MEADOWS MENTAL HEALTH POLICY INSTITUTE

Philanthropy southwest

LATINX MENTAL HEALTH

Learning Collaborative 2022

Recommendations to Support Effective and Scalable Investments and Initiatives

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EXECUTIVE *Summary*

For philanthropic investments to have impactful outcomes in a community, donors must address social problems with a racial equity lens. The report, *Latinx Mental Health Learning Collaborative: Recommendations to Support Effective and Scalable Investments and Initiatives,* is a resource that offers guidance and a framework for philanthropists and other community stakeholders and leaders for putting on and polishing up that lens.

EXECUTIVE *Summary*

In 2020, Philanthropy Southwest (PSW), in partnership with the W. K. Kellogg Foundation, took the lead in convening a funder-focused learning collaborative. This learning collaborative brought together a diverse group of funders and other stakeholders to better understand and recognize the role philanthropy has in directing and leveraging investments to effectively support, scale, and drive initiatives addressing health disparities and on improving mental health outcomes in Latinx communities throughout North Texas and beyond, especially PSW's seven state regions of focus.

In the fall of 2020, PSW sought out an independent, non-partisan research partner to lead information-gathering efforts for this funder-focused learning collaborative that would result in the development of a briefing paper on the learnings and findings. PSW engaged the Meadows Mental Health Policy Institute (the Meadows Institute) for this effort. We (the Meadows Institute) have facilitated focused conversations and survey research, analyzed and identified research findings, and synthesized those research findings into a framework and a set of recommendations on promising practices; these will become part of curated educational resources to support the philanthropic community in making directed and leveraged investments with their grantmaking dollars. PSW's goal is for these recommendations to inform and shape philanthropic investments to address mental health needs in Latinx communities across Texas and throughout the U.S. Southwest region.

The Meadows Institute used a variety of data points to inform the final recommendations and the preliminary framework design. In the process, we found that there were limited available data on Latinx mental health, especially for a focused geographic region such as North Texas. Further, we found little evidence-based research available on the investments made by philanthropy specific to addressing the mental health care needs in Latinx communities. Thus, the data and research we reference throughout this briefing paper relies on a broader definition of investments and trends across a wide range of community needs and by the philanthropic sector more generally.

In this context, it's encouraging to mention that targeted and relevant research is underway. In 2020, Echoing Green and Bridgespan collaborated on research to identify core considerations that can be used to guide philanthropic investments—that reach beyond simply funding nonprofit organizations. They recommend a priority focus on two things:

- understanding of the **role of race** in the range of social, environmental, and economic problems philanthropists are trying to solve; and
- the significance of race when it comes to how philanthropists **identify leaders** and find solutions.[1]

For the current endeavor, to capitalize on the Latinx Mental Health Learning Collaborative process, we focused on: (1) a series of qualitative inquiry methods, specifically focus groups and interviews with local, regional, and national funders; (2) dissemination and analysis of a funders' survey; and (3) benchmarking of best practices to address mental health in Latinx communities.

To situate our findings within existing evidence and literature, we compiled

PROCESS AND METHODOLOGY

The main report is organized into three primary sections.

SECTION ONE:

Understanding the Ecosystem

- A literature and data review.

SECTION TWO:

Engaging With the Ecosystem

- Learning collaborative engagement, research, and research findings.

SECTION THREE:

Considerations and Conclusion

- A summary and assessment of giving trends, funding strategies, and promising approaches for mental health equity along with specific funder recommendations.

a review of publications, journal articles, and scholarly sources to identify relevant theories, themes, promising practices, and gaps in existing research. That review served as a basis to inform our initial survey design and final recommendations.

The full briefing paper focuses on the mental health concerns prevalent in Latinx communities, the barriers to care encountered by the Latinx population, promising practices to mitigate risks and barriers, and the trends in Latinx charitable giving—specific to Texas and across the United States. We give special attention to the central and unique role of Latinx culture and its intersection with aspects of lived mental health experiences for this community.

RECOMMENDATIONS

The report offers 10 recommendations on practical strategies and areas of focus for philanthropy to consider as funders advance efforts to effectively support and scale mental health outcomes in Latinx communities throughout North Texas, Texas, and the U.S. Southwest region. We also include overarching considerations for how philanthropy can continue to use a learning collaborative model to best scale, leverage, and align their investments.

> *"It helps to hear first hand what is needed, how it should be delivered, and in what manner they need it."*
>
> *—Rick Ybarra,*
> Hogg Foundation for Mental Health, Latinx Mental Health Funders Collaborative Member

01 UNDERSTAND THE ECOSYSTEM

Funders need to base their decisions on a variety of data sources that can best inform them on the opportunity and where the point of entry should be for funding. A funder's strategy upon entering a community should include data on socioeconomic conditions, market strength, power systems and institutional capacity, the regional context of a given neighborhood, and the residents / end users. Funders must try to gain an understanding of the institutional assets and systems in an area. This should be done before injecting significant capital into a community. Further, funders should avoid investing in inequitable systems.

02 ENGAGE WITHIN THE ECOSYSTEM

Investments must typically be seen as engaging an ecosystem of players as opposed to a singular agency or provider. Beyond a direct investment, funders have additional opportunities to engage within that ecosystem as conveners and advocates, and in the role of coordinating, leveraging, or catalyzing public or private dollars.

For example, funders can reassess how they look at poverty as it influences Latinx mental health in the context of neighborhoods. Seeing poverty as less focused on the annual earning of residents or sale value of homes, but more about the strategies, resources, and institutions that help generate economic opportunity can help funders build connections, communication, and collaboration with the institutional actors and public agents working to stabilize and grow economic opportunities.

03 ADD A LENS OF INTERSECTIONALITY

These past 2 years have exposed the fault lines around racial inequities and disparities in access to care, the economy, and community resiliency. Philanthropists interested in closing the gap by addressing. these disparities and inequities must explore the intersectionality across gender, race, socioeconomic background, and citizenship–and how each of these factors and compounded experiences can drive the root causes of systemic poverty and economic discrimination.

Adding a lens means to: (1) understand people's experiences holistically in the context of where they live, work, and play defined by a layer of systems and institutions that look different across race, gender, and place; (2) invest in interventions that address how systems and providers deliver services in community and in partnership with community; and (3) invest in organizations, programs, and interventions that engage the people who sit at these various intersections.

04 DEVOTE MORE TIME TO HEALTH DISPARITIES / HEALTH EQUITY

This recommendation builds off the need for a lens that acknowledges the intersectionality of issues and circumstance. This includes addressing the social, economic, environmental, and structural disparities that are ingrained in organizational structures, institutional policies, and operational norms within philanthropy itself as well as the systems affecting Latinx mental health at large. Because of past and current in-

equities, there is a need to take a more participatory approach in grantmaking to understand specific community needs and build trust to sustain partnerships and progress towards goals. Funding systemic change—looking at organizational change, policy change, and reform—by both funding and using data and research to change conversations and shift the dialogue and thinking around Latinx mental health can begin to address the root causes of health disparities within Latinx communities.

05 RESEARCH AND DISAGGREGATE DATA

Latinx individuals represent diverse and culturally rich ethnic and racial backgrounds. With a steadily growing percentage of Americans who identify as Latinx, there is also a pressing need for additional research and disaggregation of data to better understand and address the intersectionality of how Latinx subgroup cultures impact mental health experiences and care. Significant variations exist in the histories and experiences within the Latinx racial and ethnic group, all of which can influence health outcomes, well-being, and risk factors for poor health. Disaggregated data will help us to better understand how a community's risks, behaviors, assets, and challenges relate to health outcomes. By analyzing data at this level, health disparities that would otherwise be undetected, exacerbated, or ignored can be identified and addressed in targeted ways.

To effectively address Latinx mental health, it will be essential to better understand the needs and strengths of growing Latinx communities and cultures with consideration of the social determinants of health. These include:

1. Mental health care access and quality
2. Social and community factors
3. Education access and quality
4. Economic issues
5. Neighborhood environment

06 IMPLEMENT TRUST-BASED PHILANTHROPY

Trust-based philanthropy is rooted in values that help build mutually accountable relationships in the same way that leadership teams often work toward common goals. The COVID-19 pandemic has accelerated the way philanthropists operate. Working in a crisis context, they have had to show more flexibility and trust with implementing partners—giving partners more leeway in how they spend their grants.

We are at a pivotal moment in allowing grantmakers to address how their sector has contributed to systemic inequities, both in the ways wealth is accumulated and in the ways its dissemination is controlled. Philanthropy plays a significant role in shaping, informing, and influencing which organizations are deemed relevant and trustworthy, are not. Trust-based Philanthropy works to address the inherent power imbalances between foundations and nonprofits. At its core, trust-based philanthropy is rooted in a set of values that help advance equity, shift power, and build mutually accountable relationships.

07 INVEST IN LONGITUDINAL AND RESPONSIVE FUNDING

None of the issues affecting Latinx mental health arose overnight, or even in the span of two or three years (a typical term for grant funding). Changing the systems impacting Latinx mental health will not ocurr in the short term. As such, longitudinal investments over multiple years—perhaps, three-to-five years—are important to consider as these investments may allow an ecosystem to better respond to systemwide community needs.

Funders can also reconsider the rigidity and rigor of the application process by building in degrees of flexibility with more loosely defined categories and areas of funding, providing assistance with proposal writing and reporting, and remaining open to the possibility of failure in the name of taking risks on organizations and programs that may not be well-versed in traditional grant writing but have established community trust.

Philanthropy has the opportunity to be flexible, to pivot, and to refashion existing philanthropic approaches in order to address systemic barriers to improved Latinx mental health. Funders have an opportunity to steward innovation by taking risks on organizations and programs that may have previously been unfunded because they lack the resources, infrastructure, or track record with evidence-based interventions. By embracing the potential for failure that comes with any new process or innovation, funders can transcend the bounds of traditional philanthropy and grant writing to accelerate the process of change.

Simultaneously, it is important to utilize the interventions we know are effective, such as Collaborative Care, family-based interventions, and culturally adaptative treatments that meet the needs of the specific Latinx subgroups and cultures.

08 ENGAGE AND AMPLIFY COMMUNITY VOICE

Funders can and should engage community stakeholders in the design and approach of the grantmaking process. An inclusive approach to identify needs and interventions in the context of the community and community members' lived experiences is a process that can extend a planning timeline, but has the potential to yield an even greater return on investment—the community is much more likely to embrace and sustain the efforts over time.

Further, it is imperative to engage residents and people who sit at the intersection of issues and circumstance in

decision-making processes and to help the community develop its capacity for community advocacy and the ability to work across racial, ethnic, and cultural lines towards a common agenda. It is critical for funders to identify community-based partners in order to build authentic and trust-based relationships. Understanding the implications of power dynamics in these relationships is also critical; to solidify trust and sustain progress toward target goals, funders must allow space for others to lead alongside or in place of them as the funder offers consistent support for a community-driven initiative.

Key Aspects of Trust-Based Philanthropy[5]

Trust-Based Philanthropy

- Offer multi-year, unrestricted funding.
- Learn about the community.
- Simplify and streamline paperwork.
- Be transparent and responsive.
- Solicit and act on feedback.
- Offer support beyond grant.

09 DIVERSIFY PHILANTHROPY ITSELF

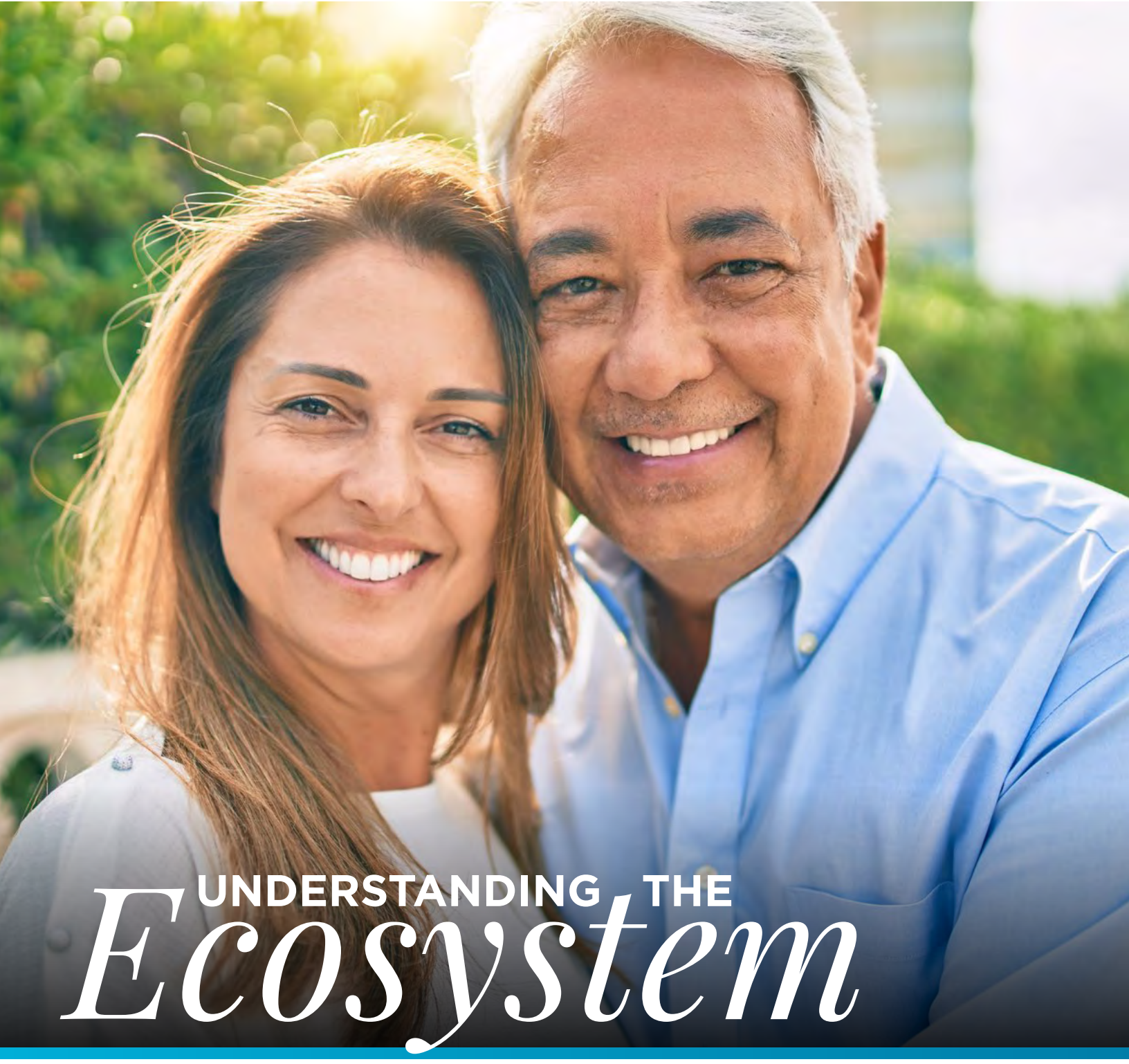
While there has been a push for nonprofits to be more transparent about diversification of their leadership staff and board, the philanthropy sector has remained mostly silent about the diversity of teams and portfolios for some time. According to D5 Coalition in 2016, 80% of foundation staff and 91% of foundation CEOs were White.[2] Yet, philanthropy is seeing an acceleration towards greater diversity, equity, and inclusion; for example, there was an increase in diversity among professionals in the sector between 2018 and 2020 — including more women leading significant philanthropic efforts and talent from minority groups and neglected communities better represented at the decision-making table.[3]

This drive toward greater inclusivity is changing the balance of power and interpersonal dynamics and calling for increased self-reflection by organizations, their boards, and management about how, where, and with whom they do their jobs. As noted earlier, recent research from Echoing Green and Bridgespan openly addresses the racial disparity in today's philanthropic funding environment and argues that population-level impacts cannot be realized without funding more leaders of color and attending to the role and significance of race in the problems we are trying to solve.[4]

10 LEVERAGE THE LEARNING COLLABORATIVE MODEL

To address large and complex world problems, more funders are coming together to form strategic partnerships, tackle problems together, and pool resources. Learning collaboratives are one way to accomplish this; they allow like-minded people to pool their time, resources, and knowledge to focus on a topic of common interest. By adopting a learning collaborative model, funders can improve their understanding of the places in which they are investing, strengthen the capacities of their community partners, evaluate the outcomes of their investments, and align their strategies with other similarly oriented efforts taking place at other types of institutions and different geographic scales. We expect this type of collaborative philanthropy to continue to grow as it mobilizes large numbers of stakeholders, sparks meaningful connections, and demonstrates successes.

In formulating these recommendations to inform philanthropy in support of Latinx mental health, our hope is that the philanthropic sector continues its efforts to address inequities as they exist. We believe there is plenty of work to be done by both philanthropy and the communities and systems they are hoping to help to transform. Finding a bridge from traditional philanthropic systems to communities or organizations that are underserved and lacking in support—or that may have hard-to-measure programs—is no small feat. Philanthropies that support Latinx mental health initiatives may need to become comfortable with taking risks and potentiality failing when working with organizations that have not operated within the bounds of traditional philanthropy. It is important to acknowledge the decades of research and studies in the areas of inequality, inequity, and injustice that have helped lay the foundation for where we are today. Our actions in the realm of health equity will be part of an iterative process that will continue to evolve as we acquire and expand our institutional knowledge and embrace cultural humility, novel strategies, and collaboration. ◆



UNDERSTANDING THE *Ecosystem*

To situate our findings within existing evidence and literature, we compiled a review of publications, journal articles, and scholarly sources to identify relevant theories, themes, promising practices, and gaps in existing research. The following review served as a basis to inform our initial survey design and final recommendations.

LITERATURE AND DATA REVIEW

In conducting the literature and data review, the following key question drove our research priorities for this report.

KEY QUESTION

What essential drivers, issues, and barriers need to be considered when developing recommendations and building a framework that can be used by philanthropy when making investments and supporting strategies to enhance mental health outcomes in Latinx communities?

MENTAL HEALTH TRENDS

According to the National Alliance on Mental Illness, an estimated one in five adults in the United States experience mental health problems each year. Every person has some risk of developing a mental health disorder regardless of their cultural identities and demographic background. Some common risk factors, however, include social and economic pressures (socioeconomic conditions, occupation, education, etc.) and biological factors, such as a family history of mental health conditions.[6]

The most common mental health condition in the United States is anxiety, which affects about 40 million adults or just over 18% of the population. Anxiety disorders are highly treatable; however, less than 37% of those suffering receive treatment. Anxiety disorders include general anxiety disorder, panic disorders, phobias, obsessive-compulsive disorder, and post-traumatic stress disorder.[7]

Mood disorders are another common set of mental health conditions. Mood disorders include major depression, bipolar disorder, and seasonal affective disorder. It is common for a person experiencing one mental health condition to have multiple. For example, a large proportion of people with anxiety also have symptoms of depression.

