



Building Support for Latino Families

Many Latino families suffer from a big lack of access to support for economic and educational success, and quality healthcare. This makes it harder for Latino kids to achieve academically, socially, and physically.

Fortunately, there is reason for hope.

Research shows that providing whole-family programs and policies that benefit parents and children can create supportive environments for Latinos.

Leaders also can promote availability of and access to early care and education programs. They can enhance access to healthcare and services, and programs and policies to reduce time in poverty. They can turn schools into resource hubs to support Latino children and parents.

This Issue Brief is a summary of the *Salud America!* “Building Support for Latino Families: A Research Review.” The Review explores how to promote early education, limit Latinos’ time in poverty, and change the health culture from one of “sick care” to one about “well care.” The full Review is located at: <http://salud-america.org/building-support-for-latino-families-research/>.

The Evidence: The Issues

Latinos families often lack economic stability.

- One-third of U.S. Latino families live in poverty
- Two-thirds of U.S. Latino families are low-income.
- Nearly 60% of Latinos earn less than \$15/hour (vs. 39% of full-time workers overall).
- Only 28% of Latino workers are eligible for and able to afford taking unpaid family medical leave.
- Latinos are disproportionately represented in jobs with irregular work schedules, last-minute shift changes, and volatile work hours; this can make it hard to arrange childcare and more.

Latinos families have big gaps in healthcare and health insurance.

- At least 27% of Latinos currently report having no usual health care provider.
- 15% of Latino children have not had a well-care visit in the past year.
- When children have poor healthcare, their grades suffer, absenteeism increases, and motivation to learn worsens, studies show.
- The percentage of Latinos with no health care coverage dropped from 26.2% to 15.1% from 2013 to 2016 under the Affordable Care Act (ACA); but it remains much higher than the percent drop among uninsured non-Latino whites from 14.1% to 6.6% in that same span.

- Even with ACA, Latinos often delay or forgo care, and make trips to emergency rooms.
- Language, immigration status, and unemployment make it difficult for low-income Latinos to access high-quality health care even when they want to.

Latinos face a tough path toward early cognitive development.

- Latino children face a 15- to 25-percentage-point gap in early cognitive development than their white peers.
- Latino communities disproportionately experience risk factors for early educational gaps—poverty, low parental educational attainment, single-parent homes, limited English proficiency.
- Low-income Latino families also tend to lack conditions for their children’s school readiness—a stimulating home environment, safe neighborhoods, responsive relationships, healthy food, opportunity for physical activity, and money for books and toys.
- Early cognitive barriers are linked to higher drop-out rates, lower educational attainment, delinquency, and unemployment later in life, which maintains the cycle of poverty.
- Latino homes often have “toxic stress”—overwhelming stress among both parents and children—that hampers cognitive development and endangers physical health.
- Low-income Latino and minority youth as a group are at high risk for seven “educationally relevant health disparities”: poor vision, asthma, teen pregnancy, aggression and violence, lack of physical activity, lack of breakfast, and untreated inattention and hyperactivity.

Latinos are less likely to access early care and education (ECE) than their peers.

- More than 60% of all U.S. children younger than 6 spend time in an ECE facility (childcare centers, daycare homes, Head Start programs, preschool or pre-K).
- Far fewer Latino children (52%) were enrolled in ECE centers than their white peers (63%).
- Latino families face barriers to use of ECE centers, such as limited availability, limited information about eligibility, high cost, and poor outreach.

The Evidence: What Works

Quality ECE programs help Latino children overcome cognitive barriers.

- Low-income children who participate in high-quality center-based ECE programs—nonprofit, for-profit, federally funded, or church-based—gain short- and long-term cognitive and health benefits.
- The best center-based ECE programs have: well-trained, supported teachers; low student-to-teacher ratios; early learning curricula; methods that measure the child’s academic, social-emotional, and physical progress; and support for English learners.
- When Latino children are enrolled in center-based ECE programs, they achieve academic and social gains on par with, or even greater than, their non-Latino peers.
- Several studies found that public pre-K programs provide even more robust educational outcomes for low-income Latino children than center-based ECE programs.

ECE programs that engage Latino parents also improve children’s development.

