



# Community-Based Strategies for Improving Latino Health



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for Improving Latino Health**

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PolicyLink is a national nonprofit research, communications, capacity building, and advocacy organization based in Oakland, California. Since 1999 PolicyLink has worked to advance a new generation of policies to achieve economic and social equity from the wisdom, voice, and experience of local constituencies. Its research and analysis in the field of health explores how the social, economic, and physical environments of local communities affect health and contribute to health disparities.

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## FOREWORD

The United States is becoming a more diverse nation. In large measure this is the result of shifts in immigration patterns flowing from changes in U.S. immigration policies and various efforts to provide for refugee populations. Although immigrants leave their homes behind — and often their family members as well — they bring their language and culture with them. This can present opportunities and challenges for both immigrants and the receiving communities. Identifying and implementing strategies that enable communities to address these challenges can help to reduce the growing health disparities between immigrants and the rest of the population.

This brief examines how the social, economic, and physical environments of Latino immigrant communities affect health and contribute to health disparities. This includes the process of acculturation and assimilation to U.S. culture, which is known to have negative health effects for some immigrants. Our focus, in this brief, is on Latino immigrants, because Latinos are the largest immigrant group and they are the fastest growing ethnic population. Because of their size, data on their health status is more readily available than is the case for other groups. While there are some differences among Latino subpopulations and between Latinos and other immigrant groups, there are also similarities. We hope that by highlighting the experiences of Latino immigrants and outlining effective solutions, we can provide guidance to U.S. communities seeking to serve immigrant populations from around the world.

This publication, a collaboration between the Joint Center for Political and Economic Studies and PolicyLink, is one of four briefs outlining strategies for achieving better health through community-focused solutions. The other three briefs focus on broad community factors that impact health; diet and fitness; and asthma. The briefs, written by PolicyLink staff and consultants, are based on a review of the literature as well as on interviews with African American and Latino community health leaders (or those serving African American and Latino populations) and elected officials from across the country.

The Joint Center and PolicyLink are grateful to the W. K. Kellogg Foundation for their support of the Joint Center's Health Policy Institute, which made these publications possible. This brief could not have been produced without the hard work and dedication of our staff and consultants, who are listed on the acknowledgements. We also appreciate the participation by elected officials, community leaders, and health practitioners in interviews and a forum where they shared with us their experiences and strategic thinking and provided helpful feedback on proposed solutions. We hope this document will be useful in your work to ensure that everyone can live in a healthy community.

Eddie N. Williams  
President  
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## INTRODUCTION

The past three decades have seen significant growth in immigration to the United States from Mexico, Central and South America, and the Caribbean. In fact, Latinos now comprise the largest ethnic group in the United States. Immigrants face health challenges that are distinct from those of the native-born population. Some of these challenges are specific to each group's culture and circumstances of settlement, while others are common to immigrants as a whole. This report, by focusing on Latino immigrants, provides perspective on the group of newcomers that is both the largest and the one for which the most research has been completed.

In addition, the concepts discussed in this brief about the importance of community factors and the role of acculturation may be useful in understanding the health of various immigrant populations. The experiences of Afro-Caribbean, African, Southeast Asian, Eastern European, and other groups of recent immigrants deserve attention in future studies.

Today there are about 33 million foreign-born persons living in the United States.<sup>1</sup> Among them are more than 16 million Latino immigrants, most of whom are newer arrivals. Their experiences, including their health status and the extent of their social and economic integration, are significantly shaped by how long they have lived in this country. Despite their relatively low socioeconomic status, the health of Latino immigrants is, on the whole, better than this status would indicate—a pattern inconsistent with the well-documented relationship between low socioeconomic status (specifically, income and education) and health.<sup>2</sup>

Unfortunately, this apparent health advantage does not endure over time. The health status of Latino immigrants

**“Community organizing is key; when you empower people in one area, it has residual effects.”**

— Councilman Tom Perez, Montgomery County, Maryland

declines with length of residency, such that subsequent generations of U.S.-born Latinos actually have higher rates of poor health compared to their immigrant forebears. Researchers refer to this as the Latino Health or Epidemiological Paradox. The exact causes of this phenomenon are unknown, but it raises important issues about the role of acculturation and the ways in which immigrants adopt new norms as they interact with their host society.<sup>3</sup> Another consideration in understanding Latino immigrants' declining health status could be the extent to which immigrants are integrated—socially and economically—into the United States and how the process of acculturation reinforces or interferes with health status.

