



## From Stories to Actions: A Rural Latino Vision to Strengthen Communities for a Thriving Minnesota

### The State of Health and Wellbeing in Latino Communities

This report highlights stories from conversations with diverse Latino communities during a series of listening sessions convened by the Minnesota Council on Latino Affairs (MCLA) in partnership with local Latino/a leaders, during the summer of 2017. MCLA facilitated the conversations in Willmar, Worthington, Marshall, Long Prairie, Northfield, Mankato, and St. James. MCLA covered four policy areas during the sessions: Health, Education, Economic Development, and Immigration.

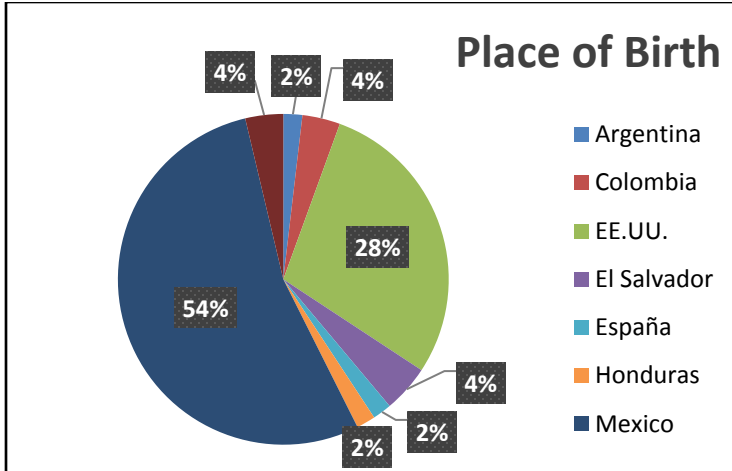
These stories reflect the ongoing challenges many in the community face to access quality health care services in Southern and Central Minnesota. MCLA also held individual conversations with health care providers who offered additional perspectives around Latino health conditions in these localities.

The report presents policy solutions and legislative proposals based on suggestions by community members to address health disparities in Greater Minnesota.

November 2017

## Demographic Characteristics of Participants in the Seven Towns Visited

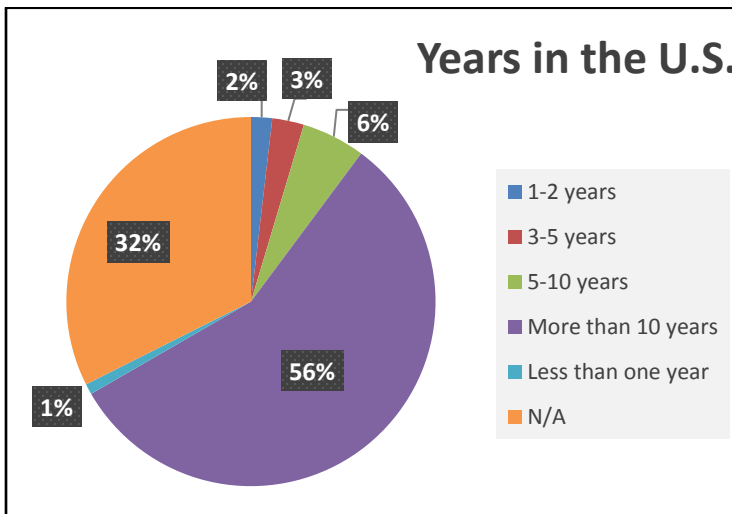
## Minnesota



### National Origin

71% Mexican  
18% Central & South American  
5% Puerto Rican  
6% Other

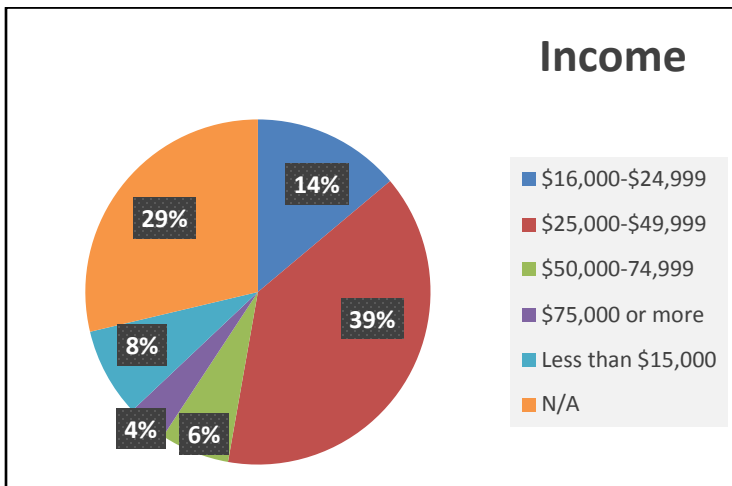
*Source: U.S. Census Bureau, 2015 American Community Survey*



