ATTITUDES AND EXPERIENCES OF UNDOCUMENTED LATINO IMMIGRANTS WHEN SEEKING MEDICAL SERVICES

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ATTITUDES AND EXPERIENCES OF UNDOCUMENTED LATINO IMMIGRANTS WHEN SEEKING MEDICAL SERVICES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Susana Michelle De Leon
June 2018
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Approved by:

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ABSTRACT

Undocumented immigrants have historically been excluded from the medical care system. This study explored the attitudes and experiences of undocumented Latino immigrants when seeking medical services in the San Bernardino County. It aimed to share the stories of undocumented immigrants that often go untold and provide valuable insight into the needs and concerns of this population. The exploratory study utilized a qualitative approach through interviews. Data was collected through in person and over the phone interviews, which were then transcribed and analyzed using a constant comparative method. The findings of this study identified barriers and challenges faced by undocumented immigrants including a lack of equal access to healthcare, a lack of knowledge in navigating the healthcare system, stigma and discrimination, language, finances, culture, and fear. Both negative and positive experiences were shared, along with advice provided by participants for undocumented immigrants. This study carried important implications for medical professionals, agencies, and policy makers to better address the needs and concerns of undocumented patients. Research recommendations included implementing programs based off this study’s findings and exploring the attitudes and experiences of this population when seeking mental health services. Further research is encouraged to work towards dismantling the barriers faced by the undocumented immigrant population.
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CHAPTER ONE
INTRODUCTION

Problem Formulation

Undocumented immigrants make up a significant portion of the population, with an estimated 11.4 million currently living in the United States (Ortega, 2015). Undocumented immigrants have historically been excluded from the health care system and face multiple barriers when seeking medical services from hospitals or clinics. Many undocumented immigrants do not receive health insurance and cannot afford to pay for medical care services (Okie, 2007). They present with the lowest levels of insurance coverage with 40% insured, and the remaining 60% uninsured (Ortega, 2015).

Furthermore, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 set restrictions on federal and state benefits, such as Medicare or Medicaid, to undocumented immigrants (Berk, Schur, Chavez & Frankel, 2000). The Obama Administration’s Affordable Care Act, although promoting an agenda of diversity, continued to exclude undocumented immigrants (Page & Polk, 2017). Currently, the statements and actions of the Trump administration have prioritized deportation efforts and further strengthened anti-immigration sentiments throughout the country.

The policy implications created from the denial of health care services to this population have led to public health and economic consequences (Ortega, 2015). On average, immigrants are younger and healthier than native-born
citizens, but are more likely to avoid seeking medical services (Okie, 2007).
Undocumented immigrants are less likely to receive preventive care and often rely on emergency medical services. Ultimately, this results in higher chances of chronic disease morbidity and mortality (Ortega, 2015). Providing greater access to preventive services could lead to better public health and long-term cost savings for taxpayers (Ortega, 2015).

Denying health care services to undocumented immigrants brings into question the ethical dilemma of viewing health care as a fundamental human right. From a humanist perspective, societies are obligated to ensure health benefits for all, including both citizens and undocumented immigrants (Dwyer, 2004). This perspective views immigration policy and health care policy as two separate issues, where coming into the country illegally does not warrant stripping someone of their basic human rights (Dwyer, 2004).

Purpose of Study

The purpose of the research study is to gain insight into the unique perspectives of the undocumented population when seeking medical services. Undocumented citizens face multiple barriers when navigating through the United States healthcare system. Barriers range from the individual level, such as the fear of disclosing one’s status and risking deportation, to the policy level of denying immigrants equal access to health care services (Hacker et al, 2015).

This study uses a qualitative research design. This research design will allow the collection of in depth data through an interview process. Additionally,
this structure provides the researcher with the opportunity to ask follow up questions during an interview in order to clarify meaning and expand on responses. Furthermore, the researcher’s background in social work can be utilized in providing participants with active listening and empathic responses.

Significance of the Project for Social Work

There is currently limited research on the undocumented immigrant health care experience (Ortega et al., 2007). The need to conduct this study arose from the lack of research in addressing the barriers faced by undocumented citizens and their families when seeking medical services. These barriers limit access to resources and services that these families might otherwise qualify for. With a growing number of undocumented Latino immigrants, it is necessary to move forward in conducting research that begins addressing the needs of this population.

By sharing the stories of undocumented immigrants- stories that often go untold- this study aims to provide valuable data identifying the needs of this population. The study will also provide recommendations on how medical professionals and agencies can address those needs. Ultimately, the study aims to give voice to undocumented immigrants whose experiences are not often considered or shared.

The findings from this study will have important implications for social work practice. The National Association of Social Workers (2018) states that social workers strive for equal opportunities for all people, including providing them with
equal access to services and resources. Social workers must advocate for marginalized populations, including undocumented immigrants, who are often the target of prejudice and discrimination when seeking health care services (Ortega et al., 2007). Furthermore, with tensions on the rise throughout the country, there is an increased fear in the undocumented Latino immigrant community (Ortega, 2015). The current political climate presents an urgent need for social workers to address the issues undocumented immigrants face and work towards better meeting their needs.

The implications of the research are that, at the micro level, it will provide clinical social workers and other professionals in medical facilities a better understanding of the undocumented Latino immigrant population in the San Bernardino County. Through interviewing undocumented immigrants in the community, the research intends to provide insight into the concerns of undocumented immigrants when seeking medical services. With this insight, healthcare professionals can learn how to develop more trusting therapeutic relationships with this population in order to provide them with quality care and services. This insight can also lead to a direct increase in cultural competence when working with this population.

At the macro level, findings will contribute in further educating the general population by providing perspective on how the effects of health care exclusion and the current political climate impact undocumented Latino immigrants. On a broader level, the research presented in this study can be used by policymakers
to advocate for comprehensive immigration reform that takes into consideration the voices of undocumented immigrants hiding in the shadows of America. Immigration reform can lead to changes in the current health care system for undocumented immigrants.

The following study can help bridge the gap between undocumented Latino immigrants and medical services. The study will inform the beginning phase of the generalist intervention process by providing clinical social workers with the cultural competency necessary in working with this population and building rapport with patients who may fear asking for assistance. The study will also inform the assessment process by outlining the specific needs of this population so that social workers can be made aware of them and know what questions need to be asked during assessments. Furthermore, the study may help to inform the planning and implementation process for agencies attempting to reduce barriers to service for undocumented immigrants.

The research question for this project is as follows: What are the attitudes and experiences of undocumented Latino immigrants in the San Bernardino County when seeking medical services?
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter will introduce barriers undocumented Latino immigrants face when seeking medical services in the United States health care system. Barriers to be discussed include fear, eligibility requirements, lack of information, cultural-linguistic differences, and discrimination. In addition, this chapter will present gaps in the literature, support for the proposed study, and how the study will build from prior research. The final section will discuss Andersen’s Behavioral Model of Health Services Use and the Social Identity Theory in relation to working with the undocumented Latino population.

Summary of Literature Review and Relation to Problem Statement

Undocumented Latino immigrants face unique barriers and limited access to services within the United States health care system (Ortega et al., 2007). These barriers present themselves at the policy, system, and individual level (Hacker, Anies, Folb & Zallman, 2015). At the policy level, barriers identified included health care policy that limits undocumented immigrant’s access to health insurance. At the system level, barriers included cuts in funding, and limited capacity from health care providers. Common barriers reported at the individual level included fear of deportation, language, high costs, stigma, and
feeling as if one does not have enough knowledge on navigating through the health care system (Hacker, et al., 2015)

**Fear**

Many undocumented citizens face a fear of detection and deportation in the United States healthcare system by agents of the Department of Immigrants and Customs Enforcement (ICE) (Portes, et al., 2012). This fear is justified by the numerous raids and deportations conducted by ICE in immigrant communities. For example, in San Diego, ICE agents monitored Spanish radio stations to locate mobile medical units designed to make services available in poor migrant areas. As a result of these government raids, mobile medical units no longer advertise their location on radio stations (Portes, et al., 2012).

