



# Barriers to Care and Socioeconomic Challenges among Monolingual Spanish-Speaking Undocumented Immigrants with Diabetes at a Safety-net County Hospital



Flor Jasmin Torres, BA,<sup>1</sup> William Mundo, MD, MPH,<sup>2</sup> Vishnu Kulasakran, MD,<sup>3</sup> Lilia Cervantes, MD, MSCS<sup>4</sup>

<sup>1</sup> University of Colorado School of Medicine, Aurora, CO, USA, <sup>2</sup> Department of Emergency Medicine, Denver Health Hospital and Authority, Denver, CO, USA, <sup>3</sup> Department of Internal Medicine, Denver Health Hospital and Authority, Denver, CO, USA, <sup>4</sup> Department of Medicine, University of Colorado School of Medicine, Aurora, CO, USA

## Background

### Diabetes disproportionately affects minority populations in the USA

- Disproportionately high rates of diabetes are found among American Indians/Alaska Natives (14.7%), Latinos (12.5%), and non-Hispanic Blacks (NHB) (11.7%) while lower rates are seen among non-Hispanic Asians (9.2%) and non-Hispanic Whites (NHW) (7.5%).<sup>1</sup>

### Diabetes complications

- Minority populations also experience a higher burden of diabetes-related complications. Non-Hispanic Black and Hispanic adults with diabetes have higher rates of albuminuria, retinopathy, worse glycemic control, myocardial infarctions, stroke, lower extremity amputations, and end-stage-renal disease compared to non-Hispanic Whites.<sup>1</sup>

### Intersectionality

- The intersectionality between citizenship status, limited English proficiency, and race/ethnicity and their impact on rates of diabetes, diabetes complications and healthcare overutilization is not as well documented.

### Objective

Identify the social challenges and barriers to care that may lead to avoidable emergency or hospital visits among monolingual Spanish speaking undocumented Latine immigrants living in the US who have diabetes.

## Methods

### Study Design: Cross-sectional, mixed-methods

- Study included literature reviews, quantitative socio-demographic and Immigrant Barriers to Health Care<sup>2</sup> surveys and semi-structured qualitative interviews
- Interviews were audio recorded and transcribed. Authors performed thematic analysis
- The Coding and analysis were performed according to grounded theory and thematic analysis principles.<sup>3,4</sup>

### Participants

- UI monolingual Spanish speaking adults (age > 18 years) who had been re-admitted to the hospital or re-presented to the emergency room for a diabetes-related complaint within three months of first hospitalization at Denver's safety-net hospital.



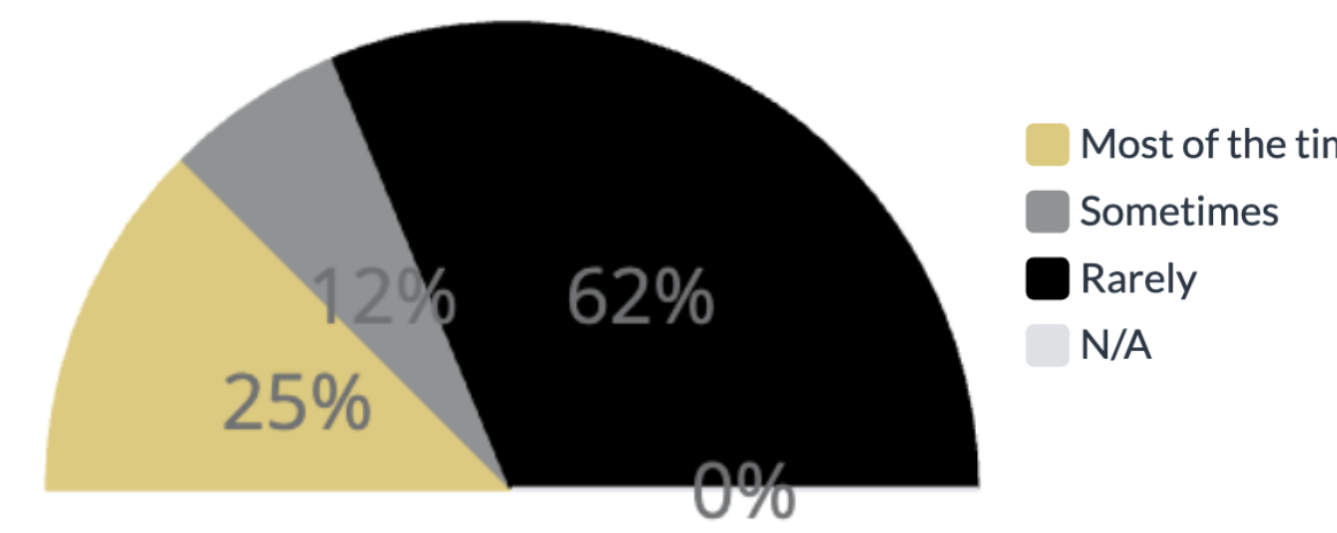
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## Results

