

Latinx Health in San Francisco: Gaps, Barriers, and Paths Toward Equity



Executive Summary

The Latinx (Latine) community is a vital part of San Francisco’s social, cultural, and economic fabric. Founded in 2016, the San Francisco Latino Parity and Equity Coalition (SFLPEC) is a network of 23 Latino-led organizations working to ensure equitable representation and resources for Latinos across the city. Guided by four pillars—**Community Safety, Health, Place, and Workforce**—SFLPEC centers communities most impacted by inequities, including children and youth, LGBTQIA+ individuals, newcomers, unhoused residents, and women, with primary reach in Districts 9, 10, 11, 5, and 6.

This report explores the health and well-being of the Latinx population in the San Francisco Bay Area. Latinos make up a significant portion of San Francisco’s population, yet continue to experience persistent disparities in access to healthcare, housing, education, and economic opportunity. These inequities are reinforced by ongoing data gaps, language barriers, and underrepresentation in public health decision-making. These challenges affect not only individual health outcomes but the city’s overall ability to serve its diverse communities effectively.

In response to these ongoing disparities, the Chicano/Latino/Indígena Health Equity Coalition (CLI) serves as a representative advocacy body working to ensure that the health needs of the Chicano/Latino/Indígena community are addressed. Through leadership, advocacy, and policy promotion, CLI aims to reduce health disparities, identify and alleviate barriers to healthcare access, promote the collection of relevant health, demographic, and environmental data, and ensure that appropriate policies and resources are in place to effectively meet the diverse needs of the community.



Scope of Data Gaps Impacting Latine Communities

Community assessments done by the **SF Department of Public Health** reveal major **data collection gaps** that fail to capture the full diversity of the Latine population. Many subgroups — including **Indigenous and foreign-born Latines** — remain invisible in official datasets such as census and intake forms. This invisibility limits accurate representation and funding allocation. The Community Health Assessment includes a lot of helpful information, but there are still **big gaps** in the data about Latinx communities. These gaps make it harder to fully understand needs and create the right programs.

Main Data Gaps

- 1. Overgeneralization of Latinx communities:** Most datasets group all Latinx individuals into a single category, without disaggregating by language, country of origin, immigration status, or neighborhood. This masks important differences in lived experiences, access to services, and levels of need.
- 2. Underrepresentation of vulnerable populations:** Large-scale surveys often fail to reach recent immigrants, undocumented individuals, and people with limited English proficiency, resulting in data that does not fully capture the most impacted communities.
- 3. Lack of service-use data for system-avoidant populations:** Administrative data from clinics, public benefits, and insurance programs excludes individuals who avoid formal systems due to fear, immigration concerns, or mistrust, leading to significant undercounting of unmet needs.
- 4. Insufficient neighborhood-level disaggregation:** While challenges are identified in neighborhoods such as the Mission, Tenderloin, and Bayview, the data does not adequately combine geography with language and ethnicity, limiting the ability to design targeted, place-based interventions.
- 5. Inconsistent racial and ethnic self-identification:** Many datasets conflate race and ethnicity or rely on limited categories that do not reflect how community members self-identify (e.g., Indigenous, Afro-Latinx, or mixed-race). This results in incomplete visibility of racial disparities within Latinx communities and hinders culturally responsive service planning.

1. Medi-Cal Access: Barriers and Opportunities

Many Latine/x families in San Francisco remain uninsured despite being eligible for Medi-Cal. Fear, misinformation, and complex systems continue to limit enrollment. In 2022, 4.2% of San Franciscans (~27,400 people) were uninsured, masking major racial disparities. Latines are nearly four times more likely to be uninsured than white residents, and Black residents nearly twice as likely. Although Medi-Cal now covers all low-income adults, many Latino families remain unenrolled. In addition, as of January 2026, California has put a freeze on new enrollments for undocumented residents. Statewide, nearly 500,000 undocumented Californians still lack affordable coverage (Axios San Francisco, 2024; UC Berkeley Labor Center, 2023).

Key Issues:

- Persistent fear that Medi-Cal shares information with immigration authorities discourages enrollment.
- Limited culturally and language-accessible outreach and data collection particularly for diverse Latine/x subgroups, like indigenous groups, Afro-Latines and members of the LGBTQAI+.
- Complex application and renewal processes, including paperwork and language barriers, prevent eligible individuals from enrolling or maintaining coverage.
- Undocumented parents often fear disclosing household information, resulting in uninsured children.
- Medi-Cal enrollees face long wait times and a shortage of bilingual and bicultural providers.



