



# Unheard:

How Silencing Latino Voices  
Harms Latino Health Equity

Common Ground  
Health





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Photo courtesy of the City of Rochester Communications Bureau





# Lost in Translation

Ask Zuni Castillo why she has a hard time trusting doctors now, and she'll tell you how a mere 15 years ago, she was a preteen in a doctor's office, trying to find the right words. She had to bridge the language divide between the doctor and her mother who spoke mostly Spanish.

She knew her mother had serious health issues, but she didn't understand them. Yet at every appointment – and there were many - Castillo had to interpret between English and Spanish.

"At such a young age, I was given the responsibility to interpret what I didn't understand. Health care workers saw that, and it was almost like they didn't care," the Rochester resident said. "There's a lot that gets lost in translation, and you don't always have the words for what's being said. They didn't care if I was correct; I felt like my mom was just another patient to them, and they just wanted to move on."

Castillo's experience is just one example of how the voices of Latinos in our community have gone unheard in health care, politics, society and business. And as we shall see, the marginalization of Latino voices has far-reaching consequences on Latino health equity.

Language barriers are one of the ways that Latino voices go unheard. A "language barrier" describes situations where a person cannot fully understand written or spoken information because it is not in their primary language or local dialect. Even if the information is provided in a person's first language or local dialect, there can still be a misunderstanding if it is at a higher than average reading level.

Translators and interpreters play a huge role in breaking down language barriers. However, becoming one requires years of studying and practice, especially to work in the medical field. Interpreting is a heavy burden that should never be placed on a child. Castillo recalls the stress and confusion that came with interpreting for her mother at such a young age without receiving any kind of support.

Castillo's mother died at the age of 50 from stomach cancer. Now, at the age of 25, Castillo struggles to understand and manage her own health concerns. She doesn't trust the health system that failed to take care of her mother. Through the feelings of grief and disappointment, she learned how to advocate for herself and her family members. Still, she was not able to find a provider who understood her culture and the challenges her family faced. That's why Castillo "gave up" her search for medical care after her first try.

**"No one ever called me back, no one ever followed up," she said. She remembers filling out what felt like a "scorecard" to assess her feelings, but she was never asked why she felt anxious or depressed. She was never given the opportunity to share any of her traumatic life experiences.**

It took Castillo three different attempts over the span of three years before she found someone who was non-judgmental, understood her background, and provided a comfortable setting for her to share her feelings. "She is a woman of color and has the same background that I do. We're from the same place, which was actually the ice breaker."

**For years, Castillo's experiences and issues with the health care system went unheard.**

The health inequities her family faced have been a direct result of the lack of language access, the lack of culturally appropriate health care services and a lack of a pipeline to train new Latino providers.

These issues are commonly experienced by Latinos throughout our region. They are only one piece of a much bigger problem: the marginalization of Latinos economically, politically and socially. Unintentional and intentional marginalization of Latino voices around economic, political and social issues have given rise to Latino health inequities. These inequities have long been a part of the Latino experience nationally and within the Finger Lakes region, but they were among those made clear during the unequal outcomes of the COVID-19 pandemic.

## About This Report

This report is the third in a series of health equity studies produced since 2019 by Common Ground Health, the health research and planning organization for the nine-county Rochester-Finger Lakes region. It comes after the timely release of *The Color of Health* in 2021 following nationwide calls for justice and radical change after the murder of George Floyd. The report spotlighted the multiple ways in which racism undermines the social determinants of health for Black Americans and made it clear that dismantling systemic racism is the key to any significant and lasting improvements in African American health outcomes. Prior to *The Color of Health*, we started this series of reports with *Overloaded* in 2019. It gave an extensive analysis of the tragic toll that poverty takes on the health of residents across our urban, suburban, and rural communities. The issues highlighted in those two reports are also very relevant to the experience of Latino residents, who are much more likely to live in poverty, and who may face similar forces of discrimination and marginalization as faced by the Black population.

The focus and recommendations in this report were guided by the Latino Health Coalition. Convened by Common Ground, the Latino Health Coalition works to improve health equity for the Latino community in the

Rochester-Finger Lakes region. The long-standing advisory group has addressed a variety of health concerns for Latino residents, including youth risk behaviors, language barriers, economic stress and cultural competency. The coalition began as a task force in 1998 and was officially established in 2007. It has a proud history of providing community data on health outcomes for Latino residents. A roster of coalition members is included at the end of this report.

Since 1999, coalition members have supported prior studies of health disparities experienced by Latino communities in our region. Updated most recently in 2014, the *Nuestra Salud* report documented higher rates of obesity, poverty, infant mortality, mental stress and other health indicators among Latino residents.<sup>1</sup> This report goes even further by highlighting how ethnic discrimination against and exclusion of Latino residents causes them to be economically, socially, and politically marginalized, and making it clear that improving Latino health outcomes requires listening to Latino community members and eliminating discriminatory policies, practices, and procedures.

**This report was supported by funding from Excellus BlueCross BlueShield.**

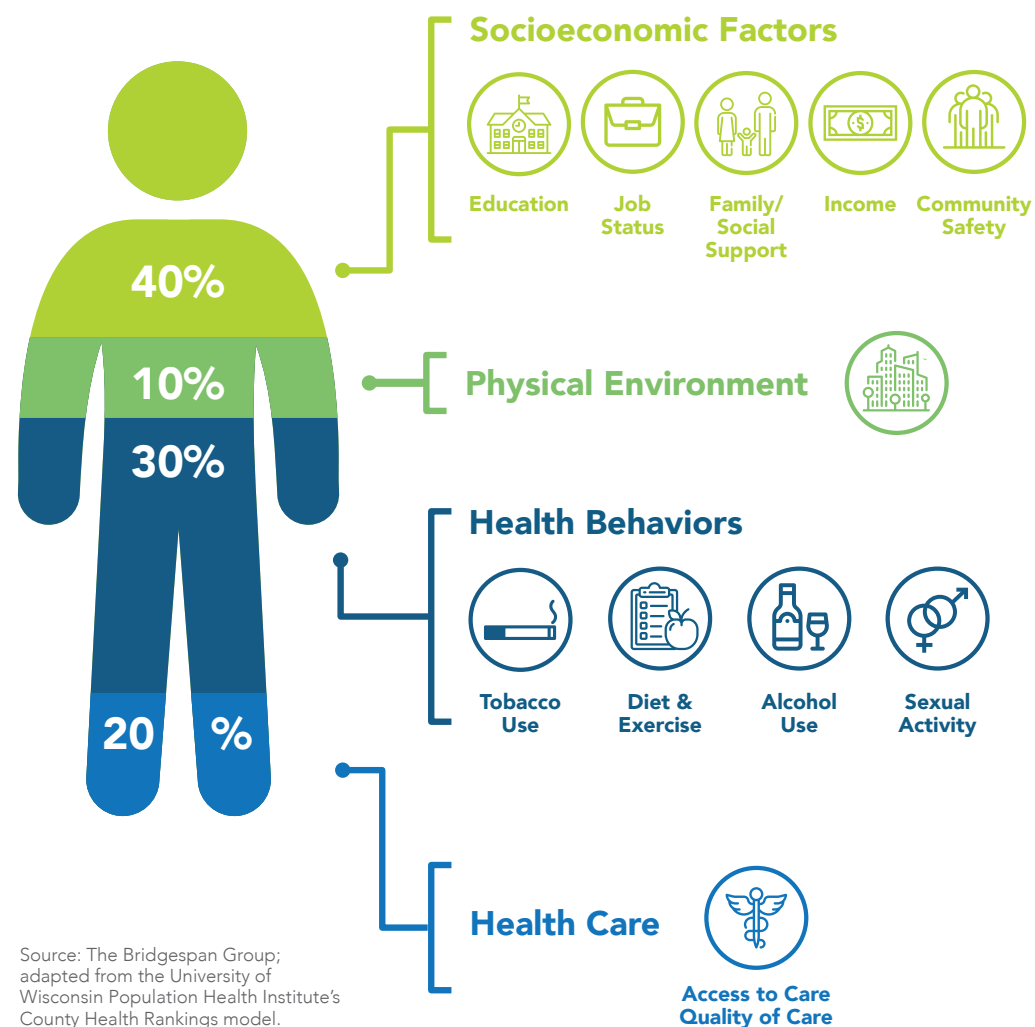
1. In this report, we refer to those with Latin American and Hispanic heritage as Latinos although the underlying data sources use the term Hispanic in most cases. Feedback from the Latino Health Coalition has led us to use the terms Latino to refer to males and mixed-gender populations and Latina to refer to females. We considered using the gender-neutral terms Latinx and Latine, but these terms have not gained widespread adoption among those with Latino heritage. We recognize that language changes fluidly. We will continue to reconsider terms in future reports.





# Introduction

## Health outcomes are mostly driven by the social determinants of health



The issues Castillo and her mother experienced while trying to access care all fall into a category that public health experts call the “social determinants of health” (SDOH). The SDOH refer to the contexts and conditions in which people are born, live, learn, work, play, worship, and age. These contexts and conditions affect a wide range of outcomes and risks for a person’s health, functioning, and quality of life.

Throughout this report, you’ll get a breakdown of recent, local data demonstrating the impact of the SDOH on the Latino community in the nine county Finger Lakes region. Keep in mind that Latino, Black, and White identities do overlap. So, the statistics include and reflect the experiences of Latino people ranging from dark to light skin shades.

**When looking at the data, an overarching theme becomes clear: As an ethnic group, Latino residents face multiple forms of discrimination and exclusion, leading them to be marginalized economically, socially, and politically.**

As a result of this marginalization, decision makers are typically not Latino and are often not consulting with the community on issues. Poor health outcomes in this community result from how that ethnic discrimination and exclusion expresses itself through policies, practices, and procedures.

This marginalization of Latinos has left some in the community feeling overlooked, ignored and unheard. Rudy Rivera, the chair of the Latino Health Coalition and founder of the Father Tracy Advocacy Center, said it quite simply: “The biggest challenge that Latinos have in regards to their overall well-being is the collective perception of others in the community that we are second-class citizens.”

U.S. Latino residents have used the “second-class citizen” terminology when reflecting on detentions of U.S. citizens by immigration enforcement.<sup>2</sup> Residents of Puerto Rico have used the term when



reflecting on their island’s colonial history and noting they cannot vote nor access the United States’ social safety net, despite being U.S. citizens.<sup>3</sup> Former NY Gov. Andrew Cuomo also used it when criticizing a slow federal response to Hurricane Maria in 2017 that left Puerto Ricans without power and water for weeks. “Puerto Ricans are Americans,” Cuomo said. “And they should be treated that way, and they are being treated as second-class citizens right now.”<sup>4</sup>

The data in here are not just the facts and figures; they are also the lived experiences told by the people in our communities. Together, they remind us of the truly personal impact of large, impersonal structures. Brought to you by the Latino Health Coalition and Common Ground Health, this report is a reminder of the human right to a healthy life. The calls to action listed towards the end of this report are a roadmap to ensure that Latino residents can take back that right.

2. Macaraeg, S. (2018, May 3). “We live as second-class citizens”: what it’s like to face border agents every day. The Guardian. <https://www.theguardian.com/us-news/2018/may/03/border-patrol-agents-second-class-citizens>

3. Bonilla, Y. (2022, May 19). For Puerto Ricans, Another Reminder That We Are Second-Class Citizens. The New York Times. <https://www.nytimes.com/2022/05/19/opinion/puerto-rico-supreme-court-social-security.html>

4. Spector, J. (2017, November 2) Cuomo: Puerto Rico treated as “second-class citizens”. Democrat and Chronicle. <https://www.democratandchronicle.com/story/news/politics/albany/2017/11/02/puerto-rico-governor-touring-ny-cuomo/107263966/>





# The new Latino Community

**Before diving into the impact of ethnic discrimination on the social determinants of health for Latino residents in our region, we need to look at who makes up the Latino population in the Finger Lakes region.**

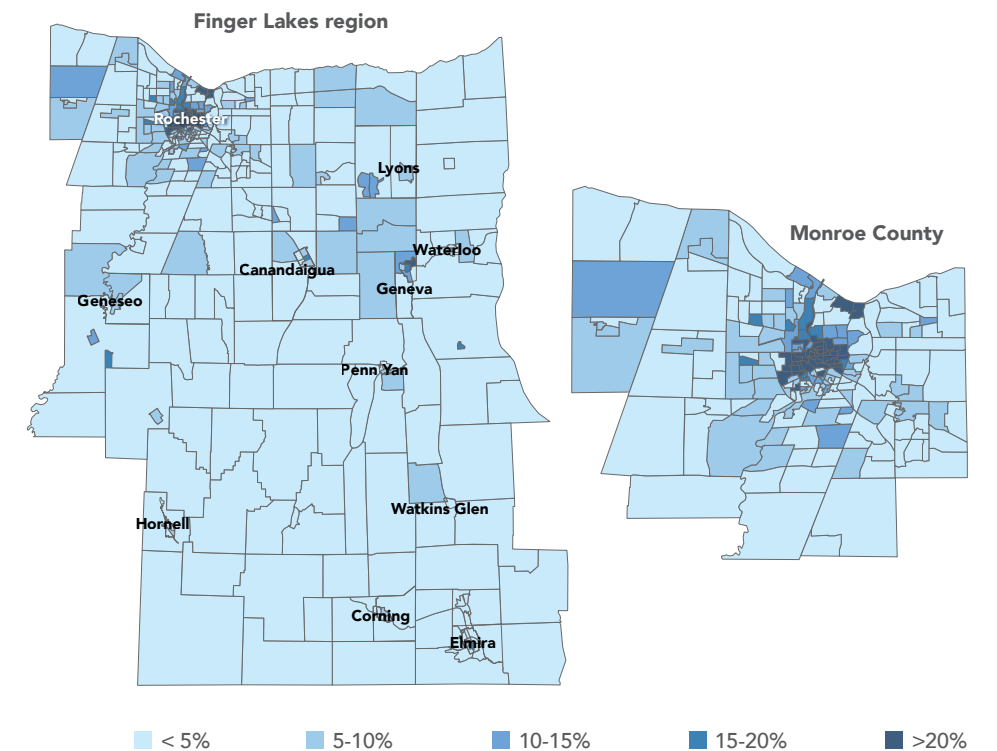
Our data are based on U.S. Census Bureau statistics, which have used a self-reported “You Are Who You Say You Are” definition of racial and ethnic identity.<sup>5</sup> This system may lead to undercounts, especially in sub-populations such as Afro-Latinos.<sup>6</sup> Yet gathering the data we have on Latinos in our region is important for intercultural competence: the ability to understand and be understood across cultures and lifestyles.<sup>7</sup>

Our region’s Latino community is made up of native-born and naturalized citizens, documented and undocumented immigrants, as well as migrant workers.

As of 2020, there are 93,119 Latino residents living in the nine-county Finger Lakes region. This is a 37% increase from 68,180 in 2010. Latino residents now make up 7% of the region’s total population, an increase from 5% in 2010.<sup>8</sup> Without the population growth brought about by Latino residents in our region, the area would have lost population.<sup>9</sup>

**Despite this dramatic growth, there are few elected Latino representatives in most of the key decision making bodies in the region, as compared to the representation of White and Black residents.**

## Latino Share of the Population Within Each Census Tract, Finger Lakes region and Monroe County



Source: American Community Survey, 2010-2020; Analysis by Common Ground Health

According to the 2021 National Directory of Latino Elected Officials, there were only 5 Latino elected officials out of the nearly 325 elected officials in Monroe County.<sup>10</sup> The directory does not list any Latino representatives in other counties in the Finger Lakes.<sup>11,12</sup>

Latino residents in the Finger Lakes are concentrated in Monroe County. They make up 9% of the county’s population and 19% of the city of Rochester’s population.<sup>13</sup> A few Latino residents first moved to the area in the late 1800s. Larger waves of Latino residents began migrating to the region in the 1950s. After that, additional family members continued resettling in the area.

Yet data are lacking on these migration trends. It wasn’t until 1980 that the U.S. Census began counting Latino residents.<sup>14</sup> Between 1980 and 2020, Monroe County’s Latino population more than doubled. Some of that growth was driven by the 2017 arrival of more than 8,000 Puerto Ricans displaced by Hurricane Maria. According to Julio Saenz, then director of communications for Ibero American Action League, the initial arrivals were people whose homes had been destroyed. Thousands showed up in Rochester, staying with family members and friends until they found permanent homes and jobs. Ibero set up a center for people to take care of all of their emergency needs. “When we opened the center for people to get help, there were over a thousand people a day,” Saenz said. “There would have been more, but we had to close it at 5 p.m.”

