Do I Pay the Dentist or Feed My Children?

Healthcare Access in Colorado's Latino Communities

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Colorado Oral Health Access Report 2026

Prepared by **Colorado Latino Leadership, Advocacy & Research Organization (CLLARO)**
With support from the Colorado Consumer Health Initiative (CCHI)

Introduction

Do I pay the dentist, or do I feed my children?

That is the calculation Colorado's Latino community is making. Among working parents and retirees, recent arrivals and longtime residents, the insured and the uninsured—people with very different lives are worried about the same things:

- Medicaid coverage is largely insufficient for oral and dental care, and many lack any dental coverage at all
- People are postponing dental care until the pain is unbearable—cavities, infections, extractions, oral surgery left untreated for years
- When they do get care, it is not always good care
- Health insurance feels inaccessible, unaffordable, or impossible to navigate
- Nearly everyone wants the same thing: help from a trusted, Latino-serving organization to find available resources, navigate Medicaid and insurance options, and get support through the confusing, ever-changing application process

In the fall of 2025, CLLARO researchers conducted structured interviews with 24 members of Colorado's low-income Latino community at three locations: the Adelante Community Development (ACD) event on October 18th, Mi Casa Resource Center on November 4, 6, and 13th, and the Las Chicas gathering on November 19th. Participants ranged in age from their 20s to their 80s and represented a diverse range of immigration statuses, employment situations, and family structures. Interviews were conducted primarily in Spanish. All quotes appearing in this report have been translated into English.

This report was commissioned in collaboration with the Colorado Consumer Healthcare Initiative.

What emerged from these conversations is not a simple story about dental coverage. It is a story about cost, fear, and the choices people face when care is out of reach. The strongest finding across all 24 interviews is that healthcare access—and dental care in particular—is experienced not as a right, but as a luxury available only to those with the right job, the right documentation, or the right income bracket. When people cannot afford dental care, they wait *years*. When they wait years, conditions worsen. And when conditions worsen, everyone pays—in emergency room visits, in lost work, in a community that cannot afford to be sick but has no other choice.

KEY FINDINGS AT A GLANCE

1 in 4 had no health insurance	**63% lacked reliable dental coverage**
50% delayed or avoided care due to cost	**88% reported financial stress tied to healthcare**
75% were caring for family members	**42% faced language barriers in healthcare settings**

Who We Talked To

CLLARO spoke with 24 individuals with an average age of 58 years and a 2:1 woman-to-man ratio. Interviews took place across three community settings serving working-class Latino communities in the Denver metro area.

Sex	n	%
Women	16	67%
Men	8	33%

Age Range	n	%
18–44	2	8%
45–64	14	58%
65+	8	33%

Immigration Status	n	%
Confirmed U.S. citizens	4	17%
Confirmed resident (non-citizen)	1	4%
Undocumented/likely undocumented	4	17%
Immigration status unclear or not stated	15	62%

Insurance Coverage & Healthcare Access

For most participants, health coverage was either out of reach or far less reliable than it should be. Even those who technically have insurance—through Medicaid, a discount program, or an employer—described coverage that is partial, uncertain, or at risk of disappearing. For those without coverage, healthcare is available only in emergencies, if at all.

Health Insurance Status

Coverage Type	n	%
Full or good coverage	9	38%
Partial or limited coverage	8	33%
No health insurance	6	25%
Unclear	1	4%

> *"Insurance is part of our survival. Without it, we don't know what would happen."* — Participant 2, ACD

Dental Coverage Status

Dental care emerged as the most consistently cited unmet need—more frequently than any other specific service. Among participants who have some form of health coverage, most reported that dental care is not included or is only minimally covered.

Dental Coverage	n	%
No dental coverage	12	50%
Partial dental coverage	2	8%
Full dental coverage	5	21%
Unclear	5	21%

Half of participants had no dental coverage. When asked about dental care, participants described multi-year delays, pain managed with home remedies, and procedures simply never completed because the cost was impossible.

Delayed and Avoided Care

Reported Experience	n	%
Delayed or avoided any care due to cost	12	50%
Delayed dental care specifically	15	63%
Reported financial concern related to healthcare	21	88%

The gap between the 50% who delayed any care and the 63% who delayed dental care specifically illustrates an important point: community members do not treat dental care as medical care—it is a separate expense, one that is put off until the pain becomes unbearable.