Important Data:

- San Francisco has a high overall insurance rate (over 96%), yet many residents remain confused about Medi-Cal renewal requirements (San Francisco Department of Public Health, 2024).
- Changes in Federal funding may result in tens of thousands of San Franciscans losing access to benefits
 - It is estimated that 25,400 to 50,500 San Franciscans are projected to lose Medi-Cal coverage due to eligibility changes.

Community Recommendations:

- Share accurate Medi-Cal information in Spanish, Mam, and Mixteco.
- Host enrollment clinics and outreach events in trusted community spaces.
- Build trust through community-based organizations (CBOs) already connected to immigrant families.
- Allow flexibility in contracts so CBOs can quickly respond to changing needs and crises.



2. Food Security and CalFresh Access

Many Latino families in San Francisco continue to experience food insecurity, despite being eligible for CalFresh – a program that provides essential support for purchasing healthy food. Fear, misinformation, and systemic barriers prevent families from enrolling and accessing the nutrition they need.



Important Data:

- According to CHIS data, in 2022, 67% of adults in San Francisco earning less than 200% of the FPL reported being food insecure. This was the highest percent seen since CHIS began measuring food insecurity in 2001. The relatively higher cost of living in cities like San Francisco may worsen food insecurity (San Francisco Department of Public Health, 2024).
- It is estimated that nearly 20,000 could lose CalFresh benefits by the end of 2027 if additional requirements aren't met.
- Member orgs are trying to meet the need but currently have wait list of 50-100 requesting services.

Key Issues:

- High cost of living drives widespread food insecurity.
- Many eligible families do not apply for CalFresh due to language barriers, stigma, confusing rules, or fear of immigration consequences.
- Complex applications, lack of digital access, and paperwork challenges prevent enrollment and renewals.
- Undocumented parents often avoid applying, leaving children without nutrition benefits.
- Limited access to culturally relevant or healthy foods, and lack of time, space, or resources for meal prep and physical activity.

Community Recommendations:

- Share accurate CalFresh information in Spanish, Mam, and Mixteco to reduce fear and misinformation.
- Host CalFresh enrollment clinics and food-access outreach events in trusted community spaces like schools, churches, and CBOs.
- Strengthen partnerships with community-based organizations that already provide food support and have deep trust with immigrant families.
- Allow flexibility in funding and contracts so Community Based Orgs can quickly respond to food insecurity, emergencies, and rising community needs.



3. Mental Health Access

Latine communities continue to face **stress, fear, and isolation**, yet mental health data and services often fail to reflect these realities.

Key Issues:

- Fear of ICE, family separation, and stigma prevent many from seeking help.
- Few bilingual and bicultural therapists, high costs, and limited insurance make care largely inaccessible.
- Migration, discrimination, and systemic inequities cause trauma that often goes untreated.
- Stigma in many Latinx households prevents early intervention.
- City systems and data gaps hinder timely responses to crises or policy shifts.
- Centralized access points limit choice and conflict with community-based “any door is the right door” care models.



Important Data:

- **Serious psychological distress among San Francisco adults increased from about 10% in 2018 to 17% in 2022 (San Francisco Department of Public Health, 2024).**
- In 2021, over 34% of high school students reported experiencing depression (San Francisco Department of Public Health, 2024).

Youth & Latinx Families

Latinx youth face unique pressures that worsen mental health:

- Bullying, racism, and language discrimination in schools.
- Fear of deportation of themselves or loved ones.
- Navigating two cultures while supporting parents with English.
- Overcrowded housing and financial stress.

Community Recommendations:

- **Expand bilingual and bicultural workforce:** Recruit and retain Spanish-speaking therapists citywide; increase funding for promotoras/community health workers.
- **Create culturally rooted healing spaces:** Support healing circles, immigrant trauma groups, and newcomer programs in partnership with Latinx-led organizations.
- **Improve data and tracking:** Disaggregate Latinx mental health data (including safe measures for immigration status) and track unmet need, waitlists, and language access gaps.
- **Strengthen flexible city contracts:** Enable Latinx-led nonprofits to respond rapidly during immigration enforcement, policy changes, or emergencies; fund crisis navigation.
- **Enhance school-based supports:** Hire bilingual counselors and social workers; expand newcomer and anti-bullying programs.
- **Train providers and educators:** Implement trauma-informed care tailored to immigrant and Latinx communities.
- **Support mental health readiness:** Fund programs that help community members feel able and prepared to access care.



