiatives, through which state income tax filers can check a box on their return asking to have relevant information sent to the state’s health agencies to see if uninsured tax filers qualify for free or low-cost health insurance. Some states also want to give tax filers the option to be automatically enrolled into free insurance, if they qualify. Such an approach holds enormous promise for reaching eligible, uninsured Latinos. In 2020, the most recent year for which data are available, 91% of all Latinos without health insurance filed federal income tax returns, including 86% of uninsured Latinos with incomes below 150% of the federal poverty level.²
- Many states have taken the initiative to end health program discrimination based on immigration status. Currently, [five states](#) and the District of Columbia provide coverage for all income-eligible children, regardless of immigration status. Some states provide coverage, free of discrimination based on immigration status, for certain age groups. For example, California covers undocumented immigrants up to age 26 and above age 50; and beginning in 2024, undocumented Californians between the ages of 26-49 will also be eligible to enroll. In a less well-known example, Illinois now provides Medicaid coverage for non-citizens, including undocumented immigrants, ages 42 and older, as well as all children. Colorado covers undocumented immigrants through a program based on that state’s Marketplace, and Washington state has asked the Biden administration to approve a similar initiative.



BEST PRACTICES/CASE STUDIES

Community-based organizations play a critical role in ensuring that the Latino population is aware of their health coverage options and the enrollment process.

For example:

- AltaMed Health Services, an UnidosUS California-based affiliate and Federally Qualified Health Center in LA County, reaches its predominantly Latino patient base through targeted in-person and virtual outreach. Bilingual webinars provide critical information to consumers on enrollment dates, coverage options, and setting money aside for health costs. Additionally, AltaMed has trained its staff and providers on Medicaid rules and restrictions, equipping them to deliver culturally competent enrollment assistance. AltaMed's mobile health unit identifies potentially eligible patients, who are then connected with patient navigators to assist with enrollment. Through their education and outreach campaigns, AltaMed staff have enrolled over 33,000 individuals since 2020.
- In the San Antonio Texas region, the Health Collaborative is strategic about building rapport in the community, helping the organization reach consumers more effectively. Patients trust community-based navigators and educators to walk them through the enrollment process and subsequently respond well to regular check-ins for renewals. To reach more individuals, the Health Collaborative has developed close partnerships with community health workers and educators involved in COVID-19 efforts. A unique and efficient approach has involved partnering with faith-based organizations, such as local parishes, which allow the Health Collaborative to be present at parishioner-attended events. During the back-to-school season, they engage with school nurses when parents require interpretation support. Building community trust has been essential to the Health Collaborative's impact and ability to enroll Latinx consumers in health coverage.

CONCLUSION AND RECOMMENDATIONS

Community organizations should urge federal and state policymakers to leverage key policy changes to help address the longstanding disparity in coverage rates for Latinos:

- Continued investment in culturally and linguistically responsive outreach and education, including for Navigators.
- Ending health programs' discrimination against undocumented immigrants by seeking federal waivers and providing state-only funding.
- Enacting Easy Enrollment policies allowing uninsured income tax filers to use their returns to jump-start enrollment into health coverage.

Community-based organizations should implement effective programmatic activities and culturally relevant outreach that targets potentially eligible Latino consumers.

These strategies include:

- Deploying social media education campaigns that inform eligible consumers about important enrollment dates, health coverage options, and contact information for expert help with enrollment.
- Providing enrollment and application assistance in Spanish and other native languages to non-English speaking consumers, using toolkits for community partners who help consumers enroll in or change their health plan.
- Developing unique and effective partnerships with local organizations that serve the Latino community. These include faith-based organizations, schools, local free clinics, state health departments, businesses, street vendors, etc.

KEY TAKEAWAYS

- Recent federal policy changes and investments by the Biden administration, along with bold state actions to reach more people, create unprecedented opportunities to lower the Latino uninsured rate and advance health equity.
- Community-based organizations will play a critical role in educating the community and ensuring Latinos avail themselves of new coverage options, as well as pushing for continued and bolder action from state and federal policymakers.

ABOUT THE AUTHORS

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UnidosUS, formerly the National Council of La Raza, is the largest Latino civil rights and advocacy organization in the United States.

ACKNOWLEDGMENTS

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ENDNOTES

- 1 Maryland was the first state to pass Easy Enrollment. Since then, California, Colorado, Illinois, Massachusetts, New Jersey, New Mexico, Pennsylvania, and Virginia have followed suit.
- 2 Analysis of Current Population Survey data for 2020, accessed through IPUMS-CPS, University of Minnesota, www.ipums.org.

Not Enough Food on the Table: Food Insecurity and the Latino Community

Food insecurity is a complex and systematic social challenge impacting hard-working families in the United States, especially racial and ethnic diverse populations. The pandemic created an unprecedented environment for all Americans, and its impact especially put at risk the health and economic security of Latinos, immigrants, and other groups.

Latinos are essential to our country's prosperity, with a rapid worker growth rate and a projection of accounting for one out of every five workers in the labor force by 2030. They energize the economy and strive to make better lives for themselves, their families, and their communities. However, prior to the coronavirus pandemic (COVID-19), Hispanics* were already experiencing higher food-insecurity rates than the general population.

WHAT IS FOOD INSECURITY?

Food insecurity refers to the lack of consistent access to enough food for every person in a household to live an active, healthy life.¹ Health and food insecurity are interrelated, as low access to healthy foods has a higher association with poor diet, nutrient deficiencies, impaired immune systems, and a higher risk of chronic diseases such as heart disease and diabetes.