> *"I've waited three years for dental work because I don't have the money."* — Participant 3, ACD

The Real Costs: What People Are Actually Paying

The costs participants described were not abstract. These are real bills, real payment plans, and procedures that never happened because the money simply wasn't there.

Service	Out-of-Pocket Cost
Hip replacement surgery (after insurance loss)	$78,000
Dental procedure (with military insurance)	$10,000
Dental copay (on a $10,000 procedure)	$2,500
Dental implants (quoted, still waiting)	$17,000
Monthly diabetes medication (Trulicity)	$1,200/mo
Emergency room visit — ear infection, 45 minutes	$7,000
Spinal injection for arthritis (still delayed)	$500 + $100 anesthesia
Two root canals and crowns (paid in cash)	$3,100
School sports physical (paid out of pocket)	$80

The $78,000 figure deserves particular attention. One participant was fired the day before his wife's scheduled hip replacement surgery—an act he described as retaliatory. Without insurance, the surgery that had already been scheduled cost him $78,000. He described feeling depression during that period; the helplessness of not being able to provide for your family is, he said, why people consider ending their lives.

> *"Sometimes you wait until the pain is unbearable because you're afraid of the bill."* — Participant 4, ACD

Health Conditions in the Sample

Most participants were middle-aged to elderly, managing chronic conditions, and caring for family members with serious health needs of their own. The following conditions were reported across the 24 conversations.

Health Condition	n	%
Anxiety, depression, or mental health stress	7	29%
Chronic pain/arthritis/musculoskeletal issues	6	25%
Heart conditions or cardiac procedures	5	21%
Vision problems or cataracts	5	21%
Medication access or affordability issues	5	21%
Disability affecting mobility	4	17%
Diabetes/blood sugar concerns	3	13%
Hearing problems/need for hearing aids	3	13%

Seven of 24 participants reported anxiety, depression, or emotional distress. In several cases, it was the healthcare system itself causing the stress. One participant lost 40 pounds in a year with no diagnosis. Another described spiraling into depression after losing insurance.

The Caregiving Burden: Healthcare Is Never Just Personal

Three out of four participants were actively caring for or financially supporting family members—and those responsibilities directly shaped whether they sought care for themselves.

Caregiving Role	n	%
Caring for or supporting any family member	18	75%
Supporting children financially	7	29%
Supporting adult family members	7	29%
Describing concern for aging parents or seniors	4	17%

> *"Do I pay the doctor, or do I feed my children?"* — Participant 5, ACD

Several participants described putting their own care aside to manage the health needs of family members. A woman whose father has been slowly losing his eyesight for two years—cataract surgery not covered under emergency Medicaid because it is "not life-threatening"—described arriving at clinics at 6:00 a.m. to wait in line for a same-day appointment that might or might not materialize. A man whose wife has lupus, fibromyalgia, and chronic pain paid a neighbor to sit with her when he had to go to work, because the alternative was leaving her alone and unable to get up for a glass of water.

Barriers Beyond Cost

Cost was the primary barrier identified by nearly every participant, but not the only one. A participant without insurance may also face language barriers, fear of immigration enforcement, and an inability to take time off work. These barriers might prevent them from accessing even the free services that exist.

Non-Financial Barrier	n	%
Language barriers in healthcare settings	10	42%
Fear related to immigration status or policy changes	7	29%
Difficulty understanding insurance or eligibility systems	7	29%
Time-off-work barriers	4	17%
Transportation barriers	4	17%
Fear of deportation specifically	4	17%

Language

Forty-two percent of participants cited language as a barrier. It wasn't always the absence of interpretation, but the difficulty of navigating a system designed for English speakers. Several described bringing family members to translate, adding burden and sacrificing privacy. Others noted that interpreters exist in theory but are not always available, and that complex insurance conversations are especially hard to navigate through someone else.

> *"They are the experts, and they should know, but sometimes they do not help, and you cannot communicate well with them. It is very stressful."* — Participant 10, Las Chicas

Immigration Fear

Fear related to immigration status appeared in seven of 24 conversations. It wasn't just a direct barrier to seeking care. It was background anxiety shaping every interaction with institutions. One participant was told by his immigration attorney that providing personal information to a hospital could be used against his case. He ended up at a King Soopers clinic because it was the only option that felt safe. Several described a climate of fear that had grown sharper in recent months.