Fear is also associated with the financial threat of rising hospital bills. In fact, many postpone hospital visits until they deem them truly necessary. Unfortunately, this is often when the condition has worsened, and the damage has already been done. Many times, the complications resulting could have been avoided with preventive care (Portes, et al., 2012).

Escarce & Lurie (2007) found that one’s legal status is correlated to their access to social services. Undocumented immigrants face an increased vulnerability associated with their status. With tougher immigration measures, there is also an increased fear of deportation in the community when revealing one’s legal status (Amuendo-Dorantes, Puttitanun, & Martinez-Donate, 2013).
Eligibility Requirements

Hospitals promote a mission of serving their community and improving overall public health. Yet, this mission is not often applicable to immigrant communities. Access to services can be difficult for undocumented citizens due to the many obstacles in the application process. Patients are subjected to a “gatekeeping” system where their first point of contact is with a clerk whose job consists of handling eligibility forms and finding out which patients will pay for services (Portes, et al., 2012). This system makes it challenging for undocumented patients who often do not have the means for medical costs.

At the federal level, proof of citizenship is required for government programs such as Medicare or Medicaid. Federally qualified health centers (FQHCs), although more accessible, still require proof of residence and income, with some programs asking for tax returns (Portes, et al., 2012). This can be difficult documentation for undocumented citizens to provide for various reasons, including working “under the table” jobs or having unstable living situations. Although patients do have the option of seeing a physician by paying fees upfront, these fees can be costly and can add up quickly (Portes, et al., 2012).

Lack of Information

Undocumented citizens often do not know about the medical services or resources available to them. In a study conducted by Harari, Davis & Heisler (2008), respondents reported feeling an isolation from their community, and social and information networks. Beneficial services, including free clinics, are
not advertised to immigrant communities and rely heavily on word of mouth. As a result, many undocumented immigrants are utilizing emergency rooms for non-emergencies (Portes, et al., 2012). Organizations are working towards taking more proactive measures, such as creating mobile medical units, or sending members on outreach work in the immigrant community to inform them of medical services available (Portes, et al., 2012).

Cultural-Linguistic Differences

Immigrants are often faced with the additional barrier of cultural and language differences. In the best-case scenario, a patient can receive services from a qualified clinician that is fluent in the patient’s language and understands their culture. In the worst-case scenario, hospitals may rely on an untrained translator, which is illegal but not uncommon (Portes, et al., 2012).

Hospitals and clinics are required by law to provide medical translations, but these are often not sufficient. Options available include certified translators, or the American Telephone and Telegraph (ATT) system which provides over the phone translation services (Portes, et al., 2012). ATT services can miss important body or facial cues that are vital to effective communication, leading to important information being lost in translation. Despite these interpretation services being offered, many are not aware that they exist, or that they are available at no cost (Harari, Davis & Heisler, 2008).

Additionally, undocumented immigrants report a lack of confidence when explaining themselves in a language they are not familiar with, and not being
able to communicate their true feelings and emotions (Harari, Davis & Heisler, 2008). This language barrier can lead to an added layer of confusion, when immigrants are not understanding explanations being provided to them by medical professionals. As one participant stated, “When I can’t speak the language, I can’t ask my questions” (Harari, Davis & Heisler, 2008).

Stigma and Discrimination

Latino immigrants receiving medical services have reported more negative experiences and higher rates of discrimination (Ortega et al, 2007). Many undocumented immigrants feel that their lack of health insurance results in them not being treated properly and rushed out of the hospital system (Harari, Davis & Heisler, 2008). Despite the struggles undocumented immigrants face when navigating the health care system, they are often criticized for entering the country illegally and using up resources. This stigma does not take into consideration the many contributions made by undocumented citizens. The Social Security Administration (SSA) states that billions of dollars are paid in social security taxes every year, to which undocumented immigrants receive no benefits (Rivers & Patino, 2006). Undocumented immigrants also continue to fill low paying positions that would be difficult to fill otherwise (Rivers & Patino, 2006). The stigma faced by undocumented immigrants contributes to them feeling as if they are a burden on the system, and further prevents them from seeking medical services (Hacker, 2015).
Gaps in Literature and Limitations

U.S. health care policy has changed drastically in the recent years and will continue to do so under the Trump administration. Despite significant changes in health care policy, barriers for undocumented immigrants have consistently remained in place.

There is a significant amount of research on the barriers faced by Latino immigrants when seeking health care services, yet there appears to be little research focusing specifically on the undocumented population. This can be attributed to challenges that come with studying a mostly hidden population. Studies indicate that anti-immigration policies and the barriers they present with contribute to undocumented immigrations avoiding seeking health care services (Cleaveland & Ihara, 2012) The changes brought along by the Trump administration have affected the current political climate by further strengthening anti-immigrant sentiments. This gap in the literature calls for additional research addressing the needs and concerns of the undocumented population during this political climate.

Support for the Proposed Study

Surveys conducted on undocumented Latino immigrants, who voluntarily returned or where deported to Mexico, found a correlation between tougher immigration laws and access to health care services (Amuendo-Dorantes, et al., 2013). The study found that about a third of undocumented participants had difficulties in obtaining social and government services, health care services, and
legal services (Amuendo-Dorantes, et al., 2013). Ortega et al. (2007) also supports the view that citizenship status contributes to health care access. The proposed study is centered around the unequal access to health care presented in the research.

**How the Study Will Build and Differ from Prior Studies**

The experiences of undocumented immigrants are often left untold. According to Page & Polk (2017), sharing the stories of undocumented immigrants can be an effective tool in advocating for this hidden population, challenging negative narratives, and reducing barriers to medical services. Hernandez and colleagues (2010) stated that “much of what undocumented college students endure remains just that: undocumented”, and the same can be applied to the general undocumented population (p.67). Quantitative studies, though providing valuable data, cannot accurately portray what undocumented immigrants go through as much as the stories of their experiences told from their own perspective. Hernandez and colleagues (2010) also emphasizes the importance of understanding that those who are undocumented come from diverse backgrounds. Therefore, although experiences may present with common themes and parallels, each individual’s story is unique. This study will build and differ from prior studies by using a qualitative method to explore the attitudes and experiences that lead to lack of access to health care services in the undocumented Latino population, while taking the current political climate into context.
Theories Guiding Conceptualization

Andersen’s Behavioral Model of Health Services Use was developed to provide a better understanding of the use of health care services and to promote equal health care access. The model states that predisposing characteristics, enabling resources, and perceived or evaluated need result in the use of health care services (Anderson, 1995). The predisposing characteristics of the model include demographic factors, social structure, and health beliefs, while enabling resources consist of personal, family, and community resources. The model also considers the perceived or evaluated need as to how people view their own health and if it warrants medical attention (Anderson, 1995).

Utilizing Andersen’s Behavioral Model of Health Services Use for undocumented Latino immigrants can provide important factors to consider when researching this population. The model considers predisposing factors that a patient brings into the health care system, such as their own cultural background both as a Latino and an undocumented immigrant. This cultural background can present itself through traditional healing beliefs in Latino culture, such as the use of herbal medicines. The model also takes into account the utilization of family and community resources in larger interconnected Latino families and communities. Finally, the model considers how one views their own health, such as undocumented immigrants seeking health care services only when they deem them truly necessary, or Latino men exhibiting feelings of machismo when coping with their illness.
In addition, social identity theory can be utilized in this study for better understanding how undocumented Latino immigrants view themselves in their society. Shinnar (2008) describes social identity theory as how an individual’s self-concept is shaped through their identification with a group. Both positive and negative social identities are established through intergroup comparisons between the individual’s “in-group”, or a group they identify with, versus that of an “out-group”, or one they do not identify with. Unfavorable comparisons lead to negative self-concepts, while favorable comparisons lead to positive self-concepts. (Shinnar, 2008).