Here are some additional statistics on mental illness in the United States:

- In 2019, just prior to the COVID-19 pandemic, almost 20% of adults experienced mental illness, equivalent to nearly 50 million Americans.
- Depression alone affects an estimated 9% of Americans, approximately 30 million people.
- People with depression face a 20-fold higher risk of suicide than the general population.[8]

MENTAL HEALTH TRENDS IN CHILDREN AND YOUTH

It is estimated that as many as one in five children and youth living in the U.S. experience mental illness in a given year.[9]

SECTION ONE KEY TOPICS:

- Mental Health Trends
- Population Growth
- Life Expectancy
- Challenges and Barriers Addressing Latinx Mental Health

Half of all chronic mental illness begins by the age of 14 and three-quarters by the age of 24.[10] Yet, it is estimated that only about 7% of the youth who need services receive appropriate help from mental health professionals.[11] Additionally:

- Over 2.5 million youth in the U.S. have severe depression, and multiracial youth are at greatest risk.[12]
- Rates of substance use have been increasing for youth and adults; even prior to the COVID-19 pandemic, almost 8% of U.S. adults and over 4% of youth had a substance use disorder in the past year.[13]

MENTAL HEALTH TRENDS WITHIN THE LATINX COMMUNITY

Studies show Hispanic / Latinx[A] communities across the country have a similar susceptibility to mental illness as the general population.[14] However, when samples were disaggregated, significant differences emerged among different Latinx subpopulations, highlighting the diversity within the U.S. Latinx population as it relates to mental

NOTE A: For this report, the Learning Collaborative members chose to use the term "Latinx" except where a source used another specific term. Hispanic or Latino as defined by the U.S. Census Bureau, refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Latinx is a term used to encapsulate all genders in the community. While the terms Hispanic, Latino, and Latinx are at times used interchangeably, there are also specific preferences and distinctions among them. Additionally, we recognize that the Latinx population includes an array of cultures and life experiences, and is not a monolith.

health risks and resilience.[15] Furthermore, differences in prevalence and utilization of services became even more variable when studied across a variety of characteristics, including immigration status, country of origin, language preference, socioeconomic status, and age. It becomes essential to apply this intersectional lens to effectively address and meet the mental health needs of Latinx individuals and communities.

The following data points paint a statistical portrait of how mental health is impacting the Latinx population in the United States:

- From 2015 to 2018, every single age group in the Latino community saw an increase in major depressive episodes; in fact, the youngest age group (ages 12 to 17) saw an increase from 12.6% to 15.1%. Furthermore, suicidal thoughts and attempts were rising at a similar rate as the number of depressive episodes faced by the community.[16] In 2020, around 16% of Hispanics in the U.S. reported that they had any mental illness in the past year.[17]
- U.S.-born and second-generation Latinos demonstrate greater mental health symptom severity than do immigrant Latinos.[18]
- U.S.-born Latinos have a higher lifetime prevalence of persistent depressive disorder and generalized anxiety disorder than older immigrant Latinos.[19]
- U.S.-born Mexican Americans show higher prevalence rates across nearly all psychiatric disorders (except for hypomania and social and specific phobias) compared to Mexican-born counterparts.[20]

Hispanics living below the poverty line are more than twice as likely to report experiencing mental health problems than Hispanics living well above the poverty line.[21]

- Only 33% of Hispanic or Latino adults with mental illness get the help they need while the national average is 43% for all U.S. adults.[22]
- The death rate from suicide for Hispanic men was four times the rate for Hispanic women in 2018.[23]

IMPACT ON LATINX YOUTH

Taking an even deeper look at Latinx youth, the mental health impacts on this population are even more concerning:

- Adolescent Hispanic Americans have a higher lifetime prevalence of mood, anxiety, conduct, and substance use disorders than their White American counterparts.[24]
- In 2017 and in 2019, suicide was the second leading cause of death for Hispanic youth and young adults ages 15 to 34.[25,26]
- Disparities increase for Hispanic girls—suicide attempts for girls in grades 9–12 in 2019 were 30% higher for Hispanic girls than for non-Hispanic White girls.[27]

THE DISPROPORTIONATE IMPACT OF COVID-19

The COVID-19 pandemic has taken a significant toll on our nation's mental health. Furthermore, the effects of COVID-19 have exacerbated longstanding health inequities. Throughout the pandemic, Black (48%) and Hispanic or Latino (46%) adults have been more likely to report symptoms of anxiety and depression than White adults (41%).[28, 29,30,31]

Additionally, grief is a primary driver of mental illness,[32,33,34] and the pandemic has taken four times as many Latino lives in the prime of life (ages 25 to 64) in Texas as compared to White working-age adults,[35] and nearly 50% more Black children have lost a parent to COVID-19 nationwide than any other children.[36] In Texas, Hispanics make up about 40% of the state's population yet account for 46% of the state's confirmed COVID-19 deaths.[37]

It's little surprise that people of color in the U.S. have also disproportionately shouldered the burden of the negative financial impacts of COVID and when coupled with overrepresentation in industries hardest hit by the pandemic, Latinx workers in the U.S. have faced large losses in employment, particularly among Latinx women working in service industries.[38] Texas lost 1.4 million jobs in the spring of 2020 due to fallout from the COVID-19 pandemic, disproportionally impacting Hispanic/Latino households that accounted for 44% of the unemployment rate and make up 64% of low-wage workforce, of which 41% are making less than $15.70 an hour.[39]

POPULATION GROWTH

NATIONALLY

Hispanics or Latinos currently comprise approximately 18% of the U.S. population with estimates indicating they will make up 30% of the population by 2050.[40] The U.S. Hispanic population has grown significantly in the last decade, from 50.5 million in 2010 to 62.1 million in 2020, accounting for 51% of the entire U.S. population growth during that period, a greater share than any other racial or ethnic group.[41] U.S. Hispanic population growth is driven predominantly by families of U.S.-born Hispanics, not immigration. Additionally:

- As of 2019, 80% of Latinos (four out of five) living in the U.S. are citizens; and people of Mexican origin made up almost 62% of the country's overall Hispanic population as of 2019. The next largest group is people of Puerto Rican origin. The fastest population growth among Latinx individuals in the U.S. is among those with origins in Venezuela, Guatemala, or Honduras.[42]

TEXAS AND THE DALLAS-FORT WORTH AREA

Texas continues to see and expect strong population growth. From 2010 to 2020, six of the 10 counties nationwide with the largest projected population gains were in Texas—Harris, Tarrant, Bexar, Dallas, Collin, and Travis.[43,B] According to the U. S. Census Bureau, Texas' population has grown 40% (8.3 million) this century, and 91% of the new Texans (7.6 million) are people of color.[44]

Published projections suggest the Hispanic or Latino population in Texas will more than double in size from 2010 and reach over 20 million people by 2050. Furthermore, population projections suggest the Hispanic population in the state will likely surpass the non-Hispanic White population in size by 2022.[45] The 2020 Census indicated that Hispanics are already making up 39.26% of the state's population with Whites making up 39.75% of the population.[46] Additionally:

- Almost half (47%) of Hispanic Texans live in the state's five biggest counties—Harris, Bexar, Dallas, Tarrant, and Travis.[47]
- According to the U.S. Census Bureau, the Dallas-Fort Worth region added more than 1.2 million residents over the last decade, and the Latinx population accounted for 40.5% of the Dallas-Fort Worth area's gains from 2017 to 2018,[48] 36% of which are Spanish speakers.[49]
- About 60% of population change in the Dallas-Fort Worth metro area can be attributed to net migration (i.e., 60% more new residents moved into the area than left).[50]

LIFE EXPECTANCY

The Hispanic population experienced the largest decline in life expectancy between 2019 and 2020; it went down by 3.0 years. This decrease was primarily due to increases in mortality due to COVID-19 (90%), unintentional injuries (4.2%), diabetes (1.8%), homicide (1%), and chronic liver disease and cirrhosis (0.9%).[51] Between 2019 and 2020, life expectancy decreased by 2.9 years for the non-Hispanic Black population (74.7 to 71.8 years) and by 1.2 years for the non-Hispanic White population (78.8 to 77.6).[52]

These demographic shifts are expected to have significant implications for community systems and how they maintain equity in access and outcomes. Successfully maintaining inclusive and equitable access to educational, healthcare, and workforce development opportunities will, in turn, create cohesive communities and build resilient economies. Ultimately, this will lead to improved mental health outcomes as well.

CHALLENGES AND BARRIERS TO ADDRESSING LATINX MENTAL HEALTH

THE SOCIAL DETERMINANTS OF HEALTH

To effectively address and meet the mental health needs of Latinx communities, it is necessary to consider "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect health, functioning, and quality of life outcomes and risks."[53] These intersectional factors contribute to the variability in mental health prevalence and the disparities that compound issues of access to mental health services and effective treatment within the Latinx population.

The following data points, organized by the social determinants of health, pro-

SOCIAL DETERMINANTS OF HEALTH

The U.S. Department of Health and Human Services recognizes five Social Determinants of Health:

- **Health Care Access and Quality**
- **Neighborhood and Built Environment**
- **Social and Community Context**
- **Economic Stability**
- **Education Access and Quality**

NOTE B: These data are not from the 2020 Census, rather estimates based on the 2010 Census.

vide information on influences that can help to explain the challenges and barriers contributing to the mental health disparities faced by Latinx communities.

HEALTH CARE ACCESS AND QUALITY

In Texas, as in much of the country, conditions related to the social determinants of health vary considerably by race and ethnicity. Black and Hispanic children are much more likely to grow up in neighborhoods of concentrated poverty, and their families are more likely to lack health insurance. Not surprisingly, there are also large disparities in health status, disease prevalence, and premature death by race and ethnicity. The COVID-19 pandemic is a real-time reminder of how differences in living conditions and access to care are interrelated and lead to disparate health outcomes.

Uninsured / Underinsured: Adults, Youth, and Children

Latinx people comprise a significantly growing share of American adults and children who lack health insurance, even with gains in coverage after passage of the Affordable Care Act (ACA).

The Kaiser Family Foundation, a nonprofit focused on national health issues, projected sizable impacts of COVID-19 on uninsured rates. Nationwide, almost half of the health care coverage losses because of the pandemic happened in five states; these states—California, Texas, Florida, New York, and North Carolina—make up about 36% of the total U.S. population[54] and four of them have the highest Hispanic populations in the nation.[55]

- Nationwide, 25% of the Hispanic population is uninsured[56] with Hispanic adults and youth nearly three times more likely to be uninsured than non-Hispanic Whites.[57]
- Foreign-born Hispanics in the U.S. are more than twice as likely to be uninsured than U.S.-born Hispanics.[58]

- Currently, documented immigrants in the U.S. remain excluded from Medicaid expansions and state insurance exchanges.[59,60]

According to the 2020 American Community Survey, the share of Texans without health insurance—19% in 2019—was more than twice the national average (9.2%).[61] Texas' 28 largest cities, including Houston, Dallas, San Antonio, Austin, Fort Worth, and El Paso, had a greater percentage of their populations without insurance than the United States average.[62]

- In Texas, 61% of the uninsured are Hispanic; 24% are non-Hispanic White, and 10% are non-Hispanic Black.
- Two-thirds of Texans without health insurance live in working families and more than half are in families that include at least one full-time worker.[63]
- Of all the state's approximately 5 million uninsured individuals, 70% have a high school education or less. Researchers have found that roughly 50% of Texans without a high school diploma also don't have health insurance.[64]

When looking at the nearly 5 million Texas children who were 5 to 16 years old during the 2014–2018 period, Latinx children made up roughly half (48.6%) of the total.[65] Of them:

- Roughly 1 in 7 (13.9%) Latinx children are uninsured, more than twice the rate for all other children (6.4%).[66]
- Just over half (51.4%) of uninsured Latinx children are eligible for Medicaid, compared to 46.7% of all other children
- Nearly 7 in 10 (68.2%) uninsured Latinx children have at least one noncitizen parent, and 69.1% have a parent who has limited English proficiency.[67]

Lack of Medicaid Expansion / ACA Enrollment

States' decisions about whether to expand their Medicaid programs have had stark implications for their uninsured rates. According to the Commonwealth Fund Report, of the 17 states that have yet to expand Medicaid, five had the highest uninsured rates in the country, ranging from 18% to 24%, with Texas being the highest at 24% of the population without health insurance.[68]

Lack of insurance creates a large financial barrier for Latinx communities. For those who can afford the cost of insurance through the ACA exchange or who meet Texas' low-income criteria to qualify for Medicaid, even these resources do not cover the full cost of health care services, resulting in out-of-pocket expenses for medical treatments, deductibles, or premiums.[69] According to a survey conducted by the Pew Research Center, 70% of Hispanic adults do not have financial reserves to pay for emergency expenses.[70] Studies on Latinx access to behavioral health care report that the cost of services is a barrier.[71,72]

Underutilization of Mental Health Services

Leading up to the pandemic, large shares of adults with mental illness did not receive care. In Texas, 69.8% (1,268,000) of adults with mild mental illness, 57.4% (504,000) of adults with moderate mental illness, and 44.7% (375,000) of adults with serious mental illness in the past year did not receive mental health treatment.[73] In 2020, 8.0% of children and youth ages 3–17 in Texas received mental health care in the past year compared to 10.8% of children and youth in the U.S.[74]

Mental health conditions can be hard to identify in the Latinx population because Latinx people will often focus on physical symptoms and not psychiatric symptoms during doctor visits.[75] In addition, uninsured and undocumented Hispanics may delay care because they cannot afford the fees associated with mental health services.[76]

For Hispanics who experience symptoms of a psychological disorder, evidence suggests that only 20% talk to a doctor about their symptoms, and only 10% contact a mental health professional.[77] Those who seek treatment are significantly less likely to use prescription drugs[78] and more likely to discontinue treatment prematurely.[79]

The American Psychiatric Association cited several related studies in a 2017 report.[80] Highlights included:

- U.S.-born Hispanics report higher rates for most psychiatric disorders than Hispanic immigrants.
- Approximately 1 in 10 Hispanics with a mental health condition use mental health services from a general health care provider, while only 1 in 20 receive such services from a mental health specialist.
- Hispanic adolescents use antidepressants at half the rate of their White counterparts.

Reliance on Public Transportation

U.S. Latinos report specific transportation challenges that arise, such as transit fare affordability, reliability, and coverage,[81] all of which can be deterrents[82] to scheduling an appointment or getting to a service provider.[83]

According to the Pew Research Center, Americans who are lower-income, non-White, immigrants, or under 50 are most likely to use public transportation on a regular basis.[84]

Among urban residents in the U.S., 27% of Latinos use public transit daily or weekly, compared to 14% of non-Latino Whites while foreign-born urban residents are 20% more likely to regularly use public transportation than those who are born in the U.S. (38% vs. 18%).[85] For the lowest-income transit riders, managing household budgets to accommodate transit costs can add significant stress and force them to reduce their expenditures on other necessities, including food, education, and health care.[86]

Broadband and Computer Access

The COVID-19 pandemic has emphasized the advantages of having access to computers, smartphones, and broadband internet as well as the digital literacy skills to use them effectively. When many employers and schools had to switch to all-virtual formats, access to a computer and the internet became essential. More and more individuals turned to telehealth services for their mental health needs as well. In a recent survey by the Pew Research Center, however, Hispanic adults report having less access to a desktop or laptop computer and to broadband in their homes than any other racial group. There was no difference among racial/ethnic groups regarding access to smartphones or tablet ownership. [87]

Health Professional Shortage

Texas has a shortage of mental health workers. Two-thirds of Texas' licensed psychologists and over half of the state's licensed psychiatrists and social workers work in the urban counties. Most Texas counties—urban and rural alike—are designated as Mental Health Professional Shortage Areas.[88] Health Professional Shortage Area (HPSA) designations are used to identify locations that have insufficient numbers of health professionals. Mental health HPSA designations are primarily based on the number of psychiatrists relative to the population.

Cultural Barriers to Health Service Utilization

Culture plays a fundamental role in the way people live their daily lives, including the ways in which people treat illnesses and access health care. Studies show that culturally sensitive evidence-based intervention is essential when working with and in communities of color. As the Latinx population grows in the U.S., the demand will increase for mental health professionals who can provide adequate services that also address language and culture.[89] Research suggests that a provider's cultural competency can increase a patient's compliance with treatment, their level of engagement, and the level of trust between patient and provider.[90] Only 5.5% of U.S. psychologists report that they are able to administer mental health care services in Spanish, according to a survey released by the American Psychological Association in September 2016, the most recent data available.[91] In Texas, only 9.8% of psychiatrists are Hispanic / Latino, which might explain why it is difficult to find psychiatrists with the adequate cultural knowledge and experience to attend to Hispanic / Latino patients,[92] including those who are bilingual or Spanish speaking. Bilingual patients are evaluated differently when evaluated in English versus Spanish, and Latinx people are more frequently undertreated than White patients.[93]

Implicit Bias and Discrimination in Patient Care

In addition to cultural and language barriers, there have been longstanding concerns that clinician bias may contribute to lower quality clinical relationships.[94,95] Provider behavior has been identified as an important contributor to disparities in health care. There is significant evidence showing that health care providers hold stereotypes based on patient race, class, sex and gender, and other characteristics[96] that influence their interpretation of behaviors and symptoms, and significant evidence to indicate that providers interact more effectively with White patients as opposed to non-White patients.[97,98]

A national study from the University of Southern California found people who encountered implicit bias related to weight, age, race, gender, or social class in health care settings reported adverse effects—they were more like-

Table 1 *Successful Forms of Engagement in Latinx Communities*[163]

FORMS OF ENGAGEMENT
Ongoing meetings at a regular time and place
Distributing informational flyers
Community survey
Door-to-door engagement
Making presentations at churches, small businesses, or other community-based institutions
Training on specific issues of interest
Social media engagement
COMMUNICATING WITH LATINX COMMUNITY MEMBERS
U.S. Latinx individuals are more likely than other demographics to live in multigenerational houses
Latinx are increasingly bilingual
Latinx spend more time on mobile devices than non-Latinx
BEST COMMUNICATION WITH ALL LATINX GENERATIONS
Bilingual messaging to demonstrate cultural understanding
Multigenerational targeting
Social media messaging that includes ads, videos, and blogging and provide an option for virtual or non-traditional media experiences

ly to have hypertension, be depressed, and rate their own health more poorly. They were also more distrustful of their doctors, felt dissatisfied with their care, and were less likely to use highly-accessible preventive care, including the flu vaccine.[99]

Health Literacy

The U.S. Department of Health and Human Services defines health literacy as "the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions." [100]

Health literacy is an important factor related to health outcomes and, ultimately, health disparities. Results from the National Assessment of Adult Literacy demonstrated that Hispanic or Latino adults have the lowest average health literacy scores of all racial / ethnic groups, followed by Black and then American Indian / Alaska Native adults.[101]

The combination of low health literacy, language, and cultural differences plays a significant role in the health disparities that affect the Hispanic population. These barriers have generally been considered in isolation; interventions designed to overcome low health literacy have typically been separate from those focused on decreasing cultural and linguistic barriers. Yet, an intersectional lens and approach is necessary.

Stigma

Stigma related to mental health conditions and care within the Latinx community can be related to cultural values. Culture encompasses shared values, beliefs, and attributes of a group of people that influence their customs, norms, and psychosocial processes.[102] The Latinx community in the U.S., alongside other historically marginalized populations, is disproportionately impacted by the effects of stigma compared to the non-Hispanic White community.[103]

Stigma negatively impacts Hispanic engagement in mental health treatment, management of depression symptoms, disclosure of a mental illness to family and friends, and adherence to medication to treat depression.[104]

Stigma can be aimed at others with a mental illness or towards mental health services.[105] Studies have shown that Hispanic American parents with high levels of stigma around mental health are less likely to seek mental health treatment for their children.[106] Stigma within an individual and within a community can lead to treatment avoidance.[107] Studies have reported that depression within the Latinx community is often attributed to personal weakness, and antidepressants are viewed with a stigmatizing attitude.[108] To gain a deeper understanding and effectively address Latinx mental health, counteracting stigma must be a priority.