> *"People have no problem accessing healthcare — they have the problem of being afraid."* — Composite of multiple interviews

System Complexity

Navigating insurance, Medicaid eligibility, and discount programs is a barrier in itself—one that falls hardest on people with limited English, limited formal education, or limited time. One 80-year-old participant with a spinal disability came to the United States believing that legal residency would give her access to healthcare. It did not. She spent four years paying for a residency application and has still not found a pathway to coverage.

Life Stressors: Healthcare Does Not Exist in Isolation

Healthcare decisions do not happen in isolation. For most participants, they happen alongside housing insecurity, job instability, immigration stress, and caregiving—competing urgencies with no clear hierarchy.

Life Stressor	n	%
Fear of political changes or losing coverage	8	33%
Caregiving as a major life stressor	8	33%
Job instability or work-related stress	7	29%
Housing, utilities, food, or basic needs pressure	7	29%
Immigration stress or fear	7	29%
Insurance paperwork or eligibility confusion	7	29%
Feeling dismissed or mistreated by providers	6	25%

One in three participants explicitly cited anxiety about the current administration's policies as a source of stress affecting their healthcare decisions. That is not a peripheral finding.

What Community Members Are Asking For

When asked what would help, participants were specific.

Community Recommendation	n	%
Expand Medicaid eligibility / make programs less restrictive	9	38%
Mobile or community-based clinics	8	33%
Case management and application assistance	7	29%
Transportation support to appointments	6	25%
Direct financial or material assistance	5	21%
Increased outreach to seniors	4	17%
Free health screenings and health fairs	4	17%

> *"They need to bring services into the community so people know help is there."*
> — Participant 4, ACD

Several participants pointed to a wellness center in a high school parking lot as a model worth replicating—accessible, familiar, and without the gatekeeping of a formal clinic. One participant who works in a nursing home described seniors who depend entirely on television for information about the outside world. They need organizations to come to them.

> *"In there, they feel like no one really sees them as humans. They are survivors."* — Participant 2, ACD — speaking about nursing home residents

Community Voices: Stories from the Interviews

The following vignettes are drawn from interview transcripts and presented as advocacy tools. Identifying details have been changed to protect participant privacy.

VIGNETTE 1: The Day Before Surgery

On the cost of losing everything at once

Miguel has worked in construction for over thirty years. He pays close attention to his health—more than most men he knows—partly because his brother, a doctor in Mexico, has taught him the importance of not waiting. When he changed jobs a few years ago, his first question to his new employer was about health insurance. He understood, in a way many people learn the hard way, that good coverage is not a benefit. It is a lifeline.

His wife, Pilar, has lupus. She also has fibromyalgia and chronic pain that will never fully go away. She takes a cocktail of medications every morning and every night. She has four doctors. Getting her to appointments on days when Miguel cannot leave work requires calling neighbors, asking for favors, and sometimes paying someone to sit with her so she is not alone when she needs help standing up.

Three years ago, Pilar needed a hip replacement. The surgery was scheduled. Miguel had insurance. And then, one day before the procedure, he was fired.

He believes it was retaliation—a problem he had reported involving a supervisor, a problem that made him inconvenient. He went to HR. He told them he couldn't be fired right now, that he needed the insurance, that his wife's surgery was tomorrow. They fired him anyway.

Without insurance, the hip replacement cost $78,000.

Miguel paid it, slowly, in installments. He describes the depression of that period in simple terms: the weight of not being able to protect the person you love, of doing everything right and still ending up buried. "Many times," he said, "the desperation of not being able to move forward, of not being able to provide for your family—that is why many people take another way out." He was not speaking abstractly.

Today, Miguel has insurance again. Pilar's leg was eventually amputated. He still drives her to every appointment he can.

VIGNETTE 2: Born in the Car

On being undocumented and invisible to the system

Elena arrived in Colorado in 2005. She is 51 years old. She does not have a Social Security number, health insurance, or legal status. Her husband works; his job does not offer insurance. Together, they have three children—all U.S. citizens, all with access to healthcare their mother cannot share.

