



INTERDISCIPLINARY RESEARCH LEADERS

RESEARCH BRIEF | December 2020

Local health policies and safety net programs affect resilience and health of Latinx immigrants

WHY WE DID THIS STUDY

The Latinx population is the largest and fastest growing minority group in the United States, and face disproportionately greater health needs compared to non-Latinx Whites. Latinxs, and particularly immigrant Latinxs, also have poorer access to health insurance and healthcare.

La Clínica del Pueblo, a federally qualified health center, provides clinical services and community health action interventions to its clients, a majority of whom are Latinx immigrants from Central America. They serve clients living in the District of Columbia (DC), which offers public health insurance regardless of immigration status, and Prince George's County, Maryland (MD), which does not. The goal of this project was to compare the social, political, and economic environments, access to health care, and the health of immigrant Latinx residents living in DC and in Prince George's County (PGC), MD.

HOW WE DID THIS STUDY

We used a mixed-methods approach, combining in-depth interviews with some of La Clínica's clients with quantitative analyses of their clients' longitudinal electronic health record (EHR) data.

We conducted in-depth interviews in Spanish with 30 La Clínica clients (½ from DC, ½ from PGC) to explore the daily adversities they faced and how they coped. All participants (18-78 years old) were from Central America; 37% were undocumented, 27% had a temporary status or work permit (such as temporary protected status, TPS, or Deferred Action for Child Arrivals, DACA), 20% were citizens/permanent residents for more than 5 years, 13% were residents for less than 5 years, and 3% did not disclose their status. Over half (57%) reported a serious health issue, including diabetes, HIV and depression. The interview topics included adversities that participants faced across multiple domains (discrimination, daily stressors, legal status, etc.); coping with adversities; social networks in the US and their countries of origin; and perceptions of La Clínica's services and the effects of La Clínica's services on their lives.

Second, we compared the patterns of use of medical care and community action services, and the health outcomes of 7,730 adult clients living in DC (4,533) and PGC (1,994) who visited La Clínica at least once between 2012 - 2018.

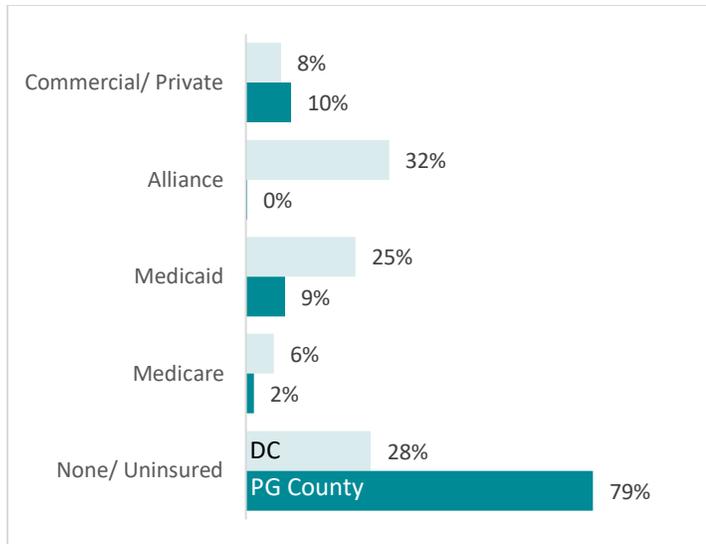
WHAT WE FOUND

Our qualitative results covered a wide array of information, including chronic stressors, healthcare access, and sources of resilience. Participants identified three main sources of chronic stress: immigration legal status, language, and isolation/depression. Undocumented participants stated that their immigration status prevented them from seeking or receiving health care services. Some undocumented participants believed that health services were only for those with

KEY FINDINGS

- Immigrants face a range of acute and chronic stress and health conditions, including isolation and depression.
- Community health center resources can promote individual and community resilience and health for immigrant communities facing acute and chronic stress.
- Place matters for health. Localities with immigrant-supporting policies can enhance community health center resources and reduce barriers to healthcare access.

