

ABSTRACT

Recent immigrants from Mexico and Central America tend to have lower access to healthcare in the United States compared to United States-born Latinos, which poses a great risk to the health of the public. There are multiple reasons why recently arrived immigrants have lower access to healthcare and face greater health disparities including employment opportunities, insurance status, immigration status, local government politics, and state healthcare policies. There is constant concern from recently arrived immigrants to seek medical care in the United States due to fear of deportation, limited employment opportunities that make it difficult to take time off to seek medical care, and a new “Public Charge” law passed in 2018 by the Department of Homeland Security (DHS) that would make it difficult for immigrants to adjust their immigration status if they applied for government assistance. Those factors unfortunately lead to immigrants becoming more reluctant to apply for food, housing, and health insurance benefits which negatively impact their health and wellbeing. The community service project interviewed and surveyed 100 individuals from immigrant backgrounds at community resource centers in South Florida (Palm Beach and Miami-Dade County) and East Oakland, CA to evaluate the current health needs of the Latino immigrant community, the impact of local government politics on their health, and their knowledge of available community resources.

BACKGROUND

- The 21st century has experienced changes in legislation in the United States that make it more difficult for undocumented immigrants to seek health care for fear of deportation or retaliation (Edwards, 2004).
- The Patient Protection and Affordable Care Act made it harder for undocumented immigrants to access healthcare and affordable health insurance markets,
- According to the Department of Homeland Security and Pew Research Center, there are an estimated 11 million undocumented immigrants living in the USA with an estimated average annual income of \$36,000
- Department of Homeland Security considered passing a “Public Charge” rule that would make it difficult for approximately 517,500 green card applicants to adjust their immigration status if they applied for government assistance such as housing, health insurance, and food resources
- Day laborers are “the men who congregate in easily identified pick up areas: empty lots, street corners and parking lots often near home improvement stores where they solicit temporary employment in a variety of jobs. They are frequently employed in landscaping, construction work, janitorial and cleaning work and other temporary jobs
- Day laborers largely work without benefit of health insurance in occupations that are unmonitored, unprotected, and often unsafe which is important for that population to bear additional scrutiny both for humanitarian reasons and for public health policy considerations

OBJECTIVES

- Evaluate the impact that local government policies in FL vs CA have on the health of recently arrived immigrants, study the current barriers to healthcare access, and the overall effect of that immigration and adapting to a new country has on health.
- Review the social determinants of health and the significance of preventative medicine and how they can both impact the overall health of entire communities
- Describe the importance that public health departments can play on health literacy and in bridging access to healthcare between immigrants and counties

METHODS

- Community service project for the National Medical Fellowships/United Health Foundation was started in the Fall of 2021 and continued into the Spring of 2022 in South Florida (Miami-Dade County and Palm Beach County) along with Oakland, CA
- Hypothesis is that day laborers who work in progressive counties will have better health outcomes, higher medical adherence rates, and have a greater knowledge regarding the community resources available to them compared to day laborers who work and live in more conservative counties in the United States.
- Conducted interviews and surveys at four locations where day laborers congregate because it is representative of the day laborer workforce in the United States
- Interviewed 15 recently arrived immigrants at each site for a total of 60 study participants..
- Exploratory descriptive design was used to find the four sites while interactive interviews, and semi-structured surveys were used with 60-day laborers to collect demographic data
- Answers were written by the participants who felt comfortable writing while for the few that did not want to write out their answers, I volunteered to transcribe their responses. If questions were unclear, I helped to elaborate on them in order to receive and record a better response for the project
- All the interviews were conducted in Spanish because everyone stated that it was their primary language and they felt more comfortable conversing in it. Part of the interviews were also performed with open-ended questions to allow the interview to be as conversational as possible versus risking the interview to sound to monotone or rehearsed
- The inclusion criteria for selecting the day laborers in all four sites in South Florida and California were that participants had to be male, self-identified as Latino/Hispanic, work as a day laborer for less than five years, a recent immigrant to the United States (under five years), 18 years of age and older, and residing in either Alameda County or South FL

RESULTS

After conducting interviews on 60 day laborers in South Florida and Oakland, CA. the study found that the average age of participants was 36 years of age. Most participants originated from Mexico if interviewed in Oakland and originated from Guatemala if interviewed in South Florida. 53 of the participants (88%) identified as undocumented while 41 (69%) stated not having health insurance. When asked whether day laborers were victims of violent crime, 40% stated that they had been robbed before, but when breaking down the statistic by state, most people who answered yes were day laborers in Oakland. 52 individuals stated that they have used or still use alternative medicine to help alleviate common illnesses.

Country of Origin	Number/ Percentage (N=60)
Mexico	28 (47%)
El Salvador	12 (20%)
Guatemala	10(17%)
Honduras	6 (10%)
Nicaragua	4(6%)
Age (Years)	Avg Age: 36
18-30	16
31-40	30
41-50	9
51-60	5
Marital Status	
Single	36
Married	18
Divorced	6
Immigrat. Status	
Undocumented	53 (88%)
Permanent Resident	7 (12%)
Health Insurance	
Yes	19 (31%)
No	41 (69%)
Alternat. Med Use	
Yes	52
No	8
Monthly Income	FL: \$742, CA:\$987
Victims of Crime	Yes, 24 (40%)

COMMUNITY SITES



CONCLUSIONS

- Multiple social factors that impact the wellbeing of underserved communities such as immigration status, language barriers, education level, employment opportunities, community safety, and insurance status
- Progressive counties such as Alameda County in California have worked hard to tackle those health disparities by making it easier for anyone regardless of socioeconomic and immigration status to enroll in health insurance. Progressive counties also have more community resources and funding to be able to care for more individuals as shown by the multitude of available health and social resources in Alameda County
- Florida decided not to expand Medicaid under the Affordable care Act which led to a “coverage gap” in Palm Beach County with 56,000 individuals still uninsured. Unfortunately, the majority of those still without proper access to healthcare are day laborers and other marginalized communities
- Promoting public health and primary care in underserved communities such as those where day laborers live in, people will have a lower prevalence of preventable chronic medical conditions and thus rely less on the emergency department for medical care which will lead to a lower burden on the healthcare system
- Public health departments should prioritize the health of vulnerable communities in the United States to promote health equity and health promotion

SOURCES

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