5. Lopez, M. H., Gonzalez-Barrera, A. Lopez, G. (2017, December 20) *Hispanic Identity Fades Across Generations as Immigrant Connections Fall Away*. Pew Research Center. <https://www.pewresearch.org/hispanic/2017/12/20/hispanic-identity-fades-across-generations-as-immigrant-connections-fall-away/>

6. Kateri Hernández, T. (2023, April 6) *The Latinx Census Racial Category Debate And How to UNITE Latinx Across Racial Differences*. The Latinx Project. <https://www.latinxproject.nyu.edu/interventions/the-latinx-census-racial-category-debate-and-how-to-unite-latinx-across-racial-differences>

7. Leeds-Hurwitz, W. (2013) *Intercultural Competences: Conceptual and Operational Framework*. UNESCO. <https://unesdoc.unesco.org/ark:/48223/pf0000219768>

8. US Census Bureau (2020). *Decennial Census, P2 | Hispanic or Latino and not Hispanic or Latino by Race*. The Census Bureau. <https://data.census.gov/cedsci/table?q=0500000US36015,36051,36055,36069,36097,36099,36101,36117,36123&y=2020&tid=DECENNIALPL2020.P2> Analysis by Common Ground Health.

9. Pyun, Y. and Stucka, M. (2021, August 16). 2020 census: Population soars in Henrietta as areas like Irondequoit, Brockport see loss. *Rochester Democrat and Chronicle*. <https://www.democratandchronicle.com/story/news/2021/08/16/2020-census-results-rochester-ny-monroe-county-greece-henrietta-irondequoit-brighton-perinton-gates/118180008/>

10. Monroe County Board of Elections. (2021) *Monroe County Board of Elections Political Handbook*. [https://www.monroecounty.gov/files/boe/Political%20Handbook%202021%20%20-%20Web%20Version\\_2.pdf](https://www.monroecounty.gov/files/boe/Political%20Handbook%202021%20%20-%20Web%20Version_2.pdf)

11. National Association of Latino Elected and Appointed Officials Educational Fund. (2021) *National Directory of Latino Elected Officials*. <https://naleo.org/wp-content/uploads/2022/01/2021-National-Directory-Latino-Elected-Officials.pdf>

12. Note: the directory attempts to catalogue the breadth of local officials, but a few representatives with Latino heritage have been missed in the scan, and some may have been elected after its publication. However, the point remains that Latinos are largely underrepresented in the region in elected offices.

13. US Census Bureau (2020). *2020 American Community Survey 5-year estimates data profiles*. The Census Bureau





The usage of Ibero's Centro de Oro senior center doubled, and schools throughout the region were flooded with bilingual students. The Rochester City School District took in 600 students and in 2018 opened the Bilingual Language and Literacy Academy to add to its existing bilingual educational offerings. This school closed in 2020 as part of budget cuts to bilingual education.

Even after the initial displacement, other families started arriving six months to a year after the hurricane as Puerto Rico struggled to recover economically. The local community has been active in ongoing relief efforts in Puerto Rico and the Dominican Republic.

The northeast section of Rochester, along the North Clinton Avenue corridor, has historically been the heart of the Latino community in the city. A large concentration of Latino residents still live there, but a growing number have moved from Rochester into the suburbs.

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**From 2010 to 2020, there has been a 53% increase of Latino people in the suburbs.<sup>15</sup>**

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Generally, those who move to the suburbs are more likely to be married, employed, to say they speak English "Very well" and more likely to graduate from high school and be enrolled in college as compared to Latinos who live in the city of Rochester. The average household income for suburban Latino residents in 2012-2016 was \$47,275, compared to the Latino residents in Rochester, at \$22,760, according to the Center for Governmental Research.

The region's Latino community is also younger on average than the White non-Latino community, Finger Lakes region data from 2019 show.<sup>16</sup> Nationally, the median age of the Latino community in 2019 was 30, compared to 44 for White non-Latino residents.<sup>17</sup>

A significant portion of local Latino residents do not speak English very well. This is a concern because a person's language ability plays a big role in health outcomes. According to Census data on language, about 52,677 people speak Spanish in the Finger Lakes region; that's 4% of the total population.<sup>18</sup> Since Monroe County has a high concentration of Latino residents, it is also home to the most Spanish speakers. More specifically, 6% of the county's population speaks the language. Schuyler and Steuben counties are on the other end of this spectrum with less than 1% of their populations speaking Spanish. In Rochester, nearly 15% of the population speaks Spanish. Of this group, 58% report they speak English "very well" and 42% speak English "less than very well." In this region, Census data show that nearly 37% of Spanish speakers speak English "less than very well." Organizations in the region need to ensure access for this large group of people.

In terms of nationality, the local Latino community is quite diverse. It includes individuals and families from the Dominican Republic, Cuba, Mexico, Chile, and other countries in Latin America. The largest portion are people who trace their roots to Puerto Rico, a U.S. territory. The majority of the region's Latino population, and 68% of Monroe County's Latino population, is from Puerto Rico.<sup>19</sup> Those who serve this large Puerto Rican population may be more successful in communicating across cultures if they know Puerto Rico's history as a colony, and are familiar with recent trends and events that have affected its residents.

In the rural areas of the Finger Lakes region, the Latino population fluctuates with the seasons as migrant and regional farmworkers move for work. There are also Latino farmworkers who are permanent residents of the area. Farmworkers contribute to our region's crucial agricultural industries, producing vegetables, corn, wheat, apples and dairy products. Wayne County, which is New York's largest agricultural contributor, hosted an estimated 4,846 farmworkers in 2017. The other eight counties combined hosted an additional 8,219 workers in 2017. These numbers do not include the adult or child dependents of the workers. According to the National Center for Farmworker Health, 70% of farmworkers nationally are foreign born.<sup>20</sup>

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**Latino residents make up the fastest growing segment of the U.S. economy.<sup>21</sup> Between 2010 and 2019, Latino residents made up more than half (52%) of the population growth in the United States.<sup>22</sup> Also, as a group, they are more likely to be employed and entrepreneurial than the general population.<sup>23</sup> In New York state, Latino residents work in service sectors including agriculture, food manufacturing, restaurants, construction, social assistance and health care. They feed, build and care for others in our society.**

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16. Center for Governmental Research. (2018, December) *Profile of the Hispanic/Latino Community in Monroe County: A Demographic and Socioeconomic Analysis of Trends*. Ibero American Action League <https://www.ibero.org/wp-content/uploads/2019/03/201812-Profile-Hispanic-Latino-Community-Monroe-County.pdf>

17. Pew Research Center. (2020, July 7) *US Hispanic Population Surpassed 60 Million in 2019, but Growth Has Slowed*.

<https://www.pewresearch.org/fact-tank/2020/07/07/u-s-hispanic-population-surpassed-60-million-in-2019-but-growth-has-slowed/>

18. US Census Bureau (2020). *2020 American Community Survey 5-year estimates data profiles*. The Census Bureau

19. US Census Bureau (2020). *2020 American Community Survey 5-year estimates data profiles*. The Census Bureau

20. National Center for Farmworker Health. (2022, January) *Facts About Agricultural Workers*. Retrieved on 3/15/2023 from <http://www.ncfh.org/facts-about-agricultural-workers-fact-sheet.html>

21. McKinsey & Company. (2022, November 14) *The economic state of Latinos in the US: Determined to thrive*.

<https://www.mckinsey.com/featured-insights/diversity-and-inclusion/the-economic-state-of-latinos-in-the-us-determined-to-thrive>

22. Pew Research Center. (2020, July 7) *US Hispanic Population Surpassed 60 Million in 2019, but Growth Has Slowed*.

<https://www.pewresearch.org/fact-tank/2020/07/07/u-s-hispanic-population-surpassed-60-million-in-2019-but-growth-has-slowed/>

23. Moslimani, M. (2022, February 14) *Around four-in-ten Latinos in U.S. worry that they or someone close to them could be deported*. Pew Research Center. <https://pewrsr.ch/3LyQuQs>





# Economic Marginalization

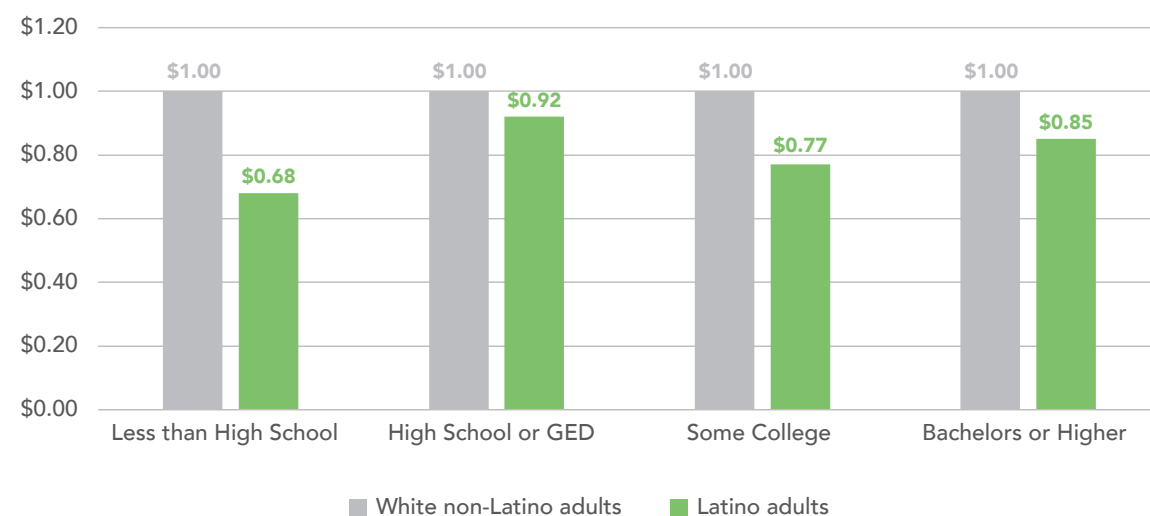


Despite their hard work, this new Latino community has higher rates of poverty. In the Finger Lakes region, Latino residents are three times as likely as non-Latino White residents to live in poverty.<sup>24</sup> In Rochester, the heart of the Latino community is centered along the North Clinton Avenue corridor, but the area is characterized by neighborhood deprivation.

In addition, wage data from Monroe County demonstrate that even when Latino residents achieve higher levels of education, they are still paid less than their non-Latino White counterparts.

In our 2019 report, “Overloaded: The Heavy Toll of Poverty on Our Region’s Health,” Common Ground Health outlined the ways that poverty drives health inequities for residents of the Finger Lakes. Poverty limits access to healthy foods and the ability to engage in physical activity. It also limits stable housing and increases safety concerns in neighborhoods. According to regional data from My Health Story 2018, 19% of Finger Lakes Latino residents report that they use cigarettes compared to 10% of non-Latino White residents. “I believe my stress is what keeps me smoking,” one Latina woman from Rochester, Monroe County, said in that survey.

## Latino adults earn less than White non-Latino adults at all educational levels



Source: Doucette, Luticha, and Henry Fitts. Wage Disparities in Monroe County by Race and Gender. City of Rochester Mayor's Office of Innovation and Strategic Initiatives. July 2017. Data compares the median earnings of White non-Latino and Latino populations. For example, among people with bachelor's degrees, Latino workers are paid 85 cents for every dollar paid to White non-Latino workers.

We learned from the My Health Story 2018 survey that Latino and Black residents want to eat healthier food than they currently do, but they do not have access to that food. Twenty-three percent of Latino respondents living in the Finger Lakes said the cost of healthy food is too high, compared to 11% of White non-Latino respondents. Latino respondents also said healthy food is not available near their homes due to a lack of grocery stores and transportation.

In the 2018 My Health Story survey, 22% of Latino residents in the Finger Lakes region reported being in fair or poor general health compared to 12% of non-Latino White residents. Rates of fair/poor general health are also correlated to income.

Latino residents in the Finger Lakes region are more likely than non-Latino White residents to report that they are always stressed about affording their rent or mortgage (23% vs. 12%). They report similar concerns about affording medical care (22% vs 17%), mental health care (19% vs 12%), and prescription medications (19% vs 12%).

## Insurance Coverage

Another challenge is that of all the racial/ethnic groups in the U.S., Latino residents have among the highest uninsured rate in the nation, trailing only American Indian/Alaskan native residents.<sup>25</sup> Even though demographics and insurance policy have changed over time, this gap continues.

In the Finger Lakes region, nearly 6% of Latino residents had no insurance coverage in 2020, compared to nearly 4% of non-Latino White residents.<sup>26</sup> A closer look at national data, however, shows that rates of coverage in the Latino community change based on the person's language and birth country. Nationally, Latino adults who are Spanish-speaking typically have less access to employer-sponsored health insurance. Additionally, foreign-born Latino residents are more likely to be uninsured than U.S.-born Latino residents.

National studies have shown insurance rates vary in part because Latinos are more often self-employed, work for a small business or work in seasonal jobs. These studies have revealed many insurance plans are not affordable for Latino residents. Additionally, immigrants face eligibility restrictions for Medicaid, health insurance for children under CHIP and Affordable Care Act (ACA) Marketplace plans. Undocumented immigrants are ineligible for coverage under the ACA, but undocumented pregnant women can qualify for CHIP and Medicaid.<sup>27</sup> The State of Washington recently successfully sought a waiver to provide ACA coverage to undocumented residents, and other states may be considering similar expansions.<sup>28</sup>

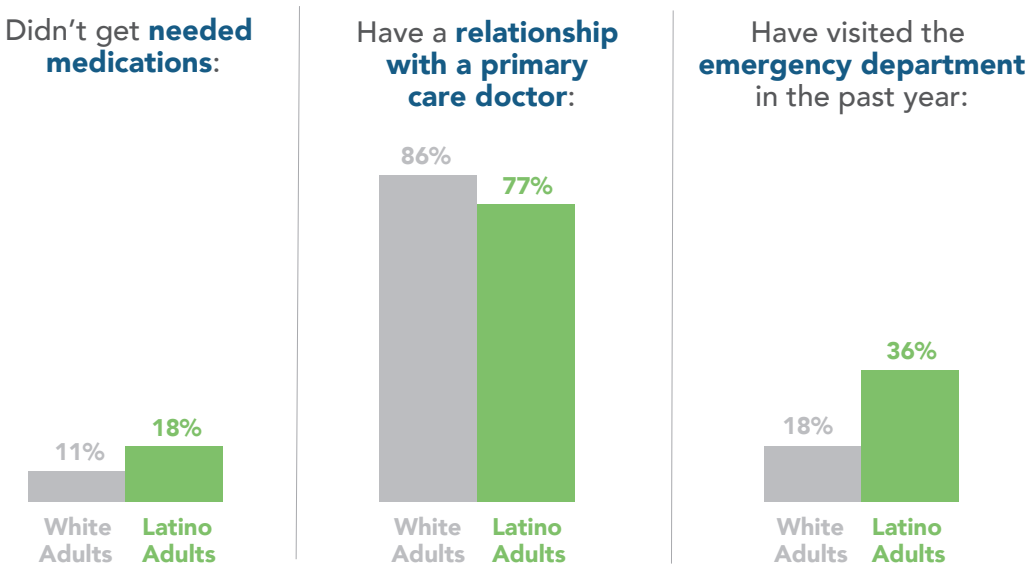
Despite all these barriers that work to limit the economic self-sufficiency of Latino residents in the region, many have been able to forge a path to success for themselves and their families. Such programs as the Rochester Hispanic Business Association (RHBA)'s annual Hispanic Business Person of the Year Award and the small business incubator housed at the International Plaza create pathways towards economic self-sufficiency, lessening the impact of poverty on the Latino community.