This brief examines the ways in which the social, economic, and physical environments of Latino immigrant communities affect health and contribute to health disparities. The first part discusses the health of Latino immigrants in general and how health status is influenced by community factors related to immigrant status. The next part describes key immigration trends and explores some of the defining characteristics of this population, including issues unique to immigrant communities, such as language, legal status, settlement patterns, and community development issues. The third part discusses the importance of community approaches to immigrant health and describes several successful community efforts that build on the assets of Latino immigrant communities in order to improve health. Finally, we offer a number of policy recommendations designed to improve health and reduce disparities for Latino immigrants by strengthening the communities in which they live.

## DEMOGRAPHIC BACKGROUND

In 2000, the first generation of Latino immigrants (those born outside the United States, its territories, or possessions, some of whom eventually become citizens through naturalization or legalization) accounted for 40 percent of the U.S. Latino population, with the second generation (those born in the United States with at least one foreign-born parent) accounting for 28 percent. The so-called “third-plus generation” (those born in the United States whose parents also were born here) accounted for 32 percent of the Hispanic population.<sup>4</sup>

Most Latino immigrants have low socioeconomic status. In 2001, for instance, their median household income was \$32,200, compared to \$42,200 for the nation as a whole.<sup>5</sup> The poverty rate for foreign-born Latinos was 21 percent

in 2002, compared to 12 percent for the country as a whole and 24 percent for African Americans.<sup>6</sup>

### **A Note About Data**

Wherever possible, this brief includes health and other demographic data for foreign-born Latinos living in the United States. However, detailed data on this population is limited. Several key sources either provide data on all Latinos (including both U.S.-born and foreign-born Latinos) or all immigrants (from all countries). Latino immigrants constitute a significant proportion of all foreign-born residents in the U.S. (52 percent in 2000), and immigrants constitute a significant proportion of all Latinos and Latino families. Readers should interpret data referring to all Latinos or all immigrants with this caveat in mind.

## **THE HEALTH OF LATINO IMMIGRANTS**

Latinos are among the fastest growing ethnic populations in the United States. A large portion of this growth is due to immigration. The nearly 17 million Latino immigrants in the United States represent just over half of all foreign-born residents, and in 2002 accounted for about 6 percent of the U.S. population.<sup>7</sup> The most dramatic period of Latino immigration has taken place since 1970, with just over half of this growth occurring since 1990.<sup>8,9</sup> Current high birth rates among Latino immigrants will result, over the next 20 years, in second-generation Latinos emerging as the largest component of the U.S. Latino population.<sup>10</sup> This demographic shift has important implications for a wide range of policy issues, including education and public health.

Latinos experience some of the same health disparities as other communities of color. The incidence of Type II diabetes—a well-known risk factor for cardiovascular disease—is two to three times higher for both Latinos of Mexican origin and Puerto Ricans than it is for whites.<sup>11</sup> Latinos generally are more likely than whites to be overweight. They suffer rates of death due to chronic liver disease and cirrhosis that are the highest for all racial/ethnic groups in the U.S.<sup>12</sup> And while Latinos account for just 13 percent of the U.S. population, they represent 20 percent of people living with HIV/AIDS.<sup>13</sup>

When asked to identify health issues unique to Latino immigrants, nearly all the community health leaders and elected officials interviewed for this study emphasized the importance of improving access to health care services.

Overall, Latinos' concentration in low-paying, low-skilled jobs means that they are twice as likely as whites to be uninsured and only 60 percent as likely to have insurance coverage through an employer.<sup>14</sup> Although lack of insurance is a significant problem for all immigrants, those from Mexico and Central America are the most likely to be uninsured.<sup>15</sup> The result is a serious lack of medical care, including preventive care. Indeed, Latinos are the single racial/ethnic group most likely to report having no usual source of health care.<sup>16</sup> With few resources to pay for health care, Latino immigrants, in particular, are probably among the least medically cared for people in the United States.

