

University of Massachusetts Boston

## ScholarWorks at UMass Boston

---

Gastón Institute Publications

Gastón Institute for Latino Community  
Development and Public Policy Publications

---

8-2021

### A Portrait of Latino Children: The Gap with Non-Latinos in Massachusetts

Phillip Granberry

*University of Massachusetts Boston*, [phillip.granberry@umb.edu](mailto:phillip.granberry@umb.edu)

Alejandro Alvarez

*University of Massachusetts Boston*

Vishakha Agarwal

*University of Massachusetts Boston*

Fabián Torres-Ardila

*University of Massachusetts Boston*, [fabian.torres-ardila@umb.edu](mailto:fabian.torres-ardila@umb.edu)

Gaston Institute, University of Massachusetts Boston

Follow this and additional works at: [https://scholarworks.umb.edu/gaston\\_pubs](https://scholarworks.umb.edu/gaston_pubs)



Part of the [Latina/o Studies Commons](#), [Public Policy Commons](#), and the [Race and Ethnicity Commons](#)

---

#### Recommended Citation

Granberry, Phillip; Alvarez, Alejandro; Agarwal, Vishakha; Torres-Ardila, Fabián; and Gaston Institute, University of Massachusetts Boston, "A Portrait of Latino Children: The Gap with Non-Latinos in Massachusetts" (2021). *Gastón Institute Publications*. 266.

[https://scholarworks.umb.edu/gaston\\_pubs/266](https://scholarworks.umb.edu/gaston_pubs/266)

This Research Report is brought to you for free and open access by the Gastón Institute for Latino Community Development and Public Policy Publications at ScholarWorks at UMass Boston. It has been accepted for inclusion in Gastón Institute Publications by an authorized administrator of ScholarWorks at UMass Boston. For more information, please contact [library.uasc@umb.edu](mailto:library.uasc@umb.edu).



# **A Portrait of Latino Children: The Gap with Non-Latinos in Massachusetts**

by Phillip Granberry, PH.D., Alejandro Alvarez, Vishakha  
Agarwal and Fabián Torres-Ardila, PH.D.

August 2021

---

THE MAURICIO GASTON INSTITUTE  
FOR LATINO COMMUNITY DEVELOPMENT  
AND PUBLIC POLICY

---

# A Portrait of Latino Children: The Gap with Non-Latinos in Massachusetts

Phillip Granberry  
Alejandro Alvarez  
Vishakha Agarwal  
Fabián Torres-Ardila

## Introduction

Latino children are one of Massachusetts' fastest-growing segments of the population. However, evidence suggests that the social and economic context in which Latino children live does not adequately support their development and overall well-being. Nearly a third of Latino children in the United States live in very low-opportunity neighborhoods as defined by a scale of educational, health, environmental, and socioeconomic outcomes.<sup>1</sup> Compared to non-Latino children, Latinos are more likely to grow up in households below the federal poverty threshold<sup>2</sup> and less likely to have a mother with at least a Bachelor's degree.<sup>3</sup>

In 2019, 31% of Latinos in Massachusetts were 17 years or younger, compared to only 18% for non-Latinos. The relative youthfulness of the Latino population will make them a vital component of the population as they age into adulthood. Yet, there is limited research identifying Latino children's challenges as they transition to adulthood, compared to other ethno-racial groups.<sup>4</sup>

The research included in this report aims to highlight the challenges that Latino children faced before COVID-19 and provide a baseline for future research on this vital segment of Massachusetts' population. This report uses publicly available data for demographic, educational, and health assessments of Latino children in Massachusetts that the report provides. Our report finds that Latino children in Massachusetts experience a more difficult transition to adulthood than do non-Latino children. For example, Latino children are

- 3.7 times more likely to live in poverty,
- 2.4 times more likely to drop out of high school, and

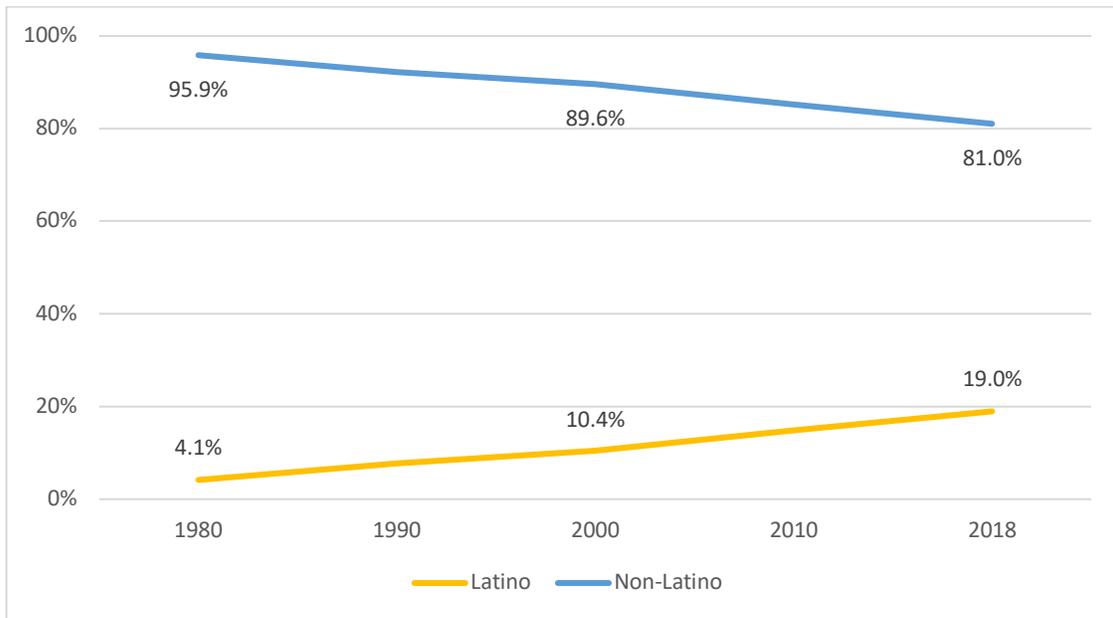
- 1.6 times more likely to develop asthma.

## Demographic Characteristics

This demographic section uses various publicly available data sources to provide background characteristics of Latino children in the state. Both the decennial census and American Community Survey (ACS) are administered by the U.S. Census Bureau and offer either a population count or estimate. Any data from 1980, 1990, or 2000 were retrieved from the decennial census IPUMS (Integrated Public Use Microdata Series) data.<sup>5</sup> The 2018 ACS Public Use Microdata Sample (PUMS) data are a sample of the population. The federal CDC (Centers for Disease Control and Prevention) provided birth data.<sup>6</sup>

In a state with a slowly growing overall population, Latinos and Latino children are a fast-growing population segment. The Latino population is projected to grow to over 15% of the state's population by 2030. From 1980 to 2000, the percentage of all children in the state who were Latino went from 4% to over 10% (Figure 1). In 2019, nearly one in five of the state's children were Latino, even though Latinos composed only 12% of the state's total population.

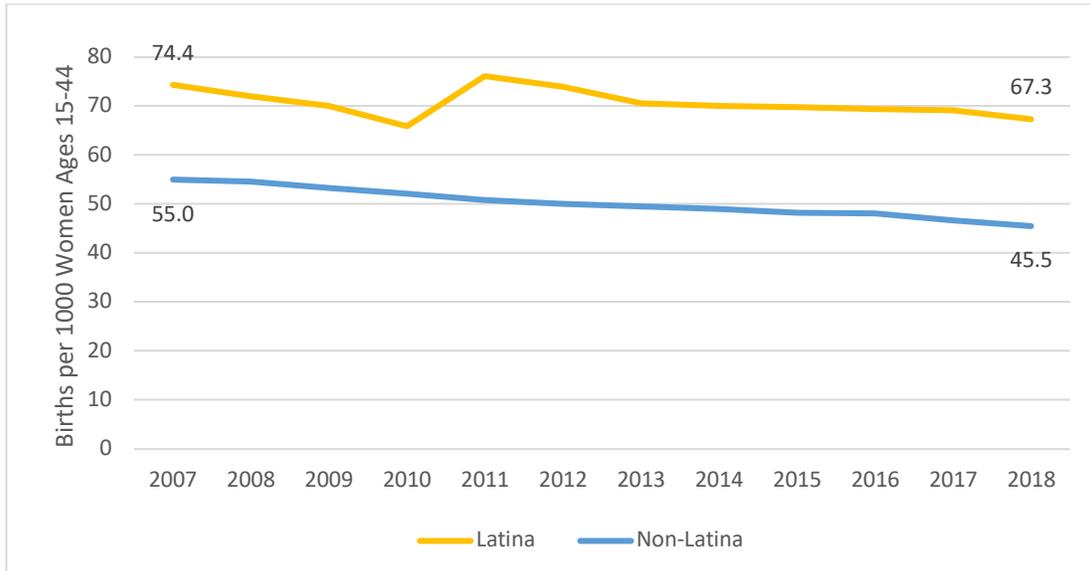
**Figure 1: Latino and Non-Latino Share of the Massachusetts Population, 1980-2018**



Source: 1980, 1990, 2000 Decennial Census and 2010 and 2018 American Community Survey

This growth of the Latino child population is related more to nativity than to international migration.<sup>7</sup> Ninety percent of Latino children in Massachusetts in 2018 were U.S.-born, almost as high a proportion as for non-Latino children (95%). As is the case around the country, Massachusetts has a low - and declining - fertility rate. The Latina fertility rate has dropped from 74 births per 1000 women of childbearing years in 2007 to 67 in 2018 (Figure 2). However, this rate is higher—and the decline is less steep—than for non-Latino women, whose fertility rate was 55 in 2007 and 45.5 in 2018.

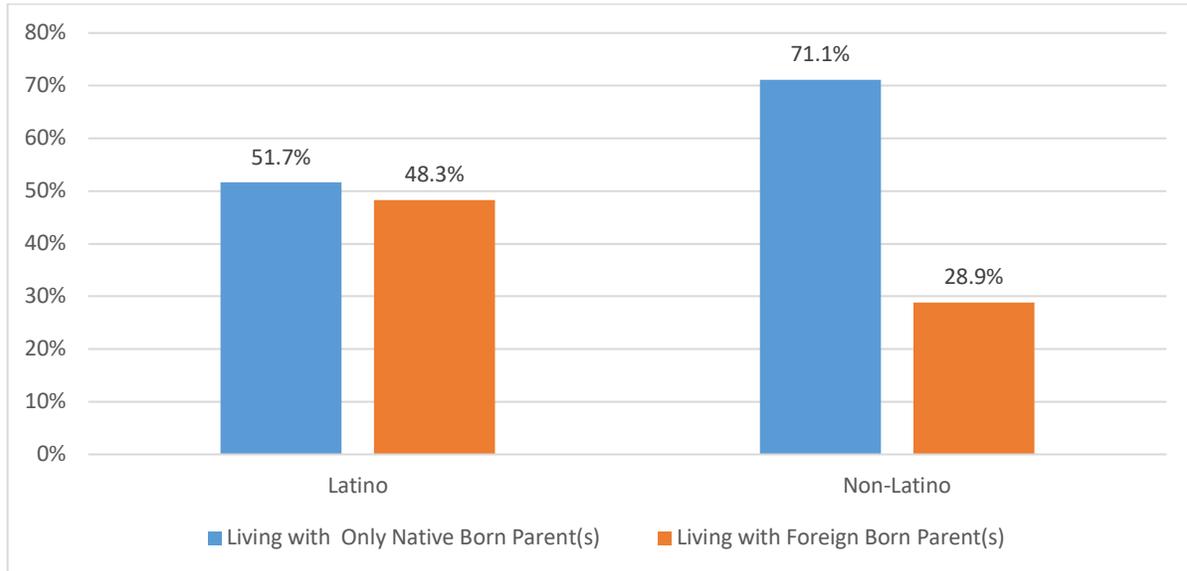
**Figure 2: Fertility Rates in Massachusetts from 2007 to 2018**



Source: National Center for Health Statistics (NCHS)

Even though 90% of Latino children in Massachusetts are U.S.-born, immigration status plays an essential role in their lives. In the state, 48% of Latino children live with at least one foreign-born parent (Figure 3), compared to only 29% for non-Latino children. Thus, many Latino children, even if they are U.S. citizens, are affected by policies related to their parents' immigration status. These legal statuses include legal permanent resident, non-immigrant visas, refugee, asylee, and unauthorized. The Biden Administration abandoned a Trump-era policy known as *the public charge* limiting U.S.-born Latino children's access to health insurance.<sup>8</sup>

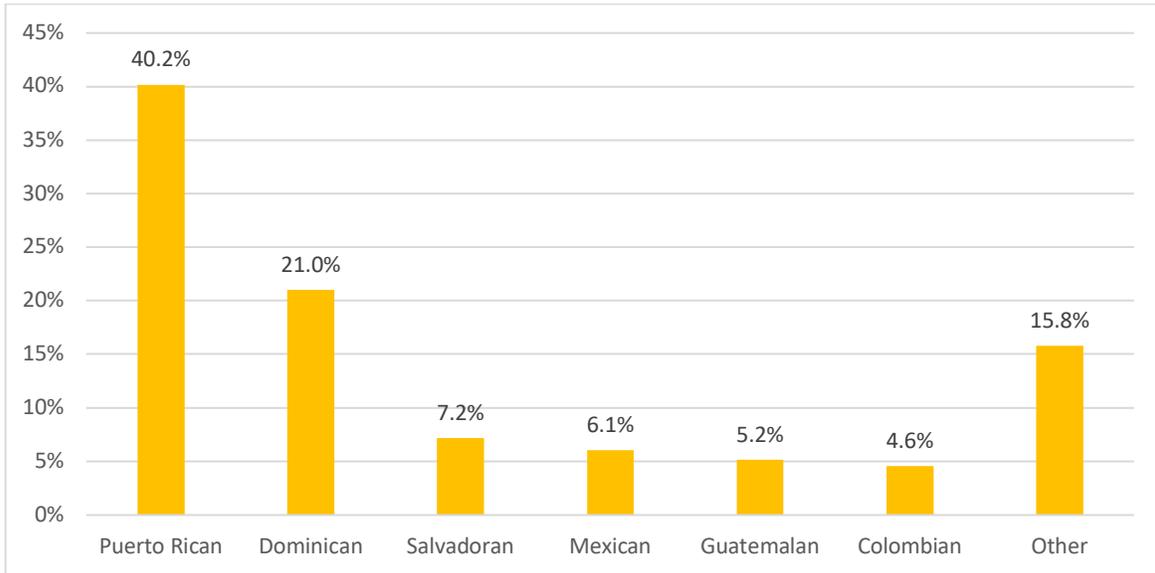
**Figure 3: Nativity of the Parents of Massachusetts Children**



Source: 2018 American Community Survey

The Massachusetts Latino population is diverse in its origin, which influences how the population integrates into the community.<sup>9</sup> Puerto Ricans have the largest share of the child population at 40%, followed by Dominican (21%), Salvadoran (7%), Mexican (6%), and Guatemalan (5%) children (Figure 4). According to the ACS, Puerto Ricans are less likely to have a foreign-born parent and more likely to have a parent who resided longer in Massachusetts. Some Latino families, especially from Central America, have fled violence and poverty in their home countries. In contrast, others have come from more economically stable countries.

