

Structural Barriers and Social Factors that Drive Health: Your Role in the Care of Undocumented Patients

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Objectives

- Identify how social, economic, and immigration policies are intrinsically health policies.
- Describe the diversity of experience of undocumented patients.
 - Immigrant ≠ Undocumented
- Be able to apply a structural competency lens that:
 - Recognizes structural barriers when providing care to undocumented patients
- Recognize and identify ways that you as a physician can respond to the downstream effects of the structural barriers and social factors driving the health of your undocumented patients.



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Case

- Danielle is a 21 y.o. F with ESRD on HD MWF 2/2 primary glomerulonephritis.
- CC: "AMS"
- HPI: Presented overnight to the ER with confusion. She was here last week with the same. At that admission, she underwent urgent HD for hyperkalemia.
- PMH: Hx Primary GN. She is an otherwise healthy F
- PSocH: She currently is pursuing her BSN at a nearby undergrad institution. She had a final scheduled today. No T/E/D. Recently turned 21.
- Insurance status: "CCS" (California Children's Services)
- Labs: HyperK, Uremia



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Going below the surface

Look beyond the words. Why are things happening? What could it mean?



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Slide Credit: Michael Klingensmith
<https://www.slideshare.net/mklingensmith/looking-below-the-surface>

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Reflection question

- What social, political, and economic structures might be contributing to this patient's health outcomes?



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Most of the Uninsured Are

- Citizens
- Non-Citizens



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Most of the Uninsured Are

- Citizens
- Non-Citizens
- **Myth: Most of the uninsured are noncitizens**
- **Fact: Most of the uninsured are citizens**
 - Noncitizens are more likely than citizens are to be uninsured



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Kaiser Family Foundation 2020

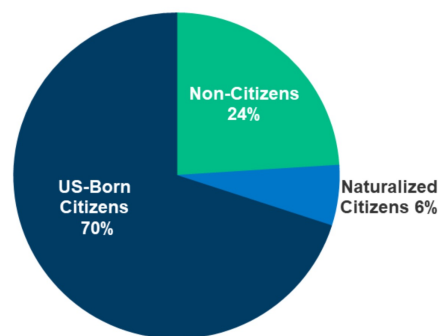
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<https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/>

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Figure 2

Nonelderly Uninsured by Citizenship Status, 2018



Total Nonelderly Uninsured: 27.9 Million

Note: Totals may not sum to 100% due to rounding.
Source: KFF analysis of 2018 American Community Survey (ACS), 1-Year Estimates.

KFF
Kaiser Family Foundation

Figure 2: Nonelderly Uninsured by Citizenship Status, 2018

Source: <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/>

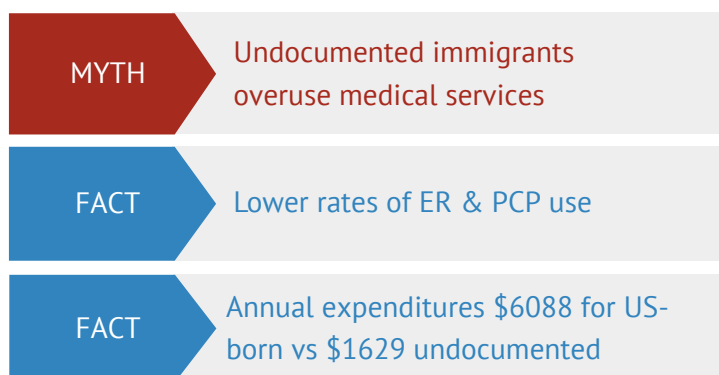


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Health Care Utilization



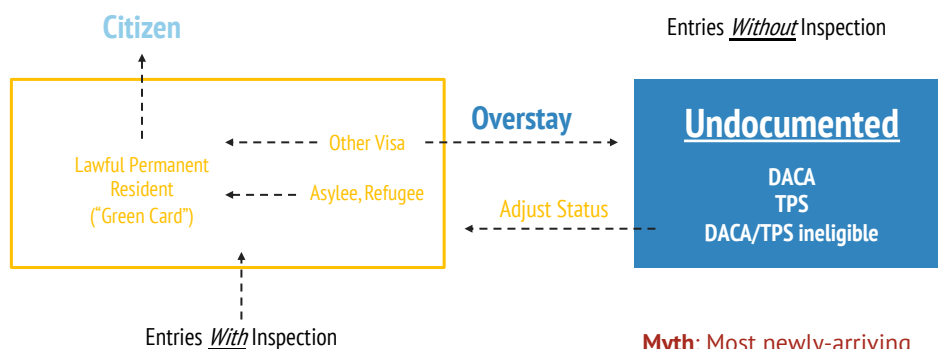
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Goldman et al., 2006 ; Vargas Bustamante et al., 2012; Migration
Policy Institute, 2016 ; Wilson et al., 2020
Slide Credit: Grace Kim, MD