Studies show that:

- Food insecurity impacts 40 million Americans.
- 1 in 5 Latino households have at least one person being food insecure.
- Latino children and adults are more than twice as likely to face hunger as white children and adults.
- In 2021, 18.5% of Latino children experienced food insecurity.

* The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout our materials to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Our materials may also refer to this population as "Latinx" to represent the diversity of gender identities and expressions present in the community.

ROOT CAUSES AND BARRIERS

It is important to acknowledge and address the systemic racism and inequalities present that lead to health disparities.

Food insecurity is a result of various root causes and barriers, including:

- Food supply chain
- Increasing costs of food
- Economic and physical access to food
- Lack of quality health care
- Disinvestment in quality education
- Wage discrimination
- Poverty or unemployment

The COVID-19 pandemic increased levels of unemployment and poverty rates while disrupting community social support networks, which aggravated food insecurity across the nation, including in Latinx communities. **Latinos were reported to be 2.5 times more likely to experience food insecurity than white individuals in the year 2021.**

The following strategies and recommendations stem from implementing the multiple food and nutrition security programs with local community-based organizations serving Latino and other diverse populations.



STRATEGIES AND RECOMMENDATIONS

1. FOOD AND NUTRITION SECURITY AS A NATIONAL PRIORITY

The 2022 [White House Strategy on Hunger, Nutrition, and Health](#) provided a national strategy to address challenges on the food and nutrition security and commits the federal government and public/private organizations to shift the country's food, nutrition, and health policies to end hunger by the year 2030.⁴

Recognizing that disparities are rooted in long-standing structural inequalities, the Food and Nutrition Service in collaboration with the U.S. Department of Agriculture (USDA), is leveraging the White House support to advance nutrition security while applying an equity lens. This comprehensive approach will promote sustainable food systems that are meant to address the unique and multifaceted needs of all, including historically underserved populations.

2. EXPANDING THE USE OF A CULTURALLY HUMBLE AND RELEVANT MODEL

According to a UnidosUS survey, 44% of Latino parents received some form of food assistance during the pandemic (including food banks, schools, churches, Supplemental Nutrition Assistance Program (SNAP), or food stamps), and nearly 80% reported that this assistance helped a great deal.

UnidosUS's ***Comprando Rico y Sano*** (Buying Healthy and Flavorful Food) is a national program funded by No Kid Hungry and the Walmart Foundation, which seeks to address food insecurity through culturally relevant nutrition education and enrollment assistance in SNAP and other federal nutrition programs for eligible Latino households. It is currently implemented by 25 community-based organizations (CBOs) across the country.

Comprando Rico y Sano
National Program Sponsors



This program is a prime example of how a human-centered approach where a mutual relationship between a national organization like UnidosUS and local community-based organizations and local agencies can be impactful in reducing hunger and food insecurity over the years. The program utilizes knowledgeable, resourceful, and trusted community messengers known as community health workers (*promotores de salud*) who deliver interactive nutrition education sessions known as *charlas* and are crucial in demystifying misconceptions and are sensitive to and aware of the challenges faced by the communities that they serve.

Between 2020 and 2022, the combined efforts of UnidosUS and subgrantees resulted in:



training for
157 *promotores de salud*



SNAP enrollment
assistance for
**11,475 households
benefiting 26,629 Latinos**



distribution of
**over 3.6 million
pounds of food**

In collaboration with the White House's National Conference on Hunger, Nutrition, and Health, by 2030, UnidosUS commits to doubling the reach of *Comprando Rico y Sano* through the expansion of the program to 25 additional community-based organizations across the United States and Puerto Rico—training 1,880 new community health workers, providing nutrition education to 84,000 more people, and facilitating SNAP enrollment for roughly 232,000 more members of the Latino community.

3. COLLABORATION BETWEEN STAKEHOLDERS TO ASSESS AND PUT IN PRACTICE SYSTEM CHANGES

Transformative change cannot happen in isolation. UnidosUS recommends stakeholders from various local, state, governmental, private, and public agencies work together to address:

Transformations in the food system:

- Adapt inclusive interventions to lower the high cost of nutritious foods and confront poverty and structural inequalities.

Improving access to nutritious food:

- Increase benefits and access to the SNAP and to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

ABOUT THE AUTHOR

UnidosUS, formerly the National Council of La Raza, is the largest Latino civil rights and advocacy organization in the United States. The *Comprando Rico y Sano* program seeks to reduce hunger and instill healthy shopping and eating habits among Latinos through nutrition education and enrollment assistance in the SNAP and WIC.

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UnidosUS, formerly the National Council of La Raza, is the largest Latino civil rights and advocacy organization in the United States.

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Expanding Latinx Health Research with the *All of Us* Research Program

The National Institutes of Health's *All of Us* Research Program aims to address the disparities in health research for underrepresented populations, including Latinx* communities, by creating the nation's largest and most diverse health database. The project focuses on precision medicine to improve health care through personalized treatment and prevention strategies rather than a "one-size-fits-all" approach we often see today. Precision medicine research could provide better health outcomes for all backgrounds.

ABOUT THE *ALL OF US* RESEARCH PROGRAM

The *All of Us* Research Program's goal is to enroll one million or more people living in the United States to contribute information to this historic health database. The 10-year project is one of the largest programs from the National Institutes of Health (NIH) and involves partnership with hundreds of organizations across the country.

Partner organizations, including UnidosUS, work to educate communities about the importance of health research and enroll people in the *All of Us* Research Program. More than 372,000 people have enrolled in the project since 2018, providing health information by answering surveys, providing physical measurements (like height and weight) and biosamples (like blood, saliva, and urine), and sharing their Electronic Health Records. The project will continue to collect health information and provide available data to researchers. This allows researchers to study how genetic, behavioral, and environmental factors affect health and wellness.



