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RESEARCH REVIEW

Building Support for Latino Families: A Research Review

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About this Research Review

Abstract

U.S. Latinos suffer from suboptimal access to resources that promote economic stability and community wellness. As such, Latino children exhibit lower levels of academic achievement, social development, and physical well-being.

To best support Latino children, many sources of evidence suggest we must strive to develop and support high-quality school and home environments that are free of chronic stress.

Emerging research has shown that providing support to families as a whole—by creating programs that target both children *and* adults—shows the most promise for improving conditions in low-income communities.

This research review outlines how improving access to high-quality early care and education, providing two-generation support of Latino children and parents at single centers that focus on limiting time in poverty, and changing the health care culture from one of “sick care” to “well-care” can work in concert to support Latino families and promote optimal development of Latino

children.

Introduction

Latinos are expected to comprise 32% of the US population by 2050.[1] As such, the strength and health of this country's future workforce depends upon the investments made in Latino communities today.

Currently, one-third of U.S. Latino families live in poverty and two-thirds are low-income, with limited access to high-quality education, community resources, and health care.[2,3]

Recent research has shown that social programs targeting adults as well as children result in the most effective long-term improvements in children's academic success, health, and future economic stability.[4]

Thus whole-family support services that address the specific social, medical, and economic needs of Latino populations are essential to ensure optimal development of Latino children and the health of American society at large.[5,6]

Three approaches for best supporting the development of Latino children include: 1) making high-quality, affordable, center-based child care and education accessible to Latinos, 2) developing culturally- sensitive family resource programs that serve the needs of both parents and children, and 3) changing health care into a system that emphasizes prevention and whole-self well-being.[4,7,8]

Combined, these efforts provide family and social support to promote the development of capable, healthy, and economically stable Latino children. If adequately promoted and established within Latino communities, such policies and programs have the potential to improve the quality of life for Latinos living in the United States.

Recent reports in both the biological and social sciences have demonstrated the importance of early childhood experiences in the long-term academic and social success of individuals, particularly for children in low-income and high-risk communities.[4,9] In particular, the need for high-quality early care and education (ECE) is of particular importance to limit achievement gaps later in life.[10–12] Within Latino communities, improving access and affordability of ECE centers is needed,[13] as is the partnering of centers with parent mentors who can encourage Latino parents to be actively engaged in their child's education.[14,15] Developing culturally sensitive ECE centers that function within the context of low-income Latino communities will be of paramount importance to supporting the academic and social development of Latino children.[16]

In addition to providing parenting-related resources at ECE centers, it is also beneficial to develop full-service family resource centers that cater to the general needs of low-income Latino adults, including housing, job training, transportation, food assistance, and health insurance. Importantly, it has been shown that coupling these services with child-related centers or schools has been more effective than providing services to parents and children in independent centers.[17] These joint two-generation (i.e., parent and child) resource centers must be highly accessible and inform parents of available community resources, since limited knowledge of what is available is a primary barrier to program use within the Latino community.[14] These centers must also provide extensive guidance and social support using dual-language

counselors who can outline the services offered and perform individual needs assessments.[6] Finally, services for parents and children must be of equal intensity and quality, with as many on-site programs as possible to limit barriers to participation.[17] Such two-generation programs show promise for improving the long-term health and economic stability of Latino families. With an emphasis on programs that limit the time Latino families spend in poverty, we can hope the future of Latino communities will experience greater equity in opportunities and achievement.

Finally, in addition to ensuring proper education and access to resources within Latino communities, there must be a shift in health care practices. Not only are Latinos less likely to attend child well-visits or have a general care physician,[18] they are also less likely to access health care services that promote complete emotional, mental, and physical well-being.[19] While the effects of socio-economic inequality play a role, health care in Latino communities is also affected by the unique cultural and social circumstances experienced by both Latino immigrants and those born in the United States.[20] Often, differing cultural beliefs and a lack of basic health education limit Latinos' ability to live a healthy lifestyle in the United States.[21] Many simple policy changes and interventions may help the next Latino-American generation live more active, informed, healthy lifestyles that emphasize whole-self well-being.

When combined, efforts in the areas described above offer the family and social support needed within Latino communities to ensure the best environment for child development.

This research review is designed to outline the existing state of family health within Latino communities in each of these areas, and to suggest policies and programs that may improve the quality of life for Latino children and their families.

To best support Latino children, we must support whole families and the Latino community at large, with interventions that are culturally sensitive and contextually relevant.

Methodology

This research review summarizes current peer-reviewed literature regarding early childcare and education, academic preparedness and achievement, preschool and prekindergarten programs, early childhood interventions, community resources for low-income parents, two-generation programs, barriers to program participation, access to health care, health care beliefs, patterns of health care use, wellness programs, and medical homes, all within the Latino context.

Within this study, the term "Latino" refers to any person of Mexican, Cuban, Dominican, Puerto Rican, South American, Central American, or other Spanish culture or origin, regardless of race.[22] Keyword searches were conducted in PubMed and Google Scholar, using terms such as "early childhood education AND Latino," "two-generation AND Hispanic," "medical home AND low-income," or "Latino AND health care." Similar queries were made using variants of terms, and using "Latino" and "Hispanic" throughout the literature search.

Relevant articles were examined and used to find further resources. Other sources of research and statistics included government agency reports, non-governmental agency summaries, and other peer-reviewed publications. Searches were confined to the English language and articles selected based on relevancy, independent of study design or outcome.