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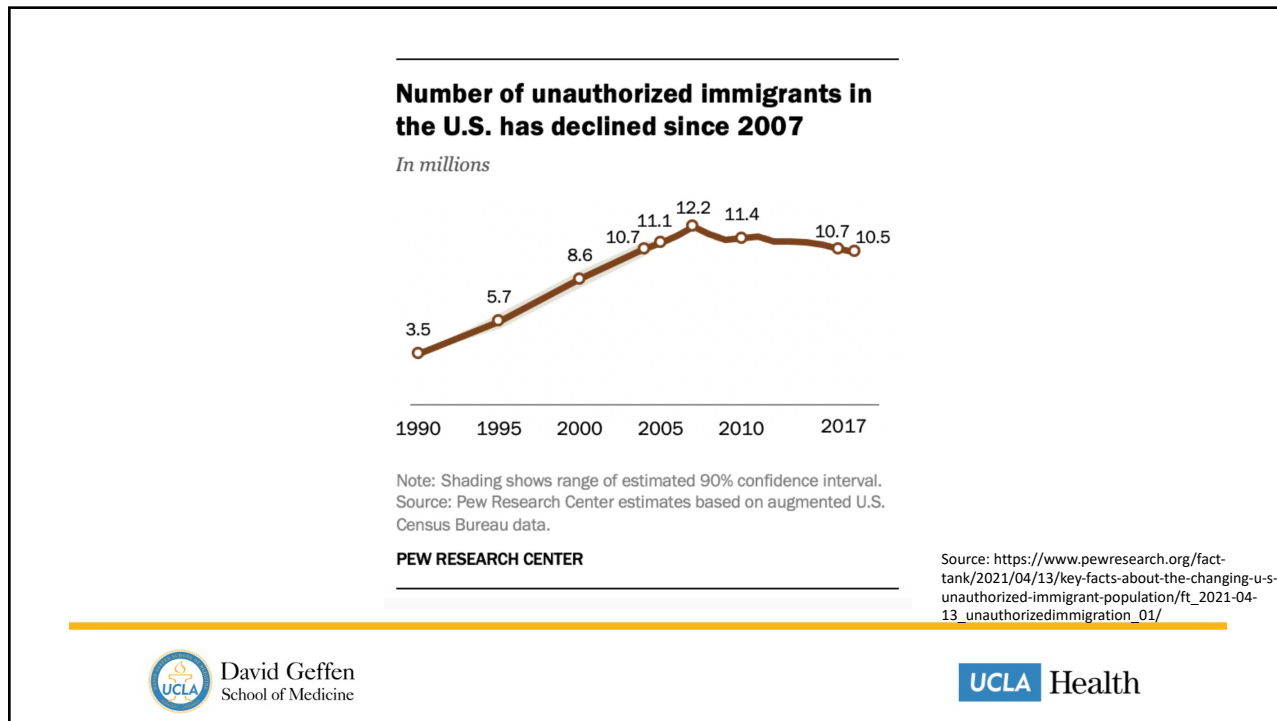
Immigrant



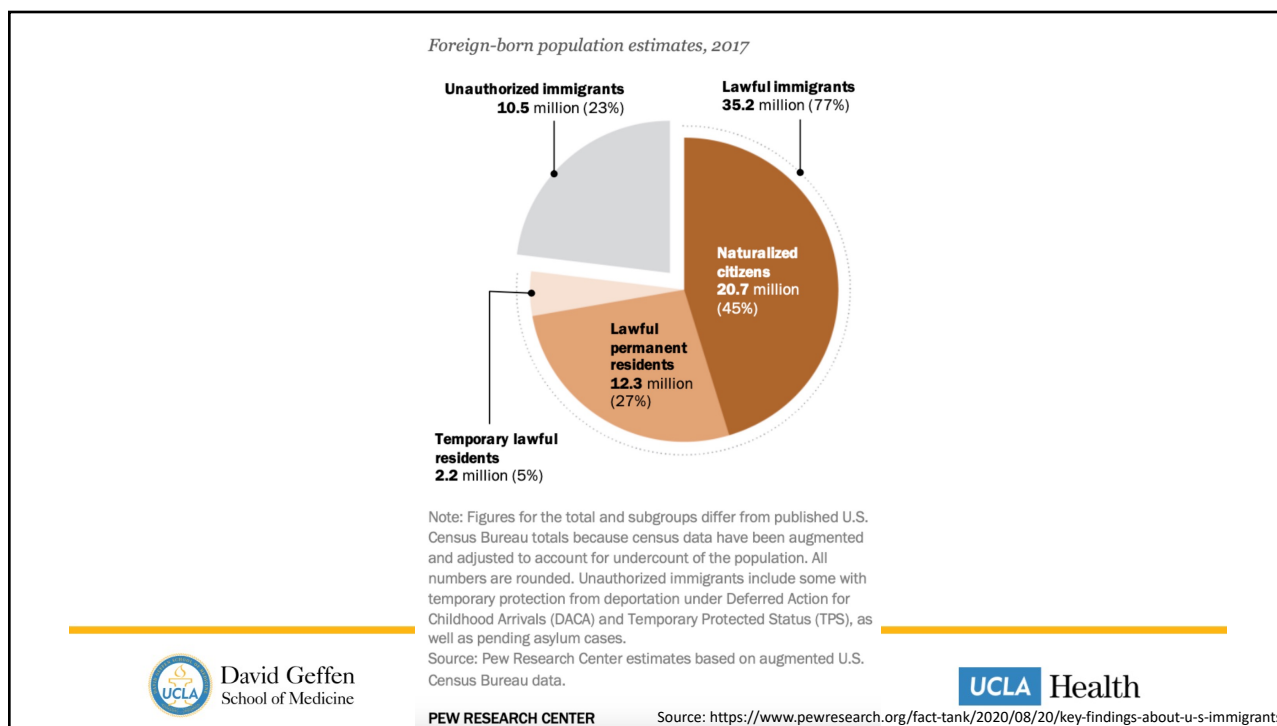
Myth: Most newly-arriving undocumented immigrants enter the United States by crossing the border without legal authorization ("entries without inspection")

Slide Credit: Grace Kim, MD

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Country of Origin: Fill in the Blank

- The number of unauthorized immigrants rose over the 2007-2017 decade from two birth regions: _____ & _____
 - Asia
 - Central America
- The numbers declined over the past decade from
 - South America
 - Mexico
- **Myth: Majority of new undocumented immigrants are Mexican**
 - Mexican UIs declining in total # and proportion



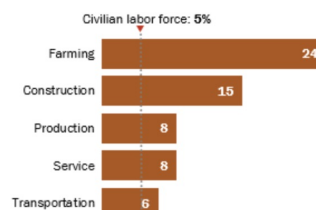
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Occupation

Service jobs employ the largest number of unauthorized immigrants – 2.4 million in 2016. They also are the largest occupation in at least 40 states.

