

Day Laborers: Access to Health Services in the US

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Specific Aims

- To examine how male day laborers access and utilize health services in the US
- To assess their general health status and their health needs
- To identify the factors that predict their of access to health services

Background and Significance

- Most day laborers are Latino immigrants
- Many have unauthorized immigration status
- They are growing in numbers and are an intricate part of the US economy
- They experience poor living conditions and workplace hazards
- They lack occupational training and proper equipment
- Little is known about their health status

What We Know

- Two main ethnographic studies provide understanding about the health challenges day laborers face, but do not quantify their health status or indicators of access to health services (Walter et al. 2002; Worby 2002)
- A prevalence study of STDs that uses a small convenience sample (Wong et al. 2003)
- Three day labor surveys: Los Angeles (2000), New York (2003) and nationwide (2006), conducted by Abel Valenzuela

Day Laborers

- Men who congregate in visible locations to solicit temporary work on a daily basis
- They have multiple employers
- National population of day laborers is estimated between 115,000 and 120,000 (Valenzuela et al. 2006)



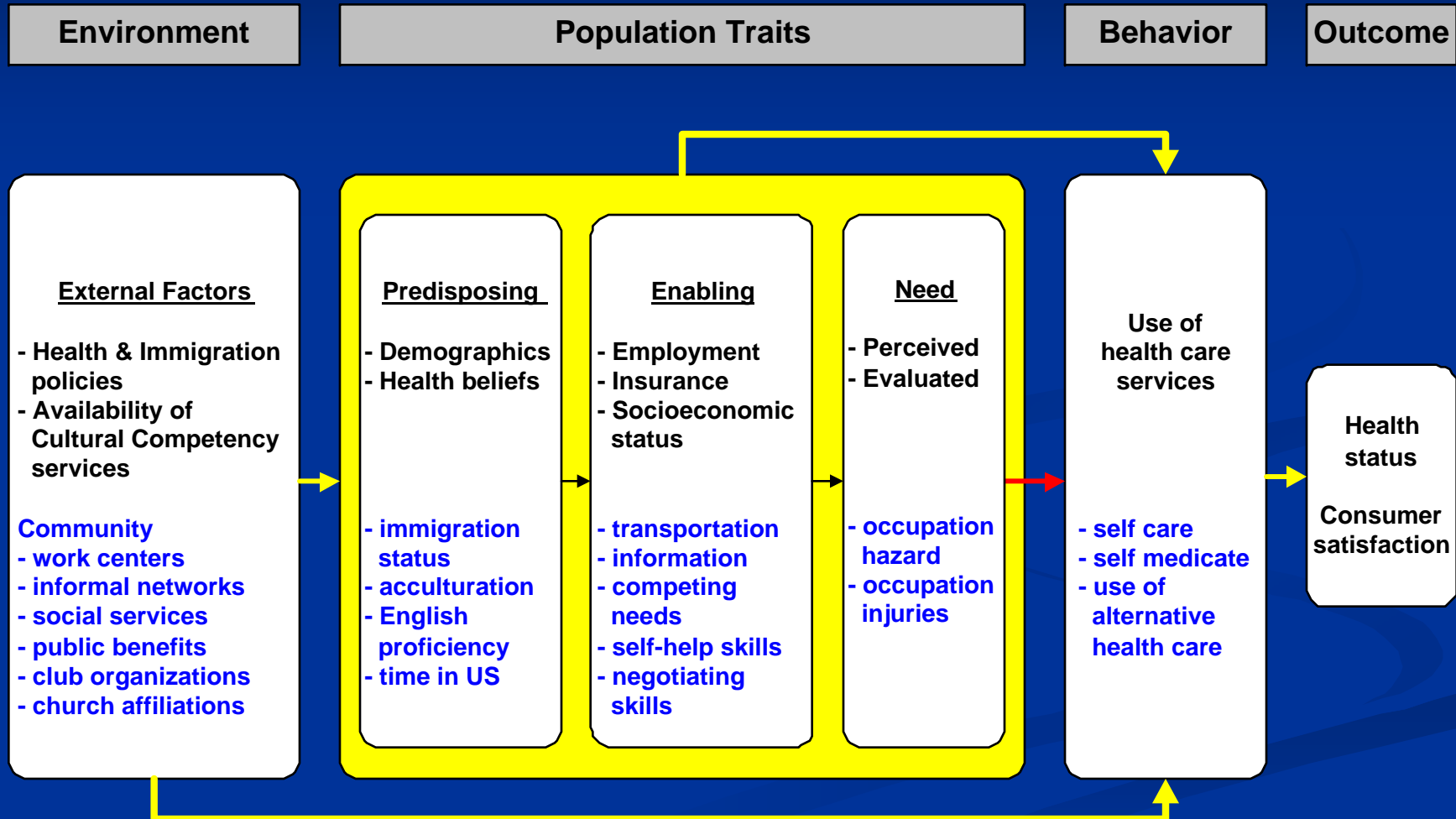
Overall Health Needs

- Compared to other under-served populations, day laborers have additional barriers to access health services
- Few day laborers have work-based insurance
- Foreign-born day laborers encounter cultural and linguistic barriers
- They are not eligible for government-sponsored insurance
- They have pressing occupational health needs