Key Research Results

- Latino children who participate in high-quality center-based early care and education (ECE) exhibit equal levels of school readiness and social-emotional development as their non-Latino peers, and maintain equal academic success throughout their school careers.
- Contrary to common misconceptions, Latino families do not prefer home-based child care over center-based care. Instead, barriers to use of center-based care include limited availability, limited information about eligibility, high cost, and poor outreach.
- Early childhood education centers that engage Latino parents to be active participants in their child's education result in better cognitive and social outcomes for the child.
- Turning childcare centers and schools into community hubs that provide on-site services that cater to the specific needs of parents as well as children results in long-term benefits for Latino children *and* families.
- Two-generation programs in low-income Latino communities must provide services that increase the ability of Latino families to obtain family-supporting jobs and health insurance, and limit their time in poverty.
- Latinos are less likely than other low-income populations to have established health care providers and are less likely to get their health care information from medical personnel.
- Health promotion programs targeting Latinos should focus on preventative health care education that focuses on well-being. This includes physical, emotional, and social aspects of Latinos individually and within their communities.
- Implementation of the "community school" model in low-income Latino neighborhoods could provide needed services and promote individual, family, and community well-being.

Studies Supporting Key Research Results

Latino children who participate in high-quality center-based early care and education (ECE) exhibit equal levels of school readiness and social-emotional development as their non-Latino peers, and maintain equal academic success throughout their school careers.

The socioeconomic gap in academic performance has been demonstrated repeatedly, with children from low-income households exhibiting deficits in school readiness and social development upon entering kindergarten. Several studies have shown that early educational gaps are maintained, and can even grow, for children from high-risk communities.[12,15,23–26] Risk factors including poverty, low parental education, limited English proficiency, and single-parent homes, many of which are disproportionately present in Latino communities, put Latino children at a disadvantage for cognitive development relative to their non-Hispanic peers.[27–30] In general, a 15- to 25-percentage point gap exists for Latino children relative to their white peers, with ample data showing that those who start school behind often stay behind.[31] Furthermore, educational deficits in elementary school have been linked with higher drop-out rates, lower educational attainment, delinquency, and higher rates of unemployment later in life, all of which maintain the cycle of poverty.[7]

The skills assessed for "school preparedness," including language, literacy, numeracy, science, creative arts, as well as social, emotional, and physical health,[32] are gained by having a stimulating home and school environment, responsive relationships, adequate nutrition, and opportunity for physical activity while a young child.[33–35] In low-income Latino families, these conditions often cannot be met. Insufficient funds for books, toys, and healthy foods, as well as limited time for parent-child interactions make the home environment suboptimal, while crowded homes and unsafe neighborhoods make physical activity difficult.[36] Within low-income communities, limited education and awareness of early childhood needs also contribute to a suboptimal home environment. Finally, the presence of "toxic stress," defined as chronic, overwhelming stress experienced by both parents and children in the home,[4] has been shown to hamper cognitive development in children as well as impair their physical health.[37] Until Latino families are given the resources to escape poverty, toxic stress will remain a factor in the development of Latino children.

The use of ECE facilities – including child care centers, day care homes, Head Start programs, preschool and pre-kindergarten programs – has become the norm in the U.S.[38] About 61% of children younger than 6 are in a non-parental care arrangement on a weekly basis.[38]

In 2012, children from higher-income families tended to enroll more in ECE centers (72%) compared to children from low-income families (45%), 2016 data show.[1] In addition, far fewer Latino children (52%) were enrolled in ECE centers than their white (63%), black (68%), and Asian peers (68%).[1,39]

However, recent research has demonstrated that early childhood intervention can stop the cycle of academic and social disadvantage. Children who participate in high-quality early care and education (ECE) programs experience a range of immediate and long-term cognitive and health benefits, with the greatest impact seen in low-income populations.[9–11,28,40] In particular, center-based ECE, as opposed to family-based childcare, has been shown to impart maximal benefit. Center-based ECE generally involves a separate building organized into classrooms, where larger numbers of children attend. These can be for-profit, not-for-profit, church-based, or federally funded programs.[27] However, high-quality ECE centers have several characteristics in common: well-trained and supported teachers, low student-to-teacher ratios, early learning curricula and assessments that measure the child's academic, social-emotional, and physical progress, support for English learners and students with special needs, and a well-implemented state quality rating.[41] In addition, the inclusion of meaningful family engagement has been shown to result in even greater impacts, and will be discussed below.

When Latino children are enrolled in such center-based ECE, they achieve academic and social gains on par with, or even greater than, their non-Latino peers.[31,42–44] However, many studies have shown that low-income Latino parents less frequently access center-based childhood education services than other low-income populations.[45–47] The cause for this discrepancy is discussed below. Addressing the needs of individual Latino communities to increase access to high-quality center-based ECE may be pivotal to ensure the success of Latino children in the United States. There are communities that may require changes in affordability (number of subsidized slots per site, etc.), while others may require changes in transport arrangements and physical access, as discussed below. Demographic studies of specific Latino populations within the United States may prove beneficial to allow policymakers to determine the requirements of particular communities, and how to best serve the needs of Latino children and families across our nation.

Therefore, policies that specifically encourage Latino families to enroll their children in center-based child care, while simultaneously providing parents with access to resources that limit their time in poverty, may help Latino families best support their child's developmental needs.

Contrary to common misconceptions, Latino families do not prefer home-based child care over center-based care. Instead, barriers to use of center-based care include limited availability, limited information about eligibility, high cost, and poor outreach.

Trends in early childcare and education within the Latino community have been changing over the past 40 years. Many factors play a role in Latino families' choice of child care, including socioeconomic status, family structure, employment hours, language barriers, and community characteristics such as the availability and range of options for care.[13,48–52] In the past, researchers had suggested that cultural preferences for maternal-like care, such as informal arrangements with family members, friends, and neighbors, were responsible for lower rates of center-based ECE use in Latino communities.[53–55] However, causal evidence for this stereotype is limited.[56,57] More recent research based on analysis of 2012 National Survey of Early Care and Education (NSECE) data finds equivalent patterns of home- and center- based care for low-income Latino children and children from low-income white and black households.[52] Furthermore, when asked directly about their perceptions and preferences for child care

arrangements, Latino parents rate center-based care similarly to their white and black peers.[13] Latino parents were, however, less likely than their peers to label center-based care "affordable."[13] Interestingly, one study based on data from the Survey of Income and Program Participation (SIPP) Child Care Survey (US Census Bureau 2011) reported that Latinos utilized organized care centers half as much as their non-Latino white peers, with the notable exception of Head Start programs.[55] These findings are important since they suggest there would be high uptake of center-based care within Latino communities if it were made affordable and accessible.