Some occupations have high shares of unauthorized immigrant workers

Unauthorized immigrant % of workforce



Note: Percentages calculated from unrounded numbers; rankings based on unrounded percentages. Occupation groups based on U.S. Census Bureau major occupation group classifications. Names shortened for display; see Methodology for full Census Bureau classifications.

Source: Pew Research Center estimates based on augmented U.S. Census Bureau data. See Methodology for details.

"U.S. Unauthorized Immigrant Total Dips to Lowest Level in a Decade"

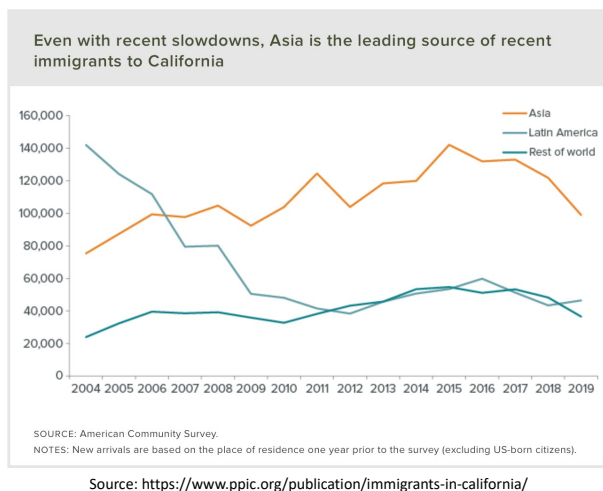
PEW RESEARCH CENTER

Source: <https://www.pewresearch.org/hispanic/2018/11/27/unauthorized-immigrant-workforce-is-smaller-but-with-more-women/>



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CA: Majority of Recent Immigrants are from Asia



- Immigrants who arrived between 2010-2019:
 - More than half were born in Asia
- CA's undocumented immigrants are from across the globe
 - After Mexico, top leading countries:
 - El Salvador
 - Guatemala
 - Philippines
 - India
 - China
 - South Korea

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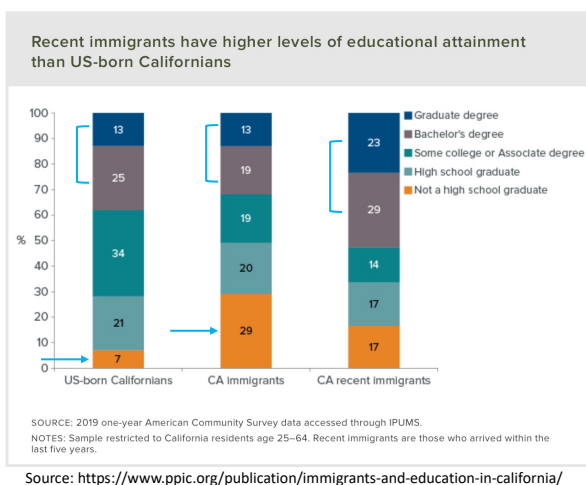
Immigrants in California



- Most immigrants in California are documented residents
 - 2010: 2.9M → 2019 2.3M undocumented immigrants
- Most of CA's immigrants are bilingual
 - 10% speak no English
 - Spanish, Chinese, incl Mandarin, Cantonese at home

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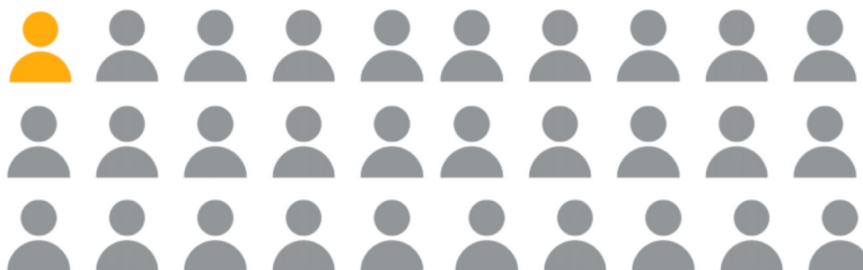
Immigrants in California: Education



- Foreign-born residents with a bachelor's degree: 32%
 - US-born residents: 38%
- A growing share of California's highly educated workforce
 - But also make up an outsized share of workers with little formal education
- Strong educational progress occurs across generations
 - Adult children of immigrants much more highly educated than their parents

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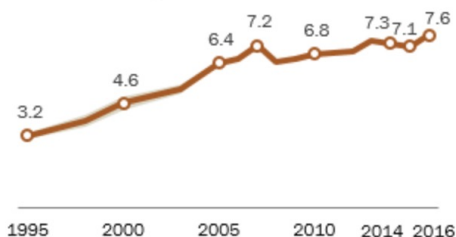
1 in 30 students in CA's public K-12 schools



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Almost 8% of K-12 students

% of K-12 students with at least one parent who is an unauthorized immigrant

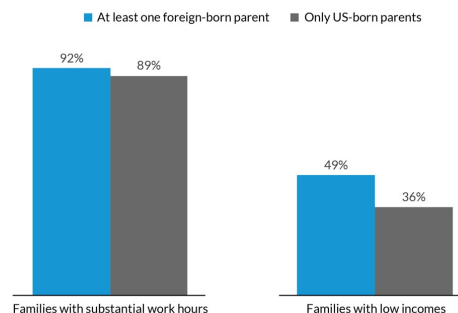


Note: Shading shows range of 90% confidence interval.
 Source: Pew Research Center estimates based on augmented U.S. Census Bureau data. See Methodology for details.
 "U.S. Unauthorized Immigrant Total Dips to Lowest Level in a Decade"

PEW RESEARCH CENTER

Source: <https://www.pewresearch.org/hispanic/2018/11/27/most-unauthorized-immigrants-live-with-family-members/>

Children of Immigrants' Families Work Hard, but Are More Likely to Have Low Incomes



Source: Urban Institute calculations using Census Bureau American Community Survey data. URBAN INSTITUTE

Source: <https://www.urban.org/features/part-us-data-driven-look-children-immigrants>

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Diversity of Identity, Diversity of Experience

- An intersectional approach that “considers the simultaneous and mutually constitutive effects of the multiple social categories of identity, difference, and disadvantage that individuals inhabit” yields a more complete understanding of immigrant health.
 - Viruell-Fuentes et al. (2012)

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YouTube Search

Juan Escalante

DACA, explained

1,134,972 views · Sep 6, 2017

30K 5.9K SHARE SAVE

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But what often gets overlooked in this debate is how things in the Northern Triangle got so bad in the first place and the key role the U.S. has played in that history.