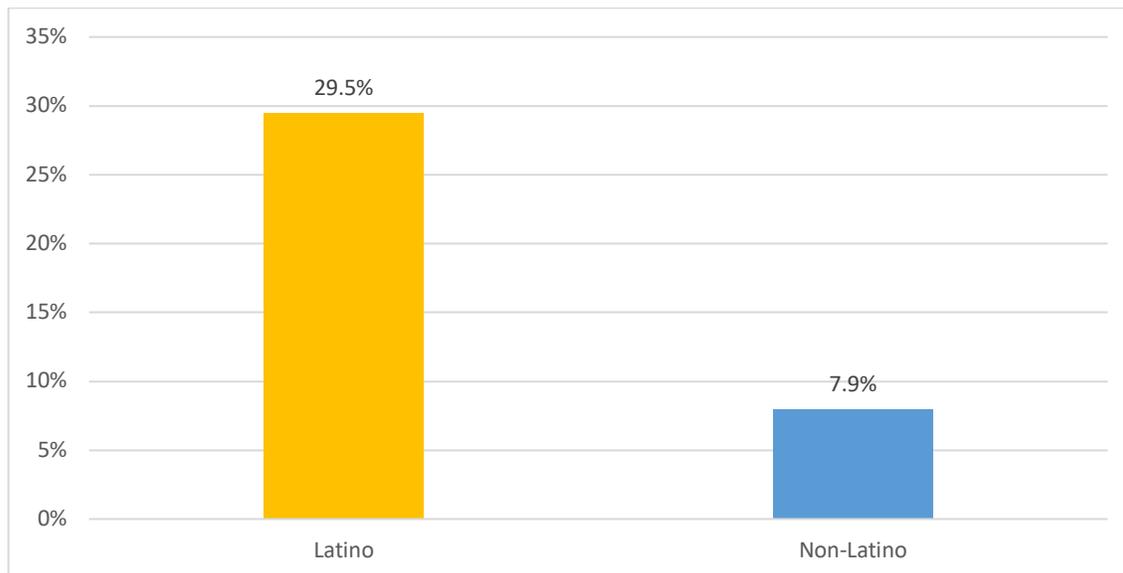
**Figure 4: Latino Origin of Massachusetts' Latino Children**



Source: 2018 American Community Survey

Latino children in Massachusetts are more likely to live in poverty than non-Latino children (Figure 5). Not only they are more likely to live in female-headed households, but also Latino household income is barely half that of non-Latinos (\$43,151 vs. \$84,087). Over 57% of Latinos live in 10 cities in Massachusetts: Boston, Springfield, Lawrence, Worcester, Lynn, Chelsea, Lowell, Holyoke, New Bedford, and Revere. All of these cities except Boston are commonly known as gateway cities, midsized urban centers facing chronic social and economic challenges.<sup>10</sup>

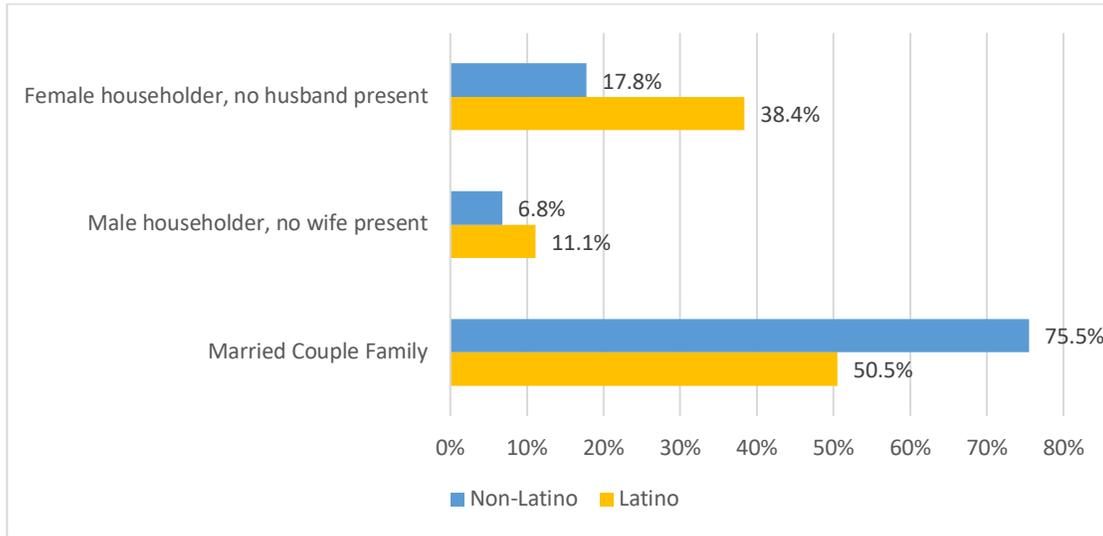
**Figure 5: Poverty Rates of Children in Massachusetts**



Source: 2018 American Community Survey

Approximately half of the Latino children in Massachusetts live in married-coupled family households compared to three-quarters of non-Latino children. Correspondingly, 38% of Latino children (and only 18% of non-Latino children) live in female-headed households (Figure 6). Nationally, 63% of Latino children live in married-coupled family households. The larger share of female-headed family households is critical for understanding child poverty. Previous research has shown that Latinas, and even those with higher educational attainment, earn lower wages than non-Latina women in Massachusetts.<sup>11</sup> For example, this research showed that Latina health care practitioners earned 25% less than non-Latina women in the same field. Thus, Latinas with similar characteristics face greater obstacles in providing for their children than Non-Latina women.

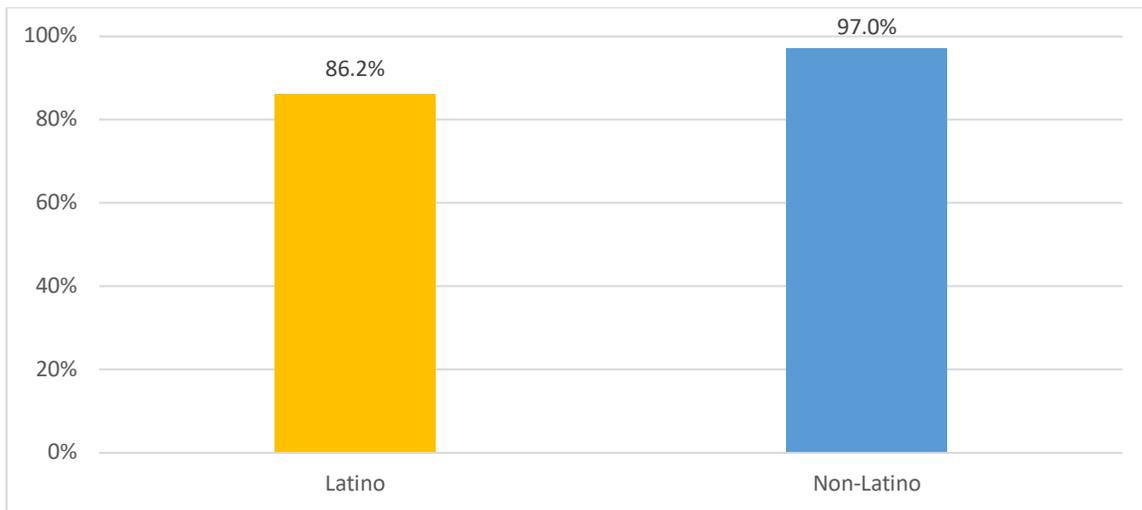
**Figure 6. The Family Household Type of Massachusetts Children**



Source: 2018 American Community Survey

English language proficiency refers to persons who only speak English only or speak it very well. The majority of Latino children are born in the U.S. Over 85% of Latino children only speak English or speak it very well (Fig. 7). Fewer than 2,000 Latino children over age 5 do not speak English, and 75% of those are foreign born.

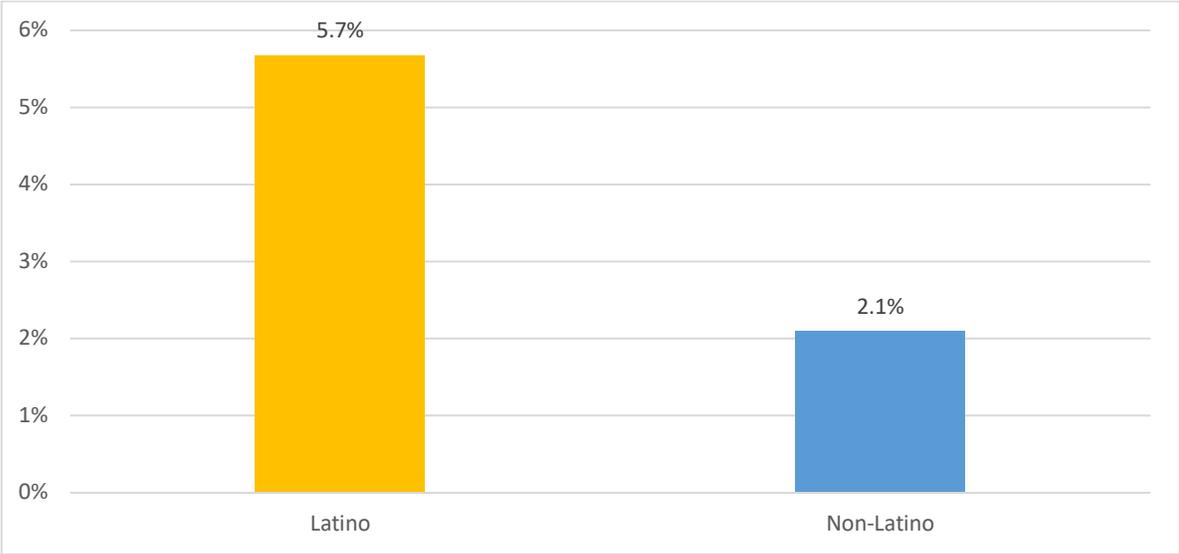
**Figure 7: English Language Proficiency**



Source: 2018 American Community Survey

The importance of internet access at home became evident in light of the switch to remote learning in many schools in Massachusetts due to COVID-19. Although most Latino children in 2018 had access to the internet, the percentage who did not (5.7%) was markedly higher than for non-Latino children (2.1%) (Figure 8).

**Figure 8: Home Internet Access**



Source: 2018 American Community Survey

### Education Status of Latino Children in Massachusetts

Latinos are the fastest-growing ethno-racial group in Massachusetts but have the lowest educational attainment rates. Educational outcomes among Latinos result from a complex web of social, economic, political, and educational conditions. Language barriers have been perceived as a reason for low educational outcomes among Latino students. However, Latino children are more likely to attend schools that are structurally underfunded and lack the resources to meet the students' most basic educational needs.<sup>12</sup> These schools often have less qualified teachers, larger class sizes,

and less challenging curricula.<sup>13</sup> Moreover, students of color experience disciplinary practices that are racially disparate.<sup>14</sup> To manage student behavior, schools tend to use disciplinary procedures such as suspensions and expulsions. There is conclusive evidence that suspensions lead to academic failure and school dropout<sup>15</sup> and reduces students' sense of school belonging.<sup>16</sup>

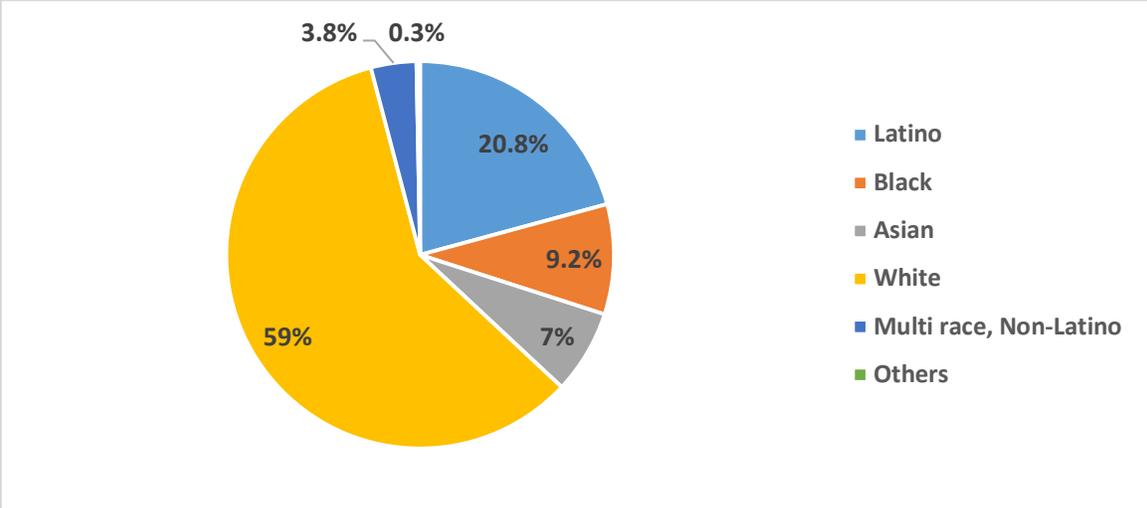
This section of the report provides a snapshot of pre-COVID-19 educational outcomes for Latino students in the state of Massachusetts. Using the Massachusetts Department of Elementary and Secondary Education (MADESE) district profile data<sup>17</sup> for the school year 2018-19 (SY2019), the report compares the educational outcomes of Latino students with other ethno-racial groups statewide. We also include English Language Learners (ELLs) outcomes, who are students of any race or ethnicity. We discuss students' demographics, academic achievement, high school graduation rates, and student behavior. This research highlights the achievement gap between Latino and non-Latino students and provides a glimpse of the socioeconomic conditions in which Latino children grow and attend school.

### Student Demographics

In the school year 2019 (SY2019), Massachusetts had 951,631 students enrolled in schools (pre-K through 12). Over a fifth (22%) of these students spoke a language other than English as their first language, and one-tenth (10.5%) were classified as ELLs. Moreover, nearly half (47.6%) of the students were categorized as having high needs: 31.2% were economically disadvantaged, and (with some overlap) about one-fifth (18%) were students with disabilities.