4. Systemic Chronic Health

Health equity means **access for all**, yet Latine and Indigenous communities still face major barriers to care and underrepresentation in city health planning.

Important Data



- Latinx residents have lower COVID vaccine up-to-date rates.
- Latinx children have more untreated dental cavities, rising from 19% to 23% since 2018.
- Access to dental insurance in San Francisco varies widely by race/ethnicity; only about 59% of Latinx residents have dental insurance (California Health Interview Survey, 2019–2023).
- 1 OUT OF 3 Children in San Francisco have cavities. This affects Latinx, Black, and Asian children at higher rates.
- Latinx residents are hospitalized for type 2 diabetes at almost twice the rate of all San Francisco residents.
- Diabetes hospitalizations are highest in Black and Latinx neighborhoods, especially Bayview-Hunters Point (San Francisco Department of Public Health, 2024).

Key Issues:

- Limited Latine representation in health decision-making spaces.
- Ongoing gaps in care across oral health, mental health, HIV, and substance use treatment.
- Budget cuts threaten community health programs, including oral health initiatives.
- Undocumented residents face additional barriers to care and lack access to most federal resources.
- Language barriers continue to limit access to accurate information and compromise the quality of services.

Community Recommendations:

- Partner with Latine representatives and community organizations to inform SFDPH's work.
- Formalize quarterly meetings with SFDPH and ensure Latine voices are part of key decision processes.
- Maintain two seats from the Latine community in the Community Health Improvement Plan (CHIP) process.
- Invest in culturally competent, inclusive care and maintain funding for programs that directly serve Latine and undocumented populations.
- Increase screening for diabetes and hypertension in Latinx communities via mobile clinics or community health events.
- Enhance Alcohol and Substance Use services to respond to the cultural and linguistic needs of Latine and Indigenous communities



Conclusion and Recommendations

Conclusion

The Latine community in San Francisco faces interconnected challenges – from data invisibility and food insecurity to mental health access and underrepresentation in public health systems. Addressing these inequities requires sustained collaboration between SFDPH and Latine-serving organizations, investments in culturally relevant outreach, and stronger protections of essential health and social program for undocumented and immigrant communities.

Through representation, data equity, and culturally competent care, San Francisco can move toward becoming a city where every Latinx and Indigenous resident has access to the health, safety, and opportunities they deserve.

Overall Recommendations

To improve health equity for Latine and Indigenous communities in San Francisco, the City should adopt a comprehensive, community-centered strategy that addresses the full spectrum of barriers outlined in this report. The following overarching recommendations reflect priorities shared across health access, mental health, food security, and data equity.

Budget Recommendations

1. Protect and Increase Funding for Medical Outreach

- **Maintain and expand funding for community-based medical outreach, including mobile clinics, street medicine, and culturally responsive preventive care.**
- Prioritize investments in trusted community-based organizations (CBOs) that serve low-income, immigrant, and linguistically isolated communities to reduce emergency room use and improve long-term health outcomes.

2. Expand Food Security Funding Through Community-Based Providers

- Increase funding for food pantries, food distributions, and nutrition programs operated by CBOs with deep community ties.
- Ensure food security investments address rising food costs and reach families, seniors, undocumented residents, and workers experiencing income instability.
- Protect CalFresh gap-filling programs and local food access initiatives to offset federal and state funding uncertainty.

3. Sustain and Grow Mental Health, and Violence and Suicide Prevention Programs

- Preserve and expand funding for mental health services, violence prevention, and suicide prevention with a focus on youth, families, and elders.
- Invest in community-led, trauma-informed, and culturally relevant programs that are low-barrier and address prevention, early intervention, and healing—particularly in neighborhoods disproportionately impacted by violence and disinvestment.

4. Fund Health Access for Undocumented San Franciscans

- Increase investments in programs that support undocumented individuals' access to healthcare, including outreach, enrollment assistance, navigation, and care regardless of immigration status.
- Protect and strengthen local safety-net programs that ensure all San Franciscans can access preventive and mental health care without fear or barriers.

5. Adhere to Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) Recommendations.

- The SDDTAC uses data-driven, community informed information to recommend fund allocation. This 16 member committee should be viewed as an example of what programs the city should be funding.