Guatemala, Honduras, El Salvador

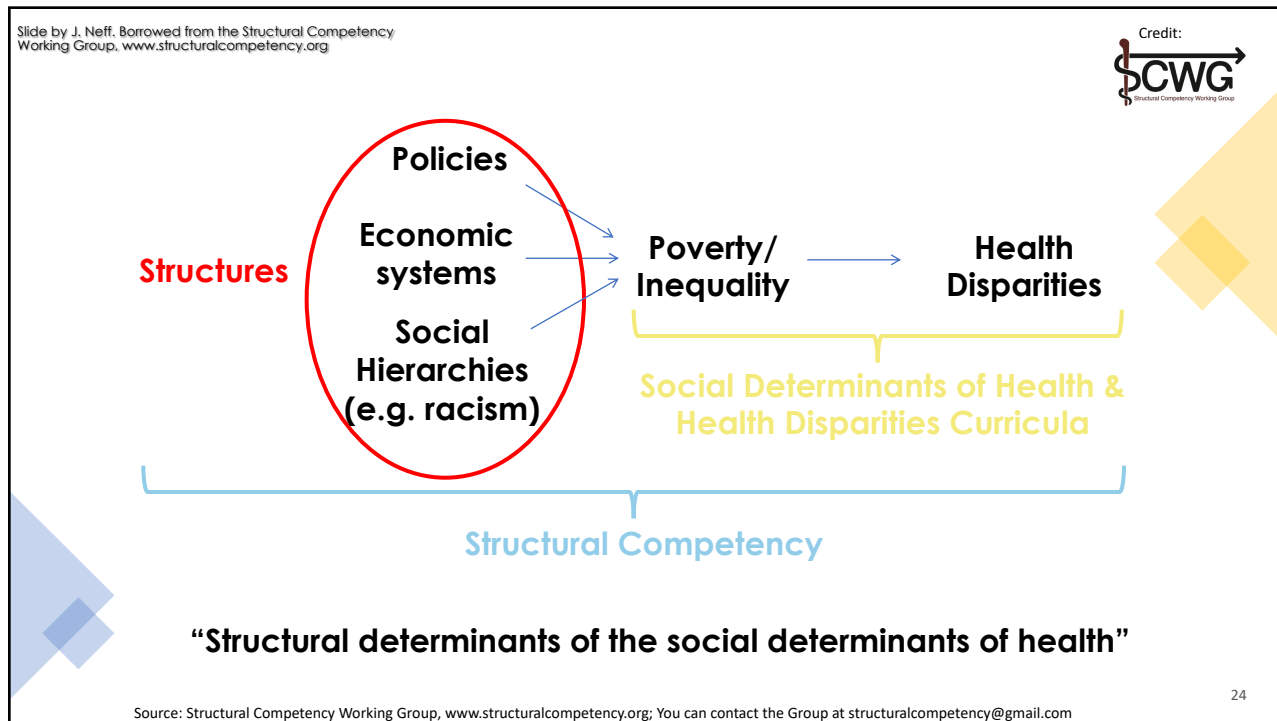
The violent crime that haunts the region is a direct legacy of the bloody civil wars in Guatemala (1960-1996) and El Salvador (1979-1992). In both countries, military right-wing governments, backed by the U.S., battled leftist insurgent groups and enlisted ruthless paramilitary death squads. As many as 200,000 Guatemalans and 75,000 Salvadorans were killed during the conflicts.

The wars left behind a traumatized region with unstable governments and thousands of young unemployed ex-soldiers with easy access to weapons.