The racial and ethnic composition of students enrolled in schools in Massachusetts in SY2019 is presented in Figure 9. White students make up the most prominent student group (59%), while Latino students formed the second-largest ethno-racial group, constituting 21% of the total enrollment in the state. African American/Black students were 9%, Asians 7%, and all other ethno-racial groups added up to approximately 4%. The ethno-racial group labelled 'multi-race, non-Latino' in the MADESE data refers to students who belong to more than one race and are non-Latino.

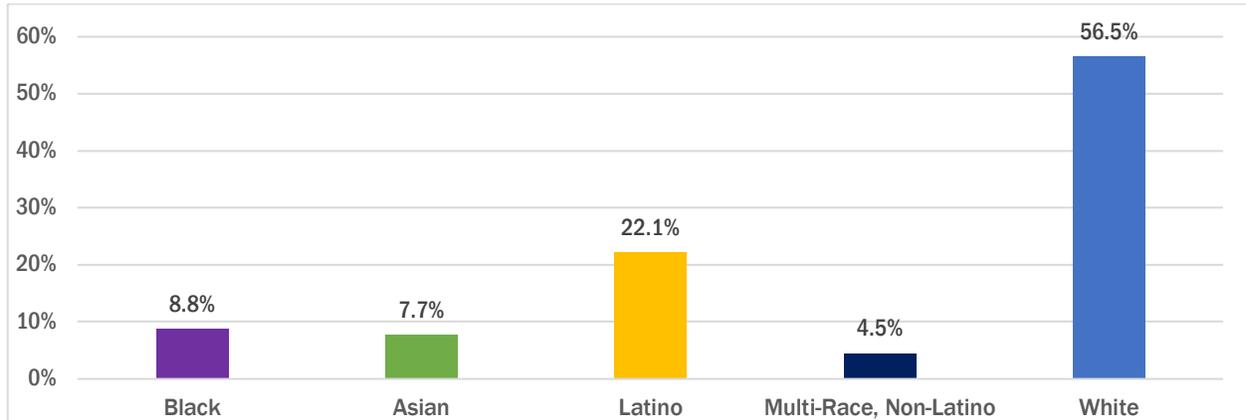
**Figure 9. School Enrollment by Ethno-Racial Composition, SY2019**



Source: Massachusetts Department of Elementary and Secondary Education, SY 2019

In the SY2019, 65,944 students were enrolled in either a part-time or full-time kindergarten. Over one-fifth of the students enrolled in kindergarten were Latino, while 8.8% were Black (Figure 10). Of all the students, 16.7% were reported as ELLs.

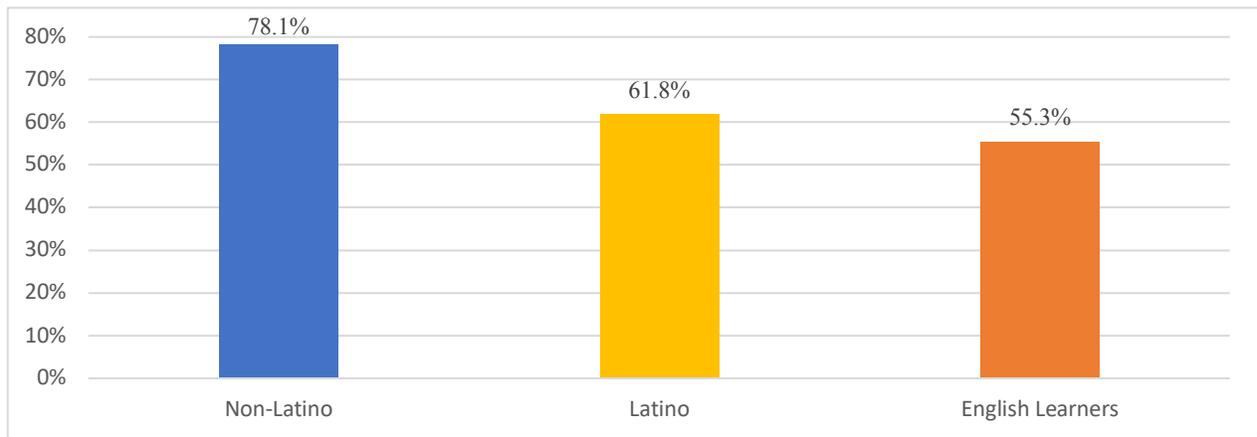
**Figure 10. Kindergarten Enrollment**



Source: Massachusetts Department of Elementary and Secondary Education, SY 2019

Figure 11 shows the share of Grade 9 students who completed and passed all their courses. Of 16,476 Latino students in Grade 9 in SY2019, only 62% passed all their courses. The share for ELLs is even lower (55%).

**Figure 11: Achievement - Grade 9 Course Passing Report**

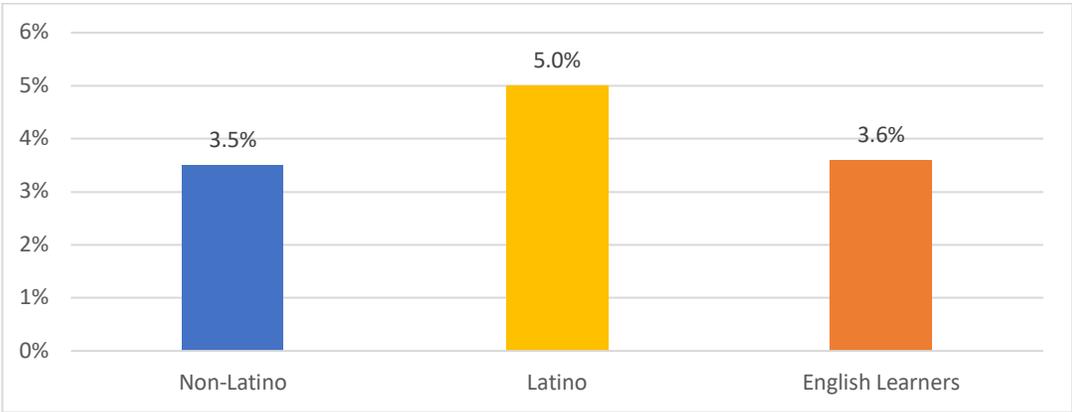


Source: Massachusetts Department of Elementary and Secondary Education, SY 2019

## Disciplinary Practices

Schools use disciplinary practices such as suspensions and expulsions to manage student behavior. However, these practices tend to adversely, and unequally, affect students and their behavior. These school disciplinary actions often push students of color out of schools, onto the streets,<sup>18</sup> and eventually to educational and social exclusion. Suspension from schools results in decreased academic achievement, a higher likelihood of involvement with the criminal justice system and decreased civic engagement as adults.<sup>19</sup>

**Figure 12: Student Discipline - All Offenses**



Source: Massachusetts Department of Elementary and Secondary Education, SY 2019

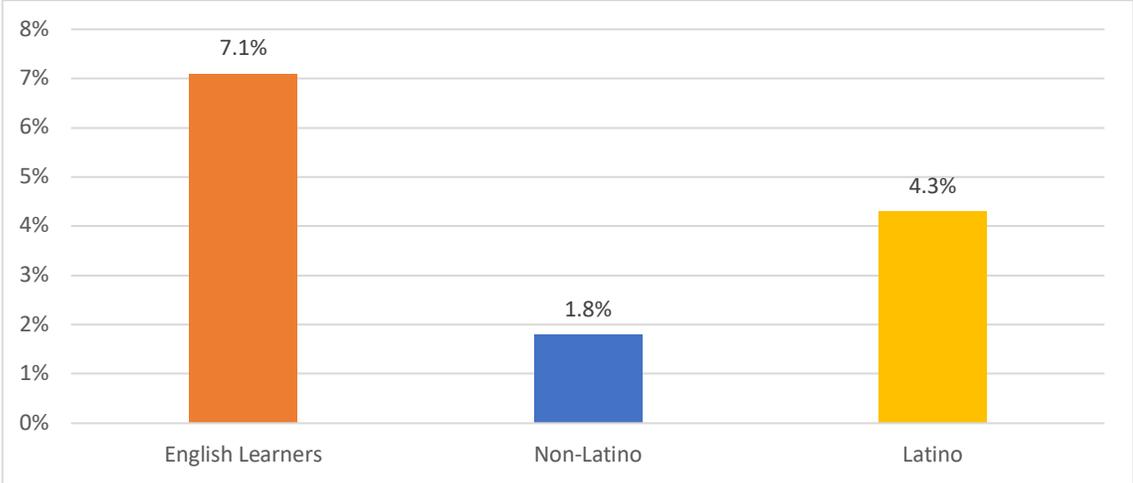
As per the MADESE data, more than 13,000 Latino students were suspended or expelled from schools in the 2018-2019 school year. Five percent of the Latino students received out-of-school suspensions, as did 3.6 percent of ELLs and 3.5 percent of non-Latinos (Figure 12).<sup>a</sup> Suspensions are associated with poor academic achievement and dropout rates.<sup>20</sup>

<sup>a</sup> Out-of-school suspension is defined as a disciplinary action imposed by school officials to remove a student from school and from participation in school activities for 1 day or more.

### Dropout Rates

In the 2018-19 school year, 5,189 or 1.8% of all students in Grades 9 through 12 dropped out of school. The 7% high school dropout rate for ELLs was the highest followed by 4.3 % for Latino students (Figure 13). Strict disciplinary measures and a deficit view of Latino children can have a severely negative influence on the education of Latino students. Additionally, schools tend to reinforce the existing social power relations among cultural groups.<sup>21</sup>

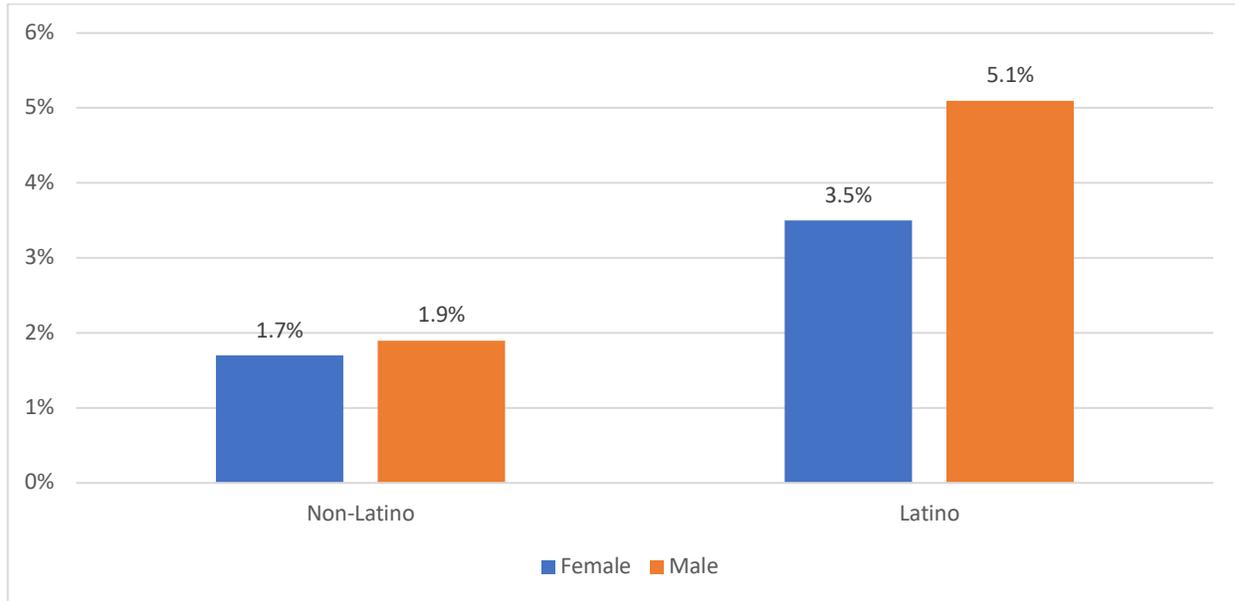
**Figure 13: High School Dropout Rates**



Source: Massachusetts Department of Elementary and Secondary Education, SY 2019

Among all students, males were more likely to drop out of high school than females (Figure 14), but Latinos were more likely to drop out than non-Latinos. Among male students 5.1% of Latinos dropped out of high school in any given year as compared to 1.9% of non-Latino males. Latina girls were twice as likely to drop out of school as non-Latina girls.

**Figure 14: Dropout Rate by Sex, SY 2019**



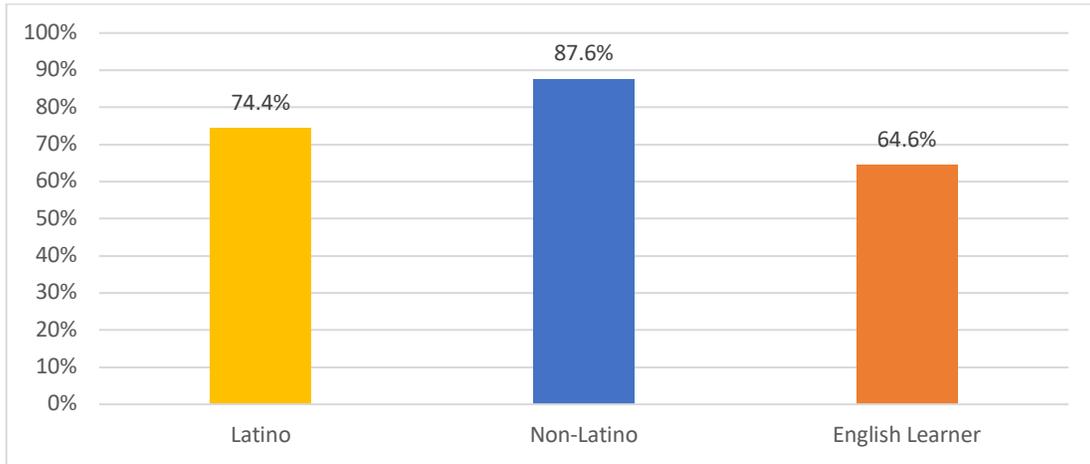
Source: Massachusetts Department of Elementary and Secondary Education, SY 2019

### High School Graduation Rates

The 2019 four-year cohort graduation rate<sup>b</sup> for Massachusetts public high schools was 88 %, which was slightly (0.2%) higher than for the 2018 cohort.

<sup>b</sup> The 2019 four-year cohort graduation rate is calculated as follows: [# of students in cohort (denominator) who graduate in 4 years or less/ [# of 1st time entering 9th graders in 2015-16] - transfers out/deaths + transfers in].