A deeper understanding of the barriers to ECE center use within Latino communities sheds light upon changes that need to be made. Many studies confirm that for Latinos, affordability and accessibility (both the physical location, as well as transport to that location) are the primary determinants of ECE program uptake.[57–59] In neighborhoods with plentiful center-based child care slots, both English and non-English speaking families are more likely to choose these options.[58–60] Use may be contingent upon increases in federal funding for childcare accessible to low-income families. Latino families living in communities with a greater number of designated seats for low-income children within high-quality ECE centers preferentially use these centers over informal care.[34,60] Using data from 5 cities in the United States, Fuller and colleagues[34] found that city of residence was a better predictor of high-quality ECE use than any maternal characteristic (e.g. ethnicity, English language skill, age, education, occupation), indicating wide variability in the availability of ECE centers across the country.

Perhaps most importantly, parents must be made aware of the existence of and their eligibility for these ECE centers. In a study of factors that impact ECE participation of children of immigrants, three key factors were identified: accessibility, awareness, and responsiveness.[47] So not only may ECE programs be unavailable or unaffordable in certain communities (accessibility), but if they are available, families may not be aware of their services (awareness), or the programs may not be responsive to the linguistic and cultural needs of the community (responsiveness).[61] As such, policymakers must be cognizant of differences between subcommunities when designing ECE programs for Latino populations.

Thus, policies and programs that could directly benefit Latino families include:

- Expansion of universal pre-K initiatives, particularly if they include 3- and 4-year-olds
- Expansion of Head Start and Early Head Start Programs to include a greater number of Latino communities
- Expansion of care in these programs during non-standard hours
- Increased funding for low-income students in these programs
- Increased funding for dual language teachers and students within these programs
- Increased public-private partnerships to finance early education programs
- Spanish-language ads—in print, radio, TV, digital—that inform Latinos of the availability of these programs in their communities

Increasing the availability, affordability, physical access, and awareness of center-based ECE would help improve the development of Latino children and families in the United States. Further research will need to determine whether families just above the poverty threshold would be left behind if subsidized slots serve as the main access point into these programs for the majority of Latino families.

Early childhood education centers that engage Latino parents to be active participants in their child's education result in better cognitive and social outcomes for the child.

Whether we are discussing infant care, preschool, grade school, or high school in the United States, students whose parents are actively engaged in their education fare better academically, socially, and economically.[62–67] Active parent participation and interest in a child's education promotes internalization of specific social and academic goals, and makes education a priority for the student and for the family. In fact, parental engagement has been used to explain some of the heterogeneity in educational outcomes for children from low-income Latino communities, such that greater parental involvement results in better academic and behavioral outcomes.[68] Furthermore, the effects of early (preschool) parental involvement are long-lasting, leading to continued positive outcomes through high school and into early adulthood.[66] School engagement consists of reinforcing education at home (reading to children, helping with homework, providing supplemental materials) as well as active school participation (volunteering in classroom and school events, parent-teacher communication). Low-income Latino parents have historically scored lower on both measures of engagement than their low-income peers.[69,70] Though there are surely culture-specific ways that Latino parents support their children's education,[71] for the measures that are valued within the United States school system, Latino parents fall behind.

A study of the effects of Latino parental involvement in the preschool years was conducted in the Chicago Parent Program (CPP) study,[33] which analyzed the effects of involving low-income, urban parents of 2-4-year-olds in 12 childcare center-run "parent training" sessions featuring the concept of child-centered time; the importance of family routines and traditions; the value of praise and encouragement; the role of rewards for reducing challenging behavior; the importance of setting clear limits and of following through on limit setting; the need to establish consequences in response to misbehavior parents want stopped; and the use of specific parenting strategies such as ignore, distract, and time out; stress management; and problem-solving skills. These sessions were uniquely developed in collaboration with constituent African American and Latino parents, making them culturally and contextually relevant to the populations they served. Parents who participated in at least 50% of sessions reported "greater improvements in parenting self-efficacy, more consistent discipline, greater warmth, and a decline in child behavior problems when compared to reports from controls," the authors wrote. Thus, the authors concluded that parental involvement in their child's education at an early age could reduce future behavioral risk among children from low-income families.[33] Furthermore, parents who see positive changes in their child's behavior and academic achievement at a young age are more likely to remain active participants in their child's academic career, compounding the effects of early involvement.[62–68]

While low socioeconomic status makes school engagement more difficult due to work schedules, social discomfort, and educational attainment, engagement may also be influenced by acculturation, which in this case relates to Latino parents' familiarity with mainstream expectations of parental involvement in the United States.[14,72] Particular to Latino cultures is the concept of *educación*, which holds parents responsible for moral education, while the school is responsible for academic education; in this worldview, too much parental meddling in the school environment would disrespect the school's authority.[14,72] This particular concept of parental responsibility does not allow the parent to be an advocate for their child within the school community, a role which is often necessary and valued in the American school system.[73] Further barriers to school engagement include linguistic and social discomfort, as demonstrated by evidence that bilingual and more formally educated Latino parents demonstrate higher rates of school involvement.[16] More generally, Latino parents report less welcoming experiences at their child's school than their non-Latino counterparts.[74] Finding linguistically and culturally sensitive methods to engage Latino parents in their child's education should be a priority for policymakers.