Interviewees specifically raised concerns about eligibility rules for public programs based on citizenship, and how such policies affect insurance coverage and health care utilization by legal citizens as well as the undocumented. Language access, cultural competency, and the lack of Latino health care providers also were mentioned as major barriers to quality care.

The industries in which Latino immigrants are most likely to work also pose particular health problems. Latinos are over-represented in the construction and service industries, where the risks for accidents and injuries are high.<sup>17</sup> Exposure to pesticides and other environmental toxins is a particular concern for the estimated 4 million Latino agricultural workers, the majority of whom are first-generation immigrants.<sup>18</sup>

Although they are concentrated in lower socioeconomic levels, Latino immigrants' health is better than this would lead one to expect. Based on the well documented relationship between health and socioeconomic status (in particular, income and education levels),<sup>19</sup> one would assume that, as a group, Latino immigrants would experience poor health. In fact, the picture of Latino immigrant health is decidedly more nuanced. Of particular interest to researchers and public health practitioners are findings that, despite their socioeconomic status and the attendant risk factors, Latinos as a whole and Latino immigrants in particular enjoy as good if not better health than non-Latino whites. This holds true on a number of important health indicators. In some cases, first-generation Latino immigrants experience better health outcomes than their U.S.-born Latino counterparts. This surprising scenario, commonly referred to as the Latino Health or Epidemiological Paradox, is especially associated with Mexican immigrants.<sup>20,21</sup>

Although they are more likely to be uninsured and to lack access to early prenatal care, Latinos' rate of delivering low-birthweight infants is comparable to the rates for whites and less than half the rate for African Americans.<sup>22</sup> Among Latinas, mothers of Mexican origin have the lowest rates for this health problem and Puerto Ricans have the highest.

For Latinos as a whole, mortality related to cardiovascular disease is lower than for whites and African Americans.<sup>23</sup> The incidences of the most common cancers—including prostate, breast, lung, and colon—also are lower for Latinos than for whites, although rates vary by type of cancer, by gender, and by country of origin.<sup>24</sup>

The apparent health advantage of Latino immigrants, however, does not seem to endure over time. For example, among women of Mexican origin, the rate of low birthweight babies increases between first and subsequent generations, suggesting that acculturation may help explain such differences.<sup>25</sup> Diet and levels of exercise, in particular, both appear to deteriorate over time, as immigrants adopt Americans' more sedentary lifestyles and consume foods that are higher in fat and lower in fiber.<sup>26</sup> Other poor health habits, including drug use and alcohol consumption, also appear to increase with acculturation.<sup>27</sup> As a group, Latino immigrants are less likely to smoke than U.S.-born Latinos, and acculturation appears to have a particularly strong influence on the likelihood of smoking among Latinas.<sup>28</sup>

Stress is a factor of concern alongside health behavior. Researchers are increasingly interested in understanding how stress associated with acculturation and immigration affects the health of immigrants and subsequent genera-

tions. The unique stress that immigrants face begins with the act of relocation itself, which can involve serious physical hardship. Once in the United States, in addition to economic pressures, immigrants also must face separation from extended family and friends, as well as separation from all that was familiar in their homelands, including customs and language.<sup>29</sup>

Many immigrants also must deal with their new “minority” status.<sup>30</sup> Problems with language competency and literacy and exposure to racism, including ethnic slurs, contribute to acculturation stress.<sup>31</sup> Research suggests that both individual and family coping skills, as well as the availability of social supports, can influence how severely these stressful experiences affect an individual's health.<sup>32</sup>

Much more research is needed to understand the acculturation experience of Latino immigrants in the United States, including their social and economic integration. More research is also needed to identify the protective factors that mediate the health risks associated with low socioeconomic status. Questions that researchers, community leaders, and policymakers must answer in order to better understand needed steps to maintain and improve health include these:

- Can efforts to better integrate immigrants and improve their socioeconomic status be carried out in a way that preserves the cultural elements that foster good health?
- Can culturally specific protective factors be identified to inform public health efforts?
- How do Latino immigrants experience discrimination and what are the consequences?