Photo courtesy of *All of Us* Research Program partner Mexican Coalition, Bronx, NY.

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The *All of Us* Research Program is unique both for its size and its emphasis on diversity. It is also unique in that participants in the project are not enrolling in a specific clinical study; rather they are providing their information so that researchers can conduct thousands of studies across a wide variety of health and wellness areas. The benefit of having such a large, centralized database of health information is that researchers can apply to use the *All of Us* database instead of creating new data sets for their studies, which are typically smaller and less diverse. There are more than 2,500 active research projects and 66 publications currently using information from the *All of Us* Research Program health database.

Participants in the *All of Us* Research Program who provide biosamples can also choose to learn about their own health through DNA results. DNA results can include genetic ancestry (where in the world your family comes from), genetic traits (such as why you like or don't like cilantro), and possible risks for certain health conditions or reactions to medications. The project is not health insurance and does not provide medical diagnoses or treatment for health conditions.

What does “underrepresented in health research” mean?

This phrase refers to populations that currently or historically have not been included in research about health at the same rate as other populations. People of certain races and ethnicities, ages, sexual orientations, geographic locations, and disability statuses have historically been underrepresented. This includes the Hispanic/Latinx population.

What does “precision medicine” mean?

Precision medicine is health care that is customized based on the patient as a unique individual, considering factors like genetics, environment, lifestyle, and family health history. Precision medicine includes not only treatment but also prevention and wellness. The *All of Us* Research Program health database is aimed at facilitating the advancement of personalized health care.

Disparities in Health Research and Researchers in Hispanic/Latinx Communities

The Latinx population in the United States currently is and historically has been widely underrepresented in health research, which contributes to a higher rate of negative health outcomes for Latinx communities.

Latinx individuals make up 18% of the population in the United States. However, only 4% of NIH-funded Research Program Grants are focused on Hispanic/Latinx health. Additionally, in a review of NIH grant applications, only 3% of lead researchers who applied for NIH-funded Research Program Grants identified as Hispanic.

The *All of Us* Research Program aims to close these gaps by encouraging health research to identify the unique health care needs of specific populations like the Latinx community, and by encouraging more accessible health research opportunities. The *All of Us* Research Program encourages the participation of all

people living in the United States regardless of immigration status. The program does not ask for citizenship status during enrollment.

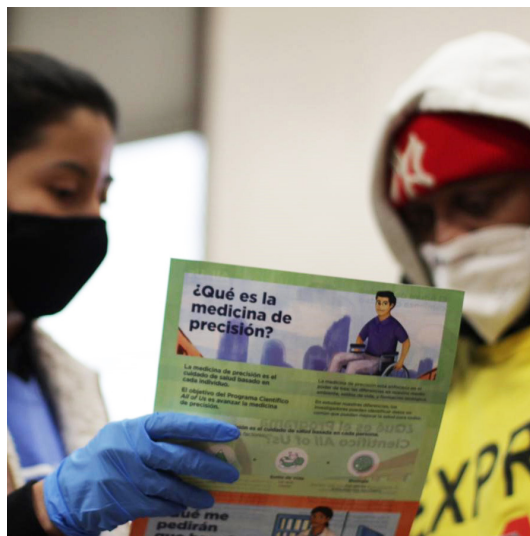


Photo courtesy of *All of Us* Research Program partner Mexican Coalition, Bronx, NY.

Activating Community-Based Organizations with Outreach Best Practices

Many organizations, including UnidosUS and community-based organizations across the country, are working with the *All of Us* Research Program to educate and enroll people who have historically not been appropriately represented in health research, like the Latinx community. However, there are many barriers that prevent people in these groups from participating. Some barriers to participation in the Latinx community include language barriers; mistrust in health research due to historical abuse of minorities in medical studies; concerns about the privacy of health information provided to the project; fear relating to the immigration statuses of

participants or their family members; and lack of access to the technology needed to complete surveys or enroll in the program, like internet access or an email address. Many of these barriers were magnified or heightened by the COVID-19 pandemic.

Organizations like UnidosUS are working with Latinx communities to overcome these barriers by engaging community-based organizations to educate the community about the *All of Us* Research Program. UnidosUS has worked with *All of Us* since 2017 through direct programming (like events, panels, and social media) and partnerships with affiliate organizations to conduct outreach in their communities.

Two ways that affiliate organizations have been successful at removing barriers to participation include engaging *promotores de salud* (community health workers) and adding education about the *All of Us* Research Program to existing events.

Promotores de salud are trusted members of the local community who share information about the *All of Us* Research Program through *charlas*, small-group or one-on-one conversations. These intimate conversations are effective because the *promotores de salud* can address the specific concerns of the person or group that less personal, larger events may not address. *Promotores de salud* hold *charlas* at popular Latino grocery stores or shopping malls, consulates for Latin American countries, food pantries, and even in their own homes. *Charlas* are also held virtually over platforms like Zoom.

Organizations are able to meet the community where they are by including *All of Us* Research Program information at existing events, such as classes on health care, immigration, and English as a second language (ESL) or larger community celebrations.

Affiliate organizations also use their social media platforms such as Facebook, Twitter, and WhatsApp to reach community members.

By using these community engagement tactics, the Latinx community is overcoming barriers to participation and, ultimately, narrowing health research disparities.

ABOUT THE AUTHOR

UnidosUS, formerly the National Council of La Raza, is the largest Latino civil rights and advocacy organization in the United States. UnidosUS has been a community partner of the *All of Us* Research Program since December 2017, serving in different capacities to ensure Latinos are no longer underrepresented in biomedical research.

