

Health Equity

for Immigrant and Indigenous Communities

on California's Central Coast



Existing healthcare systems continually underserve immigrant communities and Indigenous peoples. These disparities impact our public health, leading to preventable illness and death, driving up healthcare costs, and deteriorating our economic workforce's productivity.

During the COVID-19 pandemic, we have seen the consequences of years of **mistreatment and exclusion** by the medical system. This research found that **mental health burden is high**, with Latinx Immigrant and Indigenous communities experiencing anxiety symptoms "nearly half the days" in the past two weeks. Rates were **significantly higher for those individuals who experienced discrimination** based on race, ethnicity, immigration status, gender, or sexuality.

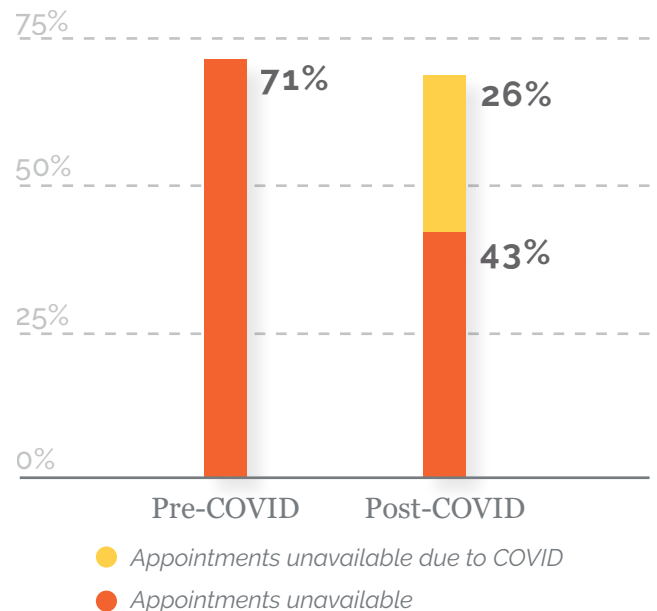
BARRIERS TO HEALTHY COMMUNITIES

When family and community members experience exclusions, this contributes to a pattern of mistrust with healthcare systems and withdrawal from services.

A key barrier to access on the Central Coast is the lack of **healthcare capacity**, especially for working-class and Latinx communities. Before the pandemic, **nearly 3 in 4 respondents (71%) had avoided healthcare because appointments were not available**. During the pandemic, a similar portion of the community had to delay healthcare due to unavailable appointments combined with COVID-related closures combined (69%). When speaking with community members in interviews, they identified that **specialty providers** were especially lacking, including **dentists, oncologists, and infectious disease specialists**.

"El temor migratorio," (fear) that arises from living in precarious circumstances. A community member said frustratedly, "At home they hear this, out there they hear something else. Their parents are full of fear, and the children are being affected, because they're scared too."

PERCENTAGE OF SAMPLE AVOIDING HEALTHCARE



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HEALTH DISPARITIES IN ACCESS TO CARE

Restrictions to healthcare through insurance also create multiple barriers. Undocumented immigrants are excluded from public health insurance programs, like Medi-Cal.

Survey findings show that nearly 1 in 5 Spanish-speaking respondents had avoided healthcare in the last three months because **their documentation status prevented them from accessing health insurance** (19%). Beyond formal exclusions, immigrant communities are affected by policies like the **public charge rule** and the **fear** it creates.

1 in 5 Spanish-speaking respondents **delayed healthcare within the past 3 months**, because their **documentation status** prevents them from accessing Medi-Cal.

DOCUMENTATION STATUS AND HEALTH AVOIDANCE

Latinx communities are heterogeneous groups, and language access extends beyond English and Spanish.

Interview participants indicated that **Indigenous language interpretation** is a crucial need for meaningful health access, in addition to offering bilingual and **culturally competent** care.

“My parents are immigrants. They don’t go to the doctor, they don’t go to the dentist, they only go to a clinic when it’s like a last-minute resort, like a life-or-death situation... Saying, ‘That’s not for me because I don’t have the money, and two, they’ll have my information. I don’t want to give out my information.’”