# Latino Health Inequities

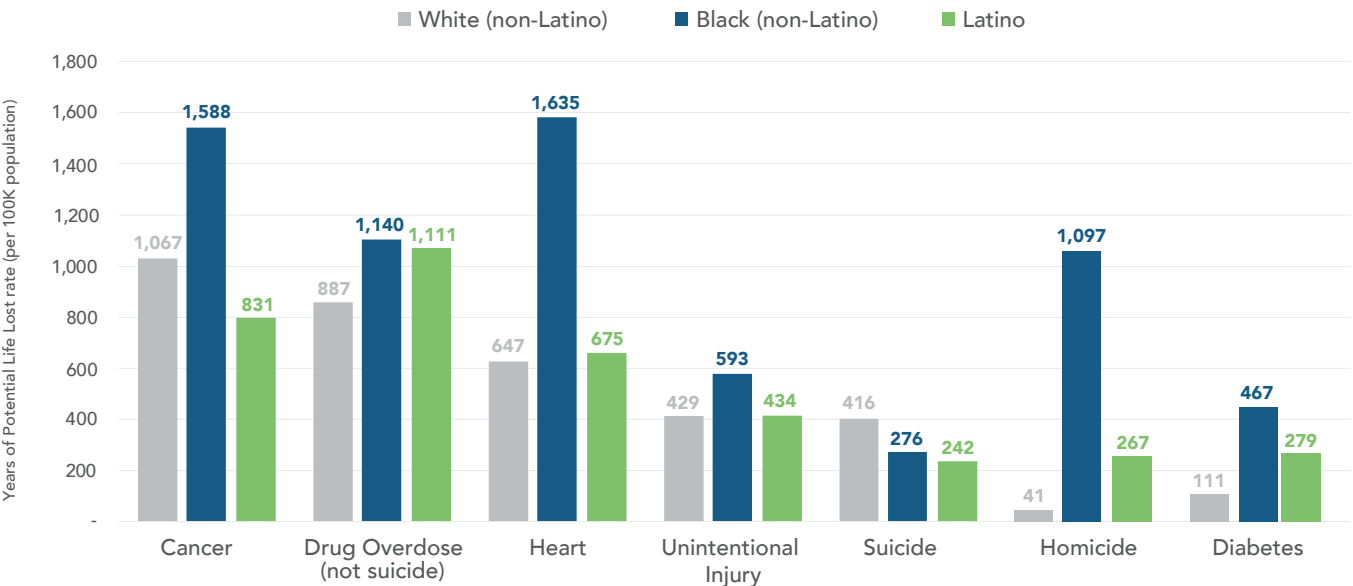
We have seen that Latino residents often live in areas with high rates of poverty, which are associated with health inequities. However, for many measures of health, Latino residents frequently fare better than White non-Latino residents and Black non-Latino residents. Called the “Hispanic Health Paradox,” this may reflect incomplete or biased data, rather than health advantages.<sup>29</sup> For this report, we are focusing most on areas where there is room for improvement.

## Latino adults are more likely to have challenges accessing health care



Source: My Health Story survey, Finger Lakes Region, 2018

## Drug overdose was the top cause of premature death for Latinos in the Finger Lakes region (2018-2020)



Source: NYS Vital Statistics 2018-2020 for nine-county Finger Lakes Region; age-sex adjusted rates calculated by Common Ground Health

When we compare rates of chronic disease, we need to remember that Latino residents on average are younger and therefore are likely to have lower rates of chronic disease. Also, there may be some protective cultural factors at work, such as familism (familismo). Familism is a key cultural value identified in Latino families that emphasizes support, attachment, loyalty, honor and obligation to the family.<sup>30</sup> While familism is generally understood to benefit health, we have also seen that Zuni Castillo's attachment and loyalty to her mother during medical struggles had long-term consequences for her own health.

In looking closer at the data, we see that Latinos who are younger, newly arrived or just-scraping-by may have issues with access to care. Latino adults in the Finger Lakes region are less likely to report that they got the needed medications, or have a relationship with a primary care doctor and are more likely to report that they have visited the emergency department, according to the My Health Story 2018 survey. Higher rates of emergency department visits are a strong indication that people are not getting the emergency department visits they need elsewhere.



29. Turra, C. M., & Elo, I. T. (2008). The Impact of Salmon Bias on the Hispanic Mortality Advantage: New Evidence from Social Security Data. Population research and policy review, 27(5), 515–530. <https://doi.org/10.1007/s11113-008-9087-4>

30. Cahill, K. M., Updegraff, K. A., Causadias, J. M., & Korous, K. M. (2021). Familism values and adjustment among Hispanic/Latino individuals: A systematic review and meta-analysis. Psychological Bulletin, 147(9), 947–985. <https://doi.org/10.1037/bul0000336>

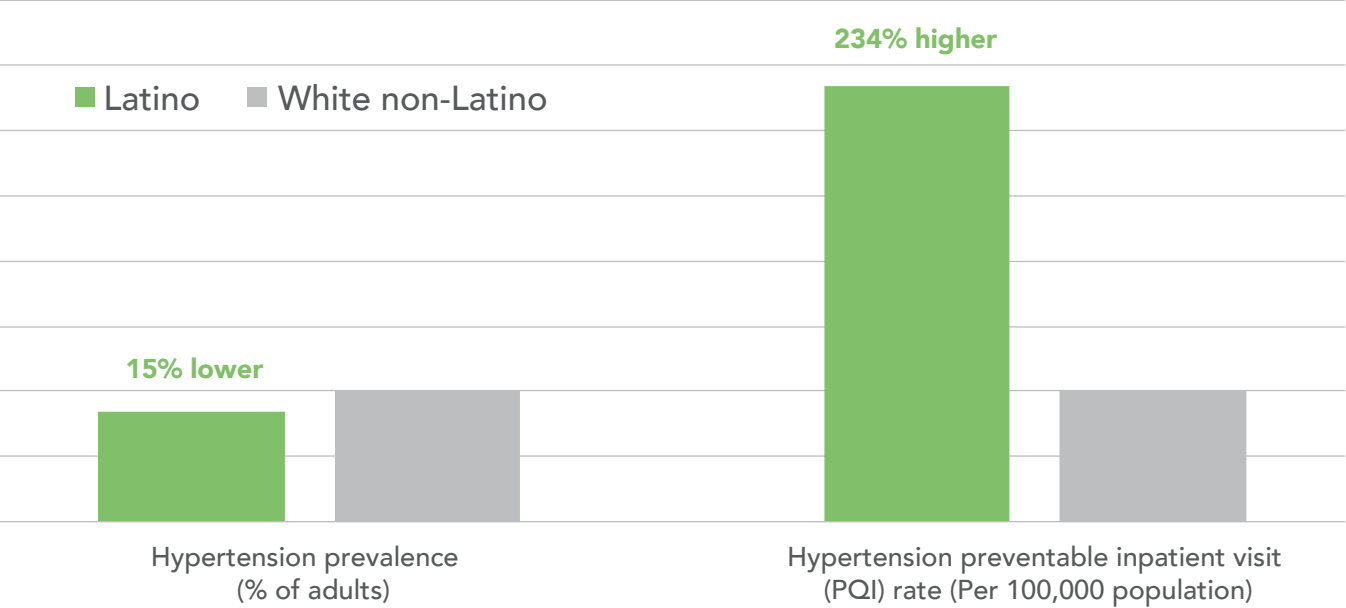


Looking at the data, we can see how a lack of access to care yields worse health outcomes. Latino adults do not always have higher levels of disease. They're 15% less likely than White non-Latino adults to have high blood pressure, for example. Despite this, they still have a 234% higher rate of being hospitalized for high blood pressure. Even when Latino adults do have a disease more often, such as with diabetes, the prevalence rate does not explain the enormous jump in preventable in-patient hospital stays they experience. These consistently poorer outcomes suggest that Latino residents do not have enough access to preventive and chronic disease care. Lower rates of insurance may also play a role in causing them to delay care. We can better understand each of these factors if we look at them in a context of a system designed to get the results it gets.

"Patients with diabetes may be hospitalized for diabetic complications if their conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self management," says an Agency for Health Research and Quality fact sheet.<sup>31</sup>

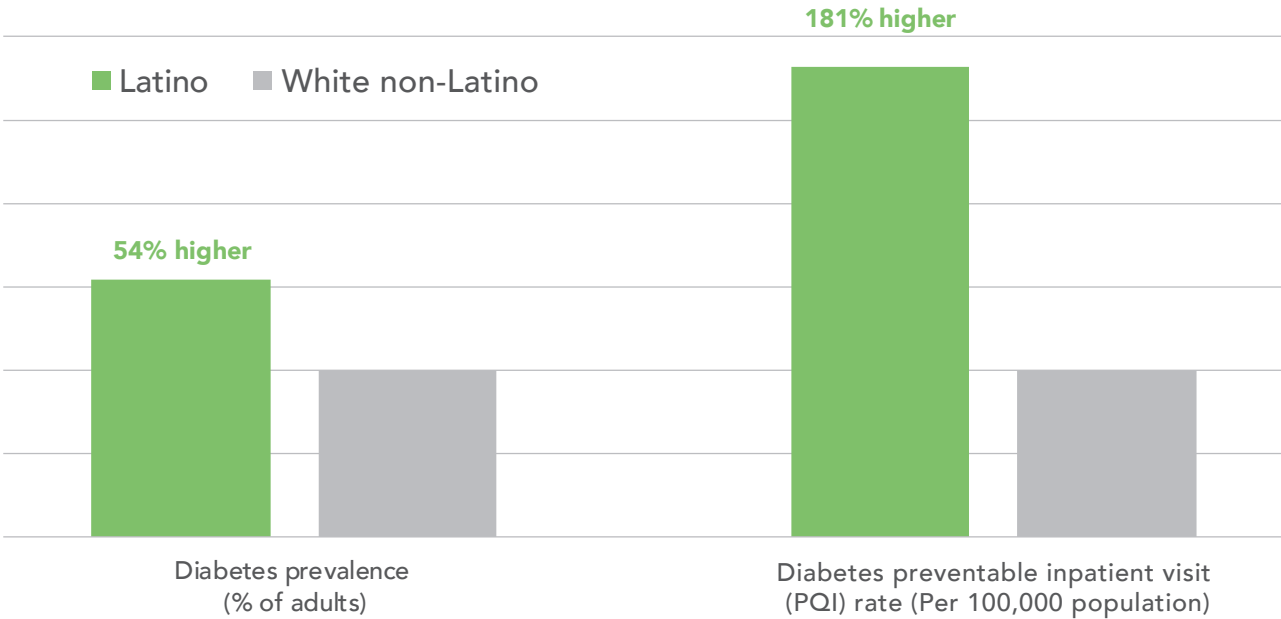
**More research on preventive care is needed to see if Latinos are receiving patient education on prevention in their preferred language, if there are gaps in monitoring of their condition or if they have access to the medicine needed for ongoing treatment.**

### Latino adults are much more likely to be hospitalized for hypertension than White non-Latino adults



Source (prevalence rates): My Health Story survey 2018. Analysis by Common Ground Health incorporates weighting to normalize survey participants to demographics of region. Source (PQI Rates): NYSDOH SPARCS 2018-2020; for the nine-county Finger Lakes region. Analysis by Common Ground Health

### Latino adults are much more likely to be hospitalized for diabetes than White non-Latino adults



Source (prevalence rates): My Health Story survey 2018. Analysis by Common Ground Health incorporates weighting to normalize survey participants to demographics of region. Source (PQI Rates): NYSDOH SPARCS 2018-2020; for the nine-county Finger Lakes region. Analysis by Common Ground Health

If conditions are allowed to escalate instead of being prevented and treated, this can wreak a significant toll on people's bodies. Hospitalizations can lead to hospital-acquired infections. Diabetic nerve damage or poor blood circulation in the feet and lower legs can lead to infections that may result in removal of these limbs. The American Diabetes Association notes that Latinos are 1.5 times as likely as White non-Latinos to have a limb amputated.

"Whether or not you have a limb amputated can come down to the color of your skin, how much money you make, and where you live," the association said.<sup>32</sup>

**Ultimately, society pays the price for these untreated conditions. Nationally, potentially preventable adult inpatient stays cost hospitals \$33.7 billion, according to a 2017 study.<sup>33</sup>**

32. American Diabetes Association. (n.d.) *Amputation Prevention Alliance*. Retrieved May 3, 2023. <https://diabetes.org/get-involved/advocacy/amputation-prevention-alliance>

33. McDermott, K. W. and Jiang, H. J. (2020, June 16) *Statistical Brief #259: Characteristics and Costs of Potentially Preventable Inpatient Hospitalizations, 2017*. Agency for Healthcare Research and Quality Healthcare Cost and Utilization Project. <https://hcup-us.ahrq.gov/reports/statbriefs/sb259-Potentially-Preventable-Hospitalizations-2017.jsp>





The Cancer Society noted that Latinos are at an increased risk of developing type 2 diabetes. It called for additional research on the association between type 2 diabetes and cancer risk in Latino populations.

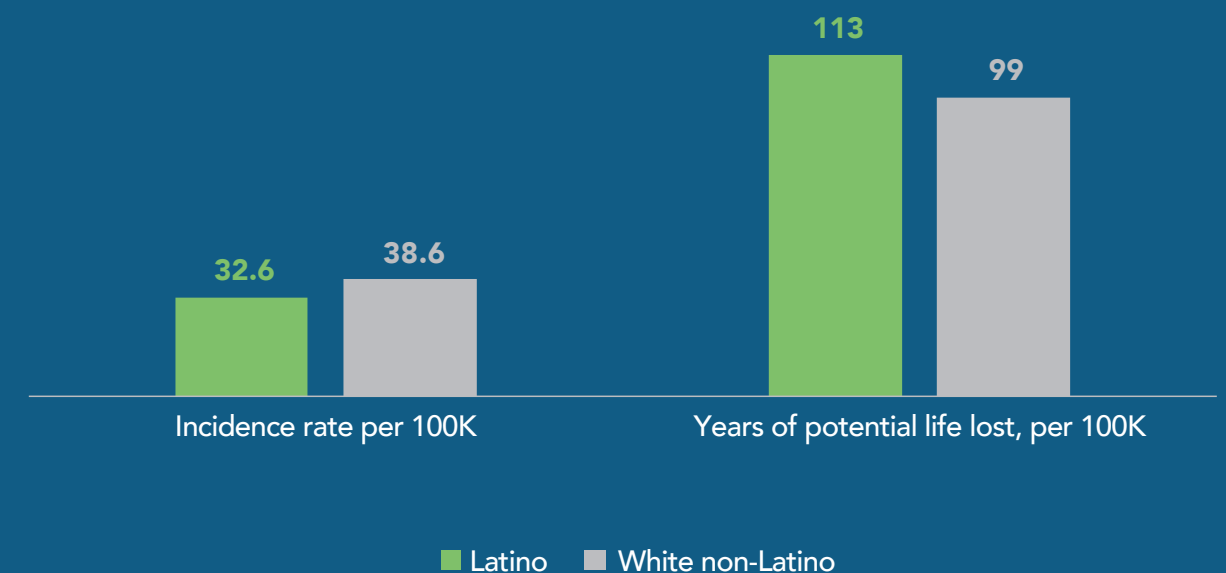
**In the Finger Lakes region, Latino residents are less likely to have colorectal cancer than White non-Latino residents, but they are more likely to die at an early age due to it.**

Latinos can decrease their risk of this cancer by losing weight if overweight or obese, decreasing alcohol and red or processed meat consumption, quitting smoking, increasing physical activity and eating more fruits and vegetables, the American Cancer Society noted.

Type 2 diabetes and some preventable cancers are linked as well, according to the American Cancer Society.<sup>34</sup> Type 2 diabetes is a condition in which the body can no longer respond to the hormone insulin. Excess body weight, poor diet and lack of physical activity can contribute to certain types of cancer and type 2 diabetes.

**“A growing body of literature suggests that type 2 diabetes increases risk for several cancer types independent of these factors, including those of the liver, endometrium, pancreas, colorectum, kidney, bladder, breast, and perhaps ovary,” the American Cancer Society said in a report on Latinos and cancer.**

## Latinos lose more years of life to colorectal cancer than White non-Latinos despite lower incidence of disease



Incidence rates are from the NYS cancer registry 2015-2019 and comprise all of New York except New York City; YPLL data is from NYSDOH vital statistics 2016-2020 data. Analysis by Common Ground Health



The American Cancer Society said cancer rates in Latinos vary by place of birth. For instance, most cancer rates from people from Puerto Rico are similar to White non-Latino residents. However, in Puerto Rican men, prostate and colorectal cancer mortality rates are about 40% and 20% higher, respectively, than those in White non-Latino men.

Cancer and heart disease are the most common causes of death among Latino residents in the Finger Lakes region.

Cancer and heart disease were the top causes of death for all Latinos in the Finger Lakes region (2018-2020)

	NUMBER OF DEATHS	AVERAGE AGE	TOTAL YPLL
Cancer	174	67	1,765
Heart	155	70	1,447
Drug overdose (not suicide)	86	43	2,727
Dementia	63	85	58
Stroke	50	73	370

Source: NYS Department of Vital Statistics, 2018-2020  
Analysis by Common Ground Health. Years of potential life lost (YPLL) is a widely used measure to assess the rate of premature mortality. The YPLL rates in Common Ground Health analyses are derived using 75 years as the baseline. A death at age 65 has YPLL of 10, whereas a death at age 35 has a YPLL of 40.

Latinos living in rural areas share many of the same health concerns as urban and suburban Latino residents. Finger Lakes Community Health (FLCH) shared clinical data from 2017-2020 that provides insights on primary care services and health conditions of the rural population. This includes rural Latino residents as well as seasonal and migrant workers.<sup>35</sup>

The FLCH data show “overweight/obesity” as the most diagnosed condition for both non-Latino White residents and Latino adults (Latino adults, 37% vs. non-Latino White adults, 41%). It is significantly higher in Latino children than non-Latino White children (Latino children, 26% vs. non-Latino White children, 20%). “Overweight/Obesity” are top conditions for both rural Latino residents and migrant Latino residents, but the prevalence is much higher for non-migrant Latinos residents (43% vs. 31%). Studies have shown that the longer immigrants are in the U.S., the more their body mass indexes increase.<sup>36</sup>



High blood pressure and diabetes are associated with overweight and obesity diagnoses. Among the FLCH patients, high blood pressure affects 21% of migrant Latino adults and 20% of non-migrant Latino adults. Type II diabetes is more common for Latino patients, affecting 13% of them versus 10% of non-Latino White residents.

