



Using a Participatory Process to Assess the Health of Latino Immigrant Men in a Community with a Growing Latino Population



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Background

- Latinos increased 71% in Allegheny County between 2000 and 2010, yet they are under 2% of the population
- New growth community (NGC): growing numbers of Latinos (< 5% of the population)
- There is scarce published research on Latino immigrant men (LIM), especially in NGCs
- Men often immigrate without their families



Latino Engagement Group for Salud (LEGS)

Legs is a partnership of:

- Latino grass roots members
- The Squirrel Hill Health Center
- Consumer Health Coalition
- The University of Pittsburgh

Goals:

- Identify the health problems of LIM
- Propose solutions to their problems
- Search for opportunities to build a system to improve their quality of life

"It is the pros and cons, as we were saying a while ago: [alcohol] gets rid of the depression you have for not having a family, but it also, on the other hand, screws you. But no, there is no good option [...] but to drink." Focus Group 1

"Well, there is sometimes loneliness [...] that leads us to [...] drink [...]. When you have a sick child and you want to be with them [family] ... but unfortunately we cannot because we come for a time to gather some money for our children to study more than anything. And when your wife tells you "the child is sick or your daughter is ill, to see if you get remorse and think "I wish I could return it or how do I do to not be thinking so much and worry." Focus Group 2

Objectives

1. Explore the health needs of LIM in Allegheny County
2. Identify health care access barriers among LIM in Allegheny County



Methodology

Community-based participatory research based on LEGS initiative:

Data Collection:

1. LIM: 4 focus groups and 66 surveys .
2. Health providers and social service personnel: 10 interviews.

Analysis:

1. Thematic analysis of qualitative data
2. Descriptive survey statistics and comparison by time in the U.S.

Results

Demographic characteristics of focus group and survey participants

	Focus Groups	Survey
Number of participants	25	66
Age (mean)	36	32
Years in the U.S. (mean)	6.4	6.4
Had not finished high school	71%	50%
Construction work	N.A.	15%

All percentage were calculated using only valid answers

Theme 1: Loneliness

LIM situation

- LIM Immigrate to financially help their families
- Leave family behind
- Face anti-immigrant environment
- Foreign culture and language

Results for LIM

- Feel nostalgic and isolated
- Low self worth
- To avoid stress:
 - Overwork
 - Leading to work related injuries
 - More stress
 - High alcohol consumption
 - Leading to sexual behavior that is of high risk for contracting STDs
 - More stress

Quick Facts

- 50% of survey respondents report at least 2 binge drinking episodes in the past month (no differences by time in the U.S.)
- Depression scores were worse for participants who had been in the U.S. for 5 years or less (Chi square (1df) = 5.15; p=0.02).

"Many of us take precautions or have the fear that if we come to a hospital or [...] use a service, one is fearful just because not knowing to speak English [...] They may speak to security or an important person and they can report you to immigration. [...] Also, [participant name] [...] went to the hospital and they billed him for a lot of money. [He] already has the idea of where to go, as he says, to another state where it is cheaper or that there is more ease to find medicines that here in Pittsburgh." Focus Group 1

"Not having a partner with whom to be creates loneliness, [you] miss the family. Then comes the state of depression that you do not care to do anything, [...] nothing makes you happy. I think everyone goes through this, you know? And many people [...] have no friends [...] do not go out anywhere, do not relate [to others]. That is, a social center; for example can be the church [...] where [...] guys come together, dance or something. But many people do not even go to that. They are engaged in work, they work sixteen hours and then the time they have they devote to sleep, [...] and that creates separation from society, right? [...] That this isolated people enter a world [...] of loneliness and depression." Focus Group 3

Theme 2: Preserving health

LIM Goals:

- Eat well
- Rest
- Exercise
- Have a social life

LIM challenges:

- Extensive work hours
- Community disconnection
- Not being prevention oriented (according to providers).