Social identity theory provides a useful way to conceptualize the discrimination undocumented immigrants face when navigating through the health care system. The theory explains how unfavorable comparisons between the “in-group” of undocumented Latino immigrants versus the majority “out-group” of legal citizens are fueled by stereotypes on observable social roles and structures, such as viewing undocumented immigrants as taking advantage of government resources. This can lead to a negative self-concept for individuals in the undocumented population, and ultimately leave them feeling discriminated against. Utilizing this framework can assist in working toward addressing stigma and discrimination in the health care system.

Summary

The goal of this study is to examine the barriers set up between undocumented Latino immigrants and their access to medical services and begin
addressing how these barriers can be dismantled. Research on the undocumented immigrant population is limited. Therefore, there is a need for the experiences of undocumented people to be shared. Andersen’s Behavioral Model of Health Services Use and the Social Identity Theory approaches can assist health care professionals in better understanding and serving this population.
CHAPTER THREE

METHODS

Introduction

The following study sought to identify the attitudes and experiences of undocumented Latino immigrants when seeking medical services. This chapter outlines how the study was carried out. The sections discussed include study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study was to explore the attitudes and experiences of undocumented Latino immigrants when seeking medical services in the San Bernardino County. An explorative and qualitative research design was appropriate for this type of research question because it provided the researcher with an increased understanding of the needs of undocumented immigrants through interviews on their individual experiences. Additionally, a qualitative design provided the researcher with flexibility in how and whether sensitive questions were approached during an interview. A qualitative, exploratory research design allowed the researcher the possibility of sensitively approaching and hopefully overcoming participants’ fears in order to provide much needed insight into this population’s experiences.
This study utilized a qualitative approach through interviews with open-ended questions. This provided participants with the opportunity to share their personal experiences, voice their concerns, and offer valuable understanding into what they felt were the important issues. This approach aimed to empower participants in recognizing that their voice matters, and that they could contribute to research that might create an impact. Conducting interviews provided the added benefit of allowing the researcher to ask follow-up questions, clarify ambiguities, and use furthering responses.

Although there were many advantages to utilizing interviews, there were some limitations that must be addressed. Unlike most surveys, interviews often involve direct face to face interaction. This makes them less anonymous, which may present as a concern, especially when studying this specific population. Participants may have felt that they needed to withhold certain information out of concern for their safety and security.

It must also be mentioned that the themes identified in qualitative data cannot determine causality. Furthermore, the results for participants in the San Bernardino county may not be generalizable to the entire population of undocumented immigrants. The goal of this explorative study was not to establish causality or generalizability, but to provide a rich, deep description of the undocumented immigrant experience.
This study sought to answer the following question: What are the attitudes and experiences of undocumented Latino immigrants in the San Bernardino County when seeking medical services?

Sampling

This study used both purposive and snowball sampling techniques to recruit undocumented Latino immigrants in the San Bernardino County. Undocumented immigrants may be fearful and wary of participating in research that they feel could bring attention to their citizenship status. This sampling method provided the researcher with the flexibility to approach undocumented participants discreetly, using the researcher’s personal networks to seek out and reassure potential participants that they do not place themselves in danger by participating in this study.

The researcher used her personal networks to identify key informants whom she invited to participate in the study. During interviews with key informants, the researcher asked them to recommend other potential participants. The researcher used minimal recruitment criteria. Participants in the study were 18 years or older. They identified their ethnicity as Latino. They also identified as an undocumented immigrant. Participants varied in age and sex, reflecting a diverse population. Participants were either English or Spanish speaking. A total of 8 subjects participated in interviews, at which point saturation of emerging themes was attained.
Data Collection and Instruments

The qualitative data in this study was collected using an interview guide developed by the researcher. Both face-to-face and over the phone interviews were conducted and audio-recorded by the researcher. First, the researcher asked participants warm-up questions to build rapport, followed by questions regarding their personal experiences within the health care system as an undocumented immigrant. Second, the researcher asked questions about the barriers and challenges participants faced, such as “What barriers or challenges have you faced when seeking medical services?” Third, the researcher asked about participants’ needs and concerns. Fourth, the researcher asked participants about their experiences with healthcare professionals, including social workers. Finally, the researcher asked participants what changes they would like to see implemented in the medical care system.

The researcher utilized probing questions and furthering responses for the purpose of eliciting participant information. The researcher took care in responding empathetically when discussing sensitive topics and remained culturally competent. Furthermore, the researcher empowered the participant by emphasizing the value in their contributions to the research study and provided the participant with respect and dignity throughout the entire process.

Procedures

The researcher utilized personal connections to the undocumented Latino immigrant community in the gathering of data. A flyer was created outlining the
purpose and goals of the study. The flyer contained the researcher's contact information, including a telephone number and an email address. The researcher utilized snowball sampling by handing out the flyer to personal connections in the undocumented Latino immigrant community. Participants were provided with multiple flyers and asked to share them with their personal connections as well.

Prospective participants contacted the researcher to confirm their intent to participate in the study. The researcher collected participant contact information and offered participants the option of scheduling either an in-person interview or over the phone interview. The researcher then scheduled a date, time, and location to conduct the interview. The interview location was flexible depending on where the client felt most comfortable, either at their home or at a public location. The researcher conducted interviews on evenings, nights, and weekends from February-March 2018. The interview lasted approximately 20-30 minutes. The researcher conducted interviews in English for English speaking participants and utilized the assistance of a Spanish translator during interviews for Spanish speaking participants.

When the researcher arrived to the agreed upon location for the interview, they confirmed the participant’s contact information. For phone interviews, the researcher called at the agreed upon date and time. The researcher then introduced self and role. The researcher thoroughly explained the consent form to participants and discussed confidentiality and anonymity before moving forward. Participants signed the informed consent form or provided verbal
consent over the phone, which included consent to be audio recorded. Participants were then provided with a self-administered demographic form for in-person interviews or asked the demographic questions for over the phone interviews. The questions contained basic demographic questions including age, sex, marital status, racial/ethnic category, highest level of education, number of children, and whether or not the participant had health insurance. Finally, the study was introduced, and the audio recording device was turned on for the interview. The researcher took appropriate measures in building strong rapport with participants and setting the foundation for a trusting therapeutic relationship. Measures taken included sharing the interview questions with the participant in advance, asking warm up questions, such as “Can you tell me a little bit about yourself?”, responding empathetically, and thanking the participant for their contributions to the study. A debriefing statement listing several mental health resources was provided to the participant, along with a handout on health care for undocumented immigrants.

Protection of Human Subjects

Due to the nature of working with the undocumented population, confidentiality was of the highest priority in this study. In response to the fear of deportation presented in the research, it was imperative to build trust with research participants and to protect their confidentiality. The identity of participants remained confidential from individuals outside of the interview. Participants were not referred to by name during the interview or on audio
recordings. The interview was completed either over the phone or in a location that the participant had chosen, and extra precautionary measures were taken to assure that the interview would not be overheard. Measures taken included finding a quiet room and instructing the participant to ask any family members or friends in the home to stay out of the room during the course of the interview. All interviews were conducted in the participant’s home, over the phone, or in a reserved room at the California State University of San Bernardino.