Language

The language divide between English- and Spanish-speaking Latinx individuals creates obstacles to public health campaigns and medical / mental health care. Nearly one-third of Latinos in the U.S. are not fluent in English[109] and there is a shortage of bilingual or Spanish-speaking mental health professionals.[110] Clients with limited English proficiency are unlikely to pursue care without access to a bilingual provider.[111] A 2008 joint Pew Hispanic Center and Robert Wood Johnson Foundation research study reported the following related findings:[112]

- Hispanics who are predominantly Spanish speakers are much more likely to lack regular health care than their predominantly English-speaking counterparts (32% vs. 22%).
- Seventy-nine percent (79%) of Hispanics who speak primarily English and 75% of those who are bilingual obtained information from medical providers in the past year, compared to 62% of Spanish-dominant Hispanics.

Studies show a consistent pattern emerged in which low English proficiency is associated with a lower likelihood of identifying a need for mental health services, experiencing a longer duration of untreated disorders, and reduced use of health care services for mental health disorders.[113]

Access to Information

In several studies on Latinx communities, participants explained that they

lacked knowledge on available behavioral health resources and believed that their community did not have sufficient information.[114,115] Because information is closely related to communication channels, such as health care providers, the internet, television, and print sources, having mental health information available via these channels of communications is important. Data from the 2008 joint Pew / Robert Woods Johnson study show:[116]

- Most Latinx individuals received information about health care either from the media or from their families, friends, churches, and community groups.
- Of those surveyed, 83% reported obtaining at least some information about health and health care from television, radio, newspapers, magazines, or the internet in the past year.

Not only are Latinx individuals obtaining a substantial amount of health information from the media, but they are making behavioral changes based on what they learn: 64% report that the health information they obtained from the media led them to change their diet or exercise regimes; 57% to visit a health care professional; and 41% to treat an illness or medical condition.[117]

NEIGHBORHOOD AND BUILT ENVIRONMENT: GREEN SPACE

U.S. Latinx communities are marked by a lack of green spaces (natural or maintained outdoor public spaces, such as parks, playgrounds, school yards, greenways, trails, tree-lined sidewalks, community gardens, nature conservation areas, forests, and urban "Green alleyways" and "pocket parks").[118,119] This limits Latinx access to the health-promoting aspects of green spaces, which are now widely viewed as having an influence on lowering stress and reducing mental fatigue as well as offering an added opportunity for play and social cohesion.[120]

Equitable access to green spaces creates opportunities for physical activity and social interaction, which alone are shown to improve psychological well-being.

For Latinx children and communities, access to green space is an especially important and pressing issue. Interaction with nature early in life has been associated with cognitive changes that improve behavioral development and emotional regulation.[121] In the United States, only 19% of Latino children have access to recreational spaces close to their homes and neighborhoods, compared to 62% of their White peers.[122]

SOCIAL AND COMMUNITY CONTEXT

Family and community dynamics impact mental health service utilization. Religious beliefs, mistrust, fear of legal consequences, stigma, and cultural values all influence a person's willingness to seek and engage in mental health services.

Religious Beliefs

It is important to recognize that spirituality and faith experiences and beliefs among Latinx people are embedded in their cultural values. Around 90% of Latinos in the United States have reported that they are religious.[123,124] Religion is usually embedded in a culture, and both religious beliefs and cultural values work simultaneously.[125] Studies have found that Latinx individuals who engage in religious practices or are highly religious are less likely to utilize mental health services.[126] Some religious beliefs attribute behavioral health symptoms to spiritual dilemmas or moral failing, rather than an illness,[127] which is highly stigmatizing.[128]

A major part of religion is healing from distress,[129] which is called religious coping. Religious coping can be internal (praying and spiritual practices) or external (talking to a religious counselor, priest, or group). In contrast, negative religious coping includes "redefining the stressor as an act of the Devil, wondering whether God had abandoned oneself, and feeling punished by God." [130]

Fear of Legal Consequences and Mistrust

Another barrier to mental health care is Latinx individuals' very real fear, especially those who are undocumented, that they will face legal repercussions if they seek out behavioral health services for themselves or their children.[131,132]

Seeking behavioral health care raises questions about residency status and documentation in the U.S., which will deter the Latinx community from seeking services because they are afraid they will be deported.[133,134]

In one study, Latinx participants reported that they were afraid to visit mental health providers since they believe their mental health treatment and records could be used against them.[135]

Immigration Status

As of 2018, 19% of the national immigrant population was living in the top five counties: Los Angeles County, California; Miami-Dade County, Florida; Harris County, Texas; Cook County, Illinois; and Queens County, New York.[136]

The American Immigration Council cites the following about Texas:[137]

- 1.4 million U.S. citizens in Texas in 2010–2014 lived with at least one family member who was undocumented.
- In that same time period, about one in seven children in the state was a U.S. citizen living with at least one undocumented family member (1 million children in total).

The process of immigration itself brings stressors and can lead to increased risk for anxiety and trauma in newer immigrants. This often includes previous traumatic exposure in their homelands (war, torture, terrorism, natural disasters, famine), many of which prompt the decision to emigrate in the first place. This is coupled with the loss of proximity to extended family and often separation from nuclear family members, such as children from their parents.

Once in the U.S., undocumented and documented immigrants share several unique challenges that can make them susceptible to mental illness, such as harassment / discrimination, language barriers, lack of access to health care, and lack of education about mental health. In addition, constant fear of deportation, mistrust of doctors / therapists, and the stress of culture shock can lead to or worsen mental health problems, especially for those with pre-existing vulnerabilities.[138]

Generational Considerations Among Immigrants and Refugees

Immigrant generation status is one factor that can impact the mental health needs of Latinx individuals. Immigrant generational differences can also lead to variance in mental health prevalence when looking at first generation versus second generation individuals, the age when an individual immigrated, or the person's overall age.[139,140] Latinx immigrants who move to the U.S. later in life face a different set of challenges than those who move earlier in life; rates and severity of disorders may vary accordingly.[141]

ECONOMIC STABILITY

At the time this literature review was compiled, the poverty rate for Hispanic individuals is projected to fall by 39% along with a 34% decline for non-Hispanic Whites.[142] While progress is being made, according to projections by the Urban Institute, one in seven people in the United States will still live below the poverty level in 2021.[143] Disparities in the types of jobs, wages, and economic opportunities for Latinx individuals can lead to poverty as well as to housing situations that negatively impact their health and well-being.

Poverty, Race / Ethnicity, and Employment

Marginalized populations have a higher risk of living in poverty, with lower education and economic status than their counterparts; with poverty comes higher rates of mental health needs.[144] An individual is considered living in poverty when their household income falls below the minimum income needed to provide for basic needs. Hispanic people experience poverty at about twice the rate of non-Hispanic White people.[145]

Key figures over the last decade include:

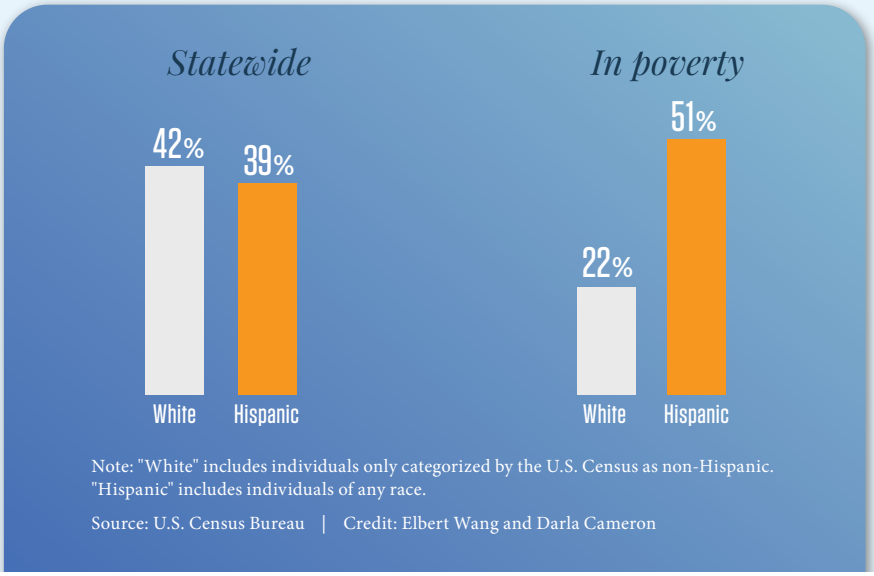
- 4.1 million Texans live in poverty, which is estimated to be one out of every six Texas residents.[146]
- 1.5 million Texas children live in poverty (over 20% of all Texas children).[147]
- Hispanic Texans represent 39% of the state population, but they make up a disproportionate amount–over half - of the population below the poverty level.[148] (See Figure 1.)[149]
- Almost half of the 44 counties in Texas with persistent poverty are located along the U.S.-Mexico border.

Housing Affordability

Housing is the single largest expense for a household and can impact Latinx people's ability to access services. A household's well-being is greatly affected if housing costs are greater than 30% of their gross annual income. According to data from the National Equity Atlas, the percentage of Latinx households who exceed the 30% guideline and are considered "housing cost burdened" rose from 42% in 2000 to 57% in 2015.[150] Latinx individuals are more burdened by housing costs than Whites (46.8%) and than

Figure 1

How Poverty Compares Across Racial Groups in Texas[164]



Note: "White" includes individuals only categorized by the U.S. Census as non-Hispanic. "Hispanic" includes individuals of any race.

Source: U.S. Census Bureau | Credit: Elbert Wang and Darla Cameron

every other racial / ethnic group except for Black Americans (58.3%).[151] Across counties, every 10% increase in the share of households which are severely cost burdened is linked to 29,000 more children in poverty, 86,000 more people who are food insecure, and 84,000 more people in fair or poor health, according to the 2019 County Health Rankings.[152]

A 2019 research review of *Salud America!* at The University of Texas Health San Antonio found that a lack of affordable housing forces Latinos, especially those who are low income, to move further away from transportation hubs to areas with lower rental costs. Housing and transportation combined account for approximately half of the average U.S. household budget,[153] and even more than that for Latinos' budgets on average.[154]

Labor Force Participation

Hispanics account for a sizable 18% of the U.S. workforce, eight million of whom are employed in service sector positions.[155] In 2020, the Latinx labor force participation rate dropped to 65.6%, the lowest rate recorded for Latinx individuals since 1986. This segment of the labor force was hit with a COVID-19 trifecta: disproportionately represented in sectors that experienced the greatest number of layoffs, exposed to COVID-19 at higher rates with an overrepresentation in essential work, and significantly less likely to be able to work from home than any other demographic.[156]

However, Latinx individuals still had the highest labor force participation rate in the country. In fact, over the past decade, this population has nearly single-handedly fueled the U.S. labor force, accounting for 90.8% of its overall growth.[157] According to the U.S. Department of Labor, Hispanics are expected to account for 64.8% of the labor force growth between 2020–2029, adding seven million workers.[158]

Unemployment

The annual unemployment rate for Hispanics in 2020 was 10.4%, the highest annual average since 2011. Women were the most impacted. In 2020, the unemployment rate for Latinas went from 6.0% in March, to 20.1% in April, the highest unemployment rate of any adult demographic, across genders. While Latinas have for the most part regained employment, the Latina unemployment rate as of February 2021 was 8.5%, 3.6 percentage points higher than it was in February 2020, one of the largest disparities among all demographics.[159] This is coupled with Latinas persistently having the largest pay discrepancy in the country, 55 cents for every dollar paid to non-Hispanic White males.[160]

EDUCATION ACCESS AND QUALITY

People with higher levels of education are more likely to be healthier and live longer. According to data gathered by the Pew Research Center, 59% of all Hispanic adults 25 years or older have a high school diploma as their highest level of education attained compared to 39% of all Americans. Relatively few Hispanic adults have attained a 2-year degree or attended some college and even fewer have attained a bachelor's degree or higher compared to all Americans.[161]

In 2019, an additional 353,993 Latinx individuals earned a bachelor's degree or higher, an increase of 6.1% from the year prior. While Hispanic educational attainment is trending upward, Hispanics still have the lowest levels of attainment in higher education. In 2019, 17.6% of Hispanics 25 and older held at least a bachelor's degree, compared to 22.5% of the Black population and 36.9% of the non-Hispanic White population.[162] ◆

ENGAGING WITH THE *Ecosystem*

Direct input from Latinx Mental Health Learning Collaborative members and other funders and key stakeholders builds upon the trends and considerations identified in the literature specific to Latinx mental health and health care. For the current endeavor, to capitalize on the Latinx Mental Health Learning Collaborative process, we focused on: (1) a series of qualitative inquiry methods, specifically focus groups and interviews with local, regional, and national funders; (2) dissemination and analysis of a funders' survey; and (3) benchmarking of best practices to address mental health in Latinx communities.

LEARNING COLLABORATIVE ENGAGEMENT - STAKEHOLDER INTERVIEWS

To further engage the Learning Collaborative and gain deeper insight into the landscape of Latinx mental health funding, we conducted seven interviews with Learning Collaborative members (see Table 2). While we developed a set list of questions related to learning collaboratives, current funding priorities and considerations for Latinx mental health, and funding needs and gaps (see callout box on next page), these interviews and guided questions were intended to be adaptable enough to gain each participant's insights within their own specific areas of expertise and experience.

KEY TAKEAWAYS

Two key themes emerged from the interviews: inclusivity and the need to reframe philanthropic approaches to best meet community needs. Learning collaboratives have great potential to serve as spaces for funders to experiment, share information, coordinate on grantmaking, and examine what is and is not working in their funding areas. However, learning collaboratives are only as strong as the individuals invited to participate. Convening diverse members from grassroots nonprofits as well as clinicians, foundation staff, systems-level providers, members of the target community—including those with lived experiences—and other key stakeholders presents opportunities to challenge traditional philanthropy and to creatively problem solve together. Additionally, several interviewees noted how their organizations pivoted to become more inclusive, whether through community-based funds or by holding recipient organizations accountable to a strict requirement of collaboration in terms of who they work with.

Traditional philanthropy relies on data, evaluation, and oftentimes formulaic proposal writing. Interviewees largely agreed that this approach itself needs to be reevaluated and tailored to meet Latinx community needs. They recognized there are organizations that already have community trust and strong collaborations, but may need help writing better applications and may need flexibility when it comes to goal setting, evaluation, and reporting. More than one interviewee noted the need for funders not to be afraid to take risks and potentially fail when it comes to funding these organizations that have not operated within the bounds of traditional philanthropy.

Interviewees noted a common funding need for efforts to address the lack of data related to Latinx mental health, especially geographically-specific data. Lack of access to care, stigma internal and external to the Latinx community, and concern over how racism will continue to affect this population, particularly the immigrant subpopulation, were all commonly cited as additional funding needs to address with research and interventions.

SECTION TWO KEY TAKEWAYS FROM:

- **Stakeholder Interviews**
- **Focus Groups**
- **Funder Survey**

LATINX MENTAL HEALTH SUMMIT FOCUS GROUPS

In May 2021, Philanthropy Southwest (PSW) hosted the inaugural Latinx Mental Health Summit at Bonton Farms

Learning Collaborative Members Interviewed — *Table 2*

NAME	TITLE	ORGANIZATION
Amanda Jane Arizola	North Texas Program Officer	Philanthropy Southwest
Amalia Brindis Delgado	Vice President, Strategy	Hispanics in Philanthropy
Estevan Delgado	Program Manager, Hispanic Fund	Austin Community Foundation
Hillary Evans	Vice President of Professional Learning and Public Policy	Philanthropy Southwest
Lisa de la Garza	Vice President, Programs	Texas Women's Foundation
Tanya Ryder	Chief Operating Officer	National Empowerment Center, formerly with National Alliance on Mental Illness
Rick Ybarra	Senior Program Officer	Hogg Foundation for Mental Health

Guided Interview Questions

What attracted you to the learning collaborative model?

What do you hope to see come from this learning collaborative?

What advice would you have to other funders / philanthropy groups about either creating a learning collaborative around this type of issue or participating in a learning collaborative?

In your opinion, what are the funding priorities funders should have as they relate to Latinx mental health specifically in North Texas? Why are these valuable investments for funders?

What considerations do you think funders should take when it comes to funding mental health, Latinx mental health, and/or the Latinx communities in North Texas?

What challenges / needs do you feel funders have in addressing Latinx mental health issues?

What needs do you see within philanthropy when addressing Latinx mental health?

What would you like to learn more about or understand better when it comes to mental health within Latinx communities?

What are other things that we might have missed in this conversation that you think are important when it comes to funding Latinx mental health?

in Dallas, Texas. This in-person and virtual gathering of their membership was attended by professionals from funding organizations and nonprofits alike. The Meadows Institute presented preliminary findings and recommendations from the Latinx Mental Health Learning Collaborative and conducted two interactive focus groups with a mix of summit participants to discuss the two emerging primary recommendations: trust-based philanthropy and the centrality of lived experience.

KEY TAKEAWAYS

A consistent theme that arose during the focus groups was the opportunity to utilize, partner with, and fund existing organizations that have already established trust within Latinx communities. Establishing trust between funders and organizations, organizations and community, and community and funders is a delicate and hard-earned process that, if done authentically, can effectively address the issues experienced by Latinx communities that ultimately impact mental and behavioral health.

Trust between funders and organizations can be built by consistently engaging with one another on short- and long-term planning and strategy, using active listening in interactions, and remaining open about challenges. If funders ease the proposal and reporting processes for organizations, they can also instill trust, whether through unrestricted and flexible funding, common grant applications, seed funding for newer projects and programs, listening for lessons learned, and ultimately not being afraid of failure. There is value in challenging funders to broaden their definition of success. There is more than one measure of success, such as establishing new partnerships with community members and organizations or challenging foundation leaders to try new grantmaking processes.

Focus Group Photos

Figure 2

Funders' relationships with a given community can also help inform funding priorities—funders can ask a community who they would like to be funded and seek to understand the local giving circles that already exist. These strategies can help funders identify organizations that have not applied for funding before but are aligned with the funder's values and mission. Funders can also ensure they are funding organizations that have the community's trust by asking how the community has helped shaped the proposed project / program plan.

As discussed in the focus groups, some of the identified opportunities and challenges funders should consider throughout this trust-based process include language barriers, cultural awareness, technology gaps, tailored approaches and solutions, representation and identifying the appropriate partners, and a willingness to continue a partnership even with failures.

FOCUS GROUP QUESTIONS

The following questions guided the exploratory focus groups, though the format was flexible and adaptable as well. Figure 2 includes two photos from the focus groups.

CENTRALITY OF LIVED EXPERIENCE

1. How can funders center the lived experiences of the Latinx communities they wish to impact in sustained and empowered ways?
2. What grantmaking strategies could be used to address the issues experienced by Latinx communities?
3. Has your organization made, or how does it plan to make, any changes in how to address issues of disenfranchised populations?

BUILDING TRUST

1. What are the components of building trust?
2. What are the opportunities and challenges for philanthropy?
3. How can funders identify organizations aligned with the foundation's values and mission that haven't historically applied for a grant?

FUNDER SURVEY

Given the increase in mental health needs connected to the COVID-19 pandemic overlayed with the growing importance of considering health equity in COVID-19 response and relief efforts, it was important for the Learning Collaborative to hear from their peers on the role philanthropic organizations currently play and can play in alleviating the growing mental health needs in Latinx communities.