Figure 1. Health insurance coverage among La Clínica's clients living in DC and Prince George's County, MD



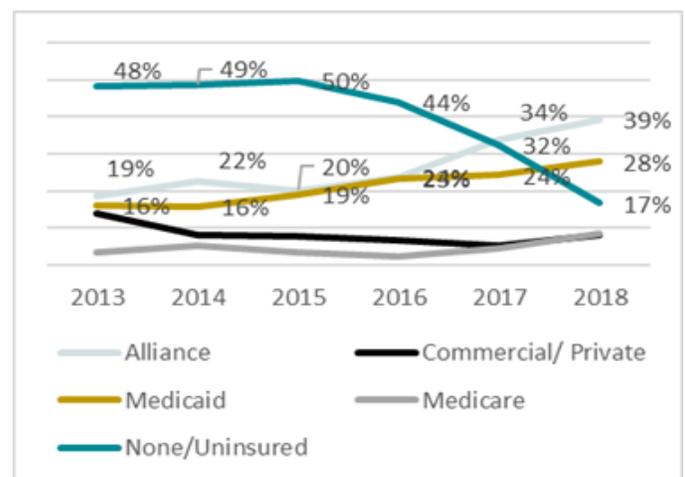
legal documents. Participants who had a temporary immigration status reported coping with their fear of deportation by avoiding places where they might encounter the police or immigration authorities. Some explained that they were reluctant to access government services because of the new public charge rule, which allows immigration officials to consider access of federal health, housing and nutrition programs as grounds for denying applications for US visas, residency or citizenship. Sources of individual resilience for participants included fighting to improve their children's lives, relying on supportive networks, and using La Clínica as a healthcare safety net. Residents of Prince George's County, compared to DC, as well as sexual/gender minorities, reported more barriers accessing health care. Nevertheless, participants universally reported receiving excellent care at La Clínica. They trusted La Clínica's staff members who they felt were always there to help them. La Clínica was a safety net source of health care, fostering individual resilience to immigration status barriers for accessing health care. Sources of community resilience included La Clínica's safe spaces, support groups, referrals to outside legal service providers, and health promoter training.

In the EHR analyses, we found that each year, nearly one in three encounters with La Clínica was for a community health action intervention (e.g., support groups, health education, safe spaces). While clients living in MD and

DC experienced similar rates of poverty and other characteristics, 8 in 10 clients living in PGC vs. less than 3 in 10 living in DC were uninsured (Figure 1). One-third of DC clients were insured by the DC Alliance, the city's public health insurance program for those not eligible for Medicaid. Importantly, though, insurance coverage grew over time among DC clients (Figure 2), such that, by 2018, only 17% were uninsured and 39% were covered by the DC Alliance.

As an outcome of our research, we created a conceptual model to be used and tested by FQHCs that work with Latinx immigrants (Figure 3). In the model, we describe the relationship between FQHCs, community resilience, the local policy context, and health outcomes. We suggest that FQHCs working with Latinx immigrants provide clinical care, mental health services, navigation, advocacy, and community action programs targeted to vulnerable groups such as immigrants, the LGBTQ community, and intimate partner violence survivors. Future research with other FQHCs with a health action mission could help clarify these relationships. A comprehensive evaluation of this model would need to account for differences in clients who elect to use FQHC services and those who do not, and how these differences may relate to health outcomes.

Figure 2. Health insurance coverage among La Clínica's clients living in DC from 2013-2018



“I like living in Maryland, but I would like to live in DC for the many benefits you can have.” - PGC resident

WHAT THESE FINDINGS MEAN

Together, findings suggest that both policy and programming matters to the health care and health outcomes of members of the Latinx community. Latinx immigrants face multiple adversities in accessing health care, and this varies by policy context.

