**Limited Access to Healthcare Amongst Latinos in NYC**

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**Introduction**

The purpose of our research is to determine why there is a huge problem concerning health care for Latinos living in New York City who are of lower socioeconomic status. Socioeconomic status (SES) plays a huge role in the health industry, and without SES, getting proper healthcare can be nearly impossible.

- **Barriers to health care include:** the costs of care, lack of insurance coverage, limited availability of services (especially, those that are delivered by linguistically and culturally competent providers).
- There is a large gap between income rates Latino/as and other groups. As a result, Latinos suffer from increased drug abuse, infant mortality, mental illness, and obesity.
- Latinos/as tend to live and work in social and physical environments that are detrimental to their health.
- We conducted a survey with ten health professionals on the socio economic impact on Latinos and personal interviews that show how poverty affects the availability of proper healthcare for Latino/as.
- Hispanics often work in conditions that are hazardous, such as demolition work in construction. Compounding the risk is the higher likelihood of Latinos/as who work in positions that are “off-the-books” and are therefore less likely to benefit from the enforcement of health and safety protections.

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**Findings**

![Economics and race a complex story in New York City](image)

**Economics and race: a complex story in New York City**

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**Methods & Background**

- Poverty is a major contributor to the lack of access to healthcare in NYC. It makes it difficult for people to find and retain high quality medical care.
- The healthier the people are, the better their productivity rates and in return the economy becomes more productive.
- Income is not distributed equally among New York City residents. 46% of Latinos made less than 25k, which is slightly above the poverty line.
- There is a relationship between poverty and health:
  - Having poor health makes it difficult for people to reach higher education levels, which affect access to well-paying jobs, coming full circle to affect the next generation.
  - The Scandinavian tax model should be considered in policy making in order to achieve universal health care that also includes bilingual/bicultural providers. People whose income is over $60,000 pay a similar percentage, so other than health care, the national program is funded by all.

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**Conclusion**

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**References**