ACKNOWLEDGMENTS

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Creating Lifelong Social and Emotional Well-Being: The Case for Starting Early

INTRODUCTION

Today more than ever, Latino* children are experiencing a mental health crisis, in part as a result of the toxic stress, trauma, anxiety, depression, and increased rates of social isolation and loneliness brought on by the ongoing COVID-19 pandemic.

Latino children are 2.5 times more likely to have witnessed first-hand the loss of a least one caregiver due to COVID-19 as compared to whites, including the related mental health trauma that comes from this experience. Even pre-pandemic, Latino children were disproportionately impacted by adverse childhood experiences (ACEs), with 51% of Hispanic children having experienced at least one ACE compared to only 40% of white non-Hispanic children.¹ Having just one ACE increases the risk for long-term challenges that can impact academic success and emotional and behavioral well-being, especially without proper access to mental health care, support services, or key protective factors. For different reasons, including social and economic inequities, many children and families were not equipped with how to promote social connectedness or nurture social and emotional well-being in ways that kept them safe during these unprecedented times or faced systemic barriers to accessing culturally relevant behavioral or mental health services.

Key Terms

Social and emotional well-being:

Our capacity to manage our thoughts, feelings, and behaviors positively, maintain positive relationships, contribute to our community, and work toward our goals. Sometimes referred to as mental health.

Trauma: An emotional response from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.

Adverse Childhood Experiences

(ACEs): ACEs are a measure of one's exposure to traumatic events prior to the age of 18. Protective factors and preventative measures can be used to prevent negative long-term effects on one's brain development that can result in chronic health conditions and health-risk behavior.

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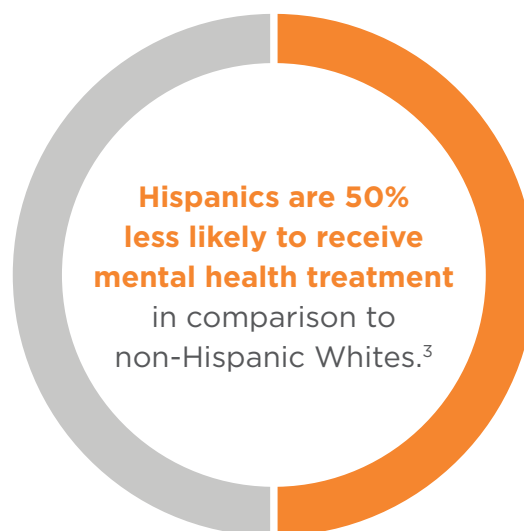
It is not commonly known that 90% of the brain is developed by age 5, making the first five years of life a crucial period for setting the foundation to nurture and sustain positive mental health across the lifespan.² Fostering social and emotional well-being with *intentionality* must begin in early childhood, starting with helping children feel safe, secure, and valued. This sense of well-being helps children explore and learn ways to communicate their needs, knowing that they can get help and support when they need it as they grow and develop to their full potential. **How and to what extent social and emotional well-being is fostered in early childhood and further supported in adolescence is heavily driven by the ecosystem in which children belong (their home, school, community, and other environments), the people they interact with the most, and the quality of opportunities to which they have access.** These three aspects are influenced by various factors to which children and families are exposed—such as social and economic conditions, cultural norms, trauma, ACEs, and policies and programmatic interventions—that, together, become their lived experiences.

CURRENT STATE

Although data about the impact of mental health in young Latino children is limited, findings from the 2021 CDC-Adolescent Behaviors and Experiences survey (ABES)⁴ among 9th–12th grade Latino students in the United States showed that:

- **31.1% felt their mental health was most of the time or always not good** (including stress, anxiety, and depression).
- **19.7% seriously considered attempting suicide.**
- **Only 5.4% received mental health care via telemedicine** during the COVID-19 pandemic, in comparison to 10.2% of white students.

Moreover, over one-third of low-income Latino adults with children reported frequent anxiety or depressive symptoms between fall 2021 and winter 2022. When a parent's own mental health is compromised, it is difficult for them to provide and seek support for their children. Today, 1 out of 4 U.S. children under age 18 is Latino. As the fastest growing group, by 2050 Latinos are projected to make up nearly one in three U.S. children.⁵ We must act now to prevent and alleviate the effects of this mental health crisis and use the full breadth of resources available while advocating for more.





CASE STUDY: UNIDOS US'S HEALTHY AND READY FOR THE FUTURE AND INNERCARE

UnidosUS's Healthy and Ready for the Future (HRF) initiative envisions a physically, emotionally, and mentally healthy Latino child population and carries out this vision by promoting social and emotional well-being and providing oral and behavioral health care services for Latino children in rural and urban areas. Since 2016, in partnership with eight Affiliate community-based organizations (CBOs) with early childhood education (ECE) programs and Federally Qualified Health Centers (FQHCs), HRF has provided over 80,000 children with essential health care services, helping them thrive across 138 rural communities in 15 states. In 2021, HRF adopted the *Abriendo Puertas*/Opening Doors curriculum to strengthen families more intentionally by empowering parents/caregivers to be their child's first teacher and advocate, seeking to ultimately lay the foundation for a stronger home and ecosystem in which children can thrive. This fall, five new Affiliates in three urban areas will also begin implementing HRF.

"We are very grateful to have this opportunity to connect and improve access to quality care for our patients. We would have never thought to connect dental with BH [behavioral health] had it not been for this [HRF] initiative. We are so excited to be using the PSC[-17] and to be creating a bridge for our children and their families that seek dental care to be able to also seek behavioral health care."

