



Latina Immigrant Perspectives & Recommendations to Improve Access to Health and Social Services in North Central Florida



INTRODUCTION

In 2020, the Rural Women's Health Project conducted a Participatory Community Assessment to identify barriers to medical and social services among Latina immigrants in North Florida. *This initiative was created to provide Latina immigrant community and those that serve them the tools necessary to move forward towards health and social justice.* The results from this Community Assessment are based on survey responses from 93 Latina immigrants living in Alachua, Levy, and Marion counties. The survey was administered by a team of community health workers, RWHP staff, and partner organizations.

While they provide critical insights into the demographics, health and social challenges in the community, they should not be interpreted as representing the experiences of all Latina immigrants. Rather, these findings offer a snapshot of the barriers and facilitators of access to services, and provide a foundation for improving service delivery to Latina immigrants in North Florida.

-Salir Adelante means to move ahead.-



1. Service providers can play a critical role in reducing these barriers by adapting their services to meet the needs of the Latina immigrant community.

How to Create an Inclusive Environment:

1. Provide professional translation seamlessly by contracting certified staff or language lines, by training all employees in the use of translations systems and by promoting services in multiple languages.
2. Develop an anti-discrimination policy that states staff will not ask individuals about their immigration status, nor will the provision of services be contingent on immigration status.
3. Implement the anti-discrimination policy and hold staff accountable with enforcement mechanisms, when discriminatory questions or impeding access to services transpires. Consider options for service delivery to those with transportation challenges and/or policies of leniency for those arriving late for services due to transportation woes.

2. Service providers must recognize the diverse subgroups of Latina immigrants, and how **country-specific differences in culture, language, migration circumstances, and legal status designations result in distinct barriers to health-protective resources.** Build this knowledge among staff by partnering with Latino-led organizations to offer trainings and educational opportunities.

3. Number of years in the U.S. often correlates with Latina immigrants' ability to navigate U.S. systems and their internal barriers to seeking out resources. **Be clear in explaining the processes of obtaining services with the intention of educating, supporting, and empowering.**

4. Immigration status and the related social vulnerabilities are the greatest barriers to medical and social services. Address these barriers by building trust with the Latino immigrant community, **by being transparent about the cost of services, availability of translation, and options for transportation.**

5. The women surveyed emphasized the need for *respectful and equitable services* for Non-English speakers. Ensure there is parity in service delivery by going beyond cultural and linguistic competence and towards cultural humility. This means continuously:

- prioritize interpretation and translation as Quality Control priorities
- evaluating areas for improvement
- acknowledging limitations and gaps in knowledge to the client
- seeking out opportunities to learn from

6. Health professionals, free clinics, and social services were identified as community assets by the women surveyed. Recognize the incredible value they also bring to the community with **respect, validation and acceptance of the immigrant community.**

* Community recommendations were developed based on the survey results, key informant interviews, and focus groups held with Latina immigrants and community partners.

In conclusion:

Despite the barriers to accessing services, 46% of women surveyed are hopeful in the U.S. They dream of a better future for their children and the generations to come. Whether it is providing food or clothing for those in need or being a good neighbor, 80% of those surveyed take actions to help others, because this is their community too.

Community engagement and recognition of their value and participation in the community is critically important to improving service delivery for Latina immigrants!

DEMOGRAPHIC HIGHLIGHTS FROM SURVEY FINDINGS

The ninety-three Latina immigrants surveyed reflect the broad diversity of the Latino immigrant community. Table 1 shows participant demographics across the number of years living in the U.S. The highlights from this table illustrate key migration trends and acculturation factors between new arrivals and short and long-term residents.

Key findings on Participant Demographics

- Ages ranged from 19 to 82. The median age was 35 years old.
- 95% of women surveyed have children
- **94% of those surveyed were uninsured**, which is more than 11 times the national average for U.S.-born women.
- **88% of those surveyed did not speak English** proficiently, with a higher percent among new arrivals.
- 64% of those surveyed were married or in a cohabitating couple.
- 51% of those surveyed received a primary school education or less.
- 43% of those surveyed were unemployed. * Among those employed the top employment sectors were service, forestry, horse, and agricultural sectors.
- A greater percent of new arrivals (0-2 years in the U.S.) were from Central America, and a greater percent of long-term residents (11-25 years) were from Mexico.

Table 1. Participant Demographics by Number of Years Living in the U.S.