Audio recordings and transcriptions were stored in a password encrypted USB drive in a safe location on the California State University of San Bernardino campus. Participants were assigned a random number when transcribing so that there was no identifying information in the data that linked back to participants. All audio recordings and documentation were permanently deleted upon completion of the study.

Data Analysis

This was an explorative study and utilized a constant comparative method for data analysis. Qualitative procedures consisted of open ended questions, along with demographic questions. Emerging constructs anticipated were barriers/challenges at the individual, system, and policy level.

In this study, the researcher first transcribed the interviews verbatim for easier analysis. All transcriptions were reviewed independently, and possible themes were highlighted on post-it notes. The researcher then compared data from one transcription against another in order to identify recurrent emerging
themes. This was done across all transcriptions as the themes were refined into a set of barriers/challenges faced by undocumented immigrants. Once themes were identified, the transcriptions were reviewed in order to find supporting data.

Summary

The purpose of this study was to explore the attitudes and experiences of undocumented Latino immigrants in the San Bernardino County when seeking medical services. The study utilized an explorative and qualitative research design. Data was collected through interviews that intended to gain insight into the personal experiences, needs, and concerns of this community. Data was analyzed through the use of a constant comparative method. The study was designed with careful consideration of working with undocumented immigrants, by emphasizing cultural competence and strict confidentiality measures.
CHAPTER FOUR

RESULTS

Introduction

The following chapter discusses the findings of the interviews conducted. A total of 8 participants identified as undocumented Latino immigrants living in the San Bernardino County were interviewed within a period of two months from February-March 2018. Participants were asked to fill out a demographic questionnaire consisting of age, sex, marital status, racial/ethnic category, highest level of education, number of children, and health insurance status.

Participants ranged in age from 24 to 47 years old. When divided into age groups, two participants were in the 20-30 age range, two were in the 30-40 age range, and three were in the 40-50 age range. Participant gender was predominantly female with 6 female participants and 2 male participants. All participants identified as Latino, per study requirement. Half of the participants reported that they were married, while two reported as single, one as separated, and one as never married.

For highest level of education, three participants completed some high school, and three graduated from high school. The other two participants received post-secondary education: one participant graduated from a 4-year university, and one was in the process of completing their graduate program.
Participants reported having 0-5 children; the two youngest participants stated they had no children, while the rest of the participants ranged from 3-5 children.

Participants were asked about their insurance status. Half of the participants reported they had no health insurance. Three out of those four participants stated they have utilized Emergency Medicaid, a temporary coverage for emergency medical services. Three participants reported they had a private health insurance, such as Kaiser or Blue Shield. One participant reported they had Medical through the People Residing Under Color of Law (PRUCOL) program.

Results

The results were categorized into barriers/challenges, experiences, and proposed solutions. Within these categories, several themes emerged. These themes included lack of equal access to healthcare, lack of knowledge in navigating the healthcare system, stigma and discrimination, language, finances, culture, and fear. Both positive and negative experiences reported by participants will be discussed. Solutions proposed by participants included education, rapport building, cultural competency training, immigration policy reform, and preventive care. Each participant also provided advice for undocumented immigrants navigating the healthcare system.
Barriers/Challenges

Lack of Equal Access to Health Care

Participant responses indicated a lack of equal access and opportunities to both health care resources and services. Half of the participants reported a lack of health care insurance for reasons such as not having a stable job, and not being able to afford private insurance or high co-payments. Participants reported not having access to needed health care services from preventive treatment to life saving procedures, such as transplants. Furthermore, they did not have access to federal government programs, such as Social Security Disability Insurance (SSDI) or unemployment benefits. One participant reported being explicitly told that there were no services they qualified for due to their status as an undocumented citizen, saying “they would just tell me, well…you’re undocumented. You don’t qualify for anything else.” (P#3, Personal Communication, February 2018).

Another issue that came up throughout interviews was that undocumented immigrants are not receiving care after hospital visits, such as follow up appointments with outpatient clinics. This often leads to a cycle of high cost emergency room utilization, as illustrated by this participant:

“I think the problem for me right now is that after being in the hospital they will take care of you the moment that you’re there, but once you’re out of there, you’re on your own. There’s nothing… there’s no resources for people like us. And just the fact that you’re undocumented, you cannot
apply for disability or any of those resources, which make it really hard.” (P#2, Personal Communication, February 2018).

Finally, one participant shared the story of her father, who suffered from heart problems and was in need of a heart transplant. Her father was not able to receive the transplant and passed away shortly after:

“He needed a heart transplant or else he was going to die in a year, they told us. And we were like okay well let’s do it. If that’s the option, there’s some hope. Like maybe there’s going to be a heart and…nothing. The insurance would not cover him. They would not do anything unless he had a social.” (P#7, Personal Communication, March 2018).

It is important to note that not everyone reported negative experiences within the healthcare system. This dialysis patient, for example, reflected on his experience in Nevada and felt that his experience in California had exceeded his expectations. He is also a PRUCOL recipient, which covers most of his dialysis expenses, including a transplant. The participant stated:

“I’ve been really happy [in California]. They’ve been providing me with everything that I need to stay alive like my dialysis, my treatments, my medications. Everything. Since I got sick 11 years ago, I’ve been getting all the help I can get.” (P#3, Personal Communication, February 2018).
Preventive care for undocumented immigrants would save both money and resources spent on high utilization of emergency services. Participants, such as this one suffering from a chronic illness, agreed that if they had better access to preventive medicine and treatment, they would not have to rely on expensive emergency room visits:

“There is a treatment with conventional medication that could work for me, but because I don’t have a social security, I cannot pay for it and I can’t get in the market for health insurance. As a result, I don’t have a chance for that treatment and maybe if I could get that treatment, I wouldn’t have to frequently visit the emergency room.” (P#6, Personal Communication, March 2018).

Therefore, providing undocumented immigrants with access to health insurance, and routine visits with a primary care provider would be beneficial for undocumented immigrants and overall public health.

Lack of Knowledge in Navigating the Healthcare System

Participants interviewed agreed on a lack of knowledge in navigating the healthcare system. Often, they did not know where to go to or who to ask for assistance. They reported not knowing what services they were eligible for, and automatically assuming that they would not be eligible because of their undocumented status. One participant reported not being initially aware that she could get services for her documented children:
“I was always very skeptical about asking for assistance because I felt that since I was illegal, I wasn’t eligible… but later on I found out that [my children] were eligible even if I wasn’t, so I feel that just because the fact I was undocumented- I would not reach out for that.” (P#1, Personal Communication, February 2018).

Another participant felt that social workers and health care providers were not well informed themselves on resources and services available for the undocumented population:

“All the social workers that I encountered through different clinics that I’ve been to- they’re really friendly and they try their best to help you, but the only thing is if they can be more informed of the programs for illegal or undocumented people like me. That would help us a lot more because they’re friendly, they’re nice, they try to help you but maybe they don’t know of all the programs that exist out there that might be able to help you a lot more than what they’re already doing. “(P#3, Personal Communication, February 2018).

Another participant stated that a doctor appeared surprised when told his undocumented patient would not be eligible for a heart transplant, indicating that many healthcare providers are not aware of the issues faced by undocumented immigrants:
“Even the doctor could not believe… I just don’t understand how not even the doctors knew this is an issue. The doctor just assumed that okay he needs a heart transplant, we’re going to move for that. Wait a minute, this isn’t going to be covered by your insurance.” (P#7, Personal Communication, March 2018).