To complement focus group and interview findings, PSW partnered with the Meadows Institute to develop, implement, and analyze a survey designed to better understand, inform, and support the building of a grantmaking framework focused on addressing health disparities and improving mental health outcomes in Latinx communities. PSW surveyed its membership—philanthropic organizations in and beyond Texas—to obtain information about current grantmaking priorities, challenges, and tactics to increase delivery of and access to effective mental health services. Here we present key findings from the survey data analysis and offer recommendations for next steps.

METHODOLOGY

The survey was conducted from June through August 2021 among 50 philanthropic organizations with the following demographics:

- Ninety percent (90%) represented regional and statewide funders concentrated in Texas, across all four quadrants of the state.
- Participating funders were distributed across two asset categories. "Small" represents an asset size of $500,000 or less (62% of our sample) and "large" represents an asset size of $500,001 or more (38% of our sample).
- Fewer than 10% were operating foundations.
- Over 98% of funding was concentrated in health and human services (focused on children, adults, and child welfare), public health, and education areas.
- Only two philanthropic organizations had distinct areas of focus, one on faith-based initiatives and another with anti-poverty and social justice lens.

Figures 3 and 4 depict the percentage of large and small funders prioritizing mental health.

SURVEY DESIGN

The survey questionnaire was developed using the results from the stakeholder interviews with Learning Collaborative members from local, state, and national foundations and responses from the Latinx Mental Health Summit focus groups. The survey posed a series of questions to further explore topics raised by funders during these prior discussions.

The questions were designed to identify and capture the following:

- Funders' current or planned efforts to align and prioritize their investments to address health disparities and improve mental health outcomes in Latinx communities.
- Funders' perceptions of the challenges and barriers faced by Latinx communities when accessing mental health services.
- The types of challenges funders face when making investments to support nonprofits in the effective delivery of mental health programs and services.
- The types of technical assistance funders provide to nonprofits to improve the access and delivery of services and to minimize the challenges associated with delivery and access.

Figures 3 & 4

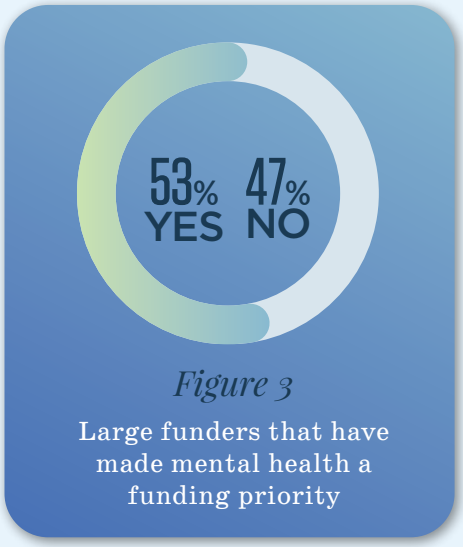


Figure 3

Large funders that have made mental health a funding priority

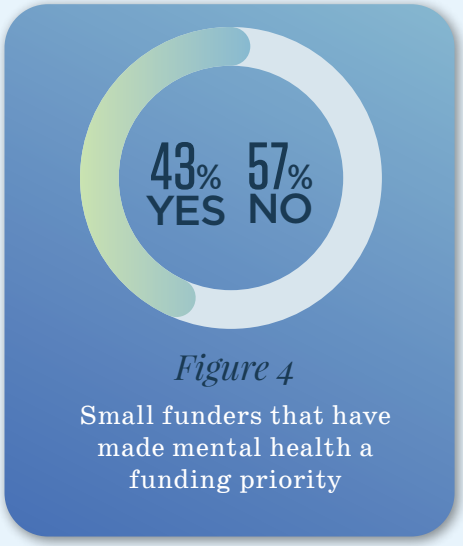


Figure 4

Small funders that have made mental health a funding priority

Utility of Survey Findings

PSW CAN USE THE LEARNINGS FROM THIS SURVEY TO:

1.

Provide funders the opportunity to see and learn what peers are doing related to strategic investment to address health equity and mental health needs in Latinx communities.

2.

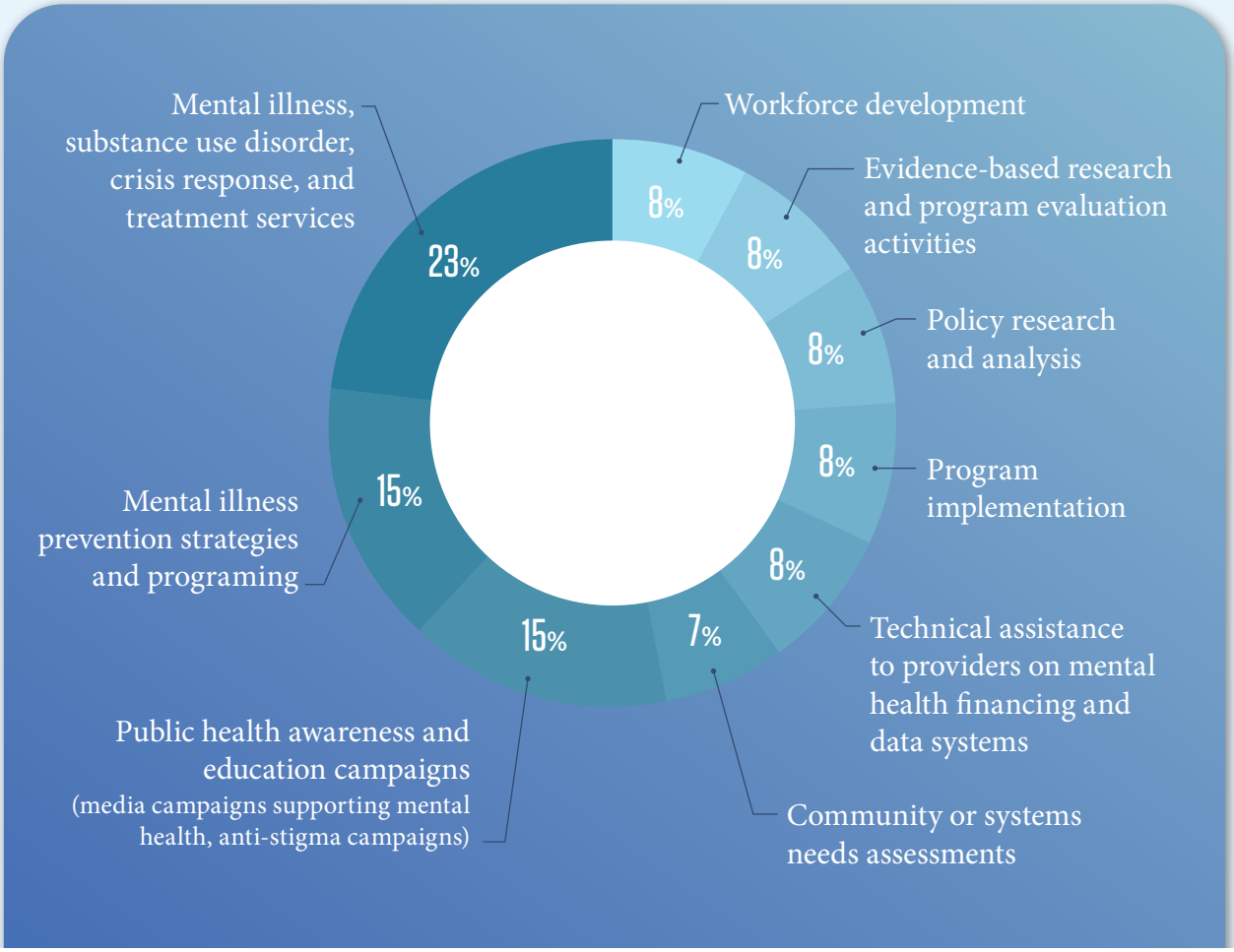
Expand the reach and diversity of perspectives in the Latinx Mental Health Learning Collaborative stakeholder engagement process.

3.

Augment and validate the information gathered from interviews, focus groups, and the review of existing literature and data.

Figure 5

Types of Mental Health Initiatives Funded for Latinx Mental Health in 2020



ADDITIONAL CONSIDERATIONS

- Survey responses were kept confidential.
- The data were disaggregated to hypothesize whether the asset size (large vs. small) of the funders who participated in the survey contributed to their types of investment strategies or levels of investment.
- All identifying information was masked in open-ended responses to protect anonymity.
- When possible, the outliers were neutralized in the answers.
- The project team conducted outreach to potential respondents multiple times using a variety of touchpoints (personalized solicitation, group emails, and by leveraging targeted funder networks).

KEY FINDINGS

When asked about Health Equity (HE) as a strategic funding priority:

- Forty-three percent (40%) of all respondents noted having adopted health equity as a strategic priority.
  - Of those, **24% had realigned their grantmaking to *only* fund and/or give preference** to programs and organizations that incorporate HE into their work and **18% *encourage*** programs and organizations to incorporate HE into their work.
- Analysis of data based on funder asset size (small and large) indicated **asset size was *not* a factor in the realigning of priorities or giving preferences** to programs and organizations that incorporate HE into their work. Prioritization was spread evenly among small and large funders.

Figure 5 includes the various types of mental health and substance use disorder (MHSUD) initiatives targeting Latinx communities the survey participants indicated funding.

Figure 6

Funders' Perceptions of Concerns in Access and Treatment for Latinx Mental Health

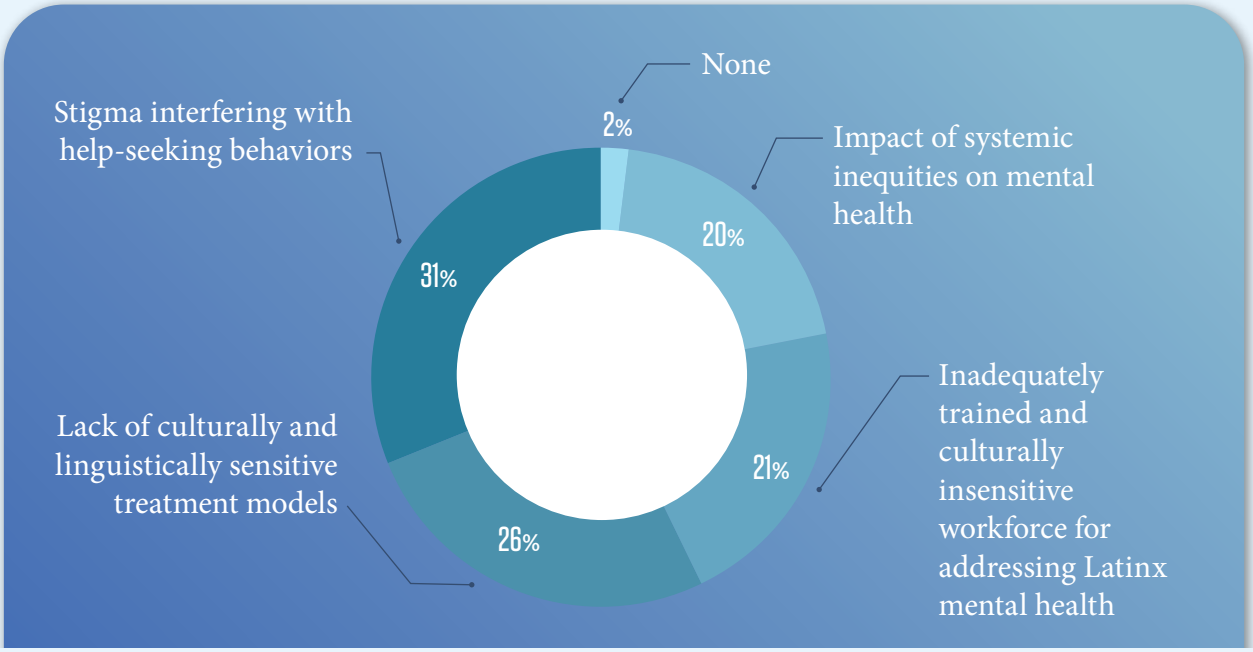
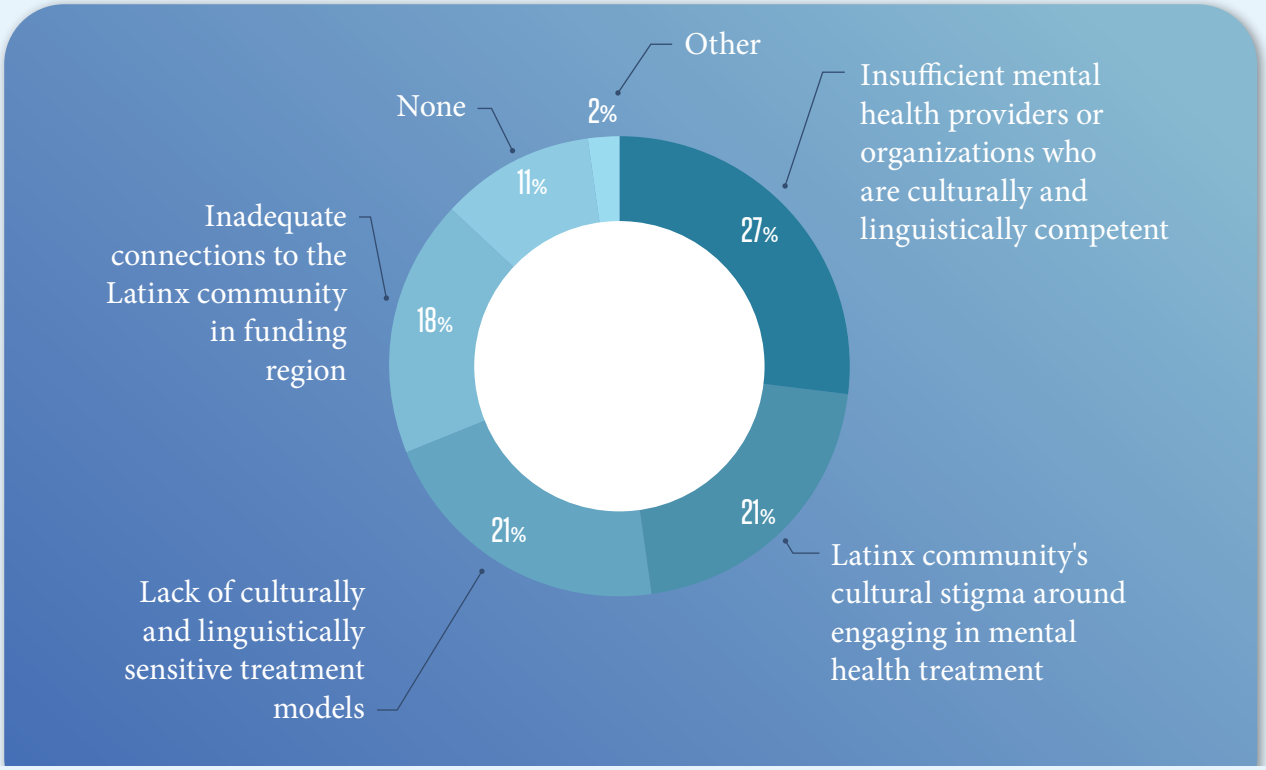


Figure 7

Barriers Funders Encounter in Latinx Mental Health Funding



When asked about types of MHSUD initiatives targeted in Latinx communities:

- Almost 70% of all respondents stated funding one or more of these types of initiatives, including prevention, screening, treatment services and crisis response programs, research and evaluation, policy analysis, or other.[C]
- Most of the respondents mentioned funding either **two or three types of MHSUD initiatives** targeted in Latinx communities (37% and 26% respectively).
- Of all MHSUD funding in Latinx communities, **71% of funding was identified as concentrated in two types of initiatives**—treatment services (crisis care and interventions) and prevention programs (early identification and screenings).
- **Small-asset funders were more likely to invest in MHSUD upstream** (early intervention and screening programs) compared to large funders (23% vs. 7%).
- While **large-asset funders were three times more likely** to invest in downstream (crisis intervention) programs, they are **also two times more likely** to invest in community needs assessments and evidence-based research and evaluation programs compared to small-asset funders.

CONCERNS IN ACCESS AND TREATMENT

When funders were asked to identify the issues and concerns they believe Latinx communities experience when accessing MHSUD services, there was consistent distribution among all respondents on the following concerns as shown in Figure 6:

- The need to address systemic inequities in availability and quality of services (20%).
- Having an inadequately culturally trained workforce (21%).
- The lack of linguistically sensitive treatment models available (26%).
- That stigma is the more pressing issue in preventing access and treatment in MHSUD services (31%).

TYPES OF CHALLENGES ENCOUNTERED

When asked what types of challenges they encounter when supporting MHSUD services in Latinx communities:

- Large-asset funders were twice as likely to express having inadequate connections or relationships to Latinx communities in their geographic region compared to small-asset funders (26% vs. 11%).
- Small-asset funders reported the two greatest challenges to effective delivery of services are as follows.
  - the mental health providers (or organizations) that are culturally and linguistically competent; and
  - the cultural stigma around engaging in mental health treatment (34% and 33% respectively).

See Figure 7 for the full breakdown of responses.

Funders were asked whether providing technical assistance could address the challenges of supporting MHSUD services in Latinx communities and, if so, what types of technical assistance would be most beneficial to them. Responses are as follows:

- Of all survey respondents, 25% reported that technical assistance would not be helpful in combatting these challenges.
- Of those who did agree technical assistance would be helpful, 37% reported it should be in the form of time and resources to review proposals in advance of final submission, and 13% reported technical assistance should be in the form of developing and evaluating data and outcomes, including providing funding for infrastructure, tools, and knowledge base to translate and apply the learnings.
- Of all respondents, 29% reported already playing an advisory role, serving as a strategic thought partner, and supporting administrative capacity building by funding board development / strategic planning activities.
- Additionally, 25% provided write-in responses in the "other" category of technical assistance needs, which included:
  - Rightsizing the grantmaking process and implementing flexible practices reliant on a trust-based grantmaking process without instituting a formal application process.
  - Funders playing a convener role in the community, linking systems of care and provider networks to leverage and align services.
  - Building strong and trusted relationships with grantees beyond the grantmaking and reporting cycles (moving away from a transactional model). ◆

NOTE C: Other, defined by respondents, includes social workers in public schools, collective impact initiatives, and anti-stigma campaigns.

OPEN ENDED QUESTIONS

The survey ended with open-ended questions. De-identified responses are in Table 3.

Responses to Open-Ended Survey Questions — *Table 3*

WHAT ARE THE MOST HELPFUL WAYS TO OFFER SUPPORT?
Continue investments in the mental health services along the delivery continuum, extending across prevention, crisis response, and post-crisis care.
To increase effectiveness, consider loosening the restrictions on current grant process and cycles.
Communicate more proactively and regularly with grantees.
Commit to listening to community partners / nonprofits and especially to those least heard and those individuals closest to the issues.
Place-based strategies.
Identify who's doing good work—and take more risks by investing in non-traditional providers.
WHAT ARE GRANTMAKING STRATEGIES TO ADDRESS FUNDING DISPARITIES?
Provide flexible, unrestricted funding to demonstrate trust in community voice.
Ease the process burden by using common applications.
Be comfortable with experimenting and funding newer organizations that may have more community trust vs. traditional nonprofit systems that are in place.
Suggest diversifying board of directors and staff of organizations to reflect communities served, if needed.
Ask how the community has helped shape the plan.
Need to move away from one size fits all.
There may be a need to address language and technology barriers.
Ask community who should be funded.
Site visits—must balance the visit with being burdensome to community.
Relationships with local librarians/libraries.
Understanding local giving circles that exist.
Recognize media hits and who fits in the funder's priorities.
Ask colleagues.
Embedding programs into an existing organization/adding to existing services.