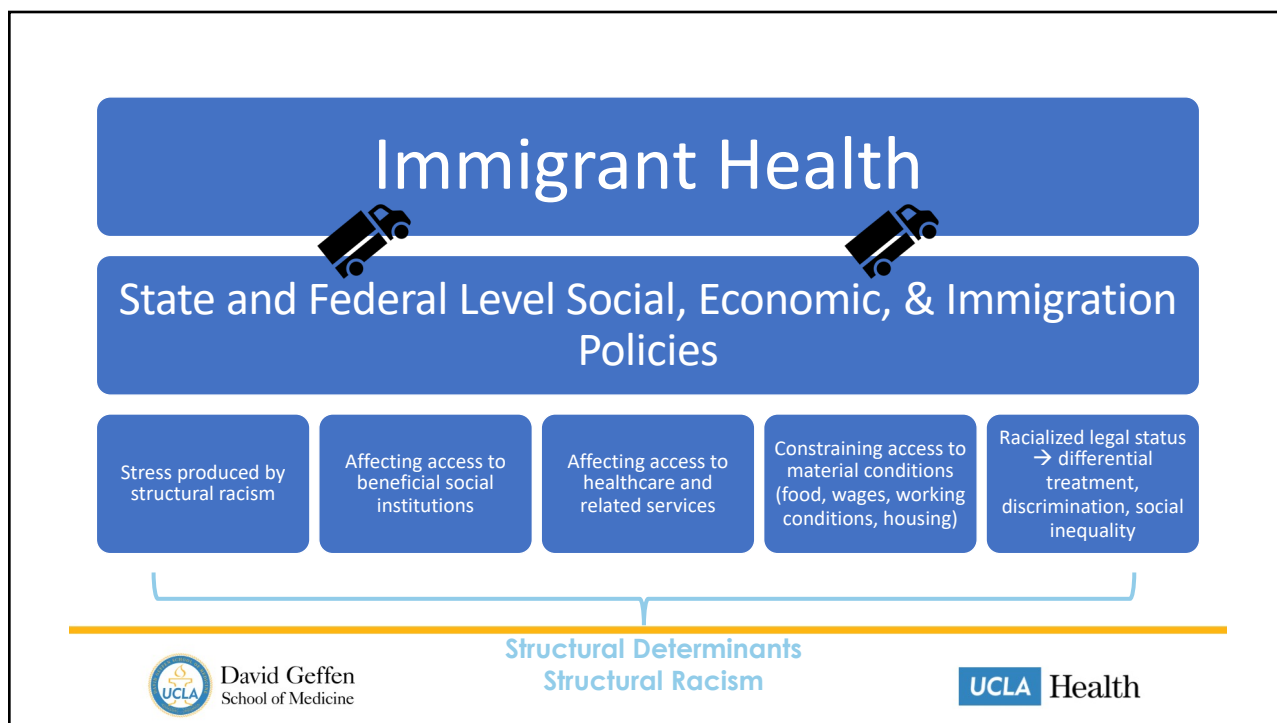
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Source: <https://www.kqed.org/lowdown/31036/why-so-many-people-in-the-northern-triangle-are-seeking-u-s-asylum>

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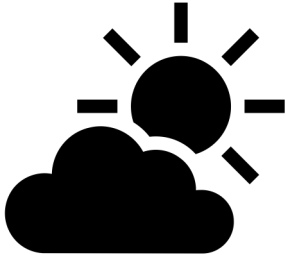



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Policy Climate is a Composite of






Existing Laws




Laws' Enforcement and Practice




Debates surrounding these laws

Safety, uncertainty, fear



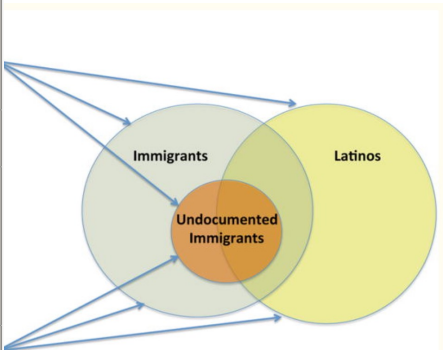
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Philbin MM et al., 2018; Viruell-Fuentes EA et al., 2012




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Primary and secondary education <ul style="list-style-type: none"> • Ethnic studies ban • Bilingual education availability 	<ul style="list-style-type: none"> * Structural racism * Social institutions 		
Education & employment <ul style="list-style-type: none"> • Affirmative Action 	<ul style="list-style-type: none"> * Social institutions 		
Driver's Licenses and Identification	<ul style="list-style-type: none"> * Structural racism * Social institutions * Healthcare * Material impacts 	Rhodes et al 2015; Evenson et al 2002	
Health <ul style="list-style-type: none"> • Health Coverage (e.g., Eligibility of qualified immigrants for health coverage during the 5-year ban) • Culturally and Linguistically Appropriate Services (CLAS) requirements 	<ul style="list-style-type: none"> * Healthcare * Material impacts 	Graefe 2015; Kaushal and Kaestner 2005	
Other services: access for immigrants to <ul style="list-style-type: none"> • Food assistance • Cash assistance • Mandated provider reporting 	<ul style="list-style-type: none"> * Material impacts 		


State-level policies and the health of immigrants, Latinos, and undocumented

Relationship between state-level policies and immigrants, undocumented immigrants, and Latinos must not be conflated, they can overlap. Additionally, health impacts in one group do not necessarily belong to that group, but share a relationship with individuals in that group, such as



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Source: MM Philbin et al. *Social science & medicine* 199 (2018): 29-38

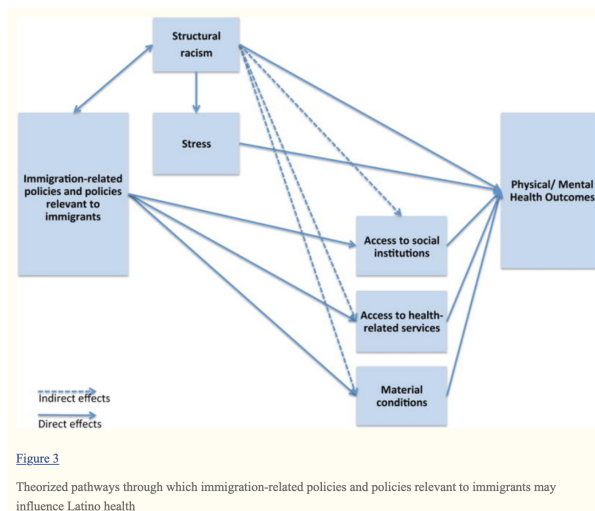


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Policies Influence Health

- State action has symbolic significance
 - Message: Are immigrants welcome, regardless of immigration status
- Policies → Access
 - Secondary/higher education
 - Health services and care
 - State benefit programs
 - Labor market
 - Workplace safety and working conditions
 - Income
 - Food security
 - Housing

