

ABSTRACT

The social issue I plan to address is lack of access to adequate and quality healthcare, but specifically in the Latino community.

Historically, for non-Black racial groups, there had been no way to group them besides the labels “Black”, “near Black”, “White”, and “near White” (Alcoff, 2003), and without specifically addressing Latinos as their own identity, the ability to recognize their own race and fight for their own specific rights is diminished. Despite not being Black or White, Latinos are still discriminated against in ways including physical characteristics and immigration status. Discrimination against Latinos has been a reoccurring issue throughout history and as it continues to progress, Latinos will keep on facing the consequences of being forgotten.

This project aims to educate others about the disparity gaps that exist in health care specifically for the Latinx community, but it also advocates for the closure of these disparity gaps as a whole. It is impossible to create change when addressing injustice without recognizing the disparities that exist for people belonging to one or multiple marginalized groups. Education as a foundational step in advocacy is just the beginning of engaging in social movements and change.

Problem and Population

Despite Spanish being the second most spoken language in the United States, being non-English speaking still produces barriers for many when accessing quality health care. Professional and computer interpretation have been great improvements in closing the gap in health disparities for non-English speaking patients (Kletečka-Pulker, 2021). From personal experience through previous internships, there are times where lower income doctors’ offices will not have interpreters, either due to funding or reluctance to use them. I have found myself filling in for a professional interpreter or even catching mistranslations in client intakes. This can often be an issue because I am not a professional and despite only translating if I feel confident in the situation, there is always a chance of misinterpretation, especially if I am not on a professional speaking level. Overall, proper language access, not only for Spanish speakers, but other languages as well, helps increase general patient satisfaction and quality of care (Kletečka-Pulker, 2021).

Rates of being uninsured for health coverage are typically higher within marginalized and racial/ethnic groups. This rate is even higher for undocumented Latinos and/or children in a mixed status household (Castañeda & Melo, 2014). In recent years, programs such as Medicaid have been used to help address the needs of people who typically cannot afford private insurance.

Over the years as Medicaid and the Affordable Care Act have continued to expand, the gaps in disparities between racial groups in accessing healthcare have decreased, but for undocumented people, this gap has barely seen closure (Knipper, et al., 2019). Also, as the country goes through different presidential administrations, there are changes to the “public charge” rule, which is a guideline followed by immigration officials to determine if someone is eligible for visas, green cards, or to enter the country at all, based on whether someone was thought to have to solely depend on the government for their wellbeing in the future. Typically, Medicaid and other health related public benefits are excluded from this rule and will not affect someone’s immigration status (Ramos, 2022). During the Trump administration, this rule has been changed where applying for Medicaid was a part of the public charge rule. The rule change resulted in fear of undocumented immigrants in applying for public benefits they needed they may have previously been eligible for, in fear of affecting their own immigration status (Ramos, 2022). This fear pushes people from seeking medical attention as a preventative measure and when it is necessary, sometimes until it becomes emergent or, in some cases, fatal (Young, et al., 2023).

Without insurance coverage and preventative medical care combined with other socioeconomic factors, Latinos face higher risks of injury and disease both in the short and long term. Many Latinos will avoid getting medical attention for preventative visits and when sick due to various barriers, if left untreated, this many times can develop into chronic illnesses that persist throughout life. Some of the top leading causes of death for Latinos involve cancer, heart disease, strokes, diabetes and more. In 2020, during the COVID-19 pandemic, Covid-19 was the leading cause of death for Latinos (Office of Minority Health, 2020). These diseases and conditions are all preventable and treatable through preventative doctor visits and early intervention medical care

Intervention

I am aiming to creating an educational piece that will be used as a resource to educate people about Latinx issues that create barriers to health. New Jersey has a large Latinx population with densely Latinx communities throughout the state, so this project will not only be aimed to possible allies, but to the community members themselves too. It is important that this information is available in Spanish as well to reach and educate as many Latinx people as possible

Site of Intervention

My resource on Latinx health barriers is intended to be shared with everyone. I plan to initially share it with my current internship at Latinx Action Network Foundation (LANF) and expand it to any organization partners and other Latinx Based Organizations. I hope these organizations feel free to continue to share it to educate themselves, their community, and the people they serve.

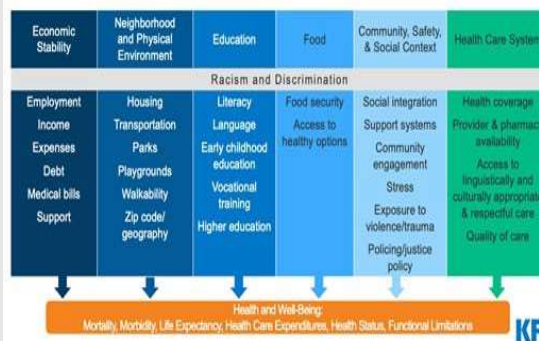
Intended Impact

My project aims to educate others in the disparity gaps that exist in health for the Latinx community. Social work as a profession should aim to make similar strides as a whole and to continue to promote cultural humility, especially when serving minorities. It is impossible to create social change when addressing justice issues without recognizing the disparities that exist for people belonging to one or multiple marginalized groups. It is very easy to overstep boundaries and speak over minorities when someone is passionate for their social issue, so being willing to learn about others and listen to the experiences of the members of the minority groups you are advocating for is also a vital part of involvement. Although my project is specifically focused on Latinxs, it advocates for the closure of these gaps

Advancing Social Justice and Human Rights

As specified in the General comment no. 14, the right to health is an inclusive right. It extends not only to timely and appropriate health care but also to the underlying determinants of health, including access to health-related education and information, safe food and drinking water, and healthy working environments. Health services must also be provided without discrimination and should be “available, accessible, acceptable and of good quality” (United Nations, n.d.). The UN recognizes that in some countries the right to health for migrants may be limited due to discrimination, language barriers, or their legal status and that the health care they are often provided is only essential and emergency care, and therefore goes against the UN’s belief of health as a human right. (United Nations, n.d.)

Health Disparities are Driven by Social and Economic Inequities



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