Texas Health Resources Initiative: Well Together

PROMISING SET OF PROGRAMS TO ADDRESS LATINX MENTAL HEALTH

Well Together is a collaborative behavioral health initiative that began in 2019 and targets specific zip codes to increase awareness of mental health, reduce negative perceptions, and take a holistic wellness approach to improve access to a full spectrum of care.

Texas Health has engaged independent evaluators to evaluate Well Together Initiative grants. Initial evaluation results indicate that each of these three grantees—AVANCE Dallas, Lakepointe Church, and The Center for Integrative Counseling and Psychology—are adopting principles and actions proven by research to move towards health equity for the Latinx community in North Texas. Evaluation findings highlight considerations for other organizations serving the mental health needs of the Latinx community.

Grantees have demonstrated significant focus on whole-family care. For example, AVANCE has promotores, community health workers who work in Spanish-speaking communities, on staff to work with the entire family, not only the client. Research indicates that the cultural value of familismo is an influential factor in how many Latinos feel about seeking help for mental health needs; this concept stresses the obligation an individual has to their family over their own needs, which includes representing the entire extended family in a positive light. Familismo can be a positive or negative factor; an individual in a family with an aversion to seeking help for mental health crises will be inhibited by their perception of their duty to family, while an individual in a family that encourages treatment may be fulfilling their obligation to their family by receiving care. Treating the entire family system enables care within the strong hierarchical structure in many Latinx families, where the men hold the highest level of responsibility and thus face the most stigma towards admitting vulnerability. The Center engages adults and youth in counseling, enabling service delivery to the entire family unit. AVANCE is also attempting to integrate male promotores to connect more deeply with male heads of households and encourage them to seek support. Both the focus on whole-family care and use of male promotores are insightful steps to addressing the barriers posed by familismo and cultural values within the Latinx community.

The Well Together grant has helped over 900 lay community members receive evidence-based Mental Health First Aid training, offered in both English and Spanish. This training aligns with the Latinx value of personalismo, trusting warm interpersonal relationships. The evidence shows that many Latinx individuals struggling with their mental health may be more willing to turn to alternative sources for

help, such as priests, faith healers, family members, and trusted community members as opposed to a therapist or counselor. By training lay community members to respond to crises, organizations can effectively tap into the existing systems of support in the Latinx community. Destigmatizing mental health can help create a culture shift in terms of approaches towards mental health treatment. AVANCE's promotores further this strategy as well; these community health workers speak Spanish and offer support on a specific community's needs, allowing them to deliver more culturally and linguistically responsive care. Additionally, AVANCE has the primary caregiver in a family facilitate the intake and discharge processes (intake form, mental health literacy test, and PHQ-9 pre-intervention, and post-intervention. This facilitates engagement through the high value placed on involvement of fellow family and community members. Over 75 families have received assistance.

Accessibility is another consideration and an important facet of culturally and linguistically responsive care. The Well Together Initiative ensures there are bilingual staff in a primary care community clinic, and offers important training in English and Spanish. Bilingual counseling is offered both virtually and in-person, further increasing access to mental health care, and it has helped over 120 individuals achieve therapy goals.

Each of the three grantees is working towards the fundamental goal of delivering care through existing systems of support and integrating treatment into the natural elements of an individual's life. AVANCE's case managers assess their clients, then work to address all needs identified and include the family in follow-ups. Lakepointe Church is a center of community support and offers multiple services beyond mental health care, including wraparound services on everything from food security to career training. Lakepointe's mental health screening and treatment is only one piece of its clinical services, which individuals can use for overall wellness.

By integrating mental health care into a larger system of care, these organizations destigmatize mental health care by offering it in the same location and through the same avenues as other culturally acceptable services. Inclusion of community voices is also a crucial component for organizations to consider for impacting mental health change for the Latinx community. The Center uses their prominent presence in Dallas to introduce counseling to community-based organizations to engage their individual client populations and serve as target sites. For example, The Center uses the WHO-5 screener at community events in underserved communities to identify specific behavioral health and well-being needs and create opportunities for referrals to their services. A part of destigmatizing mental health care is by developing trusting relationships with providers. Bilingual counselors at The Center often join such community-based events and deliver education on topics of interest as well as engage directly with community members.

Diversity in health care providers can help clients feel more comfortable and builds an important relational aspect to care. Similarly, AVANCE receives family input during the promotores visits by allowing the family to choose educational topics for the community health care worker to present on. The Well Together Initiative has achieved a significant reduction in depression (14.16 PHQ-baseline to 5.74 follow-up score) among community members in counseling. Overall, the Well Together grantees are undertaking several efforts that mitigate barriers identified in research and align with recommendations made by experts in the field.

Considerations AND CONCLUSION

Our recommendations to the philanthropy sector on strategies and considerations to address Latinx mental health are based on all of the information, data, and findings discussed throughout this report. This section is separated into three main subsections that include additional important overarching considerations for funders.

GIVING TRENDS AND MENTAL HEALTH FUNDING STRATEGIES

The first group of considerations covers giving strategies based on trends of giving to communities of color to address health disparities and inequities as well as funding strategies specifically targeting mental health issues.

OVERALL PHILANTHROPIC GIVING

Giving USA 2021: The Annual Report on Philanthropy for the Year 2020[165] reports that individuals, bequests, foundations, and corporations gave an estimated $471 billion to U.S. charities in 2020. Total charitable giving grew 5.1% measured in current dollars over the revised total of $448 billion contributed in 2019. Adjusted for inflation, total giving increased 3.8%. See Figure 8 for more detail on philanthropic funding by region of the country.

Highlights and numbers for 2020 charitable giving by source:[166,167,168]

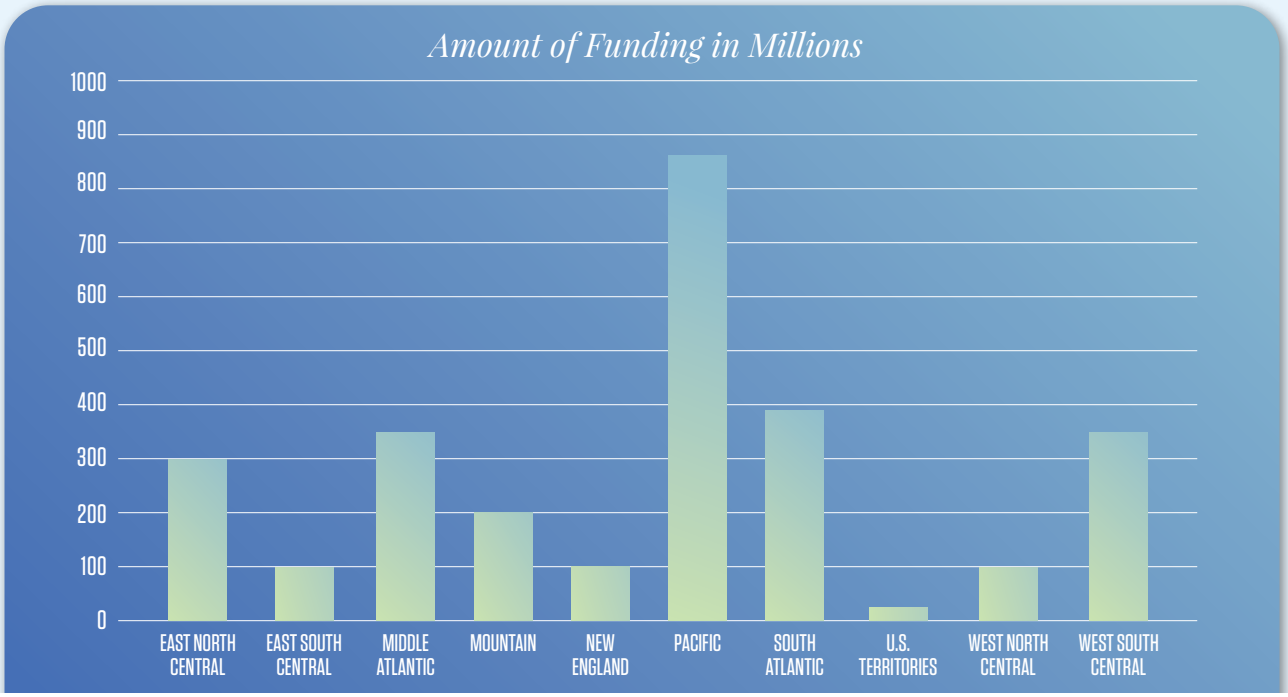
- Giving by foundations, which has grown in nine of the last 10 years, represented 19% of total giving in 2020, its largest share on record.[D]
- According to data from Candid developed by The Center for High Impact Philanthropy, mental health accounted for 1.3% of overall foundation investments from 2015 to 2018 and, even more strikingly, only 5% of foundation spending on health care was for mental health.

SECTION THREE KEY CONSIDERATIONS:

- **Giving Trends and Mental Health Funding Strategies**
- **Assessment of Grantmaking Tools and Strategies for Health Equity**
- **Promising Mental Health Approaches and Programming**

Figure 8

Charitable Giving in 2020 by Region of the U.S. [E]



NOTE D: The estimate for giving by foundations was created by the Indiana University Lilly Family School of Philanthropy using data from Candid.
NOTE E: East North Central: Illinois, Indiana, Michigan, Ohio, and Wisconsin. East South Central: Alabama, Kentucky, Mississippi, and Tennessee. Middle Atlantic: New Jersey, New York, and Pennsylvania. Mountain: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming. New England: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. Pacific: Alaska, California, Hawaii, Oregon, and Washington. South Atlantic: Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia. U.S. Territories: Puerto Rico, U.S. Virgin Islands, American Samoa, Guam, and Northern Mariana Islands. West North Central: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota. West South Central: Arkansas, Louisiana, Oklahoma, and Texas.

CHARITABLE GIVING BY LATINX INDIVIDUALS

- Historically, charitable giving by Latinx individuals is based on a strong sense of cultural heritage with a desire to preserve traditions, a sense of responsibility to family, remittances to their country of origin, and a preference for giving to groups that assist their ethnic communities.[169]
- Among Latinx households that regularly contribute to charity, approximately 41% give to a religious organization and 17% give to human service charities.[170]
- Outside of the church, Latinos tend to give to individual agencies where there is a personal connection or a cause they believe in rather than donating to large institutions.[171]
- Latino donors are not asked to give as frequently as other population groups.[172]

LATINX-FOCUSED PHILANTHROPY

With the onset of the COVID-19 pandemic and national events that spotlight extreme health disparities, many philanthropic organizations around the United States are reviewing and changing their grantmaking strategies to align with health and racial equity principles. In 2020, The Center for Effective Philanthropy surveyed U.S. philanthropic foundations and found that 63% reported new funding to Latino communities and 37% are also making a new effort to fund organizations supporting Latina women.[173] There are several Latinx philanthropic organizations that engage Latinx donors and contribute to nonprofits that serve Latinx communities. These include:

- *Hispanics in Philanthropy (HIP)* – Strengthens Latinx communities by increasing resources for the Latinx- and Latin American civil sector and by increasing Latinx participation and leadership throughout the field of philanthropy.
  - *The Funders' Collaborative for Strong Latino Communities* is a HIP program that pools foundation, corporate, government, and individual dollars to support Latino nonprofits in capacity building through regranting and technical assistance.
- *Austin Community Foundation's Hispanic Impact Fund* – A giving network that supports the economic security and advancement of Hispanic Central Texans.
- *Texas Women's Foundation's H100 Latina Giving Circle* – Engages Latina women in philanthropy and expands resources for local organizations with a mission to empower, educate, and support Latinas and their communities. The Giving Circle was established by the Hispanic 100 Network.
- *Hispanic Women's Network of Texas* – A statewide network of Hispanic women that sponsors programs designed to cultivate the social, cultural, legal, and educational interests of Hispanic women.

Hispanics in Philanthropy launched the Latinx Funders Dashboard[174] in 2019 to provide the data in **Table 4** as well as the following information about foundation funding:

- Over the past decade, U.S. foundation dollars intended to benefit Latinx communities have remained steady, totaling $3.9 billion.
- Among major areas of activity, human services and health captured the largest shares of grant dollars awarded for Latinx communities, receiving 27% and 26%, respectively from 2013 to 2019.
- Nearly two-thirds of the 2007 to 2009 grant dollars targeting Latinx communities provided program support. General support for recipient organizations accounted for 28% of giving.
- Recipient organizations in the Western region of the United States received the largest share (42%) of foundation dollars intended to benefit Latinx communities.

PHILANTHROPIC INVESTMENTS TO SUPPORT MENTAL HEALTH

Despite increased need—and when accounting for the billions in federal, state, and local dollars provided each year for research and service

Funding Trends of Latinx Funding in the U.S. — Table 4

	AMOUNT	NUMBER OF GRANTS
BY ISSUE		
Education	$839.0M	8.9K
Health	$429.5M	5K
Human Rights	$489.9M	3.9K
BY STRATEGY		
Program Development	$1.6B	23.8K
General Support	$711.8M	17K
Individual Development	$526.9M	2.2K
BY POPULATION		
Economically Disadvantaged	$1.8B	27.7K
Ethnic/Racial Identity	$1.1B	7.1K
Children and Youth	$1.1B	21K

delivery—the behavioral healthcare ecosystem remains chronically underfunded, particularly when compared to physical health.[175] As noted previously, the philanthropic sector's support for mental health has remained the same: greatly underfunded in proportion to the increased need and burden that mental health has placed on people and communities, especially those suffering from greatest health inequities and disparities.

> *The disease model of mental health itself may hinder giving.*[176]

In addition, mental health funding is wide-ranging and sometimes hard to categorize—but among the grants that Candid catalogs specifically dedicated to mental health projects, the largest subcategories are direct service provision types. Because mental health overlaps with many systems of care (social services, family well-being, health, education) and challenging social issues (justice, poverty, racial equity), most of the challenges facing the field cited by experts have to do with making connections within and across systems and focusing on particularly vulnerable populations.[177]

There are two major trends shaping philanthropic giving in the mental health space today:

- One is the increasing number of major health-focused foundations devoting greater resources to mental health and making connections across their portfolios.
- The other is a nationwide effort to advance policies and public understanding that would reimagine how mental health is viewed and treated in the United States, and to integrate it seamlessly with health and well-being more generally.[178]

ASSESSMENT OF GRANTMAKING TOOLS AND STRATEGIES FOR HEALTH EQUITY

Next, we offer an assessment of effective grantmaking tools and strategies focused on community-based organizations addressing health disparities and health equity work.

ADDRESSING DISPARITIES BY BUILDING A FOUNDATION OF TRUST AND PARTNERSHIP

Disparities in mental health care exist for the Latinx community as a whole. To address the issues and barriers faced by Latinx people, grantmakers can incorporate a racial equity lens into their grantmaking strategies by engaging Latinx community members in the grantmaking process through:

- **Empowering** people from Latinx communities, with a particular focus on people with lived experience with depression and other mental illnesses.

- **Sharing knowledge** to ensure that effective, culturally, and linguistically competent communication becomes a regular and ongoing component of all processes.
- **Co-creating and continuous feedback** to collect and thoughtfully incorporate meaningful stakeholder input into the funding process.

To have true engagement, trust must develop between the funder and Latinx communities to ensure investments effectively meet community needs. Models recognizing the importance of community engagement in designing solutions to address health equity and improve people's lives are gaining traction in many sectors: academic research, private industry, government projects, and philanthropic grantmaking. These models emphasize:

- Co-creation of workable solutions to mutually identified issues.
- Flexibility and adaptability.
- Partner knowledge exchange.
- Capacity building.
- Sustainable programs at project conclusion.

PHILANTHROPIC LEARNING COLLABORATIVE MODEL

A learning collaborative facilitates education and knowledge sharing among interested philanthropic groups by gathering information, reflecting on that information, and disseminating the information to improve the effectiveness of philanthropic investments.[179] In addition to philanthropic groups that want to invest in effective, sustainable programs, mental health equity issues can be addressed by including Latinx community members and individuals with lived experience with mental health challenges. A learning collaborative:

- Encourages a greater sense of community and collaboration between members[180] and a space where misunderstandings and misconceptions can be addressed.[181]

- Exposes members to diverse perspectives on an issue[182] as members from different backgrounds bring questions shaped by their unique experiences and insights to the group learning.[183]
- Can serve as an opportunity for foundations and funders to learn from nonprofits through strategic conversations.[184]
- Can be used to help implement evidence-based practices around a particular priority area[185]—learning collaborative participation has been shown to increase understanding and use of evidence-based practices and programs.[186]

PROMISING MENTAL HEALTH APPROACHES AND PROGRAMMING

The third segment of considerations for funders draws attention to promising mental health approaches and programming necessary to address common barriers and challenges Latinx individuals face in accessing and receiving care.

PERSON-CENTERED PERSPECTIVE

A person-centered perspective is a model that recognizes each individual perceives the world in a unique way; no two people's perceptions are the same. The model also recognizes that recovery from a mental illness is possible, and everyone can control their own positive change.[187] The complex intersectionality of racial and ethnic identities and social and cultural experiences makes the need for person-centered solutions even more paramount—an approach that is tuned into unique experiences. There are four main principles of person-centered practices:

1. **Focus on the person.** The individual's needs and desires should be part of the planning process and reflected in the services received. People who are important in the person's life should also be part of the planning process.
2. **Choice and self-determination.** People should make choices (with support if needed and wanted) about services and supports as well as decisions regarding their own health, well-being, and life goals. Information about care options should be provided in a clear and meaningful way so an individual can make informed decisions.
3. **Community inclusion.** People must have full access to the community and be treated with dignity and respect.
4. **Availability of services and supports.** People should have access to an array of individualized services that meet their needs.[188] Services should reflect the belief that recovery from mental illness can be a reality.

SERVICE DELIVERY MODELS AND PRACTICES

There are several widely accepted care delivery practices that align with Latinx values. As touched on earlier, Latinx cultural values tend to emphasize family needs over individual needs; family

members, close community, and friends can greatly influence an individual's outlook on receiving mental health care.

ENGAGING COMMUNITY HEALTH WORKERS

Community Health Workers are recruited from Latinx communities to assist people who need more support than primary care physicians can provide or who need outreach and help bridging cultural, linguistic, and disability-related barriers to care. With appropriate training, Community Health Workers are as effective as clinical providers and can play a vital role in early detection and intervention of mild to moderate depression.[189]

COLLABORATIVE CARE MODEL (COCM)

Because Latinx individuals often seek mental health care treatment from their primary care providers, this evidence-based approach may be effective in improving access to mental health care; in particular, the identification and treatment of depression.[190] CoCM is an evidenced-based practice that treats mental health issues no differently than physical ailments. Whether suffering from depression or a sprained wrist, people simply need to visit their primary care provider (PCP) to get the care they need. PCPs providing CoCM have a team of professionals on hand to help treat mental health needs, including a mental health specialist (either in person or remotely) who carefully tracks each patient's case and ensures no step in their treatment is missed.

The magic of CoCM is found in its ability to identify and effectively treat mental illnesses early, long before they escalate to a level where they require major intervention.

CoCM is adept at detecting these issues whether or not they are the reason a patient goes to the PCP in the first place because it incorporates another proven approach: measurement-based care (MBC). In every routine check-up, MBC screens for common physical markers like blood sugar and cholesterol level, and this can be expanded to include screening for emotional ailments like depression, anxiety, and substance use. When such a need is detected, the PCP can immediately consult with the mental health specialist, and they can quickly decide on a treatment the patient can begin that day.