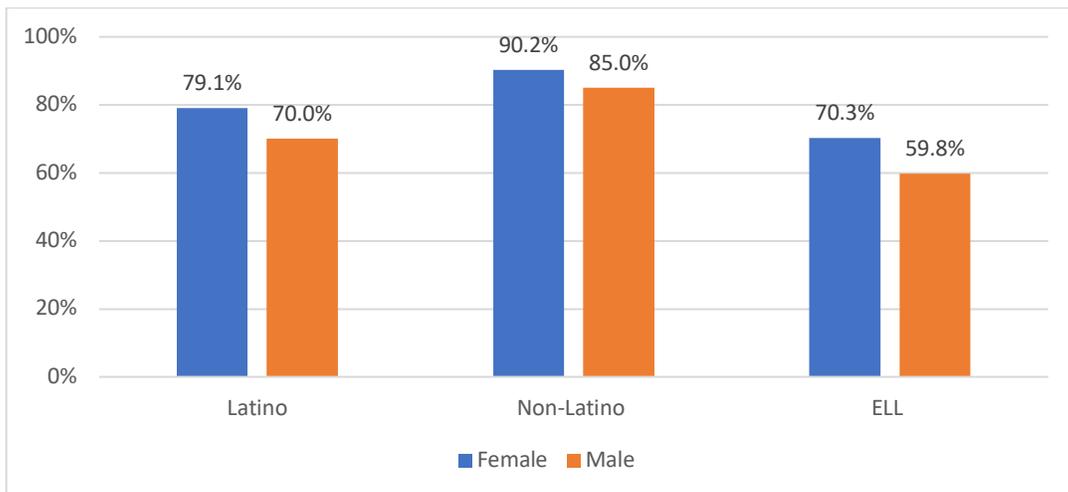
**Figure 15. Four-Year High School Graduation Rate, SY 2019**



Source: Massachusetts Department of Elementary and Secondary Education, SY 2019

There are significant gaps in the graduation rates among ethno-racial groups. Latinos have the lowest graduation rate (74.4%) while Asians have the highest rate (95.2%). Latina females have a higher graduation rate than Latino males (Figure 16). Only about three-fifths of males who are ELLs graduated from high school among the 2019 cohort.

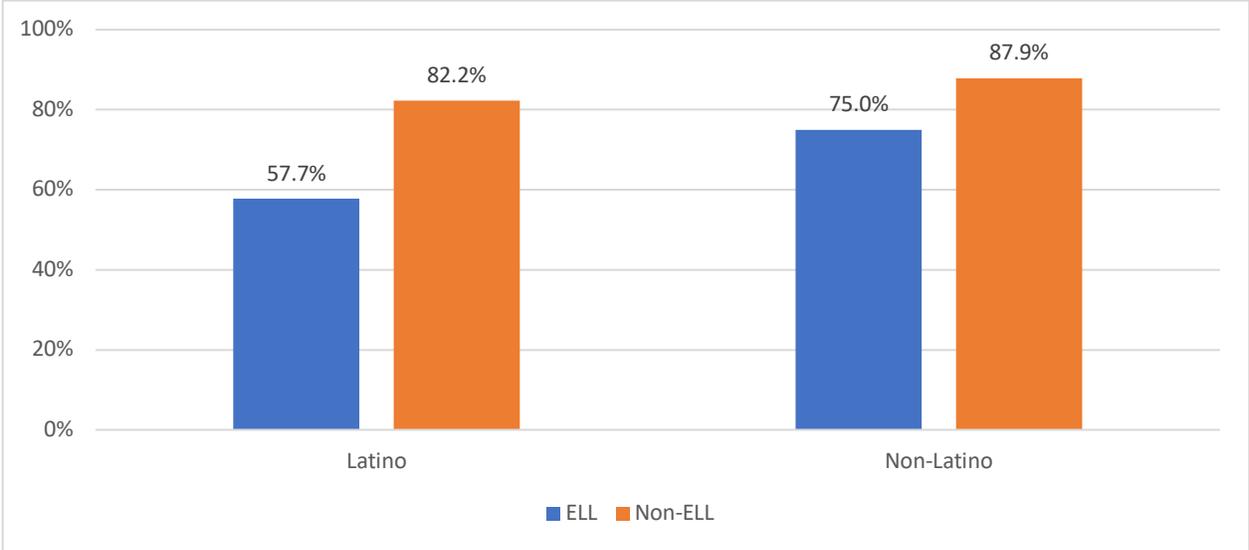
**Figure 16. High School Graduation Rates by Gender SY 2019**



Source: Massachusetts Department of Elementary and Secondary Education, SY 2019

The graduation rate for ELLs is quite low (64%). Figure 17 shows that the graduation rate for Latinos who are ELLs is especially low (58%). Non-Latino non-English language learners have the highest graduation rates (88%).

**Figure 17: English Language Learner Four-Year High School Graduation Rate by Ethnicity**



Source: Massachusetts Department of Elementary and Secondary Education, SY 2019

### Education and Socioeconomic Factors

The educational outcomes for Latino children need to be considered within the context of the communities in which Latino children grew up and attended school. Socioeconomic factors are especially relevant, including household income, poverty rates, and parental education in Massachusetts towns and cities with a large presence of Latino children.

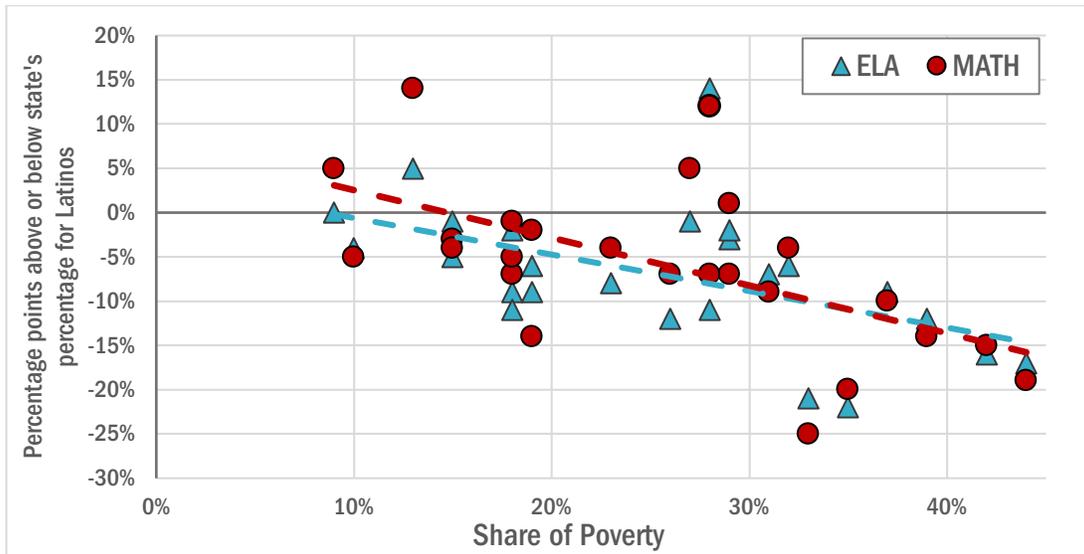
We present information on 25 cities and towns in Massachusetts with the largest number of Latino children.<sup>c</sup> For each of these 25 municipalities, we consider the percentage of students who "meet expectations or above" in the MCAS Math and MCAS English Language Arts (ELA) exams and compute the difference from the corresponding percentage for Latinos at the state level. We next plot these differences against each socioeconomic indicator. The results are shown for Grade 10 MCAS scores in Figures 18, 19, and 20 below.

Figure 18 shows that Latino student educational outcomes and the municipality's share of poverty are negatively related; that is, the share of students who "meet expectations or above" in MCAS Math and ELA is lower than the corresponding figure for Latinos statewide.

---

<sup>c</sup> These cities are: Boston, Brockton, Cambridge city, Chelsea, Chicopee city, Everett, Fall River, Fitchburg, Framingham, Haverhill, Holyoke, Lawrence, Leominster, Lowell, Lynn, Marlborough, Methuen, New Bedford, Revere, Somerville, Southbridge Town, Springfield, Taunton, Waltham, Worcester.

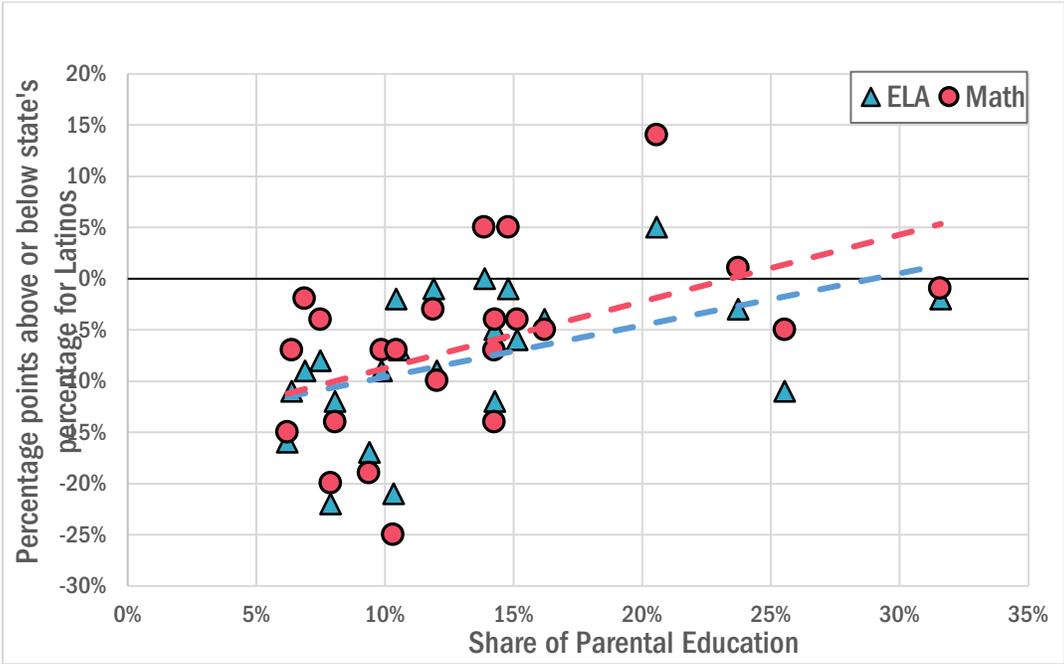
**Figure 18: Poverty Share & 2019 Next Gen MCAS Grade 10 ELA and Math Scores**



Source: 2018 American Community Survey & Massachusetts Department of Elementary and Secondary Education Data, SY 2019

Similarly, Figure 19 shows how the student's outcomes and the share of parental education are related. In municipalities with large shares of parents with higher education (Bachelor's degree or above), the percentage of Latino students who "meet expectations or above" in MCAS Math and ELA is higher than the corresponding statewide figure for Latinos.

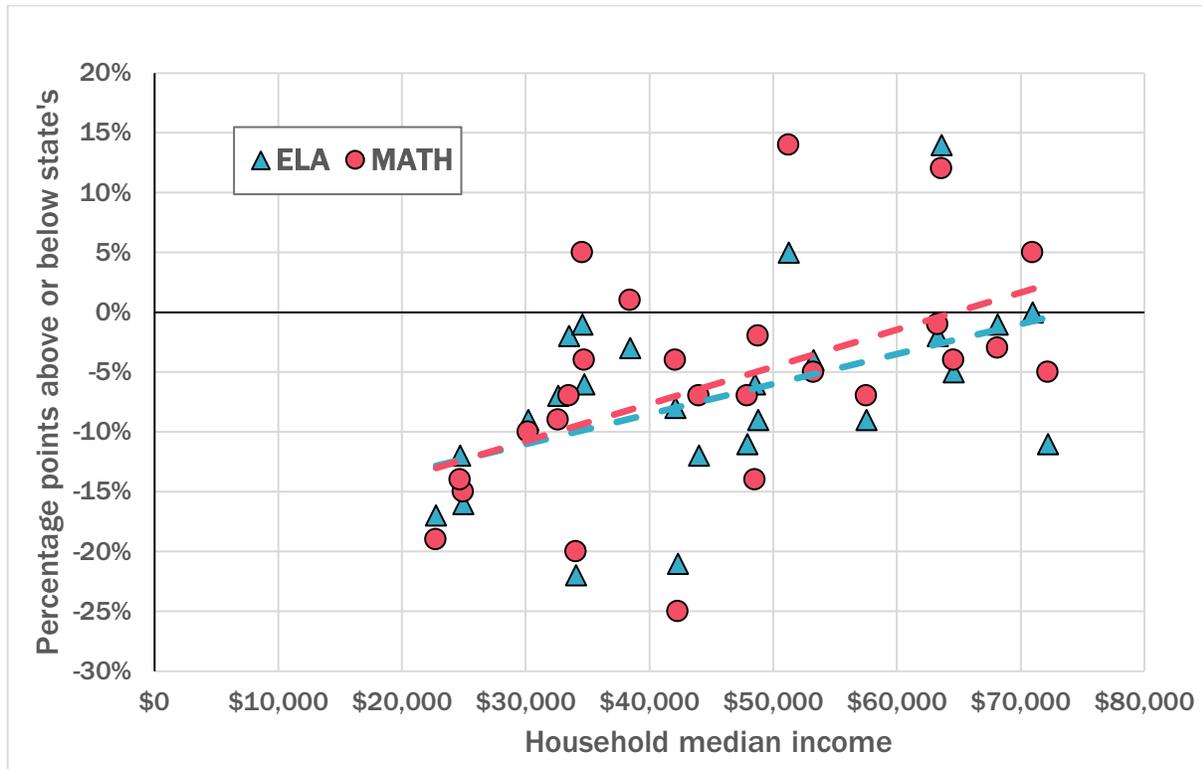
**Figure: 19: Parental Education & 2019 Next Gen MCAS Grade 10 ELA Scores**



Source: 2018 American Community Survey & Massachusetts Department of Elementary and Secondary Education Data, SY 2019

Figure 20 shows the extent to which median household income is related to student outcomes. In cities with higher median household incomes, the percentage of Latino students who "meet expectations or above" in MCAS Math and ELA is higher than the corresponding statewide figure for Latinos.

**Figure: 20: Median Household Income & 2019 Next Gen MCAS Grade 10 ELA Scores**



Source: 2018 American Community Survey & Massachusetts Department of Elementary and Secondary Education Data, SY 2019

What these correlations show is that many Latino children are growing and going to schools in communities where there is lack of resources. Student performance should be taken as evidence that these communities need interventions addressing all aspects of well-being, rather than narrow interventions in school that do not address socioeconomic factors. These figures show that there is a community socioeconomic component affecting Latinos children's school performance.

A word of caution: we cannot assert confidently that these correlations are causal relations without further investigation to understand its full extent. Only then we would

be able to design effective interventions in school districts that truly bring about improvements in Latinos' school performance.