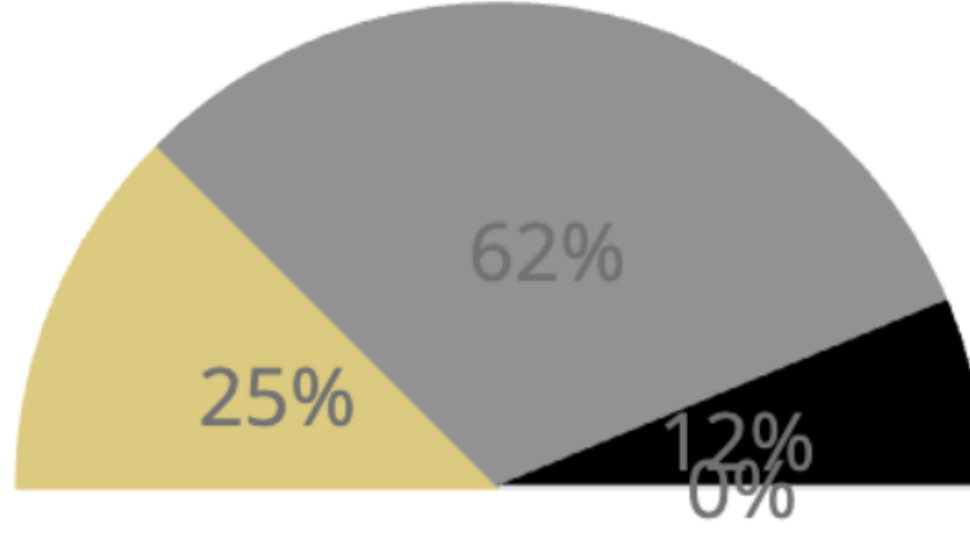
Table 1. Socio-Demographic Data	N = 8
Age (yrs) M (SD)	52 (9.7)
Gender identity	
Woman	6 (75%)
Man	2 (25%)
Race/Ethnicity	
Hispanic / Latino/a	8 (100%)
White	8 (100%)
Language Preference	
Spanish	8 (100%)
How well do you speak English?	
Not well	4 (50%)
Not well at all	4 (50%)
What is your insurance status?	
Private	1 (12.5%)
Discounted	6 (75%)
None	1 (12.5%)
What is your level of education?	
Less than high school	7 (87.5%)
Completed high school	1 (12.5%)
What is your primary mode of transportation?	
Private vehicle	2 (25%)
Public transport	4 (50%)
None	2 (25%)
Are you currently employed?	
Yes	1 (12.5%)
No	7 (87.5%)
What is your legal status?	
Undocumented	8 (100%)
Time in the US (yrs) M (SD)	21 (6.2)

Abbreviations: Yrs = years, SD = standard deviation, US = United States.