That treatment plan is also measurement-based, meaning progress is tracked, and providers can make refinements that might be needed to more effectively achieve a positive outcome.

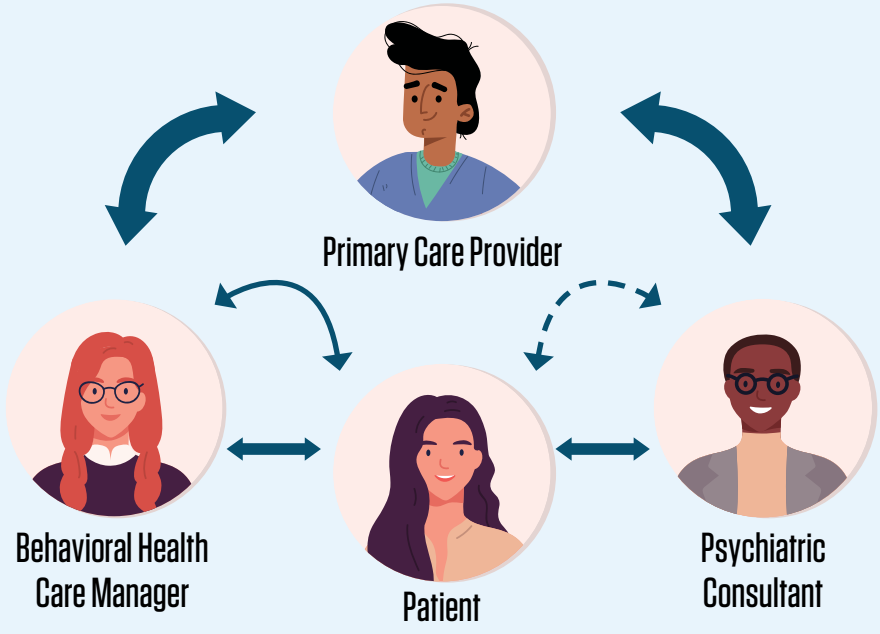
Over 80 randomized control trials have shown that the use of this integrated model in the primary care setting can help over 40% of people in treatment for depression achieve full remission and another 25% achieve substantial relief. See **Figure 9** for a depiction of CoCM.[191]

IN CONCLUSION

In formulating the recommendations to improve philanthropy in support of Latinx mental health which are contained in this briefing paper, our hope is that the philanthropic sector continues their efforts to address inequities as they exist. We believe there is plenty of work to be done by both philanthropy and the communities and systems it is hoping to help to transform. Finding a bridge from traditional philanthropic systems to communities or organizations that are underserved and lacking in support—or that may have hard-to measure programs—is no small feat. It cannot be overstated that the emphasis should remain on redefining and expanding the definition of success in these partnerships. Cultural humility is a lifelong process of self-reflection and self-critique, and is built on decades of research. Our actions in the realm of health equity will be part of an iterative process that will continue to evolve as we acquire and expand our institutional knowledge and embrace cultural humility, novel strategies, and collaboration. ◆

Figure 9

Collaborative Care Model



APPENDIX
Glossary of Language and Terms

There are a multitude of terms and definitions when using language for health equity, the Latinx community, and behavioral health, and these terms vary between academic institutions and organizations. In this briefing paper, we strive to use the most appropriate language and terms when discussing the Latinx community, culture, and behavioral health. This language usage and these terms are not static and can also vary based on individuals' preferences, perceptions, and lived experiences. This glossary defines and explains terms we believe are important and relevant as part of this work.

KEY TERMS

Terms unique to the Latinx community and the mental health sector are used throughout the literature review. Three key terms are:

1. Hispanic or Latino as defined by the U.S. Census Bureau, refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.[192]

It is important to note the complexity and individuality of identity when discussing this population. "Hispanic," "Latino/a," and "**Latinx**," used as a gender- or LGBTQ-inclusive term, are just three terms that have historically been used interchangeably, and / or challenged.[193]

For this report, the Latinx Mental Health Learning Collaborative members landed on the use of "Latinx" except where a source uses one or more other specific terms.

It is recognized that the Latinx population is not a monolith and there is a diversity of cultures and life experiences within the Latinx population. It is also recognized that Latinx individuals have a variety of behavioral health needs and service preferences.

2. Mental health is defined by the American Psychological Association as a "state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life."[194]

3. Mental illnesses are health conditions involving changes in emotion, thinking, or behavior (or a combination of these). Mental illnesses are associated with distress and / or problems functioning in social, work, or family activities.

The remaining terms in this glossary are presented alphabetically along with their key subtopics, if any.

CULTURE

Culture is shared values, beliefs, and attributes of a group of people that influence their customs, norms, and psychosocial processes.[195]

CULTURAL COMPETENCE

Cultural competence is the ability to communicate with and effectively interact with people across cultures. Cultural competence encompasses being aware of one's own worldview, developing positive attitudes towards differences, and gaining knowledge of diverse cultural practices and worldviews. Cultural competence emphasizes the idea of effectively operating in various cultural contexts and altering practices to reach different cultural groups. Cultural competence is achieved through learning processes, structures, and policies by which organizations and individuals develop the attitudes, behaviors, and systems needed for effective cross-cultural interactions, including sociocultural factors such as race, ethnicity, nationality, language, gender, socioeconomic status, immigration status, physical and mental ability, sexual orientation, religion, health literacy, age, and occupation, among others.[196]

ETHNIC IDENTITY

Ethnic identity is defined as how strongly an individual adheres or subscribes to the cultural values, attitudes, beliefs, and traditions of an ethnic group, and often a similar racial background.[197]

HEALTH EQUITY

Health equity centers on the idea that everyone should have a fair opportunity to be as healthy as possible and that no one should be prevented or limited in achieving this potential.[198] A number of factors affect health equity, including socioeconomic status, education level, cultural identity, and the availability of health services—with health inequities being directly related to the existence of historical and current discrimination and social injustice.[199] Pursuing health equity means striving for the highest possible standard of health for all people and, based on social conditions, giving special attention to the needs of those at greatest risk of poor health.[200]

HEALTH DISPARITIES

Not all health differences are health disparities. Health disparities are a particular type of health difference that is closely linked with economic, social, or environmental disadvantages. Health disparities adversely affect groups of people who have systematically experienced greater economic, social, or environmental obstacles to health based on their:

- racial and ethnic group;
- religion;
- socioeconomic status;
- age;
- mental health status;
- abilities (including cognitive, sensory, and physical);
- sexual orientation;
- gender identity;
- geographic location and/or;
- other characteristics historically linked to discrimination or exclusion.[201]

Health disparities are inequitable—even when we do not know the causes—because health disparities are driven by inequities that put an already disadvantaged group at a further disadvantage with respect to their health. Thus, reducing health disparities is a clear and measurable goal of health equity. Furthermore, being healthy is the greatest social capital we have come to rely on to overcome economic, social, or environmental disadvantages.

IMMIGRANTS

Immigration is the act of leaving one's country and moving to another country where an individual was not born, nor is a citizen, to settle or reside there, especially as permanent residents or naturalized citizens, or to take up employment as a migrant worker or temporarily as a foreign worker.

When people leave their country to settle permanently in another, they are called migrants or immigrants. From the perspective of the country they leave, they are called emigrants or outmigrants.

In the United States Immigration and Nationality Act, an immigrant is an individual seeking to become a Lawful Permanent Resident in the United States.[202]

INTERSECTIONALITY

Intersectionality is a framework for understanding how aspects of a person's social, economic, and cultural identities (e.g., race, skin color, religion, sex, sexual orientation, gender identity, national origin, age, disability, and genetic information) might overlap to contribute to unique experiences of discrimination and privilege. Race theorist Kimberlé Williams Crenshaw, who coined the term intersectionality, states that the term is a prism to see the interactive effects of various forms of discrimination, disempowerment, and marginalization. It is related to how prejudice and discrimination interact across multiple identities; thus, creating even more vulnerability and challenges.[203] Using intersectionality as a lens for understanding the social determinants of health can aid in the reduction of health disparities and promotion of health equity.

LATINX

Latinx was defined earlier as a key term.

LATINX NONPROFITS can be defined as tax-exempt entities classified as a 501(c)(3), led by Latinx executives or governed by Latinx directors.[204]

LATINX ORGANIZATIONS

Latinx organizations can be defined as organizations with missions focused on the Latinx community, or made up of Latinx leadership, members, or constituents.[205]

LINGUISTIC COMPETENCE

Linguistic competence refers to the capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences—including individuals with limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Cultural and language differences can affect how health information is received, understood, and acted upon. Clinical barriers occur when cultural and language differences are not adequately addressed in health care delivery, leading to poorer access and quality of care for diverse populations.[206] Linguistic competence requires organizational and provider capacity to respond effectively to the health literacy needs of populations served.[207]

MARGINALIZED POPULATIONS

Marginalized populations are groups and communities that experience discrimination and exclusion because of unequal power relationships across economic, political, social, and cultural dimensions.[208] Not all marginalized groups have the same experiences or deal with the same types of injustices, and not all individuals within groups that are classified as marginalized share the same experiences. Moreover, it is important to recognize that not all individuals within these populations are homogenous, and initiatives, programs, and policies should not treat them as such. There is widespread recognition of persistent disparities in health outcomes in the U.S. by race, ethnicity, gender identity, and sexual orientation as well as awareness that such disparities are symptoms of deeper inequities and racial discrimination across multiple systems and structures.[209]

MENTAL HEALTH LITERACY

Mental health literacy is public knowledge about actions that can be taken for prevention, early intervention, and treatment of mental health disorders. This includes (a) the public's knowledge of how to prevent mental disorders, (b) recognition of when a disorder is developing, (c) knowledge of help-seeking options and treatments available, (d) knowledge of effective self-help strategies for milder problems, and (e) first aid skills to support others affected by mental health problems.

NORTH TEXAS

For the purposes of this review, North Texas is defined as three zip codes in Dallas and Rockwall Counties: 75212, 75217, and 75032.

PROMOTORA

A lay Latinx community member who receives specialized training to provide basic health education in the community without being a professional health care worker.

REFUGEES

The 1951 Refugee Convention is a key legal document and defines a refugee as: "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion."

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of outcomes and risks (including health, functioning, quality-of-life, among others).[210] These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.[211] Resources that enhance an individual's quality of life can have a significant influence on population health outcomes. Some examples of these resources include:

- safe and affordable housing;
- access to education;
- public safety;
- availability of healthy foods;
- local emergency and/or health services; and
- environments free of life-threatening toxins.[212]

Social determinates of health influence all health outcomes, including positive and negative mental health outcomes.[213]

STIGMA

The American Psychological Association defines stigma as "the negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency. A stigma implies social disapproval and can lead unfairly to discrimination against and exclusion of the individual."[214]

REFERENCES

[1] Dorsey, C., Bradach, J., & Kim, P. (2020, May). *Racial equity and philanthropy: Disparities in funding for leaders of color leave impact on the table.* Echoing Green and The Bridgespan Group. https://www.bridgespan.org/bridgespan/Images/articles/racial-equity-and-philanthropy/racial-equity-and-philanthropy.pdf

[2] D5 Coalition. (2016). *State of the work (year 5): Stories from the movement to advance diversity, equity, and inclusion.* https://www.d5coalition.org/wp-content/uploads/2016/04/D5-SOTW-2016-Final-web-pages.pdf

[3] Kan, L. M. (2021, August). *The 2020 diversity among philanthropic professionals report.* Change Philanthropy. https://changephilanthropy.org/wp-content/uploads/2021/08/The_2020_Diversity_Among_Philanthropic_Professionals_Report.pdf

[4] Dorsey, C., Bradach, J., & Kim, P. (2020, May). *Racial equity and philanthropy: Disparities in funding for leaders of color leave impact on the table.* Echoing Green and The Bridgespan Group.

[5] Trust-based philanthropy project. (n.d.). Retrieved April 27, 2022, from https://www.trustbasedphilanthropy.org/

[6] National Alliance on Mental Illness. (2022). *Mental health by the numbers.* Retrieved April 25, 2022, from https://www.nami.org/mhstats

[7] National Alliance on Mental Illness. (2022). *Mental health by the numbers.*

[8] Mental Health America. (n.d.). *The state of mental health in America.* Retrieved April 25, 2022, from https://www.mhanational.org/issues/state-mental-health-america

[9] Centers for Disease Control and Prevention. (2022, February 24). *Learn about children's mental health.* Children's Mental Health. https://www.cdc.gov/childrensmentalhealth/index.html

[10] National Alliance on Mental Illness. (2020). *2020 mental health by the numbers: Youth & young adults.* Retrieved April 11, 2022, from https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI_2020MH_ByTheNumbers_Youth-r.pdf

[11] U.S. Public Health Service. (2000). *Report of the Surgeon General's conference on children's mental health.* Department of Health and Human Services. https://www.ncbi.nlm.nih.gov/books/NBK44233/

[12] https://www.mhanational.org/issues/state-mental-health-america#:~:text=In%20the%20bottom%2Dranked%20states,depression%20that%20severely%20affects%20functioning).

[13] Mental Health America. (n.d.). *The State of Mental Health in America.* Retrieved April 25, 2022, from https://www.mhanational.org/issues/state-mental-health-america

[14] National Alliance on Mental Illness. (n.d.). *Hispanic/Latinx.* Retrieved April 11, 2022, from https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx

[15] Prandoni, I. J., Jolles, M. P., & Stein, J. L. (2020). Addressing Latinx mental healthcare disparities with community engagement. In Breland-Noble, A. M. (Ed.), *Community mental health engagement with racially diverse populations* (pp. 15–49). Elsevier.

[16] Mental Health America. (n.d.). *Latinx/Hispanic communities and mental health.* The State of Mental Health in America. Retrieved April 11, 2022, from https://www.mhanational.org/issues/latinxhispanic-communities-and-mental-health

[17] Noe-Bustamante, L. (2019, September 16). *Key facts about U.S. Hispanics and their diverse heritage.* Pew Research Center. https://www.pewresearch.org/fact-tank/2019/09/16/key-facts-about-u-s-hispanics/

[18] Alegría, M., Canino, G., Shrout, P. E., Woo, M., Duan, N., Vila, D., Torres, M., Chen, C., & Meng, X. L. (2008). Prevalence of mental illness in immigrant and non-immigrant U.S. Latino groups. *American Journal of Psychiatry, 165*(3), 359–369.

[19] Alegría, M., Canino, G., Shrout, P. E., Woo, M., Duan, N., Vila, D., Torres, M., Chen, C., & Meng, X. L. (2008). Prevalence of mental illness in immigrant and non-immigrant U.S. Latino groups, *American Journal of Psychiatry, 165(3),* 359–369

[20] Grant, B. F., Stinson, F. S., Hasin, D. S., Dawson, D. A., Chou, S. P., & Anderson, K. (2004). Immigration and lifetime prevalence of DSM-IV psychiatric disorders among Mexican Americans and Non-Hispanic Whites in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Archives of General Psychiatry, 61*(12), 1266–1233. https://doi.org/doi:10.1001/archpsyc.61.12.1226

[21] The Office of Minority Health. (2019). *Mental and behavioral health—Hispanics.* U.S. Department of Health and Human Services. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=69

[22] Substance Abuse and Mental Health Services Administration. (2019, August 20). *2018 NSDUH Detailed Tables, CBHSQ Data.*

[23] The Office of Minority Health. (2019). *Mental and behavioral health—Hispanics.* U.S. Department of Health and Human Services.

[24] Merikangas, K. R., He, J., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication—Adolescent Supplement (NCS-A). *Journal of the American Academy Child and Adolescent Psychiatry, 49*(10), 980–989. https://doi.org/10.1016/j.jaac.2010.05.017

[25] Centers for Disease Control and Prevention. (2022, April 12). *WISQARS (Web-Based Injury Statistics Query and Reporting System) Injury Center.* Injury Control and Prevention. https://www.cdc.gov/injury/wisqars/index.html

[26] The Office of Minority Health. (2019). *Mental and behavioral health—Hispanics.* U.S. Department of Health and Human Services.

[27] The Office of Minority Health. (2019). *Mental and behavioral health—Hispanics.* U.S. Department of Health and Human Services.

REFERENCES CONTINUED

[28] Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021, February 10). *The implications of COVID-19 for mental health and substance use.* KFF. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

[29] Centers for Disease Control and Prevention. (2022, January 25). *COVID-19: Health equity considerations and racial and ethnic minority groups..* https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html

[30] Parker, K., Horowitz, J. M., & Brown, A. (2020, April 21). *About half of lower-income Americans report household job or wage loss due to COVID-19.* Pew Research Center. https://www.pewresearch.org/social-trends/2020/04/21/about-half-of-lower-income-americans-report-household-job-or-wage-loss-due-to-covid-19/

[31] Fairlie, R. (2020, December). *COVID-19, small business owners, and racial inequality.* The Reporter, National Bureau of Economic Research, No. 4. https://www.nber.org/reporter/2020number4/covid-19-small-business-owners-and-racial-inequality

[32] Kaplow, J. B., Saunders, J., Angold, A., & Costello, E. J. (2010). Psychiatric symptoms in bereaved versus non-bereaved youth and young adults: A longitudinal epidemiological study. *Journal of Child and Adolescent Psychiatry, 49*(11), 1145–1154. https://doi.org/10.1016/j.jaac.2010.08.004

[33] Keyes, K. M., Pratt, C., Galea, S., McLaughlin, K. A., Kaonen, K. C., & Shear, M. K. (2014). The burden of loss: Unexpected death of a loved one and psychiatric disorders across the life course in a national study. *The American Journal of Psychiatry, 171*(8). https://doi.org/10.1176/appi.ajp.2014.13081132

[34] Verdey, A. M., Smith-Greenway, E., Margolis, R., & Daw, J. (2020). Tracking the reach of COVID-19 kin loss with a bereavement multiplier applied to the United States. *PNAS, 117*(30), 17695–17701. https://doi.org/10.1073/pnas.2007476117

[35] Kuchment, A., Hacker, H. K., & Solis, D. (2020, December 19). COVID's 'untold story': Texas Blacks and Latinos are dying in the prime of their lives. *Dallas News.* https://www.dallasnews.com/news/2020/12/19/covids-untold-story-texas-blacks-and-latinos-are-dying-in-the-prime-of-their-lives/

[36] Kidman, R., Margolis, R., & Smith-Greenway, E. (2021). Estimates and projections of COVID-19 and parental death in the U.S. *JAMA Pediatrics, 175*(7), 745–746. https://doi.org/10.1001/jamapediatrics.2021.0161

[37] Texas Department of Health Services. (2022). *Confirmed COVID cases.* [Map]. https://www.arcgis.com/apps/dashboards/45e18cba105c478697c76acbbf86a6bc

[38] Gould, E., Perez, D., & Wilson, V. (2020). *Latinx workers—particularly women—face devastating job losses in the COVID-19 recession.* Economic Policy Institute. https://www.epi.org/publication/latinx-workers-covid/

[39] Daecher, B. (2021, July 29). *Over 60,000 Texans lost their "break even wage" when federal unemployment insurance expired.* January Advisors. https://www.januaryadvisors.com/impact-federal-unemployment-insurance-expiration/