Anxiety and depression are diagnosed in FLCH facilities much more frequently among non-Latino White adults than Latino adults (25% and 18%, respectively, compared to 16% and 11%, respectively). Combining all four years of data, the prevalence of diagnosed anxiety and depression were consistently higher for rural Latino patients than for migrant Latino patients (rural Latino patients, 26% vs Migrant Latino patients, 10%).

These diagnosed rates may under-represent the prevalence of these conditions. These differences in anxiety and depression for rural Latino residents may be caused by cultural differences in acknowledging or discussing emotional health, mental-health literacy driven by language barriers, and concerns about immigration status.

Local farm workers testifying with the grassroots organization Alianza Agricola said grueling farm work takes a toll on both their physical and mental health.

The workers – speaking through representatives reading translated remarks - told their stories to a New York state Department of Labor Wage Board in September 2020.<sup>37</sup>

One worker recalled arriving at work several years ago exhausted. He usually worked between 12 and 15 hours a day without a day off for rest – a schedule he had maintained for more than 5 years. On this day, he had to attend to the birth of a calf. He said he wasn’t thinking clearly.

“In the process of dipping the calf’s navel in iodine solution, I burned myself,” the farm worker said via a representative appearing at the online wage board hearing. “I had to stay home for a few days without working. I don’t think I would have had this accident if I had had enough time to rest.”

This worker said if the weather is bad, he wishes he could just go home.

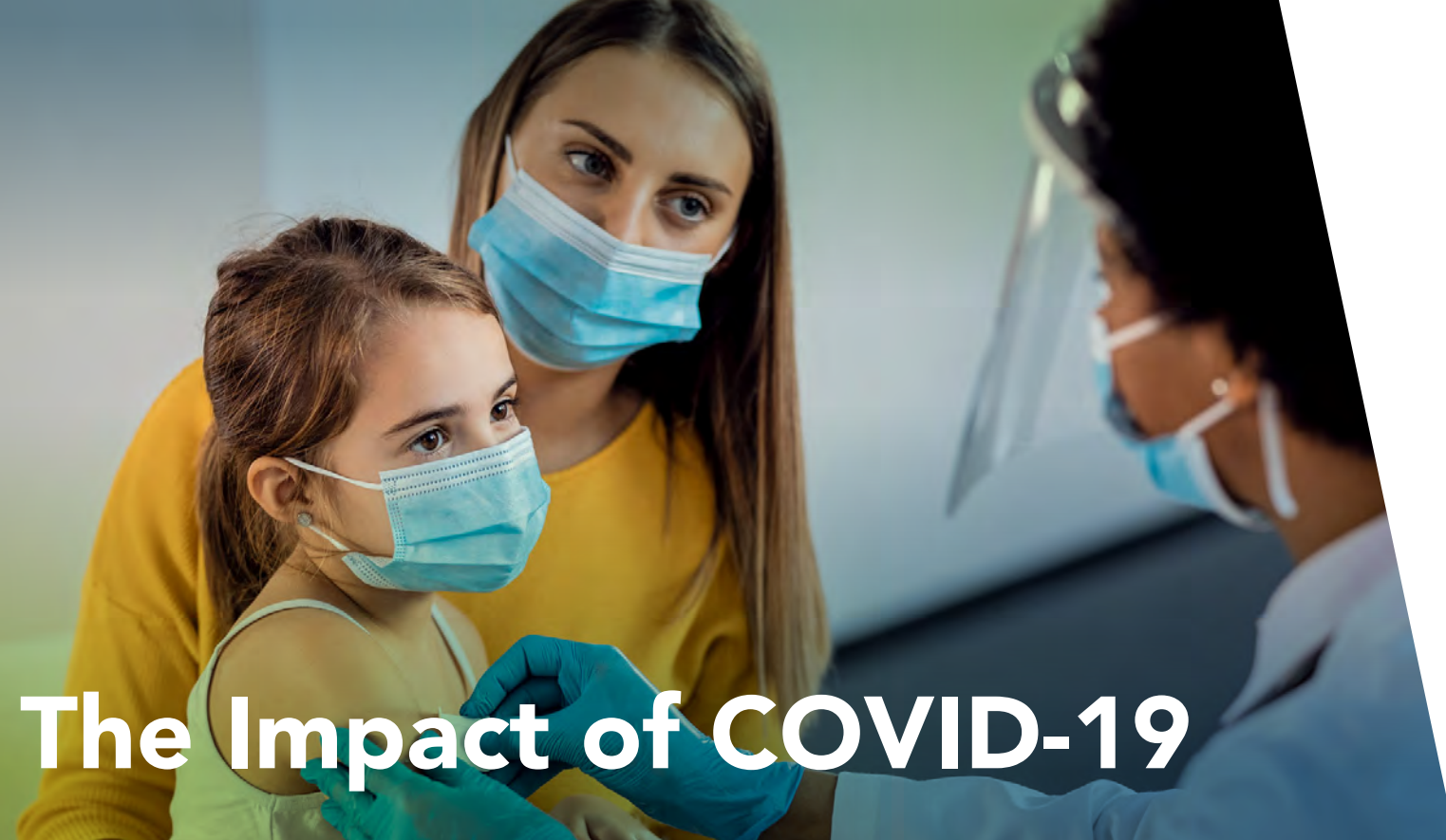
“Sometimes I think about the idea of going home, but who is the owner of my home? The boss. So if he isn’t happy with my work, he can fire me from my job, and also kick me out of my home. I don’t want to say that my relationship with my boss is bad. The opposite. He talks to us, he offered us rides at the beginning of the pandemic. But he still has a lot of power over us, and we don’t have the freedom to advocate for ourselves.”

35. Founded in 1989, FLCH is a federally qualified health center with locations throughout the eastern Finger Lakes counties. The majority of their patients in this dataset come from Wayne, Ontario, Yates, Cayuga, and Seneca counties. Common Ground Health compared the diagnoses between Latino and non-Latino White FLCH patients, as well as between migrant Latino and non-migrant Latino patients.

36. Krueger, P. M., Coleman-Minahan, K., & Rooks, R. N. (2014). Race/ethnicity, nativity and trends in BMI among U.S. adults. Obesity (Silver Spring, Md.), 22(7), 1739–1746. <https://doi.org/10.1002/oby.20744>

37 . Farm Laborers Wage Board Hearing (2020, September 30) <https://www.youtube.com/watch?v=VUaeNkERSgc>





# The Impact of COVID-19

Through the first 18 months of the pandemic (data reporting started 3/12/2020) Latino residents in Monroe County had COVID at 1.6 times the rate of White non-Latino residents. They were hospitalized at nearly three times the rate and died at two times the rate of White non-Latino residents.<sup>38</sup>

After the COVID-19 vaccine became available in early 2021, residents who were unvaccinated were far more likely to be diagnosed and hospitalized with COVID-19 than those who were fully vaccinated.<sup>39</sup> Personal protective equipment and at-home COVID tests also became available, helping slow the spread of the disease.

According to New York State, about 51,000 Latinos in the Finger Lakes region, or 59 % got their initial COVID vaccine series, as compared to 65% of White

non-Latino residents and 51% of Black non-Latino residents.<sup>40</sup> These vaccinations happened through months of hard work by the partners of the Finger Lakes COVID-19 Vaccine Hub, which addressed issues of vaccine access. Clinics took place in the community and were supported by community outreach and marketing. Hub partners worked to provide transportation and offer services free of cost and in preferred languages. Extra focus was paid to building trust in the community by hearing people's questions and involving trusted community members to share their experiences.

Vaccination efforts included information and forums in English and Spanish to answer questions that people had about the vaccines. Some were offered in English and Spanish.<sup>41</sup>

**"Covid-19 has shown a bright light on our own society's failings. Our Country's experience with COVID-19 has not only upended our own lives but it has uncovered a stark reality and failing of our own society: the unacceptable disparities in health experienced by minority groups, especially African-Americans, Hispanics and Native Americans."**

- Dr. Anthony Fauci, 2021 Emory University Graduation Ceremony

## Economic impacts of COVID-19 on Latino residents

At the outset of the pandemic, though, as we have seen, the Latino community was disproportionately harmed by COVID-19 because of policies, practices, and procedures that marginalized them economically and socially. We can look at the economic aspect of this first.

During the early days of the pandemic, many workplaces temporarily closed or pivoted to remote work. Workers designated "essential" stayed on the job as they were needed to maintain critical infrastructure and continue critical services. "Frontline essential workers" were those employees who had to work on site at workplaces and in close proximity to others. They were unable to work from home. Frontline essential workers were prioritized for vaccination when COVID-19 vaccines became available.

Health care, food services and protective services made up the largest portion of frontline essential workers. In New York, 18% of workers – 2.2 million – were deemed frontline essential workers.<sup>42</sup>



38. Rochester Emerging Infections Program, Center for Community Health & Prevention, University of Rochester Medical Center, and Monroe County Department of Public Health (MCDPH), Analyzed by MCDPH, 3/12/2020-9/30/2021. Rates based on National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, July 1st 2019 resident Population.

39. NY State Department of Health. (2023, March 27) COVID-19 Breakthrough Data. Retrieved April 11, 2023. <https://coronavirus.health.ny.gov/covid-19-breakthrough-data>

40. NY State Department of Health (2023, April 7) Demographic Breakdown of COVID-19 Vaccination Data. Retrieved April 11, 2023. These numbers are lower bound estimates that do not reflect the nearly 54,000 people whose race or ethnicity wasn't recorded as part of their vaccination series. <https://coronavirus.health.ny.gov/demographic-vaccination-data>

41. Cornell College of Agriculture and Life Sciences (n.d.) COVID vaccines for farmworkers: Should I get it and what are the side effects? Retrieved April 11, 2023. <https://cals.cornell.edu/covid-19-vaccines-farmworkers-should-i-get-it-and-what-are-side-effects>.

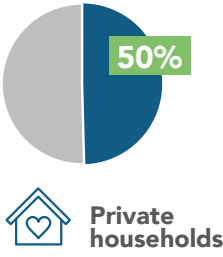
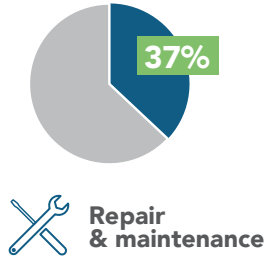
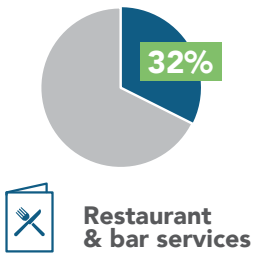
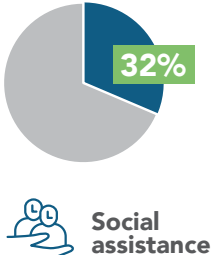
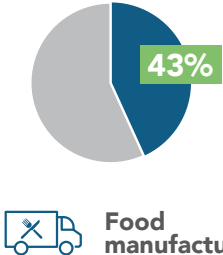
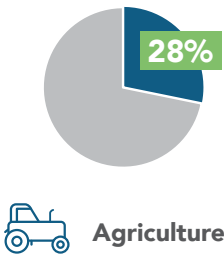
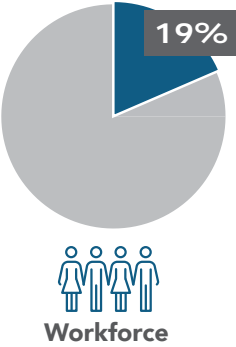
42. NY State Department of Labor. (2021, September) Characteristics of Frontline Essential Workers in New York State. <https://dol.ny.gov/system/files/documents/2021/09/characteristics-of-frontline-workers-09-22-21.pdf>



According to the New York State Department of Labor, Latino workers make up nearly 19% percent of the workforce, but were overrepresented in essential and frontline essential industries, such as agriculture and food manufacturing. The novel coronavirus spread rapidly among frontline essential workers, who worked closely and faced initial shortages of personal protective equipment.

## Latino workers are overrepresented in “essential worker” industries.

Latino people make up nearly 19% of the workforce in New York State and are overrepresented in “essential worker” industries.



Source: New York State Department of Labor

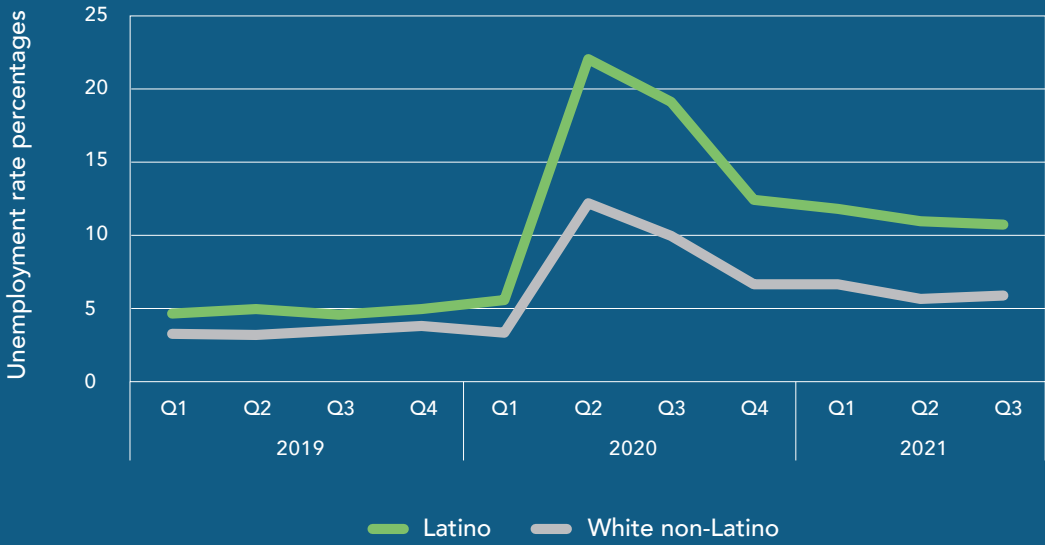
In addition to being unable to avoid exposure when working and living in close proximity to other, many essential workers receive lower pay and fewer benefits than other occupations.<sup>43</sup> Many people in these professions don't have access to paid sick leave. This made the recommended 10- to 14-day quarantine period a financial strain. Not having paid sick leave consequently became a health risk. Without it, people were more likely to work while sick and spread their illness to coworkers.<sup>44</sup>

In early 2020, COVID spread quickly among front line workers, including at area farms, where workers live in communal housing. Many farm workers lack health insurance and access to care. Media reports said that farm workers refused COVID tests, even if they had symptoms. They were scared of losing their jobs.<sup>45</sup>

“(Farmworkers) don’t have paid sick leave, they don’t have access to health care,” said Dr. Linda Forst, director of the new Great Lakes Center for Farmworker Health and Wellbeing at the University of Illinois Chicago School of Public Health. “And they really don’t have choices about whether they work or they don’t work, because their wages are so low.”<sup>46</sup> This issue was felt by local farmworkers. According to one article from the summer of 2020, “Luis Jimenez, 38, a dairy worker in Avon, New York, says workers are in a bind. They have been told if they get sick and don’t say anything, they will get fired. But if they do say something they may still lose their job. ‘The [bosses] don’t have a plan if workers get infected,’ says Luis. ‘No plan to quarantine, no plan to feed them, no plan to take them to the hospital.’”<sup>47</sup>

As the pandemic wore on, guidance and outreach specific to farmworkers was developed. The CDC partnered with farm-worker serving agencies to share guidance on COVID-19 workplace protections and vaccines against COVID-19.<sup>48</sup> The Cornell Farmworker Program and Rural and Migrant Ministries, among many partners, developed outreach and education for workers. Local counties health departments and the WNY Coalition of Farmworker Serving Agencies also partnered to bring information about COVID-19 and vaccines against it to local farmworkers.

## Unemployment rates in New York State rose faster and higher for Latinos during the pandemic



<https://www.epi.org/indicators/state-unemployment-race-ethnicity/>

The economic impact of the pandemic was not just felt on farms. While millions of people were impacted by pandemic-related job losses in 2020, Latino residents were particularly hard-hit. Average unemployment rates in 2020 for New York state Latinos (14%) were nearly double that of non-Latino White residents (8%).<sup>49</sup> Even as unemployment rates have gone down from pandemic-related highs in the second quarter 2020 and into 2021, the disparity in unemployment rates between non-Hispanic White residents and Hispanic residents is now larger than it was before the pandemic.<sup>50</sup>

We know that employment status is a strong predictor of health status. To truly protect people’s health, health care investments must address broader justice issues such as employment. If health care investments only pay for hospitalizations as they occur, they will not achieve health improvement.

