

March 2025

Breathing Easier: Addressing Asthma in Latino Communities

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Executive Summary

- This brief highlights the disparities of asthma in the Latino population and its prevalence due to environment, work conditions, and financial constraints. Asthma is a chronic (long-term) condition that affects the airways in the lungs. A person with asthma can experience shortness of breath, coughing, wheezing, chest tightness, and, in serious cases, death.
- States with both high populations of Hispanics and high agricultural industries exhibit a higher number of persons with asthma. Although Hispanics have a relatively lower rate of asthma compared to other racial groups, Puerto Ricans are two times more likely to have asthma within the population than any other Hispanic ethnicity, and Hispanic children are 40% more likely to die of asthma.
- Access to health insurance is an important factor in treating asthma, and the Latino uninsured rate fell dramatically after the Affordable Care Act (ACA). As of 2019, Latinos were 20 percent of the total non-elderly population but accounted for 37 percent of the nonelderly uninsured population. It is important to analyze asthma in the Latino population to combat all conditions for a healthier community.

Background

Asthma in the Latino population is one of the most prevalent health issues the population is facing. The prevalence of asthma in the Hispanic population shows that access to health care, air pollution, workplace irritants, and family history contribute to the overall increase in the condition. Asthma is a chronic lung condition that affects breathing with symptoms including shortness of breath, coughing, wheezing, and chest tightness. In severe cases, it can lead to life-threatening complications. Asthma also contributes to worsening illnesses such as COVID-19 and the flu leading to difficult recovery periods. People living in rural, agriculturally dominated areas of the United States with limited health care access face an even higher risk of developing lifelong asthma. When asthma leads to complications, it can cause permanent lung damage, airway remodeling, and difficulty to manage over time (NIH, n.d.).

States with high populations of Hispanics and high agricultural industries see a higher amount of persons with asthma. States like California, Oklahoma, New Mexico, and Tennessee, among several others, have high rates of adults and children with asthma. More recently, asthma has been exacerbated by climate issues and continues to be ill addressed

because of health care infrastructure. Latinos in the United States have a disproportionately low rate of health care insurance and health care access. Because of this issue, when an adult or child suffers from chronic asthma, they have higher out-of-pocket costs. The average cost of an inhaler without insurance or coupons is \$20-\$98. A box of albuterol sulfate, a fast-acting liquid medicine for nebulizers used for serious asthma cases, costs between \$20 and \$50 and needs to be replenished every few weeks. A nebulizer machine, which aerosolized the liquid medication, can cost upwards of \$100 (Aime, M., Murdock, J., & Clayton, J., 2024, November 18).

Additionally, Latinos are among the most uninsured and underinsured population in the United States. They also have some of the highest asthma rates, which can cost hundreds if not thousands of dollars for out-of-pocket treatment. Insurance companies, State governments that disperse Medicare or Medicaid, hospitals, and pharmaceutical corporations that set prices for these medications leave out an entire population of individuals who cannot afford the set prices.

Asthma in the Latino Population

The Latino population is not a monolith and contains varying nationalities and races under the “Latino” umbrella.

Latinos account for a low percentage of racial asthmatic rates when compared to other races of color, but as aforementioned Latinos are a mix of cultures. Latinos account for 6.7% of the total asthmatic population (American Lung Association, 2024). Given that African Americans make up 10.3% and Native Americans 13% of the asthmatic population (Brookings Institute, 2023), it is important to consider the intersection of Latinos with other racial identities. Afro-Latinos make up 12% of the Latino community (Gonzalez, 2022). Accounting for the rate of asthma in the African American community, nearly 600,000 of those individuals could also identify as Latino. Within the Latino population, Puerto Ricans have a two times higher rate than any other Latino population to have asthma. As one of the Latino populations that have a genetic predisposition to asthma, it is not surprising to see that they lead Latinos with the highest rate of asthmatics (Celedón, n.d.) Not only do they have a genetic predisposition leading to the population having high rates of asthma, but they also suffer from extreme allergies. This can lead to asthma flare ups and the need for constant medical attention.

Asthma and Access to Health Insurance

The Latino uninsured rate fell dramatically after the ACA, but as of 2019, Latinos were 20% of the total non-elderly population but accounted for 37% of the nonelderly uninsured population. (United States Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation., 2021, October 08). Because of this, health costs for treating asthma can become costly and cause medical debts. On average, Latino families pay more out of pocket as

they are uninsured, experience delayed medical care, and struggle to pay medical bills (The Commonwealth Fund., 2024, December 17). While progress has been made over the past decade, the Latino uninsured rate remained more than double the uninsured rate of non-Latino individuals in the most recent American Community Survey (ACS) data (20% v. 9%). The 2020 National Health Interview Survey (NHIS) found among nonelderly respondents, Latino adults (30%) were more likely than any other ethnicity to not have quality health insurance (United States Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation., 2021, October 08). Families with insurance can have most of their bill paid, but deductibles and copays can run high. Latinos are more likely to delay care, less likely to have an unusual source of care, and more likely to be concerned about medical bills than their non-Latino counterparts.