### A Note on Assimilation and Acculturation

Discussions of immigrant acculturation often are fraught with controversy, in part due to the lack of agreement on the meaning of key terms, such as assimilation, acculturation and integration. Tensions also reflect differing opinions on the extent to which immigrants should be encouraged or required to replace their own cultural traditions, including the use of their native language, in order to better assimilate into American society.

In this brief, the term *acculturation* is used to describe the process of acquiring and selectively adapting new cultural information and behaviors, either to supplement or to replace one's culture of origin (Vega and Gil, 1998). Acculturation is an ongoing process for immigrants, and it is not our intent to assign a positive or negative connotation to particular aspects of this process.

Our use of the word acculturation, rather than assimilation, acknowledges the important diversity of views and experiences that exists among Latino immigrants and between Latino immigrants and the larger American society.

- What can the emerging research on the effects of racism on health tell us about the physical and mental health effects of such discrimination?

## LATINO IMMIGRANTS IN THE UNITED STATES

### Diversity: A Defining Characteristic of Latino Immigrants in the U.S.

Though they share a common language, Latino immigrants come from many countries with distinct cultures, including Mexico, countries in Central and South America, and Caribbean nations such as the Dominican Republic and Cuba. As residents of a U.S. territory, Puerto Ricans are U.S. citizens. However, they are often included in descriptive analyses of Latino immigrants given the historic similarities between their experience in the continental United States and that of immigrants. In 2002, an estimated 8.6 million individuals of Puerto Rican descent lived in the continental United States.<sup>33</sup>

The country of origin influences how Latino immigrants, as well as the majority of U.S.-born Latinos, self-identify, with most choosing to identify by the country in which they or their parents were born.<sup>34</sup> Such distinctions also reflect important differences in the social and political circumstances under which various groups have come to the United States. For example, most Cuban immigrants arrived during the Cold War and were provided significant support through government-sponsored resettlement programs. In contrast, Central Americans who fled their countries in response to violence and civil wars were far less likely to be granted refugee status. The high volume of immigration from Mexico reflects its unique historical relationship to our country, as well as its proximity.

#### Immigrants from Latin America, by Country of Origin

|                    |      |
|--------------------|------|
| Mexico             | 57 % |
| Central America    | 13   |
| South America      | 12   |
| Cuba               | 5    |
| Dominican Republic | 4    |
| Other Caribbean    | 9    |

### Socioeconomic Status (SES) of Latino Immigrants

Latino immigrants are disproportionately represented among low-wage workers and their rates of poverty are among the highest of all immigrant groups in the U.S.<sup>35</sup> Latino immigrants' low wages, and the resulting hardships and stress for immigrant families, were an important concern mentioned in interviews with elected officials and health leaders. Contrary to some stereotypes, the relatively low incomes of Latino immigrants are not a function of joblessness. As a whole, Latino immigrants have high rates of labor force participation. Their low incomes are a function of their concentration in low-skilled and low-wage jobs (including jobs in the service sector and as machine operators and laborers).<sup>36</sup> Access to jobs is further constrained in some states where undocumented immigrants are not allowed to obtain a driver's license.

As a whole, Latinos are the least educated segment of the U.S. population. When high school dropout figures are adjusted to reflect the fact that many first-generation immigrants come to the U.S. having already left school, the percentage of Latino students that drop out of U.S. schools is approximately 15 percent, roughly twice the rate of non-Latino whites.<sup>37</sup> The consequences of low education levels are felt most directly on wages. For immigrants, both high school dropout rates and income levels are closely tied to English language skills. The 14 percent of Latino 16- to 19-year-olds who have poor English language skills have a dropout rate of about 60 percent.<sup>38</sup>

### Citizenship, Language Proficiency and Legal Status

Immigration has had a profound effect on Latinos' experience in this country, with more than two-thirds of Latinos being immigrants themselves or the children of immigrants. Beginning in the mid-1990s, the share of legal immigrants who became naturalized citizens began to grow. This is due, in part, to the community's recognition of the importance of political participation and other rights that citizenship confers.<sup>39</sup>

To become a naturalized citizen, a legal immigrant must demonstrate a basic ability to read, write, and speak English.<sup>40</sup> Compared to immigrants who have recently naturalized, the estimated 8 million immigrants currently eligible to become citizens are more likely to have limited



