Latinos and the Changing Demographic Landscape:

Key Dimensions for Infrastructure Building

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National demographic trends signal the need for an increased focus on the unprecedented growth in the Latino[2] population that shows little sign of declining. In 1960, about 4% of the U.S. population was of Latino origin (Bean & Tienda, 1987; Tienda & Mitchell, 2006). Estimates from 2008 indicate that about 47 million, or 15.4% of the residents in the United States, were Latinos (Pew Hispanic Center, 2010). Conservative estimates project that, by 2050, approximately one out of five residents in the United States will be of Latino descent.

Despite the prominent role that Latinos play in the U.S. economy, troubling social trends indicate an urgent need to reexamine current service infrastructures. In comparison to the average population, the Latino population is younger, poorer, less educated, and has less access to health care. In addition, the limited availability of linguistically and culturally competent providers renders many services inaccessible to Latinos, especially immigrants and older adults (Rumbaut, 2006). Moreover, whereas Latino immigrants continue to be geographically concentrated in a few states and cities, they are increasingly relocating to new destination areas.

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[2] The terms *Latino* and *Hispanic* are used interchangeably in this chapter, as are the terms *foreign-born* and *immigrant*.

This new migratory pattern has profound implications for host communities, many of which lack the services and community infrastructures found in traditional immigrant destinations that facilitate adaptation and promote health. In these new destinations, providing adequate health and mental health care to Latinos poses particular challenges, especially as Spanish-speaking service providers are not uniformly distributed across the United States.

In this chapter, we present the demographic trends that are driving the current population transformation. We first discuss the creation of pan-ethnic labels, which serve an analytic purpose but also mask the diversity of the population. We then provide a brief overview of the historical origins of the major Latino groups in the United States, followed by the demographic and socioeconomic profiles of this heterogeneous population. In addition, we compare Latinos with the general U.S. population along demographic and socioeconomic factors that influence health and mental health disparities. We present an overview of the Latino population's access to health care as well as their health status. We conclude by discussing the implications of the major demographic trends observed among this richly heterogeneous Latino population for building the types of infrastructures capable of meeting their needs.

The Construction of the Latino Pan-Ethnic Category

Efforts to document the social, demographic, and economic characteristics of Latinos date back to 1850, when the first efforts to account for Mexicans in the census were made by inquiring about place of birth (Rodríguez, 2000; Rumbaut, 2006). These efforts eventually resulted in the creation of a pan-ethnic category to classify a highly diverse population under the umbrella term "Hispanic." The term was first introduced in the context of the post–Civil Rights era by the Office of Management and Budget in 1977. Beginning with the 1980 Census, the

Hispanic category has been used, with minor variations, in the collection of federal and other administrative data on people with origins in any of the 19 different Spanish-speaking Latin American countries and Spain (Rodríguez, 2000; Rumbaut, 2006). Following earlier trends of defining Latinos on the basis of sociocultural criteria, the Hispanic construct is intended to denote ethnicity. Thus, Latinos are the only ethnic group that, by law, is counted in the census (Rodríguez, 2000; Rumbaut, 2006). However, even though the Latino category was introduced to designate ethnicity rather than race, the term *Latino* "is used routinely and equivalently alongside 'racial' categories such as Asian, black, and non-Hispanic white, effecting a de facto racialization of the former" (Rumbaut, 2006, pp. 22–23). In other words, in practice, the Latino category is used as an ethnoracial one.

The term *Latino,* though used extensively, has been debated widely, with many scholars and advocates acknowledging both the utility and drawbacks of this pan-ethnic category. On the one hand, critics have pointed out that, in its day-to-day use, this category homogenizes the experiences and histories of a hugely diverse population (Etzioni, 2002; Oboler, 1995; Rumbaut, 2006). In other words, this ethnic identifier renders invisible the varied historical, political, and economic processes that have shaped the peoples of Latin American origin who are present in the United States. Indeed, Latinos have resisted their undifferentiated classification, choosing to identify by and large with their specific countries of origin (Etzioni, 2002; Rumbaut, 2006). Furthermore, as defined by the Census Bureau, the Hispanic category includes people from Spain, whose social and historical experiences in the United States differ significantly from those of individuals of Latin American ancestry. On the other hand, the use of the Latino construct has some utility, in that "the main unifying factor among the peoples of Latin American descent in the United States is political" (Oboler, 1995, p. 4). Thus, in strategic and specific contexts, the

Latino pan-ethnic category can help facilitate the mobilization of communities that share a common experience of inequality (Oboler, 1995).

Addressing social inequities, including those related to access to care for Latinos, requires paying attention to the heterogeneity within this population. To this end, in the next section we provide a brief overview of the historical, political, and economic forces that have shaped the distinct groups of people of Latin American origin who are present in the United States. Rather than being exhaustive, our discussion merely highlights key processes that have shaped the context of reception for these groups and their incorporation into the broader U.S. society.

Latino Origins

The presence of Latinos in the United States is closely tied to the country's foreign political and economic policies, dating back to the 1800s and continuing into the present. Although each Latino group has its unique history, they all share a history of U.S. interventionism, whether political, military, and/or economic. Our historical overview begins with the three largest and oldest Latino groups in the United States: Mexicans, Puerto Ricans, and Cubans. We then present information on Dominicans, Central Americans, and South Americans. We are aware that our discussion of the latter two groups is by necessity extremely brief and, therefore, does not do justice to the histories of individual nationality groups. Nevertheless, our discussion provides a point of departure for understanding both the diversity within the Latino population and the experiences of dislocation and inequality that they share.

Mexicans.

Mexicans became part of the U.S. demographic landscape in the 19th century as a result of the U.S. territorial expansionist efforts that culminated in the Mexican-American War. When that war ended, in 1848, nearly half of Mexico's territory was annexed to the United States. Upon annexation of what is now the Southwest, Mexicans living in the region instantly became U.S. citizens; however, "within two decades of the American conquest it had become clear that, with few exceptions, Mexican Americans had been relegated to a stigmatized, subordinate position in the social and economic hierarchies" (Gutiérrez, 1995, p. 21).

In the early1900s, U.S. labor contractors actively recruited Mexicans to alleviate labor shortages in mining, agriculture, and the construction of the railroads, among others. The U.S. efforts to recruit laborers from Mexico, combined with the political and economic upheaval Mexicans experienced prior to and during the Mexican Revolution, contributed to the first wave of Mexican immigration to the United States. This first wave, however, suffered severe disruptions during the depression of 1920–1921 and the Great Depression of the 1930s, when indiscriminate deportations of both foreign- and U.S.-born Mexicans took place (Durand & Massey, 2002; Valdés, 2000).

As industrial production resumed at the onset of World War II, the second stage of Mexican immigration began. Again, the United States turned to Mexico to meet its wartime labor needs through the Bracero Program of 1942 (Durand & Massey, 2002). In the period surrounding World War II, the Mexican population in the United States grew significantly. Although the closing of the Bracero Program in 1964 officially ended labor recruitment from Mexico, the structural demand for Mexican labor remained in place. To meet this ongoing demand for labor,

the United States unofficially implemented a de facto guest worker program that came to rely on undocumented immigrant labor (Durand & Massey, 2002).

In the last decades of the 20th century, the United States experienced major economic restructuring. In addition, the introduction of the North American Free Trade Agreement exacerbated the lack of viable employment alternatives in Mexico. These factors, combined with an historic reliance on Mexican immigrant labor and the growing wage differentials between the two countries, spurred a surge of Mexican migration in the 1990s. Given the long historical presence of Mexicans in the United States, both through annexation and the ongoing U.S. reliance on Mexican immigrant labor, it is not surprising that Mexicans are the oldest and the largest Latino group in the United States. Indeed, estimates for 2008 indicate that 31 million individuals, or 66% of the Latino population, are of Mexican origin (Pew Hispanic Center, 2010).

As in the previous periods, in the late 20th and early 21st centuries, U.S.-born and immigrant Mexicans faced the growing anti-immigrant sentiments and actions that have historically accompanied economic downturns. In the first decade of the 21st century, nativist sentiments have intensified, resulting in the escalation of border control, the militarization of the border, the criminalization of immigrants, and the introduction of a growing number of state- and local-level anti-immigrant policies (Chávez, 2008; DeGenova, 2004). Anti-immigrant sentiments are often framed around issues of undocumented migration. However, in the popular imagination, all Latinos are portrayed as being Mexican, all Mexicans are represented as being immigrant, and all immigrants are characterized as being undocumented. This conflation of ethnic and immigrant categories suggests that nativist sentiments are primarily aimed against Latinos, and against Mexicans in particular (Chávez, 2008; DeGenova, 2004).

