

Research Brief

Health Care in the Shadows

By Gabriel R. Sanchez, Francisco I. Pedraza, and Edward D. Vargas

Executive Summary

A poll released by the Robert Wood Johnson Foundation (RWJF) Center for Health Policy at the University of New Mexico and implemented by Latino Decisions provides an important perspective on the experiences Latinos are having with immigration policy. Among other important findings, the survey indicates that a meaningful percentage of Latino adults, regardless of nativity, avoid engaging in certain behaviors due to not wanting to be bothered or asked about their citizenship status. This includes 13% who avoid contacting police to report a crime, and nearly 1 out of 10 Latino adults who avoid visiting a doctor or clinic. We also find that avoidance of these activities is higher among Spanish speaking Latinos and those who know someone who have been detained or deported. We view these results as direct evidence that a significant segment of the Latino adult population do in fact live “in the shadows” and that this has an impact on the health and well-being of Latinos.

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Study Background

One of the most concerning narratives for any democratic nation state is the extent to which sub-populations of its citizenry are “living in the shadows”. Living in the shadows or social exclusion (i.e. lack of access to a state identification card, bank accounts, and healthcare) is the process in which individuals are reluctant to fully engage in public life in order to avoid scrutiny because of their minority status (ethnicity, citizenship, religious beliefs, and/or sexual orientation). In this analysis, we examine Latino populations who are living in the shadows within the United States, and to the extent to which they may be avoiding public life because they do not want to be discriminated against due to their citizenship status, and/or the citizenship status of their loved ones.

For this discussion we rely on the groundbreaking National Latino Health and Immigration Survey, a new survey sponsored by the [RWJF Center for Health Policy at the University of New Mexico](#) and implemented by [Latino Decisions](#). We recently showcased this data-set on a [webinar](#) for the Robert Wood Johnson Foundation’s Human Capital Network blog as well as a previous post [here](#) showcasing the content more focused on the Affordable Care Act.

The survey of 1,505 Latino adults was fielded from January 29, 2015, to March 12, 2015, and provides some of the most comprehensive data on Latinos' attitudes related to health care and immigration in the ACA era. Although there is tremendous depth to this study we focus specifically on a selection of questions that address the notion of “living in the shadows.”

Are Latinos Living in the Shadows?

The question that we wanted to pursue within this line of inquiry is essentially how many Latinos are 'living in the shadows” and among Latinos who is most likely to be reluctant to step out of the shadows and fully engage in public life? To get at this we started by simply asking: "Have you ever avoided the following activities because you don't want to be bothered or asked about your citizenship status?" We asked specifically about daily life activities like taking public transportation, renewing or applying for a driver’s license, talking with teachers and school officials, reporting crime to police, and visiting a doctor or clinic.

Results from the survey indicate that the majority of Latinos, 70 percent overall, are not concerned by inquiries about their immigration status. This figure makes sense given that the majority of Latinos in our sample are U.S. citizens, and a majority of Latinos who are not U.S. citizens, are lawful permanent residents. Nevertheless, we do find evidence that a substantial percentage of Latinos do report adjusting aspects of their day-to-day life because they do not want to be bothered or asked about their citizenship status. In fact, we learned that overall, about 7 percent of Latino adults shy away from contact with educators, 9 percent avoid taking public transportation, 9 percent steer clear of visiting health care providers, and 13 percent pass on reporting crime to police (see figure below).

Have you ever avoided [activity from list] because you don't want to be bothered or asked about your citizenship status? Percent reporting "yes"	
Talking to police or reporting crime	13
Renewing or applying for a driver's license	10
Traveling by airplane / picking up family at the airport	10
Using public transportation	9
Driving a car	9
Visiting a doctor or clinic	9
Talking with school teachers or school officials	7
Smoking cigarettes or drinking alcohol	4