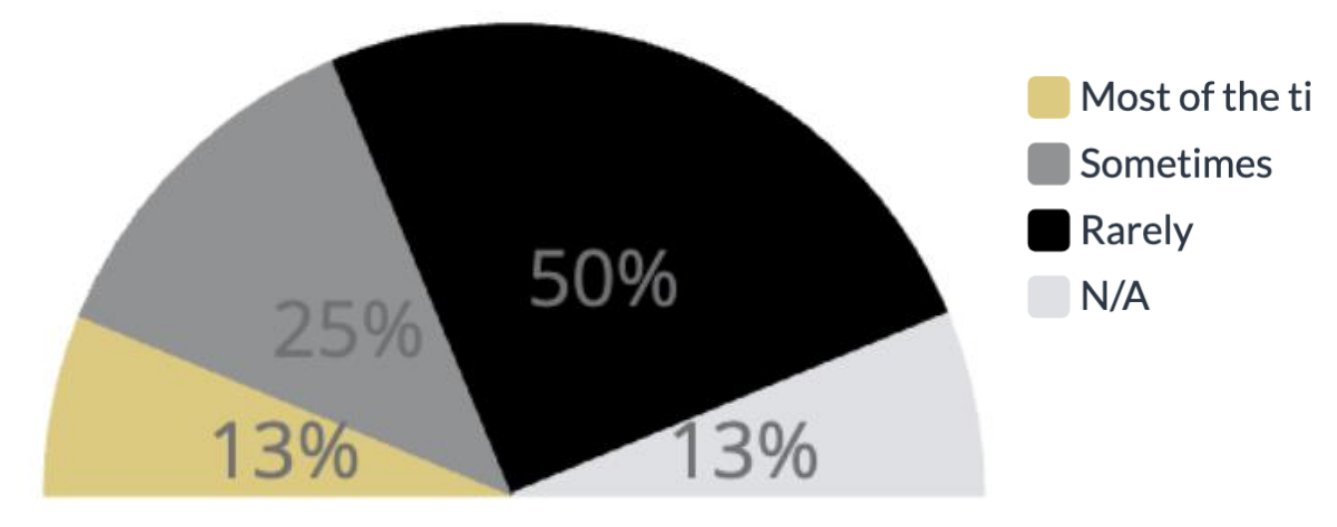
### I have a doctor who speaks my language