Puerto Ricans.

The United States acquired Puerto Rico as part of the final settlement of the Spanish-American War in 1898, and declared it an official part of its territory through the Foraker Act of 1900. The annexation of the island made it possible for U.S. sugar companies to appropriate the lands of thousands of independent farmers, thus displacing growers from their lands and creating a growing class of unemployed agricultural workers (González, 2000; Oboler, 1995; Rumbaut, 2006). As a newly acquired colony, Puerto Rico was disenfranchised politically and economically. Puerto Rican leaders actively challenged the provisions of the Foraker Act; however, none of their efforts, either at gaining U.S. statehood or at becoming an independent nation, were successful. Instead, the Jones Act of 1917 granted Puerto Ricans U.S. citizenship; this made them eligible to be drafted into military service during World War I, but left their status as economically exploited and politically disenfranchised citizens unchanged (González, 2000; Oboler, 1995; Rumbaut, 2006). Puerto Rico acquired official commonwealth status in 1952, which (along with some policies introduced in the late 1940s) slightly altered the island's power to self-rule. At present, as a U.S. commonwealth, Puerto Rico may elect its own governor and local legislators, so Puerto Ricans at least have control over the island's internal affairs. However, Puerto Ricans continue to lack voting representation in the U.S. Congress, and those living on the island are unable to vote in the U.S. presidential elections (González, 2000; Oboler, 1995; Rumbaut, 2006).

Against this historical backdrop of economic and political inequalities, migration to the mainland began in earnest in the 1940s and 1950s. As was the case with Mexicans, labor recruitment of Puerto Ricans began in the 1900s but grew remarkably during and after World War II (Engstrom, 2001; Rodríguez, 1997; Rumbaut, 2006). In addition, Operation Bootstrap—a

set of economic policies designed to spur economic growth through industrialization, first introduced in the late 1940s—"failed to solve the urban employment and population growth problems, intensifying internal economic pressures for migration to the mainland" (Rumbaut, 2006, p. 31). Although present net migration to the mainland is far lower than it was in the 1950s, the combination of ongoing economic disparities between the island and the mainland, ease of air travel, and citizenship by birth have made circular migration commonplace for many Puerto Ricans.

That Puerto Ricans are U.S. citizens distinguishes them from other Latino immigrants. However, in most other respects, the experiences of Puerto Ricans in the mainland have historically been similar to those of other Latino immigrants, especially Mexicans (i.e., whose presence in the United States was initially forced by the annexation of Mexican territory). Puerto Ricans share with many other Latinos the experiences of social and geographic displacements, limited opportunities for economic advancement, residential segregation, and discriminatory treatment based on their ascribed racialized status (González, 2000; Oboler, 1995; Rodríguez, 1997). Although New York City has been the primary settlement destination for Puerto Ricans in the mainland, Puerto Rican communities are also present in the suburbs of New York; in other Northeastern cities; and in states such as California, Florida, and Illinois, among others (Rodríguez, 1997). At present, Puerto Ricans are the second largest Latino subgroup. With 4.2 million Puerto Ricans in the mainland as of 2008, they represent 9% of the Latino population (Pew Hispanic Center, 2010).

Cubans.

The presence of Cubans in the United States dates back to the early 19th century (González, 2000; Rumbaut, 2006). However, formal Cuban immigration to the United States

began in 1960 and has unfolded in four different waves, each with distinct characteristics. The first wave was composed of the middle and upper classes that fled the country when the Cuban revolution overturned the existing economic and political structures, establishing a communist regime. In the midst of the Cold War with the Soviet Union, the presence of a communist government in the Western hemisphere (only 90 miles from Florida) garnered national concern and created a unique context for Cuban exiles (Pedraza, 1996; Rumbaut, 2006; Stepick & Stepick, 2002). The second wave of migration took place from the mid-1960s through the 1970s, when the U.S. and Cuban governments coordinated a set of orderly airlifts of would-be refugees. This second wave was composed mostly of small business owners and skilled workers (Pedraza, 1996). Cubans who arrived in the United States during these first two waves were admitted as political refugees under the Cuban Refugee Program (Henken, 2005; Pedraza, 1996). Various government agencies actively helped Cubans find jobs and locate housing. In addition, the U.S. federal government funded bilingual education and college loan programs that greatly facilitated the economic integration of Cubans, particularly in Miami. The federal aid provided for the resettlement of the Cuban refugees was unprecedented and completely absent in the incorporation of other Latino immigrant groups. Although it proved beneficial to both the refugees and the host communities, the federal response also reflected the connection between foreign policy and domestic immigration policy (Stepick & Stepick, 2002).

The third wave of migration, which began with the Mariel boatlifts of 1980, differed significantly from the two previous waves in that it included a higher proportion of young, unaccompanied males and Blacks, mostly of working-class backgrounds (Pedraza, 1996). Following the Mariel boatlifts, a fourth wave was composed of Cuban immigrants fleeing the growing economic crisis following the collapse of the Soviet Union (Pedraza, 1996). This wave

was characterized by "increasingly desperate crossing[s] of *balseros* (rafters) in the 1980s and early 1990s," who were largely undocumented (Rumbaut, 2006, p. 32).

Cubans who arrived in these last two waves entered a climate that had begun to turn hostile against them. Those who came during the Mariel boatlifts were no longer officially considered refugees under new policies, and were "initially ineligible for most of the special assistance given to previous Cuban refugees" (Henken, 2005, p. 397), though they eventually became eligible for refugee-type benefits through various shifts in policy. Cuban immigrants from the fourth wave were clearly treated differently from those who had arrived in the previous waves. The *balseros,* or rafters (named after the fragile rafts and makeshift boats that many used to travel the 90-mile stretch between Cuba and Florida), were at first rescued at sea by the U.S. Coast Guard and welcomed in Florida, but by 1994 another turn in Cuban immigration policy was enacted by then-President Clinton. Under this new policy, the U.S. Coast Guard was ordered to intercept *balseros* and redirect them to Guantánamo Bay Naval Station. Additional changes in Cuban refugee policy enacted in the mid-1990s provided for a limited number of U.S. visas to Cuban refugees (Henken, 2005; Pedraza, 1996).

With 1.6 million Cubans residing in the United States, per 2008 estimates, they represent 3.5% of the Latino population and are the third largest Latino subgroup. Their class standing and refugee status, especially for those who arrived in the first two waves of migration, have made it possible for Cubans to enjoy higher rates of citizenship (75%), college graduation (25%), and home ownership (60%) than most Latinos in the United States (Pew Hispanic Center, 2010).

Dominicans.

Immigration from the Dominican Republic to the United States has its roots in the political and economic contexts of the 1800s (Levitt, 2001). However, the first significant wave

of Dominican migration took place in the early 1960s, with people fleeing the political upheavals that ensued due to the military coup of 1963, the subsequent U.S. military occupation, and the civil war of 1965 (Grasmuck & Pessar, 1991; Hernández, 2002; Levitt, 2001). From the mid-1960s through the 1970s, outmigration from the Dominican Republic intensified as the political and economic policies of a repressive government resulted in a pattern of rampant social and economic inequalities. Under these conditions, the Dominican Republic's government instituted an unofficial policy of encouraging people to leave the country (Hernández, 2002). Immigrants from the Dominican Republic to the United States during this period were mostly blue-collar workers (Hernández, 2002). In the context of the Cold War, the United States feared that social unrest would lead to a left-leaning revolution in the island, particularly after the assassination of Trujillo, the island's dictator. Thus, at critical moments, U.S. policy facilitated outmigration by streamlining the visa application process and making visas more readily available to Dominicans (Mitchell, 1992b; Hernández, 2002; Engstrom, 2001).

In the 1980s, immigration from the island increased. This time, however, working-class immigrants were joined by professional and technical workers who were negatively affected by the economic restructuring that resulted, in part, from policies imposed on the country by the International Monetary Fund (IMF). Following the passage of increasingly restrictive immigration policies in the United States, migration from the Dominican Republic decreased in the 1990s. Nevertheless, the need and desire to migrate remain for many Dominicans (Hernández, 2002; Levitt, 2001).

Dominican migration coincided with widespread economic restructuring in the United States. Many low-skilled jobs were disappearing, particularly in the New York City area where many had settled (Hernández, 2002). Furthermore, Dominicans arrived "into a racially stratified

society, where blacks and other dark people were marginalized, and where, since the very beginning, poor Dominicans were not needed nor wanted as workers" (Hernández, 2002). Thus, although a thriving Dominican entrepreneurial class has emerged in the New York City area, most Dominican immigrants have encountered few opportunities for economic integration (Grasmuck & Pessar, 1991; Guarnizo, 1997; Hernández, 2002). By 2008, 1.3 million Dominicans resided in the United States (Pew Hispanic Center, 2010).