## **Health Status of Latino Children in Massachusetts**

Children's health is affected by several factors including maternal health and education, prenatal care, birth weight, access to care, socioeconomic status, among others. These mechanisms by which these factors impact early development stages ripple across the entire life course, thereby affecting the potential for healthy productive lives. The *Ecological Model of Health* explains how the interaction and interdependence between these factors, other individual characteristics, and socio-cultural environments impact health. In this model, health and health-related behaviors are influenced by public policy, community, institutions, interpersonal factors, and intrapersonal factors.<sup>22</sup> This framework is used to analyze the health status of Latino children based on selected variables from the American Community Survey (ACS) and the 2016-2018 National Survey of Children's Health (NSCH). By considering various factors related to health outcomes, we seek to explain the current health status of Latino children and propose research that may produce significant insights to improve the health of this population.

The following contextual factors are important to analyze children's health status:

- In Massachusetts, through a combination of state and federal (the Affordable Care Act) policies, health insurance coverage of adults with dependent children is estimated to be 100%<sup>23</sup> and coverage for children is about 98.5%.<sup>24</sup>

- Children's health is closely tied to their family's health status and their caretaker's overall access to, and experience with, the healthcare system.
- Data include children whose mother tongue is English or Spanish. Survey respondents may or may have not been born in the United States.

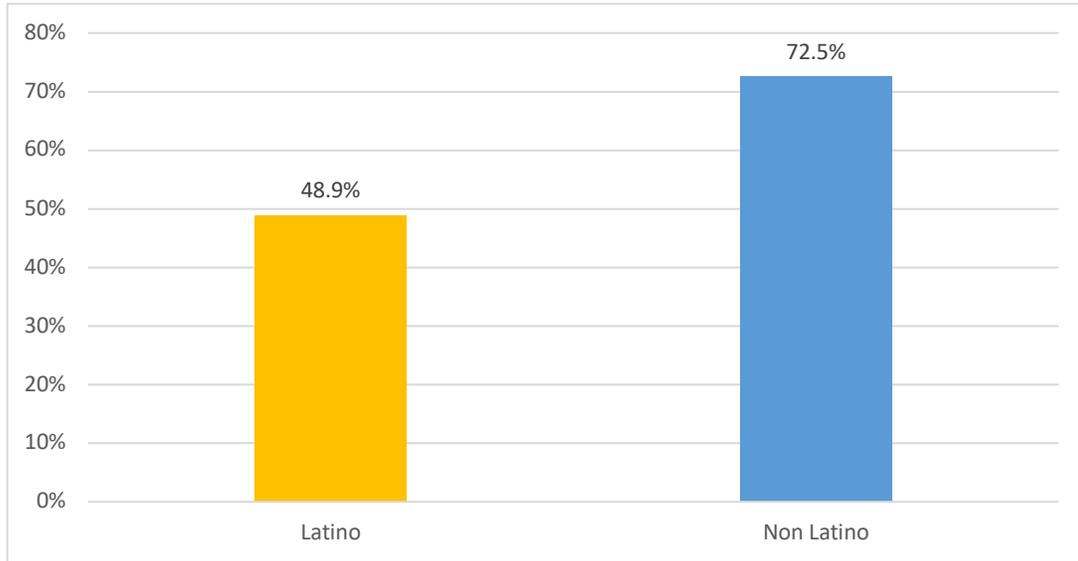
## Parental Health Perception

Parents play a vital role in the health of their children. Therefore, it is vital to better understand their actions, beliefs, and perceptions to address children's health needs. Parents' perceptions of their children's health was obtained from the NSCH survey (2016-2018), which asked parents: “In general, how would you describe this child’s health?”

Survey results show that parents of Latino children rated their children’s health as excellent 48.9% of the time compared to parents of non-Latino children who rated their children’s health as excellent 72.5% of the time. Research shows that parents who rate their child's health as poor are more likely to be accurate compared to the parents who rate their child's health as excellent.<sup>25</sup> Also, studies of parental health perception, weight, and BMI found that concordance between perceived weight and measured BMI increased as overall perceived health status decreased.<sup>26</sup>

The evidence above highlights the importance of parental perception in the health of non-Latino children since these parents are more likely to accurately report their child's health. Therefore, further exploration of additional factors that influence parental health perception (e.g. perceived physical activity of the child, expressed concern by a doctor) between Latino and non-Latino children, may help determine the relationship between a child's actual health and parental health perception.

**Figure 21: Parents Reporting their Children's Health Status as Excellent**

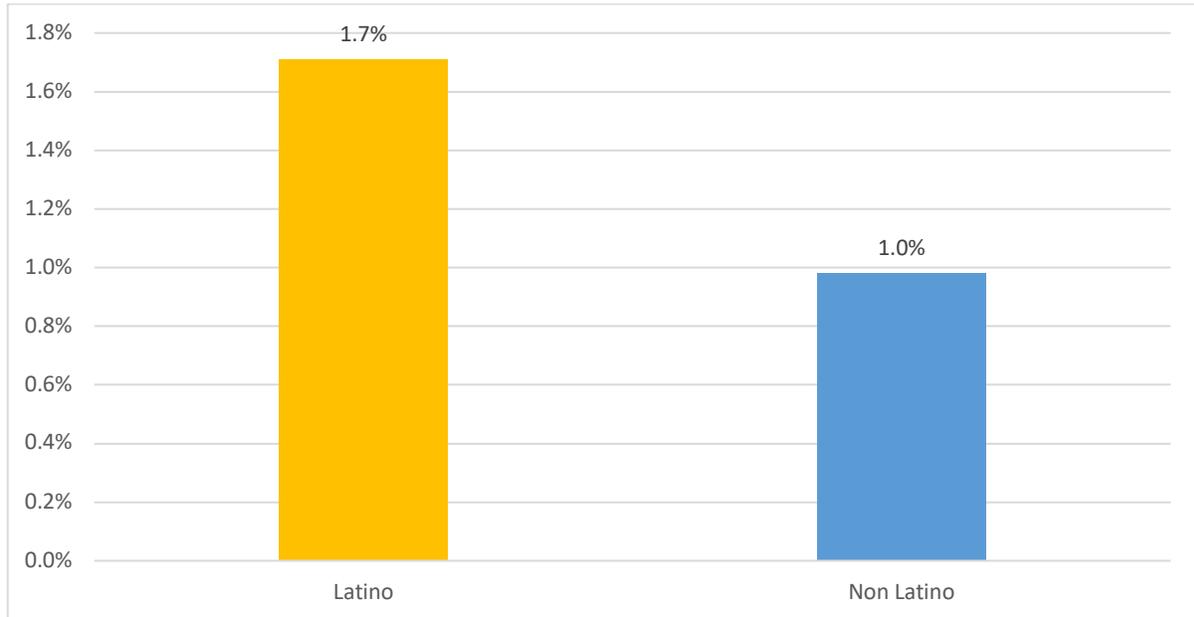


Source: 2016-2018 National Survey of Children's Health (NSCH)

### Health Insurance Coverage

In 2006, Massachusetts reformed its healthcare system in order to increase access to care. Some of the strategies to accomplish it included offering unsubsidized health insurance plans to individuals and small businesses, subsidized health insurance to eligible people with a family income below 300 percent of the Federal Poverty Level (FPL), and broadening eligibility for the Medicaid program (MassHealth in Massachusetts) by extending coverage to children in families with income up to 300 percent of the FPL.<sup>27</sup> As a result, most children are covered by some type of health insurance. According to the 2018 Kaiser Family Foundation, 98.9% of children under the age of 18 were covered by health insurance (employer-based insurance 59.3%; non-group-based insurance 4.4%; Medicaid 34.6%; other 0.6%).<sup>28</sup> Nevertheless, Latino children are almost twice more likely to be uninsured compared to non-Latino children (1.7% vs 1.0%) as shown in Figure 22.

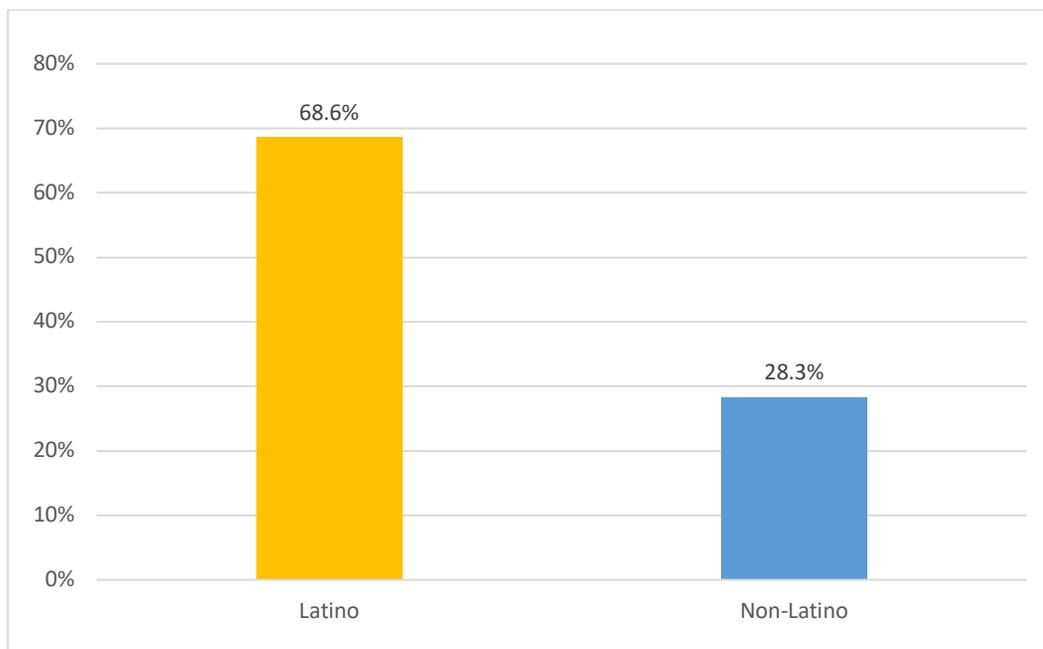
**Figure 22: Uninsured Children**



Source: 2018 American Community Survey (ACS)

Figure 23 shows that public health insurance coverage is more prominent among Latino children (68.6%) than non-Latino children (28.3%). This discrepancy may be due to the well-documented interaction between race and ethnicity and economic well-being. Historically, lower-income communities tend to rely more on public health insurance compared to wealthier communities due to income inequities and lower purchasing power.

**Figure 23: Public Health Insurance Coverage**



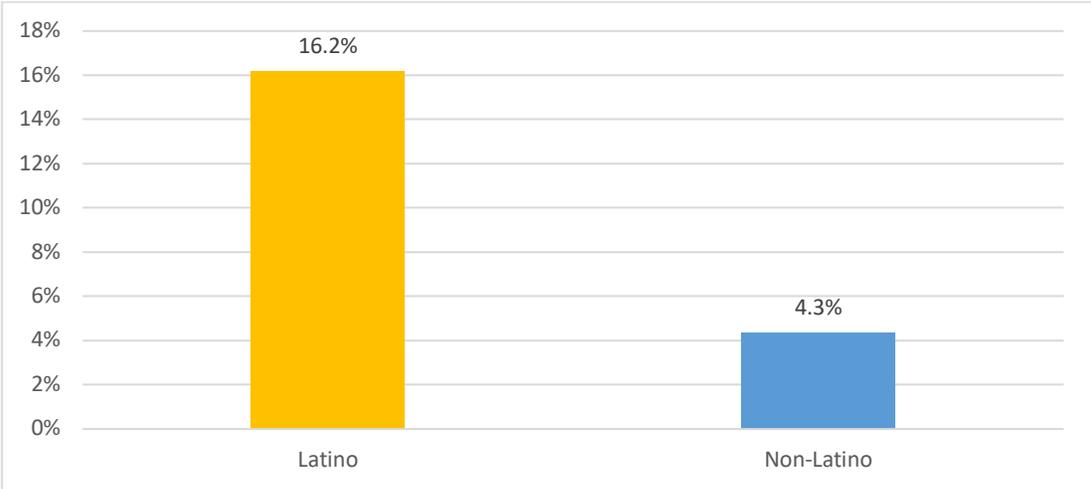
Source: 2018 American Community Survey (ACS)

Providers are less likely to participate in MassHealth health plans compared to private health insurance plans, largely due to low reimbursement rates, continuing review and/or prior authorization-related processes, provider burnout, among others.<sup>29</sup> In turn, this decreases the number of available medical providers leading to sub-optimal health outcomes in a population that relies heavily on MassHealth. Furthermore, research shown that physicians are less likely to accept Medicaid patients in areas that are more racially segregated, and that physician participation in Medicaid plans is higher in poor white areas than in poor non-White areas.<sup>30</sup> Therefore, research on the interaction among type of coverage, barriers to accessing medical services in a timely manner could help us understand the impact that health insurance has on Latino and non-Latino children.