Policymakers interested in increasing Latino parent involvement in student academics can consider two types of programs: those that operate within schools, and those that operate outside of schools. The first option can include incorporating dual-language parent "navigators" or "promotoras de salud" (bilingual, bicultural community health advocates who support or directly link individuals to

healthcare providers, services, or resources) at schools to help immigrant or Spanish-speaking parents feel more comfortable attending events or accessing resources on-site. Out-of school programs may involve organizing home visits so that students' parents are provided information in their preferred language, without the need to attend school events.[14] In both cases, helping Latino parents gain an understanding of the resources available to their child and to the whole family can improve the wellbeing of the entire Latino community. Some examples of programs that are successfully bridging the gap between school and home, as well as community, in Latino neighborhoods include:

- **Abriendo Puertas**: Nonexperimental; Provides information about preschool and school choice, as well as financial literacy activities, such discussion of tax code and earned income tax credit.[75]
- **AVANCE**: Randomized and controlled; educates parent at home and on site to help with childcare, information on contraception and family planning, and continuing education courses.[76]
- **Lee y Seras**: A Latino-targeted literacy outreach campaign to inform, engage and help prepare families and communities to support the reading development of Latino children. Runs for 2-6 months.[77]
- **HIPPY** (Home Instruction for Parents of Preschool Youngsters): Conducts home visits and support group meetings for three years to promote knowledge of child development, teaching behavior, and home literacy.[78]
- **PEEP** (Peer Engagement Education Program): Runs for 2-6 months, financial literacy activities including discussion of tax code and earned income tax credit, workshops for parents *and* teachers on engaging parents in child's education.[79]
- **Project FLAME**: Parent workshops to help parents serve as literacy models, education on how to connect to schools and use community services; brings in representatives of community institutions (e.g. banks, hospitals) to explain services, also emphasizes role of parent as teacher.[80]

Overall, these programs vary in their duration and emphasis, but they all share the common theme of focusing on parents who are "often socioeconomically and/or linguistically marginalized or isolated and trying to empower them as the managers of their children's lives and education."[14] As mentioned above, this may be especially useful in the Latino community, where the cultural concept of *educación* may make parents hesitant to intervene in academics. It is also important to note that aside from focusing exclusively on the child, these programs place significant attention on the needs of the parent. As discussed below, two-generation programs that address the needs of parents as intensively as the needs of children are most effective for whole-family wellbeing.

Turning childcare centers and schools into community hubs that provide on-site services that cater to the specific needs of parents as well as children results in long-term benefits for Latino children *and* families.

Given the evidence to support the benefit of organized early childhood education, development of high-quality ECE centers that also promote engagement of Latino parents holds great promise for the future of Latino children. Many programs from the 1960s and on provide evidence for the effectiveness of incorporating parent-targeted elements within early childcare programs, and these family-based approaches form the basis for the two-generation model discussed later in this review. The first explicit family-based program was Head Start, which in 1965 declared the goal of providing low-income preschool children a comprehensive program to meet their emotional, social, health, nutritional and psychological needs. Embedded within the program were parental self-sufficiency lessons, including basic adult education, GED attainment, and aid for placement into entry-level jobs.[17] However, Head Start program quality and services were and continue to be variable across sites of implementation. In addition to providing ECE, some sites have included medical, dental, and

mental health care, as well as nutrition counseling and general family support.[81] Combined, several longitudinal analyses have suggested that Head Start participants exhibit improved cognitive and social development, higher rates of high school graduation and college attendance, higher earnings, better health, and lower rates of incarceration.[82–84] Head Start services have proven beneficial both in the short- and long- term for low-income Latino children, who constitute 37% of current Head Start and Early Head Start participants.[85,86]

The first programs to rigorously test the value of high-quality early education family-based programs were the Perry Preschool study[87] and the Abecedarian Project.[9,88,89] Both were small studies that involved random placement of low-income primarily African-American children into experimental or control (no-ECE) groups; neither included any Latino participants. Both programs included well-developed curricula, experienced teachers, and parental involvement. The Perry Preschool study, from 1962-1967, enrolled 3- and 4-year old children and included weekly 1.5 hour home visits to help the parent implement the school curriculum at home. The Abecedarian Project, held from 1972 to 1977, enrolled children from birth to age 5, involved a comprehensive “learning-game” curriculum that included parental participation at school and at home, and also provided on-site health care. For both programs, short-term cognitive and social gains were immediately observed, but long-term follow-up of participants through age 40 and beyond have shown the dramatic positive effect such programs can impart. In both cases, participants were found to have: 1) higher rates of high school graduation, 2) higher rates of college attendance and completion, 3) higher adult income, 4) lower rates of teen pregnancy, 5) lower rates of crime perpetration, 6) lower rates of family discord, 7) higher level of parental interest in child’s educational attainment, and 8) better physical health.[9,87–89] Of note, physical health outcomes were measured directly using blood biomarkers instead of self-reporting, and performed by physicians blinded to program participation.[9] Taken together, these data provide proof-of-principle of the benefits derived from high-quality early childhood education coupled with family engagement that goes beyond parent training.

Similar family-targeted programs in Chicago, Boston, Miami, and Tulsa have reported equivalent short-term findings, suggesting that the benefits of such programs hold true in different populations.[27,43,90,91] Interestingly, several studies, including a few involving primarily Latino populations, have found that public pre-kindergarten programs (pre-K) provide even more robust educational outcomes for low-income Latino youth than center-based programs that accepted child care subsidies (such as Head Start).[31,43,92] These results provide hope that as the importance of early childhood education for low-income, disadvantaged youth becomes more widely appreciated, universal pre-K programs will be established that have dramatic impacts for Latino communities.

An important finding of the studies listed above has been the effect that positive academic outcomes in children has on parents, and on family units as a whole. At the most basic level, it has been seen that when children thrive in school environments, parents become motivated to improve their own education and economic standing.[93,94] Interestingly, a number of studies that sought to increase disadvantaged mothers’ educational attainment in an attempt to improve their children’s academic accomplishments (presumably through improved parenting and educational modeling) failed, with some even worsening educational outcomes for the children.[95–97] Further analysis of these studies found that pushing parents with young children to go back to school, often while also holding a job, actually increased stress levels in the home and decreased time spent with children. Thus it makes sense that two-generation approaches that support developmental gains in the child while also providing basic resource services to the parent should function to lower chronic stress levels and improve outcomes for children, parents, and families. Within this program model, it becomes important to decide what services, and in what context, should be provided to low-income Latino parents to derive the greatest benefit. The section below highlights key areas that two-generation programs and policies should target to most successfully support Latino families and communities.