Central Americans.

As Hamilton and Chinchilla (1991) pointed out, immigration to the United States from Spanish speaking Central American countries—that is, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama—has been shaped by the interaction of economic and political factors, and "in many cases it is difficult to separate the two" (p. 75). Central American migration dates back to the late 19th century, and although it increased during the first half of the 20th century, it remained limited until the early 1960s. In the 1960s and 1970s, industrialization, the modernization of agriculture, political upheavals, and growing U.S. and other foreign interventions resulted in increased displacement of farmers and workers who migrated to urban areas, to other countries in the region, and to the United States (Hamilton & Chinchilla, 1991). Central Americans who immigrated to the United States during this period were mostly economic migrants from middle to upper socioeconomic backgrounds. By the mid-1970s, however, the reasons for migration had shifted, as growing numbers of refugees fled persecution and violence, particularly in El Salvador, Guatemala, and Nicaragua (Engstrom & Piedra, 2005; Hamilton & Chinchilla, 1991). These trends further intensified during the 1980s, as many more Central Americans were displaced and fled the U.S.-backed civil wars in their countries. As Engstrom and Piedra noted, "the brutalities of civil war, political violence, egregious human

rights abuses, oppression, and poverty" (2005, p. 173) have been the primary factors forcing the northward migration of Central Americans. The increasingly segmented U.S. labor market, which required low-skilled workers, combined with the political and social instability in the Central America region, shaped the demographic makeup of immigrants during those years. As a result, immigrants from Central America tended to come from rural areas and to have lower levels of education than the previous migrants (Hamilton & Chinchilla, 1991). Yet, although Central Americans immigrated to the United States for political reasons, refugee and asylum policies were largely not applied to them. Thus, they were denied assistance that would have facilitated their reception and incorporation into the United States.

Altogether, Central Americans represent a significant component of the Latino population, at 8.2%. Specifically, according to 2008 estimates, 1.6 million Salvadorans, close to 1 million Guatemalans, 610,000 Hondurans, 350,000 Nicaraguans, 150,000 Panamanians, 120,000 Costa Ricans, and 40,000 other Central Americans reside in the United States (Pew Hispanic Center, 2010).

South Americans.

Although South American migration can be traced back to the late 18th century, the first major wave from this region began in earnest in the period following World War II, with nearly half a million South Americans entering the United States as immigrants between 1951 and 1977 (Oboler, 2005). As was the case with other Latin American and Caribbean countries, each period of immigration from the nine Spanish-speaking South American countries (Argentina, Bolivia, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, and Venezuela) has been shaped by U.S. foreign and economic policies (Mitchell, 1992a). Indeed, the economic policies instituted by the United States in the 1960s—in the context of the Cold War and the fear of communist satellite

states in the Western hemisphere—set the stage for economic and political instability in the region that led to the international migration of professionals to the United States from the 1960s through the mid-1970s. A subsequent period of South American migration ensued, from the mid-1970s through the 1980s, as political exiles fled the U.S.-backed dictatorships in Argentina, Chile, Paraguay, and Uruguay (Oboler, 2005).

Even though these dictatorships had collapsed by the end of the 20th century, immigration from South America to the United States continued in the 1980s and 1990s. In this latter period, however, it was the economic policies that the IMF instituted in South America that generated outmigration flows. South American immigrants to the United States in the late 20th century were economic migrants fleeing widespread poverty and unemployment in their countries. By 2008, 2.7 million South Americans lived in the United States, representing altogether 5.8% of the total Latino population. Among South Americans, the three largest groups are Colombians, Ecuadorians, and Peruvians, accounting for 33%, 22%, and 19%, respectively, of the South American population in the United States (Pew Hispanic Center, 2010).

Summary

As these overviews suggest, Latinos have very different historical experiences, even as they share common experiences of U.S. political interventions and economic expansion in their sending communities. Each group's specific immigrant history has had implications for its reception and its subsequent economic and social integration (or lack thereof) into the United States. These histories are reflected in each group's current social and economic position, as well as in the group's access to resources, including health care. We now turn to an examination of the present sociodemographic characteristics of Latinos in the United States.

The Demographic Growth of the Latino Population in the United States

In 1970, 9.6 million Latinos lived in the United States, a number that represented 4.7% of the U.S. population (U.S. Census Bureau, 2008a). Between 1970 and 2000, the U.S. Latino population increased by 368%, in contrast to a growth of 138% in the general population. By 2000, the U.S. Latino population had grown to 35 million, representing 13% of the U.S. population (U.S. Census Bureau, 2008a). This fast growth of the U.S. Latino population has continued over recent years. Between 2000 and 2008, the growth in the Latino population represented about half (51%) of the total U.S. population growth, which increased by 22.6 million individuals, with 11.6 million being of Latino origin. Conservative estimates forecast an increase of the Latino population to 68 million, or 21% of the U.S. population, by 2050 (U.S. Census Bureau, 2009c). Less conservative estimates indicate that by 2050, the Latino population may grow to 102 million, or 24% of the total population (U.S. Census Bureau, 2008a). In both scenarios, the Latino population will be the major element driving U.S. population growth in the next four decades.

Age Composition

As a whole, the U.S. Latino population is considerably younger than the general population (Figure 1). In 2008, the median age of the Latino population was 27 years, which is considerably lower than that of the general population at 36 years. However, the age distributions of the native- and foreign-born Latino populations are quite different. Native-born Latinos are much younger than foreign-born Latinos. In 2008, approximately 44% of the native-born Latino population was younger than 15 years of age, compared to only 6% of foreign-born Latinos and 17% of non-Latino Whites (Pew Hispanic Center, 2010).

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Even though the Latino population is characterized by its youthfulness, the older adult Latino population will grow at a faster pace than younger age groups in the next decades. By 2050, the share of older Latino adults will grow from the current 6% to 15%, whereas the relative sizes of the young and working-age populations are expected to decrease (U.S. Census Bureau, 2004). With a larger share of older adults in the Latino population, the next decades will confront challenges to provide bilingual and culturally competent health care services, caregiving, and long-term care for this growing aging population. The current health care system has been inadequate in promoting preventive services that could avert or delay some of the health decline usually associated with aging. Currently, Latinos have higher life expectancy than would be expected given their socioeconomic conditions, but they are more exposed to certain health conditions, such as obesity, diabetes, and some mental health conditions (for reviews, see Argeseanu Cunningham, Ruben, & Venkat Narayan, 2008; Vega, Rodriguez, & Gruskin, 2009). These factors will certainly influence their health status and quality of life as they grow older. Social and health disparities experienced by Latinos throughout their life course (e.g., limited financial resources, inadequate health care access, and higher exposure to unhealthy environments) will undoubtedly have effects on their health statuses in old age (Vega et al., 2009).

Nativity and Citizenship

Contrary to representations of Latinos as newcomers, most Latinos are U.S.-born and are U.S. citizens (Pew Hispanic Center, 2010). In 2008, 73% of Latinos, including Puerto Ricans, were citizens (Pew Hispanic Center, 2010). Besides Puerto Ricans, the other largest Latino

subgroups with the highest percentage of U.S. citizenship were Cubans (75%), Mexicans (71%), Dominicans (70%), and Colombians (66%), whereas less than half of Guatemalans (47%) and Hondurans (46%) have citizenship (Pew Hispanic Center, 2010).

In the past, most of the growth in the U.S. Latino population was driven by immigration (Durand, Telles, & Flashman, 2006). However, natural growth, calculated as the difference between births and deaths, is now the most important factor in Latino population growth. Between 2000 and 2008, natural growth was responsible for approximately 62% of the total U.S. Latino population growth, whereas net migration (the difference between immigration and emigration) played a smaller role in total growth rates. Recent estimates show that 62% of Latinos were born in the United States; the remaining 38% were immigrants (Pew Hispanic Center, 2010).

Although most Latino children are U.S.-born, many of them are the children of at least one immigrant parent. Engstrom pointed out that "more than one in seven families in the United States is headed by a foreign-born adult" (2006, p. 27). Among Latino children, 58% live in immigrant families. Quite often, U.S-born children living in these immigrant families have difficulty in accessing public services, because of the differences in legal status between them and their parents (Engstrom, 2006).

