



The Disproportionate Experience of Financial Hardship and Negative Health Outcomes Among Spanish-Speaking Communities

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In the United States, Spanish-speaking households account for 51% of all renter households. Of those Latinx/Hispanic (herein referred to as Latinx) renter households, 21% have incomes at or below the poverty line and 54% are estimated to be rent burdened, devoting over 30% of their incomes to housing. In fact, Latinx populations make up 22% of the homeless population, higher than their 19.5% share of the U.S. population.

The interplay of being low-income and rent burdened uniquely increases Latinx families' risk of experiencing housing insecurity. The financial burden brought about by housing instability is further compounded by structural and systemic barriers that increase Latinx communities' risk of experiencing chronic health conditions. Notably, Latinx populations in the U.S. are **1.5 times more likely to develop Alzheimer's** than their white counterparts, with 13% aged 65 years and older battling **some form of dementia**.

While housing instability and dementia-related financial hardship may seem entirely different, they are united by the idea that "wealth equals health." Previous studies suggest that Latinx communities are less likely to receive public benefits, such as health insurance, due to lower incomes, lack of legal documentation, and language barriers. This double jeopardy experienced in the form of lower insurance coverage and higher rates of chronic illnesses exacerbates Spanish-speaking households' financial resources to address such issues, which can worsen housing instability and negatively impact health. Many caregivers reduce their work hours or leave their jobs altogether to provide care for relatives, decreasing their net household income. This financial strain often forces difficult choices between medical care, housing payments, and other essential needs.

The interconnected challenges of housing instability, dementia caregiving, and financial struggles faced by Spanish-speaking individuals and families drive a web of difficulties. In particular, language barriers, cultural factors, and socioeconomic circumstances heighten the impacts of insecurity experienced by these Latinx communities. It is critical to better understand and recognize the unique experiences of these individuals facing housing instability to address the ongoing need for housing-related assistance and improve the health of this historically underserved community.

The Intersection of Housing Challenges and Dementia Caregiving

As previously discussed, Spanish-speaking families experience higher rates of housing instability compared to the general population. Notably, wage disparities contribute to increased rates of poverty within the Latinx community, and these individuals often report difficulty securing housing due to discrimination or

documentation status concerns. Language barriers further pose complications as information surrounding rental agreements, mortgage terms, and housing assistance programs remain virtually inaccessible.

These barriers are similarly felt within the context of medical and health-related services. Income gaps often prevent Latinx individuals from affording quality healthcare, while discrimination in healthcare settings further drive health disparities. Language barriers also obstruct caregivers from accessing appropriate support services or understanding medical instructions.

Cultural values in Latinx communities often prioritize family-based caregiving (*familisimo*). In the context of dementia caregiving, this means families often prefer to keep relatives with dementia at home rather than seek institutional care. The demands of dementia caregiving in and of itself create intense physical, emotional, and financial stress for family members. For households already experiencing housing instability, these stressors become even more pronounced in the face of a dementia diagnosis.

For example, as dementia progresses, informal (unpaid) caregivers often reduce their work hours or stop working altogether in order to provide more intensive care to a relative with dementia. Alzheimer's Disease and Related Dementias (ADRD) are some of the costliest diseases in the world, with the majority of costs being shouldered by persons living with dementia and their caregivers. This means that as the cost of care increases, caregivers may have to choose between dementia-related medical expenses and paying rent or mortgage.

In addition, as ADRD progresses, families may need to modify their homes or invest in specialized equipment to accommodate dementia-related needs, which can create additional expenses. As many Latinx families live in multigenerational households, the addition of equipment or modifications can lead to cramped living spaces and added stress. Latinx individuals who maintain connections with family living abroad often send financial assistance, further stretching limited resources. Many also lack access to traditional financial services or credit, limiting options during financial emergencies, and forcing families to rely on predatory loan services.

Policy Recommendations

The unique challenges facing Spanish-speaking families caring for relatives with dementia are complex and urgent. They require comprehensive solutions that collectively address housing, caregiving, and financial needs. Some policy recommendations include the following:

- 1. Strengthen housing discrimination protections:** Legal safeguards should be expanded to protect families from unjust evictions, denial of housing, or rent spikes. Additionally, housing programs and landlords must provide information in Spanish and offer culturally competent services to ensure that Spanish-speaking families can access safe, stable housing without fear of discrimination or exploitation. Strengthening housing discrimination protections ensures that Latinx individuals and families are not unfairly excluded from housing opportunities or subjected to exploitative practices.
- 2. Expand Medicaid coverage for home-based dementia care:** Expanding Medicaid coverage for home-based dementia care would extend access to necessary support services such as in-home aides, medical equipment, and respite care. This would improve the quality of life for all parties involved while allowing families to circumvent the financial tradeoffs between caregiving, housing, and other essential needs.

3. **Create tax credits for family caregivers:** Tax credits for family caregivers would offer direct financial relief to those who are providing care in the home. These tax credits could offset caregiving-related expenses, including medical costs, home modifications, and other caregiving necessities. This would significantly alleviate the financial burden felt by caregivers experiencing income loss or financial hardship.
4. **Increase funding for bilingual social services:** Many families are unaware of the resources available to them due to language barriers or a lack of trust in the system. Increasing funding for bilingual social services would help ensure that Spanish-speaking families can access the support they need to navigate both housing and caregiving issues. These services could include hiring more bilingual social workers, creating informational materials in Spanish, and developing culturally appropriate assistance programs. By ensuring that social services are linguistically and culturally relevant, families can more effectively manage caregiving responsibilities, secure stable housing, and address financial hardships.

The challenges that arise from housing insecurity and caregiving demands are complex, and are disproportionately experienced by Latinx families. A successful and culturally appropriate approach to housing instability and the challenges of dementia caregiving recognizes the strengths and values of Latinx communities while addressing systemic barriers to stability and support.

Dr. Bybee discloses that these views are her own and do not represent the views of the University of Utah.