English language skills and education and more likely to be Mexican.<sup>41</sup>

Proficiency in English is vital to Latino immigrants for a number of reasons beyond citizenship. English proficiency strengthens their ability to link to social, economic, and political capital and other opportunities outside immigrant neighborhoods. Those with stronger English skills tend to earn higher wages than those who do not. Lack of proficiency also acts as a barrier to health care on many levels, including the barriers it creates to communicating with medical providers and to navigating the complicated health care system.<sup>42</sup>

Most Latino immigrants live and work in the U.S. legally. Yet, as of 2002, over 9 million immigrants were estimated to be undocumented, most originally from Mexico and Central America.<sup>43</sup> The fear and stress associated with being undocumented have a real impact on the health of immigrants and their families, according to the African American and Latino elected officials and community health leaders interviewed for this study. Undocumented legal status also appears to have a deterrent effect on immigrants' willingness to seek medical care.

### **Settlement Patterns and Their Effect on Latino Immigrants**

Latino immigrants are primarily concentrated in six states (California, New York, Florida, Texas, New Jersey and Illinois), with settlement patterns that vary based on country of origin. Despite this continued concentration, immigration during the 1990s did not follow previous patterns. In response to the availability of jobs in other regions, Latino immigration was much more dispersed, with significant numbers settling in what are often referred to

**“The characterization of Latinos as immigrants results in the continued perception that they are ‘outsiders’ with none of the entitlements that come from citizenship and resident status.”**

—Angelo Falcón, Marilyn Aguirre-Molina and Carlos Molina, *Health Issues in the Latino Community*

as “new growth” states. During this period, the ten states with the highest percentage growth in new arrivals included North Carolina, Georgia, Nevada, Arkansas, Utah, Tennessee, Nebraska, Colorado, Arizona and Kentucky.<sup>45</sup>

The social and policy implications of this dispersal are significant. By definition, new growth states have had less experience dealing with Latino immigrants, and as a result, have fewer programs to assist them. Community-based organizations in these states—often critical to new immigrants' successful social and economic integration—are likely to be still in their formative stages. Public services and institutions, including schools, may not have capacity to serve children with limited English proficiency.

### **Latino Immigrant Neighborhoods**

Most Latino immigrants come to the United States to work and/or to be reunited with family, and often they immigrate based on what they learn about work opportunities from others who have preceded them. In such situations, most settle in de facto segregated ethnic neighborhoods (often referred to as ethnic enclaves) that offer them the possibility of sharing a common language and culture. The social support that such communities offer can help ease newcomers' transition, including the economic pressures associated with the high cost of living in the United States, the stress of being perceived as an outsider, and the difficulties of communicating and functioning on a day-to-day basis with limited English skills.

While social supports are more available in ethnic enclaves, demographic shifts are an inevitable consequence of immigrant settlements. Immigrants have often settled in communities that had been largely African American. The resulting changes in racial, ethnic, and language patterns can present challenges to long-term residents and place demands on service systems to adapt outreach and intervention strategies to meet the needs of these newcomers. Faced with these broad community changes, both immigrants and African Americans must seek effective ways of building new relationships, learning about each other's cultures, and strengthening community infrastructure.

The tendency for new immigrants to settle and remain in ethnic enclaves in both central cities and inner-ring suburbs may help to explain why residential segregation among Latinos grew more marked between 1980 and 2000, a period of significantly greater immigration.<sup>46</sup> In 2000, nine-tenths of all Latinos lived in metropolitan

areas, although as a group they are less concentrated in central cities than African Americans.<sup>47</sup> The traditional notion of an inner-city “gateway” neighborhood, a temporary ethnic enclave out of which many residents move during their first or second generation, is now serving less as a “gateway” and more as a permanent settlement, as high housing prices have slowed the upward and outward mobility of immigrants in many booming urban areas.