**Preventive Health-Related Services.**

Even though almost all Latino children in Massachusetts have health insurance coverage, there are inequities in healthcare delivery between Latino and non-Latino children, including having a usual source of care and satisfaction with healthcare services. Information about having or not having a usual place to obtain preventative care services was retrieved from the 2016-2018 NSCH, which asked parents the following question: “Is there a place that this child USUALLY goes when he or she needs routine preventive care, such as a physical examination or well-child check-up?” Data shows that 16.2% of parents of Latino children reported not having a routine place of care to obtain preventative services while parents of non-Latino children reported this to be 4.3%. Therefore, Latino children are more likely to miss or delay healthcare services, including well-child visits, developmental and psychosocial surveillance, disease screening, and anticipatory guidance, among other important health-related services.<sup>31</sup>

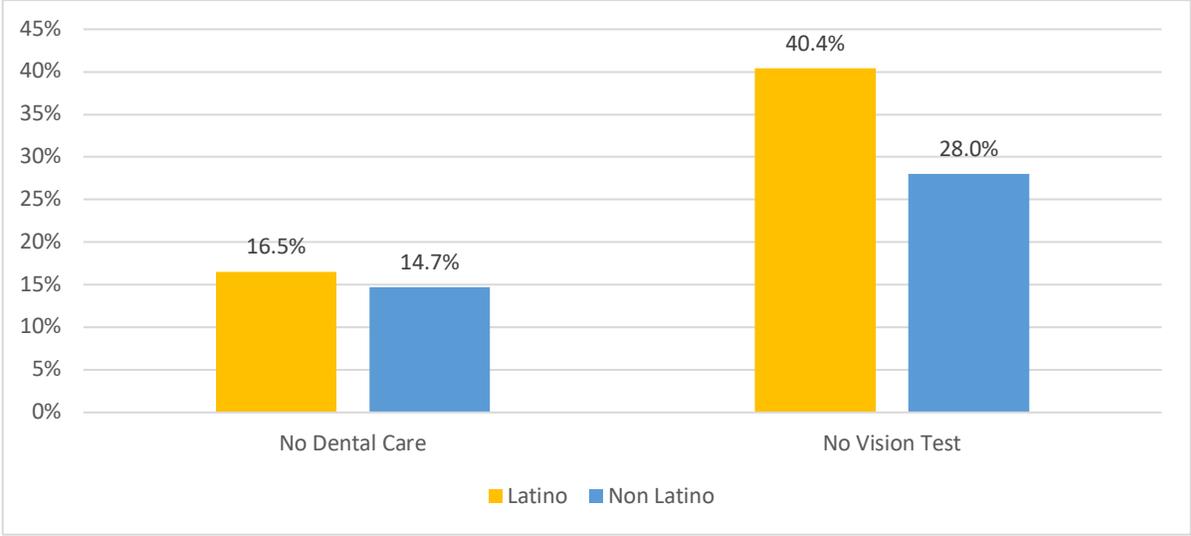
**Figure 24: Children with No Usual Place for Preventative Care**



Source: 2016-2018 National Survey of Children’s Health (NSCH)

In addition, the 2016-2018 NSCH asked parents: “During the past 12 months, did this child see a dentist or other oral health care provider for any kind of dental or oral health care?” Parents reported that Latino children obtained dental or oral health care in a slightly lower proportion than non-Latino children. The percentages of those who had *not* had dental care in the past year were 16.5% for Latinos and 14.7% for non-Latinos. Similarly, when parents were asked: “During the past 12 months, has this child had his or her vision tested, such as with pictures, shapes, or letters?” they reported that Latino children were less likely to have their vision tested than non-Latinos (40.4% vs 28.0%), as seen in Figure 25.

**Figure 25: Children without Routine Dental & Vision Care in the Past 12 Months**

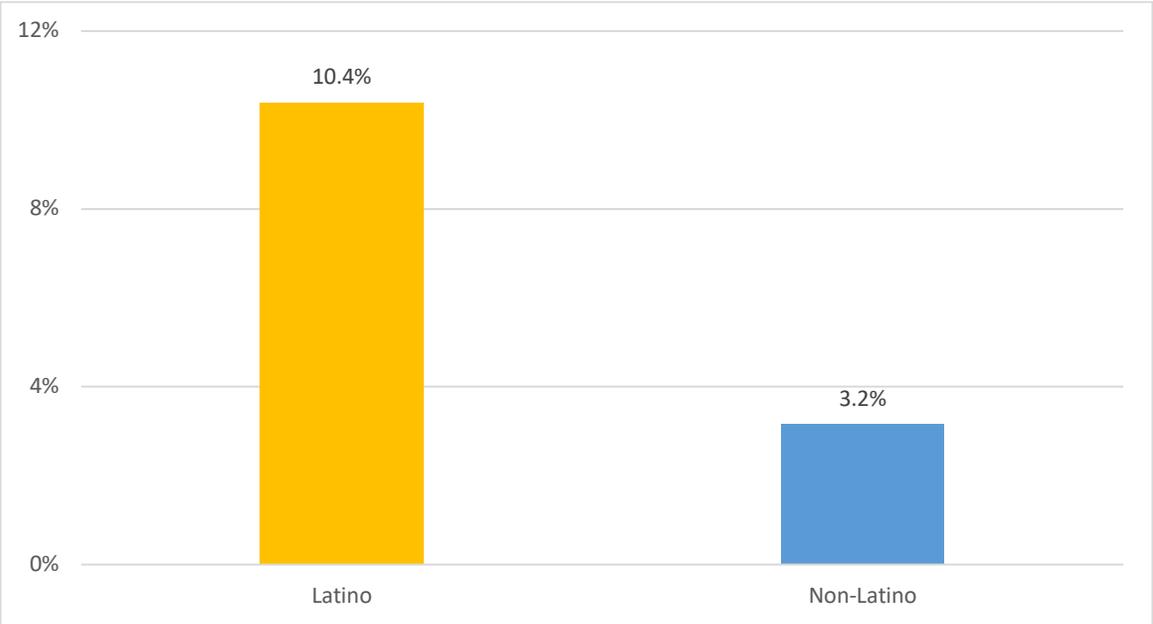


Source: 2016-2018 National Survey of Children’s Health (NSCH)

A prior study showed that not having a usual place of care is related to the lack of insurance, lack of continuity with a clinician or place of care, lack of privacy for adolescents, lack of clinician awareness or skill, racial/ethnic barriers, language-related barriers, clinician and patient gender-related barriers, and lack of time.<sup>32</sup> Furthermore, geographical mobility, distrust of medical providers, and negative experience with the healthcare system may also contribute to patients and their families not establishing a routine place of care to obtain preventative-related services.

*Accommodation*, described as the tailoring of health services to fit the needs of patients, is an important component related to patients' perceived and actual quality of care, which may encourage establishing an usual place of care.<sup>33</sup> In the context of Latino health, accommodation may possibly take various forms, including availability of interpretation services, culturally and linguistically trained providers, and health-related materials available in Spanish, among others. Inability to accommodate the needs of foreign-born patients may result in communication breakdown between patients and providers. To assess communication satisfaction the NHCS asks: “*How satisfied is he or she with the communication among this child’s doctors and other health care providers?*” Results (Figure 26) shows that 10.4% of Latino parents expressed some degree of dissatisfaction with healthcare providers communication compared to 3.2% of parents of non-Latino children.

**Figure 26: Parent-Provider Communication - Somewhat or Very Dissatisfied**



Source: 2016-2018 National Survey of Children’s Health (NSCH)

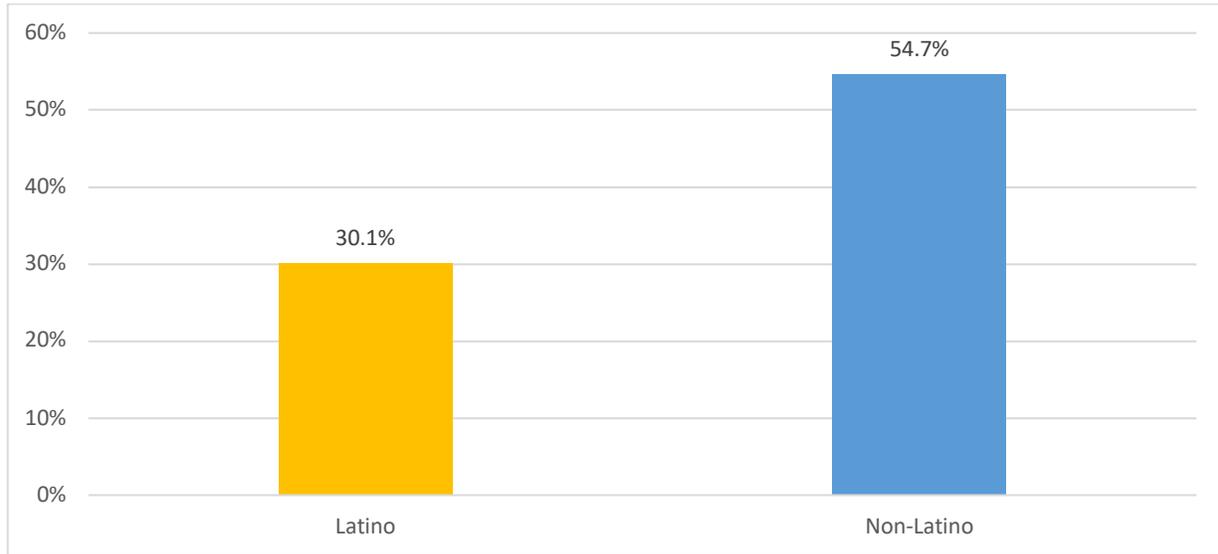
Since a large population of Latinos have limited English proficiency (LEP), research on services geared towards improving communication between providers and patients as well as the impact of available language services may help determine key practices, policies, or interventions to improve routine care utilization by Latino children and their families.

### Physical Activity, the Built Environment and Media Exposure.

Physical activity is an essential component for children to build into their daily lives because it has been shown to have positive effects on their well-being throughout the life course. The U.S. Department of Health and Human Services currently recommends that children and adolescents ages 6 through 17 years do 60 minutes (1 hour) or more of moderate-to-vigorous physical activity daily.<sup>34</sup> Massachusetts Senate Bill 297 promotes physical activity by declaring that "...Students in the elementary schools shall participate in physical education for at least 150 minutes during each school week, and students in middle schools and high schools shall participate for at least 225 minutes per week."<sup>35</sup> Therefore, schools are places that should cover part of the recommended time for physical activity.

Nevertheless, the impact of policies and/or efforts to decrease inactivity on children of different races and/or ethnicities vary. Figure 27 shows that only 30.1% of Latino children perform physical activity more than 4 days a week compared to 54.7% of non-Latino children.

**Figure 27: Children Engaged in Physical Activity More than 4 Days a Week**

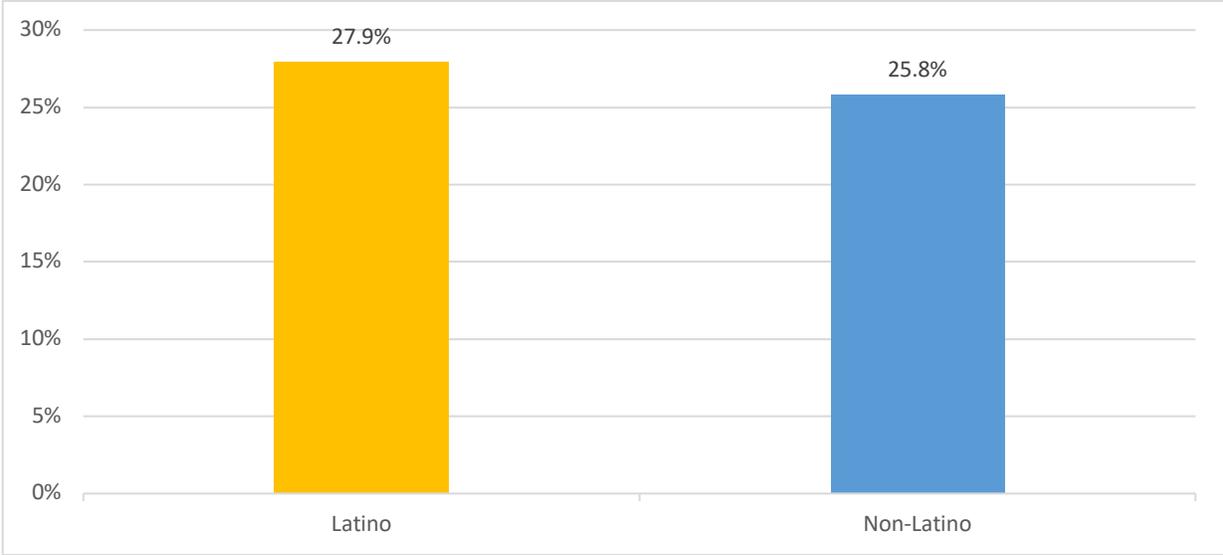


Source: 2016-2018 National Survey of Children’s Health (NSCH)

Theoretically, Latino children who do not engage into enough physical activity time at the school may do so through other activities that include after school programs, informal organized sports activities or play time in and/or around neighborhoods with friends and families, etc. However, these alternatives are less likely to be available for Latino children who usually attend schools with limited resources, which may not offer after school sports program or other activities that promote physical activity. Furthermore, Latino children are more likely to live in low-income areas of Massachusetts, such as Lawrence, Chelsea, Holyoke, Springfield, or Lynn than are non-Latino children. This situation could cause fear of engaging in outdoor physical activity. To assess safety in the neighborhood, the NHCS asks: *“To what extent do you agree that this child is safe in your neighborhood?”* Neighborhood safety is a concern of all parents. Only 27.9% of parents of Latino children agree that their children live in a safe neighborhood compared to 25.8% of parents of non-Latino children (Figure 28).

Further research should explore the reason behind those numbers and the reasons why parents of Latino children have a more favorable view of their communities in terms of safety, compared to parents of non-Latino children.

**Figure 28: Safety in the Neighborhood or Community**



Source: 2016-2018 National Survey of Children’s Health (NSCH)

Figure 28 shows that more than 70% of individuals, in both groups, do not agree that their children live in a safe neighborhood of community. Further research should explore the reason behind those numbers and the reasons why parents of Latino children have a more favorable view of their communities in terms of safety, compared to parents of non-Latino children.

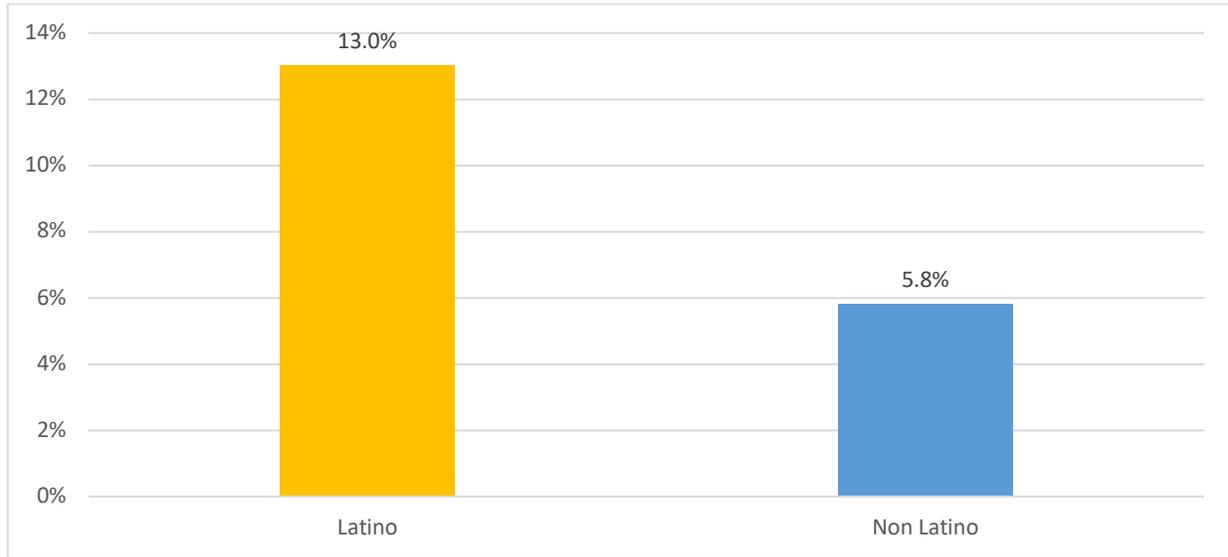
Although Massachusetts obesity prevention-related programs, such as Massachusetts’ Children at Play encourage physical activity through programs and interventions and provide guidance to parents regarding recommended screen time, children may feel there is more benefit to staying indoors than to doing physical

activities outdoors. The fact that childcare screen time regulations are non-existent in Massachusetts, coupled with the increased use of technological devices at home, may further encourage more inactive than active time.<sup>36</sup>

Efforts to decrease screen time are warranted since excessive time spent in front of a TV and/or using computers, phones, tablets, and/or social media is associated with negative health outcomes. Moreover, their increased use has been associated with increased risk of having higher BMI, and consequently increasing the risk of developing obesity well into adulthood; therefore, increased screen time among minorities may explain, to a certain extent, their greater risk for obesity and its risk factors. Figure 29 shows the higher percentage of Latino children (13%) than of non-Latino children (5.8%) who have four or more hours of screen time per day.