English Proficiency and Language Spoken at Home

Most Latinos in the United States speak English, but Spanish is currently spoken by approximately 35 million individuals, which makes Spanish the second language most commonly spoken at home (U.S. Census Bureau, 2009a; U.S. Census Bureau, 2009b). Of these Spanish speakers, more than half speak English very well. However, approximately 47% of

individuals aged 5 and older who speak Spanish at home reported limited English proficiency (LEP), measured as speaking English "less than very well" (U.S. Census Bureau, 2009b). In addition, according to the last census, 2.8 million Spanish speakers were unable to speak English (Shin & Bruno, 2003).

As expected, LEP is much more prevalent among immigrants. Among adults, 72% of foreign-born Latinos have LEP. However, by the second and third generations, most Latinos speak English well and only 13% of the native-born report having LEP (Pew Hispanic Center, 2010). That a large share of the adult Latino population has LEP is of concern because English-language proficiency is a key determinant of access to and quality of health care services (Yu & Singh, 2009). Although access to health care for LEP populations continues to be a challenge in states with large Latino populations, the recent spatial dispersion of the Latino population signals additional difficulties for Latinos in new destination states. The high prevalence of LEP among certain Latino groups calls for health care infrastructures with adequately trained health care professionals to provide services for this culturally diverse and Spanish-speaking population.

Spatial Dispersion of the Latino Population in the United States

The Latino population is largely concentrated in a few states and cities along the Southern border with Mexico, the Northeast, Illinois, and Florida. California and Texas are historically the two states with the largest populations of Latinos. In 2008, there were more than 13 million Latinos residing in California and almost 9 million in Texas. In relative terms, New Mexico is the state with the largest percentage of Latinos (45%), followed by California (37%) and Texas (36%) (Pew Hispanic Center, 2010). Figure 2 highlights the share of the Latino population by county.

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Despite their concentration in certain states and urban areas, Latinos are increasingly settling in more diverse locations across the U.S. territory than in the previous decade, particularly in the South and the West (Lichter & Johnson, 2006). During the 1980s, this geographic dispersion into areas previously dominated by non-Latino Whites was already underway, but it accelerated with remarkable speed during the 1990s (Fisher & Tienda, 2006). Georgia, Nevada, and North Carolina each experienced more than a threefold increase in their Latino populations during the 1990s; Oregon, Virginia, and Washington state each more than doubled their Latino populations (Durand et al., 2006). The growth of the Latino population in nontraditional areas has continued into the first decade of the 21st century (see Figure 3). During the period 2000–2008, the Latino population more than doubled in Arkansas, Minnesota, Nebraska, New Hampshire, North Dakota, South Carolina, South Dakota, and West Virginia; some of these states experienced growth of more than 80% in their Latino populations (Pew Hispanic Center, 2010). The rapid growth of the Latino population in these areas has changed the demographic profiles of these communities and has challenged the way services are provided.

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Demographic changes in traditional destination states are also evident, although trends are in the opposite direction. Traditional recipient areas such as California and New York experienced growth in their Latino populations, but because this growth was slower than in other areas, the relative share of their Latino populations actually declined. The proportion of the total Latino population that resided in California declined from 31% in 2000 to 28.7% in 2008. Likewise, in 2008, 6.9% of all Latinos in the United States resided in New York, in contrast with

8.1% in 2000. The Latino population grew in Texas during the period 2000–2008, but its relative share remained around 19% (Pew Hispanic Center, 2010).

The Latino population has traditionally settled in urban areas, but their latest geographic dispersion has resulted in a significant increase in Latino population growth in rural areas. By 2000, 5.5% of the nonmetropolitan U.S. population was of Latino origin, in contrast with only 3% in 1980. Indeed, during the 1990s, Latinos were responsible for 25% of the population growth in rural areas (Kandel & Cromartie, 2004); in 2000, approximately 3.2 million Latinos resided in rural areas in the United States (Kandel & Cromartie, 2004).

The growth in the rural Latino population is partly due to relocation of manufacturing, particularly food industries, to rural areas (Blewett, Davern, & Rodin, 2005). As a result, many of the Latinos who have settled in rural areas with fast growth have low levels of education and LEP (Kandel & Cromartie, 2004). The presence of larger contingents of Latinos—often young, undocumented men who have recently immigrated—in rural areas that have historically been dominated by non-Latino Whites have many times been marked by anti-immigrant sentiments (Kandel & Cromartie, 2004). Most service providers and local governments in these small rural communities are unprepared to deal with the new members of their communities, who are likely to be immigrant with LEP. Beyond differences in nativity, ancestry, citizenship, and spatial dispersion, Latinos are also a diverse group in terms of educational, social, and economic background. A mental health services infrastructure has to address these aspects of diversity.

Socioeconomic Conditions

On average, Latinos, particularly immigrant Latinos, have lower levels of education, are more likely to work in low-wage jobs, and are more likely to lack health insurance than the

general population (Pew Hispanic Center, 2010). These socioeconomic disadvantages translate into higher exposure to occupational and environmental hazards, and lower levels of access to adequate health care across the life course (for a detailed review, see Vega et al., 2009). In this section, we discuss the disparities that Latinos face in education, employment, occupation, and income.

Educational disadvantage.

Latinos, on average, lag behind the general population in educational attainment. A staggering 39% of the Latino population aged 25 and over has less than a high school education, compared to 10% of non-Latino Whites and 19% of African Americans. Among individuals who have dropped out of high school, Latinos have lower rates (9%) of obtaining a General Educational Development (GED) credential than African Americans (20%) (Fry, 2010). With a smaller percentage of Latinos possessing the necessary credentials to attend college, it is not surprising that Latinos also have lower rates (13%) of college degree attainment than Asians (50%), non-Latino Whites (31%), and African Americans (18%) (Pew Hispanic Center, 2010). In addition, Latinos are more likely to be enrolled in two-year colleges than non-Latino Whites and Blacks. Given the fast growth of Latinos predicted in the next decades, one of the biggest challenges for the U.S. educational system will be to reduce the inequalities in educational achievement (Gándara & Contreras, 2009).

Comparisons by Latino subgroup and nativity status reveal important differences in educational disparities, especially in the attainment of higher education. Among the three largest Latino groups, only 9% of Mexicans have a college degree, compared to 16% of Puerto Ricans and 25% of Cubans (25%). These differences in college attainment are a consequence of the varying historical, economic, and political contexts of reception and incorporation that these

Latino groups have experienced in the United States. Still, even the higher rates of college degree completion among Cubans and Puerto Ricans are lower than those of the general population (28%).

Differences in educational attainment are also evident by nativity status. Foreign-born Latinos have lower levels of formal education than native-born Latinos. As Figure 4 shows, in 2008 the proportion of the foreign-born Latino population 25 years of age or older that had not completed high school (52%) was double that of native-born Latinos (23%) (Pew Hispanic Center, 2010). Among high school dropouts, native-born Latinos are more likely to obtain a GED than foreign-born Latinos (Fry, 2010). A higher percentage of native-born Latinos (29%) have completed high school than foreign-born Latinos (24%). Native-born Latinos are also more likely to have some college education (32%) or a college degree (17%) than are the foreign-born (15% and 10%, respectively). The lower educational achievement of foreign-born Latinos may be due to both educational disadvantages that preceded migration and/or little or no contact with the U.S. educational system. Yet, Latino immigrants from Cuba, the Dominican Republic, El Salvador, Guatemala, and Mexico tend to have higher rates of formal education attainment than those who remain in their home countries (Feliciano, 2005b). The only exception is Puerto Rico, where migrants have lower education than those who remain in their sending communities (Feliciano, 2005b). The lower costs of transportation from Puerto Rico to the mainland, combined with their status as U.S. citizens, may explain why Puerto Ricans are the least selective group in terms of education (Feliciano, 2005b). Other Latino groups have to bear higher costs to migrate to the United States, which may increase their selectivity. Nevertheless, even though immigrants from Latin America and the Caribbean tend to be more educated than the average population in their countries of origin, their levels of formal education are lower than those of the

general U.S. population and other immigrant groups (for a fuller examination of these patterns and the factors that may explain them, see Feliciano, 2005a, 2005b).

<insert Figure 4 ~ here>

Although educational disadvantage among Latino children can be partially attributed to the educational disparities their parents have experienced (Feliciano, 2005a), Latinos face additional barriers throughout their school years. Immigrant Latino parents are more likely to be unfamiliar with the U.S. educational system. In addition, as a result of socioeconomic inequalities, many Latino families live in neighborhoods where schools have fewer resources available to them, which translates into fewer societal investments in the education of young Latinos (Gándara & Contreras, 2009). In these educational environments, Latino students do not always receive the educational resources that are necessary to promote their academic development, and are more likely to have teachers who lack adequate training. There is also evidence that teachers hold lower expectations for their Latino students (Cammarota, 2004). With so many structural barriers, it is not surprising that Latino students have lower academic performance than the average population.