Given their low incomes, housing options available to Latino immigrants tend to be of lower quality. Elected officials and community leaders interviewed for this study also pointed to residential overcrowding as an issue of great concern to Latino immigrants, a finding that is supported by a recent national survey of working immigrants.<sup>48</sup>

Poor immigrant neighborhoods face a number of other challenges that directly and indirectly affect health. Such neighborhoods often have fewer structural opportunities that support healthy behaviors and promote health (e.g., grocery stores, venues for exercise, quality health care services).<sup>49</sup> Moreover, the likelihood of exposure to environmental pollutants has been shown to be much greater in communities of color.<sup>50</sup> And of special concern for immigrant families with children is the fact that schools in such neighborhoods often are under-funded, making it difficult to provide adequate English language and other needed classroom instruction.

## COMPREHENSIVE APPROACHES TO IMMIGRANT HEALTH: PRACTICES AND POLICIES

Because the factors that harm immigrant health are multiple and often interrelated, ameliorating them requires a comprehensive community approach. As the other three briefs in this series also show, a community approach to reducing racial and ethnic health disparities is based on the premise that the causes of poor health are many and varied, and include factors related to communities’ social, economic, and physical environments.<sup>51</sup> Expanding access to health care for Latino immigrants is critically important, as are efforts to educate individuals about behavior change that can reduce the risk of disease and illness. However, a simultaneous focus on the social, economic, and neighborhood environments, while enhancing the way these environments support health, will have a

lasting positive effect on individual health behaviors. This will in turn lead to a reduction of health disparities. Given our understanding of the Latino Health Paradox, preserving the protective factors associated with culture and the process of acculturation are particularly important for the health of this population.

## Barriers and Opportunities for Addressing Solutions

In the current political environment, characterized by tight state budgets and federal fiscal constraints, the idea of major public investments to improve immigrant community environments may seem unrealistic. Yet although the task is challenging, change is possible—and is already happening in local communities across the country. On a national scale, the resumption of talks between the United States and Mexico about a potential guest worker program may provide a window of opportunity to discuss the conditions of Mexican immigrants in the United States, while health care and the influence of the Latino vote are expected to be significant issues in the 2004 election. In the two examples highlighted in the accompanying boxes, local leaders are demonstrating the connection between the physical environment, civic engagement and physical and mental health. Those connections require that work be done not only on individuals’ behavior and medical care, but also to foster community change and broader policy reforms.

## PROMISING POLICY OPTIONS

Designing and carrying out effective programs and policies for Latino immigrants requires understanding the diversity of this population’s experiences—both by country of origin and by generation. Emerging research about other immigrant groups in the United States should help in understanding particular health issues facing these groups, as well as gaining a better understanding of their cultures and neighborhoods. This may create additional opportunities for alliance building.

Many of the community issues Latino immigrants face are similar to those facing other low-income communities, including African Americans. Efforts to revitalize poor neighborhoods, to improve the quality of schools, to make other public services available, and to link immigrants to regional economic opportunities are all promising strate-

## Building Community, One Home at a Time: Proyecto Azteca

For the founders of Proyecto Azteca, home ownership is the first step in a much larger process of expanding economic opportunities, building a sense of community and promoting self-sufficiency among Latino immigrants living in the unincorporated areas of Hidalgo County, Texas (referred to as colonias). The average income of a colonia resident is about \$8,000 per year.

Though public awareness of the extreme poverty and living conditions in the colonias has grown with media attention over the past 15 years, the lack of basic infrastructure is still striking, resembling conditions in developing countries. Many residents, most of them belonging to households with children, continue to lack basic plumbing, sewage, electricity, and access to paved roads. The health implications of such conditions, especially regarding parasitic infections and other infectious diseases, are grave.

The cornerstone of Proyecto Azteca's model is collective participation. Once accepted into the program, a co-op of six families is formed and becomes mutually responsible for working with a Proyecto contractor to build six houses, one for each family. No family may take possession of its own house until all six are completed, and each family must contribute an established number of hours in sweat equity.

Before home construction begins, a Proyecto Azteca team works to install basic infrastructure, including septic tanks, running water, and electricity. With this groundwork in place, Proyecto Azteca co-ops are able to build a house from start to finish in about one week. However, because the need for housing far exceeds capacity, more than 3,000 families are currently on a waiting list. In addition to building individual family homes, each of which on average houses from six to ten family members, the program has also built community centers and parks. In doing so, Proyecto Azteca has also built a sense of community, self-esteem, self-reliance, and civic engagement.