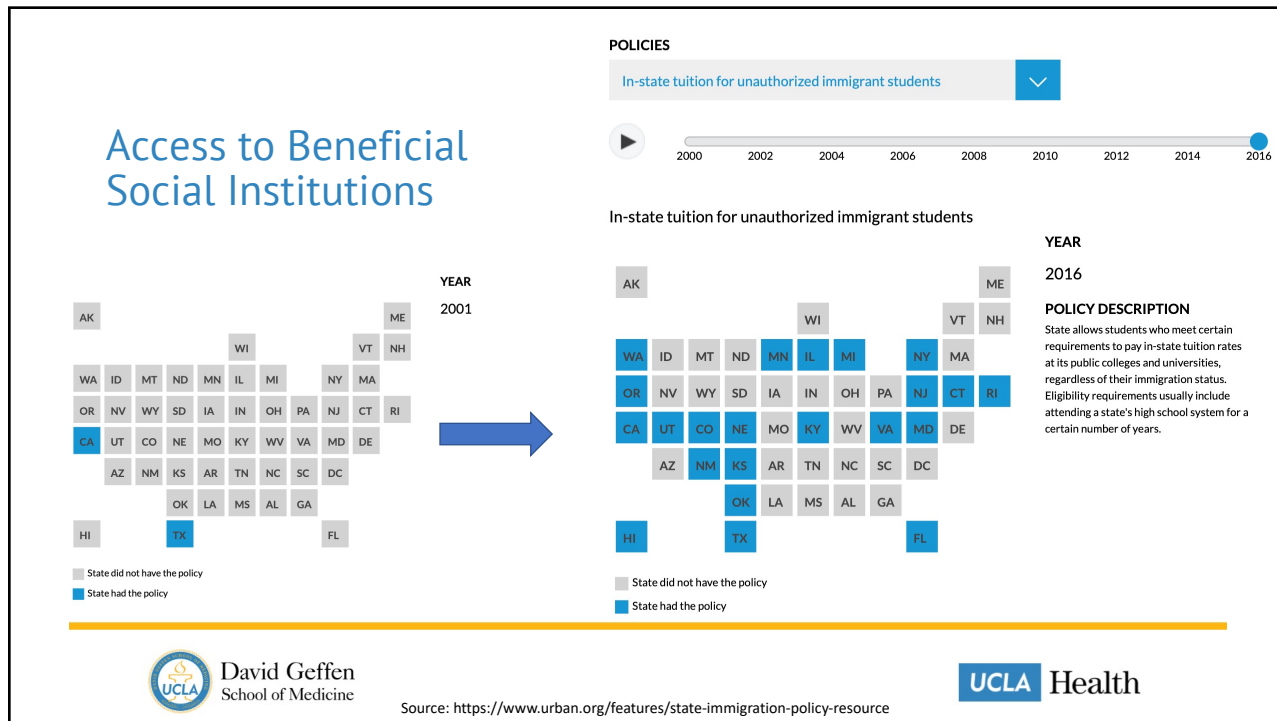


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Immigration-Related Policies & the Undocumented Omnibus Laws

- In the past decade states passed laws or introduced omnibus enforcement bills
 - Seek to expand state actions:
 - Immigration law enforcement
 - Requiring officers to verify immigration status during stops
 - Allowing for police stops for sole purpose of verifying immigration status
 - Requiring immigrants to carry federal immigration registration documents
 - Employment verification (requiring E-Verify)
 - K-12 schools req to verify status, banning students from college (AL)
 - Legal challenges, federal government complaints
 - Partially or fully barred
- Explicitly or implicitly derive their motivation from the desire to drive undocumented—and sometimes even documented—immigrants away from the state and restrict their rights and access to services. Philbin MM et al., 2018

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A Recent Example

Undocumented During COVID-19: Essential for the Economy but Excluded from Relief

Posted → Aug 10th, 2020

A UCLA study published today found the exclusion of undocumented residents and their families from the \$1,200 given to taxpayers a result of the COVID-19 pandemic resulted in a loss of \$10 billion in potential economic output.

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Source: <https://latino.ucla.edu/research/undocumented-during-covid-19-essential-for-the-economy-but-excluded-from-relief/>

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Reflection question

- What social, political, and economic structures might be contributing to Danielle's health outcomes?

Turns out, we only know the half of it



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Her father, who was also a LPR was deported.



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Detention, Deportation, Family Separation

- “Even absent direct experience with immigration enforcement, just the threat of it shapes how immigrants navigate daily life”
 - Stress for individual at risk, family, community
 - Anticipatory stress
 - Acute stress
 - Chronic stress
 - Mixed-status families
 - When immigrant parent is targeted, this individual’s children are directly implicated
 - Forced separations can also result in the loss of family income and have been shown to result in family housing and food instability
 - Parents’ immigration status is associated with children’s cognitive development, as well as anxiety and depressive symptoms during adolescence



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Asad & Clair, 2018; Brabeck & Xu, 2010; Yoshikawa, 2011; AAP 2013

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True or False

- The majority of immigrants deported have been convicted of a crime
->FALSE
 - **FACT:** From 2001 to 2018, a majority (60%) of immigrants deported have not been convicted of a crime.
 - **FACT:** The immigration enforcement system has disproportionately impacted U.S. immigrants from Latin America since at least 2005.



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Pew Research Center, 2020; Asad & Clair, 2018

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Risks & Burdens

- Risky jobs
 - Occupations with higher risk of injury compared with their US-born peers
 - Occupations without insurance benefits, protections
- Detention, deportation, family separation
- Financial effects of immigration process
- Risk of immigration fraud & scams
 - \$\$\$
 - Lost opportunity for adjustment of status
- Spillover to racial/ethnic group members who are misrecognized as holding a discredited legal status (ie not undocumented)
- Latino and Asian Immigrants are more likely than non-immigrants to report discrimination in health care



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Asad & Clair, 2018; Orrenius & Zavodny, 2009; Goldman et al 2005; Gee & Ford, 2011; Lauderdale et al., 2006