### Native Born vs. Foreign Born

62% Native Born Citizens  
29% Foreign Born Non-Citizens  
9% Foreign Born Naturalized Citizens

*Source: U.S. Census Bureau, 2015 American Community Survey*



### Latino Median Household Income

\$42,227 vs. \$61,492 all households

*Source: U.S. Census Bureau, 2015 American Community Survey*

Source: MCLA Survey. Number of respondents: 108

## Brief Profile of Latino Minnesotans

The Latino population in the state of Minnesota is estimated to be 271,000 or 5% of the population. About 30% live in rural areas. The state has the 28<sup>th</sup> largest Latino population in the country.

Latino workers have one of the highest rates of workforce participation in the state (75%) and their entrepreneurial contribution to the economy is valued at \$1.6 billion in sales and receipts (2013). But they have one of the highest rates of health uninsurance (26%) and their median household income is \$42,227 (ACS 2015).

Among the barriers to a healthier life are factors such as overrepresentation in occupations that tend to pay below-median wages, or the fact that they are less likely to be offered health coverage through their employer. Other determinants include poor living and working conditions, and limited opportunities to access healthy food and physical activity spaces.

## The State of Health and Wellbeing in Latino Communities

*“Healthy, positive relationships and lifelong inclusion in society interact to prevent disease, disability, injury, and premature death. In many ways not belonging is the true source of health inequity.”*

*-2017 Minnesota Statewide Health Assessment*

The majority of participants in the listening sessions were first generation Latinos, a majority of immigrants from México. Their health status is of great concern and was one of the main challenges mentioned by participants. We found three main patterns that impact the health and wellbeing of these communities: immigration status as a barrier to health insurance and affordable health care; language barriers and quality medical interpretation; and level of integration (or sense of belonging) in these towns.

### *The immigrant experience impacts community’s healthy possibilities*

#### Health Insurance and Health Care Costs

The lack of health insurance due to immigration status was the number one concern of Latinos in the locations visited, followed by the high costs of care (especially of diagnosed conditions and management of chronic diseases). Scarcity of services, especially dental care, was also mentioned.

Another condition that participants mentioned as being more prevalent is mental health issues, especially among the youth.

Many participants believe that immigration status should not be a barrier to access health services or to live a healthy life. They stress that this is true whether you are an authorized resident or not. As a solution, community members mentioned that some type of work permit or identification card for undocumented immigrants would allow them to enroll in employer paid benefits or purchase health insurance. Listening session participants offered examples of other states like California in which undocumented immigrant adults can participate in the state health exchange.<sup>1</sup> Many members in the community think that undocumented immigrants would be in a fair financial position to buy insurance, but there is no product available for them to buy.

Health care providers in the area are aware that Deferred Action for Childhood Arrivals (DACA) recipients can apply to insurance through MNSure<sup>2</sup> if they are employed and are under certain income criteria for which they advertise this option.<sup>3</sup> But there's still confusion regarding costs and eligibility. Also, employers don't always provide information to their workers that they must enroll in certain periods to obtain insurance. According to one health care provider, there may be a time gap between different forms of employer paid insurance, and many immigrants don't realize that they may be eligible for other coverage in that time period.

Difficulties navigating the health care system and not being aware of health care costs were also mentioned. The health care system can be confusing for anyone, but may be even more so for people without familiarity with the U.S. health care system, or with limited English language abilities. For instance, some families do not have a clear understanding of how insurance works; they don't realize that they pay for insurance but then still have to pay for things until they reach their deductible.

Preventive health thus continues to be a vital strategy, especially with Latino residents who are more prone to certain chronic diseases (diabetes, obesity, etc.). All providers interviewed

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<sup>1</sup> The Affordable Care Act (ACA) restricts use of federal funds to insure undocumented immigrants. Covering them will probably remain largely a state prerogative in terms of both policy and funding. Several municipalities in the United States offer health care for un-insurable residents, including Los Angeles County's "My Health LA" program, and San Francisco's "Healthy San Francisco". In California, a policy passed in 2015, offers insurance coverage to undocumented-immigrant children. A second one, passed in June 2016, allows undocumented-immigrant adults to participate in the state exchange.

<sup>2</sup> MNSure is an insurance market place to find access to healthcare based on income. There are three major categories of insurance that can be accessed: Qualified Health Plans, Minnesota Care, and Medical Assistance.