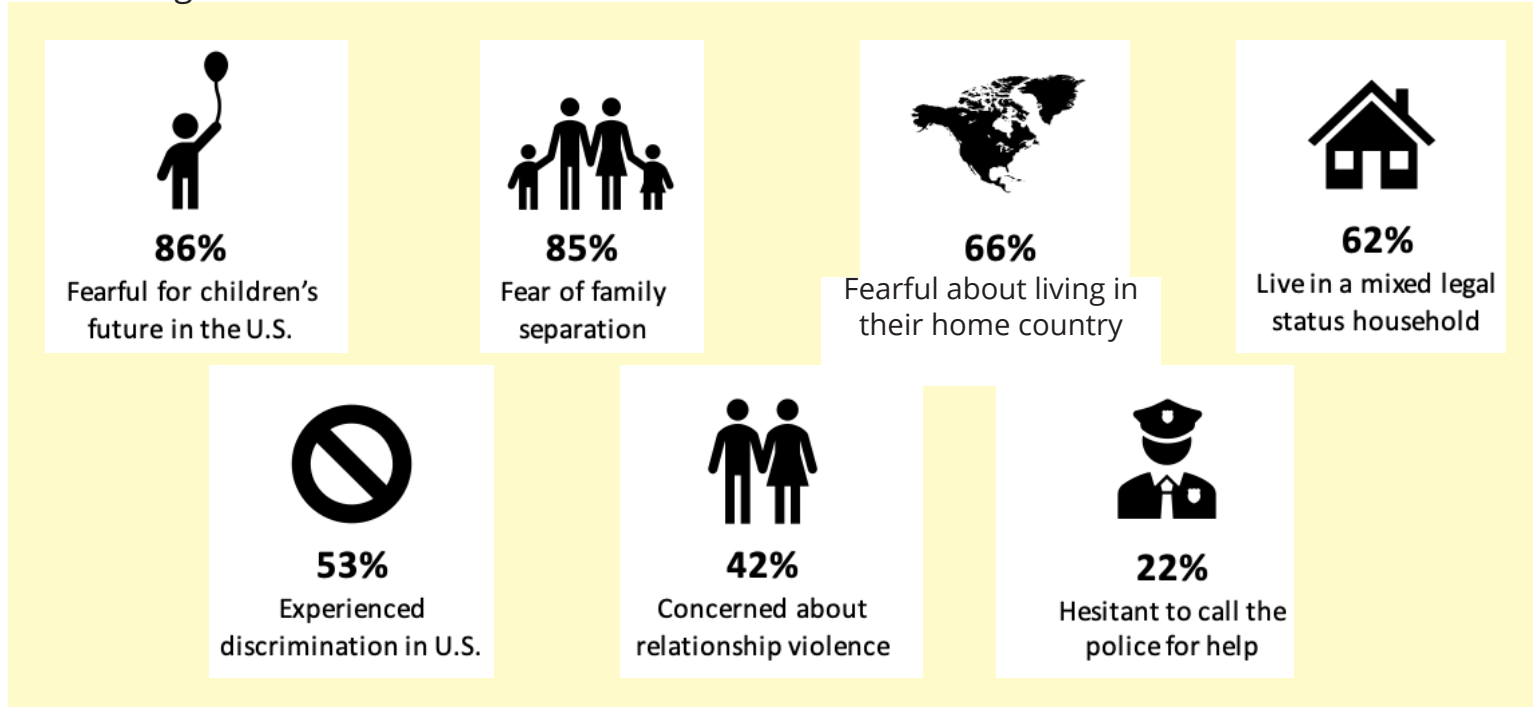
Demographic Category	0-2 Years	3-10 Years	11-25 Years	Total
Age				
18-25	35%	13%	7%	17%
26-35	38%	50%	32%	40%
36-45	21%	25%	36%	27%
46-65	7%	9%	26%	14%
65+	0%	3%	0%	1%
Education				
Primary school or less	55%	55%	42%	51%
Middle-High school	35%	30%	39%	34%
University	10%	15%	19%	15%
Region				
Mexico	17%	22%	61%	34%
Central America	72%	53%	29%	51%
Caribbean	3%	3%	0%	2%
South America	7%	22%	10%	13%
Health Insurance				
Uninsured	93%	94%	94%	94%
Insured	7%	6%	6%	6%
English Proficient				
No	97%	94%	73%	88%
Yes	3%	6%	27%	12%
Marital Status				
Single	36%	24%	23%	27%
Married or Cohabiting couple	54%	67%	71%	64%
Divorced or Widow	11%	9%	7%	9%
Employment Sector				
Unemployed	41%	42%	45%	43%
Service industry	17%	15%	26%	19%
Forestry	7%	15%	3%	9%
Horse industry	7%	15%	3%	9%
Agriculture	14%	9%	10%	11%
Domestic worker	7%	6%	7%	7%
Health care	3%	0%	0%	1%
Construction	3%	3%	0%	2%

* High unemployment might be as a result of the COVID-19 pandemic.