Education was identified as an important tool for undocumented immigrants. Participants felt that despite there being services and resources available to this population, they were not well known by those who needed them the most. Due to the many challenges faced when navigating the healthcare system, undocumented immigrants do not always seek assistance. Therefore, participants felt it was important for healthcare providers to go out into the community and bring the information to them, as stated by the following participant:

“Educate people when they come in or somehow reach out to the communities. Because they’re not coming in to receive those services, so reach out to those communities and say this is how it works… because even if they’re providing the education within the hospital, within the clinic, not a lot of people are going in.” (P#3, Personal Communication, March 2018).
Stigma and Discrimination

Stigma and discrimination was brought up by every single participant in this study. Participants reported feelings of shame and embarrassment, such as not feeling they deserve to be in this country or that they have the right to speak up. One participant added that she felt immigrants were not seen as people.

Some of the stigma identified by the participants included undocumented immigrants taking advantage of the system. One participant addressed this misconception:

“Being undocumented doesn’t mean that we don’t contribute to the economic system. We do contribute. We pay taxes. We receive much less credit than a legal resident or citizen of the United States. We contribute, we just don’t have rights. We don’t have certain benefits but it’s not because we don’t contribute.” (P#6, Personal Communication, March 2018).

When asked about their feelings regarding the changes brought by the Trump administration, participants reported his election as a “green light” for discrimination and racism and felt that they were unwanted in this country. One participant shared her experience where she felt racially discriminated against when taking her daughter, who is a U.S. citizen, to the emergency room:

“There was this time that my daughter hit herself in the corner and she opened her front head. So, we went to the ER and there was this lady.
She was so racist that you could tell by just looking at her, and I felt so uncomfortable, like I felt so bad, so humiliated.” (P#8, Personal Communication, March 2018).

Another participant, who suffered from a massive stroke, stated that he felt stigmatized as an undocumented citizen and was discharged too early from the hospital. His lack of health insurance at the time made him ineligible for programs such as In Home Supportive Services and SSDI. He did not receive follow up services, such as rehabilitation and struggled to recover at home, while his wife supported their family. In regard to his experience, the participant stated:

“It felt they kicked me out. They kicked me out of the hospital right away because I had no insurance. I felt that they didn’t give us- nobody gave us any advice on where to go, what to do, how to get therapy…therapy was not an option for me because you know just being the fact that I’m undocumented didn’t give me the opportunity to get any type of therapy.” (P#2, Personal Communication, February 2018).

Finally, a participant discussed his experience as a newly diagnosed dialysis patient. He reported living in Nevada at the time and being discriminated against based on his undocumented status. The participant reported being threatened with ICE if he did not leave the hospital, despite still feeling ill. The participant stated:
“They even told me if you don’t leave the hospital by tonight, we’ll personally call [ICE] to come and pick you up... They were already treating me for kidney failure and they were trying to help me out- you know like the social worker would come and ask me questions- where you work and how do you support yourself and she found out I was undocumented so she told me the state of Nevada don’t support people that has no green card. So, there’s nothing else she can do for me. She said I’m going to leave it up to the hospital staff. And then supposedly like a high rank hospital supervisor came to my room and told me, you know because you’re illegal we cannot help you anymore. You have until tonight to leave the hospital. Otherwise, we’ll call [ICE], so they can come and pick you up.” (P#3, Personal Communication, February 2018).

In addition to building rapport, participants felt healthcare providers would benefit from further cultural competency training, specifically with Latino and undocumented populations. This training would target stigma and discrimination and would provide a better understanding of the undocumented healthcare experience. It would also train healthcare providers in the resources available to the undocumented population, so that they can better educate their patients, and connect them to the resources they need. One participant recommended:

“I have visited many different emergency rooms and I can’t say that they’ve all been bad, however, I feel that it is important for social workers
to receive better training so that they don't see undocumented patient in
the way that they've made me feel…I think it would be very good for social
workers to receive better training in respect to undocumented people, to
their situation.” (P#6, Personal Communication, March 2018).

Language

Six out of eight participants interviewed were English speaking and
bilingual. Nonetheless, most participants acknowledged a language barrier faced
by undocumented immigrants in the healthcare system.

One common issue that was mentioned was translation services not being
easily accessible. Some participants believed the services were simply not
available. When translation services are not provided, a participant stated that
patients often just nod and agree, without fully understanding. There were also
several instances reported where children of undocumented immigrants were
expected to translate for their parents. One participant stated she felt pressure
and frustration in not knowing how to translate medical terminology:

“It sort of put me in a weird position because I was the one that was doing
the translating for them growing up… There is a lot of pressure because I
didn’t know what some of the terms were….Some of the terminology- it
was too hard, or I wouldn’t understand what they were saying…They see
okay I speak English, but I don’t know all the different professions and
their different terminology, so it was difficult.” (P#4, Personal Communication, February 2018).

Another participant stated that she did not understand everything being told to her and was unsure of what questions to ask. This participant suggested that qualified translators should also serve as advocates for the patients and assist them in knowing what questions to ask:

“A big resource for our community is translators. People who will make you feel welcome, who won’t make you feel like you’re stupid… I didn’t know what questions to ask. My dad didn’t know what questions to ask either… We need translators that are educated enough to ask us like oh maybe you should ask this, why don’t you think about this?” (P#7, Personal Communication, March 2018).

It was also suggested that resources in the form of handouts should be provided in the patient’s preferred language.

**Finances**

Participant responses indicated that financial issues were a large barrier when seeking healthcare services. One participant who was insured by Kaiser through her managerial position stated that she felt lucky to be able to afford insurance but recognized that her fellow undocumented co-workers did not have the same opportunities.
Most participants mentioned copayments ranging from $25- $300. Even at $25, those at a lower socioeconomic status felt that this money could be used for something they deemed more urgent than their health. One participant stated that going to see the doctor meant not being able to pay a bill:

“Sometimes paying to go see the doctor means probably not being able to pay my phone, not being able to have enough money to put gas, not being able to pay a bill at home.” (P#2, Personal Communication, February 2018).

Another participant stated that when she felt ill, she had to deem if it was an emergency situation or not in order to seek medical care:

“It’s thinking should I hang in there? Should I take more medication that I have? Because I’m thinking how will I pay those medical bills? It’s nothing like I’m dying. Therefore, it’s complicated to determine what is an emergency or what isn’t in my case.” (P#6, Personal Communication, March 2018).

Participants indicated that they are not looking for free healthcare but need it to be more affordable.

**Culture**

Several participants referred back to their Latino culture during the interview. One participant mentioned the stigma behind mental illness that often
prevents their community from seeking mental health services. Several participants mentioned that health care was not prioritized when growing up, especially when paired with high costs of medical services. For this reason, many Latinos put off going to the hospital unless they deem it truly necessary, such as this participant:

“I grew up in a household where my parents weren’t able to go to get checkups because they had to pay certain fees because they weren’t covered or anything. And well they decided, I’m not going to spend the money on that and not spend the money on certain things. So, I grew up in a household where I guess they didn’t prioritize [healthcare].” (P#4, Personal Communication, February 2018).

Furthermore, some participants reported they turned to home remedies, such as teas and ointments, or in the case of this participant, drinking soda to lower blood pressure:

“As far as mindset, you don’t go to the doctor unless you’re like really sick, you know? So, my father, he would feel sick and …you know okay I’m going to drink a Coca Cola [laughs].” (P#7, Personal Communication, March 2018).
Fear

Participants interviewed reported a sense of fear when seeking medical services. Some of this stemmed from common fears faced by the undocumented immigrant population including risk of deportation and separation from family. Participants, such as this one, stated they often felt intimidated when asked to provide identification, a social security number, or other personal information:

“Just the fact that you try to go into a place, you are questioned about your legal status...you’re questioned [about your] identification and you don’t have that. It makes it really hard.” (P#2, Personal Communication, February 2018).