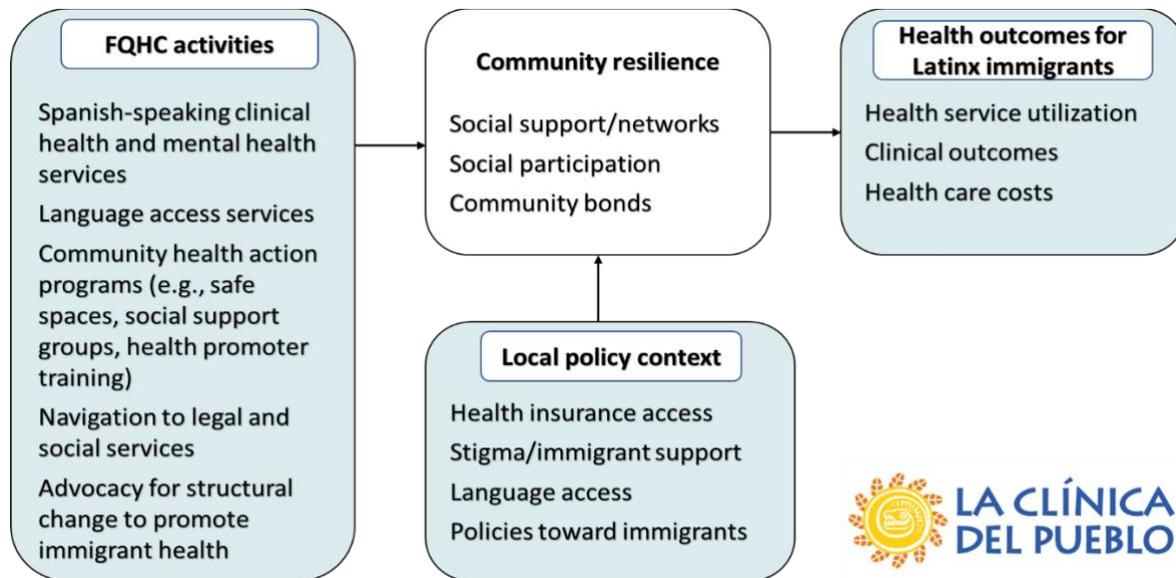
Safety net providers can offer both clinical services and health action interventions to support the health of clients. From 2012-2018, more than one-quarter of clients' visits to La Clínica were for community health action services. Our results suggest that clinical and community programming offered by health centers may improve the health of Latinx clients by promoting their individual and community resilience.

Findings highlight the importance of the local policy context. DC's Alliance program provided health insurance coverage to nearly one-third of La Clínica clients living in DC. The public insurance program, supported with local dollars but involving burdensome recertification requirements, is key to providing health care access and for safety net providers like La Clínica to keep its doors open. The COVID-19 crisis and its economic fallout have made these local supports more vulnerable to budget cuts, while being all the more important to ensuring public health.

Our study had several limitations. First, we collected and analyzed data from La Clínica clients only, so our findings cannot generalize to those not already involved with a safety net clinic or to health center clients in other communities. In addition, EHR data are designed for clinical and not research purposes, and standardized data that capture many social determinants of health remains a challenge.

We highlighted the importance of both local policies and programs in determining health care access, resilience, and health outcomes of Latinx immigrants. FQHCs like La Clínica del Pueblo serve critical medical and health care needs, especially for the undocumented, but are limited in size, scope and resources. Place matters for health, and FQHC services may be even more important in policy contexts with fewer immigrant supports. Localities may consider health investments to support FQHCs or programs to expand insurance coverage for Latinx immigrants.

Figure 3: Conceptual model of Federally-qualified health center (FQHC) activities, community resilience, policy context, and Latinx immigrant health.



“Because you know that the moment you need something, La Clínica is there. They are going to help you, if you have money or not. It is an excellent clinic for us. It is a shame that there are only a few. There should be more.” - DC resident

ABOUT THE AUTHORS

This brief was authored by Nina Yamanis and Taryn Morrissey of American University and Catalina Sol of La Clínica del Pueblo. They are 2017 Robert Wood Johnson Foundation Interdisciplinary Research Leaders fellows. For questions please contact: Taryn Morrissey (morriss@american.edu). The findings in this study were published in Yamanis, Morrissey, Bochey, Cañass, Sol (2020). “*Hay que seguir en la lucha*”: An FQHC’s community health action approach to promoting Latinx immigrants’ individual and community resilience. *Behavioral Medicine*. 46:3-4, 303-316.