Dr. David E. Hayes-Bautista, a Distinguished Professor of Medicine and the Director of the Center for the Study of Latino Health and Culture at the David Geffen School of Medicine at UCLA, talked about this injustice faced by the Latino community during the pandemic: “The strong Latino work ethic is seen in the fact that Latino households have more wage earners than non-Hispanic White households. However, when they have to work more exposed to the coronavirus than white-collar workers, when they are paid very little for their hard work, when they are less likely to be offered health insurance, when they are less likely to find a doctor who can speak Spanish, it is no wonder that working-age Latino residents have higher case rates and death rates than the general population.”<sup>51</sup>

43. Tulis, S. (2020, April 13) Bigger Picture: Coronavirus crisis – a vulnerable farmworker. *Finger Lakes Times*. [https://www.ftimes.com/coronavirus/bigger-picture-coronavirus-crisis-a-vulnerable-farmworker/article\\_35383525-2a54-5a14-b37d-cdde986f8cd5.html](https://www.ftimes.com/coronavirus/bigger-picture-coronavirus-crisis-a-vulnerable-farmworker/article_35383525-2a54-5a14-b37d-cdde986f8cd5.html)

44. Farmworker Justice (n.d.) *Statement by Farmworker Advocates on the COVID-19 and the Risks to Farmworkers*. Retrieved April 11, 2023. <https://www.farmworkerjustice.org/blog-post/statement-by-farmworker-advocates-on-covid-19-and-the-risks-to-farmworkers/>

45. Fawcett, M, & Gupta, A. (2020, June 11). *The Food Industry's Next Covid-19 Victims: Migrant Farmworkers*. In *These Times*. <https://inthesetimes.com/article/covid-19-farms-pandemic-essential-workers-undocumented-coronavirus>

46. Fletcher, L., (2022, September 12). *First federal center focused on farmworker health and safety to open*. UIC Today. <https://today.uic.edu/first-federal-center-focused-on-farmworker-health-and-safety-to-open-in-chicago/>

47. Fawcett, M, & Gupta, A. (2020, June 19). *Undocumented Farmworkers Are Refusing Covid Tests for Fear of Losing Their Jobs*. In *These Times*. <https://inthesetimes.com/article/undocumented-farmworkers-are-refusing-covid-tests-for-fear-of-losing-jobs>

48. Rodriguez Lainz, A. (2021, March 22) *CDC Initiatives to Protect Agricultural Workers During the COVID-19 Pandemic*. Centers for Disease Control and Prevention. [http://www.ncfh.org/uploads/3/8/6/8/38685499/cdc\\_strategies\\_farmworkers\\_covid-19-a\\_rodriguez\\_lainz\\_final\\_3-22-2021\\_\\_2\\_-\\_copy.pdf](http://www.ncfh.org/uploads/3/8/6/8/38685499/cdc_strategies_farmworkers_covid-19-a_rodriguez_lainz_final_3-22-2021__2_-_copy.pdf)

49. Data provided by New York State Department of Labor, Division of Research and Statistics.

50. Economic Policy Institute. (2021) *State Unemployment by Race and Ethnicity*. <https://www.epi.org/indicators/state-unemployment-race-ethnicity/>

51. UCLA Fielding School of Public Health. (2021) *COVID-19's Toll on California's Latinos*. *UCLA Fielding School of Public Health Magazine*. <https://ph.ucla.edu/news-events/ucla-fsph-public-health-magazine/magazine-archive/our-path-forward/covid-19s-toll>



# Social impacts of the COVID-19 pandemic on Latinos

As noted earlier, the pandemic’s impact on the Latino community was also a result of social marginalization. Throughout the pandemic, residents who spoke Spanish and other languages besides English struggled to get up-to-date health information and materials shared in their languages. This happened despite the fact that Title VI of the Civil Rights Act of 1964 requires that recipients of federal dollars “take reasonable steps to provide meaningful access to Limited English Proficient persons.”

Not having health-related information in your primary language during a pandemic can be life-threatening. To address the issue of language barriers during COVID-19 in the Finger Lakes region, Common Ground Health’s Latino and African American Health Coalitions released the following statement in November 2020.

**“We must keep communication in languages other than English as a priority. Every time a public health message goes out, it must be translated in a timely manner so that all members of the community can understand what is being communicated,” the Coalitions said.**

52. Rodríguez Medina, N. (2021, February 12). Monroe County Legislature approves Language Access Bill: Here's what it means. *Rochester Democrat and Chronicle*. <https://www.democratandchronicle.com/story/news/2021/02/12/what-language-access-bill-means-deaf-and-limited-english-community/6722786002/>

53. Rodríguez Medina, N. (2021, March 6). Monroe County's weekly COVID updates will now be simulcast in Spanish. *Rochester Democrat and Chronicle*. <https://www.democratandchronicle.com/story/news/2021/03/06/monroe-county-weekly-covid-updates-now-simulcast-spanish/4595638001/>

54. *Demographic Trends of COVID-19 cases and deaths in the US reported to CDC*. (2023, March 2). Centers for Disease Control and Prevention. <https://covid.cdc.gov/covid-data-tracker/#demographics> Retrieved on March 7, 2023.

55. *COVID-19 Fatalities Tracker* (2023, March 6) New York State Department of Health. <https://coronavirus.health.ny.gov/fatalities-0> Retrieved on March 7, 2023.

56. Tzalaín, A. P. (2020, April 15) I Harvest Your Food. Why Isn't My Health 'Essential?'. *The New York Times* <https://www.nytimes.com/2020/04/15/opinion/covid-farmworkers-paid-leave.html>

Spurred on by the regional COVID-19 task force, Monroe County began focusing on making information available in Spanish and other languages. In February of 2021, the county legislature approved hiring a language access coordinator to oversee language access through the county.<sup>52</sup> The county started a Spanish language simulcast of weekly COVID updates in March 2021. It also included a Spanish-language option for its COVID hotline, provided COVID guidance over Ibero’s Spanish-language station Poder 97.1, gave guidance to parents in Spanish on schools reopening and participated in the bilingual COVID campaigns Six Feet Saves and You Deserve Answers/ Merece Respuestas. The county also began releasing press releases in Spanish in 2022. Monroe County now is positioned as a leader for the region in ensuring that vital information is accessible to populations in the languages they use.

Some of the focus on language equity was achieved only after the first year of the COVID-19 pandemic had taken place.<sup>53</sup> As Monroe County has the highest concentration of Spanish-speaking Latinos in the region, it is expected that all vital information would be made available in Spanish as in English. Yet Spanish-speakers faced the anxieties of the early days of the pandemic without guidance of our public health experts. This lack of access is an example of how Latinos are socially marginalized when information sharing is not equitable. In this instance, systems can still create discriminatory outcomes even if discrimination is not a conscious decision of individuals.

A lack of complete and current data on race/ethnicity made it hard to see all of the impact that COVID-19 had on the Latino community. As of March 2023, data shared by the CDC showed that nationally, race/ethnicity was only available for 66% of COVID-19 cases and 85% of deaths.<sup>54</sup> During the pandemic, local data was sometimes difficult to obtain or wasn’t available. Sometimes it required interviews or a manual case review to determine race and ethnicity of COVID cases and hospitalizations. New York State was eventually able to make information on hospitalizations and deaths by race and ethnicity more readily available in a registry. Case information by race/ethnicity was not available from the state.<sup>55</sup>

Common Ground Health is also committed to partnering with the Rochester Regional Health Information Organization through the Metrics Advisory Committee to create more reliable, informative data by race and ethnicity. This effort will require educating residents on the importance of having accurate information on race and ethnicity in medical records.

**“The world we create during and after this crisis has to be one where we are no longer invisible, and where we will be safe and healthy and can hug our children tight,” said farm worker Alma Patty Tzalaín.<sup>56</sup>**



# Social Marginalization

## Language Barriers

We started this report with Zuni Castillo's story because her experience is unfortunately quite common among U.S. Latino families. Because of a lack of professional translating services and Spanish-speaking health providers, youth are often made to interpret and translate for their Spanish-speaking elders in clinical settings. Research shows that both parents and children can suffer physical and psychological harm from this common practice.

Language barriers are a main reason why some Latino residents do not seek medical care.<sup>57</sup> Most health care providers receive federal dollars and are legally required to "take reasonable steps to provide meaningful access to Limited English Proficient persons."<sup>58</sup> However, many Spanish-speaking Latino residents seeking health care services still do not have access to interpreters. This is especially true in rural areas and specialty clinics. Thankfully, new technology allows for remote simultaneous interpretation. This is a cost-effective option for rural areas and specialty

clinics to offer improved language access if an interpreter isn't available in person. However, even remote interpreters aren't enough to compensate for a national shortage of qualified medical interpreters.<sup>59</sup>

However, increasing access to interpreters isn't enough. Even when interpreters are available, whether in-person or through new remote technology, a second problem appears: clinicians aren't always trained in how to effectively work with them. One study found that only 23% of teaching hospitals in the U.S. offered such training, and most of the hospitals offering it made it optional.<sup>60</sup>

Our society caters to English speakers. This makes it very difficult for patients who have a limited understanding of English to access and navigate the health care system, learn about services, and make informed decisions about their health. Because of these difficulties, language barriers are associated with lower rates of health insurance, reluctance to seek medical care, increased emergency department visits and lower satisfaction with the medical care provided.<sup>61</sup>

Latino parents of children with autism have experienced many of the above issues. They reported difficulty seeking developmental screenings and services for their children because of language and cultural barriers.<sup>62</sup> Latino mothers describe the process of accessing language services as "a battle," especially in non-primary care settings. They also feel that they're just "getting by" in their understanding of their health care appointments.<sup>63</sup>

State and federal laws require that health care providers offer translators and interpreters for individuals with a limited understanding of English. But that doesn't always guarantee high quality translation or interpretation, according to Dr. Yanelys Ortega, a doctor licensed in Cuba who is currently a bilingual teacher for the Rochester City School District. Dr. Ortega (who was not speaking on behalf of the RCSD) said that "Often times, the translation or interpretation of the conversation between the patient and the doctor isn't the most accurate because the person serving as the interpreter isn't well-prepared or they don't know the medical terms in Spanish to interpret accurately."

These experiences of "battling" to access care, "just getting by" in understanding their treatment, and receiving inaccurate translations demonstrate how the practices and procedures of our health institutions fail to ensure high quality care for the Latino community.

Access to Spanish services and clear health information are top concerns for Ibero-American Action League, said President and CEO Angelica Perez-Delgado. "All major health systems need to become culturally responsive, inclusive and linguistically appropriate providers," she said.

A systematic review of factors in intercultural competence notes that low language ability affects the care that people of varying cultures receive.

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**"Low language ability has an impact on the overall quality of care, access to services, the assessment of patients' needs, the participation in the decision making process, on the medication and treatment compliance and on the patients' satisfaction of treatment."<sup>64</sup>**

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57. Martinez CR, McClure HH, Eddy JM. (2009) Language Brokering Contexts and Behavioral and Emotional Adjustment among Latino Parents and Adolescents. *Journal Early Adolesc.* 29(1), 71-98. doi: <https://doi.org/10.1177/0272431608324477>.

58. US Department of Health and Human Services Office for Civil Rights. (2013, July 26) *Guidance to Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons - Summary*. HHS.gov <https://www.hhs.gov/civil-rights/for-providers/laws-regulations-guidance/guidance-federal-financial-assistance-title-vi/index.html>

59. Mulrooney Eldred, S. (2018, August 15) *With Scarce Access To Interpreters, Immigrants Struggle To Understand Doctors' Orders*. National Public Radio. <https://www.npr.org/sections/health-shots/2018/08/15/638913165/with-scarce-access-to-medical-interpreters-immigrant-patients-struggle-to-under>

60. Flores, G. (2006) Language Barriers to health care in the United States. *New England Journal of Medicine*, 2006 (355), 229-231. DOI: <https://doi.org/10.1056/NEJMp058316>

61. Yeo, S. (2004) Language Barriers and Access to Care. *Annual Review of Nursing Research*, 22 (1) 59-73. DOI: <https://doi.org/10.1891/0739-6686.22.1.59>

62. Zuckerman, K. E., Sinche, B., Mejia, A., Cobian, M., Becker, T., & Nicolaidis, C. (2014). Latino parents' perspectives on barriers to autism diagnosis. *Academic pediatrics*, 14(3), 301–308. <https://doi.org/10.1016/j.acap.2013.12.004>

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# Culturally Responsive Care

Along with language barriers, inter-cultural competence among health care professionals is a common concern for Latino residents. Dr. Diana Fernandez, who recently served as co-chair of Common Ground Health’s Latino Health Coalition, says that this issue was brought to the Coalition’s attention. “Health service providers are unaware of cultural differences and lack cultural humility. For example, in the Latino culture, families have less boundaries and the participation of families in the health care setting is almost expected.” Dr. Fernandez noted that putting barriers around family involvement in health care could provoke anxiety for some Latinos.

While involvement of a patient’s family in health care is best practice, the National Academies of Medicine acknowledged in a 2018 report that this engagement hasn’t always happened in the past. “Across the care continuum, there is greater recognition that patients and families—as the end-users of the services provided—are an integral part of the decision process, whose engagement, understanding, and support is imperative to individual health and well-being, as well as system efficiency, quality, and overall performance,” the Academies said.<sup>65</sup>

The active participation of families in caring is not always easily accepted in the hospital context. One study found visitation limits and the emphasis placed on the doctor-patient relationship in hospitals puts pressure on the role of family members.<sup>66</sup>

In response to the need for culturally responsive care, the Latino Health Coalition created a 211 directory subcommittee in collaboration with 211/LIFE LINE, a free, 24-hour confidential phone, chat, text service, and searchable online database. It provides information, referral, and crisis/suicide prevention services for Monroe, Wayne, Ontario, Livingston, Cayuga, and Seneca counties. The Latino Health Coalition’s subcommittee worked with 211/LIFE LINE to identify culturally responsive

and language-accessible service providers that are now identified with badges on the 211 online directory. Languages offered are specified in the provider’s profile.

**A provider’s inter-cultural competency and language accessibility was determined based on 10 criteria, including:**

- Whether the organization offers interpreting and translation services,
- If the staff and leadership have required DEI and inter-cultural competency training,
- If health services and programs are provided by staff in the preferred languages, and
- If the staff and leadership are representative of the populations served.

The badges help residents to know at first glance which providers they can trust to understand and communicate well with them. Internal and external feedback keeps this feature in the directory up to date.

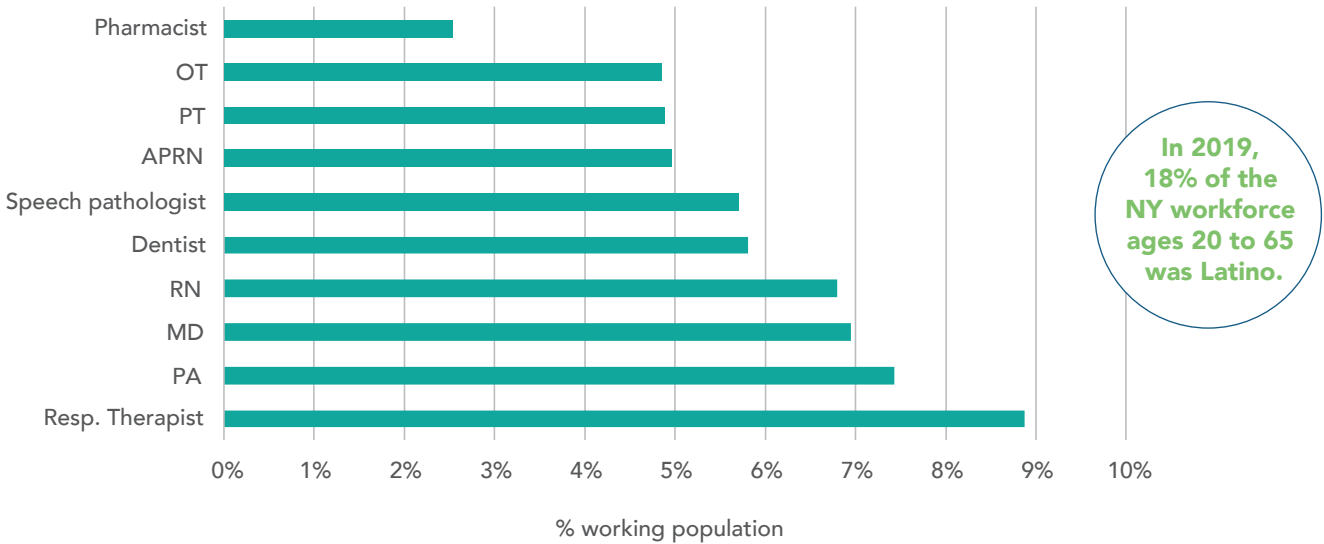
## Latinos in the Health Care Workforce

As seen in the 211 directory criteria, when it came to identifying culturally competent providers, it was important that the criteria included if “staff and leadership are representative of the populations served.” Health care professionals who are from the communities they are serving are able to relate to patients in ways that cannot be taught easily in a diversity training course. When Latino patients seek medical help, they find that a lack of Latino providers makes communication problems worse.