We try to speak English. But, the "Americans don't try to change their way of treating us. They make us invincible."

LATINA IMMIGRANT HEALTH IN CONTEXT

Latina immigrant health must be contextualized by immigration policies that directly and indirectly impede access to medical and social services. Latina immigrants may be denied services on the basis of immigration status or they may self-restrict access due to safety concerns. This survey identified the following factors that impact women's use of or interest in accessing services:



1-Self-rated physical and emotional health declines the longer the participant has lived in the U.S.

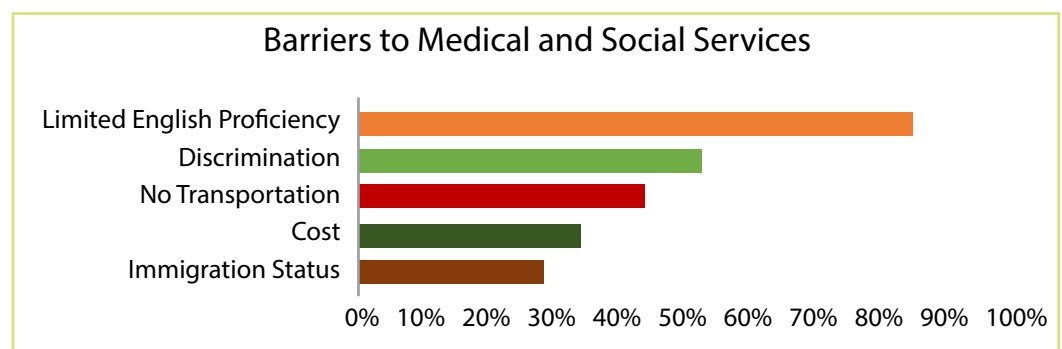
2-Those that reported fear of family separation were more likely to rate their physical health as poor.

3-Those that reported a lack of U.S. identification were more likely to rate their emotional health as poor. Immigration status not only impacts women, it also impacts their families, Among those with children, 86% were fearful for their children's future in the U.S. due to discrimination, violence, and immigration status.

BARRIERS TO ACCESSING MEDICAL AND SOCIAL SERVICES

The women surveyed identified immigration status and the related social vulnerabilities, such as English proficiency, discrimination, transportation, and cost of services as leading barriers to accessing medical and social services.

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IMPLICATIONS OF IMMIGRATION POLICY ON SERVICE DELIVERY



Thirty percent of those surveyed articulated that immigration status was a barrier to accessing medical and social services. Federal, state and local immigration policies change rapidly, causing immigrant communities to live in uncertainty.

Confusion around public benefit access for undocumented families, or those in process of applications and even those with U.S. born children are major handicaps. Additionally, fear of ICE presence or actions in North Central Florida have ripple effects for weeks after each incident, meaning that it takes time to rebuild trust.

Though the new Biden administration has been less aggressive in its plans around immigration, uncertainty will continue until legislative action is taken. **Service providers have a responsibility to stay up-to-date on the changes to immigration policies and the implications it may have on those you serve.**

As of January 2021, these are immigration related issues important to be aware of:

- SB168 - Florida Anti-Immigrant Bill
- TPS- Temporary Protective Status
- Public Charge-Potential loss of status due to use of services

- DACA- Deferred Action for Childhood Arrivals
- VAWA- Violence Against Women Act