Employment and occupation.

Low levels of education and LEP lead to worse employment prospects for Latino immigrants and their native-born children. Latinos are disproportionately employed in unstable, low-wage jobs, and they also face worse working conditions, with many of them employed in positions that offer few or no benefits (Blewett et al., 2005; Pew Hispanic Center, 2010; Queneau, 2009). As with other demographic indicators, there are important differences in employment and occupation by Latino subgroup and nativity status. These variations reflect differences in human capital; historical, economic, and political contexts of reception and

incorporation in the United States; geographic location; and labor market concentrations. Such differences, particularly those by nativity status, have important implications for access and use of health care services in the United States.

Between 1983 and 2002, the restructuring of the U.S. economy resulted in highly segmented labor markets and substantial increases in job segregation between Latinos and non-Latinos in the United States (Queneau, 2009). During this period, the representation of Latinos in low-skill jobs (e.g., farming, production, food preparation, repair and maintenance, domestic services, and other service occupations) increased, with negative consequences for Latino wages (Pew Hispanic Center, 2010; Queneau, 2009). During the 1990s, male Latino immigrants contributed to about half of the employment growth in low-skill jobs in the United States (Bean, Leach, & Lowell, 2004). In 2008, the five main occupational groups in which Latinos were employed were office and administrative support (13%), followed by maintenance and repair work (12%), construction and extraction (11%), sales (10%), and cleaning and maintenance (9%) (Pew Hispanic Center, 2010). Transportation and material moving employed 8.5% of the Latino population, whereas food preparation and service industries occupied 8.2% (Pew Hispanic Center, 2010). Among these occupations, Latinos were overrepresented in the cleaning and maintenance of buildings and grounds, food preparation, transportation, maintenance, and construction. In addition, Latinos are three times more likely to work in farming than the general U.S. population: 2.4% and 0.8%, respectively (Pew Hispanic Center, 2010).

Although this is not exclusively so, Latinos in low-skill jobs are more likely to be immigrant rather than U.S.-born, which reflects U.S. employers' historical reliance on immigrant labor. For instance, in 2008, 16% of the foreign-born worked in construction, compared to only 6% of the native-born (Pew Hispanic Center, 2010). About 15% of foreign-born Latinos were

employed in repair and maintenance work, whereas 9% of the native-born worked in similar occupations (Pew Hispanic Center, 2010). Even more striking, 13% of the foreign-born worked in cleaning and building maintenance, but only 4% of the native-born had similar jobs (Pew Hispanic Center, 2010). Work on farms was five times more frequent among the foreign-born (4%) than among the native-born (0.8%) (Pew Hispanic Center, 2010).

That many Latinos occupy low-skill positions has significant health consequences, as these jobs offer few to no benefits. For instance, nearly a third of Latinos working in the meatpacking industry and more than half of the Latinos working in construction and food service are uninsured (Blewett et al., 2005). Those working in farming are the most disadvantaged, with 79% of those in rural areas having no health insurance (Blewett et al., 2005). In addition, the current economic recession has been particularly difficult for Latinos in low-skill jobs. Between 2007 and 2008, the increase in unemployment was higher among the foreign-born than among native-born Latinos (Kochhar, 2009). Although Blacks have been particularly hard-hit by the recession, with unemployment rates reaching 12% in 2008, the unemployment rates among foreign-born (8%) and U.S.-born (10%) Latinos were also substantially higher than those of non-Latino Whites (6%) (Kochhar, 2009).

In contrast to the overrepresentation of Latinos in low-skill jobs, Latinos (especially the foreign-born) are underrepresented in middle-tier jobs such as office and administrative support, education, sports, media, and health care (Pew Hispanic Center, 2010). Middle-tier occupations are more prevalent among native-born Latinos, as the improvement in education from first to second generations translates into better employment and earning opportunities. Finally, Latinos represent a small percentage of individuals in high-tier jobs, such as management (5%) and

business operations (1.2%); less than 3% are engaged in the areas of computers and mathematics, architecture and engineering, and legal services (Pew Hispanic Center, 2010).

Income/Poverty.

Facing worse labor market placement and lower education, it is not surprising that median household income is lower among Latinos ($41,041) than the national average ($51,938) (Pew Hispanic Center, 2010). In addition, household size is larger in the Latino population than in the general population. Therefore, more limited resources have to be distributed among a larger number of individuals at home. Similarly, the median personal income is lower among Latinos ($21,488) than among non-Latino Whites ($31,570) and non-Latino Blacks ($24,951). Individual earnings, however, vary across generations and Latino subgroup. Among native-born Latinos, median individual earnings are higher ($24,441) than among foreign-born Latinos ($20,368) (Pew Hispanic Center, 2010).

With lower earnings and larger households, Latinos are overrepresented among the poor. In 2008, more than 10 million Latinos in the United States lived in poverty (U.S. Census Bureau, 2008b). The poverty rate among Latinos (20%) is more than twice as high as that for non-Latino Whites (8%), but lower than among non-Latino Blacks (22%) (Pew Hispanic Center, 2010). Latinos born in the United States have a poverty rate comparable to that of Latino immigrants (20% versus 19%, respectively) (Pew Hispanic Center, 2010). Among Latinos of various origins, those of Dominican, Puerto Rican, and Mexican descent have higher poverty rates than those of Cuban or other South/Central American descent.

Latinos not only face higher poverty rates than the general U.S. population, but they are also overrepresented among the severely poor (Woolf, Johnson, & Geiger, 2006). Poverty is particularly serious among Latino children. Timberlake (2007) showed that 42% of Latino

children in 2000 resided in neighborhoods classified as “high poverty” and “extreme poverty,” which contrasts with approximately 10% of non-Latino White children. Compared with non-Latino White children, Latino children are expected to spend a higher proportion of their childhood in poor neighborhoods, which may have detrimental consequences for their educational, occupational, and health outcomes. Given that individuals at the bottom of the income-distribution curve face higher morbidity, worse mental health, and earlier mortality (for a review, see Holzer, Schanzenbach, & Duncan, 2007; Woolf et al., 2006), the sharp increase in severe poverty in the last few years and the continued recession may have deleterious effects on the health of Latinos in the United States.

Health status and access to health care.

The heterogeneity of the Latino population in the United States is reflected in the diversity of health patterns observed within this population. There are important differences in health status within the Latino population, which depend not only on the health indicator under consideration, but also on the Latino subgroup, generational status, and, for immigrants, length of time in the United States (Acevedo-García, Soobader, & Berkman, 2007; Cacari-Stone, Viruell-Fuentes, & Acevedo-García, 2007; Palloni & Morenoff, 2001; Williams & Mohammed, 2008). Despite evidence that Latinos experience some positive health outcomes, as a whole Latinos experience health disadvantages that are likely to increase in light of their limited access to health care (Escarce, Morales, & Rumbaut, 2006; Vega & Amaro, 1994; Vega et al., 2009).

For some outcomes, Latinos seem to have better health than would be expected, given their average low socioeconomic standing (Escarce, Morales, & Rumbaut, 2006; Vega & Amaro, 1994; Vega et al., 2009). This apparent health advantage is particularly evident among immigrants vis-à-vis their U.S.-born co-ethnics. Despite worse socioeconomic conditions,

foreign-born Latinos have lower infant mortality (Mathews, Menacker, & MacDorman, 2003), fewer low-birth-weight babies (Acevedo-García, Soobader, & Berkman, 2005), and lower all-cause mortality (Singh & Siahpush, 2001; Vega et al., 2009) than U.S.-born Latinos (for a review of health disparities in the Latino population, see Vega et al., 2009). Although this epidemiological paradox is a complex phenomenon that is not necessarily generalizable across Latino subgroups and health outcomes, it suggests that in some cases Latino immigrants tend to be healthier than U.S.-born Latinos. The evidence regarding the mechanisms underlying these effects remains inconclusive, though some factors that have been examined include selectivity, cultural practices, social ties, neighborhood environments, discrimination, and racialization processes (Jasso, Massey, Rosenzweig, & Smith, 2004; Palloni & Arias, 2004; Palloni & Morenoff, 2001; Viruell-Fuentes, 2007; Viruell-Fuentes & Schulz, 2009).