Proyecto Azteca helped community residents change a state law that prohibited electricity from being brought to their homes in the colonias. The law was intended to reduce the spread of sub-standard housing in colonias, rural communities within 150 miles of the U.S.-Mexican border that have high rates of poverty and lack basic infrastructure. However, the law also created unintended hardships for existing residents who also lacked access to water, sewer systems, street lighting, and other services. With help from other organizations, residents fought to change the electricity law and raised their own money. They shared their life experiences with legislators and held a press conference in a facility without electricity, to demonstrate their daily reality. Community residents were successful in passing the bill.

Proyecto Azteca is also helping immigrant families build equity, a goal that is largely beyond the reach of most working poor families. Upon completion of construction, families are able to purchase a home for \$20,000 at zero percent financing, which roughly translates into less than \$200 per month.

Proyecto Azteca is not a health program, in the traditional sense, but its strategies have helped revitalize an often-ignored community. In so doing, residents of the colonias are developing important social capital, which has been shown to contribute to good health. One of the guiding principles of Proyecto Azteca is that participants in the program must be involved in solving the issues that affect them. In this way, the project is much more than a housing developer; it is a community builder and a mechanism for fostering civic engagement and needed broader changes.

## Linking Health Access and Outreach to Neighborhood Development: Northern Manhattan Community Voices

The Washington Heights area of Northern Manhattan has become home to a large number of immigrants from the Dominican Republic, including both very recent arrivals and families going back several generations in New York. The five-year-old Community Voices project, sponsored by the W.K. Kellogg Foundation, has worked in this neighborhood and the rest of Northern Manhattan to expand low-income residents' access to health services. Their approach is to assist in building overall community capacity to affect institutional change and build local leadership. The outreach programs of the initiative, which have evolved through a community-based process, focus on oral health, diabetes prevention, asthma, and men's health.<sup>52</sup>

The Community Voices staff, along with community leaders, focuses on practices that extend beyond increasing access to services as a vehicle for improving health status. For example, in the area of men's health, attention is given to the need for employment strategies that lead to better jobs and strengthen families. Benefits include not only adequate pay and health care coverage but also enhanced self-esteem and increased opportunities that could lead to improved health outcomes and disease prevention. Regarding asthma, Community Voices has worked to improve provider continuity, established asthma screening in day care centers, and provided outreach to Spanish-monolingual families and families limited to care through emergency rooms. It also supports the efforts of community groups, including West Harlem Environmental Action (WEACT), to reduce diesel bus emissions. Regarding diabetes prevention and treatment, a holistic approach is used that includes culturally appropriate outreach and a focus on diet, nutrition, and fitness within the context of neighborhood conditions.

gies that will significantly improve the health of immigrant communities. A more detailed discussion of the relationship of such issues to health is provided in the first of this series of four briefs, entitled "Better Health Through Stronger Communities: How Environmental Factors Contribute to African American and Latino Health Disparities, and What Can Be Done About It."

As discussed earlier, immigrants face a unique set of factors related to culture, language, citizenship and legal status. Many of these factors contribute to fear and stress and some pose institutional barriers to health care access. Limited English skills are also a major concern for immigrant communities and policymakers, particularly given the important role language plays in culture and self-identity.

Additional research on the Latino Health Paradox and the mechanisms through which acculturation affects health is desperately needed to inform both programs and policies.

Some of the policy strategies identified below are more long-term in nature, and may require new resources that are hard to come by in today's policy environment. Others can be implemented immediately using public or private funding, including funding from private foundations and corporate employers. Still others—including the need for policymakers of all races and ethnicities to speak out

against intolerance and embrace publicly the goal of building inclusive communities—can be done with no new resources at all. At the community level, it is often community-based institutions, including faith-based organizations, that have a history of service and trust in immigrant communities, and whenever possible their efforts should be bolstered.