Diverse team members can also benefit teams in many ways, including keeping biases in check and questioning assumptions.<sup>67</sup> Yet achieving diversity is challenging at a time when our region is experiencing a critical shortage of health workers at crisis levels.<sup>68</sup>

In 2019, Latino residents represented 18% of the New York working-age population (that is, people aged 20 to 65). As we have seen, they are overrepresented among essential workers. However, data from 2010-2019 show they are a much smaller percentage of health care professionals.

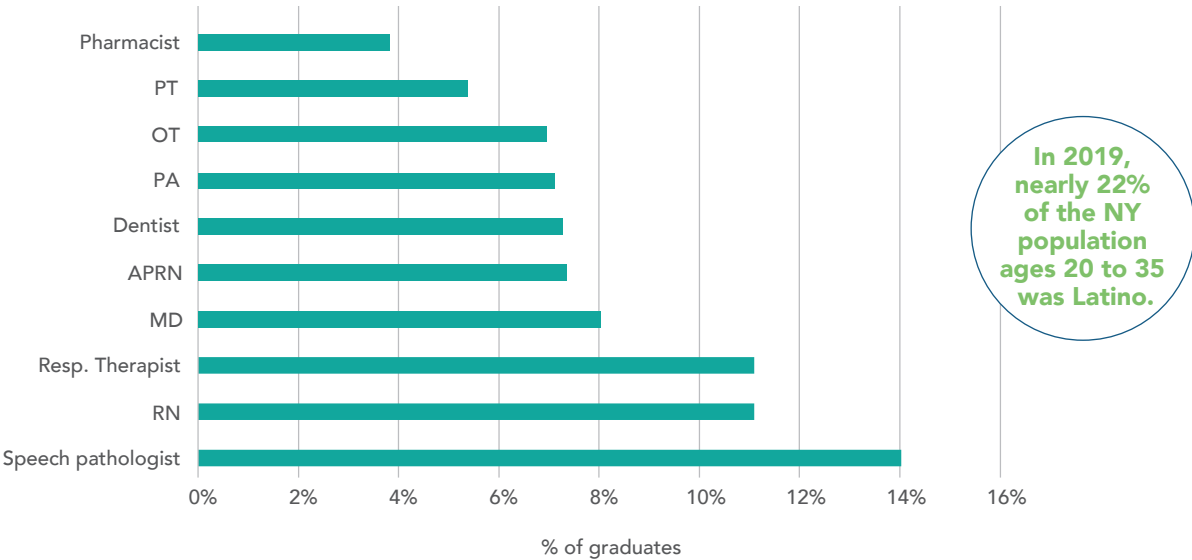
### Latino workers are underrepresented in NY’s health care workforce (2010-2019)



Health Workforce Diversity Tracker from the George Washington University Fitzhugh Mullan Institute for Health Workforce Equity. George Washington University, New York data

To get more Latino health care workers, more Latino graduates need to earn advanced health care degrees. While 22% of graduates were Latino in 2019, data from 2017-2019 show that they aren’t earning advanced health care degrees in proportional numbers.

### Relatively few new graduates from health care education programs in NY are Latino



Health Workforce Diversity Tracker from the George Washington University Fitzhugh Mullan Institute for Health Workforce Equity. George Washington University, New York data

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More funding for workforce training may help. Recently, the County of Monroe Industrial Development Agency (COMIDA) announced a \$1 million investment in Ibero American Action League’s workforce development programs.<sup>69</sup>

Spread over four years, the money will fund job training and placement programs in fields including health care. COMIDA also committed \$300,000 for the 1199 Service Employees International Union (SEIU) United Healthcare Workers union to create and operate a one-year training program for current and prospective healthcare workers. Sixty-five % of the 1199 funding will be focused on historically underserved communities of color.<sup>70</sup> Both of these funding resources will help provide more Latino workers, but sustained investment is needed.

Increasing the racial and ethnic diversity of the health care workforce can help to lower the consistent health inequities experienced by Latino residents and other people of color. It can also increase diverse voices in medical research and health care management.<sup>71</sup>

Some Latino medical professionals who were trained in other countries and who now live in the U.S. say they could be good candidates to bridge these workforce gaps. However, applicants for licensure in New York State must pass an English proficiency exam focused on medicine or by passing a licensing exam given in English. These foreign medical graduates must also get a supervised clinical clerkship or clinical rotation, but increasing demand for matches outstrips supply of funded graduate medical education spots available.<sup>72</sup>

Dr. Yanelys Ortega points out that her own inability to work as a doctor in the U.S. is a lost opportunity to increase diversity in the health care workforce. “The process for foreign doctors to obtain their medical license to work in the U.S. is very difficult,” explained Dr. Ortega. “The exams we’re required to take are

extremely difficult and almost impossible to pass because of the language content and the high fee to take them.” Dr. Ortega said clinical rotation spots at hospitals or other facilities were not available to fulfill that requirement to practice in the U.S. Medical professionals such as Dr. Ortega are essentially shut out of the health care workforce, preventing them from being able to provide interculturally competent and language accessible care to the local Latino community.<sup>73</sup> Additional flexibility and innovation could help bring better care to multiple communities of language learners.

During the COVID-19 pandemic, when staffing shortages were the most acute, rules around foreign medical graduates were relaxed to allow a foreign doctor with one year of clinical experience but no New York license to be able to practice. However, this provision ended in February 2023.<sup>74</sup> Over the next decade, the Association of American Medical Colleges projects we will face a shortfall of 53,000 to 139,000 physicians.

It’s important that we have programs to ensure that people like Dr. Ortega can continue practicing after they’ve immigrated into the community. However, we also need programs that introduce people to health care careers much earlier in their lives.

Having people of different races and ethnicities in the health care workforce requires continued efforts to improve the health care education pathway.

“Education pathway” refers to the system of academic courses, applied learning experiences, mentorship opportunities, and other educational supports meant to prepare students to enter a certain career. Our education and health care systems can engage students from diverse backgrounds in the health care education pathway beginning at a young age.



Education

Working to engage more Latino students in the health care education pathway will mean improving overall educational access and opportunities for Latino graduates. Currently, our Latino students are not receiving the support they need to succeed in school and in higher education. According to ACT Rochester, an initiative of the Rochester Area Community Foundation, only 18% of the region’s Latino adults have a Bachelor’s degree or higher, as compared to 37% of the region’s White non-Latino adults.<sup>75</sup>

According to the NY State Education Department, in 2021-2022, 78% of Latino students in the Finger Lakes region graduated high school in four years, compared to 91% of non-Latino White students. English language learners (ELL) aren’t exclusively Spanish speakers, but their graduation rate can act as a second proxy measure for Latino educational attainment. ELL students in the region graduated at a rate of 68%.<sup>76</sup>

In the Rochester City School District, where many Latino and ELL students attend, four-year graduation

rates are lower: Latino students are at 67%, ELL students are at 64% and non-Latino White students are at 67%.<sup>77</sup> This raises concerns since we know from multiple health equity studies that lower educational levels have been associated with poorer health outcomes.

In 2021, the Rochester Latinx Leaders Roundtable called for the Rochester City School to focus on the best outcomes for Latino students.

“The massive influx of Latino students from Puerto Rico after Hurricane Maria, earthquakes, and economic recession means the Latino education crisis continues to be an urgent issue. The increasing focus on ELL students and the focus on the transition of Spanish-speaking students from Puerto Rico is encouraging. This focus was one of the recommendations made by the Latino Education Task Force over 11 years ago for all Spanish-speaking bilingual students.”<sup>78</sup>

The Rochester Latinx Agenda notes that a focus on comprehensive education can’t only be made in Rochester schools, as the population of Latino suburban residents grows. Additionally supports for Latino students in charter schools are also needed, it said.

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# Political Marginalization

## Forced Sterilizations

Understanding the medical mistrust that Latino residents have today requires historical context.<sup>79</sup> The history of laws allowing Latino residents to be abused and mistreated dates back to the 1930s through the 1970s. During this time period, approximately one-third of the female population of Puerto Rico was sterilized, making it the highest rate of sterilization in the world.<sup>80</sup>

Forced sterilizations were also common in California from 1909 to 1979.<sup>81</sup> There, 10 Latina women who were forcibly sterilized initiated a federal class action lawsuit that exposed the practice of forced sterilization and the involvement of the U.S. government. The lawsuit was dismissed. Despite the ruling, the group of Latina women sparked changes to the state law in California which repealed the act of sterilization. By the time this happened, though,

20,000 forced or coerced sterilizations of Black, Latina and Indigenous women had already taken place in California.

This issue hasn't gone away. As recently as 2019, women in a Georgia immigration detention center said they had received invasive gynecological care without their full understanding or consent.<sup>82</sup> The Spanish-speaking women in the group said that a nurse who spoke Spanish was only occasionally present during the exams.<sup>83</sup> In 2021, Immigration and Customs Enforcement said it would be ending the use of that facility as investigations and lawsuits into the complaints continue.<sup>84</sup>

A Congressional investigation found women at the Georgia facility underwent "excessive, invasive and often unnecessary gynecological procedures." It also uncovered a lack of linguistically appropriate care, a lack of oversight by ICE officials and a history of medical malpractice settlements involving the physician in question.<sup>85</sup>

## Immigration and Deportation

Practices in immigration centers such as the one in Georgia add onto the feeling of discomfort and uncertainty caused by political changes around immigration. Political debate around how to address the increase of Latino immigrants has created stigmatizing views of Latino residents overall. In 2021, 23% of Latino Spanish speakers said they had been criticized for speaking Spanish in public, and 20% of all Latinos said they were called offensive names in the last 12 months.<sup>86</sup>

In addition to stigma, federal statutes requiring the reporting of undocumented parents may deter immigrant and mixed-status families from seeking health care. These statutes conflict with other federal provisions that protect medical assistance to undocumented family members.<sup>87</sup>

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**The fear of deportation took an emotional and physical toll on Latino residents in the country without documentation as well as those who were citizens but concerned about being victims of discriminatory profiling.<sup>88</sup>**

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Four in 10 Latino residents worry that they or someone close to them could be deported.<sup>89</sup> According to a 2013 study by the advocacy group Human Impact Partners, 40% of children growing up in undocumented families had not seen a doctor in the previous year. Researchers attributed this to a fear of deportation as well as issues around lack of access to affordable care. Fear of a family member being deported also had dire consequences on students' health. Students in families "under the threat of

deportation finish fewer years of school and face challenges focusing on their studies," the study said.<sup>90</sup>

Discriminatory profiling caused people who had proper documentation to be held in detention centers. For instance, Jose Coyote Perez, a longtime migrant farmworker and a resident of Livingston County for nearly two decades, was detained at the Buffalo Federal Detention Center in Batavia for several months after he reported an altercation to the police, according to news reports. Coyote Perez was detained even though he had a Social Security number and a work permit; he was even about to earn his driver's license.

"It is so upsetting what is happening to immigrants," said Coyote Perez in a press release issued by the Greater Rochester Coalition for Immigration Justice. "I've been here in jail for more than a month, without the chance to see a judge, and I don't know why."<sup>91</sup>

Several years later, his son, Jose Coyote Medina, became the salutatorian of the Mount Morris Central School class of 2020. He was honored by a teacher for his ability to overcome turbulence and to turn negatives into positives.<sup>92</sup>

Coyote Perez, and many other Latino community members, have reason to be distressed about the experiences of immigrants in the U.S. The nation was shocked to hear that June 2022 saw "the deadliest human smuggling cases in modern U.S. history." Fifty adults and three children were found dead in a truck in southwest San Antonio with another ten adults and one child injured. That wasn't the first time that immigrants had died in such a tragic way. In 2003, 19 people died in a truck holding over 70 people in southern Texas, and in 2017, 10 migrants died in a truck holding 39 people in San Antonio. Many of those who died have families in the U.S. who are left to grieve their loss. These terrifying experiences are another stressor impacting the Latino community.

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# Spotlight Issue: Rural Latino and Farmworker Health

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**Latino residents with limited English-speaking abilities and low wages in the Greater Rochester and Finger Lakes region continue to face serious health care challenges, no matter whether they are newcomers, longtime residents, or rural farmworkers.**

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A local farmworker, whom we'll call "Julio" to protect his identity, shared some of the challenges he and his two children face. "In 2001, I had to have a kidney operation due to a cancerous tumor. Doctors' visits can be difficult, in part, because they have to find me an interpreter so I can understand everything that's being said."

Julio doesn't have health insurance, but his 16-year-old daughter and 12-year-old son do. Even so, Julio says the doctors don't always pay attention to their health concerns. "At times they get frustrated. When that happens, we go somewhere else for treatment," shared the single father of two.

Another frustration comes from the long phone calls he's had with health care professionals who sometimes hang up on him. Rather than try to fight a system that sees him and his family as not worthy of good-quality health care, Julio has come to accept the everyday mistreatment by saying, "that's part of life."

It is because of experiences such as Julio's that Finger Lakes Community Health (FLCH) has committed to providing bilingual/bicultural medical, dental, and behavioral health services to the residents in their rural communities. They are one of only 17 Migrant Voucher Programs in the U.S. and receive funding specifically to provide health services to migrant workers. Rural Latino residents who are not migrant workers also receive services from FLCH, accessing one of very few bilingual service options in their area.

FLCH has a team of multilingual community health workers who assist and advocate for a wide variety of patients' needs. Community health workers are "frontline public health workers who are trusted members of the community and have a close understanding of how the community works. This trusting relationship enables the worker to serve as a liaison between health/social services and the community, facilitating access to services and improving the quality and cultural competence of service delivery."

A focus group with the FLCH community health worker team revealed more of the everyday struggles of families living in rural areas, including struggles faced during the pandemic. Schools closing meant children losing school meals. Also, even though schools provided laptops to students, families had to deal with a lack of internet access, which made it difficult for children to complete schoolwork. One internet service provider told a family who lived on a farm that there was "no way" they could bring internet to their home. Those who were able to communicate with internet providers in English learned that they needed to pay a lot for the service, which added stress to the family's finances.

The FLCH focus group also noticed that the pandemic brought a lot of anxiety for Spanish-speaking families and farmworkers. With so little information available to them in Spanish, people didn't know what was safe or how to protect themselves and their families from illness.

Regardless of their immigration status, many Latino residents have a baseline level of mistrust and intimidation around government services. So, the residents felt uncertain about government public health workers coming into their communities for contact tracing. In response, the FLCH Community Health Worker team conducted extensive bilingual outreach and education. They provided hundreds of boxes containing food, masks, and hand sanitizer as well as information about medical and social services. Providing these boxes was an opportunity to educate families. It also improved the relationship between individuals and public health workers who needed to communicate with positive COVID cases and their contacts.

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**Throughout this focus group, the FLCH community health workers stressed the critical importance of relationships and trust building when providing services to rural Finger Lakes residents, migrant workers and their families, and even the farm owners who employ migrant and seasonal workers.**

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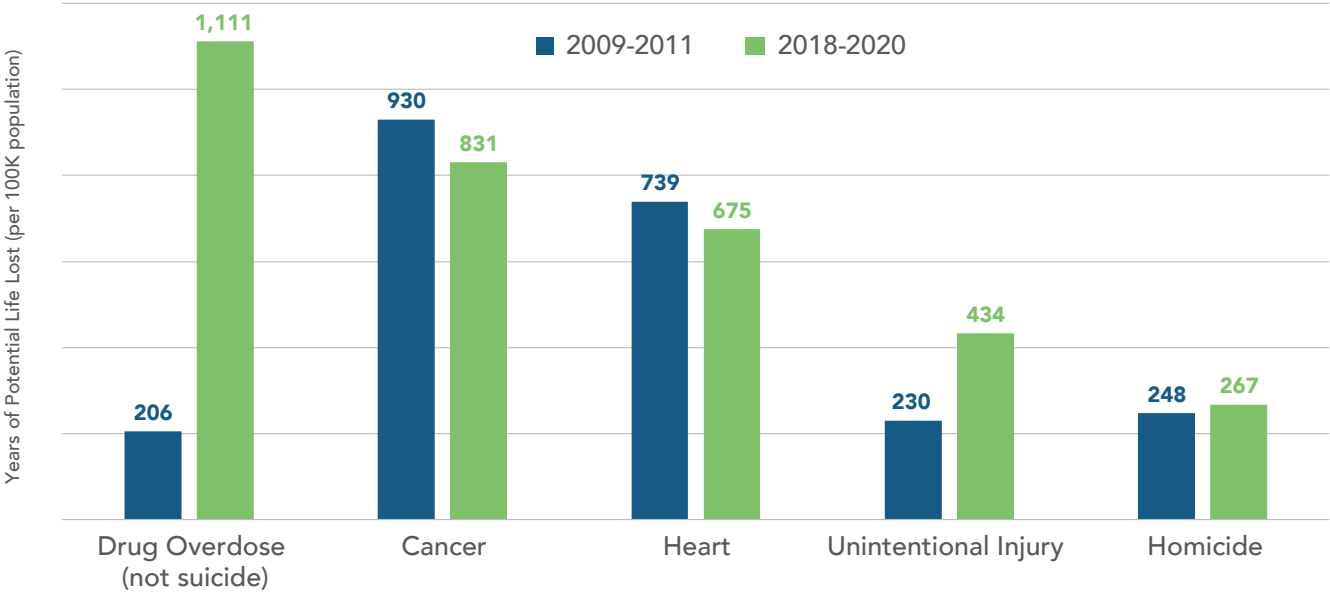




# Spotlight Issue: Substance-Use Disorder/ Opioid Epidemic

In the past, cancer was the leading cause of premature death for Latinos in the Finger Lakes region. It is now eclipsed by drug overdoses, which have spiked in recent years. Years of potential life lost is a measure of the years lost from death before the age of 75. While the overall number of overdoses is small, Latino residents are overdosing at much younger ages than they are dying of other causes of death.