The cost of services is also a significant barrier to care for many in the Latino community (United States Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation., 2021, October 08). Though the Latino uninsured rate has decreased substantially since the implementation of the ACA, high uninsurance rates persist in states that have not adopted Medicaid expansion for adults, including Texas, Georgia, and Florida. Medicaid expansion results in coverage for all people with household incomes below a certain level. These non-expansion states with large Latino populations disproportionately impact the uninsured rate. For Latinos, Medicaid serves an important role for health coverage; while Latinos are more likely to participate in the workforce than non-Latinos, they

are less likely to have employer-sponsored insurance. The decline in coverage among Latinos in 2018-2019 may, in part, reflect changes to policies affecting immigrants under the Trump administration, which contributed to growing fears among immigrant families (both Latino and non-Latino) about participating in public programs including health coverage.

Children with Asthma

While Latinos as a whole do not have the highest rate of asthma, Latino children have the highest hospitalization visits and stays, with asthmatic death rates 40% higher than any other ethnicity group (National Institute for Health, n.d.). Children's immune systems are not as well prepared to fight off illnesses as adults, making recovery harder and causing symptoms to progress rapidly. Children with early illnesses tend to still have health issues as they grow up. Although most children can outgrow asthma causing it to be a childhood condition, the long-term effects of asthma can cause lung defects.

Latino children lead all other ethnicities with rates of asthma. Reasons for this include parents being farm workers and living in high agricultural areas, living in cities with high air pollution, and chemical contamination in water or areas they play. Children are more likely to be exposed to asthma-causing chemicals due to the nature of being children, such as how they play and the fact that their bodies are still growing. Children's organs are still developing, including their lungs, which leads to an excessive inhalation of particles, molds, allergens, and chemicals. Part of being a child is playing with outside toys, dirt, mud, chewing on items that have paint and overall exploring the world. Again, this can

lead to over inhalation or ingestion of chemicals that lead to asthma triggers. Additionally, Latino homes on average tend to be multigenerational which can lead to overcrowding and poor indoor air quality. However, the deeper issue with these conditions is the death rate. At almost 40% more likely to die of asthma, there must be a solution.

Work and Environment-Related Asthma

Latinos make up 60% of farm workers exposing them to pesticides, extreme heat, and extreme physical labor. When overexposed, these individuals can suffer from prolonged health issues due to work-related asthma and also run the risk of missing workdays from being too ill. If someone misses a day of work, they could miss out on income creating a further issue with hospital debt. States with high agricultural industries like California, Oklahoma, New Mexico, Tennessee, Arizona and many more attract Latinos as farmworkers. It is important to note that the states with the highest rates of asthma per their populations are the District of Columbia, New Hampshire, Maine, and Rhode Island (American Lung Association., 2024, June 13) New York is also known to have high rates of asthma with one distinct neighborhood coined "Asthma Alley" for how prevalent the issue is. All of this is to point in the direction of where Latinos are living in the United States. With nearly 1 million Latinos living in the District of Columbia and rising (American University. (n.d.), they are a population heavily impacted by asthma.

Persons who are employed as farm workers are often paid below minimum wage and have difficulty affording proper housing. Because of this, affordable housing can come with exposure to harmful

molds or asbestos. Dwellings provided by employers also may have harmful molds or asbestos which not only exposes the worker but also their family. The cycle created by the work environment exposure extends to family members including children. As aforementioned, children lead other ethnicities in asthma due to many of these exposures and agricultural environment conditions. Agricultural environments also cause air pollution to increase and mixed with the need for gas-reliant cars, the air that farm workers and their families are breathing is one of the major causes of asthma. This is particularly true in California, where dust from agriculture, wildfires, and other natural disasters further exacerbates the problem.

Work and living environments can give rise to asthma and lung conditions for farm workers and their families. With pay for farm workers being low and housing costs surpassing income, affordable housing and dwelling units are usually the solution. Because of this many of these homes are built in poor conditions, leading to harmful mold or asbestos. Exposure to these conditions can lead to high rates of asthma and medical costs. When an individual has asthma, especially as a child, they will have complications with other illnesses like COVID. Recovery can be difficult or lead to permanent lung damage. Medical treatment for a lifetime is needed to continue the ease of breathing. As evidenced, multiple factors lead to asthma in the Latino population, with a significant gap in the healthcare system due to language divide and lack of access to quality health care.

Conclusion

All factors considered, asthma must be addressed. The Latino community is expected to grow by

2030 and if we cannot find solutions to asthma, the rate of hospitalizations and death will only increase. Finding solutions to insurance access, medical debt, medical costs, and environmental conditions is necessary in combating the rate of asthma. If the healthcare system can help families become educated on what access they have to treatment like nebulizers, at home solutions can relieve hospital visit stress.

Endnotes

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