Two-generation programs in low-income Latino communities must provide services that increase the ability of Latino families to obtain family-supporting jobs and health insurance, and limit their time in poverty.

The concept of two-generation approaches has moved beyond simply providing parenting resources and curriculum support through ECE centers. It is now widely agreed that two-generation programs should indeed be coupled with high-quality, on-site ECE and child care, but the focus should be equally on parents and children.[6,17] The idea is to view ECE centers as platforms for attracting parents into community resource centers that provide access to services low-income parents need. At these family resource centers, the focus of parent-targeted programs should be on workforce development, which includes education, economic supports, social capital and well-being (physical, emotional, and behavioral health).[6] The ultimate goal of these programs is to limit the chronic household stress associated with poverty, which impairs every aspect of child development[4].

Ultimately, the chronic stress in most Latino households can be tied back to poverty.[98] Latinos in particular are less likely to have jobs with scheduling flexibility or paid leave.[99] Also, due to high costs, Latinos are less likely to participate in insurance or retirement plans, even if offered by their employers.[100] In 2013, nearly 60% of Latinos were earning less than $15 per hour, compared with 39% of full-time workers overall.[103] Only 28% of Latino workers are eligible for and able to afford taking the current form of unpaid, family medical leave provided by FMLA coverage to care for a sick family member or a new child.[104-105] Latino workers are the least likely to have access to paid sick days (<50%),[106] and are the most likely to lose their jobs due to illness or the need to care for a sick family member.[107]

Although 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), it is still much higher than the percent drop among uninsured non-Latino white from 14.1% to 6.6% in that same span, according to a report.[101] Latinos also continued to perform worse on most measures of access to and utilization of their health care than whites, often due to reasons like citizenship status, language, socioeconomic status, and a lack of awareness of the ACA's provisions, according to a study. Even after ACA, some Latino groups saw poorer patterns of delaying care (Cubans, Central Americans, and other Latinos), forgoing care (Mexicans and Cubans), having an ED visit (Cubans, Central Americans, and other Latinos), and visiting a physician (non-Latino whites, Mexicans, Cubans, and Central Americans).[102]

A two-generation approach to family support is essential to inform parents of their resources while also providing children with high-quality early education. Essential to this emphasis on workforce development is the role of “workforce intermediaries,” which are “local partnerships that bring together employers and workers, private and public funding streams, and relevant partners to fashion and implement pathways to career advancement and family-supporting employment for low-skilled workers.”[108] Several randomized trials have shown that workforce intermediaries improve the employment and earnings of low-income adults, primarily through direct links with employers and community colleges where participants gain peer support, coaching, and individually tailored student services.[109] Such programs, provided in both Spanish and English, would benefit low-income Latino parents.

Many other barriers exist to education and employment in Latino communities, including immigration status, work hours, housing, transportation, mental and physical health, substance use, and violence. As a result, two-generation programs designed specifically to meet the needs of low-income Latino populations must ideally include the following attributes:[6,110,111]

1. Staff that speak both English and Spanish, with communication occurring in the family’s primary language.

2. The organization provides access to high-quality, culturally appropriate early education services, and prepares parents to support their child at home and advocate for them at school.
3. The center is open outside of typical school and work hours, to accommodate the often variable and off-hours schedules of low-income workers.
4. A case manager who creates a plan for each family that outlines the services needed, and then follows up with participants to ensure they have been able to access the services.
5. Case managers who ensure that basic needs such as housing, transportation, free tax preparation services, immigration, health insurance, food assistance, etc. are not barriers to family success, and orchestrate distribution of goods (such as gas cards, bus passes, etc) that solve immediate barriers to program involvement.
6. The program encourages participants to deliberately connect with each other and with the staff to create an empowerment-oriented community of support.
7. Ensure that education and employment training emphasize advancement from low-wage jobs to family self-sufficiency and asset-building.
8. Program staff who have the training and skills to develop a career pathway for each individual that reflects the skills, abilities, and employment aspirations of the family, while being sensitive to individual preferences and family circumstances.
9. Program provides Latino families with access to community mentors and role models who facilitate job shadowing, internships, and informational interviews.
10. Health promotion at the center that focuses on well-being, which includes physical, emotional, and behavioral health, ideally offering on-site regular wellness checkups and counseling for every participant.
11. Program offers access to support groups where families can discuss their challenges with respect to immigration, educational involvement, job seeking, and home environment in a safe and unthreatening setting.
12. The organization provides opportunities to better understand US culture and institutions through cultural events, civic education, and community engagement.
13. The organization has effective data systems in place that provide real-time updates on the progress of participants in terms of services accessed and benchmarks accomplished.
14. The program provides a voice for Latino families through staff that is able to advocate for appropriate services.

In supporting the economic success of low-income Latino parents, two-generation resource centers simultaneously increase their capacity to parent, and thus, the development of Latino children. Successful two-generation programs will encourage parents to pursue more credentials, more education, and better jobs,[112] which will lead to higher income, improved financial stability, and less stress.[113] Parents with more education may improve the environment within their homes, serve as better academic role models, and have higher educational expectations of their children.[114,115] They are also more likely to be better advocates for their child's schooling, all of which may help children become more motivated, engaged, and successful members of society.[116]

Latinos are less likely than other low-income populations to have established health care providers and are less likely to get their health care information from medical personnel.