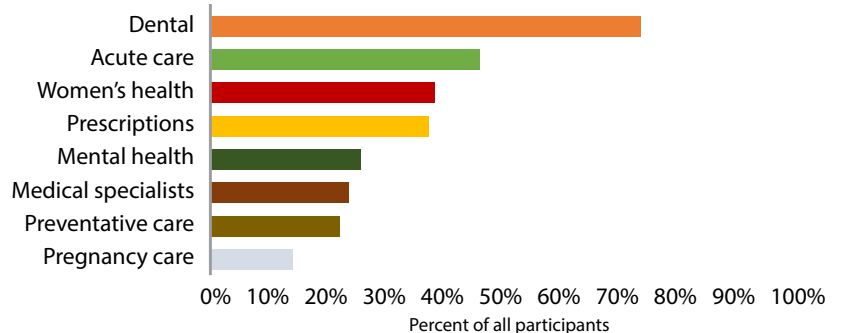
"I worry about having to drive to work and the store. I might be stopped. What will



LATINA IMMIGRANT HEALTH

Internal and external barriers impact Latina immigrant health by restricting access to health-protective resources. By understanding the gaps in service delivery, service providers can more effectively provide linkage to resources and tailor outreach efforts to the Latina immigrant community.

Difficulty Accessing Medical Services by Category



Key Findings on Barriers to Accessing Medical Services:

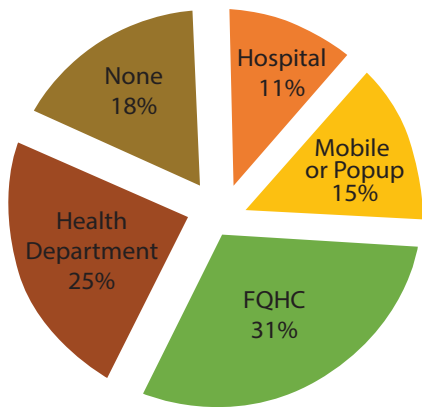
- 88% reported difficulty accessing at least one medical service
- 69% have no medical home
- 25% stated they cannot access a clinic because they do not U.S. identification
- 15% rely on safety net providers for primary care
- 11% rely on Emergency Departments for primary care
- Dental care, acute care, and women's health care were the most difficult services to access.
- Participants reported the most important factors in selecting a clinic were translation, cost of services, and feeling respected.

ACCESS TO PREVENTIVE HEALTHCARE

"I don't speak English. So calling to make an appointment is hard, And then the hours- how can I miss a day of work to go?" - Elena



Regular Primary Care Provider



Lack of continuous care results in non-adherence to screening guidelines and late entry to medical care and treatment. This was evidenced by the women's responses:

Women's Health Challenges:

- 31% never had an HIV test
- 31% of women 40 years and older were overdue for a mammogram
- 20% never had a pap smear
- 18% were overdue for a pap smear exam

Dental Care Challenges

- 75% of women surveyed reported difficulty accessing dental care.
- 48% stated cost was a barrier to dental care
- 33% never had a dental exam
- 22% stated health insurance was a barrier to dental care
- 9% stated wait time was a barrier to dental care

Vision Care Challenges:

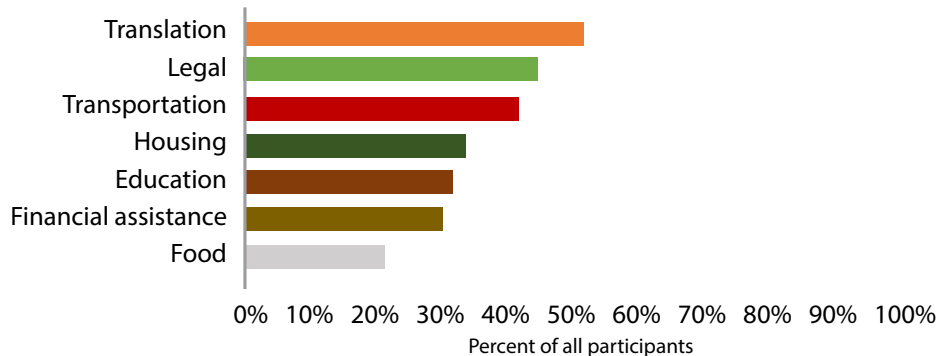
- 38% never had an eye exam

BARRIERS TO ACCESSING SOCIAL SERVICES

Social services are the broader social determinants which impact health through mechanisms beyond health care access.

These include legal assistance, translation, housing, transportation, and educational opportunities.

Difficulty Accessing Social Services by Category



Key findings on barriers to accessing social services:

- 78% of those surveyed reported difficulty accessing at least one social service
- 51% had difficulty accessing translation services, making it the most frequent concern
- 46% had difficulty accessing legal services, be it immigration or other
- 43% had difficulty accessing transportation services
- 32% had difficulty accessing housing, education, and financial assistance
- 22% had difficulty accessing food assistance



ACCESS TO SERVICES BY COUNTY

Latina immigrants surveyed reside in Alachua, Levy, and Marion counties. This Tri-county area was selected based on the frequent movement across these counties for employment, medical care, and social services. While there was no difference in self-rated physical or emotional health across counties, there were disparities in access and barriers to medical and social services.