Although some Latino groups experience a health advantage with respect to certain health outcomes, they also experience health disadvantages vis-à-vis non-Latino Whites (Cacari-Stone, Viruell-Fuentes, & Acevedo-García, 2007; Vega et al., 2009). Most notably, Latinos have a higher prevalence of chronic diseases such as type 2 diabetes and obesity (Harris et al., 1998), asthma (Lara, Akinbami, Flores, & Morgenstern, 2006), HIV (Centers for Disease Control and Prevention [CDC], 2007), tuberculosis (Sumaya, 1991), and cervical and stomach cancer (American Cancer Society, 2009; Ramirez & Suarez, 2001). In fact, as a whole, Latinos "bear a disproportionate burden of disease, injury and disability when compared with non-Hispanic Whites" (CDC, 2004, p. 935).

In the mental health service sector, access to quality care remains a persistent problem (Alegría et al., 2008; Cardemil et al., 2007). In one study, based on a nationally representative sample of 8,762 persons, researchers found differences in access to and quality of depression

treatment between racial-ethnic minority groups and non-Latino whites (Alegría et al., 2008). These findings indicate that in the absence of efforts to address the unique barriers to care confronting minority populations, their reluctance to seek depression care might reflect an accurate perception of the limited quality of usual care (Alegría et al., 2008). In fact, the authors argue that their findings call for the development of policy, practice, and community solutions to address the barriers that generate these disparities.

That Latinos are experiencing growing health and mental health disparities is of particular concern, given that their access to health care is decreasing, even as access appears to be increasing for other U.S. minority groups (Agency for Healthcare Research and Quality, 2005). Latinos, for instance, are more likely to be uninsured than the general population, with almost15 million Latinos in the United States lacking health insurance. This means that about one-third of Latinos do not have health insurance, compared to 11% of non-Latino Whites and 19% of non-Latino Blacks (Pew Hispanic Center, 2010). Uninsured rates are particularly high among immigrants; one in every two foreign-born Latinos lacks health insurance, compared to one out of four native-born Latinos (Pew Hispanic Center, 2010). There are also important disparities across Latino groups, with health care access being better for Cubans and Puerto Ricans, but worse for Mexicans and Central and South Americans. The lower rates of insurance coverage among Latinos is closely related to their higher representation in lower-skilled and lower-paid jobs that do not offer health insurance benefits (McCollister et al., 2010).

Age and nativity differences in access to health insurance signal differential access to care for Latinos along several demographic indicators. In 2008, Latinos of working age (18 to 64 years old) had higher uninsured rates (42%) than individuals in any other age group (Pew Hispanic Center, 2010). Uninsurance rates among those younger than 18 and among older adults

reached 19% and 7%, respectively (Pew Hispanic Center, 2010). Great disparities also exist between first and second generations. Among first-generation adults of working age, uninsured rates reached 54%, compared to 28% among the second generation (Pew Hispanic Center, 2010). Even more dramatic, more than half (52%) of first-generation Latinos under age 18 lack health insurance. This is in stark contrast to the much lower rates of uninsurance among second-generation Latinos less than 18 years of age (15%) (Pew Hispanic Center, 2010). At older ages, there are also important disparities, as elderly Latinos are most likely to have worked at jobs that did not offer benefits. Indeed, uninsured rates among older adult (ages 65 and older) non-Latino Whites is less than 1%, yet it reaches 11% among foreign-born Latinos and 2% among U.S.-born Latinos (Pew Hispanic Center, 2010). The consequences of lack of insurance are many, as it imposes severe limitations on Latinos' ability to receive optimal health care. Of particular interest to readers of this book, the lack of health insurance makes Latinos with mental health problems more likely not to receive treatment or to receive inadequate treatment (González et al., 2010).

Recommendations

Given the heterogeneity of the Latino population in the United States, we believe that development of viable infrastructures and programs aimed at improving the health and mental health outcomes of Latinos should include addressing the specific dimensions of structural inequality, such as education, income, access to health insurance, immigrant status, and English-language proficiency. At the macro level, this would involve investing in policies and programs intended to improve educational outcomes for Latinos at all levels, such as those that "prepare children early in life for school success and continue to support [their] academic achievement"

from elementary school to secondary and higher education (Cacari-Stone, Viruell-Fuentes, & Acevedo-García, 2007, p. 93). Enhancing educational outcomes would, in turn, yield improvements in employment and income. Expanding employment opportunities would help increase access to health-promoting resources—especially to health insurance, as access to health insurance in the United States is still largely employment-based.

To address inequalities by immigrant status, policies that facilitate immigrants' access to health services are necessary. Repealing restrictions on federally funded health care for lawful permanent immigrants who have resided in the United States for five years or less—as currently mandated under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996—would be a step in the right direction. The role of federal policies in improving the well-being of Latinos cannot be underestimated. Without federal support, it is unlikely that state and local governments will be able to meet the health care needs of the fastest-growing ethnic group in the nation.

A key demographic shift highlighted in this chapter is the growing geographic dispersion of Latinos across the country. This dispersion has led to substantial growth of the Latino population in new destinations—that is, regions, including rural areas, with limited to no history of a Latino presence. Latinos in new destinations face particular challenges because these locales lack the infrastructure to provide culturally and linguistically competent services. To address the varied needs of Latinos in both new and traditional Latino destinations, "resources and mechanisms must be developed for enlarging the pool of Latino health professionals to provide culturally competent care, particularly in underserved areas" (Cacari-Stone et al., 2007, p. 94) and particularly to individuals with LEP.

The heterogeneity of the Latino population and its geographic dispersion call also for the development of local-level health and mental health infrastructures attuned to the specific needs and characteristics of the Latino communities to be served. We believe that the details of such infrastructures are best developed in partnership with local Latino communities, and that community-based participatory strategies are the most promising vehicles for doing so. At their core, community-based participatory strategies seek to identify and build on the strengths of a community and develop collaborative and equitable relationships with the communities and populations to be served. Through equitable collaboration, these strategies can enable the creation of programs that address locally relevant health and mental health issues and that attend to the contextual factors giving rise to such issues (Israel, Eng, Schulz, & Parker, 2005).

In recent years, policies aimed at restricting immigrant rights have proliferated, including those that attempt to restrict access to services. These policies reflect and fuel anti-immigrant sentiments, and their effects are widespread not only for immigrant populations but also for U.S.-born Latinos, given the conflation of immigrant status and Latino identity. Against this backdrop, Latinos are likely to experience increased levels of emotional distress (Lauderdale, 2006; Williams & Mohammed, 2008). In addition, anti-immigrant sentiments also have the effect of discouraging service utilization. Through the community-based strategies previously outlined, local-level providers can play a key role in addressing the chilling effect that such policies have on care-seeking behaviors of Latinos and immigrants.

Summary and Conclusion

The Latino population in the United States will continue to grow independently of new waves of immigration. By 2050, close to one in four U.S. residents will be of Latino origin.

Given this fact, the welfare of the nation as a whole will largely depend on the economic and social well-being of this population. Latinos are a richly heterogeneous group, and the specific historical and contextual factors that have shaped their presence and experiences in the United States vary by subgroup. Nevertheless, Latinos share long-standing histories of inequality that are reflected in their current (on average) disadvantaged socioeconomic position. As providers and policy makers move to develop viable health and mental health care infrastructures to address health and service inequities, attending to the diversity of the Latino population becomes imperative, because, as Cafferty and McCready proposed, programs designed for a broad Latino population are likely to "help some and harm others because there are, in one sense, no generic Hispanics" (1985, p. 253).

Several important sociodemographic domains require attention in the development of effective health care infrastructures. As a whole, for instance, Latinos are younger than the overall U.S. population, though the proportion of older Latinos is growing quickly. Contrary to representations of Latinos as newcomers, most Latinos are U.S.-born, hold U.S. citizenship, and are proficient in English. In fact, the growth of the Latino population in the United States has been driven primarily by natural growth rather than immigration. Yet, despite the benefits that U.S. citizenship and English-language proficiency should confer, the historical inequalities that Latinos in the United States share are evident in their lower levels of educational attainment, worse socioeconomic conditions, and higher poverty rates. This is particularly the case for Latinos who lack the benefits of citizenship and legalized immigrant status.