Occupational Health Needs

- 20% of day laborers were injured at work
- Among the injured, 54% did not receive needed health care
- Worker could not afford health care
- Employer refused to cover cost of care
- 6% injured received health care covered by company's worker compensation insurance
- 67% lost work time due to injury
- 68% worked in pain (mean = 20 days)
(Valenzuela et al. 2006)

Conceptual Framework



Methods

- 2004 National Day Labor Survey
- Cross sectional sample, N= 2660
- 69 women deleted from sample, N=2591
- Multi-staged design of 48 MSAs, 361 hiring sites in 166 cities
- Structured face-to-face interviews
- Lasted approximately 30 min
- UCLA Center for the Study of Urban Poverty
- Abel Valenzuela is the PI of the study

Sample Demographics

- Age
Mean = 34 years
SD = 11
Range = 75 (14-89)
- 94% Latino
- Education
Mean = 7 years, SD = 4
Range = 20 (0-20)

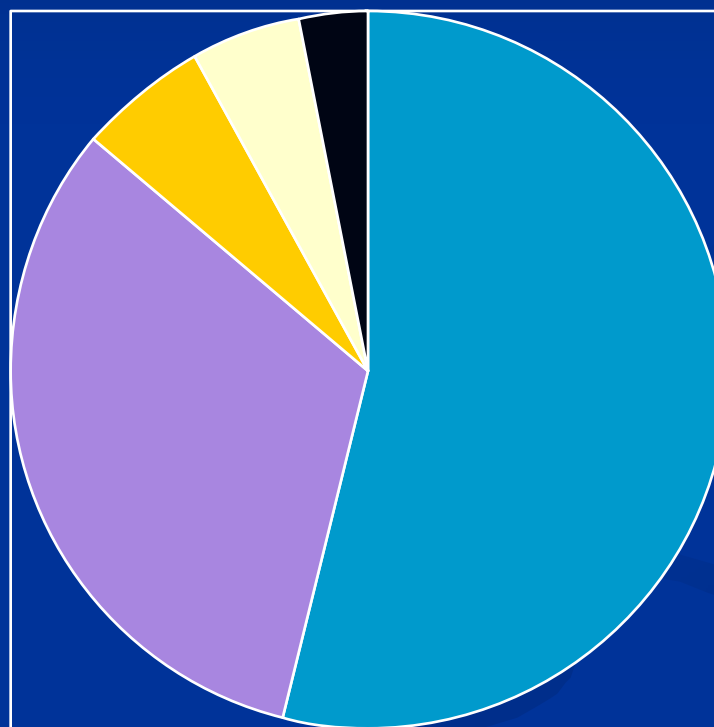


Country/Area of Origin

South America 6%
US 5%
Other 3%

Central America 32%

Mexico 54%



Central America

Guatemala	15%
Honduras	9%
El Salvador	7%
Other	1%

Immigration Status



- Years in the US
mean = 7 years
SD = 9
range = 72 (0-72)
- English proficiency
76.3% none-little
- Documentation status
78.6% unauthorized