—Luz Moreno

Community Engagement
Program Manager at Innercare

Innecare, an HRF subgrantee, is an FQHC that provides an array of comprehensive primary care services to residents throughout Imperial and Riverside Counties in California. After participating in a trauma-informed framework training provided by UnidosUS in 2017, two Innecare staff had a newfound understanding of the importance of preventing early childhood trauma and reducing the stigma of seeking behavioral health services. Newly motivated, they reflected on how to best connect the two aspects of HRF—oral health and behavioral health—knowing that the families of the children served in their dental clinics often struggled with other aspects of their daily psycho-social functioning and were not aware of how their clinic could support them in this way. After setting up an initial working group with key staff from their organization, they embarked on a four-year journey full of lessons learned—including the importance of collaboration and compromise to get cross-departmental buy-in—and some setbacks, such as identifying and getting approval for the screening tool that would be used. Ultimately, they settled on using the Pediatric Symptom Checklist (PSC-17) that screens for changes in emotional and behavioral concerns in children as young as four years old and began piloting its use in two of their dental clinics, with the long-term goal of implementing it in all five of their dental clinics. This first-of-its-kind, place-based approach to increase access to behavioral health exemplifies what can be accomplished when intentionality and tenacity are driven by a trauma-informed lens. In addition to this effort, Innecare’s community health workers continue to meet the needs of local families in a culturally humble way, conducting outreach to connect children with timely oral health services and empowering parents through *Abriendo Puertas*.



RECOMMENDATIONS

Practitioners, policymakers, administrators, parents, family members, teachers, and many others all have a role to play to **1) cultivate strong social and emotional well-being, 2) normalize and increase access to culturally relevant mental health care, and 3) expand and advocate for collaborative and cultural approaches that strengthen families.**

KEY RECOMMENDATIONS INCLUDE:



Cultivate Strong Social and Emotional Well-Being

- Guide parents in developing a secure attachment with their children as the basis for strong and trusting relationships.
- Highlight and support the importance of parents taking care of their own mental health needs in order to best support their children's needs.
- Harness cultural values such as familismo as protective factors against negative stressors or trauma.
- Provide opportunities for youth engagement in social and community activities to promote a sense of belonging and connection to something greater than themselves.
- Respect youth's strengths, identities, and developing sense of self.

Normalize and Increase Access to Culturally Relevant Mental Health Care

- Adopt a trauma-informed framework and align policies and practices to this framework when working at the community-level.
- Dismantle cultural feelings of stigma and shame in seeking help by facilitating open communication about the benefits of support services.
- Address Latina maternal mental health needs via investments in formal and informal systems of support.
- Recognize different forms of violence as catalysts for certain traumas and stay up-to-date with community context to support healing.
- Offer access to mental and behavioral health screenings and care outside of traditional health care settings.
- Advocate for strategies and policies that increase the bilingual and bicultural mental health provider workforce.

Expand and Advocate for Collaborative and Cultural Approaches that Strengthen Families

- Implement place-based community programs and wrap-around services that promote comprehensive health and well-being.
- Implement culturally and linguistically relevant parent empowerment programs that instill skills and access to timely and crucial support and information.
- Expand proven models of integrated interventions like home visiting programs, school-based health centers and psychologists, and community health workers to promote mental health.
- Advocate for policies that are informed by Latinos' lived experiences and voice.
- Address the diverse social and economic conditions impacting families' mental well-being.

CONCLUSION

Caregiver involvement, both maternal and paternal, is highly beneficial for social and emotional well-being both during the early formative years of childhood and through adolescence as children become young adults. Strong parental relationships can reinforce protective factors for preventing youth mental health struggles as well as reaching mental health treatment goals when applicable. Culturally, Latino families have valued family cohesion and positive relationships, factors that can buffer the negative effects of trauma and stress as well as aid in resiliency. But, as previously mentioned, a child's ecosystem is broad and comprised of other people and factors outside of their home environment. As stated by the UnidosUS report on *Latino Infants: A Continuing Imperative*, to promote and instill positive social and emotional well-being in our youth, teachers, educational professionals, medical professionals, and researchers must have access to culturally relevant curricula and materials.⁶ UnidosUS's HRF initiative and its adoption of the *Abriendo Puertas* is one example. Moreover, when mental health care is needed, a shortage of bilingual or Spanish-speaking mental health professionals presents a major challenge in meeting the linguistic and cultural needs of Latino families. Investments in increasing the bilingual and bicultural mental health provider workforce must be prioritized. For Latino children to have improved social engagement and learning, a lower risk of developing physical and mental illnesses, and a greater capacity for problem-solving and resiliency, the policies and practices within the ecosystem in which they live need to be fully supportive of and aligned with cultivating strong social and emotional well-being.

ABOUT THE AUTHORS

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UnidosUS, formerly the National Council of La Raza, is the largest Latino civil rights and advocacy organization in the United States.

ACKNOWLEDGMENTS

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Health Care Access: Protecting Latino Families' When the COVID-19 Emergency Ends

During the COVID-19 pandemic, millions of people have been continuously insured by Medicaid as a result of public health emergency rules in effect since early 2020. This policy likely to expire soon, and Medicaid will be allowed to terminate people's coverage. When this happens, [millions of Latinos will be at risk](#) of losing their health coverage, but we can take straightforward steps now to protect Latino families' health care.