[40] U.S. Census Bureau. (2018). *ACS demographic and housing estimates.* Retrieved April 13, 2022, from https://data.census.gov/cedsci/table?g=0100000US_0400000US48&tid=ACSDP5Y2018.DP05&moe=false&hidePreview=true

[41] Krogstad, J. M., & Noe-Bustamante, L. (2021, September 9). *Facts about U.S. Latinos for Hispanic Heritage Month.* Pew Research Center. https://www.pewresearch.org/fact-tank/2021/09/09/key-facts-about-u-s-latinos-for-national-hispanic-heritage-month/

[42] Krogstad, J. M., & Noe-Bustamante, L. (2021, September 9). *Facts about U.S. Latinos for Hispanic Heritage Month. Pew Research Center.*

[43] U.S. Census Bureau. (2021, October 8). *Vintage 2020 population estimates.* Retrieved April 13, 2022, from https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates.html

[44] Ura, A., Kao, J., Astudillo, C., & Essig, C. (2021, August 12). People of color make up 95% of Texas' population growth, and cities and suburbs are booming, 2020 census shows. *The Texas Tribune.* https://www.texastribune.org/2021/08/12/texas-2020-census

[45] Texas Demographic Center. (2019). *Texas population projections 2010 to 2050.* https://demographics.texas.gov/Resources/publications/2019/20190128_PopProjectionsBrief.pdf

[46] Ura, A., Kao, J., Astudillo, C., & Essig, C. (2021, August 12). People of color make up 95% of Texas' population growth, and cities and suburbs are booming, 2020 census shows. *The Texas Tribune.*

[47] Ura, A., & Novak, A. (2020, June 25). Texas' Hispanic population grew by 2 million in the past decade, on pace to be largest share of state by 2021. *The Texas Tribune.* https://www.texastribune.org/2020/06/25/texas-hispanic-population-grows-2-million

[48] Census Reporter. (n.d.). Dallas, TX. [Profile data]. Retrieved April 13, 2022, from https://censusreporter.org/profiles/16000US4819000-dallas-tx/

[49] Data USA. (n.d.). *Dallas County, TX.* Retrieved April 13, 2022, from https://datausa.io/profile/geo/dallas-county-tx

[50] Fort Worth Human Relations Commission. (2019). *Demographic trends and projections in Texas and the DFW metro area.* Texas Demographic Center. https://demographics.texas.gov/Resources/Presentations/OSD/2019/2019_12_02_FortWorthHumanRelationsCommission.pdf

[51] Alegría, M., Mulvaney-Day, N., Torres, M., Polo, A., Zhun, C., & Canino, G. (2007). Prevalence of psychiatric disorders across Latino Subgroups in the United States. *American Journal of Public Health, 97*(1), 68–75. https://doi.org/10.2105/AJPH.2006.087205

[52] Arias, E., Betzaida, T.-V., Ahmad, F., & Kochanek, K. (2021a). *Provisional life expectancy estimates for 2020.* National Center for Health Statistics (U.S.). https://doi.org/10.15620/cdc:107201

[53] Office of Disease Prevention and Health Promotion. (n.d.). *Social determinants of health—Healthy People 2030.* Retrieved April 13, 2022, from https://health.gov/healthypeople/priority-areas/social-determinants-health

REFERENCES CONTINUED

[54] Champagne, S. R. (2020, July 14). 659,000 Texas has the highest uninsured rate in the U.S. And during the pandemic, an estimated 659,000 Texans lost their health care. *The Texas Tribune.* https://www.texastribune.org/2020/07/14/texans-health-insurance-jobs-pandemic/

[55] *Hispanic Population by State 2022.* (n.d.). World population review. Retrieved April 13, 2022, from https://worldpopulationreview.com/state-rankings/hispanic-population-by-state

[56] KFF. (2019, May 10). *Health and health care for Hispanics in the United States.* Retrieved April 13, 2022, from https://www.kff.org/infographic/health-and-health-care-for-hispanics-in-the-united-states/

[57] Reeves, R. V., & Shiro, A. G. (2020, September 26). *Latinos often lack access to healthcare and have poor health outcomes. Here's how we can change that.* Latino Public Policy Foundation. http://www.latinopublicpolicy.org/2020/09/latinos-often-lack-access-to-healthcare-and-have-poor-health-outcomes-heres-how-we-can-change-that/

[58] Krogstad, J. M., & Lopez, M. H. (2014, September 26). *Higher share of Hispanic immigrants than U.S.-born lack health insurance.* Pew Research Center. https://www.pewresearch.org/fact-tank/2014/09/26/higher-share-of-hispanic-immigrants-than-u-s-born-lack-health-insurance/

[59] Van Natta, M., Burke, N. J., Yen, I. H., Fleming, M. D., Hanssmann, C. L., Rasidjan, M. P., & Shim, J. K. (2019). Stratified citizenship, stratified health: Examining Latinx legal status in the U.S. healthcare safety net. *Social Science & Medicine, 220*, 49–55. https://doi.org/10.1016/j.socscimed.2018.10.024

[60] Ayón, C., Santiago, J. R., & Torres, A. S. L. (2020). Latinx undocumented older adults, health needs and access to healthcare. *Journal of Immigrant and Minority Health, 22,* 996–1009. https://doi.org/10.1007/s10903-019-00966-7

[61] Grubbs, S., & Wright, B. (2020, October). *Uninsured Texans: Many more lose coverage in pandemic.* Texas Comptroller. https://comptroller.texas.gov/economy/fiscal-notes/2020/oct/uninsured.php

[62] Texas Medical Association. (2022). *The uninsured in Texas.* Retrieved April 13, 2022, from https://www.texmed.org/uninsured_in_texas/

[63] Buettgens, M., Blumberg, L. J., & Pan, C. (2018). The uninsured in Texas: Statewide and local area views. *Urban Institute, Health Policy Center,* 30.

[64] Buettgens, M., Blumberg, L.J., & Pan, C. W. (2018, December 12). *The uninsured in Texas: Statewide and local area views. Urban Institute, Health Policy Center,* 30.

[65] Caraveo, C. A., Basurto, L. E., Gonzalez, D., & Pan, C. (2021). *Barriers to Medicaid and CHIP coverage for eligible but uninsured Latinx children: A Texas case study*. Urban Institute, 10.

[66] Urban Institute.(2014). *The health insurance policy simulation model.* https://www.urban.org/research/data-methods/data-analysis/quantitative-data-analysis/microsimulation/health-insurance-policy-simulation-model-hipsm

[67] Urban Institute.(2014). *The health insurance policy simulation model.*

[68] Sommers, B. D. (2016, April 7). Medicaid expansion in Texas: What's at stake? *The Commonwealth Fund.* https://www.commonwealthfund.org/publications/issue-briefs/2016/apr/medicaid-expansion-texas-whats-stake

[69] Luthra, S. (2021, July 19). When states don't expand Medicaid, women suffer. *The 19th.* Retrieved April 13, 2022, from https://19thnews.org/2021/07/when-states-dont-expand-medicaid-women-suffer/?utm_source=The+19th&utm_campaign=36c4e95e01-19th-newsletters-daily-0712&utm_medium=email&utm_term=0_a35c3279be-36c4e95e01-382751701

[70] Lopez, M. H., Rainie, L., & Budiman, A. (2020, May 5). *Financial and health impacts of COVID-19 vary widely by race and ethnicity.* Pew Research Center. https://www.pewresearch.org/fact-tank/2020/05/05/financial-and-health-impacts-of-covid-19-vary-widely-by-race-and-ethnicity/

[71] Kapke, T. L., & Gerdes, A. C. (2016, September 1). Latino Family participation in youth mental health services: Treatment retention, engagement, and response. *Clinical Child and Family Psychology Review, 19*(4), 329–351. https://doi.org/10.1007/s10567-016-0213-2

[72] Tyson, D. M., Arriola, N. B., & Corvin, J. (2019). Perceptions of depression and access to mental health care among Latino immigrants: Looking beyond one size fits all. *Qualitative Health Research, 26*(9), 1289–1302. https://doi.org/10.1177/1049732315588499

[73] KFF. (2018b, 2019). *Adults reporting mental illness in the past year*. State Health Facts. https://www.kff.org/other/state-indicator/adults-reporting-any-mental-illness-in-the-past-year/?currentTimeframe=0&sortModel=%7B%22colId%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D

[74] KFF. (2020). *Percent of children (ages 3-17) who received any treatment or counseling from a mental health professional.* https://www.kff.org/other/state-indicator/child-access-to-mental-health-care/?currentTimeframe=0&sortModel=%7B%22colId%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D

[75] Mental Health America. (n.d.). *Latinx/Hispanic communities and mental health.* State of Mental Health in America.

[76] Tyson, D. M., Arriola, N. B., & Corvin, J. (2019). Perceptions of depression and access to mental health care among Latino immigrants: Looking beyond one size fits all. *Qualitative Health Research, 26*(9), 1289–1302.

[77] Anxiety & Depression Association of America. (n.d.). *Latiné/Hispanic communities.* Retrieved April 14, 2022, from https://adaa.org/find-help/by-demographics/latinx-hispanics

[78] Chen, J., Fang, H., Vargas-Bustamante, A., Rizzo, J. A., & Ortega, A. N. (2010). Latino disparities in prescription drug use and expenditures: A nationally representative analysis. *Annals of Pharmacotherapy, 44*(1). https://doi.org/10.1345/aph.1M467

[79] Cabassa, L. J., Zayas, L. H., & Hansen, M. C. (2006). Latino adults' access to mental health care: A review of epidemiological studies. *Administration and Policy in Mental Health and Mental Health Services Research, 33*(3), 316–330. https://doi.org/0.1007/s10488-006-0040-8.

REFERENCES CONTINUED

[80] American Psychiatric Association. (2017). *Mental health disparities: Hispanics and Latinos.* https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Hispanic-Latino.pdf

[81] Ramirez, A. (2019, May 10). Research: Latinos face big public transportation challenges. *Salud America!* https://salud-america.org/research-latinos-face-big-public-transportation-challenges/

[82] Rastogi, M., Massey-Hastings, N., & Wieling, E. (2013). Barriers to seeking mental health services in the Latino/a community: A qualitative analysis. *Journal of Systemic Therapies, 31*(4), 1–17. https://doi.org/10.1521/jsyt.2012.31.4.1

[83] Tyson, D. M., Arriola, N. B., & Corvin, J. (2019). Perceptions of depression and access to mental health care among Latino immigrants: Looking beyond one size fits all. *Qualitative Health Research, 26*(9), 1289–1302.

[84] Anderson, M. (2016, April 7). Who relies on public transit in the U.S. *Pew Research Center.* https://www.pewresearch.org/fact-tank/2016/04/07/who-relies-on-public-transit-in-the-u-s/

[85] Anderson, M., (2016, April 7), Who relies on public transit in the U.S. *Pew Research Center.*

[86] Agrawal, A. W., Blumenberg, E. A., Abel, S., Pierce, G., & Darrah, C. N. (2011, January). *Getting around when you're just getting by: The travel behavior and transportation expenditures of low-income adults.* Mineta Transportation Institute. https://transweb.sjsu.edu/research/Getting-Around-When-Youre-Just-Getting-Travel-Behavior-and-Transportation-Expenditures-Low-Income-Adults

[87] Atske, S., & Perrin, A. (2021). *Black, Hispanic adults less likely to have broadband or traditional PC than White adults.* Pew Research Center. https://www.pewresearch.org/fact-tank/2021/07/16/home-broadband-adoption-computer-ownership-vary-by-race-ethnicity-in-the-u-s/

[88] Texas Health and Human Services Commission. (2020, December). *All Texas access report part 11: Statewide analysis.* https://www.hhs.texas.gov/sites/default/files/documents/about-hhs/process-improvement/improving-services-texans/all-texas-access/all-texas-access-report-statewide-analysis-dec-2020.pdf

[89] Rastogi, M., Massey-Hastings, N., & Wieling, E. (2013). Barriers to seeking mental health services in the Latino/a community: A qualitative analysis. *Journal of Systemic Therapies, 31*(4), 1–17.

[90] Kapke, T. L., & Gerdes, A. C. (2016, September 1). Latino family participation in youth mental health services: Treatment retention, engagement, and response. *Clinical Child and Family Psychology Review, 19*(4), 329–351.

[91] Hamp, A., Stamm, K., & Christidis, P. (2016, September). *2015 APA survey of psychology health service providers.* APA Center for Workforce Studies. https://www.apa.org/workforce/publications/15-health-service-providers/

[92] Hogg Foundation for Mental Health. (2016). *The Texas mental health workforce: Continuing challenges and sensible strategies.* [Policy brief]. https://hogg.utexas.edu/wp-content/uploads/2016/07/2016_policybrief_workforce.pdf

[93] Hamp, A., Stamm, K., & Christidis, P. (2016, September). 2015 *APA survey of psychology health service providers.* APA Center for Workforce Studies.

[94] Smedley, B. D., Stith, A. Y., & Nelson, A. R. (2003). *Unequal treatment.* National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK220358/

[95] van Ryn, M. & Fu, S. S. (2003). Paved with good intentions: Do public health and human service providers contribute to racial/ethnic disparities in health? *American Journal of Public Health, 93*(2), 248–255. https://doi.org/10.2105/ajph.93.2.248

[96] U.S. Department of Health and Human Services, (2001). *Mental health: Culture, race, and ethnicity—a supplement to mental health.* A Report of the Surgeon General.

[97] Cooper, L. A., Roter, D. L., Johnson, R. L., Ford, D. E., Steinwachs, D. M., & Powe, N. R. (2003). Patient-centered communication, ratings of care, and concordance of patient and physician race. *Annuals of Internal Medicine, 139*(11), 907–915. https://doi.org/10.7326/0003-4819-139-11-200312020-00009

[98] Cooper, L. A., Beach, M. C., Johnson, R. L., & Inui, T. S. (2006). Delving below the surface: Understanding how race and ethnicity influence relationships in health care. *Journal of General Internal Medicine, 21 (Suppl. 1),* S21–S27. https://doi.org/10.1111/j.1525-1497.2006.00305.x

[99] University of Southern California. (2015, October 20). Healthcare: How stereotypes hurt. *ScienceDaily.* https://www.sciencedaily.com/releases/2015/10/151020091344.htm

[100] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *National action plan to improve health literacy,* 73.

[101] Kutner, M., Greenberg, E., Jin, Y., Paulsen, C., & White, S. (2003). *The health literacy of America's adults: Results from the 2003 National Assessment of Adult Literacy,* 76.

[102] Caplan, S. (2019a). Intersection of cultural and religious beliefs about mental health: Latinos in the faith-based setting. *Hispanic Health Care International, 17*(1), 4–10. https://doi.org/10.1177/1540415319828265

[103] Ai, A. L., Aisenberg, E., Weiss, S. I., & Salazar, D. (2014). Racial/ethnic identity and subjective physical and mental health of Latino Americans: An asset within? *Community Psychology, 53*(1–2), 173–184. https://doi.org/10.1007/s10464-014-9635-5

[104] Eghaneyan, B. H., & Murphy, E. R. (2020). Measuring mental Illness stigma among Hispanics: A systematic review. *Stigma and Health, 5*(3), 351–363. https://doi.org/10.1037/sah0000207

[105] DeFreitas, S. C., Crone, T., DeLeon, M., & Ajayi, A. (2018, February 26). Perceived and personal mental health stigma in Latino and African American college students. *Frontiers in Public Health.* https://doi.org/10.3389/fpubh.2018.00049

REFERENCES CONTINUED

[106] Turner, E. A., Jensen-Doss, A., & Heffer, R. W. (n.d.). Ethnicity as a moderator of how parents' attitudes and perceived stigma influence intentions to seek child mental health services. *Cultural Diversity and Ethnic Minority Psychology, 21*(4), 613. https://doi.apa.org/doiLanding?doi=10.1037%2Fcdp0000047

[107] DeFreitas, S. C., Crone, T., DeLeon, M., & Ajayi, A. (2018, February 26). Perceived and personal mental health stigma in Latino and African American college students. *Frontiers in Public Health.*

[108] Vargas, S. M., Cabassa, L. J., Nicasio, A., De La Cruz, A. A., Jackson, E., Guarnaccia, P. J., & Lewis-Fernández, R. (2015). Toward a cultural adaptation of pharmacotherapy: Latino views of depression and antidepressant therapy. *Transcultural Psychiatry, 52*(2), 244–273. https://doi.org/10.1177/1363461515574159

[109] Reeves, R. V., & Shiro, A. G., (2020, September 26), *Latinos often lack access to healthcare and have poor health outcomes. Here's how we can change that.* Latino Public Policy Foundation.

[110] Rastogi, M., Massey-Hastings, N., & Wieling, E. (2013). Barriers to seeking mental health services in the Latino/a community: A qualitative analysis. *Journal of Systemic Therapies, 31*(4), 1–17.

[111] Willerton, E., Dankoski, M. E., & Martir, J. F. S. (n.d.). Medical family therapy: A model for addressing mental health disparities among Latinos. *Families, Systems & Health, 26*(2), 196–206. https://doi.org/10.1037/1091-7527.26.2.196

[112] Livingson, G., Minushkin, S., & Cohn, D. (2008). Hispanics and health care in the United States. *Pew Research Center.* https://www.pewresearch.org/hispanic/2008/08/13/hispanics-and-health-care-in-the-united-states-access-information-and-knowledge/

[113] Bauer, A. M., Chen, C., & Alegría, M. (2010). English language proficiency and mental health service use among Latino and Asian Americans with mental disorders. *Medical Care, 48*(12), 1097–1104. https://doi.org/10.1097/MLR.0b013e3181f80749

[114] Rastogi, M., Massey-Hastings, N., & Wieling, E. (2013). Barriers to seeking mental health services in the Latino/a community: A qualitative analysis. *Journal of Systemic Therapies, 31*(4), 1–17.

[115] Tyson, D. M., Arriola, N. B., & Corvin, J. (2019). Perceptions of depression and access to mental health care among Latino immigrants: Looking beyond one size fits all. *Qualitative Health Research, 26*(9), 1289–1302.

[116] Livingson, G., Minushkin, S., & Cohn, D. (2008). Hispanics and health care in the United States. *Pew Research Center*.

[117] Livingson, G., Minushkin, S., & Cohn, D. (2008). Hispanics and health care in the United States. *Pew Research Center*.

[118] Ramirez, A. (2019, May 10). Research: Latino communities lack accessible green space. *Salud America!* Retrieved April 18, 2022, from https://salud-america.org/research-latino-communities-lack-accessible-green-space/

[119] Wolch, J., Byrne, J. A., & Newell, J. P. (2014). Urban green space, public health, and environmental justice: The challenge of making cities `just green enough'. *Landscape and Urban Planning.* https://doi.org/10.1016/j.landurbplan.2014.01.017

[120] Beyer, K. M. M., Kaltenbach, A., Szabo, A., Bogar, S., Nieto, F. J., & Malecki, K. M. (March 21, 2-12). Exposure to neighborhood green space and mental health: Evidence from the Survey of the Health of Wisconsin. *International Journal of Environmental Research and Public Health, 11*(3), 3453–3472. https://doi.org/10.3390/ijerph110303453

[121] Korpela, K., Borodulin, K., Neuvonen, M., Paronen, O., & Tyrväinen, L. (2014). Analyzing the mediators between nature-based outdoor recreation and emotional well-being. *Journal of Environmental Psychology, 37*, 1–7.