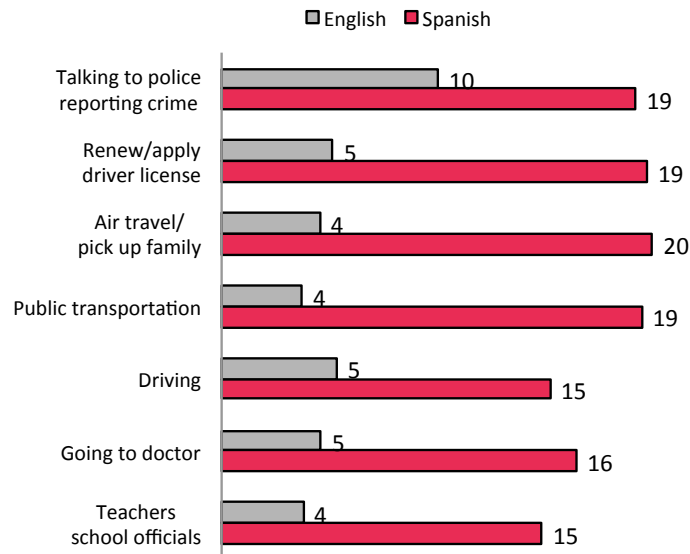
Source: RWJF Center for Health Policy
 National Latino Health and Immigration Survey (2015)



One of the most important sources of variation in this battery is language use. As reflected in the figure below, we find that Spanish dominant Latinos (58% of the overall sample) are more likely to avoid certain aspects of life due to fears of being harassed about their immigration status. More specifically, 15 percent of Spanish dominant Latinos responded that they avoided contact with educators, 19 percent avoided taking public transportation, 16 percent avoided going to a doctor, and 19 percent avoided reporting crime to the police because they did not want to be bothered or asked about their citizenship status. These results signal a deep-rooted problem in our society and should be of concern for public servants and health care service delivery personnel interested in eliminating social and health disparities.

Have you ever avoided [activity from list] because you don't want to be bothered or asked about your citizenship status?

Percent reporting "yes"



Source: RWJF Center for Health Policy
 National Latino Health and Immigration Survey (2015)



What does immigration mean for Latino access to health care?

Given our emphasis on the health care industry, we will unpack how our findings impact the community of stakeholders in health care. Looking at the average count of self-reported visits to health care providers, we find that those living in the shadows -- measured as having avoided at least one of the activities that we ask about -- systematically report fewer health care visits. And this contrast appears sharpest for Latinos who are 30-34 years old, precisely the age demographic most needed in the risk pool to make health insurance through the ACA affordable for everyone.

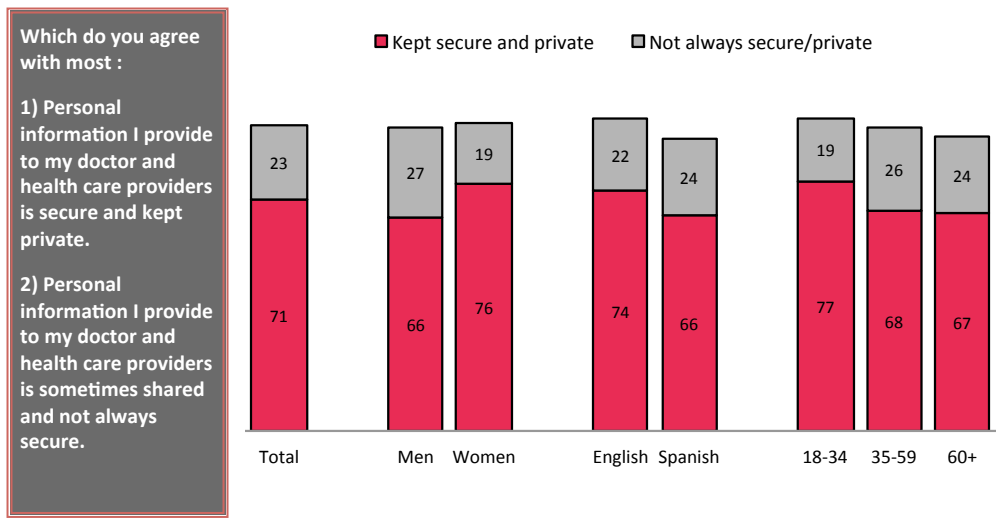
Another important component of this survey is that we are able to provide perspective on an important question, does fear of being tracked by the government for immigration reasons impact Latino take-up of health insurance through the ACA marketplaces or exchanges. We know that privacy and sharing personal information was a concern raised by Latinos during the launch of the healthcare.gov website. The administration addressed this very concern in March of 2014 in an interview on Univision, the major Spanish language cable news network. In that interview, President Obama assured Latinos that the healthcare.gov website, and the CuidadoDeSalud.com version in Spanish language, is not to be used to collect information for immigration enforcement agencies, such as U.S. Immigration Customs and Enforcement. To assess this we asked respondents which statement they agree with more:

- 1) “Personal information I provide to my doctor and health care providers is secure and kept private' or”
- 2) “Personal information I provide to my doctor and health care providers is sometimes shared and not always secure.”

Approximately 23 percent of respondents stated that the personal information they provide their doctors and health care providers is sometimes shared and not always secure. There are some sources of variation however. As you can see in the figure below, there is a gender difference, with men being more likely to believe that information may not always be kept secure/private. More in line with the in the shadows framework, if respondents personally know someone that has been detained or deported (36 percent of the sample), this sentiment of feeling that your personal information is unsecure increases to 29 percent. Our interpretation of these results suggests that the externalities and consequences of immigration enforcement through mass deportations are spilling over to the health care arena and are undermining much of the hard work going into the administration's key domestic policy program.

Robert Wood Johnson Foundation
Center for Health Policy
 at the University of New Mexico

Health Record Privacy



Source: RWJF Center for Health Policy
National Latino Health and Immigration Survey (2015)



One of the key lessons that we have gleaned from our investigation based on the 2015 National Latino Health and Immigration Survey is that Latinos may not view government as compartmentalized by policy area. Their lived experience is much more complex. Latinos are simultaneously the targets of two of the largest bureaucratic developments in history, one charged with the provision of health care, the other ramped for the purpose of enforcing immigration law.

There is already clear indication that [health care practitioners are customizing their outreach and delivery systems to address the spill-over effects of immigration to health care provision](#). This is wise of physicians and nurses because the daily lives of many of their Latino clients are located at the confluence of the immigration and health policy streams. Our research team has several academic papers in various stages of development that test the relationship between these indicators of living in the shadows and the rich battery of health indicators in this dataset. We have found a clear relationship between knowing an undocumented immigrant and knowing someone who has been detained or deported and poorer health across several measures.¹ Whether policy makers and immigration enforcement officials modify their approach to take into account the collateral impact of their policies on the health of their fellow countrymen and women remains an open question.

For better or worse, the take-away from our study is that immigration policy is health policy, and health policy is immigration policy. This is directly in line with the Robert Wood Johnson Foundation's new priority of establishing a [culture of health](#), where health and well-being is thought of comprehensively. Our findings suggests the need for public servants (teachers, police officers, school administrators) and health care providers to better understand the role social stigma plays in pushing hard to reach populations in the shadows to better engage our collective concerted effort to reduce health disparities.

Author Information

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Survey Methodology

Latino Decisions surveyed a representative sample of 1,005 Latino adults in the United States between January 29th and March 12th of 2015 over the telephone (an additional 400 interviews were done on-line). Surveys were implemented to randomly selected

¹ Vargas, Edward D., Gabriel Sanchez and Melina Juarez "Investigation of Latino's Perceptions of Immigration Policy and Health Outcomes." Paper presented at the annual meeting of the 2015 Western Political Science Association, Las Vegas, Nevada.

phone numbers and conducted via live, person-to-person (i.e. not robocalls) phone calls. Respondents were reached on a combination of both landline (65%) and mobile phones (35%). Interviews were conducted in English or Spanish, according to the respondent's choice. All interviewers were fully bilingual. The survey carries a margin of error of +/- 3.1 percent points and was approximately 22 minutes in length.