INTRODUCTION

While more than 17 million Latinos* were covered by Medicaid prior to the pandemic, this number has increased greatly since then. In early 2020, Congress passed a law that offered states additional federal funding for their Medicaid programs during the pandemic. In exchange, states were prevented from disenrolling anyone from the program until the public health emergency (PHE) expired. Since then, Medicaid enrollment has grown by [nearly 30%](#), rising from 64 million people in February 2020 to 82 million people in June 2022.

When the PHE ends (or if Congress chooses to end the continuous coverage requirement earlier), states will resume normal eligibility redeterminations for everyone currently enrolled in the program, leaving often understaffed state and local Medicaid agencies with the largest backlog of Medicaid redeterminations in history.

Key Terms

Public Health Emergency (PHE):

The official declaration issued by the Secretary of Health and Human Services, recognizing that COVID-19 continues to present a threat to public health.

Medicaid Unwinding: The process by which Medicaid eligibility redeterminations will resume when the continuous coverage requirement put in place during the COVID-19 pandemic expires, currently expected to coincide with the end of the PHE.

* The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout our materials to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Our materials may also refer to this population as "Latinx" to represent the diversity of gender identities and expressions present in the community.

CURRENT STATE

Federal officials and independent researchers report that, when the PHE ends, if Medicaid redeterminations resemble those before the pandemic, Hispanic communities will suffer extraordinary harm:

- 4.6 million Latinos will lose Medicaid (more than 7 times the largest previous one-year coverage loss).
- Two-thirds of Latino coverage losses will take health care away from people who remain eligible, but who will lose Medicaid because of red tape and paperwork requirements, compared to just 17% of non-Hispanic whites who will lose Medicaid.
- 12% of all Latino children will lose Medicaid, compared to just 6% of non-Hispanic white children.



BEST PRACTICES/CASE STUDIES

As the PHE end date approaches, community-based organizations will be instrumental in ensuring that the Latino population does not lose their coverage.

Organizations such as Project Vida Health Center, an UnidosUS affiliate in El Paso, TX, are working diligently to prepare Latino consumers for the upcoming changes in redetermination.

The key messages now are very simple. If someone in your family relies on Medicaid, protect your family's health care by doing three things:

- Make sure Medicaid has your address and phone number, so they can reach you to see whether you are eligible;
- If you get a letter from Medicaid, open it right away; and
- If Medicaid asks you for information, provide it to them right away.

Due to COVID-19, much of Project Vida's outreach and education has become digital, allowing them to reach more individuals. Project Vida's Marketplace and Medicaid Awareness Campaign has reached more than 116,000 people via social media and radio communications. Community health workers at Project Vida distribute flyers and QR codes with key messages encouraging individuals to connect with their local navigators. Through webinars and Facebook live events, Project Vida has educated the community on coverage options, accessing care, public charge rules, and the importance of having coverage. Other effective strategies include deployment of a mobile unit to smaller communities and partnering with school social workers to enroll children. By meeting communities where they live and play, Project Vida is ensuring that the Latino community is prepared for the coming changes and working to reduce potential negative impacts.

Community-based organizations (CBOs) should also take two other steps. First, CBOs should identify local experts who can provide technical assistance when a family comes to the community organization seeking help because someone in their family just lost Medicaid.

Second, CBOs should consider joining broader coalitions that push their state to protect health care for eligible families. States should do all they can to reduce the need for families to fill out paperwork. They can do this by using available income information to see who remains eligible and continue their coverage automatically. Before the pandemic, 9 states, including Alabama and Idaho, did this for 75% or more of all Medicaid renewals.* Now it's time for all states to raise their game and prevent eligible children and families from losing health care because of needless red tape and bureaucracy.

CONCLUSION AND RECOMMENDATIONS

CBOs are strategically positioned to conduct on-the-ground outreach and educate consumers on the steps they will soon need to take. Many eligible Latinos may lose their coverage due to avoidable reasons, such as unclear notices or letters in a language they do not understand. Community organizations can help families protect themselves from Medicaid losses now, before the cuts come. Organizations should also identify expert local partners now to help them assist from consumers in the coming months when Medicaid terminations begin. Effective strategies to reach the Latino community include the utilization of community health workers, partnerships with local entities, virtual webinars, and deploying bilingual social media campaigns, among many others. By preparing consumers, community organizations can help ensure that eligible Latinos do not lose their coverage at the end of the PHE.

* <https://files.kff.org/attachment/Table-10-Medicaid-and-CHIP-Eligibility-as-of-Jan-2020.pdf>

If it is not done carefully, the Medicaid unwinding presents a serious threat to health care for millions of families in America. If redeterminations are conducted in the way they have been in years past, disaster will certainly strike. But if we all work together, we can make sure Medicaid works better, protecting health care for millions of eligible Latino families. Community advocates can help alleviate the burden on families by urging states to draw upon available data sources, whenever available, to renew coverage.

KEY TAKEAWAY MESSAGES

Three steps are essential for Latino community organizations to protect families from massive Medicaid losses:

1. Educate families about how to preserve their own Medicaid with the following key messages:
 - a. Contact Medicaid and make sure they have your current contact information (e.g., address, cell phone, and email address)
 - b. Watch your mail. If you get a letter from Medicaid, open it right away.
 - c. If Medicaid asks you to complete a form, fill it out and send it in right away.
 - d. Renewing your Medicaid won't hurt your family's ability to legalize or stay in the United States.
2. Connect to your state's leading Medicaid advocates to ensure you are prepared to answer families' questions when redeterminations resume and consider joining statewide efforts to improve state Medicaid policy to better protect Latino families.
3. Join to UnidosUS's monthly Affiliate virtual meetings on the Medicaid unwinding, which will begin in December. In those meetings, UnidosUS national staff will share news on the latest developments and Affiliates can discuss shared challenges and effective strategies. These meetings will give us a chance, as a national community, to identify emerging problems and develop strategies to shield families from harm.