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Stressors

- Context of reception
 - If one does not feel welcome, one may dream of leaving
 - A desire to return to one's homeland can be influenced by the context of reception
 - Hypothesized as a reason non-white immigrants may not pursue/historically pursued citizenship
- For those who hope to return
 - Building homes in their homeland
 - Fraud
 - \$\$\$
- Family left behind
 - Children
 - \$\$\$
 - Parents
 - \$\$\$
 - Grief
 - Loss
 - Community
 - Isolation



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Stressors

- Temporary legal status
 - Indefinite periods of extension
 - Can be terminated at any time
 - Employment based & humanitarian based
 - Backlogs for applications
 - Cost \$\$\$
 - Immigrants who are legally present but lack LPR status may spend years, even decades, in uncertain situations, often lacking access to a range of social benefits
- Immigrants viewed on the basis of their fit within the US' existing racial hierarchies
 - Social hierarchy, eg immigrants racialized as Black or darker skinned



Gee & Ford, 2011

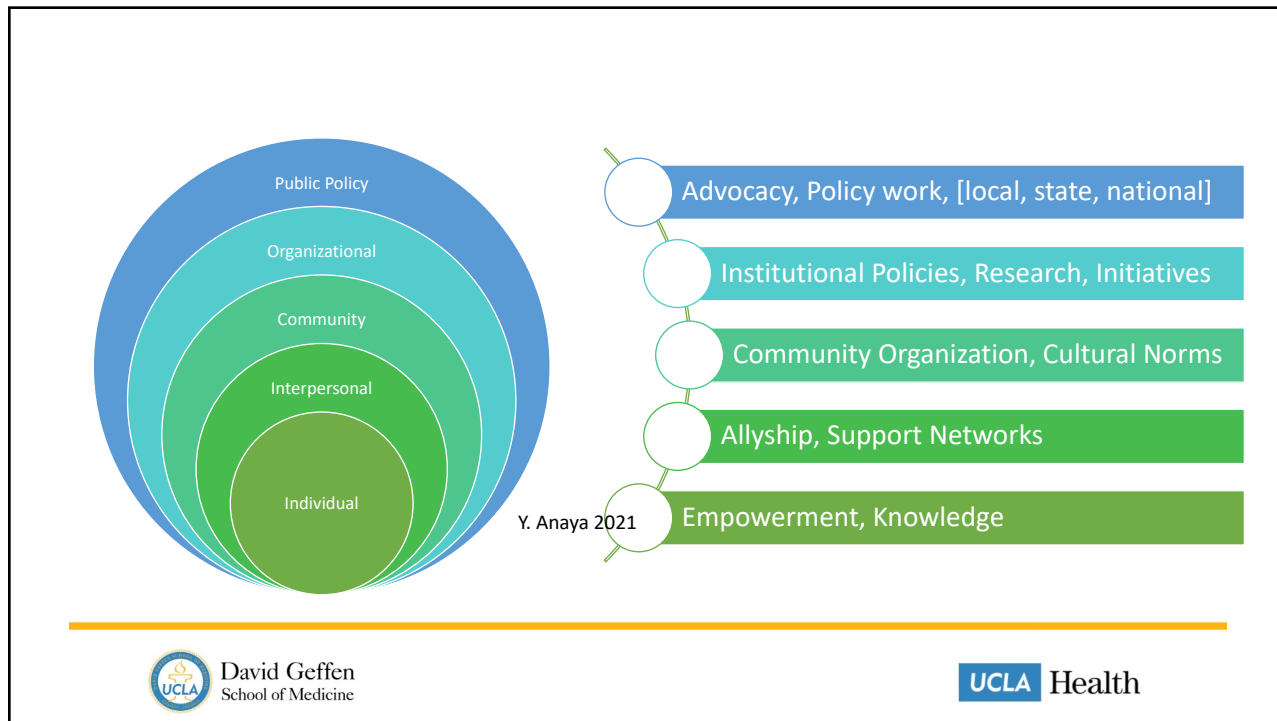


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INTERVENTIONS




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Types of Advocacy


- **Policy Advocacy**
 - Influence policymakers
 - Policy & resource allocation
- **Community Advocacy**
 - Empower communities
- **Media Advocacy**
 - Enlist mass media to push policymakers



Federal immigration reform has stalled, leaving the fate of millions of U.S. undocumented immigrants in the balance.



But California has taken its own measures, gradually shifting from passing more restrictive measures to increasingly inclusive ones.



Source: <https://www.kqed.org/lowdown/16663/living-in-the-shadows-of-the-golden-state-who-are-californias-undocumented-immigrants>

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Institutional Video: Part 2

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<https://www.youtube.com/watch?v=vnsVvQ3NtWs&t=2s>

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Institutional and Provider Level


Conceptually, Mirror Trauma Informed Care [Necessary because the structures have imposed trauma]

- An approach to care that promotes a culture of safety and empowerment. Not a treatment for trauma; a practice that helps all patients to feel safe when they seek care and to be able to engage in their care when they do
- Everything we do is to make the patient feel safe
 - Starts from the moment they walk in the room
 - The waiting room
 - Feeling safe
 - Confidentiality
 - Reception undertone, caring presence
 - Displays
 - Clinical Encounter
 - Communication techniques
 - Caring presence
 - Ask permission with each step
 - Have you experienced anything that makes seeing a doctor scary for you?
 - Validating: I am so sorry that happened to you. Gee that sounds really difficult. Often don't need to go beyond that and assessing safety if applicable
 - Leverage your longitudinal relationship. Not everything has to be done today.
- Much lower threshold to feel unsafe for those who have experienced trauma
- Empowers patient
- Reinforces a safe environment

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The screenshot shows a YouTube video player with a purple background. The title 'patient Level' is displayed in yellow. The video content features a central white heart with a purple cross, surrounded by several circular icons: a person in a wheelchair, a scale of justice, a dollar sign, a group of people, a silhouette of a head, and an exclamation mark. The video player interface includes a search bar, play/pause button, progress bar (0:20 / 4:09), and interaction buttons (likes, shares, save).