Several participants discussed the approach taken by social workers when collecting private information such as one’s social security number. Participants felt that social workers would appear less threatening if they emphasized that they are there to help. They also reported several misconceptions of hospital staff, including perceiving social workers as debt collectors, and police officers escorting jail patients as Immigrations and Customs Enforcement (ICE):

“I think it’s a little bit scary when you go to the hospital because of an emergency and then you get a social worker coming in to talk to you. It feels that they’re out to get you- and to get you to pay the bill right there. And I think that the approach from these social workers should be a little bit more open. We’re here to help you, we’re here to get information and
see where we can help you, instead of looking like police officers”. (P#1, Personal Communication, February 2018).

Participants reported that social workers, and other healthcare providers, should take care when approaching patients in being sensitive to their concerns and building trust/rapport. They suggested this can be done by reassuring the patient that they are there to help and ensuring that their information remains confidential. This participant felt that using a less intimidating approach would decrease fear in undocumented patients when visiting hospitals:

“I think it’s the approach in the beginning when the social worker goes and interviews you at your room or your bed… to tell you your legal status is not something which will affect how we treat you or what’s going to happen… because that will give you a little bit of comfort in those tough moments and you would not be scared.” (P#2, Personal Communication, February 2018).

When asked how they felt about policy changes brought by the Trump administration, participants reported a sense of fear associated with his anti-immigrant rhetoric, including fear over the end of programs such as Deferred Action for Childhood Arrivals (DACA). Participants want their voice to be heard by policy makers and understand that it’s a long and difficult process. In fact, many agreed to participate in this study in hopes of creating change. One participant has experience lobbying at the state capitol and shared her passion in
studying to be an attorney fighting for immigrant rights. Another participant wanted policy makers to know that immigrants do contribute like all other citizens but are not treated as such:

“It is a little unjust… [We need] reform of course…Certainly, undocumented [citizens] don’t have social benefits. They don’t have food stamps like US citizens and legal residents are eligible for. Therefore, we do work. We do contribute. But we don’t have the privileges of a legal resident or citizen. In one way or another, we are not treated like a common citizen, but we do contribute like a common citizen.” (P#6, Personal Communication, March 2018).

Therefore, although change in the healthcare system can begin with healthcare providers and patients themselves, there is a need for comprehensive immigration reform at the policy level.

Advice to Undocumented Immigrants

All participants were asked the following question: If you could give advice to another undocumented patient, what advice would you give them? Most of the responses stated in one form or another to not be afraid. Participants felt that undocumented patients need to be proactive in their own healthcare, ask questions, and educate themselves in what resources and services are available to them. This participant recommended that patients be honest when speaking with healthcare providers in order for them to better assess their needs:
“Be honest and don’t be afraid to give all your information and speak honestly of your situation…The health system is on your side. They’re going to help you. They’re going to try to get your treatments or whatever you need. Don’t be afraid. Just be upfront and be honest and tell the truth so they can help you better. If you hide things, they probably won’t be able to help you the way they want to. So, don’t hide anything—your income, your legal status, your illnesses. Just be honest so there’s always a way. (P#3, Personal Communication, February 2018).

Finally, this participant stated that patients should be persistent in getting the quality of care they need, and that they must recognize their own dignity and worth as a human being deserving of basic human rights:

“I’m here. I am a person. It’s something that even though now I have a residency card, I always feel like I need to let my presence be known. Because in the past, I felt like I had to hide in the shadows and you know you’re afraid. And so that’s something that’s changed as well because you go from being afraid to realizing that you can’t be afraid because if you are and you stay quiet, nobody’s going to listen you. Nothing’s going to happen.” (P#7, Personal Communication, March 2018).

Summary

The barriers and challenges faced by undocumented immigrants participating in this study consisted of a lack of equal access to healthcare, a lack
of knowledge in navigating the healthcare system, stigma and discrimination, language, finances, culture and fear. Both negative experiences relating to barriers were discussed, along with positive experiences within the healthcare system. Participants shared what they felt were solutions in overcoming these barriers including education, building rapport, cultural competence training, preventive care, and immigration policy reform. Lastly, they shared their personal advice with other undocumented immigrant patients which included being proactive, persistent, honest and realizing one’s own worth as a human being.
CHAPTER FIVE
DISCUSSION

Introduction

The following chapter provides a discussion on the findings presented in the interviews. This was an explorative study in nature, and the resulting data will be compared to previous research on the barriers faced by the undocumented immigrant population within the United States healthcare system. This chapter will address study strengths and limitations, and provide conclusions, implications, and recommendations for future research.

Discussion

This study built upon research on undocumented people and their needs and concerns regarding the current healthcare system. Specifically, it focused on undocumented Latino immigrants living in the San Bernardino County, California. The barriers identified in the interviews included lack of equal access to healthcare, lack of knowledge in navigating the healthcare system, stigma and discrimination, language, finances, culture, and fear. Overall, the barriers identified in this study were similar to those of previous studies in immigrant communities. The interview structure allowed participants to expand on these established barriers and provide further insight into their lived experiences, and how these experiences have been affected by the current administration.
The lack of equal access to healthcare was a recurring theme in the interviews conducted. Participants unable to provide proof of citizenship were ineligible for government programs such as Medicaid and Medicare, which assist in covering medical expenses. Additionally, there is a financial barrier associated with the costs of private insurance and high co-payments that contribute to undocumented immigrants being unable to afford necessary medical services. These themes are consistent with Portes’ (2012) findings on the barriers of eligibility requirements.

Another theme identified in this study was the lack of knowledge in navigating the healthcare system. Harari, Davis & Heisler (2008) reported that undocumented people feel a sense of isolation from their community, and as a result are unable to use their networks to connect them to resources. The current study confirmed this lack of networks, as participants reported they are unsure of where to go or who to ask for assistance in navigating the healthcare system. This study further expanded on the topic with participants recognizing that medical professionals themselves do not appear to be aware of what services, if any, are available to those who are undocumented.

Stigma and discrimination is yet another theme that was heavily documented in this study and in prior research. Ortega et al. (2007) reported that Latino immigrants experience higher rates of discrimination and negative experiences when receiving medical services. Correspondingly, participants in the current study shared negative experiences of discrimination, and feelings of
shame and embarrassment associated with them. Additionally, participants agreed that the current administration heightened these rates of discrimination and negative experiences, with some feeling the administration made discriminatory behavior more acceptable.

*Language* barriers identified in this study were consistent with prior research. Portes and colleagues (2012) discussed untrained translators being utilized illegally and medical translation systems as insufficient. Harari, Davis, and Heisler (2008) further reported that translation services are not well known by the undocumented population. Participants in this study confirmed this as they reported that translation services were not available in medical settings. Participants also highlighted the issue of English-speaking children of undocumented immigrants being heavily relied on to provide translation services for their parents. *Cultural* barriers beyond language were also addressed in this study. Participants provided reasoning behind the low prioritization of health care in Latino culture by referring to the mental health stigma, a general avoidance of high medical costs, and the use of home remedies.

Finally, the barrier of *fear* was most prominent in the study. Findings were consistent with prior research on fear in undocumented immigrants associated with tough immigration measures leading to detention and deportation (Portes, et al., 2012). Participants mentioned an increased sense of fear brought upon by policy changes in the current administration. Participants provided unique details
not often considered, such as police officers for jail patients in hospitals being mistaken for Immigrations and Customs Enforcement (ICE) officers.

**Limitations**

One of the limitations of the study was the small sample size, with only 8 participants. This is due to a limited time frame, and difficulty in recruiting patients in the undocumented population, who often present as wary of providing information on their citizenship status. Despite the small sample size, the participants interviewed provided an ample amount of rich data that was consistent with prior research.