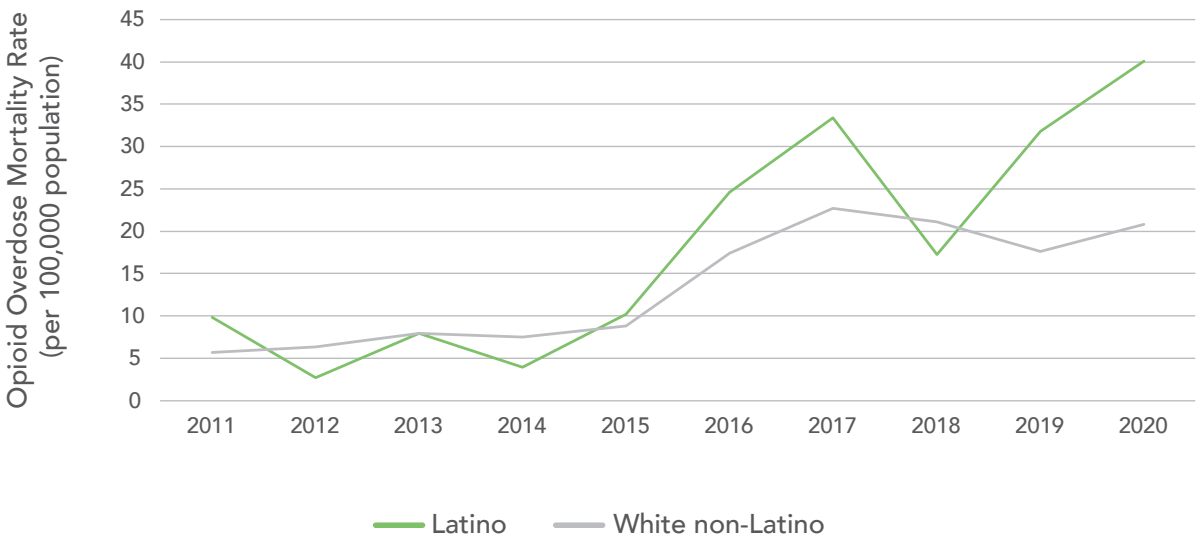
## Top Causes of Premature Mortality for Latinos in Finger Lakes region



NYS Department of Health Vital Statistics for nine-county Finger Lakes region; age-sex adjusted rates calculated by Common Ground Health.

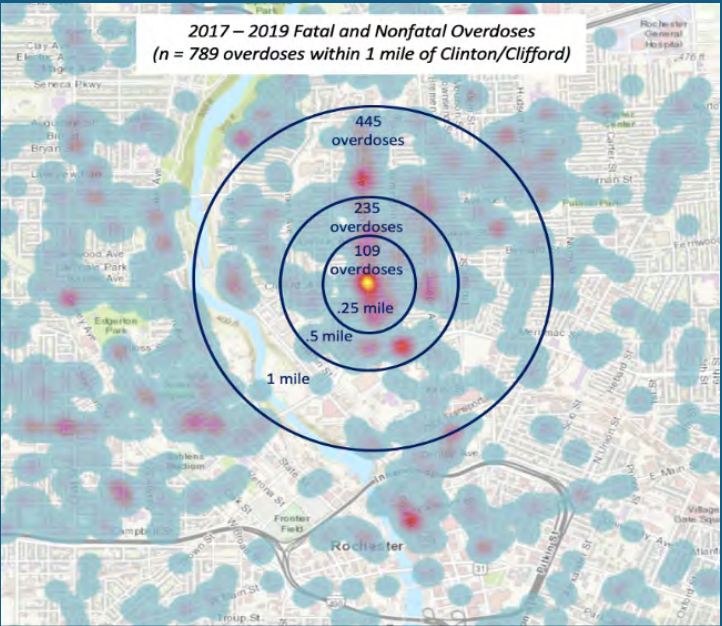
Less than 10 years ago, opioid overdoses were just a tiny fraction of the causes of deaths in Monroe County. From 2011 to 2020, however, opioid-related deaths increased 300%. In 2019, Monroe County saw more fatal overdoses than deaths from suicides, homicides, and traffic accidents combined.

## Opioid Death Rate has increased in the Finger Lakes Region



Source: NYS Department of Health Vital Statistics; Analysis by Common Ground Health

The map below displays the density of overdoses across Monroe County between 2017 and 2019.



Source: Project Clean and Rochester Institute of Technology

The data reveal that overdoses are concentrated in specific locations with a clear hot spot emerging at the Clinton/Clifford intersection.

Over a three-year period, there were at least 445 fatal and non-fatal overdoses within only a one-mile radius of this intersection. Although many who overdosed were not Latino residents, this area is at the heart of Rochester’s Puerto Rican community, impacting Rochester’s largest Latino community.



A white paper released by The Father Tracy Advocacy Center in 2022 identified the unique pathways to substance use and to treatment for local Latino residents, as well as how they differ for men and women.<sup>93</sup> Although women reported significant trauma and neglect with their families of origin and future partners, men reported that their substance use was related to their social circles, and that they started using substances at a young age. In addition, childcare is a significant barrier to treatment for women, but the importance of family can be a strong motivator for them. On the other hand, men reported several relapses and unsuccessful attempts at recovery. The paper concluded that language and cultural mismatches with recovery services were significant barriers for both genders.

**“One or two bilingual staff members at a treatment center will not meet the needs of a person who might need several weeks of inpatient treatment, if that person does not speak any English,” stated the Father Tracy Advocacy Center.**

**Other studies continue to show the impact of substance use disorder on Latino residents. Data from the Monroe County Heroin Task Force show that Latino people comprised 13% of all overdoses between 2017 and 2020, despite comprising only about 9% of the population. While the overall overdose rate decreased from 2018 to 2019, the rate increased among Latino residents.**

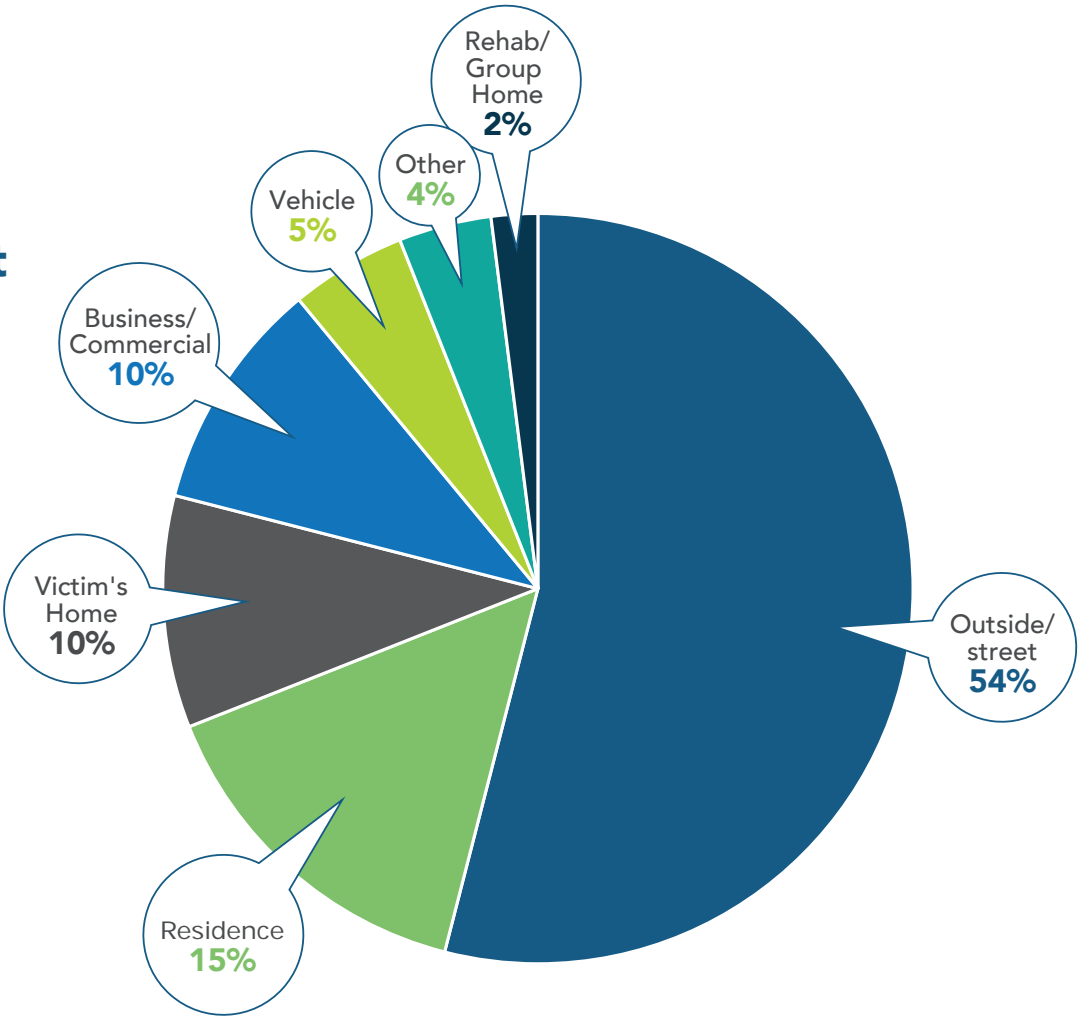
The North Clinton Avenue Area, which includes the Don Samuel Torres Park, has been the location of the heroin market for decades. However, demand

for opioids significantly increased in recent years, both nationally and locally, bringing in many new customers. These “new” heroin users tend to be non-Latino White suburban residents. Because of the highly addictive nature of opioids, people who buy heroin often use it immediately after purchasing it in the neighborhood, often times out in the open. When analyzing Rochester Police Department field information forms over a three-year period, The Ibero-American Development Corporation learned that 72% of the vehicle traffic stops for heroin involved people who weren’t residents of the city of Rochester.<sup>94</sup> This neighborhood unfairly bears the brunt of this large regional challenge on a daily basis.

Used syringes and drug paraphernalia left by these outsiders litter the neighborhood. The open-air drug use, drug selling, and littering creates an environment that is unwelcoming, unsafe, and infuriating for the residents.



**Location of Overdoses in CLEAN Target Area, 2019.**



Source: Project Clean and Rochester Institute of Technology ; n = 67; The Clean Target Area is in the El Camino Neighborhood and is bounded by Avenue D, North Clinton Avenue, Clifford Avenue, Joseph Avenue, Upper Falls Boulevard, and the Genesee River.

93. Father Tracy Advocacy Center. (2022, April 11) *La Avenida and Latinos in Recovery*. <https://www.fathertracycenter.org/whitepaper22>

94. Marlin, E. (2018, October 17) Response to Andreatta: Opioid users victimizing entire neighborhood. *Rochester Democrat and Chronicle*. <https://www.democratandchronicle.com/story/opinion/guest-column/2018/10/17/response-andreatta-opioid-users-victimizing-entire-neighborhood/1669257002/>



Living in an area with high drug usage impacts physical and mental health. Interviews with neighborhood residents revealed the individual and collective trauma experienced as a result of the open-air drug market. Collective trauma is caused by “an event or series of events that shatters the experience of safety for a group...or people.”<sup>95</sup>

Residents described being victimized by the heroin market, including being threatened by drug dealers. People do not feel safe walking through their own neighborhood. Also, residents have had to make changes to protect themselves from drug sales, like cutting down bushes that covered front steps so that the steps weren’t used as a resting place for shooting up, and putting chicken wire over pots so they weren’t used as drug stash locations. All of these feelings and experiences are examples of individual and collective trauma, which are linked to poor health outcomes.

**One resident explained, “My children don’t bring my grandkids here [to my home] because they say that it isn’t safe. And my kids grew up here. They moved away from this.”**

Others described children not allowed to go past their porches when they go outside. For people who grew up playing outside with their friends and neighbors, it is hard to watch their children unable to play freely. Children come across needles while outside and end up witnessing heroin usage and overdoses.

Adverse childhood experiences (ACEs) are potentially traumatic events experienced or witnessed in the home or neighborhood during childhood.<sup>96</sup> Recent research demonstrates that having multiple ACEs is associated with a higher risk of poor health outcomes later in life. Among Monroe County students, 31% of Latino students report that they have experienced three or more ACEs in their lifetimes, compared to 16% of non-Latino White students.<sup>97</sup> Twenty percent of Latino students in Monroe County reported having witnessed someone get shot, stabbed or beaten in their neighborhood, as compared to 5% of non-Latino White students. Also among Monroe County students, 13% of Latino students said they did not go to school on one or more days in the past month because they felt unsafe, as compared to 6% of non-Latino White students.

**Fortunately, groups have started to organize in order to protect their community and their children.**



In 2019, residents in the North Clinton Avenue Area organized neighborhood groups where residents work together to address issues affecting their quality of life, some of which were formed as a direct reaction to the open-air drug market. This was done in an effort to coordinate and project residents’ voices to make a change. A “No Más” (“No more” drug trafficking) campaign has taken off in the community, which includes a physical presence along North Clinton Avenue to disrupt the regular drug sales and drug use. However, additional resources are still needed, including interventions with drug dealers. Businesses also need to take ownership of the issue by maintaining a clean and litter free property as well as making changes to their properties such as adding fences to prevent access to drug users and sellers.

Recent neighborhood revitalization efforts hope to disrupt the drug market as well. These include renovations of Don Samuel Torres Park and the 2020 opening of La Marketa at International Plaza, which was built on a large vacant lot. Other initiatives are helping too. The Father Tracy Advocacy Center Street conducts street outreach to people with substance use disorder, the staff of Trillium Health do pick-ups of drug litter and paraphernalia, and the Rochester Police Department has walking Community Engagement Patrols. These interventions are funded through a Bureau of Justice Assistance grant awarded

to the Ibero-American Development Corporation. However, this funding ended in the fall of 2021, and it is not yet known what efforts will be sustained after the grant.

Overdose data only reveal one aspect of the impact of substance use disorder. Unfortunately, these data do not include information on family, employment, education, or other aspects of individuals’ lives. But every one of these individuals has a family: they may have children, siblings, and/or parents that care about them. Culturally competent and language accessible interventions are needed to address the neighborhood conditions as well as the individual and their family.

Lucia Colindres-Vasquez, who is the chief program officer of Ibero American Action League and a previous Co-Chair of the Latino Health Coalition, made this clear. “Change has been slow. We have resources in our community, but organizations need to be intentional about true access for Latino residents. Funders must reinforce bilingual-bicultural services as part of grant opportunities and highlight specific requirements to meet those expectations, including the organization’s board of director’s composition, leadership, and direct service staff representation. Funding for language access needs to be part of their budgets.”



