Advancing Latinx and Latinx Immigrant Health

UCLA Health Equity Symposium 2021

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“Structural determinants of the social determinants of health”
But what often gets overlooked in this debate is how things in the Northern Triangle got so bad in the first place and the key role the U.S. has played in that history.

The violent crime that haunts the region is a direct legacy of the bloody civil wars in Guatemala (1960-1996) and El Salvador (1979-1992). In both countries, military right-wing governments, backed by the U.S., battled leftist insurgent groups and enlisted ruthless paramilitary death squads. As many as 200,000 Guatemalans and 75,000 Salvadorans were killed during the conflicts.

The wars left behind a traumatized region with unstable governments and thousands of young unemployed ex-soldiers with easy access to weapons.

Key facts about U.S. Latinos

- 4 in 5 Latinos are U.S. citizens.
  - As of 2018, ~80% of Latinos living in the country are U.S. citizens
- The share of U.S. Latinos who are immigrants is on the decline
  - Fewer than a third of Mexican-origin Latinos (30%) are foreign born. That’s far lower than the shares among the other major groups by population

Diversity of Identity, Diversity of Experience

- An intersectional approach that “considers the simultaneous and mutually constitutive effects of the multiple social categories of identity, difference, and disadvantage that individuals inhabit” yields a more complete understanding of immigrant health.

  - Viruell-Fuentes et al. (2012)
Assumptions that all Latinos are immigrants remain prevalent
### Immigrant Health

#### State and Federal Level Social, Economic, & Immigration Policies

- Stress produced by structural racism
- Affecting access to beneficial social institutions
- Affecting access to healthcare and related services
- Constraining access to material conditions (food, wages, working conditions, housing)
- Racialized legal status → differential treatment, discrimination, social inequality

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**Structural Determinants**

- Structural Racism
Policies Influence Health

- State action has symbolic significance
  - Message: Are immigrants welcome, regardless of immigration status
- Policies → Access
  - Secondary/higher education
  - Health services and care
  - State benefit programs
  - Labor market
  - Workplace safety and working conditions
  - Income
  - Food security
  - Housing

Structural Vulnerability

The combination of socioeconomic and demographic attributes in conjunction with assumed or attributed status.
Structural Vulnerability: Risks, Stressors, Burdens

Social Hierarchy & Organized Structure of Rights & Social Belonging

- Designating an immigrants’ subordinate status
- Spillover to racial/ethnic group members who are misrecognized as holding a discredited legal status (i.e., not undocumented, not an immigrant)
- Latino immigrants are more likely than non-immigrants to report discrimination in healthcare
- Working conditions: Risky jobs
  - Occupations with higher risk of injury compared with their US-born peers
  - Occupations without insurance benefits, protections
- Immigrants viewed on the basis of their fit within the US’ existing racial hierarchies
  - Social hierarchy, e.g., immigrants racialized as Black or darker skinned

Asad & Clair, 2018; Orrenius & Zavodny, 2009; Goldman et al. 2005; Gee & Ford, 2011; Lauderdale et al., 2006
Racialized Legal Status: immigration policies that reproduce ideologies that define national belonging along racial/ethnic lines and create additional risks, stressors, burdens

- Financial effects of immigration process
- Risk of immigration fraud & scams
  - $$$
  - Lost opportunity for adjustment of status
- Temporary legal status
  - Indefinite periods of extension
  - Can be terminated at any time
  - Employment based & humanitarian based
  - Backlogs for applications
  - Cost $$$
  - Immigrants who are legally present but lack LPR status may spend years, even decades, in uncertain situations, often lacking access to a range of social benefits
Racialization of immigrant groups deemed to be undesirable

- Context of reception
  - If one does not feel welcome, one may dream of leaving
    - A desire to return to one's homeland can be influenced by the context of reception
      - Hypothesized as a reason non-white immigrants may not pursue/historically pursued citizenship

- For those who hope to return
  - Building homes in their homeland
    - Fraud
    - $$$

- Family left behind
  - Children
    - $$$
  - Parents
    - $$$
    - Grief
    - Loss
  - Community
    - Isolation
INTERVENTIONS
Public Policy

Community

Organizational

Interpersonal

Individual

Advocacy, Policy work, [local, state, national]

Community Organization, Community Resources

Institutional Policies, Research, Initiatives

Allyship, Support Networks

Patient/Provider, Empowerment, Knowledge
Organizational Initiatives
Institutional ways to support immigrants
Environment

- Ensuring protection and confidentiality of Information
  - HIPPA protects all patients, including immigrants
- Expressions of the facilities’ commitment to maintain the information provided confidential
  - Waiting rooms
  - Displays
- Limit acquiring and documenting immigration status
- Messaging: All Are Welcome

https://doctorsforimmigrants.com
A well-intentioned effort to open a dialogue could lead to patients avoiding the clinic because they fear being asked about their status

- Create environment that enables patients to initiate a conversation about their concerns
  - Written materials, signage, and wearable buttons
  - Example Brochure: “If you would like to talk to your doctor about problems having to do with immigration, just take this sheet into the exam room and hand it to the doctor.”  
    –Kuczewski MG, Mejias-Beck J, Blair A. 2019
  - Contextualize and normalize the conversation: “There are medical reasons why physicians wish to discuss these matters”
    - Make clear to a patient that they are motivated by health concerns: “This kind of anxiety can influence your health.”

- Reassure a patient that you will not record the patient’s immigration status within the health record.
  - “I will not write your immigration status in the medical record. Only health-related issues will be recorded.”
Healthcare System
Documented examples of health care providers’ biases include dismissing or minimizing Latino patients’ health complaints, attending more frequently to NHW patients’ needs than to those of Latino patients, ignoring non-English-speaking Latino patients, and prioritizing hospital space for NHW patients, even if Latino patients appeared sicker.\textsuperscript{38–40}
Underrepresentation in the U.S. physician workforce
Healthcare Delivery Structures
Improving Systems of Care
Meeting them where they are on the web: addressing structural barriers for Latinos in telehealth care

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ABSTRACT

As we enter an era of health care that incorporates telehealth for routine provision of care, we can build a system that consciously and proactively includes vulnerable patients, thereby avoiding further exacerbation of health disparities. A practical way to reach out to Latino patients is to use media they already widely use. Rather than expect patients to adapt to suboptimal systems of telehealth care, we can improve telehealth for Latinos by using platforms already familiar to them and thereby refocus telehealth delivery systems to provide patient-centered care. Such care is responsive to patients’ needs and preferences; for Latinos, this includes using digital devices that they actually own (ie, smartphones). Equity-centered telehealth is accessible for all, regardless of linguistic, literacy, and socioeconomic barriers.

Key words: health services accessibility, health care disparities, telemedicine, vulnerable populations, limited English proficiency, digital divide
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