



Opportunities for Supporting Latino Immigrants in Emergency and Ambulatory Care Settings

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Scholarly

Concentration:

Advocacy (StaT)

Poster available?

***No**

Presentation available?

***Yes**

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RESEARCH STATEMENT: To examine the impact of the immigration climate on the utilization of pediatric ED and ambulatory care services and elucidate ways to best support the Latino immigrant population.

BACKGROUND: Toughened immigration policies, including the public charge rule, will exacerbate barriers to public benefits and health care for vulnerable populations (1-3). Unlike ambulatory care settings, the emergency department is obliged to see everyone who enters, regardless of legal status or ability to pay (4). This is the first study to examine the impact of the immigration climate on the utilization of pediatric health care services from the perspective of Latino parents in the emergency department.

METHODS: This is a mixed-methods study involving surveys (n=45) and interviews (n=40) with Latino parents (≥18 years of age) of children who presented to the emergency department at a suburban Northern California hospital between September 2018 to May 2019. Parents were identified using the child's ethnicity in the electronic medical record. Parents of patients with pending hospital admissions, psychiatric chief complaints, or those deemed too sick by the emergency department physician were excluded.

RESULTS: Forty percent of parents have refrained from applying for public benefits such as Medi-Cal, Women, Infants and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), or free and reduced lunches in the past. Thirty-one percent did not know their basic legal rights regarding immigration (Table 1). There was no relationship between a parent's country of birth (used as a proxy for "immigrant" status) and their child's last well-child check or frequency of primary care and ED visits. Two themes on the utilization of emergency and ambulatory care services were identified: fear of detention and deportation in health care settings, and barriers to primary care. Two themes were identified on how pediatric providers can best support Latino immigrants: information and guidance on immigration policies, and reassurance and safety during visits (Table 2).

CONCLUSIONS: Despite immigration and deportation fears, parents continue to bring their children to seek medical services. This highlights the unique access that pediatric providers have to a vulnerable population to address fears, immigration issues, and build trust in the health care system. Health care providers are also perceived as trusted figures from whom immigrant families want more information relating to immigration during their medical visits.