



How Poverty, Racism, and Bias Impacts Health and Opportunity for Latinos and Other People of Color

Do you notice how much some of your neighbors are suffering?

A widening socioeconomic gap, poverty, racism, and discrimination contribute to inequitable distribution of healthcare, resources, and a significant disparity in mental and physical health outcomes among Latino and other people of color and minority population groups, especially among children who are blamelessly born into poverty.

This fact sheet highlights the connections of poverty, discrimination, racism, and bias to health, as part of the *Salud America!* “Achieving a Cohesive Culture for Health Equity in Latino and All Communities: A Research Review.” Visit the Review web page (salud.to/cohesion) or read the full Review with citations (salud.to/ccreview).

The Research: Poverty and Health

Many Latino and other children of color are at risk of not getting the proper care, services, and environment they need for healthy formative development.

- Poverty, adverse childhood experiences (ACEs; including racism, discrimination, and violence), poor nutrition, physical inactivity, lack of access to healthcare, and low participation in preschool programs can impair Latino children’s social and emotional development, health and wellbeing, and academic achievement.

Latino families are more likely to live in poverty than white families.

- Child poverty rates are higher for Latino children (23.7%) than white children (8.9%).
- Median Latino household wealth decreased 50% in a recent 40-year span (1983 to 2013), while that of white households increased by 14%. Latino household wealth was expected to drop another 12% by 2020.
- Projections show that median white households will hold 75 times more wealth than their Latino counterparts by 2024. Trends show it will take 2,000 years for the median Latino family to match the current wealth of the median white family.

- This holds true even in rural areas. Most of the U.S. Latino population was concentrated in the Southwest until the 1990s, when Latino immigrants began to migrate to rural areas. The individual poverty rate was 21% higher in new Latino rural destinations compared to established rural areas.

Poverty is linked to worse health and socioemotional outcomes.

- Poverty's material hardships—difficulty meeting basic food, medical, housing, and transportation needs—contributes to poor health outcomes.
- An inability to provide for family members leads to parental stress, which compromises marital and parent-child relationships due to a reduced capacity for warm and responsive interactions, and increases exposure to ACEs.
- Together, chaotic home lives and community conditions characteristic of low socioeconomic areas—such as community violence, substandard housing, poorer quality schools, unemployment, social isolation, and a lack of positive peer influences—are linked to worse socioemotional outcomes for children.

The Research: Racism, Bias, and Health

Racial/ethnic discrimination impacts educational attainment, which, in turn, impacts future educational, health, social, and career opportunities for Latinos and other people of color.

- Children show evidence of prejudice and stereotyping as early as age 3 or 4; children who are members of minority and/or low-status groups are often aware of prejudice and stereotyping earlier than non-minority or high-status children, likely because they have been the target of discrimination by other groups.
- A survey of low-income Latinos students showed that greater perceived discrimination was associated with greater perceived economic limitations of education.
- Latino students who perceived racial discrimination in 9th grade had lower ability to cope with similar discrimination in 10th grade; but quality mentoring in 9th grade improved coping at the next grade level.
- Children of color are often treated differently by school personnel; they are more likely to be harshly punished for minor infractions, less likely to be identified as needing special education, and teachers may underestimate their abilities.
- The high school dropout rate among Latino students is 17.6%. This is higher than African American students (9.3%), white students (5.2%), and Asian American students (3.4%). Only 76.8% of Latinos ages 18-24 earned a high school diploma or GED.
- Adults with a college degree live longer and have lower rates of chronic disease than those who did not graduate from college.
- Lower educational attainment among black and Latino students is associated with an increased risk of institutionalization, poorer physical and mental health, increased risk of dependence on social services, and reduced lifetime earning/economic potential.

Racial/ethnic discrimination also hinders Latinos and other people of color in more ways across the lifespan.

- Most people of color say they have experienced discrimination or have been treated unfairly because of their race or ethnicity from time to time or regularly, including 76% of Blacks and Asians and 58% of Latinos, compared to 33% of Whites.

- Latinos with darker skin colors (64%) report experiencing discrimination regularly or from time to time, compared with Latinos with a lighter skin tone (50%).
- More Americans say that being Latino hurts people's ability to get ahead in this country (51%) than say it helps (18%) or that it neither helps nor hurts (30%). Among Latinos, about 23% say being Latino has hurt their ability to get ahead at least a little.
- More Latinos than Whites also say they have been treated unfairly in hiring, pay, or promotion (26% to 19%), or have been unfairly stopped by police (19% to 9%), although nearly half of blacks said the same.
- Foreign-born Latinos living in a rural area were more likely to experience health care discrimination, as were Latinos currently attending school and those with middle and lower incomes, according to an interview-based study. Overall, 39.5% of Latino interviewees reported healthcare discrimination. Mexican-Americans and nine other racial/ethnic groups were significantly less likely to report good or excellent care compared to white patients.
- Most Americans (57%) say the country's bigger problem is people not seeing racial/ethnic discrimination where it really exists, rather than people seeing discrimination where it really does not exist. Latinos are more likely than the overall population to believe this (67%).

The Solutions: Poverty and Health

This situation needs resolutions.

A cohesive culture focused on health equity is one in which everyone works individually and as a group to ensure that each person has a fair, just opportunity for health and wealth, as well as equitable access to basic resources required for these goals.

To get there, we must help people understand and overcome the mechanisms by which they discriminate against people of color and/or justify people being in poverty.

Read more about these mechanisms, and how to overcome them:

- Implicit Bias: A Guide to Reducing Excuses for Discrimination against Latinos and People of Color, Those in Poverty: <https://salud.to/implicitbias>
- System Justification: A Guide to Reducing Excuses for Discrimination against Latinos and People of Color, Those in Poverty: <https://salud.to/systemjust>
- Moral Disengagement: A Guide to Reducing Excuses for Discrimination against Latinos and People of Color, Those in Poverty: <https://salud.to/moraldis>

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