Research on the use of media and electronic devices by Latino children (ages 0-8) shows that more approximately 34% of Latino children have a TV in their room, and that the time spent playing video games increased significantly between 2011 and 2017.<sup>37</sup> The total daily screen time spent by children averaged 2 hours and 36 minutes in 2017. Even though there are no specific screen time guidelines from the American Academy of Pediatrics (except for children under the age of 2), the World Health Organization recommends that children under age 5 spend one hour or less on digital devices and those under age 1 spend no time at all.<sup>38</sup> Because information pertaining to screen time and social media use in children in Massachusetts is limited, research is needed on the types of indoor and outdoor activities done by children and on parents' perception of social media and electronic devices. Such research could obtain baseline data to better understand the interactions between media use and inactivity in Latino children.

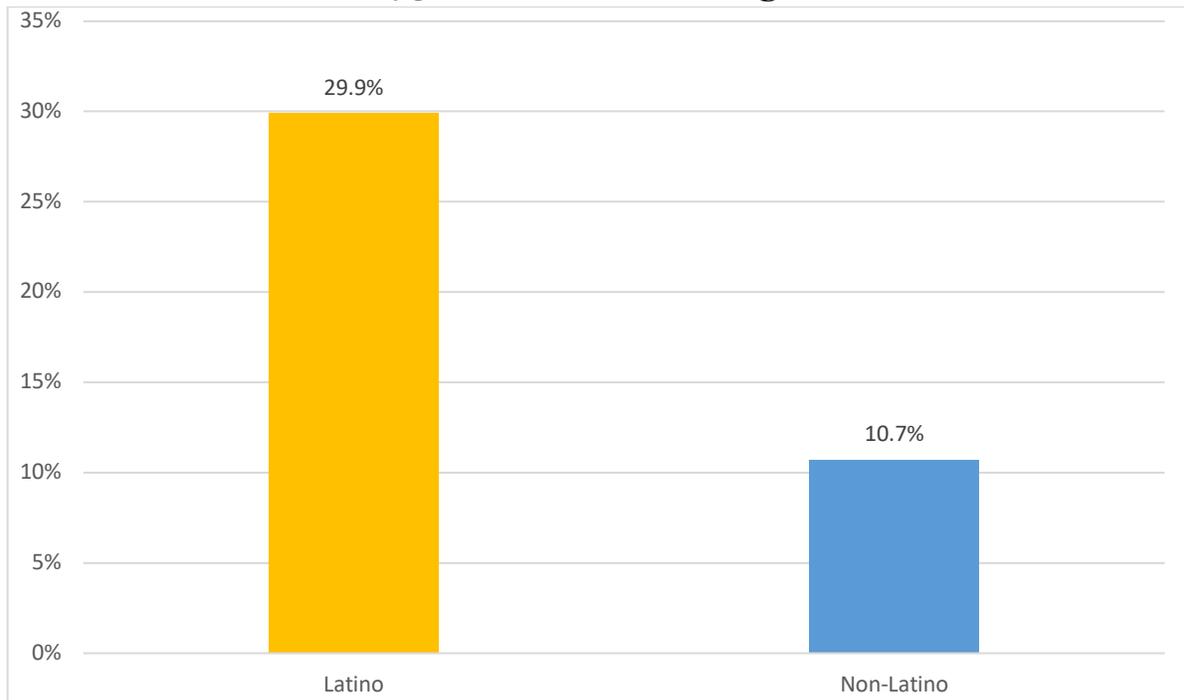
**Figure 29: Four or More Hours of Daily Screen Time**



Source: 2016-2018 National Survey of Children’s Health (NSCH)

Historically, overweight/obesity has disproportionately affected non-white low-income communities. Massachusetts has been promoting healthy eating and physical activity through initiatives such as *Mass in Motion* and *Children at Play*. These initiatives aim to improve nutrition, decrease physical inactivity, and provide information to parents about healthy eating habits at childcare facilities and/or other kid-friendly spaces, including schools. Nevertheless, disparities pertaining to overweight/obesity-related health outcomes continue to disproportionately affect Latino children in Massachusetts. For instance, the percentage of Latino children with BMI equal to or greater than the 95th weight percentile is nearly 3 times (29.9%) the share of non-Latino children (10.7%), as shown in Figure 30.

**Figure 30: Body Mass Index Equal to or Greater than 95<sup>th</sup> Percentile for Weight**



Source: 2016-2018 National Survey of Children’s Health (NSCH)

Research in low-income children in Massachusetts shows that interventions such as pediatric weight management training, electronic decision supports for clinicians, on-site Healthy Weight Clinics, community health worker integration, and healthful clinical environment changes may reduce obesity-related risk factors (e.g., sugar-sweetened beverage consumption and sleep duration).<sup>39</sup> However, limited post-intervention BMI reduction is common. Research has shown increased health-related quality of life (HRQoL) for caregiver-proxy and child self-reported for both intervention and control groups; however, no differences were found between intervention and control children for HRQoL, metabolic markers of obesity, BMI, or physical activity. Some of these results may be explained by socio-environmental and family factors, along with knowledge of obesity-related factors.<sup>40</sup>

Since interventions have shown limited positive effect on the BMI of Latino children, research about the factors hindering interventions' positive effect is needed to identify and remove intervention barriers in order to reduce obesity rates in Latino children and provide more efficient evidence-based interventions and programming.

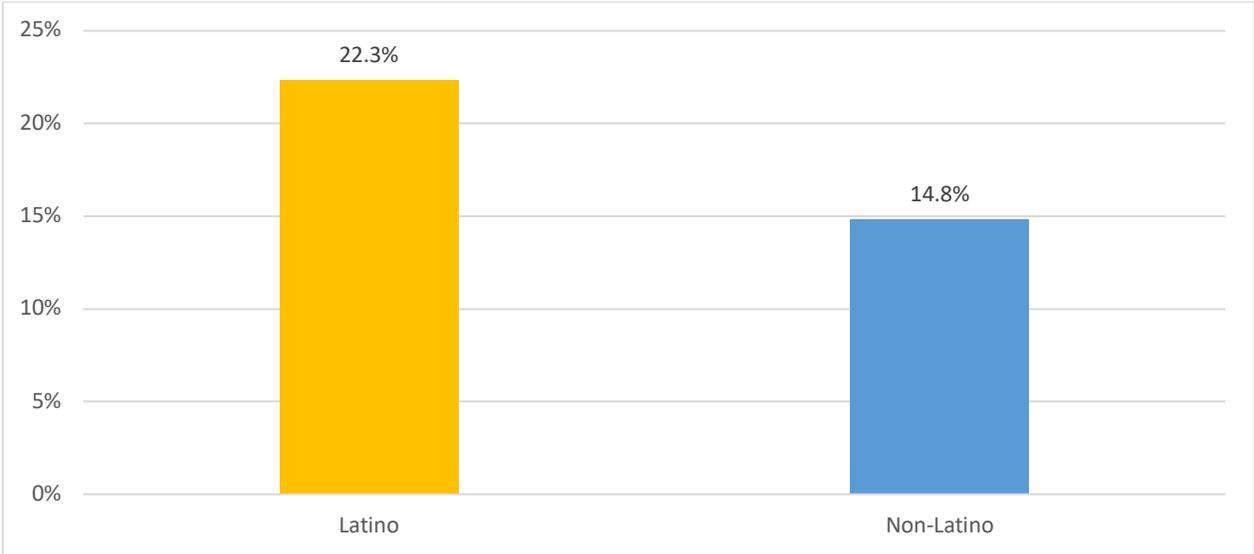
## Health Outcomes

According to U.S. Department of Health and Human Services, social determinates of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.<sup>41</sup> These social determinants of health play a vital role in shaping the overall well-being of all individuals, especially the health of the most vulnerable populations. Massachusetts has established an *Asthma Prevention and Control Program* whose mission is to "...Improve the quality of life for all Commonwealth residents with asthma and reduce disparities in asthma outcomes through collaboration with other state agencies and community partners, particularly the Massachusetts Asthma Action Partnership (MAAP), the only statewide asthma partnership in Massachusetts."<sup>42</sup> The Program also includes a community health worker-led asthma home visiting initiative where community health workers can improve communication among patients, their families, and clinical team, offer several low-cost items (mattress covers, HEPA vacuum, etc.), and educate patients about asthma self-management.<sup>43</sup>

Despite these efforts, asthma-related health disparities are evident between Latino and non-Latino children. For instance, the *2016-2018 National Survey of*

Children’s Health (NSCH) survey of asthma prevalence shows that 22.3% Latino children are affected by this condition compared to 14.8% of non-Latino children.

**Figure 30. Asthma**



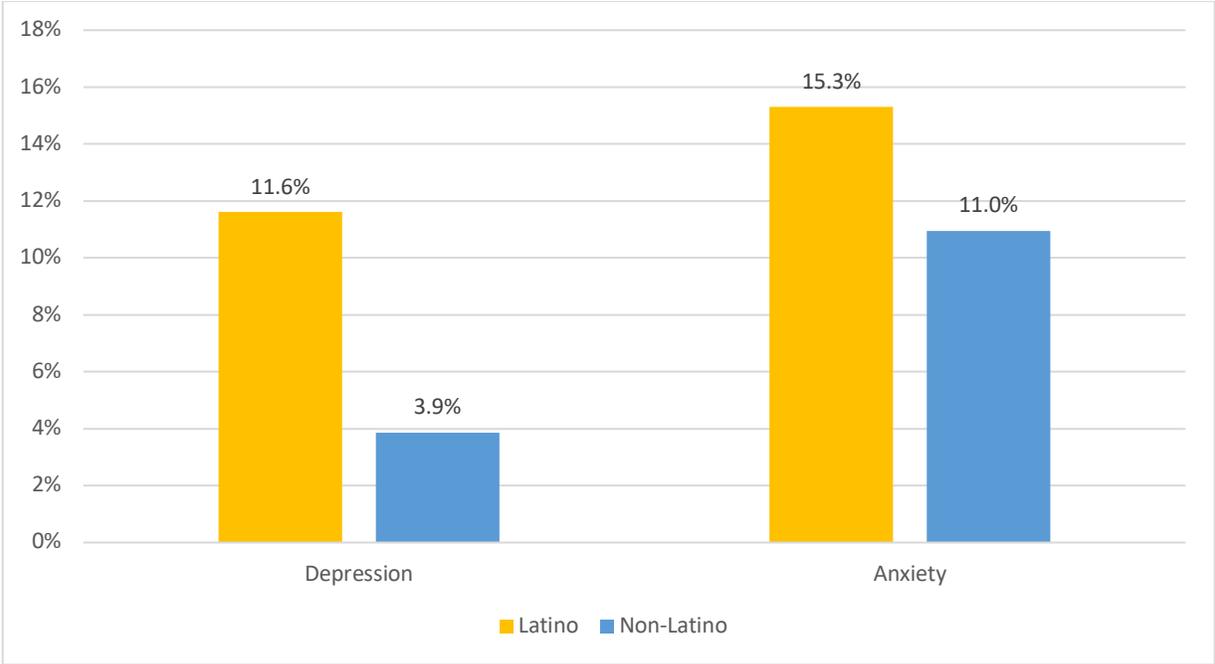
Source: 2016-2018 National Survey of Children’s Health (NSCH)

The asthma disparities that Latino children experience are likely related to exposure to air pollution, mold, gas, tobacco smoke, rodents, among other risk factors that are prevalent in low-income communities. Further research on the most common factors affecting Latino children’s asthma-related outcomes, as well as the impact that the Asthma Prevention and Control Program has on their overall health, could help guide efforts to decrease those disparities.<sup>44</sup>

Although the etiology of mental health conditions, such as depression or anxiety is not clear, risk factors such as family history, experience with traumatic/stressful events, history of mental health disorders, and lack of parental supervision are considered risk factors for various mental/behavioral health conditions.<sup>45,46,47</sup> Research has shown that Latino adolescents who are more recent immigrants, who have less

parent and teacher support, who have different gender-role behavior expectations than their parents, and experience bullying or exclusion have greater likelihood of developing depression and/or anxiety.<sup>45,46,47</sup> The NSCH asked the following questions related to depression and anxiety: “Has a doctor or other health care provider EVER told you that this child has depression?” and “Has a doctor or other health care provider EVER told you that this child has anxiety?” Parents of Latino children were nearly three times as likely to ever having been told their children had depression (11.6%) compared to parents of non-Latino children (3.9%). In addition, parents of Latino children reported higher rates of ever having been told that their children had anxiety (15.3%) compared to the parents of non-Latino children (11.0%).

**Figure 31: Depression and Anxiety**



Source: 2016-2018 National Survey of Children’s Health (NSCH)

Research pertaining to the most prevalent risk factors for depression and/or anxiety, especially those related to exposure to past and/or ongoing stressful or trauma events (e.g. migration), may help guide more targeted interventions to help reduce the development of the aforementioned conditions.

Increased exposure to the discussed risk factors and their negative health outcomes reduces life expectancy and/or increases mortality. For instance, a systematic review of reported hazard ratios (HRs) of all-cause mortality for overweight and obesity relative to normal weight in the general population concluded that relative to normal weight, all grade obesity was associated with significantly higher all-cause mortality.<sup>48</sup>

Latino children's health outcomes and behaviors compared to non-Latino children suggest that they are disadvantaged. One measure that demonstrates this is childhood mortality. The overall crude death rate of Latino children between 2008 and 2019 was 43.4 per 100,000 compared to 32.3 per 100,000 among non-Latinos.<sup>49</sup> The 11.1 percentage point difference underscores the need (a) to understand the root causes for such inequities using a social determinants of health framework, (b) to develop evidence-based interventions that improve overall well-being in the Latino community, and (c) to implement public policies that promote health equity.