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https://www.youtube.com/watch?v=CwI6kiFc_Jg

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Clinical Level

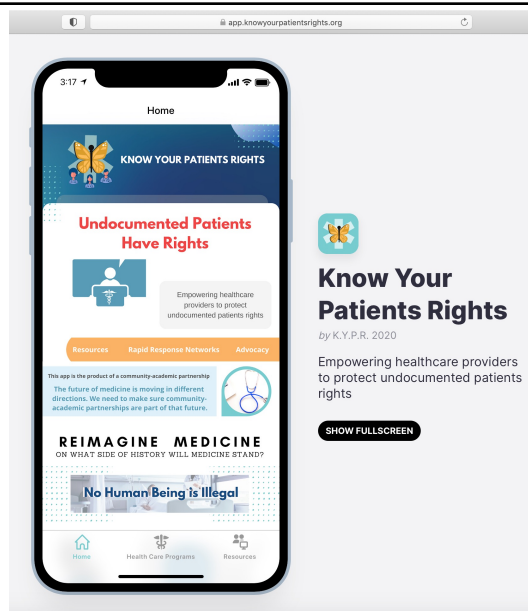
- A well-intentioned effort to open a dialogue could lead to patients avoiding the clinic because they fear being asked about their status
 - Create environment that enables patients to initiate a conversation about their concerns
 - Written materials, signage, and wearable buttons
 - Example Brochure: "If you would like to talk to your doctor about problems having to do with immigration, just take this sheet into the exam room and hand it to the doctor."
 - Contextualize and normalize the conversation: "There are medical reasons why physicians wish to discuss these matters"
 - Make clear to a patient that they are motivated by health concerns: "This kind of anxiety can influence your health."
- Reassure a patient that you will not record the patient's immigration status within the health record.
 - "I will not write your immigration status in the medical record. Only health-related issues will be recorded."

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Kuczewski et al. 2019

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Provider Level

- Provide resources
 - As pertinent and applicable to your patient's concerns
 - MLP
 - KYR
 - Orgs that offer guidance, resources
- Inform yourself
 - Policy updates
 - Resources
- Collaborate with community partners
 - Advocacy
 - Policy
 - Community
 - Media
 - Research
 - Address the community's needs



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Provider Level Allyship

- Learn and use structural competency to begin to name and address the societal and structural factors that hinder patients' ability to live to their highest level of well-being
- Avoid making assumptions about the role of structures in patients' lives
- Collaborate with patients and communities in developing an understanding of and responses to structural vulnerability
- Be aware of our own biases
- Servant leadership, not uncourageous followers Acosta DA & Aguilar-Gaxiola S, 2014



Source: Includes Structural Competency Working Group, www.structuralcompetency.org; You can contact the Group at structuralcompetency@gmail.com

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Reflection question

- What social, political, and economic structures might be contributing to Danielle's health outcomes and future?

What could you do for Danielle?



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Final Thoughts



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A collection of risk factors?

- Do not assume your immigrant or undocumented patients are a collection of risk factors.
- Paradigm shift to approaching patients of color and other vulnerable patients as whole, rather than broken.



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Affirming the strengths patients bring

- Resilience
 - The ability to adapt or recover from stress
 - Research suggests individuals can develop resilience and recover from stress through critical domains:
 - Social support
 - Self regulation
 - Any way to release stress
 - Hobbies, sports, church, centering/mindful breathing
 - What you can encourage: gratitude journals, positive thinking, mindful meditation
 - Competency
 - Level of financial security, employment, skill development
 - What we can do through policy



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Think beyond the stereotype behaviors

- Shift focus from modifying individuals' behaviors and toward altering the legal landscape (macro level)
- Improve daily living conditions
- Tackle the inequitable distribution of power, money, and resources
 - Marmot, M. et al. (2008). Closing the gap in a generation: health equity through social action on the social determinants of health. *Lancet*, 372, 1661-1669.
- Give the community voice, choice and empowerment
 - Collaborate with them
 - Community has wisdom as to what they need



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Acknowledgements

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- Andreé Franco-Vásquez, PRIME-LA (Leadership and Advocacy), David Geffen School of Medicine at UCLA
- Olivia Wu, PRIME-LA (Leadership and Advocacy), David Geffen School of Medicine at UCLA
- Structural Competency Working Group; You can contact the Group at structuralcompetency@gmail.com



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Resources for Providers: Trauma Informed Care

- This educational activity, designed for family physicians and their health care team members, stresses the relationship between ACE scores and ACE-Associated Health Conditions, including non-communicable diseases, and provides information on screening, treatment, management of ACEs and toxic stress, and trauma-informed care. The publication offers 1.25 AAFP Prescribed credits and is available here.
 - <https://www.familydocs.org/cme/learning-opportunities/?org=794&IVI=100&ite=3651&lea=760065&ctr=0&par=1&trk=a0S5b000009R27xEAC>

Expanded Course

- In this case-based activity, family physicians and other practice team members will learn more about adverse childhood events (ACEs) and trauma-informed care. The cases highlight recognition, interviewing, scoring, management, and patient-physician communication. The cases were written by family physicians based on their practice experiences. The publication offers 3.5 AAFP Prescribed credits and is available in Homeroom here.
 - <https://education.familydocs.org/content/we-are-more-our-numbers-understanding-and-responding-adverse-childhood-experience-scores?org=794&IVI=100&ite=3651&lea=760065&ctr=0&par=1&trk=a0S5b000009R27xEAC>



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Resources for Providers: Best practices

HEALTH CARE PROVIDERS: A GUIDE TO BEST PRACTICES FOR PROTECTING YOUR RIGHTS AND YOUR PATIENT'S RIGHTS

- <https://www.aclu.org/other/health-care-providers-guide-best-practices-protecting-your-rights-and-your-patients-rights>

