

Structural Inequalities that Impact Latinx Health across the lifespan

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APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Abstract

Access to health care amid the immigrant policy context of California: The lived experience of Mexican and Chinese immigrants

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APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Background: Immigrant policies are a social determinant of health, differentially impacting immigrants' access to health care. Despite growing evidence that policy is associated with access to health care, little is known about the mechanisms by which policies shape the position of immigrants' in the United States. The Research on Immigrant Health and State policy (RIGHTS) study interviewed Mexican and Chinese immigrants to understand how immigration-related policies shape the position of immigrants' with their communities, schools, and workplaces and how this influences their access to health care.

Methods: Sixty in-depth semi-structured interviews were conducted with Mexican and Chinese immigrants of various legal statuses living in Southern California. These groups were selected they face distinct structural contexts due to their histories of migration and racialization. Interviews were audio-recorded and transcribed. A thematic analysis was used for coding and synthesis of the transcripts.

Results: Mexican and Chinese immigrants experienced marginalization and discrimination due to language and citizenship status across multiple sectors, including work and healthcare settings. These factors shaped how immigrants navigated immigration-related policies, such as, work-based visas and employer-based health insurance. Both groups relied on informal networks to navigate policies and, as a result of the differences in these networks, had distinct experience accessing care; particularly, Mexicans accessed a range of Latino and immigrant-serving organizations while Chinese immigrants sought care outside the US.

Conclusion: Mexican and Chinese immigrants shared experiences of marginalization and discrimination, however, differences in access to health care was related to structural and contextual factors.

Advocacy for health and health education Implementation of health education strategies, interventions and programs Public health or related public policy Public health or related research

Abstract

Association of Cultural and Structural Factors with Perceived Medical Mistrust among Young Adult Latinos in Rural Oregon

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APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Background: Although previous studies have examined the impact of medical mistrust on the health,

healthcare seeking behaviors, and health disparities among diverse populations, including Latinos, limited research has explored cultural and structural factors that contribute to medical mistrust. The aim of the present study was to examine the associations between cultural and structural factors and perceived medical mistrust among a sample of young adult Latinos living in rural Oregon.

Methods: We conducted in-person interviews with 499 young adult Latinos (ages 18-25). Medical mistrust was assessed using a modified version of the Group-Based Medical Mistrust Scale, which has been used with Latino populations. We included three cultural (acculturation, machismo, and familismo) and one structural (perceived everyday discrimination) variables, all measured using previously validated scales. Sociodemographic variables (e.g., age, gender, income, educational level, employment) were also included in multivariable linear regression models.

Results: We found that everyday discrimination and traditional machismo values were associated with medical mistrust, the latter primarily among Latino women. It is possible that Latinos living in relatively new minority/immigrant settlement areas (such as rural Oregon) may be more vulnerable to experiencing discrimination, which in turn, may erode trust in health care providers. On the other hand, a strong ethnic identity, including the endorsement of machismo values, may serve as a protective mechanism for Latinos confronted by racial/ethnic discrimination.

Conclusions: Culturally responsive interventions, both in clinical and community settings, are warranted to tackle the pervasive effects that racial/ethnic discrimination has on the health of Latinos and other minority populations.

Diversity and culture Public health or related research Social and behavioral sciences

Abstract

Forced Return Migration: Repatriation and reintegration policy analysis and recommendations to ensure equitable healthcare access

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APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Background: Migration, whether voluntary or forced, has significant impacts on the health of the migrant. The political interaction between immigration and health policies is currently a real-life challenge for young adults currently receiving protections under the Deferred Action for Childhood Arrivals (DACA) and face uncertainty if they will be deported and separated from their families, and whether they will have access to healthcare services.

Methods: This study conducted a legal and policy analysis of U.S. legislation relating to deportation including the DREAM Act, DACA, and U.S. Repatriation Policy. It also reviewed and analyzed "Somos Mexicanos" and bilateral repatriation agreements between the two countries to assess how Mexico's national health systems and policies will absorb deportees and how it will impact their healthcare access and coverage.

Results: Our analysis identified key gaps within the repatriation agreements between the U.S. and Mexico alongside policies within Mexico that were aimed at facilitating repatriates back into society and providing them healthcare. In the event recipients of the DREAM Act and DACA become subject to deportation, immigration detention facilities will not be equipped nor legally required to provide healthcare in a humane process. In addition, coordination, documentation sharing, and eligibility issues between the U.S. and Mexico per repatriation agreements and Somos Mexicanos lack sufficient coordination.

Conclusion: Based on these results, we formulate a set of bi-national policy proposals aimed at ensuring that these vulnerable and undeserved populations continue to receive the healthcare rights that all members of society, regardless of citizenship, should be afforded.

Abstract

Migration roles in the lives of Latina Youth: A Binational Comparison

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APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Background: While Mexican migrants often move to the United States to improve their economic status, their families may face challenges to their well-being. Little is known regarding the effects of migration on youth, particularly on their relationships and their ability to access health care services.

Study Question: What are the effects of migration on youth's relationships with partners and families, as well as on their health care access?

Method: Focus groups and interviews were conducted with pregnant and parenting female youth (n= 74) ages 14–20 and adult providers (n=15) in Guanajuato, Mexico, a common point of origin for migrants, and Fresno, California, a traditional point of entry for Mexican immigrants.