ABOUT THE AUTHORS

Matthew Snider is Health Policy Advisor at UnidosUS. His work focuses on health coverage and care policies affecting Latino families, including Medicaid eligibility and coverage for immigrant and mixed-status households.

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Judy Gutierrez is a Program Specialist for Health at UnidosUS, working under the *Esperanza* Hope for All Vaccine Program. In her role, Judy works with CDC-funded affiliates in implementing the *Esperanza* program by monitoring affiliates' programmatic progress and coordinating technical assistance. Additionally, she leads a project which aims to train and provide resources to Community Health Workers assisting patients with health coverage enrollment.

UnidosUS, formerly the National Council of La Raza, is the largest Latino civil rights and advocacy organization in the United States.

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COVID-19: Communities Standing Together to Vaccinate Latinx

There are nearly 62.1 million Hispanic/Latinx* people in the United States, making up 18.9% of the country's population. Looking back over the last two years, the United States reported a cumulative total of 96.4 million confirmed cases of COVID-19. What does COVID-19 data tell us about the Latinx community?

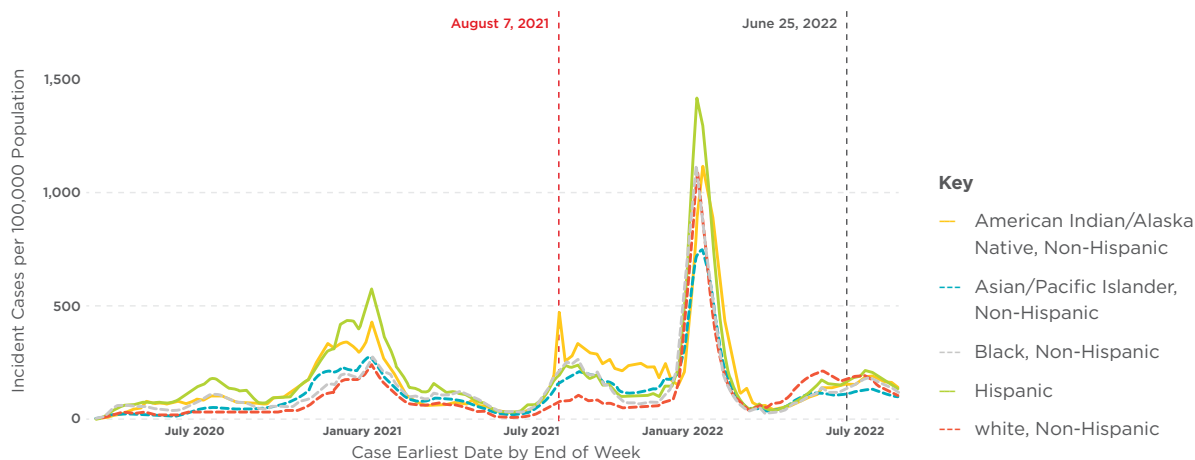
Key Terms

Transition Period: A length of time to distribute vaccines.

Cross-cultural communication: How people from differing cultural backgrounds communicate.

Disparity persists among racial and ethnic groups, and over the years, the Latinx community consistently has the highest number of positive cases, accounting for 14.5 million (24.8%) of cases. The figure reveals that in the past two years during the winter holiday season, Latinxs were the most impacted.

COVID-19 Positive Cases by Race/Ethnicity



Source: COVID Data Tracker

* The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout our materials to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Our materials may also refer to this population as "Latinx" to represent the diversity of gender identities and expressions present in the community.



COVID-19 FOR LATINX

LATINX PROTECTING ONESELF AND LA FAMILIA

In 2020, hundreds of Latinx communities were disproportionately affected at the onset of the COVID-19 pandemic, particularly related to health literacy barriers.

Breaking down the problems for Latinx communities finds three issues:

1. Understanding COVID-19
2. Accessing correct information
3. Navigating access to care

Latinx are the most vulnerable to the virus.

The consequences caused by COVID-19 for Latinx began when hospitalization rates increased. During July 2020, the cumulative hospitalization rate was 202.5 per 100,000 persons, but the rate increased to 515.7 per 100,000 persons on December 2020.

As a result, the death rate was 6.4 per 100,000 persons in December 2020, indicating the Latinx struggle with the health care system.

The initial rollout of COVID-19 vaccines showed that racial and ethnic populations are hesitant to get vaccinated.

As of May 2021, about 42.8% of Latinx adults received a completed primary series.

Latinx remain hesitant due to the historical mistrust and inadequate engagement in accessing medical care settings.

PANDEMIC

EMERGENCY

TRANSITION

LATINX STAYING SAFE

Over the course of the pandemic, UnidosUS, the Centers for Disease Control and Prevention (CDC), Latinx organizations, and communities have collaborated to provide up-to-date information to overcome vaccine literacy barriers and prevent the spread of the virus.

PREVENT COVID-19	SUSPECTED OR CONFIRMED EXPOSURE	COVID-19 VACCINE
<ul style="list-style-type: none"> • Wear Facemask • Washing Hands • Use Hand Sanitizer • Disinfect Areas • Avoid Symptomatic People 	Confirm Exposure with COVID-19 Test: <ul style="list-style-type: none"> • Antigen or Polymer Chain Reaction (PCR) 	<ul style="list-style-type: none"> • Benefits • Reduces the risk of infection • Reduces virus transmission to others • Protect against severe symptoms • Minimizes the presence of a new variant
	IF POSITIVE TEST	
	<ul style="list-style-type: none"> • Quarantine • Isolate 	

As we transition out of the pandemic, we must continue our vaccination efforts to reduce future mutations of the COVID-19 virus with the potential to evade current vaccines. According to CDC data from May 2021, 42.8% of Latinx have been vaccinated against COVID-19. Through strategic community-based approaches, Latinx communities have been able to receive vaccines and reduce health disparities exacerbated by COVID-19.