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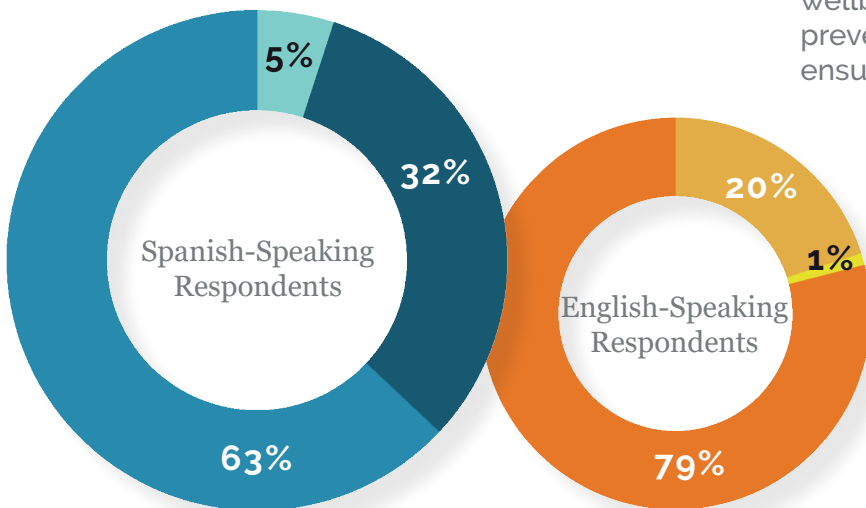
*“Even if we fight for **policy** that encompasses undocumented individuals, we also have to think about the practicality of implementing those policies and how we actually reach our **language minority families** or our communities that don’t have a written language and only have an oral language.”*



HEALTH DISPARITIES BY LANGUAGE

Barriers to healthcare lead to an undue burden on emergency healthcare providers in our communities. Not accessing preventative services means that healthcare conditions progress into severe and chronic illnesses.

In the pandemic, it has become apparent that barriers to individual health affect collective wellbeing. **Equity** must guide our efforts to prevent and mitigate public health threats to ensure **healthcare** as a **human right for all**.



- Good or Excellent
- Fair
- Poor

In terms of overall health, Spanish-speaking respondents were statistically significantly more likely to indicate that their health was “Fair” (63%) compared to English-speaking respondents (20%). By contrast, over three-quarters of English-speakers rated their health as “Good” or “Excellent” (79%), while only a third of Spanish-speakers (32%) ranked their overall health positively.

RECOMMENDATIONS

More and more government institutions recognize **racism** as a **public health crisis**, including Santa Barbara County, Ventura County, and the City of San Luis Obispo. These declarations provide essential recognition of the systemic issues facing communities. However, they must be accompanied by **concrete actions** and **policy change** to close equity gaps and heal from historical traumas. Policymakers can **disallow coordination** between County **Sheriffs** and City **Police** with **Immigration and Customs Enforcement** to help work against a culture of fear.

Local leaders can help decrease healthcare costs by **investing** in access to free and accessible preventative healthcare services. Community organizations and churches are critical partners for offering these services. They have already built **trusting relationships** with communities that tend to avoid government institutions and healthcare agencies. **Mobile healthcare** and **telehealth** are also strategies that can reach rural communities and other underserved groups, along with **Indigenous language interpretation**. To build healthcare capacity on the Central Coast, we can support pathways for underrepresented young people to pursue **healthcare** and **policy careers**.



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PRINCIPAL INVESTIGATOR BIO

Mario Espinoza-Kulick (*he/él*) is a Doctoral Candidate in sociology at the University of California, Santa Barbara. Mario draws from his own experience as an HIV+, Queer, Latinx, and Indigenous person to raise awareness around health inequities.

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

You can contact Mario at mvespinoza@ucsb.edu or by phone at (805) 904-9225.

METHODOLOGY NOTE

This report is based on a larger project examining Latinx immigrant and Indigenous health across California's Central Coast, including participant observation, interviews, focus groups, collection of news data, and a survey of health assets and needs. 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). The survey sample was majority Latina/o/x or Hispanic (86%), and women (82%). Over one-third of the sample's primary language was Spanish (46%), and about one in five were Indigenous (17%).

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