While it is easy to understand how center staff can encourage parents to obtain job training, it is more difficult for staff to ensure uptake of medical services. Health and medical decisions are highly personal and are influenced by socioeconomic status, level of education, cultural beliefs, and social stigma.[19,20] However, physical well-being is closely tied to emotional and financial well-being, and must be a priority in Latino communities. Barriers such as language, illegal status, and unemployment make it difficult for low-income Latinos to access high-quality health care even when they want to.[19,21,117]

Currently, 27-30% of Latinos report having no usual health care provider, and 15% of Latino children have not had a well-care visit in the past year.[36,118] In general, circumstances that make parents uncomfortable obtaining medical care (such as illegal status, language barriers, high cost) result in

poor medical care for the family's children as well.[117] When children have poor health care, their academic careers suffer; absenteeism rates increase, and everyday motivation to learn is diminished.[118] Low-income 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.[119] The authors go on to warn that "no educational innovations can succeed if these health disparities are not addressed".[119] In addition, relative to other low-income populations, Latino children are at highest risk for obesity, diabetes, and depression-- chronic conditions that benefit from prevention education and long-term continuity of care for best management.[20] As a result, finding ways to improve the medical environment for Latino parents is urgently required to ensure proper health care for Latino children.

Since a large proportion of the Latino community is not getting its medical information directly from physicians or clinics, it is not surprising that 83% report obtaining some of their health-related information from media sources (television, radio, newspapers, magazines, or the internet) and that 70% list family, friends, churches, or community groups as their main sources of health information.[36] Interestingly, a significant share of Latino adults who report having no primary care physician are US-born (30%), have a high school diploma (50%), speak English (52%), and have health insurance (45%), suggesting that there are unique social and cultural factors that dissuade Latinos from seeking general health care.[36] Policymakers should thus seek to disseminate health information using the predominant outlets accessed by the Latino community, including media and community groups. Furthermore, policymakers should also attempt to change the conversation of health care within Latino communities from "sick care" to "well care." Messages regarding healthy diets, nutritional guidelines, physical activity, and the importance of diabetes management should be relatively amenable to dissemination via media outlets and word of mouth; in the same study cited above, 64% of Latinos said that the health information they obtained from the media led them to change their diet or exercise regimens.[36] However, effective education regarding mental health conditions and treatment, as well as specialty care, may require interaction with nurses and physicians.

What can be done to make medical offices more accessible and comfortable for low-income Latino individuals? Recent research has introduced the concept of patient-centered "medical homes" as a model of high-quality primary care that can eliminate disparities.[8] Defined by key structural practice features, the medical home provides "enhanced access for routine primary care, improved delivery of preventive services, high-quality chronic disease management, and reduced emergency department and hospital utilization."[120] While still in the early stages of broad application and assessment, the theory behind the medical home model is appealing for application in high-risk, low-income populations that face many barriers to health care utilization. It has been suggested that this model of health care delivery, involving detailed health risk assessments, integrated comorbid disease management programs, assigned health care teams, home visits, and tracking of subspecialty use, may be most effective for patients with multiple chronic comorbidities, concomitant mental illness, and poor social support.[120] For the Latino population at large, identification of desirable characteristics to be practiced in a "Latino medical home" would be beneficial. Bilingual, bicultural staff would be an obvious first goal; use of bilingual, bicultural physicians would also be desired, since patient-physician racial concordance improves health care uptake and satisfaction in Latino populations.[121] Provision of on-hand interpreters for patients with limited English proficiency would be beneficial, as would availability of Spanish-language medical handouts and forms. Offering evening and weekend hours, as well as flexible scheduling (seeing patients in "sign-in" order versus time of appointment) could better align medical services with Latino work schedules and cultural preferences. Finally, simple changes such as more modest medical gowns and recognition of Latino holidays could do much to make medical offices more welcoming for Latino patients.[21]

A recent national survey demonstrated that when minorities make use of high-quality primary care,

as in a patient-centered medical home, they experience no disparities in access, preventive care, or chronic disease care.[122] Latinos currently report the lowest rates of access to a medical home of all racial/ethnic groups (15% of Latinos versus 28% of whites),[122] suggesting there is much work to be done in creating Latino-targeted medical homes.

Health promotion programs targeting Latinos should focus on preventative health care education that focuses on well-being. This includes physical, emotional, and social aspects of Latinos individually and within their communities.

As stated earlier, poor education, cultural beliefs, and social stigma play a large role in medical decision-making within Latino communities. The primary reason that Latino respondents gave for not having a regular health care provider was their belief that they did not need one, or because they are "seldom sick".[20] The mentality of "sick care" as opposed to "well care" is heavily ingrained in the Latino community, suggesting a strong need for prevention education and an understanding of mental health disease. Latinos have disproportionately higher rates of obesity and diabetes than the non-Latino white population (43% of Mexican-Americans versus 33% non-Latino whites),[123] and higher-calorie diets, more sedentary lifestyle, and genetic factors all contribute to these problems. As diet and physical activity are modifiable risk factors, targeted public health campaigns are needed to encourage weight control. In this case, use of media and community groups may be effective outlets for education within Latino communities[35]. However, in the case of mental illness, many Latino cultures do not recognize these diseases as "sickness," and thus more intensive interventions are needed. Read more in the *Salud America!* Mental Health & Latino Kids Research Review.[124] Additionally, negative perceptions about mental health care with regards to stigma and masculinity (machismo) are significant barriers to mental health education and treatment in Latino populations.[19] In a community-based study, when Latino high school youths were directly asked, "What does mental health mean to you?" the majority of students used terms including "psycho," "crazy," "schizophrenic," "bums," "weak" and "retarded" to describe a person with mental illness.[19] The concept of mental health as an aspect of physical health is lacking in Latino culture, even among the youngest generations. School programs that incorporate mental health education as part of general health education are needed to loosen fears of stigma and change the conversation regarding mental health from "crazy" to "healthy."