“As women, we always attend to our children, our family first, and then ourselves.

If it is hard for us to get a women’s health appointment, we just move on to our responsibilities and put our health to the side.”

Alachua County

- As compared to other counties, a higher percent of participants reported no regular clinic.
- A greater percent of participants reported reliable transportation as compared to other counties.
- Participants reported greater difficulty accessing housing services.
- Amongst all counties, the highest percent of participants reported hesitancy to call the police for help.



Marion County

- As a compared to other counties, a higher percent of participants reported a Federally Qualified Health Center (FQHC) as their regular clinic.
- Participants reported greater difficulty accessing preventive care, medical specialists, prescription medication, and dental care services as compared to other counties.
- A greater percent of participants reported difficulty accessing education services as compared to other counties, with one quarter stating a lack of an ID is the barrier.
- Amongst all counties, the highest percent of participants reported wage theft issues.

Levy County

- As compared to other counties, a higher percent of participants reported the Health Department as their regular clinic.
- Participants reported their greatest difficulty accessing was translation and transportation as compared to other counties.
- All participants requested assistance obtaining primary care services.
- A lower percent of women reported difficulty accessing women’s health care. However, a higher percentage had difficulty accessing pregnancy care services.
- Amongst all counties, the highest percent of participants reported fear of family separation.

Important Local Resources**Florida Immigrant Coalition (FLIC)**

Offers pro-bono legal services, assists in naturalization, disperses emergency cash assistance for immigrants impacted by COVID

<https://floridaimmigrant.org/>

888-600-5762 (hotline)

305-571-7257

info@floridaimmigrant.org

Florida Legal Services

Offers legal services and guidance to vulnerable populations (child separation, domestic violence, housing, migrant workers, disability, etc.)

<https://www.floridalegal.org/>

407-801-4350

(888) 780-0443 (disaster)

(850) 385-0611 (domestic violence)

Human Rights Coalition of Alachua County

Developing ICE reporting hotline, provides community ID cards, may assist with bail, offers church sanctuary guidance.

<https://hrcalachua.com/>

352-448-8537

info@hrcalachua.com

Project SALUD of the RWHP

Provides free health literacy resources specifically catered to Spanish-speaking populations, connects patients to care

<https://www.rwhp.org/salud.html>

352-372-1095

info@rwhp.org

Definitions**SB168**

Anti-immigrant bill, asserting that "sanctuaries" are invalid, requiring local law enforcement to enforce ICE detainer requests.

<http://bit.ly/sb168DEF>

Public Charge

Immigration law- makes an immigrant inadmissible for permanent status if receiving one or more public benefits for over 12 months (total) within 36 month period.

<http://bit.ly/PubChgDEF>



"How do I find what I can't see? People say there are services, but I don't know where they are. No one reaches out to us in Spanish."

- Doña Esther

**Regional and National Resources****Florida Association of Community Health Centers FACHC**

Provides resources/options to the medically uninsured. Provides a database to find health centers per zipcode

<https://www.fachc.org/>

HealthNet of Migrant Clinicians Network (MCN)

Free, virtual medical file and assistance for mobile populations.

<https://www.migrantclinician.org/services/network.html>

HN@migrantclinician.org

(800) 825-8205

National Center for Farmworker Health (NCFH)

Provides information/training for health and career of farmworkers. Created a helpline for finding local health resources

<http://www.ncfh.org/>

800-377-9968 (hotline)

Forms of Legal Status Relief**Deferred Action for Childhood Arrivals (DACA)**

Order which allows undocumented immigrant youths an ability to defer deportation action and allow them to reside in the US in 2 year periods pending renewals

<http://bit.ly/DACAfrm>

Violence Against Women Act (VAWA)

Act which allows victims of violence at the hands of U.S. citizen or legal permanent resident spouse, children, parent to obtain their own green card

<http://bit.ly/VAWAfrm>

Temporary Protected Status (TPS)

Immigration status provided to nationals of specifically delegated countries under duress (extreme weather, conflict, etc.) allowing for residence in the US

<http://bit.ly/TPS1gl>