95. Saltzman, L. Y., Hansel, T. C., & Bordnick, P. S. (2020). Loneliness, isolation, and social support factors in post-COVID-19 mental health. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S55–S57. <https://doi.org/10.1037/tra0000703>

96. Centers For Disease Control and Prevention. (2022, April 6) *Fast Facts: Preventing Adverse Childhood Experiences*. [https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fcestudy%2Ffastfact.html](https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fcestudy%2Ffastfact.html)

97. Monroe County Department of Public Health (2022) *2021-2022 School Year Monroe County Youth Risk Behavior Survey Report*. <https://www.monroecounty.gov/files/health/health-action/MC%20YRBS%202021-22%20FINAL.pdf>





# Spotlight Issue: Mental Health

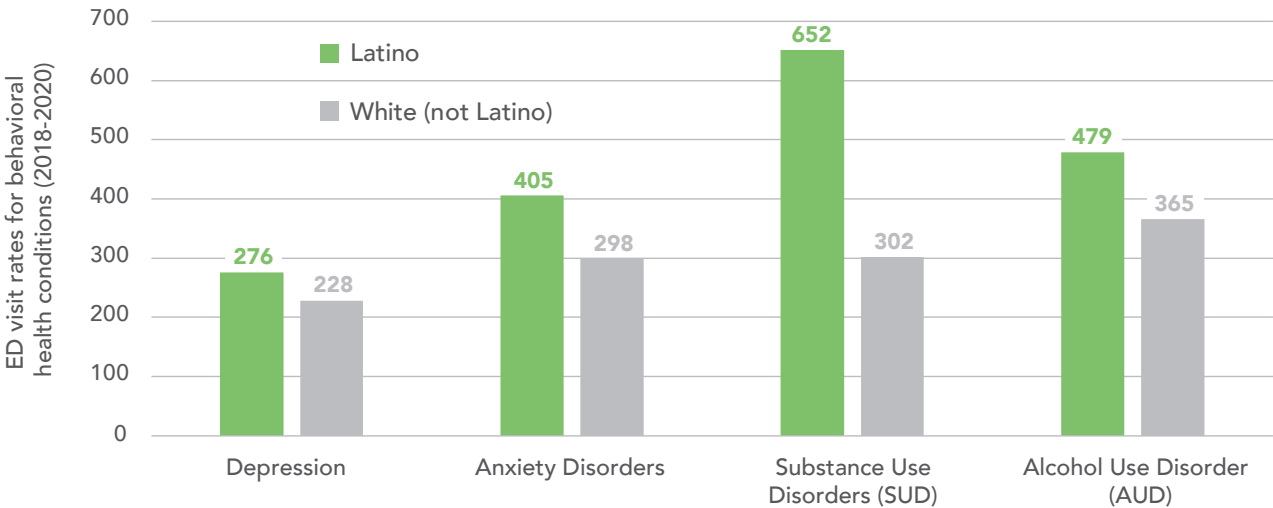
Mental health has been identified as a top concern for Latino residents in the Finger Lakes region. In the 2018 My Health Story survey, 14% of Latino respondents said it was their top concern about their health and well-being. Mental health was followed by access to care, which was a top concern for 11% of Latino residents.

Twenty-four percent of Latino residents of the Finger Lakes region reported that their mental health is

fair or poor, compared to 14% of non-Latino White residents. Latino residents with the lowest income reported the highest levels of fair/poor mental health. This is due in part to the way that poverty reduces opportunities and creates barriers for communities. For instance, Latino residents who live in unsafe and unwalkable neighborhoods – characteristics more often associated with concentrated poverty – have high rates of stress and fear.

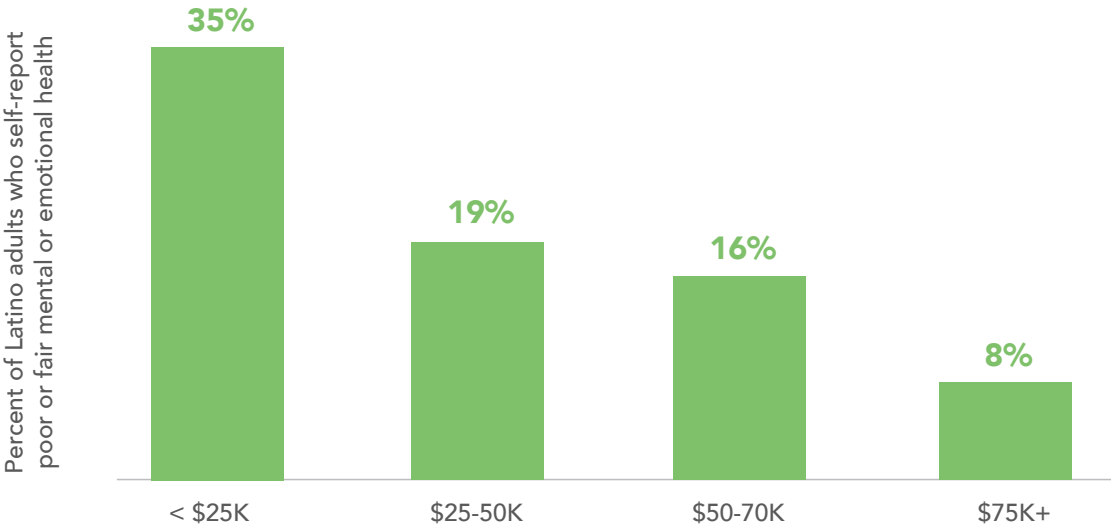
In addition, there are large disparities in emergency-department visits when comparing Latino residents to their non-Latino White counterparts. This suggests that many Latino residents cannot access mental-health care through their primary-care provider or other community resources until they are in a crisis. Because of this, the emergency department is the only place they can get help.

## Latino residents have higher rates of emergency department visits for behavioral health conditions



Source: NYSDOH SPARCS 2018-2020; Visits identified by principal diagnosis codes; Age-sex adjusted rate calculated by Common Ground Health

## Latinos with lower income are especially likely to report poor or fair mental health



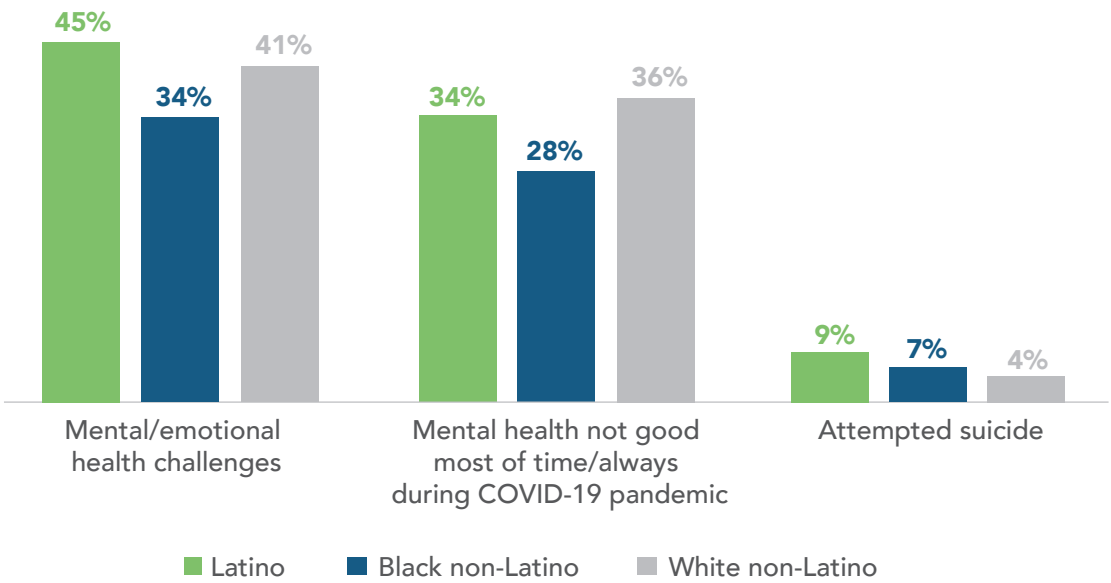
Source: My Health Story survey, Finger Lakes Region, 2018





Concerning mental health disparities have also been identified among our Latino students. The 2021-22 Youth Risk Behavior Survey of students in Monroe County public high schools found that compared to non-Latino White students, Latino students were more likely to report that they had serious difficulty concentrating, remembering, or making decisions because of mental or emotional challenges (45% to 41%). Latina and Black females were more likely than White females to report they felt sad/hopeless for two or more weeks in a row in the past year (49%, 42% and 40%).

Latino high school students report high rates of mental health challenges



Source: 2021-22 Monroe County Department of Public Health Youth Risk Behavior Survey



The daily stresses of poverty and work can prevent some Latino residents from getting support for their mental-health needs, forcing them to put it off until the issue becomes worse. Even then, the person may not know where to turn for help.

Research has shown that Latino residents and other minority groups may be more likely to express their mental-health concerns to their primary-care providers than to seek out specialty mental-health support. Primary-care providers should be aware of this tendency and be prepared to screen and assist their patients.

Another issue is the lack of mental-health care resources, which ties back to a lack of language access and cultural competency. There is a severe shortage of bilingual/bicultural mental-health professionals. This leaves people who prefer to speak Spanish without any appropriate services.

Studies have shown that having a limited understanding of English is associated with lower use of mental-health care services for adults.<sup>98</sup> Language barriers can also impact the way patients are evaluated. There is evidence that Latino people are more likely than non-Latino White residents to be undertreated for mental-health problems.

Linda Casira, a bilingual Spanish licensed mental-health counselor in Rochester who has an independent practice, said that her patients prefer to conduct their mental health treatment in their native language, rather than use interpreter services during mental health visits. She says, “an English speaker does not have a third person in the room attempting to translate their emotions, trauma, and experiences, and have their time shortened because of it.”

While the shortage in bilingual mental-health services is serious, there are some places in the region that provide bilingual care. Lazos Fuertes, founded in 1999 as the first Spanish-language mental-health clinic in Rochester, has designed its services so patients can speak Spanish throughout their encounters – from scheduling, to front office, to their visit. Dr. Telva Olivares, founder of Lazos Fuertes, has said that the lack of bilingual therapists has been the largest barrier to staffing the clinic, saying “we needed 10 therapists and could never find 10 therapists.” Now a part of Strong Memorial Hospital, Lazos Fuertes also serves as a rotation site for third- and fourth-year medical residents, providing training and mentorship for future bilingual mental-health providers, as well as offering direct experience in cross-cultural mental-health care.

Having culturally competent mental-health professionals for the Latino community is important since cultural factors influence the ways in which Latino residents access and interact with mental-health care. Dr. Olivares has emphasized the importance of relationships and empathy in the delivery of mental-health care with Latino patients. For example, Dr. Olivares stressed that because family plays such a prominent role in the lives of Latino people, some mental-health issues may be better treated by treating the family system, rather than the individual.

Religion also plays an important role for many Latino people. It can be a protective factor for some, promoting feelings of faith and closeness to one’s community. However, it can also contribute to stigma, suggesting that mental-health issues are a result of sinful behavior or a lack of faith.<sup>99</sup>

It is clear that improving mental-health disparities for the Latino community will require addressing many of the issues discussed earlier in this report — from insurance coverage and cost, to the everyday stress of living in poverty or as an undocumented resident.

98. Sentell, T., Shumway, M., & Snowden, L. (2007). Access to mental health treatment by English language proficiency and race/ethnicity. *Journal of general internal medicine*, 22 Suppl 2(Suppl 2), 289–293. <https://doi.org/10.1007/s11606-007-0345-7>  
99. Mental Health America. (n.d.) *Latinx/Hispanic Communities and Mental Health*. <https://mhanational.org/issues/Latinohispanic-communities-and-mental-health>



# Conclusion

Zuni Castillo is cautiously optimistic about the future of her health care. When she thinks back on all her experiences, she says she wouldn't change any of them because they made her who she is today. "It's been a tough road, but as much as we want to go back and change things, my experiences have also made me the person that I am today, to be able to advocate for myself and for others. I know how to stand up for myself if I'm not receiving the best care."

Castillo's ability to take positives away from her traumatic experiences is admirable. But achieving health equity means that all Latino residents, regardless of ability to advocate, receive high quality and equitable health care. Outside of the health care system, Latino community members deserve greater respect, inclusion, protection, and recognition. Marginalization and exclusion within multiple systems creates a compounding effect, leading to higher rates of disease and death. These higher rates exact a moral and economic cost on all of society. To have a truly healthy Latino community, we must take steps to address the inequities we see outside of typical health settings.

The Latinx Leaders Roundtable made this clear in their 2021 Greater Rochester Latinx Agenda. This agenda examined and gave recommendations related to: arts & culture, housing, the faith community, education, health, the LGBTQ+ community, positive youth development, economic development, language access and civic engagement. The group's recommendations on Latino health was prefaced with the recognition of a need for cross-sector collaboration.

**"We recommend taking a systems approach to health disparities... From a social determinants of health perspective, social and economic policies are health policies."**



Nationwide, debates around immigration have shone a spotlight on Latino residents. However, the attention and calls for justice have been very particular to undocumented Latino immigrants, a small portion of the U.S. Latino community. That said, discussion is needed to address the many other struggles faced by Latino residents in this nation and in our region. Yes, immigration policy is health policy. But so is housing policy, labor protection laws, equal pay policy, and education policy. How will we work together to correct discriminatory policies and institutional practices for the betterment of the Latino community? We can start by listening to calls to action that the Latino Health Coalition developed to lay a pathway to an equitable future.





# Calls to Action

**Advocate for the creation and enforcement of employment policies that fairly treat workers regardless of citizenship status.**

Advocate for fair and protective labor laws, so they address such issues as a lack of paid sick leave.

Continue to work to eliminate inequities in labor legislation for agricultural workers to ensure the safety and equity of working conditions.

**Promote policies to ensure the hiring of more Latino doctors and health care professionals.**

Place more emphasis on preparation of Latino workers for the health care workforce.

Offer more grants and scholarships to create the pool of Latino health professionals.

Pay bilingual people more for their valuable skills.

Make grants and/or scholarships available for training peer advocates in addiction and family and recovery services for Latino- and African-American advocates.

**Standardize the criteria for language access and cultural competence that every agency can follow as minimum requirements beyond federal laws and obligations.**

Fines should be levied on organizations that do not comply with federal law and obligations to provide services in native languages. Latino residents should file complaints about inadequate services.

Advocate for organizations to make meaningful progress in achieving cultural competence, addressing health literacy and providing language access services. Request appropriate technologies for all communication barriers.

Remove language-translation barriers that prevent information from being shared in Spanish in a timely fashion. As one example, both major health systems in Monroe County have large portions of their websites not translated into Spanish. Additionally, language translation alone does not equal understanding. A focus on cultural competence is needed as well.

Require that language interpreters have completed a minimum of 40 hours training in medical interpretation to ensure quality of service.

**Promote better data-collection methodologies of ethnicity data.**

Collect data on ethnicity and educate providers and Latino residents on the importance of collecting data on race/ethnicity. Explanations should include how those data are used, not only for health care but for other things, such as the Census.

Comprehensively assess the approach of requesting data through trusted relationships. Additionally assess which questions are appropriate, such as expanding the ethnicity question to include country of origin.

Ensure that data collectors look like the community of their respondents.

Ensure that agriculture workers comprise a larger portion of data reports.

Initiate grassroots contact with individuals who know the community from where data are being collected.

Ensure race/ethnicity data are collected to plan for the distribution of Latino-focused resources to address inequities, including health inequities.

**Address mental-health concerns expressed by the Latino community and engage mental-health and substance-use recovery providers in dialogue with the Latino community about mental health/substance-use disorder and their impact on patient health and their families.**

Implement culturally competent innovative approaches to reduce the gap in access to and the quality of mental-health/substance-use services, such as the training and ongoing supervision of community-health workers and/or peer-recovery coaches in coordination with primary and specialist care.

Align interventions with existing efforts, such as the white paper “La Avenida and Latinos in Recovery: Programmatic Requirements for Success, in the Words of La Gente” and the RASE report.

Ensure behavioral-health services meet the cultural needs of individuals in treatment, not just their language-access needs.

Offer different treatment options for Latina females as their needs are not the same as men.

**Develop and assess all health-improvement interventions to ensure accessibility, adoption, and impact for the Latino community.**

Ensure providers are accessible to the Latino community.

Review medication affordability, as many have found it is too costly, even with insurance, creating access issues.

Address issues that emerged during the COVID-19 pandemic, such as vaccine hesitancy. Additionally, Latino students’ remote learning needs should be addressed to prevent future learning interruptions.

Offer more public-health information related to Latino residents.

Use a holistic family approach in health systems when serving Latino families.

Ensure health-insurance providers offer culturally responsive, language-appropriate outreach to local Latinos.

**Thank you to the Latino Health Coalition subcommittee members who developed these calls to action:**

Lucia Colindres, Dr. Diana Fernandez, Elisa DeJesus, Marlene Cortes, Dr. Tamara Wilson, Carlos Santana, Miguel Melendez and Rudy Rivera.

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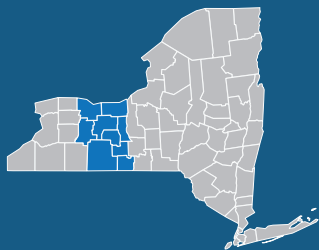
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## About Common Ground Health

Founded in 1974, Common Ground Health is the health planning organization for the nine-county Finger Lakes region. We bring together health care, education, business, government and other sectors to find common ground on health issues. Learn more about our community tables, our data resources and our work improving population health at [www.CommonGroundHealth.org](http://www.CommonGroundHealth.org).



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