Results: In both locations, migration affected youth mostly at a familial level, reporting family separation as the most common consequence, often influencing their adolescent children to leave their homes or seek migration opportunities themselves. Traumatic experiences from the border-crossing, unhealthy relationships, and lack of contraceptive use, were recurrent factors affecting immigrant youth health in both locations. Language barriers and documentation issues in California as well as costs and lack of information in Mexico, were frequent challenges to access health services.

Conclusions/Implications: Understanding the effects of migration on youth, their families, and communities, is critical to design programs and policies that relate to these issues. Health providers should receive training around barriers to health care services for migrant youth and their families. Health systems in both countries need to be more responsive to the instability of the lives experienced by their clients.

Abstract

Linguistic Discrimination and US Assimilation buffering effects in Health Care Access of Agricultural Workers

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APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

The primary aim is to determine if agricultural workers whose preferred language of communication is Spanish are less likely to receive workers compensation (WC), the secondary aim is to determine whether factors related to assimilation influence the association between preferred Spanish speakers and receiving WC.

Data was obtained from the National Agricultural Workers Study Public Access Data, Cycles 1-79.

Participants gave information about language preferences, legal status, working status, what they understood about their health care, coverage and access, education and other demographic factors.

Agricultural workers who preferred to speak Spanish experienced 66% greater odds (OR=1.66, 95% CI=1.58-1.73) of inadequate access to, or use of, WC. Looking at the differences between health insurance being provided by the employer (OR=1.24, 95% CI=1.09-1.41) versus worker-obtained health insurance (OR=1.16, 95% CI=1.02-1.31) indicates that workers who had more experience or understanding of US healthcare were less impacted by their language preference. This was further supported by research that showed that certain adult education classes like ESL classes (OR= 0.68, 95% CI=0.64-0.73) and Citizenship classes (OR=1.54, 95% CI= 0.46-0.63) can mitigate the odds of inadequate access to WC.

This research suggests that Spanish-speaking preferred agricultural workers who reported better understanding of the US healthcare system and other assimilation advancements had better access to workers' compensation. This study will continue to examine how factors such as US educational attainment and particular assimilation attempts may increase access to workers compensation, giving them greater access to health care and better health overall.

Assessment of individual and community needs for health education Diversity and culture Planning of health education strategies, interventions, and programs

Abstract

Implicit Bias in Workers Compensation Decisions

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APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Latinx workers are overrepresented in occupations with high injury rates (ex, Meatpacking), particularly in New Destination communities, such as the rural Midwest. Biases against LW may influence workers compensations case decisions, leading to inequities in income and employment.

This study focused on the 1291 arbitration (initial claim for benefits) cases identified within the total population of (N=2558) workers compensation cases held in Iowa between 2012 and 2015. Based on a standardized form, claimant last name, gender, type of case, employer, plaintiff requested benefits, and the deputy commissioner's decision were collected. Decisions were classified as "wins" (claimant awarded all requested benefits, or more) or "non-wins" (claimant awarded anything less than all benefits).

Analysis: We calculated descriptive statistics and used modified Poisson regression to formally compare probability of "winning" a case according to the interaction of ethnicity and gender, adjusting for age and other factors.

Results: In adjusted models, Latino men were significantly less likely to win their cases than non-Latino men [Risk Ratio (RR) 0.72, 95% CI (0.52, 0.98)], while there was no difference for Latina women compared to non-Latino men [RR 0.93 95% CI (0.71, 1.22)].

Conclusion: This study found that Latino men were less likely to win their cases when compared to non-Latino males, but that Latina women were no less likely to win their cases than other groups. Being unemployed, or unable to work, while not receiving necessary benefits from on the job injuries could have serious consequences for individuals and their families.

Occupational health and safety Other professions or practice related to public health

Abstract

Beyond Walking: Conceptualization and assessment of streets as physical activity resources for children and families residing in low-resource, rural communities along the U.S.-Mexico border

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APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Rates of chronic disease, obesity and decreased physical activity levels are disproportionately high among Latino/a populations. Residents of rural, low-income areas along the Texas-Mexico border such as *colonias* also have decreased levels of physical activity and fewer physical activity resources (PARs). Understanding innovative ways such as viewing street segments as PARs in these areas with low resources is critical to promoting physical activity. The purpose of this study is to describe street segments as potential PARs in low-resource, rural areas such as *colonias* in Hidalgo County, TX. This study was conducted with *promotora*-researchers assessing street segments (n=867) in 18 functionally-rural areas. Street segments were assessed for physical activity features, amenities, and incivilities. Street segment assessments identified yard space as the most common physical activity amenity (85.8% of street segments>1 household). Approximately 65% of streets had litter (PA incivility) and 49.6% had dogs loose on the street. In addition, 38.1% of streets were perceived as safe, 47.5% of streets were perceived as attractive and 20.4% were perceived as walkable by *promotora*-researchers. Street segments that were within a half-mile of a publicly accessible PAR had significantly higher scores for streets and resources than those street segments that were not within a half-mile of a publicly accessible PAR. These findings could be useful for future interventions and policies to promote street segments as PARs for low-resource areas. Specifically, street segments as PARs and community perceptions of street segments as PARs could be used for rural health interventions to best support physical activity.

Assessment of individual and community needs for health education Diversity and culture Program
planning Public health or related education Public health or related research Social and behavioral
sciences