"We look for a job for the need to move your family forward and for yourself. And also the excess of work, one is working double, and the body does not deserve it, to keep healthy. So much work without understanding and eating badly." Focus Group 1

"I do drink beer from time to time but it must be done with a limit, [...] do not take it as a vice. [...] I drink one or two or maybe three [beers] after work or with dinner. But one drinks one or two beers: one eats well, one does sports. We maintain a balance, right?" Focus Group 4

"Sports are very good [...] and let's practice it as many times as we can. I like jogging, I like to go to the field to play ball. I like to go swimming, [...] but I do not have anybody to go with me to a pool and spend two hours swimming. That [swimming] fascinates me, but I don't have the right person with whom to go." Focus Group 3

"There's a lady who worked at [STORE]. She gets me this help. It's been two years since I met her there. All is well, and you go there [...] and we arrived at the hospital. I would like to give you the number." Focus Group 3

Theme 3: Confronting health issues

Participating LIM and providers identified the following:

Challenges

- There are few services in Spanish
- LIM are often uninsured.
- Most LIM did not visit the doctor or dentist in the past year*

Behavior and self identity

- LIM think men should endure pain
- LIM avoid using a system that is hostile to them
- LIM find care through social chains.

Consequences

- LIM delay of service use worsens their problems.

* Participants who were in the U.S. for 5 years or less were less likely to have seen a dentist in the past year (Chi square (1df) =3.84; p=0.05).

"Which is amazing that they come into this store to me and say, "There's an issue, can you take me to the clinic?" And I'm like, "I own a store, are you really coming in to ask me this instead of going to your [doctor]?" [Laughing] [...] I don't mind and I like how the neighborhood [comes here]." Interview SS

"For a lot of these Latino men, in the country where they're coming from, you see the doctor when you're sick. It's not like you have a doctor, like a primary care, that you go one year for a checkup." Interview A

Survey Results: Outcomes

	Number	%
Binge drinking >=2 in the past 30 days	33	50%
Uninsured	57	90%
Visit to the doctor never or >1 year ago	46	69%
Visit to the dentist never or >1 year ago	50	76%

All percentage were calculated using only valid answers
Binge drinking is defined as >= 5 drinks on one occasion

Discussion

Our three sources of data confirm that fear, cost, language and the main barriers to accessing care.

Most health problems stem from social isolation and loneliness that cause stress in an adverse environment. New immigrants are at higher risk of depression. LIM's isolation is maintained in this NGC, since Latinos are scattered throughout the county.

Drinking is a problem for many LIM in the community, regardless of time in the U.S.

LIM hold a lifestyle concept of prevention. Providers instead, tend to view prevention as use of health services.

Providers mention specific difficulties of the health care system as well as issues of legal documentation more often than LIM. It is possible that providers are able to articulate these issues more clearly because they encounter many LIM with the same problems. LIM can speak of their own personal experience and sometimes that of their close family or friends.

LIM's description of building on social relationships to obtain care has been described before and confirms findings in prior research.

Limitations: small sample size, mostly Mexican sample, exploratory study.

Strengths: Innovative access to the perspective of low-income/low-education LIM in an NGC.

Conclusions

LIM face social isolation that results in negative health consequences. A n intervention to assist LIM in building the necessary social connections to improve their social, mental and physical health as well as provide means to access the health system is needed.

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Latino immigrant men (LIM) are an understudied population in the US. LIM living apart from their families experience additional health care barriers and increased risk for negative health outcomes. We conducted a health assessment with the ultimate goal of creating a network of male lay health advisors (promotores) in a county with a small yet growing Latino population (2%).

Using community-based participatory research, we explored LIM's health issues and health care access barriers. We conducted four focus groups with a total of 25 LIM, 10 open-ended interviews with health and social service providers, and surveys with 66 LIM. Focus group and interview transcripts were analyzed using the constant comparison method. Survey data were analyzed by length of stay in the U.S. We triangulated the three sources of data to identify common themes.

The vast majority of participating LIM was Mexican (69%) and lived without a partner (18%). Overall, 58% participating LIM were <35 years old, 53% had been <= years in the U.S., 53% had not completed high school, and 95% were uninsured. A total of 47% surveyed LIM reported at least 2 binge drinking episodes in the past year. Both in surveys and focus groups, prominent problems were loneliness, depression, and alcohol abuse. LIM focus groups and surveys as well as provider interviews identified the main barriers to care to be cost, misinformation, and lack of Spanish speaking staff. Additionally, LIM in focus groups explained that loneliness and lack of social connections prompted unhealthy behaviors and depression.

LIM face social isolation that results in negative health consequences. A promotores network should assist LIM in building the necessary social connections to improve their social, mental and physical health as well as provide means to access the health system.