As of a result of these efforts,

85.1%

of Latinx have been vaccinated, as reported by CDC in August 2022.



STRATEGIES TO IMPROVE VACCINATION UPTAKE

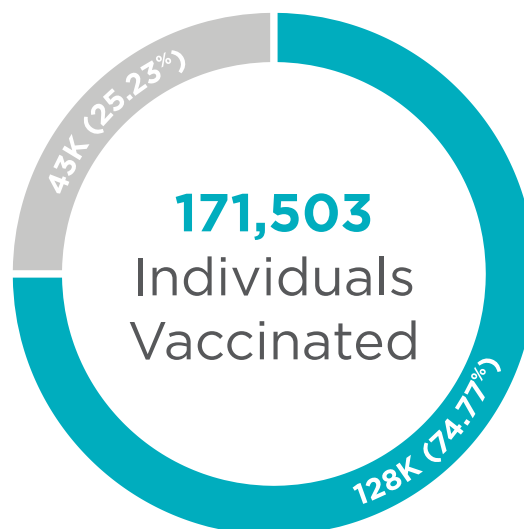
UnidosUS launched *Esperanza* Hope for All, a bilingual and culturally relevant public health communications campaign leveraging its affiliate network. Twenty-eight CDC-funded affiliate community-based organizations used their community-level expertise and trust to perform activities that increased COVID-19 knowledge and vaccination in Latinx communities.

AFFILIATES

- Improve vaccine confidence
- Uptake through hiring culturally competent staff
- Increase vaccination opportunities

STRATEGIES

- Diversifying vaccination clinic hours and providing off-site locations
- Cross-cultural communication



CONTRIBUTIONS

- 171,503 individuals received at least one dose of COVID-19 vaccine (2021-2022)
- Of these, over 105,894 identified as Latinx

RECOMMENDATION

Leveraging community-based approaches to implement vaccine equity strategies are effective in reducing vaccination disparities by increasing vaccine and health literacy.

TAKEAWAYS

- Efforts to increase vaccine literacy is a valuable tool to make informed health decisions.
- Basic infection control (e.g., masks, tests, vaccines) can protect oneself and one's *familia* from COVID-19.
- Community outreach efforts where Latinx work, live, play, and worship increase COVID-19 vaccine uptake.

ABOUT THE AUTHORS

David Liendo is a Health Analyst I, for Health at UnidosUS. With his knowledge and experience analyzing data, he provides insights to improve the *Esperanza* Hope for All Vaccine Program, which focused on increasing equity in Latinx adult immunization.

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UnidosUS, formerly the National Council of La Raza, is the largest Latino civil rights and advocacy organization in the United States.

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Improving Access to Affordable and Nutritious Food Is Essential for the Health of Hispanic Families and Children

Far too many people in America, including millions of Latino* families and children, lack the basic ingredients needed for a healthy life, including consistent and affordable access to nutritious food.

- Data from October 2022 show that [21%](#) of Hispanic families with children sometimes or often do not have enough food to eat.
- Diet-related health outcomes and diseases like obesity, diabetes and hypertension are [significantly more frequent for Latino families](#) than for non-Hispanic whites.
- Among Latino adults, [85%](#) of males and [78%](#) of females were obese between 2015-2018.

The Latino community urgently needs effective policies that improve nutrition security and increase affordable, healthy food choices.

Federal nutrition programs are essential tools for reducing food insecurity and preventing hunger among Latino children and families, but these programs must be strengthened to better accomplish their goals.

These programs include:

- The Supplemental Nutrition Assistance Program (SNAP)
- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- The National School Lunch Program (NSLP)

* The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout our materials to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Our materials may also refer to this population as “Latinx” to represent the diversity of gender identities and expressions present in the community.

More than 41 million people participate in SNAP, and one in six are Latino. Even so, more than [four million Latinos](#) are eligible for SNAP but do not receive benefits. Moreover, WIC enrollment among eligible participants has been [declining over the past decade](#). These enrollment gaps and widespread food insecurity among Latinos result from barriers to program participation, unaffordability of healthy foods, and monthly SNAP benefits falling short of putting food on the table for a whole month.



HOW CAN YOU GET INVOLVED?

- Submit a comment in support of the WIC food package revision through UnidosUS and Salud America!'s [model comment campaign](#).
- Email Umailla Fatima, Health Policy Analyst, at ufatima@unidosus.org to set up a time to talk about your organization's work on nutrition and priorities for the upcoming year.
- Stay up to date with the UnidosUS Affiliate Digest newsletter, which flags important events, resources, and funding opportunities.

KEY UNIDOS US RESOURCES:

- [UnidosUS and Hispanic Federation Joint Letter Supporting Healthier Food Options in WIC](#)
- [Congress must seize the moment to improve access to affordable and nutritious food for Latino kids](#)
- [It's past time to lift the bar on food assistance programs](#)
- [No one should have to sacrifice food to pursue higher education](#)
- [Latinos remain disproportionately impacted by food insecurity. USDA can make progress on equity and racial justice](#)
- [UnidosUS Comments on the White House Conference on Hunger, Nutrition, and Health](#)

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www.unidosus.org/issues/health