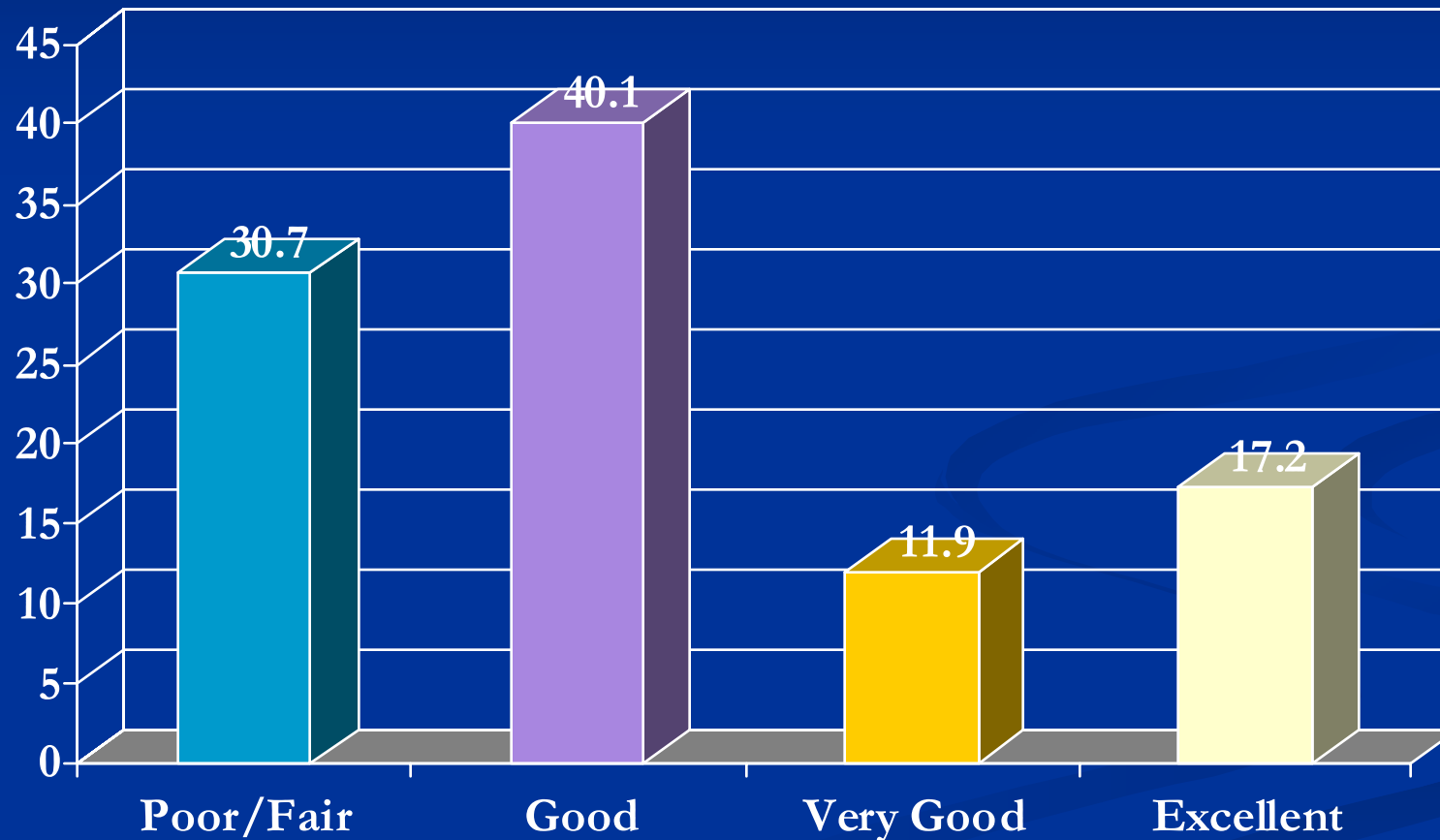
Top Occupations and Income

1. Construction
2. Mover
3. Gardener
4. Painter
5. Roofer



Monthly income: mean \$ 849

Overall Health Status



Social Networks

- Day laborers have existing social networks and connections to community organizations
- Received help from other day laborers
 - 21% loans
 - 44% help with housing
- Social affiliations
 - 21% worker centers
 - 52% churches
 - 8% consulate office
 - 4% CBOs