<sup>3</sup> DACA was terminated by the Trump's administration on September 5, 2017 and it gave a six month period to Congress to act on providing a permanent solution to their immigration status. Young people who received protection under DACA could be subject to deportation as early of March 2018. About 6,300 Minnesotans could be at risk of deportation when the federal program ends. DACA has addressed many of the social determinants of health: it helped them access health care, get driver's licenses, receive an education, and work to provide for their families.

shared information about projects in their clinics aiming at nutrition and active living education; mobile units trying to see patients in different towns; community health workers reaching out to families, and more. Nevertheless, preventive care often means extra doctor visits for screening which means loss of wages and out of pocket costs. As one participant indicated, “It’s different for each person, for each family... everyone should have access to health and it should be affordable.”

*“I don’t have status, and I don’t have insurance. When I’m sick and I need something... it’s very expensive. We wanted to buy insurance, but no one would sell it to me because they want a social security number”*

*Participant*

### Language Barriers and Interpreters

Difficulties accessing healthcare due to lacking insurance and high costs are exacerbated by language concerns. Language continues to be a barrier for many immigrants who either don’t speak fluent English, or as it happens increasingly, do not speak neither Spanish nor English. That is the case for new immigrants from Guatemala, many of them being indigenous and only speaking a Mayan language (predominantly K’iche’ and Mam) in towns like St. James, Marshall, or the Mankato area. This provides an added layer of complexity which local services and support organizations need to grapple with.

According to participants in some towns, people are more inclined to go to the clinic and look for care if they know that the personnel is bilingual, or that they can trust the interpreters. Phone interpreting also concerns some patients as they are unable to have a personal contact with providers to show or explain their specific health conditions or symptoms.

Interpretation for many also means knowing the different nuances existing in Spanish to identify sicknesses, or parts of the body that may vary by country. One participant mentioned that in some settings, family (or even children) has to interpret to doctors putting at risk the health of patients: “the family will be taking notes and if they’ve got it wrong... but we’re not all doctors, we can all speak Spanish, but just because you can speak Spanish doesn’t mean you can translate.”

Many participants acknowledged differences even with the same language, noting that among foreign born Latinos, there are nuances in the use of certain expressions and words in Spanish. This is another reason why they believe it is important to have well trained and culturally competent interpreters in the clinics and hospitals, making sure that interpreters are not only adequately translating medical terminology, but also know about the subtle difference in words for Mexicans, Puerto Ricans or Guatemalans.

Health care providers that were interviewed support legislation that will help standardize or ensure that all practitioners will need to meet the same requirements to interpret adequately. They also support policies that make sure that translation services are coordinated between different programs and services in both health and human services.

### *Sense of Belonging: Meaningful Connections Matter*

When asked about what they valued more about their life in Minnesota, the vast majority of participants indicated that they like the towns where they live because they feel safe, they enjoy the tranquility, and found them to be quiet and a good place to raise their families. Many said that they appreciate the change of seasons (even winter!) and if they were equipped with the right information and resources, they would be able to take advantage of the opportunities they did not find in other states or countries of origin.

The majority of people have lived in those towns more than 10 years, (some a whole generation), and their kids were born in the state. However, many of them expressed that their towns frequently lack the effective support networks, infrastructure, and proper channels for them to find a sense of belonging and integration, whether in the community, workplaces, and public settings like schools, and health and human services.

Although already present in more subtle ways, some interviewees indicated an increase of more overt racism in 2017. Some participants mentioned structural racism as a major barrier to both better educational and health outcomes. One participant indicated that as long as immigrants remain in their place (which they define as not being visible in public spaces, not making demands, and assimilating) the situation is acceptable to the majority and “there is a place for them to belong”.

One community member mentioned that barriers start to build up when minorities want to achieve and aspire to the same expectations than the majority population (better working conditions, equity in access to services, social mobility). One participant offered the example of an international student soccer club that wanted to use a space to train. After being denied that chance by the university, they reached out to a local gym although it took them months to gain access to the restrooms and locker rooms.

*"I've heard racist comments constantly in the university. [...] I was speaking Spanish with someone while playing volleyball, and I was hit with a ball by someone who told me to stop speaking Spanish, because "now you're in America.""*

*Participant*

In all towns, participants feel the need to work in collaboration across cultural and national origin identities within the same Latino community. In some towns like Northfield and Marshall, participants talked about the need of organizing, civic engagement trainings, and the importance of political participation. Currently, a group of Latino advocates along with other residents in Northfield (Neighbors United), announced a proposal to establish, by official city ordinance, a voluntary municipal identification card program within the city that depending on the interest of local businesses, could be used to open bank accounts or pick up medicine at the pharmacy.<sup>4</sup> It's not a driver's license or a tool for voting, but it's a form of identification that will provide a sense of belonging and hereto gain confidence in their standing. It would be the first of its kind in Minnesota.