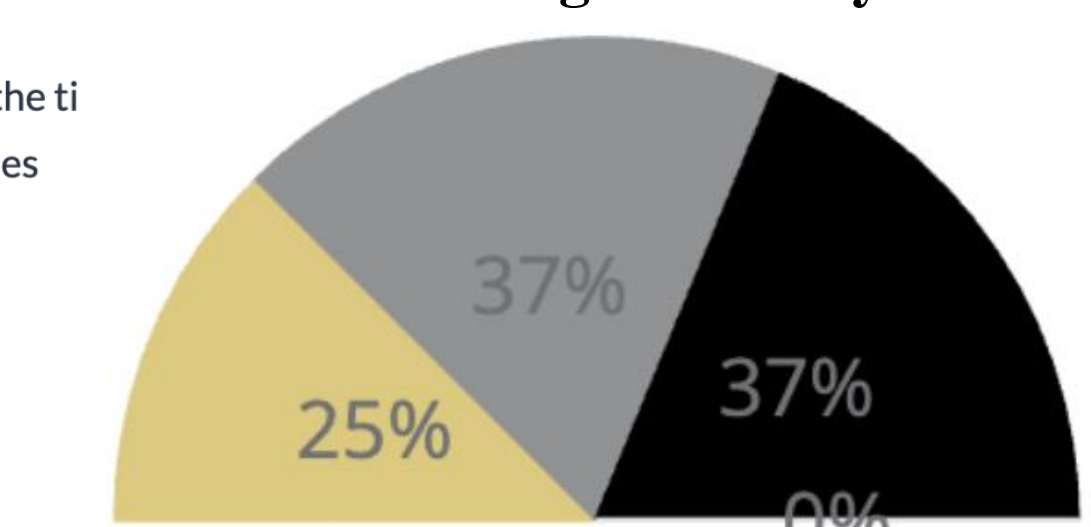
### The office staff speaks my language



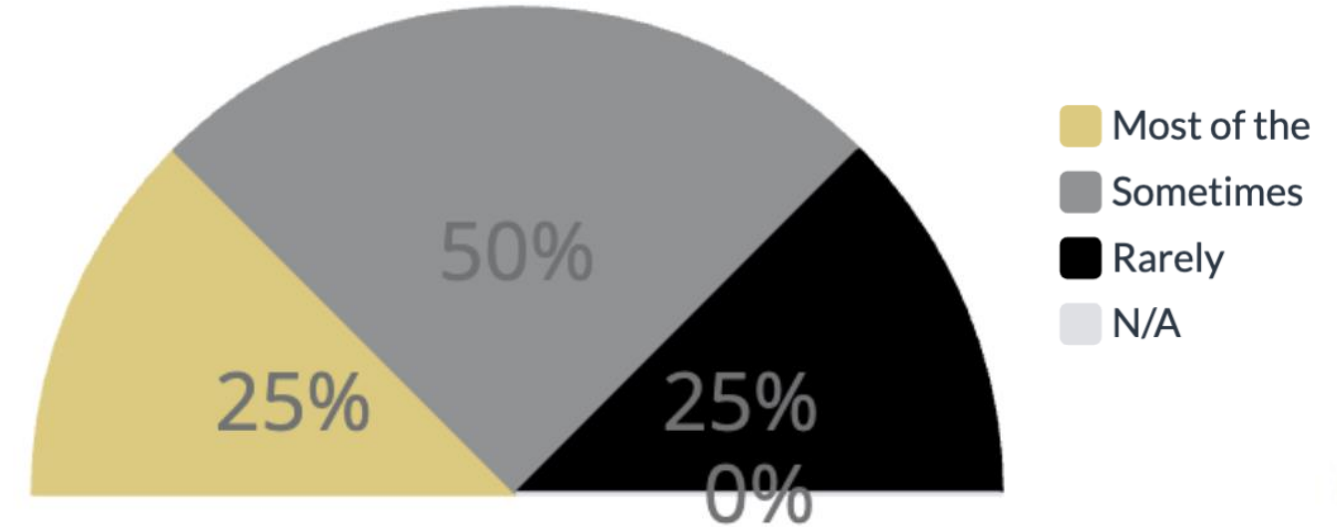
### I have a way to pay for health or medical care