When she was pregnant with her youngest daughter, Elena went to the hospital. They sent her home. "You still have a long way to go," they told her. She took a bath. She lay

down. An hour later, she told her husband it was time. Her water broke as she walked to the car. The baby was born there, in the vehicle, on the way back to the hospital.

Elena has had tooth pain for months. She has not been able to afford a dentist. She has looked for free clinics but has not found one that will see her without documentation. She is also afraid: her older son is 19, and in two years he will be able to petition for her residency. She has been told that using public benefits before then could complicate that process. So she does not apply for help that might be available to her. She waits. She manages the pain.

"My children have always been treated well," she said. "I am the one who has not."

If she could speak to a legislator, she knows what she would say: "They earn a lot of money and do not think about us. They should be less demanding with people who are poor. We don't have enough."

VIGNETTE 3: The Lottery

On coverage as a matter of luck

Brenda is a psychologist by training. She got her degree in Mexico and spent years trying to find a way to practice in the United States. She was accepted into a program at a Colorado university. She completed all the requirements on her end. But without documentation, she could not qualify for the university's mandatory health insurance. Without health insurance, she could not be a student. She never enrolled.

Now, she has OmniSalud—a state insurance program that, at the time of her interview, was facing cuts. The program, she explained, had been set to grow by 1,000 spots per year. Under the current administration, the spaces had been reduced from 11,000 to 6,000. Her renewal was coming up. Whether she would keep her coverage would be determined by a lottery.

Her daughter recently lost Medicaid coverage because her income exceeded the eligibility cap by one dollar. One hour of overtime. One dollar.

Her husband had an ear infection last year. They went to the emergency room. Forty-five minutes. No tests. Tylenol and an antibiotic. The bill was $7,000.

"It is a lot of stress," Brenda said. "Please, God, don't let me get sick, because I have no coverage. I already know what it feels like not to have insurance, and I am afraid to feel it again."

Conclusions

Twenty-four conversations are a fraction of the Colorado Latino community's experience with healthcare access. But the convergence is striking. Across differences in age, immigration status, employment, and health condition, the same themes kept surfacing: dental care as the most inaccessible service, cost as the most powerful barrier, fear as a constant undercurrent, and caregiving responsibilities that turn individual healthcare decisions into family survival decisions.

Several conclusions emerge from these conversations:

- Dental care must be treated as healthcare. The structural separation of dental from medical coverage has real consequences for this community. Dental delay is not about neglect or low prioritization. It is about money that does not exist and coverage that was never there.

- The stakes of Medicaid cuts are not abstract. Participants who rely on Medicaid described coverage as a matter of survival, not convenience. The medications, specialist visits, and routine care it enables are not discretionary—they are the difference between managing a chronic condition and watching it worsen.

- Fear is a public health issue. Anxiety about immigration enforcement and policy changes is shaping healthcare behavior in this community. People are delaying care, avoiding institutions, and choosing pain over risk.

- System navigation is itself a barrier. The complexity of insurance programs, eligibility requirements, and application processes falls hardest on people with limited English and limited time. Navigation assistance is not a luxury—it is a tool for access.

- Seniors are particularly vulnerable. One participant who works in a nursing home described older Latinos as isolated, dependent on television for outside information, and vulnerable to scams and policy changes they cannot fully track. Outreach to this population means going to where they are.

Latino communities are not asking for anything extraordinary. They are asking to see a dentist.

> *"Healthcare is a privilege for the rich rather than a right for everyone."* — Participant 4, ACD

Methodology

This report is based on 24 conversations conducted between October 18 and November 19, 2025, at three community locations in the Denver metropolitan area.

Interviews were conducted by CLLARO interns in Spanish and English. All recordings were made with participant consent and subsequently transcribed and translated into English. Where participants did not consent to recording, findings are based on interviewer notes. Quotes appearing in this report have been translated from Spanish. Participants received $50 for their participation.

Participants were not selected randomly—they were community members who chose to speak with CLLARO at community events and resource centers. Findings should be understood as qualitative and illustrative rather than statistically representative.

The data in this report reflect the proportion of participants who mentioned a given theme or experience. All names and identifying details in the vignettes have been changed.

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CLLARO is solely responsible for the findings and conclusions.