Given the evidence that socioeconomic status is a key determinant of health and access to health care, policies that aim to reduce social inequalities are likely to have a positive effect on the health of marginalized populations as a whole, including Latinos. Indeed, as Vega,

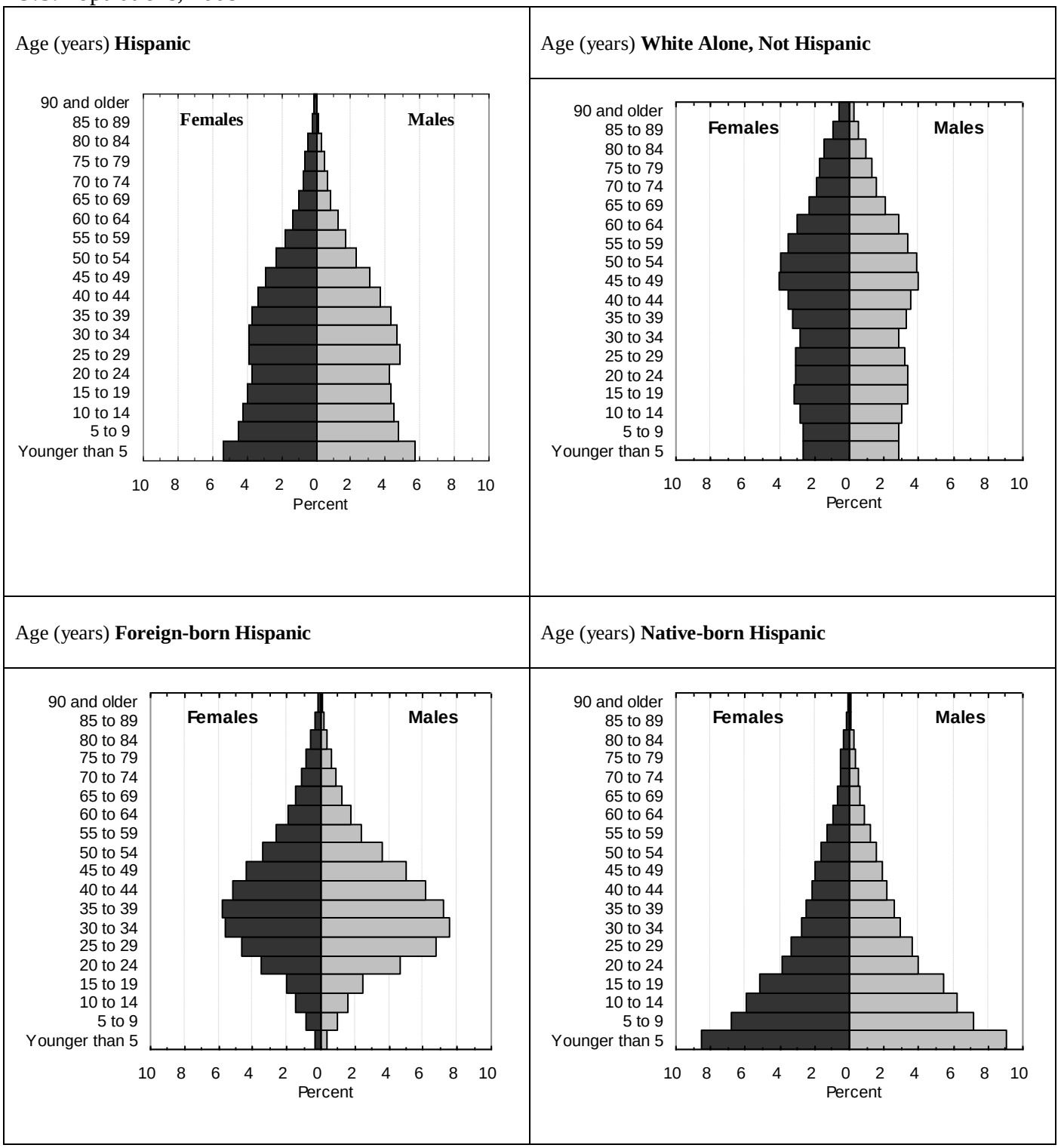
Rodríguez, and Gruskin pointed out, the "essential drivers for trends in health disparities are demographic and are rooted in population structure and social inequalities" (2009, p. 106). Latinos, especially those who are poor, are less likely to have access to mental health services, for instance (Alegría et al., 2002).

Although a growing Latino presence in the United States signifies the need for improved policies and service infrastructures, it also highlights the economic and social contributions that Latinos have made and continue to make to the betterment of the nation. For instance, as young Latinos enter the labor market, they are likely to strengthen the economy. However, these and other contributions will not be realized unless adequate policies are in place to remedy historical inequalities in the educational, health care, and other systems. In the coming decades, the health status and health care needs of the Latino population, and that of the nation as a whole, will be dependent on the health of young Latinos today. Allocating resources to the health and well-being of the Latino population should therefore not be seen as a burden, but rather as an opportunity to invest in the future well-being of the nation. Some promising investments include programs to improve the educational opportunities of Latinos from early childhood to postsecondary education; policies that remove restrictions on access to care for legal immigrants; federal allocation of resources to help alleviate fiscal pressures on state and local governments; and programs to increase the number of Latino health professionals. Health and mental health infrastructures designed in partnership with local Latino communities are also more likely to be effective in meeting the needs of these communities. Policies and infrastructures that address intersecting dimensions of inequality will help meet not only the needs of Latinos, but also the needs of other groups that share similar experiences of marginalization.

Acknowledgments

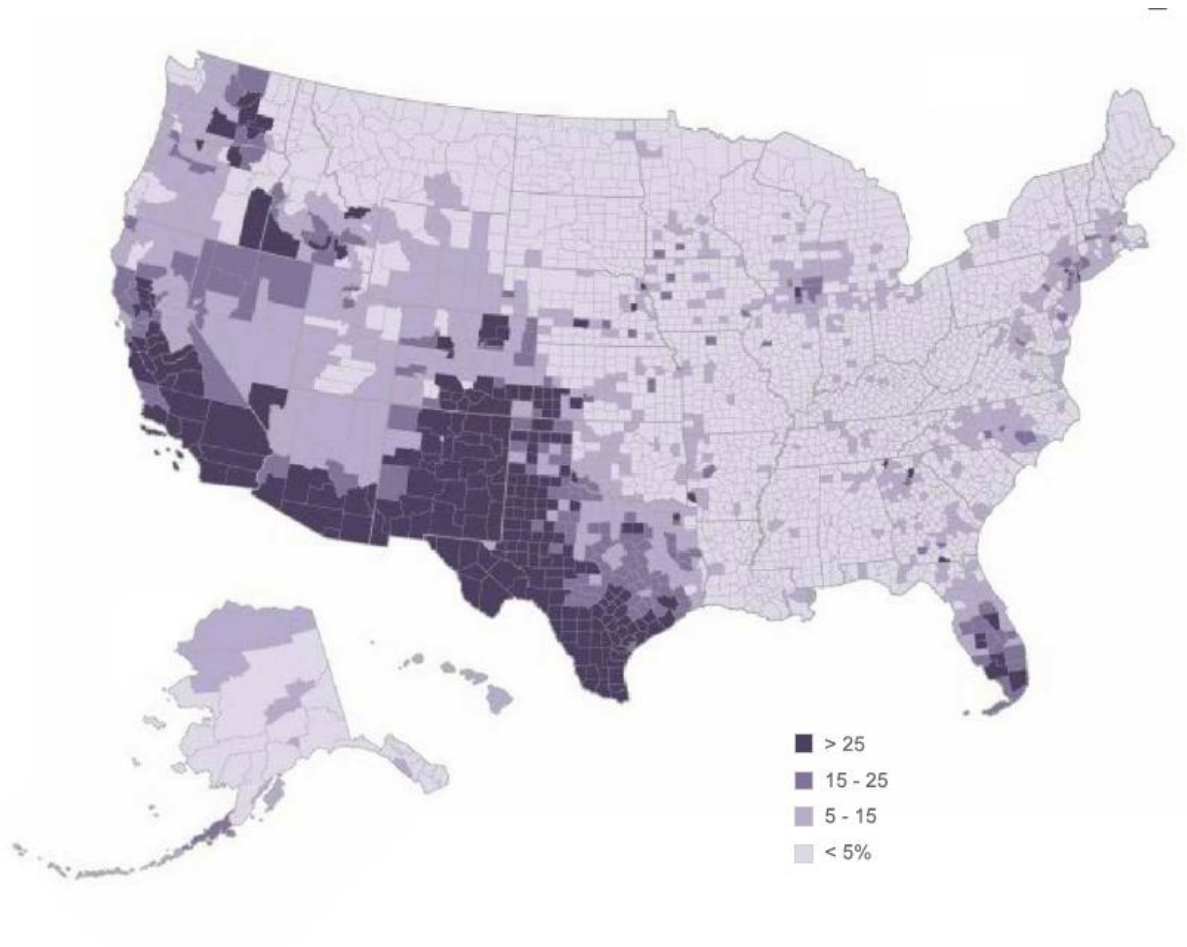
Short excerpts from Cacari-Stone, Viruell-Fuentes, and Acevedo-García (2007) are republished here with copyright permission from the *Californian Journal of Health*. This project was partially supported by the Network for Multicultural Research on Health and Healthcare, Dept. of Family Medicine, David Geffen School of Medicine, U.C.L.A. funded by the Robert Wood Johnson Foundation [to EAVF].

