



Latinx Immigrant Health in San Luis Obispo County: A Report from the La Gente Unida Project

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Introduction

Within the county of San Luis Obispo, Latina/o/x and Hispanic individuals make up the largest minority group as 23% of the population. As well, there are significant healthcare resources in this community, including the pristine natural environment. However, health inequities persist including low access to dental care, mental health concerns, lack of affordable housing and lack of services for the Spanish-speaking community (San Luis Obispo County Public Health Department 2018). Respondents from San Luis Obispo report serious concerns, especially mental health and breast cancer, as well as barriers to care due to the cost of services themselves, insurance, language barriers, and fear of immigration enforcement. The report concludes with recommendations for expanding access to culturally competent healthcare services and advocating for racial justice.

Key Findings from San Luis Obispo

This report is based on a larger project examining Latinx immigrant health and advocacy across California's Central Coast. A survey of Latinx immigrant health, healthcare, and advocacy was developed in collaboration with community leaders. In total, 177 eligible respondents were recruited between September 2019 – September 2020. The survey was shared with help from groups like Community Action Partnership San Luis Obispo (CAPSLO), Cuesta College, Cal Poly SLO, RISE, Central Coast Coalition for Undocumented Student Success (CCC-USS), Immigrant Support Network (list-serve), Transitions-Mental Health Association (T-MHA), Access Support Network, and Gala Pride and Diversity Center, through paid social media advertisements, and by supportive individuals. This report includes 72 respondents from San Luis Obispo County (31) and those who did not disclose their location (41). Individuals were eligible to participate in the study if they were an immigrant community member (Undocumented, Dreamers, mixed-status family member, resident and/or a naturalized citizen), or as an advocate (individuals that actively participate in social change efforts toward advancing immigrant health equity). As seen in the first figure: Sample Eligibility (above-left), the largest group in the sample was those who occupied both positions: advocate and community member (46%), followed by advocates from outside the community (38%), and community members who did not consider themselves advocates (17%).

Demographics In terms of race and ethnicity, the majority of the people surveyed self-identified as Latina/o/x or Hispanic (62%). However, that is not to say that the community is monolithic. The remainder of the sample identified as white (26%) or multiracial (12%). Multiracial included anyone who selected two or more races, such as Latinx and Black/African American or American Indian/Alaskan Native. Among those who self-identified as Latinx, the largest national group was "Mexican" (32%), "Mexican-American" (19%), or Chicana/o/x

(5%). This is summarized in the second figure (next page). Other identities represented within the sample were: Belizean, Chilean, Cuban, Dominican, Guatemalan, Peruvian, Salvadorian, Other Caribbean, Multicultural and Not Listed. Further, 12% of the sample identified as Indigenous, including a range of tribal and national affiliations. Beyond race and ethnicity, the sample also reflects additional intersecting identities. About three quarters of the sample were U.S. citizens (78%). The sample was also mostly women (77%). In addition, 17% were cisgender men and 6% were genderqueer or a not listed gender identity. In terms of sexual orientation, the majority of respondents were heterosexual/straight (83%), and the survey also included individuals who identified as bisexual (5%), gay (5%), queer (5%), or a not listed sexual orientation (2%).

Health Needs and Concerns In the survey, individuals were asked to report about their own perceptions of health concerns, as well as their beliefs about the issues facing the larger community. Those health concerns that were rated, on average, above the mid-point (3) are presented in the third figure: Most Pressing Health Concerns (below-right). The top-rated amongst these were **mental health** (M = 3.8, SD = 1.5) and **breast cancer** (M = 3.6, SD = 1.3). Breast cancer is the leading cause of cancer death for Latina women in the United States. Specifically, Latinas disproportionately experience later diagnoses and more severe cases than non-Hispanic whites (American Cancer Society 2018). Even though overall incidence of breast cancer is lower for Latinas, issues of access to healthcare exacerbate disparities in breast cancer treatment and outcomes.

Further, at the individual level, we also asked individuals if they had delayed or gone without healthcare within the past 3 months for a number of reasons. **Over half of the sample had avoided healthcare within the past 3 months because appointments were not available (61%)**. As well, cost was a substantial barrier. For over a third of the sample (35%) had avoided healthcare because services are too expensive. The third highest ranked reason for avoiding healthcare was also indirectly related to cost, as 16% reported that they were unable to get time off of work.

In terms of obstacles in accessing care among Latinx immigrants, respondents identified a range of issues. The items ranked above the mid-point (3) are presented in the fourth figure (above): Community Barriers to Healthcare. The most pressing were that **individuals don't have insurance** (M = 4.5, SD = 0.8), **services are too expensive** (M = 4.4, SD = 0.9), **fear of immigration enforcement** (M = 4.2, SD = 1.0), **inadequate insurance coverage** (M = 4.2, SD = 1.1), and that **healthcare providers do not speak individual's language** (M = 4.1, SD = 1.0). Past researchers have found that immigrant groups are **systematically excluded** from opportunities for health insurance (Gold 2005; Ku and Matani 2001; McGuire 2014). Relatedly, Francisco Pedraza and Lin Zhu (2015) have named the "**chilling effect**"

to describe the wide-ranging impacts of punitive immigration enforcement policies on immigrant communities and mixed-status families.

Community Assets Participants showed a high level of resiliency. On an adapted version of the "Mexican Immigrants Asset Scale" for Latinx communities, the average resiliency score was 3.4 out of 4 (SD = 0.4) (Lopez 2014). In spite of significant barriers, discrimination, and systematic exclusion, immigrant community members and advocates create opportunities for healthcare. The fifth figure (previous page), summarizes the location where respondents access primary health services. Half of the sample (50%) have a primary care provider in San Luis Obispo county. Notably, a substantial group of respondents (12%) travel outside of SLO in order to access affordable, specialty, and/or culturally competent healthcare services.

Recommendations

There is an urgent need to address the multi-layered issues affecting Latinx and immigrant health in San Luis Obispo. One respondent summarized the need for systemic change in this area in responding to the question “What are the most pressing health needs for this community?”: “Access and equitable treatment from healthcare professionals, systems that allow undocumented and uninsured folx to still access care. Spanish and Mixtec translation/interpretation so the care that *is* [received] is actually meaningful.”

Within the city of San Luis Obispo, there are opportunities to address these inequities in health through expanded free and low-cost healthcare services and upgrading medical technology used at low-income health clinics. As breast cancer was identified as a major concern, high-quality screening services are needed. To address gaps in early detection, these services must be promoted in culturally responsive ways in both English and Spanish, as well as through Indigenous language interpretation. Additional funding is also needed to expand existing mental health services, including through community agencies like T-MHA and specialty providers at Sierra Vista Regional Medical Center and French Hospital Medical Center.

Beyond direct healthcare services, the community also identified larger structural issues that must be addressed through collaboration across sectors. The city has identified that racism is a public health crisis (Wilson 2020) and declared itself as a “sanctuary” for immigrants (Cal Coast News 2017). However, there is vocal resistance in the community to these issues (see for example: Crockett 2018 and McGuinness 2019). Creative strategies are needed to address the identified inequities in health and make a more inclusive and welcoming space for the Latinx community in San Luis Obispo.

**For more information about this study, please visit our website at <https://tinyurl.com/LaGenteUnida>
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