## **Conclusion**

This report compares Latino children's demographic, educational, and health outcomes with those of non-Latino children. The results suggest that the disadvantages faced by Latino children as they progress to adulthood compared to other children in Massachusetts are structural and systemic in nature. This portrait hints at the complex

interaction of race and ethnicity, socioeconomic status, and geographic segregation contributing to the poor outcomes on education and health for these children. Future research is needed to investigate the causes of these disparities so that state and local governments, non-profit organizations, philanthropists, civic and business leaders can develop the economic and social infrastructure to help Latino children grow into adults who can better contribute to Massachusetts' future development.

---

<sup>1</sup> Acevedo-Garcia, D., Noelke, C., and McArdle, N. Geography of Child Opportunity: Why Neighborhoods Matter for Equity. Retrieved from [https://www.diversitydatakids.org/sites/default/files/file/ddk\\_the-geography-of-child-opportunity\\_2020v2.pdf](https://www.diversitydatakids.org/sites/default/files/file/ddk_the-geography-of-child-opportunity_2020v2.pdf)

<sup>2</sup> Turner, K. Guzman, L., Wildsmith, E., and Scott, M. (2015). The Complex and Varied Households of Low-Income Hispanic Children. National Research Center on Hispanic Children and Families. Retrieved from: <https://www.childtrends.org/wp-content/uploads/2015/01/2015-04ComplexHouseholdsLowIncomeHispanic.pdf>

<sup>3</sup> Child Trends Databank. (2015). *Parental education*. Available at: <https://www.childtrends.org/?indicators=parental-education>

<sup>4</sup> Murphey, D., Guzman, L., and Torres, A. (2014) America's Hispanic Children: Gaining Ground and Looking Forward. Child Trends. Retrieved from <http://www.childtrends.org/wp-content/uploads/2014/09/2014-38AmericaHispanicChildren.pdf>.

<sup>5</sup> Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas and Matthew Sobek. IPUMS USA: Version 10.0 [1980, 1990, and 2000]. Minneapolis, MN: IPUMS, 2020.

<sup>6</sup> United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2019, on CDC WONDER Online Database, October 2020.

<sup>7</sup> Granberry, P. and Mattos, T., "Massachusetts Latino Population: 2010-2035" (2019). Gastón Institute Publications. 241. Referenced at [https://scholarworks.umb.edu/gaston\\_pubs/241](https://scholarworks.umb.edu/gaston_pubs/241)

<sup>8</sup> Torres-Ardila, Fabián; Granberry, Phillip; Gómez, Iris; and Pulos, Vicky, "The Effect of Proposed Changes in Federal Public Charge Policy on Latino U.S. Citizen Children in Massachusetts" (2018). Gastón Institute Publications. 230. [https://scholarworks.umb.edu/gaston\\_pubs/230/](https://scholarworks.umb.edu/gaston_pubs/230/)

<sup>9</sup> Lozano, Ivan; Granberry, Phillip; and Mattos, Trevor, "The Diversity and Dispersion of Latinos in Massachusetts" (2017). Gastón Institute Publications. 226.

[https://scholarworks.umb.edu/gaston\\_pubs/226](https://scholarworks.umb.edu/gaston_pubs/226)

<sup>10</sup> About the Gateway Cities. MassINC. <https://massinc.org/our-work/policy-center/gateway-cities/about-the-gateway-cities/>

<sup>11</sup> Granberry, P. (2020). "Latinos in the Labor Force. Gastón Institute Publications. 248. [https://scholarworks.umb.edu/gaston\\_pubs/248](https://scholarworks.umb.edu/gaston_pubs/248)

<sup>12</sup> Murphey, D, Guzman, L., Torres, A. (2014) America's Hispanic Children: Gaining Ground and Looking Forward. *Child Trends*. Retrieved from <http://www.childtrends.org/wp-content/uploads/2014/09/2014-38AmericaHispanicChildren.pdf>.

<sup>13</sup> Warren, Mark (2018). "How activists are fighting racial disparities in school discipline," [The Conversation Blog](#), December 2018.

- 
- <sup>14</sup> Martin, J. L., Sharp-Grier, M., & Smith, J. B. (2016). Alternate realities: Racially disparate discipline in classrooms and schools and its effects on black and brown students. *Leadership and Research in Education*, 3(1), 16-33.
- <sup>15</sup> Noltemeyer, A. L., Ward, R. M., & Mcloughlin, C. (2015). Relationship between school suspension and student outcomes: A meta-analysis. *School Psychology Review*, 44(2), 224-240.
- <sup>16</sup> Bottiani, J. H., Bradshaw, C. P., & Mendelson, T. (2017). A multilevel examination of racial disparities in high school discipline: Black and white adolescents' perceived equity, school belonging, and adjustment problems. *Journal of Educational Psychology*, 109(4), 532.
- <sup>17</sup> Massachusetts Department of Elementary and Secondary Education (MADESE). 2019 Massachusetts State Report Card. <https://profiles.doe.mass.edu/staterc/?fyCode=2019>
- <sup>18</sup> Warren, Mark (2019). "Parents Must Shut Down the School-to-Prison Pipeline," [The American Prospect online](#), January 22, 2019.
- <sup>19</sup> Curran, F. Chris (2019). Restorative practices may not be the solution, but neither are suspensions, [The Conversation Blog](#), February 5, 2019.
- <sup>20</sup> Noltemeyer, A. L., Ward, R. M., & Mcloughlin, C. (2015). Relationship between school suspension and student outcomes: A meta-analysis. *School Psychology Review*, 44(2), 224-240. <https://doi.org/10.17105/spr-14-0008.1>
- <sup>21</sup> Trueba, E. T., & Bartolome, L. I. (1997). The Education of Latino Students: Is School Reform Enough? ERIC/CUE Digest, Number 123. <https://eric.ed.gov/?id=ED410367>
- <sup>22</sup> Rural Health Promotion and Disease Prevention Toolkit. Ecological Models. *Rural Health Information Hub*. <https://www.ruralhealthinfo.org/toolkits/health-promotion/2/theories-and-models/ecological>
- <sup>23</sup> Health Insurance Coverage of Adults with Dependent Children. KFF (2019). <https://www.kff.org/other/state-indicator/nonelderly-adults-with-dependents/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22massachusetts%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
- <sup>24</sup> Alker, J., & Pham, O. (2018). Nation's progress on children's health coverage reverses course. *Washington: Georgetown University Center for Children and Families*.
- <sup>25</sup> Vangeepuram, N., Ramos, M. A., Fei, K., Fox, A. M., Horowitz, C. R., Kleinman, L. C., & Galvez, M. P. (2016). Are Parental Perceptions of Child Activity Levels and Overall Health More Important than Perceptions of Weight? *Maternal and child health journal*, 20(7), 1456-1463. <https://doi.org/10.1007/s10995-016-1944-x>
- <sup>26</sup> Ibid.
- <sup>27</sup> Massachusetts and the ACA's Medicaid expansion. Healthinsurance.org. <https://www.healthinsurance.org/massachusetts-medicaid/>
- <sup>28</sup> Health Insurance Coverage of Children 0-18. KFF (2018). <https://www.kff.org/other/state-indicator/children-0-18/?currentTimeframe=1&selectedRows=%7B%22states%22:%7B%22massachusetts%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
- <sup>29</sup> Gordon, S. H., Gadbois, E. A., Shield, R. R., Vivier, P. M., Ndumele, C. D., & Trivedi, A. N. (2018). Qualitative perspectives of primary care providers who treat Medicaid managed care patients. *BMC health services research*, 18(1), 1-8. <https://doi.org/10.1186/s12913-018-3516-9>
- <sup>30</sup> Greene, J., Blustein, J., & Weitzman, B. C. (2006). Race, segregation, and physicians' participation in medicaid. *The Milbank quarterly*, 84(2), 239-272. <https://doi.org/10.1111/j.1468-0009.2006.00447.x>
- <sup>31</sup> Chung, P. J., Lee, T. C., Morrison, J. L., & Schuster, M. A. (2006). Preventive care for children in the United States: quality and barriers. *Annual review of public health*, 27, 491-515. <https://doi.org/10.1146/annurev.publhealth.27.021405.102155>
- <sup>32</sup> Ibid.
- <sup>33</sup> Abraído-Lanza, A. F., Céspedes, A., Daya, S., Flórez, K. R., & White, K. (2011). Satisfaction with health care among Latinas. *Journal of health care for the poor and underserved*, 22(2), 491-505. <https://doi.org/10.1353/hpu.2011.0042>
- <sup>34</sup> U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S. Department of Health and Human Services; 2018. <https://www.cdc.gov/healthyschools/physicalactivity/guidelines.htm>
- <sup>35</sup> Bill SD.865. <https://malegislature.gov/Bills/190/SD865.Html#:~:text=Students%20in%20the%20elementary%20schools,least%2022%20minutes%20per%20week>

- 
- <sup>36</sup> Child Care Screen Time Regulations - Massachusetts | Public Health Law Center. <https://www.publichealthlawcenter.org/resources/child-care-screen-time-regulations-massachusetts>
- <sup>37</sup> The Common Sense Census: Media Use by Kids Age Zero to Eight, 2017. *Common Sense*. [https://www.common sense media.org/sites/default/files/uploads/research/o-8census\\_latinomediause\\_release.pdf](https://www.common sense media.org/sites/default/files/uploads/research/o-8census_latinomediause_release.pdf)
- <sup>38</sup> World Health Organization. (2019). *Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age*. World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/311664/9789241550536-eng.pdf?sequence=1&isAllowed=y>
- <sup>39</sup> Woo Baidal, J. A., Nelson, C. C., Perkins, M., Colchamiro, R., Leung-Strle, P., Kwass, J. A., & Taveras, E. M. (2017). Childhood obesity prevention in the Women, Infants, and Children Program: outcomes of the MA-CORD study. *Obesity*, 25(7), 1167-1174. <https://onlinelibrary.wiley.com/doi/abs/10.1002/oby.21865>
- <sup>40</sup> Arauz Boudreau, A. D., Kurowski, D. S., Gonzalez, W. I., Dimond, M. A., & Oreskovic, N. M. (2013). Latino families, primary care, and childhood obesity: a randomized controlled trial. *American journal of preventive medicine*, 44(3 Suppl 3), S247–S257. <https://doi.org/10.1016/j.amepre.2012.11.026>
- <sup>41</sup> U.S. Department of Health and Human Services. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
- <sup>42</sup> Commonwealth of Massachusetts. Asthma Prevention and Control. *The Asthma Prevention Control Program*. <https://www.mass.gov/asthma-prevention-and-control>
- <sup>43</sup> Commonwealth of Massachusetts. Community health worker-led asthma home visiting. *The Asthma Prevention Control Program*. <https://www.mass.gov/service-details/community-health-worker-led-asthma-home-visiting>
- <sup>44</sup> Department of Public Health (January 2017). Asthma Among Children in Massachusetts. <https://www.mass.gov/doc/pediatric-asthma-data-bulletin-o/download>
- <sup>45</sup> Potochnick, S. R., & Perreira, K. M. (2010). Depression and anxiety among first-generation immigrant Latino youth: key correlates and implications for future research. *The Journal of nervous and mental disease*, 198(7), 470–477. <https://doi.org/10.1097/NMD.0b013e3181e4ce24>
- <sup>46</sup> Céspedes, Y. M., & Huey, S. J., Jr (2008). Depression in Latino adolescents: a cultural discrepancy perspective. *Cultural diversity & ethnic minority psychology*, 14(2), 168–172. <https://doi.org/10.1037/1099-9809.14.2.168>
- <sup>47</sup> Yockey, R. A., King, K. A., & Vidourek, R. A. (2019). School factors and anxiety disorder among Hispanic youth: Results from the 2016 US National Survey on Children’s Health. *School Psychology International*, 40(4), 403–415. <https://doi.org/10.1177/0143034319849621>
- <sup>48</sup> Flegal, K. M., Kit, B. K., Orpana, H., & Graubard, B. I. (2013). Association of all-cause mortality with overweight and obesity using standard body mass index categories: a systematic review and meta-analysis. *JAMA*, 309(1), 71–82. <https://doi.org/10.1001/jama.2012.113905>
- <sup>49</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2019 on CDC WONDER Online Database, released in 2020. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html>

## About the Gastón Institute

Established in 1989, the Mauricio Gastón Institute for Latino Community Development and Public Policy was created by the Massachusetts Legislature in response to a need for improved understanding about the Latino experience in the commonwealth. Now in its 30th year, the Gastón Institute continues its mission of informing the public and policymakers about issues vital to the state's growing Latino community and providing information and analysis necessary for effective Latino participation in public policy development. To learn more about the Gastón Institute, visit [www.umb.edu/gastoninstitute](http://www.umb.edu/gastoninstitute).

One of the goals of the Gastón Institute is to be responsive to the needs of the Latino and policy communities through the research we undertake. Please feel free to contact us with suggestions or requests for specific information.

## About the Authors

Phillip Granberry worked with various community-based organizations assisting recently arrived U.S. immigrants before earning a Ph.D. in Public Policy from UMass Boston. He has published several articles on the accumulation and use of social capital among Latinos and the sexual health communication of Puerto Rican mothers with their children. In addition to his research and teaching in the Gastón Institute and Economics Department at UMass Boston, he is Senior Researcher in demography for the Boston Planning and Development Agency.

Fabián Torres-Ardila is the Associate Director of the Gastón Institute. He holds a PhD in mathematics from Boston University. Dr. Torres-Ardila diligently works to ensure that the institute supports the development of Latino community leadership through partnerships with local groups.

Vishakha Agarwal is a Ph.D. Candidate in Public Policy in the McCormack Graduate School at UMass Boston. Vishakha's research focuses on children's everyday classroom experiences, well-being, and education. Her dissertation examines how interactions between teachers and students and among students impact students' classroom experiences and, in turn, informs their subjectivity. She also holds a Bachelor's of Science (Research) in Economics from Shiv Nadar University, India, and a Master's of Science in Public Policy from UMass Boston.

Alejandro M. Alvarez is a public health professional who is experienced in the development, implementation, monitoring and evaluation of public health programs and policies domestically and internationally. Currently, he is a Public Health Consultant for the Health Services Division at John Snow Research and Training Institute.



THE MAURICIO GASTÓN INSTITUTE  
FOR LATINO COMMUNITY DEVELOPMENT  
AND PUBLIC POLICY  
UNIVERSITY OF MASSACHUSETTS BOSTON



[www.umb.edu/gastoninstitute](http://www.umb.edu/gastoninstitute) | [@GastonInstitute](https://twitter.com/GastonInstitute)  
[gastoninstitute@umb.edu](mailto:gastoninstitute@umb.edu) | 617.287.5790