Participants also talked about unity and the importance of working together to improve their socio economic conditions and achieve their overall goals. They recognize disparities between different groups, but they also acknowledge the tensions that exist within the Latino community, as a result of misunderstandings, assumptions, and lack of direct communication with more recent arrivals from Central American countries and Puerto Rico.

### *Anti-immigrant discourse*

With the current anti-immigrant and anti-Latino political discourse at the national level, Latinos, both immigrants and those born in the U.S., feel under threat or targeted. Similarly, U.S. born children whose parents might have mixed immigration status, are stressed and anxious. They are afraid to go to school or their parents don't do regular check-ins in clinics for fear of being deported. Recurrent concerns about mental health issues among children and teenagers were raised by participants. Some state lawmakers are sensitive to the needs of undocumented residents, but delay taking local action arguing that first immigration reform must take place at the federal level. Fear related to raids by Immigration and Customs Enforcement (ICE) are impacting individuals' access to health care and preventive services.

<sup>4</sup> Residents propose Northfield starts first municipal ID program in Minnesota. Philip Weyhe. Northfield News, August 4, 2017. [http://www.southernminn.com/northfield\\_news/news/article\\_4b1c447d-a5d5-5f83-ad1c-ff457f56fd8f.html](http://www.southernminn.com/northfield_news/news/article_4b1c447d-a5d5-5f83-ad1c-ff457f56fd8f.html)

Also, some providers interviewed mentioned that people don't want to be in the system, afraid that they will be targeted by ICE.<sup>5</sup>

*Lack of Drivers Licenses and Inadequate Housing*

Other factors outside health care services impact the wellbeing and stability of families in these communities. Not surprisingly, in each town visited, people's main concern (besides access to affordable health care) was the lack of a driver's permit for undocumented workers. This is seen as a barrier to live a safe and prosperous life, and to access financial opportunities. This also impacts people's ability to go to an appointment to the clinic. Also, being able to rent decent apartments and obtain loans to buy a house continue to be a challenge for many Latino families. Some interviewees talked about immigrants (particularly men) living in crowded houses or apartments, and others still in trailers in the outskirts of the towns visited.

*"There are many Hispanic in the trailers. They don't have other options, if they don't have a social security number they can't buy. They are also worried that if they buy a place, they're not going to have it if they get deported."*

*Participant*

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<sup>5</sup> According to a recent Gallup survey on wellbeing during the current Trump administration, in addition to a rise in worry, Hispanics also were more likely to experience daily stress after the election, particularly among Spanish speaking people (<http://www.gallup.com/opinion/polling-matters/215657/hispanics-emotional-during-trump-era.aspx>).



## Conclusions

The immigration experience matters and varies between different groups based on their country of origin, status, reasons to migrate, and fluency in English. All studies point out that Minnesota's workforce is shrinking and the survival of the state and rural communities depends on a multi-sectorial workforce that will come from communities of color, as well as immigrants.

Opportunity, a sense of belonging, and identity matter. When resources are there to ease integration and navigating the health care system, the whole community benefits as it puts less burden and costs in public agencies and programs.

Seeing communities and individuals as a whole, not only as workers but as citizens and contributing members of the community, also factors into the wellbeing of the community as it enriches and adds value to all in these communities that continue to be economically viable thanks in great part to a more diverse population.

In light of these continuing demographic changes, we need to make these communities viable and cohesive in order to strengthen the capacity of communities to create their healthy future.

## Recommendations

### 1. Health Insurance and Health Care Costs

Support local initiatives aiming at allowing more individuals to opt for health insurance regardless of immigration status.

Continue advocating for the Affordable Care Act and reforms that will not dismantle recent progress in terms of expanding access to health care programs and insurance through Medicaid expansion for vulnerable populations.

Support for MNsure and culturally relevant "Navigators" to help individual and family members access health insurance.

### 2. Language Barriers and Medical Interpreters

Continue advocating for bill HF2030/SF1708 "Spoken language health care interpreters registry" that will replace the current interpreters' roster. The system includes two categories for increased professional recognition (registered or certified) and its purpose is to reduce disparities in health care outcomes for patients with limited English proficiency.

### 3. Sense of belonging

Support structures that allow Latino representation on the City Council and other public boards that can function as a liaison between Latinos and government.

Support with state grants community health clinics and multicultural centers that allow the coordination of multiple services for new comers in new rural towns, and fund the operation of mobile units offering preventive care services, including dental care.

Support Equity Policies and/or Health in All Policies framework to guarantee inclusiveness in the policy-making process.

Support municipal ID's as form of identification to residents regardless of immigration status.



*Listening Session in St. James, MN, June 2017*

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