Another limitation would be the lack of generalizability of the data. Participants interviewed resided in the San Bernardino County, and therefore do not represent all undocumented Latino immigrants, let alone all undocumented immigrants in the United States. This is unavoidable given the limited circumstances, but it is interesting to note that several participants shared experiences they had in other states outside of California, providing a comparison of the undocumented experience within different states.

It is also important to consider a positive bias presented by the researcher who has personal ties with the undocumented population within her circle of family and friends and therefore identifies closely with the struggles experienced by this population. Although this could be a limitation, it could also be considered a strength. Because the researcher was able to empathize with this population,
she was also able to build rapport quickly with participants and gather information that might not have been shared otherwise.

**Strengths**

This study was qualitative in nature, which allowed for in depth information regarding the experiences of these undocumented immigrants. Utilizing a qualitative approach in this study was beneficial in providing details on the needs and concerns of the undocumented population. Furthermore, it allowed the researcher to be flexible in asking clarification and follow up questions.

The researcher also identified as Latino, and bilingual in conversational Spanish. Therefore, the researcher was able to communicate with Spanish speaking participants and provide a sense of cultural understanding. Again, this strengthened the researcher’s ability to build rapport with participants, and possibly led them to feel more comfortable and open in sharing their experiences.

**Implications for Social Work**

This study’s findings provided insight on the needs and concerns of the undocumented population when utilizing the United States healthcare system. This section outlines implications for future social work practice and policy related to services for the undocumented population.
Practice

This study set out to provide clinical social workers and other medical professionals a better understanding of the undocumented Latino immigrant population and the barriers they face when seeking medical services. With this insight, the healthcare system can work towards dismantling the barriers set in place for this population and focus on addressing their needs and concerns.

The first recommendation for social work practice is for social workers to recognize the fear undocumented people face in medical settings. Although hospitals may not have protocol set on reporting undocumented patients to ICE, the fear remains in immigrant communities. This fear is justified, as exhibited by experiences shared in this study of undocumented people being threatened with ICE by hospital staff, and media reports on arrests and detainment of undocumented people in hospital settings. Furthermore, participants in this study shared an increase in fear of seeking medical services as a result of the current Trump administration and his anti-immigrant rhetoric. Therefore, social workers must keep this fear in mind when assessing patients and asking for personal information, such as social security numbers or identification. It is recommended that they build rapport with patients by remaining genuine and empathic, and asking for information in a non-confrontational manner. It is also important to explain to patients the reasoning behind asking for personal information as a means of providing assistance and connecting patients with resources. Providing a sense of reassurance for undocumented patients can decrease the fear
associated with seeking medical services and build trust within social workers and the undocumented community.

It is also recommended that social workers make it a priority to broaden their knowledge on what services and resources are available to those who are undocumented. Because of the barriers faced by undocumented people, they are unlikely to seek out these services on their own. Social workers can begin by building a resource folder in their medical settings and sharing it with other medical professionals. It is not enough to know about these services, but also to offer them to all undocumented patients, even if they do not ask for them. The responsibility falls upon social workers to assist this population in gaining knowledge about the resources available to them.

Policy

This study also aimed to provide implications for social work at the system and policy level. One of the barriers identified at the system level was language. As previously discussed, hospital staff often opt out of available phone translation services and utilize untrained translators instead. This is not only illegal but can create costly law suits against the hospital. Hospital administration must follow through with their staff to ensure that proper protocol for translation services is being followed. Often times, undocumented people are not aware of translation services or feel embarrassed asking for them. Hospital staff must be trained to offer these services, regardless if they are asked for or not. Administrators should
also consider investing in on-site translators that can serve as both translators and advocates for patients.

It is also recommended for hospital staff to receive routine cultural competency training in working with immigrant populations, especially in the current political climate. It is the responsibility of hospitals to ensure that all staff members remain committed to providing quality care and services, regardless of a patient’s citizenship status.

At the policy level, participants in this study addressed a need for policymakers to view healthcare as a basic human right. The stigma of undocumented citizens taking advantage of the government was simply untrue. This study also addressed a need for policy makers to push for preventive care. This would not only improve overall public health, but also save taxpayers money being used on costly emergency services that could have been prevented. Overall, comprehensive immigration reform must take into consideration the voices of the undocumented people.

Research Recommendations

There is a limited amount of research on the undocumented immigrant population. This is a population that is mostly hidden, and as a result can be challenging to research. This study sheds light on future research opportunities. One recommended area of research would be to utilize the findings of this study to implement cultural competency training programs with social workers and other professionals in medical settings. Data could then be collected on the
social workers’ perspective as well as that of the undocumented patient regarding their experiences within medical settings pre and post training implementation. Another possible area of research could be exploring the attitudes and experiences undocumented patients have when seeking mental health services.

Conclusion

This study aimed to explore the attitudes and experiences of undocumented Latino immigrants when seeking medical services. Barriers/challenges identified included lack of equal access to healthcare, lack of knowledge, stigma/discrimination, language, finances, culture, and fear. Participants reported both positive and negative experiences within the medical care system, along with advice for other undocumented immigrants. Through this research, medical professionals and policy makers will gain a better understanding of the needs and concerns of the undocumented Latino immigrant population and will lead to positive implications for this community. Further research is encouraged to address the barriers faced by this population.
APPENDIX A

INFORMED CONSENT
The study in which you are asked to participate is designed to explore the attitudes and perceptions of undocumented Latino immigrants when seeking medical services in San Bernardino County. The study is being conducted by Susana De Leon, a graduate student, under the supervision of Dr. Deirdre Lanesskog, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to explore the attitudes and perceptions of undocumented Latino immigrants when seeking medical services.

DESCRIPTION: Participants will be asked questions regarding their personal experiences as an undocumented immigrant, the barriers and challenges they face, their needs and concerns, their views on clinical social workers, and the changes they would like to see implemented within the medical care system.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take approximately 1 hour to complete the interview.

RISKS: There may be minimal risk of discomfort involved in answering questions regarding your medical experiences. A brief debriefing statement will be provided at the end of the interview.

BENEFITS: Participants may feel a sense of empowerment in voicing their needs and concerns as an undocumented immigrant and knowing that their contribution could potentially create change in the medical care system and advocate for comprehensive immigration reform.

CONTACT: If you have any questions about this study, please feel free to contact Dr.
Lanesskog at (909) 537-5501 Ext 77222.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2018.

I agree to be voice recorded: _____ YES _____ NO

This is to certify that I read the above and I am 18 years or older.

Place an X mark here ________________________________ Date

909.537.5501
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University - Bakersfield - Channel Islands - Chico - Dominguez Hills - East Bay - Fresno - Fullerton - Humboldt - Long Beach - Los Angeles Maritime Academy - Monterey Bay - Northridge - Pomona - Sacramento - San Bernardino - San Diego - San Francisco - San Jose - San Luis Obispo - San Marcos - Sonoma - Stanislaus
FORMA DE CONSENTIMIENTO

El estudio en el que se le pide que participe está diseñado para explorar las actitudes y las percepciones de los inmigrantes Latinos indocumentados cuando buscan servicios médicos en el condado de San Bernardino. El estudio está siendo conducido por Susana De León, una estudiante graduada, bajo la supervisión de la Dr. Deirdre Lanesskog, Profesora Asistente en la Escuela de Trabajo Social en la Universidad Estatal de California, San Bernardino (CSUSB). El estudio ha sido aprobado por el Subcomité de Trabajo Social de la Junta de Revisión Institucional de CSUSB.

PROPÓSITO: El propósito del estudio es explorar las actitudes y las percepciones de los inmigrantes Latinos indocumentados cuando buscan servicios médicos.