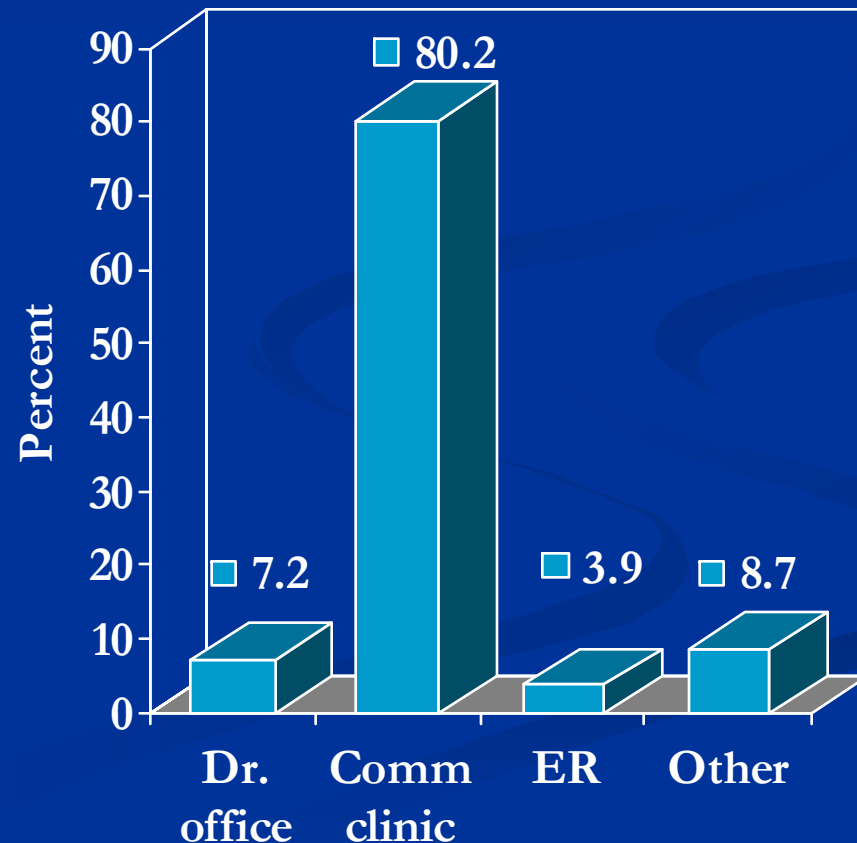
Measures of Access

- Usual source of care
- Site of the usual source of care
- Having seen a doctor within the last two years for those with poor or fair health status
- Utilization of emergency room
- Having health insurance

Usual Source of Care

- 54.7% (N=1411) had a USC
- Site of USC:

- Doctor's office
- Community clinic
- ER or urgent care
- Other
 - Alternative health care provider
 - Company doctor
 - Chiropractor



Having Seen a Doctor Within the Last Two Years

- Healthy young males do not necessarily need to see a doctor every two years so a subgroup was created with those who report having poor or fair health status
- This subgroup is more likely to need health services
- 30% (N=772) have poor or fair health status
- 54% had a doctor's visit in the last 2 years

Utilization of Emergency Room

- Question: “during the past 12 months, how many times have you visited a hospital emergency room for your own health?”
- 12.6% (N=319) used an emergency room in the past year
- The variable is dichotomous

Insurance Coverage

- Health insurance is a strong predictor of access and utilization of health services
- 6.8% (N=174) of day laborers are insured
- This allows the opportunity to study what are their characteristics
- The variable is dichotomous and it is also used as a independent measure

Research Question #1

- How does overall health status affect access to care for the male day labor population in the US?
 - How do self-assessed health and mental health affect access?
 - How does having any diagnosed conditions affect access?
 - How does self-reported occupational injury affect access?

Research Question #2

- After controlling for health need, to what extent do predisposing factors predict access to health services for male day laborers?
- Focal relationship: Access to health services and predisposing factors

OLS Regression:

Dependent variables: USC, Site of USC, ER use and MD visit within 2 years for those with poor/fair health status

Access = $\beta_0 + \beta_1 \text{ Age} + \beta_2 \text{ Country of Origin} + \beta_3 \text{ Immigration Status} + \beta_4 \text{ English ability as a proxy for acculturation} + \beta_5 \text{ Time in the US}$

Research Question #3

- After controlling for predisposing and need factors, to what extent do enabling characteristics predict access to health services for male day laborers?
- Focal relationship: Access to health services and enabling factors
- OLS Regression:

Dependent variables: USC, Site of USC, ER use and MD visit within 2 years for those with poor/fair health status

$$\text{Access} = \beta_0 + \beta_1 \text{ income} + \beta_2 \text{ health insurance} + \beta_3 \text{ Education} + \beta_4 \text{ English ability} + \beta_5 \text{ Time in the US}$$

Research Question #4

- How does undocumented-immigration status of male day laborers mediate the effect of the predisposing and enabling factors?
- Stratified analysis will be conducted
- Focal relationship = access to health services and predisposing and enabling factors

OLS Regression for only undocumented respondents:

Dependent variables: USC, Site of USC, ER use and MD visit within 2 years for those with poor/fair health status

Limitations

- Ability to generalize results to recent immigrants who are more likely to refuse being interviewed due to fear of authorities
- Difficult assessing evaluated health status with this population due to their limited access to health services
- Day laborers with health problems (injury or disease) are less likely to be present at the time of survey and this may result in over estimation of positive health status and lower health needs
- Lack of other health measures

Contributions and Policy Implications

- This study will be the first study in Public Health that will provide measures of health status and access to health services
- Generalizability of a national sample
- The results can inform policy on the health needs of this population
- They can be used to create Public Health interventions for day laborers
- It can inform the legislation debate on on immigrant policy

References

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