

# **Barriers to Care and Socioeconomic Challenges among Monolingual Spanish-Speaking Undocumented Latine Immigrants with Diabetes: A Mixed-Methods Study**

## **Hypothesis/Research Question**

What social and healthcare-related factors lead to preventable emergency room visits and hospitalizations among monolingual Spanish-speaking undocumented Latine immigrants with diabetes?

## **Background**

Diabetes disproportionately affects minoritized populations in the United States, with Latine communities bearing a higher burden of complications and hospital utilization. Emerging evidence suggests that the intersectionality of limited English proficiency, undocumented status, and adverse social determinants of health creates unique barriers that can undermine diabetes management. To address these gaps, this study examines socioeconomic challenges, experiences with health services, and psychological safety among monolingual Spanish-speaking undocumented Latine immigrants with diabetes.

## **Methods**

We employed a cross-sectional, mixed-methods design. Data collection included:

1. A quantitative socio-demographic survey and the Immigrant Barriers to Health Care scale, capturing participants' financial, linguistic, and insurance-related obstacles.
2. Semi-structured qualitative interviews focusing on participants' health beliefs, perceived discrimination, and interactions with healthcare providers.

Adults (age  $\geq 18$ ) who self-identified as monolingual Spanish-speaking undocumented Latine immigrants and were readmitted or returned to the emergency department for a diabetes-related complaint within three months of a recent hospitalization at a safety-net county hospital were recruited. Interview audio was transcribed and analyzed using grounded theory and thematic analysis principles.

## **Results**

Eight participants (mean age 52.38 years) enrolled in the study; all reported speaking only Spanish and all were undocumented. Most were unemployed, had limited or no health insurance, and cited difficulties accessing timely primary care appointments. Four major themes emerged:

1. **Receiving Inferior Quality Care**
  - Language barriers, insufficient work-up or intervention, and inadequate explanations of diabetes management.
2. **Barriers to Healthcare**
  - Ineligibility for federally funded insurance programs and long wait times for appointments.
3. **Barriers to Socioeconomic Opportunities**
  - Unstable employment, food and housing insecurity, and transportation challenges.
4. **Lack of Psychological Safety**
  - Fear of judgment, feeling like a burden, perceived discrimination, and mistrust toward medical staff.

## **Conclusions**

Our findings highlight how intersecting factors—undocumented status, language discordance, and socioeconomic instability—are linked to high rates of emergency and inpatient utilization for diabetes management. Despite recent efforts to improve language-access services, many participants perceived being treated unfairly due to their immigration status, compounding difficulties in navigating their chronic condition. Addressing these challenges requires acknowledging the multifaceted impact of identity intersectionality on health and designing interventions that incorporate patients' cultural, linguistic, and social contexts. By tackling language barriers, discrimination, and underlying social needs, we can reduce preventable hospital overuse and improve diabetes outcomes in this vulnerable population.