### I would have a car ride to go to the doctor if I had to go suddenly



### I have to wait a long time to see a doctor



### The doctor spends enough time with me

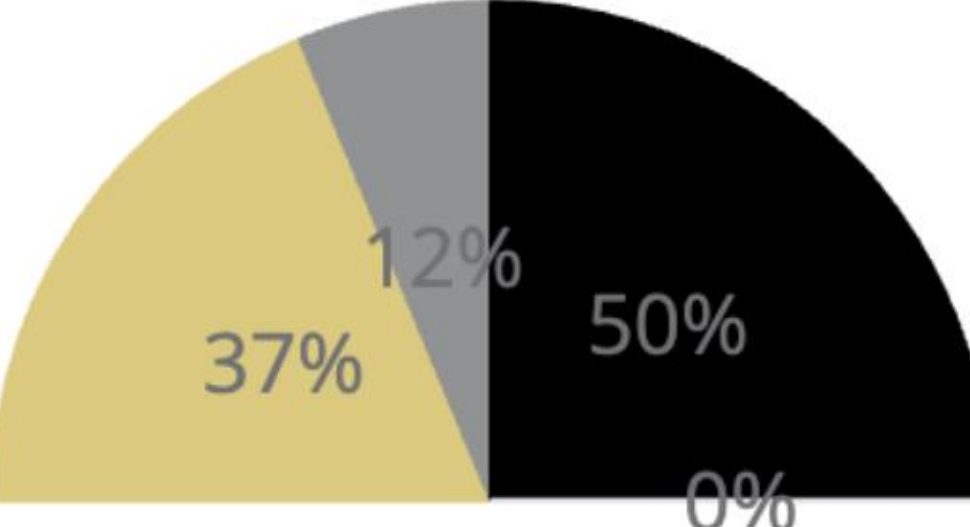


Figure 2. Immigrant barriers to Health Care Scale

Table 3. Themes and Subthemes with Illustrative Quotations	
Themes and subthemes	Quotations
<b>Receiving Inferior Quality of Care</b>	
Ineffective communication	"No, they've never told me about that."- when asked if they were given information regarding follow-up appointments at discharge
Insufficient workup or treatment	"Yeah, if they had given me different treatment, maybe I could've avoided going on Thursday. That would've prevented it. But like I said, they just gave me Tylenol."
Language barriers	"Oh, they explained it to me in English, but I understand it a little bit. I have a little trouble speaking it. But yeah, reading it in English, I was also able to understand a little bit."- regarding discharge instructions/information
<b>Barriers to Healthcare Services</b>	
Ineligibility for federal/state insurance	"It's hard because, since we're - well, let's use the word - we don't have the necessary documentation to receive medical treatment or big services. So, it's really hard to get studies done if you don't have insurance."
Relying on hospital or emergency care for primary care	"That's why I went to the hospital so often because the solution was, always, "No, go to the emergency room."- patient who could not be seen by her PCP in a timely manner so resorted to frequent ED visits for care.
<b>Barriers to Socio-Economic Opportunities</b>	
Employment	"Because of our state, since we're undocumented, we have our hands tied. Even if you wanna fight, you just can't do it. Like I said, we wanna have a chance to work in a little store. In my case, if they'd let me borrow a chair where I can sit down when no one's around, like at the checkout counters at Walmart."
Food Insecurity	"[...] that's my challenge, my lack of money so I can't eat healthier, sometimes, when you don't have money you eat whatever you can get."
Housing Insecurity	"The hardest part is not being able to work and pay rent, because they charge me for that, and that is the main concern for me. So, that's why sometimes, however I feel, I have to go to work, in order to be able to pay rent. Because sometimes they charge you the money and they won't wait. The people I rent my house from, how can I put it? They don't care if you are sick, they think you are pretending and you don't want to go to work."
Legal Status	"Undocumented people are afraid to ask for help because we think that's gonna lead to us getting deported, or if we don't have Social Security, they'll turn us completely away."
<b>Lack of Psychological Safety</b>	
The feeling of being a burden to others	"I had a lot of emotional problems because I used to live with my siblings [...], and there were days when, no lie, I went without eating because I didn't wanna be an extra mouth to feed. I mean, they didn't say anything, but it was my emotions and my feelings. I mean, I was like, "They barely have enough for them," and I was gonna eat whatever they brought home."
Fear of judgment	"So, instead of having a conversation about your concerns, and getting the doctor to understand that you are worried about taking so many pills, you think that maybe they will judge you, they will think that you don't want to take care of yourself, that you don't care about your health."
Perceived discrimination	"I think they discriminate against me, because I'm Mexican, I don't have documents or anything."

## Discussion

- The economic and social factors impacting the health described in patient interviews mirrors current research on significant contributors of health inequities among Latinos.<sup>5</sup>
- There is a lack of research examining the effects of identity intersectionality on healthcare experiences.
- Though language barriers have been acknowledged and addressed within the medical community, there is still much improvement to be made.
- Some patients reported being treated unfairly due to their immigration status, making it challenging to build a trusting relationship with their medical team.
- The ongoing threat of discrimination not only undermines psychological safety but directly impacts their health.
- We must address the care of a Latino patient with diabetes with a critical lens and acknowledge that multifaceted aspect of a patient's identity impacts health in nuanced ways.

## Limitations

- Limited sample size
- "Semi-Structured" interview format is challenging to replicate
- Only patients seen in an intensive outpatient clinic were interviewed which limits generalizability

## Conclusions

- 100% of participants identified as a Spanish speaking, Undocumented immigrant
- Most patients did not have language concordant care
- Half of the patients could not afford healthcare
- The main themes that emerged from interviews investigating high healthcare utilization were:
  - Receiving inferior quality care
  - Barriers to healthcare
  - Barriers to socioeconomic opportunities
  - Lack of psychological safety

## References/Digital Poster

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## Disclosures

None of the authors have any disclosures.