[122] Hispanic Federation. (2015, July). *Healthy parks: Healthy Latinos.* https://www.hispanicfederation.org/images/pdf/healthylatinolo.pdf

[123] Moreno, O., Nelson, T., & Cardemil, E. (2017). Religiosity and attitudes towards professional mental health services: Analyzing religious coping as a mediator among Mexican origin Latinas/os in the southwest United States. *Mental Health, Religion & Culture, 20*(7), 626–637.

[124] The Pew Forum on Religion and Public Life. (2008). *U.S. religious landscape survey religious beliefs and practices: Diverse and politically relevant.* 276.

[125] Caplan, S., (2019a), Intersection of cultural and religious beliefs about mental health: Latinos in the faith-based setting. *Hispanic Health Care International, 17*(1), 4–10.

[126] Moreno, O., Nelson, T., & Cardemil, E. (2017). Religiosity and attitudes towards professional mental health services: Analyzing religious coping as a mediator among Mexican origin Latinas/os in the southwest United States. *Mental Health, Religion & Culture, 20*(7), 626–637.

[127] Moreno, O., Nelson, T., & Cardemil, E. (2017). (2017), Religiosity and attitudes towards professional mental health services: Analyzing religious coping as a mediator among Mexican origin Latinas/os in the southwest United States. *Mental Health, Religion & Culture, 20*(7), 626–637

[128] Caplan, S., (2019a), Intersection of cultural and religious beliefs about mental health: Latinos in the faith-based setting. *Hispanic Health Care International, 17*(1), 4–10.

[129] Pargament, K. I., Olsen, H., Reilly, B., Falgout, K., Ensing, D. S., & Van Haitsma, K. (1992). God help me (II): The relationship of religious orientations to religious coping with negative life events. *Journal for the Scientific Study of Religion, 31*(4), 504–513. https://doi.org/10.2307/1386859

[130] Pargament, K. I., Olsen, H., Reilly, B., Falgout, K., Ensing, D. S., & Van Haitsma, K. (1992). God help me (II): The relationship of religious orientations to religious coping with negative life events. *Journal for the Scientific Study of Religion, 31*(4), 504–513. p. 9.

[131] Kapke, T. L., & Gerdes, A. C. (2016, September 1). Latino family participation in youth mental health services: Treatment retention, engagement, and response. *Clinical Child and Family Psychology Review, 19*(4), 329–351.

REFERENCES CONTINUED

[132] Rastogi, M., Massey-Hastings, N., & Wieling, E. (2013). Barriers to seeking mental health services in the Latino/a community: A qualitative analysis. *Journal of Systemic Therapies, 31*(4), 1–17.

[133] Kapke, T. L., & Gerdes, A. C. (2016, September 1). Latino family participation in youth mental health services: Treatment retention, engagement, and response. *Clinical Child and Family Psychology Review, 19*(4), 329–351.

[134] Rastogi, M., Massey-Hastings, N., & Wieling, E. (2013). Barriers to seeking mental health services in the Latino/a community: A qualitative analysis. *Journal of Systemic Therapies, 31*(4), 1–17.

[135] Rastogi, M., Massey-Hastings, N., & Wieling, E. (2013). Barriers to seeking mental health services in the Latino/a community: A qualitative analysis. *Journal of Systemic Therapies, 31*(4), 1–17.

[136] Budiman, A., Tamir, C., Mora, L., & Noe-Bustamante, L. (2020, August 20). *Facts on U.S. Immigrants, 2018: Statistical portrait of the foreign-born population in the United States.* Pew Research Center. https://www.pewresearch.org/hispanic/2020/08/20/facts-on-u-s-immigrants-county-maps/

[137] American Immigration Council. (2020, August 6). *Immigrants in Texas.* Fact Sheet, State by State. https://www.americanimmigrationcouncil.org/research/immigrants-in-texas

[138] Pumariega, A. J., Rothe, E., & Pumariega, J. B. (2005). Mental health of immigrants and refugees. *Community Mental Health Journal, 41*(5), 581–597. https://doi.org/10.1007/s10597-005-6363-1

[139] Harker, K. (2001). Immigrant generation, assimilation, and adolescent psychological well-being. *Social Forces, 79*(3), 969–1004. https://doi.org/10.1353/sof.2001.0010

[140] Jimenez, D. E., Garza, D. M., Cárdenas, V., Marquine, M., & Taylor, R. J. (2020). Older Latino mental health: A complicated picture. *Innovation in Aging, 4*(5). https://doi.org/10.1093/geroni/igaa033

[141] Jimenez, D. E., Garza, D. M., Cárdenas, V., Marquine, M., & Taylor, R. J. (2020). Older Latino mental health: A complicated picture. *Innovation in Aging, 4*(5).

[142] Giannarelli, L., Wheaton, L., & Shantz, K. (2021, February). *One in seven Americans are projected to have resources below the poverty level in 2021.* Urban Institute. https://www.urban.org/sites/default/files/publication/103656/2021-poverty-projections_1.pdf

[143] Giannarelli, L., Wheaton, L., & Shantz, K. (2021, February). *One in seven Americans are projected to have resources below the poverty level in 2021.* Urban Institute.

[144] Lund, C., Breen, A., Flisher, A. J., Kakuma, R., Corrigall, J., Joska, J. A., Swartz, L., & Patel, V. (2010). Poverty and common mental disorders in low and middle income countries: A systematic review. *Social Science & Medicine, 71*(3), 517–528. https://doi.org/10.1016/j.socscimed.2010.04.027

[145] Giannarelli, L., Wheaton, L., & Shantz, K. (2021, February). *One in seven Americans are projected to have resources below the poverty level in 2021.* Urban Institute.

[146] Center for Public Policy Priorities. (2019, March). *Poverty in Texas.* Every Texan. https://everytexan.org/images/2019_Poverty_in_Texas.pdf

[147] Center for Public Policy Priorities, (2019, March). *Poverty in Texas.* Every Texan.

[148] Turner, S., & Bound, J. (2002). *Closing the gap or widening the divide: The effects of the G.I. Bill and World War II on the educational outcomes of Black Americans* (Working Paper 9044). https://www.nber.org/system/files/working_papers/w9044/w9044.pdf

[149] Ura, A. & Wang, E. (2018, Sept. 13). Poverty in Texas drops to lowest levels in more than a decade. The Texas Tribune. Retrieved June 2022 from https://www.texastribune.org/2018/09/13/texas-poverty-census-2017-lowest-levels-decade/

[150] National Equity Atlas. (2019). *Housing burden.* https://nationalequityatlas.org/indicators/Housing_burden

[151] National Equity Atlas. (2019). *Housing burden*.

[152] Robert Wood Johnson Foundation. (2019). *2019 County Health Rankings. County Health Rankings and Roadmap,* p. 16.

[153] Currier, E., Key, C., Lievestro-Biernacka, J., Lake, W., Elmi, S., Kypa, S., & Lantz, A. (2018). *American families face a growing rent burden.* The Pew Charitable Trusts. https://www.pewtrusts.org/-/media/assets/2018/04/rent-burden_report_v2.pdf

[154] Desmond, M. (2015). Unaffordable America: Poverty, housing, and eviction. *Institute for Research on Poverty, Fast Focus, 22,* 6.

[155] U.S. Department of Labor, Women's Bureau. (n.d.). *Labor force by sex, race and Hispanic ethnicity.* (n.d.). Retrieved April 20, 2022, from https://www.dol.gov/agencies/wb/data/latest-annual-data/working-women

[156] U.S. Bureau of Labor Statistics. (2020, June). Ability to work from home: Evidence from two surveys and implications for the labor market in the COVID-19 pandemic. *Monthly Labor Review.* https://www.bls.gov/opub/mlr/2020/article/ability-to-work-from-home.htm

[157] U.S. Bureau of Labor Statistics. (n.d.). *Civilian labor force participation rate.* Retrieved April 20, 2022, from https://www.bls.gov/charts/employment-situation/civilian-labor-force-participation-rate.htm

[158] Dubina, K. (2021, September 15). *Hispanics in the labor force: 5 facts.* U.S. Department of Labor. https://blog.dol.gov/2021/09/15/hispanics-in-the-labor-force-5-facts

[159] U.S. Bureau of Labor Statistics. (2021). *Employment status of the Hispanic or Latino population by age and sex.*

[160] Limón, N. et al. (2021). *2021 State of Hispanic Homeownership Report.* NAHREP and the Hispanic Wealth Project. https://nahrep.org/downloads/2021-state-of-hispanic-homeownership-report.pdf

[161] Noe-Bustamante, L., & Flores, A. (2019, September 16). *Facts on Latinos in America.* Pew Research Center. https://www.pewresearch.org/hispanic/fact-sheet/latinos-in-the-u-s-fact-sheet/

REFERENCES CONTINUED

[162] U.S. Census Bureau. (2020, September 17). *2019 American Community Survey single-year estimates.* Table S1501. https://www.census.gov/newsroom/press-kits/2020/acs-1year.html

[163] Ramirez, Amelie G. et al. (2019, May 14). The state of Latino housing, transportation, and green space: a research review. SaludAmerica! https://salud-america.org/wp-content/uploads/2019/05/Latino-Housing-Transportation-Green-Space-Research-Review-2019.pdf

[164] Ura, A. & Wang, E. (2018, Sept. 13). Poverty in Texas drops to lowest levels in more than a decade. *The Texas Tribune.* Retrieved June 2022 from https://www.texastribune.org/2018/09/13/texas-poverty-census-2017-lowest-levels-decade/

[165] Lilly Family School of Philanthropy. (2021, June 15). *Giving USA 2021: In a year of unprecedented events and challenges, charitable giving reached a record $471.44 billion in 2020.* https://philanthropy.iupui.edu/news-events/news-item/giving-usa-2021:-in-a-year-of-unprecedented-events-and-challenges,-charitable-giving-reached-a-record-%24471.44-billion-in-2020.html?id=361

[166] Lilly Family School of Philanthropy. (2021, June 15). Giving USA 2021: In a year of unprecedented events and challenges, charitable giving reached a record $471.44 billion in 2020.

[167] St. Amour, M. (2020). *Report: Top difficulties Latinx students face.* Inside Higher Ed. https://www.insidehighered.com/quicktakes/2020/09/03/report-top-difficulties-latinx-students-face

[168] Lilly Family School of Philanthropy. (2021, June 15). Giving USA 2021: In a year of unprecedented events and challenges, charitable giving reached a record $471.44 billion in 2020.

[169] Center on Philanthropy and Civil Society. (2003). *Latino philanthropy literature review.* The City University of New York – The Graduate Center. https://www.gc.cuny.edu/sites/default/files/2021-05/LatinoLitReview-final.pdf

[170] Center on Philanthropy and Civil Society. (2003). *Latino philanthropy literature review.* The City University of New York.

[171] Center on Philanthropy and Civil Society. (2003). *Latino philanthropy literature review.* The City University of New York.

[172] Center on Philanthropy and Civil Society. (2003). *Latino philanthropy literature review.* The City University of New York.

[173] Buteau, E., & Orensten, N. (2020). *Foundations respond to crisis: Toward equity?* The Center for Effective Philanthropy, 36. http://cep.org/wp-content/uploads/2020/12/CEP_Foundations-Respond-to-Crisis_Toward-Equity_2020.pdf

[174] Latinx Funders. (n.d.). *Funding trends of foundation funding for Latinxs in the U.S.* https://latinxfunders.org/funding-trends/

[175] Inside Philanthropy. (2022, January 7). *The state of American philanthropy: Giving for mental health.* https://www.insidephilanthropy.com/state-of-american-philanthropy-pdfs/giving-for-mental-health

[176] Inside Philanthropy. (2022, January 7). *The state of American philanthropy: Giving for mental health p, 4.*

[177] Inside Philanthropy. (2022, January 7). *The state of American philanthropy: Giving for mental health.*

[178] Inside Philanthropy. (2022, January 7). *The state of American philanthropy: Giving for mental health.*

[179] Milway, K. S., & Saxton, A. (2011, Summer). The challenge of organizational learning. *Stanford Social Innovation Review.* https://ssir.org/articles/entry/the_challenge_of_organizational_learning

[180] Milway, K. S., & Saxton, A., (2011, Summer). The challenge of organizational learning. *Stanford Social Innovation Review.*

[181] Full Issue #11.2 on Collaborative Learning. (2019). *The Foundation Review, 11*(2). https://doi.org/10.9707/1944-5660.1474

[182] Center for Teaching Innovation. (n.d.). *Collaborative learning.* Cornell University. Retrieved April 21, 2022, from https://teaching.cornell.edu/teaching-resources/active-collaborative-learning/collaborative-learning

[183] Full Issue #11.2 on Collaborative Learning. (2019). *The Foundation Review, 11*(2).

[184] Full Issue #11.2 on Collaborative Learning. (2019). *The Foundation Review, 11*(2).

[185] Nadeem, E., Weiss, D., Olin, S. S., Hoagwood, K. E., & Horwitx, S. M. (2016). Using a theory-guided learning collaborative model to improve implementation of EBPs in a state children's mental health system: A pilot study. *Administration and Policy in Mental Health and Mental Health Services Research, 43*(6), 978–990. https://doi.org/10.1007/s10488-016-0735-4

[186] Nadeem, E., Weiss, D., Olin, S. S., Hoagwood, K. E., & Horwitx, S. M. (2016). Using a theory-guided learning collaborative model to improve implementation of EBPs in a state children's mental health system: A pilot study. *Administration and Policy in Mental Health and Mental Health Services Research, 43*(6), 978–990.

[187] Hazler, R. (2016). *Person-centered theory.* In D. Capuzzi & D. R. Gross (Eds.), Counseling and psychotherapy: Theories and interventions (6th Edition). Pearson Prentice Hall.

[188] National Center on Advancing Person-Centered Practices and Systems. (2019). *Person-centered thinking, planning, and practice: A national environmental scan of definitions and principles.* https://ncapps.acl.gov/docs/NCAPPS_Principles_NationalEnvironmentalScan%20191202.pdf

[189] Patel, V., Weobong, B., Weiss, H. A., Anand, A., Bhat, B., Katti, B., Dimidjian, S., Araya, R., Hollon, S. D., King, M., Vijayakumar, L., Park, A.-L., McDaid, D., Wilson, T., Velleman, R., Kirkwood, B. R., & Fairburn, C. G. (2017). The Healthy Activity Program (HAP), a lay counsellor-delivered brief psychological treatment for severe depression, in primary care in India: A randomised controlled trial. *The Lancet, 389*(10065), 176–185. https://doi.org/10.1016/S0140- 6736(16)31589-6

[190] Kapke, T. L., & Gerdes, A. C. (2016, September 1). Latino family participation in youth mental health services: Treatment retention, engagement, and response. *Clinical Child and Family Psychology Review, 19*(4), 329–351.

[191] Carlo, A. D., Barnett, B. S., & Unützer, J. (2021). Harnessing Collaborative Care to Meet Mental Health Demands in the Era of COVID-19. *JAMA Psychiatry, 78*(4), 355. https://doi.org/10.1001/jamapsychiatry.2020.3216

REFERENCES CONTINUED

[192] United States Census Bureau. (2021, December 3). *About the Hispanic population and it's origin.* https://www.census.gov/topics/population/hispanic-origin/about.html

[193] Lopez, M. H., Krogstad, J. M., & Passel, J. S. (2021, September 23). *Who is Hispanic?* Pew Research Center. https://www.pewresearch.org/fact-tank/2021/09/23/who-is-hispanic/

[194] American Psychological Association. (2022. April 8). *Mental health.* APA Dictionary of Psychology. https://dictionary.apa.org/mental-health

[195] Racial Equity Tools. (n.d.). *Glossary.* Retrieved April 19, 2022, from https://www.racialequitytools.org/glossary

[196] National Prevention Information Network. (n.d.). *Cultural competence in health and human services.* Centers for Disease Control and Prevention. Retrieved April 19, 2022, from https://npin.cdc.gov/pages/cultural-competence

[197] Ng, J., & Nagayama Hall, G. C. (2011). Cultural influences on adolescent development. *Encyclopedia of Adolescence,* 44–51.

[198] Centers for Disease Control and Prevention. (n.d.). *Health equity.* Retrieved April 21, 2022, from https://www.cdc.gov/chronicdisease/healthequity/index.htm

[199] Davis, L. M., Martin, L. T., Fremont, A., Weech-Maldonado, R., Williams, M. V., & Kim, A. (2018b). *Development of a long-term evaluation framework for the national standards for culturally and linguistically appropriate services (CLAS) in health and health care,* 141.

[200] Braveman, P. (2014b). What are health disparities and health equity? We need to be clear. *Public Health Reports, 129*(suppl2), 5–8. https://doi.org/10.1177/00333549141291S203

[201] Office of Disease Prevention and Health Promotion. (2022). *Disparities.* Healthy People 2020. https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities

[202] U.S. Immigration Glossary. (n.d.). *Immigration definition.* Retrieved April 21, 2022, from https://www.usimmigration.org/glossary/immigration

[203] Carbado, D. W., Crenshaw, K. W., Mays, V. M., & Tomlinson, B. (2014). Intersectionality. *Du Bois Review: Social Science Research on Race, 10*(2). https://doi.org/10.1017/S1742058X13000349

[204] Campoamor, D., Díaz, W. A., & Ramos, H. A. J. (1998). *Nuevos senderos reflectins on Hispanics and philanthropy.* Arte Público Press. https://artepublicopress.com/product/nuevos-senderos-reflections-on-hispanics-and-philanthropy/

[205] Campoamor, D., Díaz, W. A., & Ramos, H. A. J. (1998). *Nuevos senderos reflectins on Hispanics and philanthropy.* Arte Público Press.

[206] Davis, L. M., Martin, L. T., Fremont, A., Weech-Maldonado, R., Williams, M. V., & Kim, A. (2018b). *Development of a long-term evaluation framework for the national standards for culturally and linguistically appropriate services (CLAS) in health and health care,* 141.

[207] Goode, T. D., & Jones, W. (2000). *A definition of linguistic competence.* National Center for Cultural Competence. https://gucchd.georgetown.edu/products/DefinitionLinguisticCompetence.pdf

[208] National Collaborating Centre for Determinants of Health. (2022). *Marginalized populations.* https://nccdh.ca/glossary/entry/marginalized-populations

[209] Michener, L., Aguilar-Gaxiola, S., Alberti, P. M., Castaneda, M. J., Castrucci, B. C., Harrison, L. M., Hughes, L. S., Richmond, A., & Wallerstein, N. (2020). Engaging with communities—lessons (re)learned from COVID-19. *Preventing Chronic Disease, 17*, 200250. http://dx.doi.org/10.5888/pcd17.200250

[210] Office of Disease Prevention and Health Promotion. (n.d.). *Social determinants of health.* U.S. Department of Health and Human Services, Healthy People 2030. Retrieved April 13, 2022, from https://health.gov/healthypeople/priority-areas/social-determinants-health

[211] Office of Disease Prevention and Health Promotion. (n.d.). *Social determinants of health.* U.S. Department of Health and Human Services, Healthy People 2030.

[212] Office of Disease Prevention and Health Promotion. (n.d.). *Social determinants of health.* U.S. Department of Health and Human Services, Healthy People 2030.

[213] Allen, J., Balfour, R., Bell, R., & Marmot, M. (2014). Social determinants of mental health. *International Review of Psychiatry, 26*(4), 392–407. https://doi.org/10.3109/09540261.2014.928270

[214] American Psychological Association. (2022). *Stigma.* Retrieved June 12, 2022, from https://dictionary.apa.org/stigma