Cultural beliefs regarding mental illness are not the only barriers to use of mental health services; language is an important predictor of use of mental health services, and the effectiveness of treatment for Latino individuals.[19] In the particularly sensitive fields of psychology and psychiatry, a lack of bilingual and bicultural providers severely affects service uptake and outcomes. The problem of language in mental health care has two sides: first, use of interpreters or non-fluent providers can result in literal misunderstandings and loss of nuanced understanding of emotions and reactions; second, lack of genuine understanding of the patient's background can result in misunderstanding the cultural context of mental health problems, and improper treatment suggestions. As a high school student stated when describing his experience with psychological counseling, "...this is worse than not seeking help in the first place. It's, like, why did I go in the first place?"[19] The ability of providers to understand the problem in the context of Latino culture, and then to suggest culturally sensitive and acceptable treatment was of great importance to participants of this California-based community analysis.[19]

Several studies have pointed to the effectiveness of using community role models and mentors to increase individuals' and communities' knowledge and awareness of barriers to mental health care. Such leaders pulled from churches or other organizations are trusted members of the local community who understand the culture, and can be used to enhance knowledge about mental health services and reduce stigma. More formally, use of *promotoras/es de salud*— bilingual, bicultural community health advocates who are employed by schools or organizations to specifically link individuals to health care providers on a one-on-one basis—has been effective in decreasing stigma

and increasing uptake of physical and mental health services in many Latino communities.[125] Further development of *promotoras/es* into "health navigators" at schools who connect students and their families to health services and other community resources has proven a successful and appreciated service.[126] Not only do families get the care they need, they also establish closer links with the school, and with their community at large.

Development of school-based health centers (SBHCs) that provide comprehensive care for students, and sometimes their families, has provided a solution for another important barrier to preventive and whole-self health care: access.[21,116,127] Maintaining regular well visits and acute care without missing school or work is a challenge in low-income communities, making health care impossible for some students and families.[127] The American Academy of Pediatrics has stated that a "medical home" is the ideal form of health care delivery for children and adolescents, and SBHCs strive to meet the AAP definition of a medical home: a system of care that is accessible, family centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.[128] By meeting the unmet physical and mental health needs of students and incorporating health care education in the school curriculum, SBHCs are able to promote preventive care and provide "well-care" services and education to the whole school population.

Implementation of the "community school" model in low-income Latino neighborhoods could provide needed services and promote individual, family, and community well-being.

A community school is a nontraditional educational arrangement which includes student instructional hours within the structure of a community resource center. Most include an on-site child care and early education center, wellness center, after-school programs, as well as a community resource center for families and neighborhood partners. In most cases, the school is open beyond traditional hours, to all members of the community, to be used as a meeting site, fitness center, medical office, and resource center, and results in the formation of local partnership building and stronger communities. The "Framework for Better Learning Through Results-Focused Partnerships" states that a community school provides: 1) Health & Social Supports & Services, 2) Expanded Learning Opportunities, and 3) Family & Community Engagement.[129]

The community school strategy aims to promote student success by including parental involvement in children's education, rich and engaging out-of-school experiences, student wellness, and family stability,[125] all of which serve as family and social supports for optimal child development. Furthermore, several other tenets of the community school paradigm fit the needs of Latino communities perfectly: inclusion of an ECE center, extended service hours outside of a typical "work day," structured before- and after- school education and year-round student programming, use of official locally-sourced "resource navigators" to connect with parents and students and guide them to needed services, and a full-service family wellness center that includes primary care, mental health care, and dental care (essentially serving as a "medical home"). Furthermore, by all being together at one site, there is continuity of services for both children and parents, allowing for improved monitoring and development of trusting community relationships. Together, these elements align to provide the family and social supports needed in low-income Latino communities, as outlined throughout this paper.

Within this model, members of the community, including residents, business owners, elected officials, service providers, and community-based organizations, help plan the structure of services and are kept informed about the school and its programs. In this way, every community school system is unique, catered to the specific needs of the local population.[125] Early Head Start and Head Start programs can be brought in as ECE, or public pre-kindergarten programs are held on-site. Some community schools include support even earlier, by providing bilingual doula services and parent training program. Following the "whole child" approach embraced by the community school strategy, support services continue throughout the school years, with

many community high schools helping students get accepted to college and some may even line up support services for students to ensure college success.[125] As a result, transitions are smooth, expectations are clear, and students succeed.

Some examples of research that supports the "community schools" structure:[125]

- Adolescents who spend after school hours (3-6pm) in constructive arts, sports, and community programs exhibit better academic outcomes and higher career aspirations than other teens,[130] lower rates of juvenile crime and victimization,[131] and lower rates of adolescent sexual activity, alcohol, and drug use than unsupervised teens.[132,133]
- Ongoing guidance and support throughout all grades in all domains of development (cognitive, social, emotional, physical, moral, and vocational) results in more productive adulthood[134] and facilitates the individual's ability to fill family, community and citizenship roles.[135]
- Fragmentation of resources for children and families limits program uptake and effectiveness; by contrast, sourcing or programs together at one site with the addition of local business partnerships results in high uptake and effectiveness.[136]
- The strongest intervention for reducing risk and promoting resilience among children and adolescents is integrating the delivery of quality education with health and social services; community schools have shown the highest rates of academic achievement in low-income populations, along with high rates of physical and emotional wellness.[137]
- Studies indicate that schools with gardens contribute to a more emotionally healthy place, providing academic, stress reduction, and social and emotional benefits.[138]

Many of the studies that support the community schools model support the forms of family and social support that is urgently needed in low-income Latino communities. As the American sociologist and Coalition for Community Schools Founder Joy Dryfoos wrote, "the school is oriented toward the community, encouraging student learning through community service and service learning. A before and after-school learning component encourages students to build on their classroom experiences, expand their horizons, contribute to their communities, and have fun. A family support center helps families with child rearing, employment, housing, immigration, and other services. Medical, dental, and mental health services are readily available. College faculty and students, business people, youth workers, neighbors, and family members come to support and bolster what schools are working hard to accomplish - ensuring young people's academic, interpersonal, and career success."[139] This vision of a community school encompasses the goals outlined in this research review, making the development of community schools in Latino neighborhoods a policy priority.