DESCRIPCIÓN: A los participantes se les harán preguntas sobre sus experiencias personales como inmigrantes indocumentados, las barreras y los desafíos que enfrentan, sus necesidades e inquietudes, sus puntos de vista sobre los trabajadores sociales clínicos y los cambios que les gustaría ver implementados dentro del sistema de atención médica.

PARTICIPACIÓN: su participación en el estudio es totalmente voluntaria. Puede negarse a participar en el estudio o suspender su participación en cualquier momento sin ninguna consecuencia.

CONFIDENCIALIDAD O ANONIMATO: Sus respuestas permanecerán en el anonimato y los datos serán informados solo en forma general.

DURACIÓN: Tomará aproximadamente 1 hora completar la entrevista.

RIESGOS: Puede haber un riesgo mínimo de incomodidad al responder preguntas relacionadas con sus experiencias médicas. Se proporcionará una breve declaración de información al final de la entrevista.

BENEFICIOS: Los participantes pueden sentir una sensación de poder al expresar sus necesidades y preocupaciones como inmigrantes indocumentados y sabiendo que su contribución podría potencialmente generar cambios en el sistema de atención médica y abogar por una reforma migratoria integral.

CONTACTO: Si tiene alguna pregunta sobre este estudio, no dude en comunicarse con el Dr. Lanesskog al (909) 537-5501 Ext. 77222.
RESULTADOS: Los resultados del estudio pueden obtenerse de la base de datos de Pfau Library ScholarWorks (http://scholarworks.lib.csusb.edu/) en la Universidad Estatal de California, San Bernardino después del julio de 2018

Acepto ser grabado en vos: _____ SI _____ NO

Esto es para certificar que leo lo anterior y que tengo 18 años o más.

Coloque una marca X aquí Fecha

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APPENDIX B

DEMOGRAPHICS
Background/Demographic Questionnaire

1) Age _____
2) Sex
   - Male
   - Female
   - Other ________
   - Choose Not to Answer

3) Marital Status
   - Single
   - Married
   - Separated
   - Divorced
   - Never married
   - Other__________

4) Racial/Ethnic Category
   - Latino
   - Other ________

5) Highest level of education
   - Some High School
   - High School
   - Some College
   - College
   - Graduate
   - Doctorate
   - Other ________

6) # of Children _________

7) Health Insurance
   - ________________
   - No insurance
Demográficos

1) Edad ______

2) Sexo
   - Hombre
   - Mujer
   - Otro ________
   - Prefiero no contestar

3) Estado civil
   - Soltero
   - Casado
   - Separado
   - Divorciado
   - Nunca casado
   - Otro __________

4) Categoría racial o étnica
   - Latino
   - Otro ________

5) Nivel de educación
   - Algún preparatorio
   - Escuela secundaria
   - Alguna universidad
   - Universidad
   - Posgrado
   - Doctorado
   - Otro ________

6) # Niños ________

7) Seguro de salud
   - ______________
   - No seguro de salud
APPENDIX C

INTERVIEW GUIDE
Interview Guide

1. Can you tell me a little bit about yourself?
   *Cuéntame un poco sobre ti.*

2. How long have you lived in San Bernardino County?
   *¿Cuánto tiempo has vivido en San Bernardino?*

3. Where do you usually go to for health problems?
   *¿A dónde vas por problemas de salud?*

4. Do you receive health insurance? If so, what kind?
   *¿Recibes seguro de salud? ¿De qué tipo?*

5. What are your personal experiences within the medical care system as an undocumented immigrant?
   *¿Cuáles son sus experiencias personales dentro del sistema de atención médica como inmigrante indocumentado?*

6. Do you feel the current medical care system meets your needs?
   *¿Siente que el sistema de atención médica actual satisface sus necesidades?*

7. What barriers/challenges have you faced when seeking medical services?
   *¿Qué barreras / desafíos ha enfrentado al buscar servicios médicos?*

8. What could healthcare providers do to better assist you in navigating through the system?
   *¿Qué podrían hacer los proveedores de servicios de salud para ayudarle a navegar el sistema?*

9. What type of resources would you be interested in receiving that you feel you haven’t had access to?
   *¿Qué tipo de recursos le interesaría recibir a los que siente que no ha tenido acceso?*

10. [Define a clinical social worker] Have you ever encountered a clinical social worker in a hospital setting, and if so what was your perception of them?
    *¿Alguna vez se ha encontrado con un trabajador social clínico en un hospital? ¿Cuál era su percepción de ellos?*

11. With the Trump administration enforcing immigration policies, has this affected the undocumented population in seeking help?
Con la administración de Trump haciendo cumplir las políticas de inmigración, ¿Ha afectado esto a la población indocumentada cuando busca ayuda médica?

12. Do you feel your experience as an undocumented immigrant has affected the health and well-being of your children or family members?
¿Siente que su experiencia como inmigrante indocumentado ha afectado la salud y el bienestar de sus hijos o familiares?

13. What would you like to see change in the medical care system?
¿Qué son los cambios que le gustaría ver en el sistema de atención médica?

14. If you could give advice to another undocumented patient, what advice would you give them?
Si pudiera aconsejar a otro paciente indocumentado, ¿qué consejo le daría?
APPENDIX D

FLYER
NO HUMAN BEING IS ILLEGAL. LET YOUR VOICE BE HEARD.

PARTICIPANTS NEEDED FOR STUDY EXPLORING THE ATTITUDES AND PERCEPTIONS OF UNDOCUMENTED LATINO IMMIGRANTS SEEKING MEDICAL SERVICES

Who do we need?
- Must be 18 years or older
- Identify as Latino
- Identify as an undocumented immigrant
- Live in the San Bernardino County
- May vary in age, sex, physical/mental health

What: 1 hour interview
When: Appt. at your convenience
Where: At location of your preference

Contact for More information:

Researcher:
Graduate MSW student Susana De Leon
(909) 561-0211
005767992@coyote.csusb.edu
NINGUN SER HUMANO ES ILEGAL. DEJA QUE TU VOZ SEA ESCUCHADA.

¿A quién necesitamos?
- Debe tener 18 años o más
- Identificarse como Latino
- Identificarse como inmigrante indocumentado
- Vivir en el Condado de San Bernardino
- Puede variar en edad, sexo, y salud física y mental

Qué: Entrevista de 1 hora
Cuándo: Cita a tu conveniencia
Dónde: En tu casa

NECESITAMOS PARTICIPANTES PARA UN ESTUDIO EXPLORANDO LAS ACTITUDES Y PERCEPCIONES DE INMIGRANTES LATINOS INDOCUMENTADOS

Estudiante del Departamento de Trabajo Social de la Universidad de San Bernardino en California está en busca de voluntarios adultos para participar en un estudio dirigido por la Dra. Deirdre Lanesskog

Contacto para más información:
Estudiante Graduado de MSW:
Susana De Leon
(909) 561-0211
005767992@coyote.csusb.edu
APPENDIX E

INSTITUTIONAL REVIEW BOARD APPROVAL
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s)  Susana De Leon

Proposal Title  Attitudes and Perceptions of Undocumented Latino Immigrants When Seeking Medical Services

#  SW1828

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

✓ approved

___ to be resubmitted with revisions listed below

___ to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

___ faculty signature missing

___ missing informed consent  ___ debriefing statement

___ revisions needed in informed consent  ___ debriefing

___ data collection instruments missing

___ agency approval letter missing

___ CITI missing

___ revisions in design needed (specified below)


Committee Chair Signature  ________________________ Date  1/25/2018

Distribution:  White-Coordinator; Yellow-Supervisor; Pink-Student
REFERENCES