Figure 1: Age and Gender Composition of Foreign-Born, Native-Born, and Non-Latino White U.S. Populations, 2008



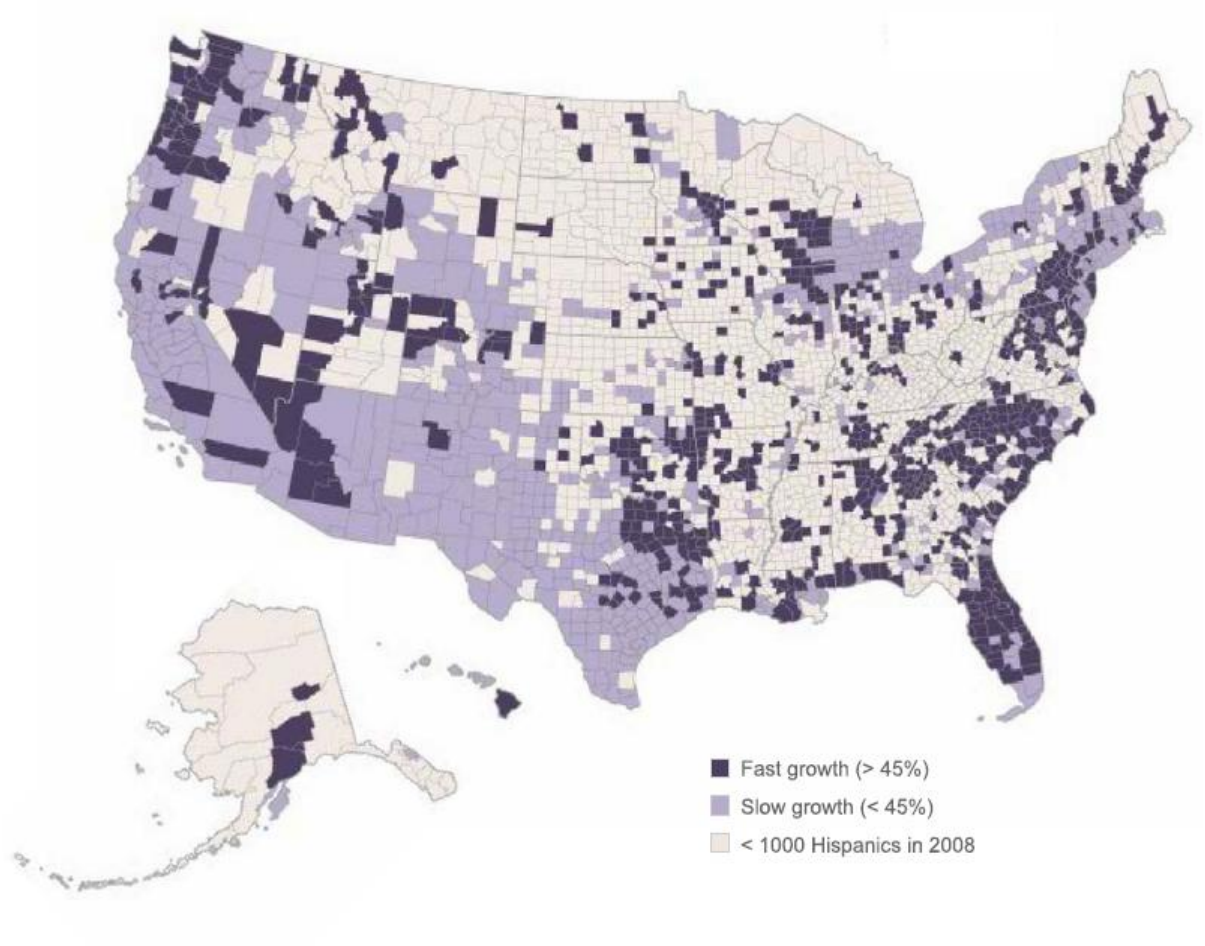
Source: © 2010. Pew Research Center, Pew Hispanic Center project. *Statistical Portrait of Hispanics in the United States*, 2008. http://pewhispanic.org/factsheets/factsheet.php?FactsheetID=58

Figure 2: The Hispanic Share of Population by County



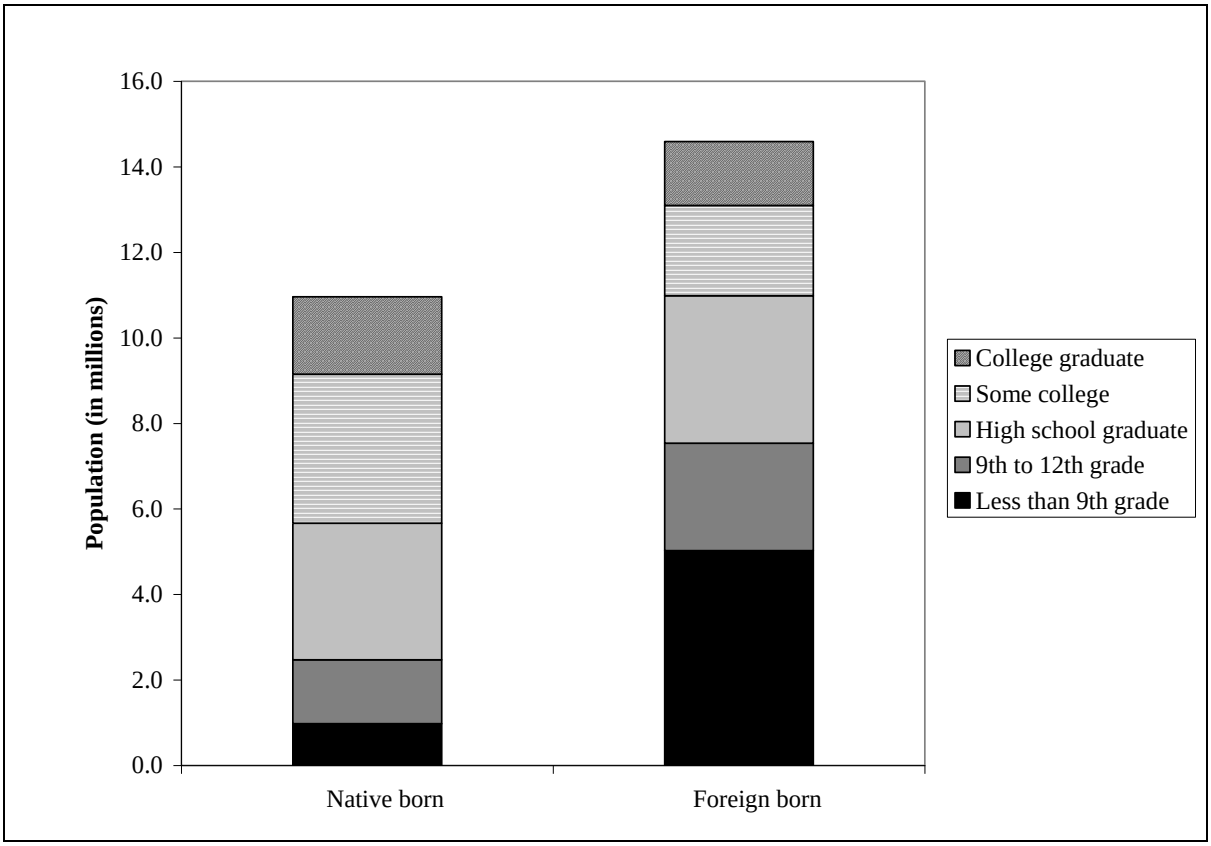
Source: © 2009. Pew Research Center, Pew Hispanic Center project. *Latinos by Geography.* http://pewhispanic.org/states/population/

Figure 3: Growth of the Hispanic Population by County: 2000–2008



Source: © 2009. Pew Research Center, Pew Hispanic Center project. *Latinos by Geography.* http://pewhispanic.org/states/population/

Figure 4: Educational Attainment of the 2008 Latino Population Aged 25 and Older



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