### Protect and Expand the Rights of Immigrants

Acculturation stress and anti-immigrant discrimination are a reality for many immigrants and can have a harmful effect on mental, and in some cases physical, health. Policymakers, including African American and Latino elected officials, play an important role in fostering community environments that are welcoming to newcomers. Protecting and expanding the rights of newcomers, as well as building trust between immigrants and more established residents, are important goals. The tremendous diversity within the Latino population as a whole is also reflected in differences that various subgroups face in gaining access to legal rights. Leaders should also educate the public about the economic and social benefits that immigrants bring to communities, and about the goals and aspirations they share with more established residents. Other important steps include:



- Enforcing anti-discrimination laws that apply to immigrants, and educating immigrants and the broader public on the application of such laws for both legal and undocumented immigrants;
- Establishing new laws that prohibit discrimination against legal immigrants; and
- Revising federal welfare reform laws that restrict legal immigrants' eligibility for Medicaid and food stamps.
- Provide funding to community-based organizations that improve opportunities for adult English—and Spanish-language (or other native language)—learning; and
- Increase providers' access to trainings that improve understanding of the valuable role of non-traditional, alternative healing practices. Identify and use levers within the Latino culture, such as curanderos or traditional folk healers, to enhance the effectiveness of service delivery to Latino populations.

### Increase Language Access and Improve the Cultural Competency of Services

For Latino and other immigrants with limited English skills, the lack of same-language and culturally competent health care services can have life-threatening consequences. Opportunities should be provided for gaining a deeper understanding of clients' cultural differences and to seek their participation in governance level decision making. Other needs include the ability to:

- Promote cultural and language competency training for public and private institutions serving immigrant communities. One governmental program that has integrated trainings for practitioners focused on cultural distinctions is the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS);<sup>53</sup>
- Provide funding and technical assistance to regions of the country with high rates of new immigrant growth, and at the local level, to community-based service providers whose client populations are in transition to help them understand new arrivals and better serve them;
- Create opportunities for compatible client-provider matches. Given the diverse cultural backgrounds of various Latino subgroups, consideration should be given to cultural and language compatibility;

**“There has not been enough attention to the connection between immigration and public health. The two policy arenas are connected and need to be looked at together.”**

— Leda Perez, Collins Center for Public Policy, Community Voices Miami

### Expand Opportunities for Quality Education

The low education levels and continued high dropout rates in second and third generations of Latino immigrants are fundamental causes of economic hardship and therefore have long-term implications for health. A major investment in public education is needed in order to improve the future of the second and subsequent generations. In addition, steps should be taken to:

- Improve the quality of public education, particularly the low-resourced and poor performing schools serving large numbers of immigrant children. This will require a combination of strategies, including providing increased funding, increasing the number of credentialed teachers, and eliminating over-crowding in classrooms and schools;
- Increase funding to expand available classes and special summer literacy programs;
- Ensure that federal and state funds for student language acquisition are targeted to areas with high numbers of English language learning students; and
- Expand professional development opportunities and requirements for teachers to receive specialized training on how to work with English language learners, as well as training for content teachers (i.e. math, science, or social studies) to ensure their effective communication with students.

### CONCLUSION

Latino immigrants and their children represent a significant and growing part of the U.S. public, and their contribution to our economy and our society will only grow in decades to come. Given these facts, efforts to improve immigrants' health by strengthening their communities

will not only benefit these communities but our country as a whole.

Latino immigrants are probably the most medically underserved group in America. Expanding access to and improving the quality of their health care services must therefore remain a priority for policymakers and community leaders alike. Conversely, our failure to address some of the most challenging conditions facing immigrant communities will lead to significant social, economic, and health costs.

This brief has underscored the importance of a community-centered approach to immigrant health that includes the active engagement of many different sectors, prioritizes the role of local leadership, and includes important policy changes at the local, state, and federal levels. The needed policy options extend beyond the traditional area of health to such areas as economic and community development, housing, transportation, and public education. With such a broad range of tools available, and the high cost of failure, it is critical that forward movement continues on a path to success.

**“Through participation, involvement, and doing for themselves, people begin to think collectively and become an advocate for community.”**

— David Arizmendi, CEO, Proyecto Azteca

## Notes

1. D. Schmidley, "The Foreign-Born Population in the U.S. – March 2002: Population Characteristics," *Current Population Reports* (U.S. Census Bureau, February 2003), 1. This figure does not include individuals living in Puerto Rico, which the Census Bureau estimates totaled 3.9 million in July 2003.
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