- Students fare better academically, socially, and financially with parents active in their schooling.
- Low-income Latino parents have historically scored lower in reading to children, helping with homework, volunteering at school events, and parent-teacher communication.
- Latinos face barriers to school engagement, such as work schedules, social discomfort, and the concept of *educación* (parents teach moral education, schools teach academic education).
- 50% of Latino parents reported “greater improvements in parenting self-efficacy, more consistent discipline, greater warmth, and a decline in child behavior problems” after participating in culturally tailored parent-training sessions by an ECE program in Chicago daycare centers.

- Out-of-school programs can effectively engage Latino parents in academics, such as [Abriendo Puertas](#): [AVANCE](#), [Lee y Seras](#), and [HIPPY](#).

Strategy that works: Turning Head Start centers into community resource hubs.

- Latino kids comprise 37% of Head Start and Early Head Start participants.
- Some Head Start centers provided ECE and serve as resource hubs for medical, dental, and mental health care, as well as nutrition counseling and general family support.
- Head Start participants showed improved cognitive and social development, higher rates of high school graduation and college attendance, higher earnings, better health, and lower rates of incarceration, according to several studies.

Strategy that works: *Promotores de salud*.

- *Promotores de salud* are bilingual, bicultural community health advocates who support or directly link individuals to healthcare providers, services, education, or resources.
- In Latino communities, programs have used *promotores de salud* or mentors to decrease stigma and increase uptake of physical and mental health services.
- In ECE centers and schools, programs have used *promotores de salud* to help immigrant or Spanish-speaking parents engage in school events or access resources on-site.
- Developing *promotores de salud* into “school health navigators” has proven to connect students and their families to health services and other community resources.

Strategy that works: Latino “medical homes.”

- Patient-centered “medical homes” enhance Latinos’ access to primary care alongside preventive services, chronic disease management, and less reliance on emergency rooms.
- Latinos report the lowest rates of access to a medical home (15% vs. 28% of whites).
- When Latinos use a patient-centered medical home, they experience no disparities in access, preventive care, or chronic disease care, a study found.

Strategy that works: Latino “community-schools.”

- A “community school” provides classroom instruction for children, but also serves as community resource center with elements like: on-site childcare and ECE programs; school health navigators; a family wellness center; before- and after-school programs; educational support and preparation for higher education; and community meeting space.
- Community school services occur after hours, are open community-wide, promote parental involvement in children’s education, and involve residents, business owners, elected officials, service providers, and community-based groups.
- Community schools have shown the highest rates of academic achievement among low-income populations, along with high rates of physical and emotional wellness.

Policy and Practice Implications

Take a two-generation approach to family support to inform and connect Latino parents to available resources, and provide Latino children with high-quality early care and education. Two-generation programs encourage parents to pursue more credentials, more education, and better jobs, which will lead to less time in poverty, higher income, improved financial stability, improved home environments, higher involvement in their children’s education, and less stress. In turn, children become more motivated, engaged, and successful members of society. The best programs have:

- Bilingual staff;
- Culturally appropriate early care and education services;
- Openings outside typical school and work hours;
- Case managers to help each family identify needs, remove barriers, and access services;

- Education and employment training to advance from low-wage jobs;
- Health services focused on wellbeing, including physical, emotional, and behavioral health;
- Opportunities for cultural events, civic education, and community engagement;
- Data systems to monitor participant progress; and
- Advocacy on behalf of Latino families.

Promote the availability, affordability, access to, and awareness of center-based early care and education (ECE) to improve development of Latino children and families.

- Promote use of Head Start and Early Head Start Programs in Latino communities.
- Expand care in these programs during non-standard hours.
- Increase funding for low-income and dual-language students (and teachers) in these programs.
- Increase public-private partnerships to finance early education programs.
- Promote Spanish-language ads—in print, radio, TV, digital—to inform Latinos of the availability of these programs in their communities.

Fund and create “community schools” in Latino neighborhoods that provide:

- Dual-language ECE with care from birth through pre-K;
- A family resource center providing with English language workshop for children and parents, help with immigration and citizenship paperwork, insurance assistance and other navigation;
- A student and family wellness center with preventive medical care regardless of immigration status or insurance coverage, on-site navigators and mental health counselors, etc.; and
- A university partnership center with internships and vocational training for students and parents, college preparation for students, and continuing education for parents.

Move from “sick care” to “well care” by creating a Latino “medical home” with:

- Bilingual, bicultural staff and physicians;
- On-hand interpreters or *promotores de salud* for patients with limited English;
- Translated medical handouts and forms;
- Home visits; and
- Evening and weekend hours, as well as flexible scheduling.