In the case of community schools within Latino neighborhoods, the following resources should be included:

- Dual-language ECE with care from birth through prekindergarten for families with multiple children. This eases transport and parent involvement for busy working parents and caregivers.
- Family Resource Center providing:
    - English language workshop for children and parents
    - Assistance with immigration and citizenship paperwork
    - Insurance assistance
    - Entitlement and resource navigation
- Student & Family Wellness Center providing:
    - Preventive medical care for students and family members, independent of

immigration status or insurance coverage
        - Early nutrition education for obesity prevention
        - On-site specialists for basic care of common comorbidities in Latino populations, including obesity and diabetes
        - Obligatory counseling sessions for all students to remove the stigma of mental health care
        - On-site trauma/violence/domestic abuse care for students and family
- University Partnership Center
    - Internships and vocational training for students and parents
    - College preparation and application help for students
    - Adult education for parents

An important question involves funding for such schools. The Coalition for Community Schools[140] (http://www.communityschools.org/policy_advocacy/federal_funding.aspx) outlines several federal and non-federal sources for funding including competitive grants, Title I dollars, and specialized programs. One major benefit of the community school model is the acquisition of non-education funds for services that support specific school functions, through such vehicles as Medicaid reimbursements and United Way allocations. Competitive government grants are available to fund burgeoning community school networks, due to the emerging evidence of their success at promoting healthier, more positive, more successful school environments and communities.[125] Policymakers interested in securing funding to support community schools within Latino communities may be able to acquire funding through Latino-centered philanthropic institutions.

Taken together, the data presented in this review suggest interventions and policies that can best support children and families in Latino communities. The data have suggested a need for 1) high-quality early childhood education (ECE) that engages Latino parents, ideally from birth through kindergarten, 2) two-generation programs that incorporate ECE but also focus on the needs of low-income Latino parents, with a particular emphasis on resources that enable employment in jobs with family-supporting wages, 3) comprehensive health care that focuses on prevention and wellness, not just "sick care," for both the children and the parents, and 4) provision of these services in linguistically and culturally sensitive manners. These needs dovetail closely with the goals of "community schools," which are public schools that serve as community resource centers and family wellness centers, funded and sustained by public-private partnerships and community involvement.[125,129]

Conclusions and Policy Implications

Conclusions

- More than one-third of Latino families live in poverty and two-thirds are low-income, and face limited access to high-quality education, community resources, and health care.
- Latino children excel in cognitive and social development measures when they participate in high-quality center-based early childhood education and public pre-K programs.
- Single-site ECE and infant care centers partnered with family resource centers offer the highest-impact outcomes for low-income Latino children and parents.
- Parent resources in two-generation programs must focus on services that aid parents in finding high quality jobs with family-supporting wages. Efforts to minimize the toxic stress associated with living in poverty result in developmental and health gains for Latino children.
- Legal, financial, and social barriers limit medical uptake by Latino adults and youth.

- The need for Latino families to have high-quality “medical homes” is urgent. To ensure proper health care for children, parents must have easy access to culturally and linguistically sensitive physicians with continuity of care.
- Preventive medical care must be promoted through media outlets including radio, TV, and internet, since this is a primary source of medical information within the Latino population.
- The community schools model of comprehensive family support services and wellness-focused health care being on-site with high-quality education from pre-K through high school hold great promise for Latino communities.

Policy Implications

- High-quality early childhood education centers should be more affordable and accessible to low-income Latinos, with higher density in Latino neighborhoods.
- Early childhood education centers should offer services from birth through age 5 to allow single-site care of all children within one family, and continuity of cognitive assessments and interventions.
- Expansion of Early Head Start and Head Start programs, along with Universal Pre-Kindergarten programs within Latino neighborhoods would be beneficial for Latino families.
- Two-generation programs should be designed to meet the specific economic and health needs of low-income Latino groups, and should be designed with the local demographics in mind.
- Two-generation programs should include high levels of community partnership that provide access to community colleges, local businesses and industries, and workforce mentors who have overcome the specific obstacles faced by local low-income Latino parents.
- Two-generation programs must include resources that aim to limit a family’s time in poverty.
- Latino medical homes must include bilingual staff and physicians who have an understanding of the diverse Latino cultural beliefs regarding health care.
- Latino medical homes must provide general, specialist, and mental health services at the same physical site to decrease barriers to health care uptake, particularly mental health services. All participants should be required to attend counseling to limit the social stigma associated with these services.
- An emphasis on preventive care and whole-self wellbeing must be established within the Latino community, and be reinforced using targeted messaging dispersed through radio, TV, and internet media ads, which are used as primary medical resources in Latino communities.
- Sustainable funding sources for Family Resource Centers must be identified and contracted into long-term partnerships to allow proper development of comprehensive resource programs.
- The community school strategy should be considered for further implementation in low-income Latino communities to maximize academic achievement of Latino children and improve all-around measures of health for individuals and whole families.
- The community school structure can be used to strengthen Latino communities as a whole, as they promote local business partnerships, parental involvement in their child’s academic career, and the building of stronger social networks.

Future Research Needs

This research review has emphasized several policies and programs that could benefit Latino families as a whole. However, it is important to point out that future research will need to:

- Determine how programs need to be catered to fit the different Latino subpopulations that they serve across the United States
- Carefully assess community needs and the initiation of collaborations with community leaders, stakeholders, and activists for development of contextually appropriate policies that will be successful in the target population
- Continue reviewing and assessing the inclusion of cultural considerations that will allow final adaptation of programs into a form that will be embraced in their target groups, which is particularly true when designing interventions that deal with parenting, mental health, and other sensitive topics.

Furthermore, while the emphasis of this research review has been on family and social support that allows for optimal child development, there are several other aspects of family support that must be analyzed for their role in support of Latino families as a whole. This includes further study into which entitlement or government assistance programs have a large impact on low-income Latino families in the United States. For example, the following questions should be reviewed:

- Are there government assistance or entitlement programs that Latino families tend to qualify for and use?
- Are there federal versus state programs that are particularly useful for Latino families?
- Are there particular tax credits (for example, Earned Income Tax Credits) that are helpful for Latino families?
- Regarding healthcare and insurance programs, how many Latino children are covered by the Children's Health Insurance Program (CHIP)?
- What factors affect Latinos' accessibility to such programs?

Answers to such questions could aid leaders in developing priority programs and policies to further strengthen Latino families in the United States.

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