

Navigating Barriers to Healthcare: Exploring Health Disparities within Immigrants in Los Angeles and Strategies for Effective Intervention

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Abstract: The current exploratory review examines the upstream factors influencing health disparities in the current healthcare landscape, particularly in the context of the immigrant population in Los Angeles. Specifically, the Latino/Hispanic immigrant population serves as a key case study, offering insights into immigrant experiences and contributing to a nuanced understanding of the broader immigrant population. Upon extensive research, the paper identifies three primary root factors: first, the underutilization of healthcare services due to anxieties related to immigrant status; second, a lack of substantial education and resources hindering accessible healthcare; and third, discriminatory practices in healthcare facilities targeted at immigrants. Characterizing such health disparity as a broader social inequality issue rather than mere isolated individual concerns, the paper asserts a need for effective interventions aimed at addressing the fundamental barriers to immigrant access to healthcare beyond immediate problem-solving. Drawing upon best practices from existing literature, it further proposes a potential intervention, incorporating strategies aimed to instigate positive social change within immigrants' access to healthcare.

Keywords: *Health disparity, immigrant healthcare, accessible healthcare, healthcare intervention, social inequality*

Introduction

Los Angeles attracts individuals from diverse backgrounds in search of new opportunities. The city draws individuals from across the globe seeking economic opportunities and cultural vibrancy, possessing a demographic composition that reflects a mosaic of various ethnicities and backgrounds. Within its diverse landscape, however, disparities in healthcare access persist, negatively affecting marginalized communities in Los Angeles. Health disparities, defined as preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations (Centers for Disease Control and Prevention), go beyond mere discrepancies to exemplify a broader social inequality issue – the disparity in access to essential healthcare services creates a landscape where marginalized communities face barriers to obtaining basic medical care. In *American Society: How it Really Works.*, Wright and Rogers (2015) assert that social injustice occurs when unjust inequality can be rectified with changes to our social institutions, and actions could be taken to address it (p. 313). The structure of the current healthcare landscape in Los Angeles puts marginalized communities at a disadvantage, putting their health and well-being at significant risk. This sustains health inequities within Los Angeles, raising questions about the underlying power dynamics that prevent effective measures to address the issue.

Among the impacted communities, immigrants— especially those without legal documentation or undocumented individuals – are reported to face significant barriers that prevent them from accessing essential healthcare services. In a KFF report (Independent source for health policy research) that evaluated immigrants' experiences with healthcare systems, the authors noted that approximately 70% of immigrants seek medical care at a private doctor's office (43%) or a community health clinic (30%) when they are unwell or require health guidance but nearly 20% indicated that they lack an alternative location aside from an emergency room (Pillai et al., 2023, p. 7). This underscores not only a lack of accessible primary care options but also the urgency and severity of health issues faced by immigrants who delay

seeking help until it reaches the levels of emergency, suggesting the existence of substantial gaps in preventive healthcare access for the immigrant population. Relying on emergency rooms for non-emergency health necessities not only reflects systemic barriers, such as limited access to primary care but also raises concerns about the health outcomes for immigrants facing these challenges. Los Angeles, being a city that sees a surge of immigrants every year, is heavily affected by these difficulties. Taking the issue further, the current exploratory research aims to answer the question: How does the lack of accessible healthcare services impact the health outcomes of immigrants in Los Angeles? In this review, the Latino/Hispanic immigrant population will serve as a pivotal case study to advance broader claims about immigrants in Los Angeles, providing concrete examples and evidence while delving into their unique experiences, challenges, and contributions within the context of immigration, facilitating a nuanced understanding of the broader immigrant population in the city and beyond.

The current healthcare landscape of Los Angeles, which poses challenges to immigrant families in accessing basic healthcare services, is shown to have a profound negative impact on immigrants' health outcomes. Studying the differences in health outcomes between children of immigrant families and children of native or mixed-status families, Gelatt (2016) found that children in undocumented immigrant families had fewer regular healthcare providers compared to those in native or mixed-status families, with more than one-third lacking a usual source of care in contrast to children in U.S.-born families (p. 542). This finding from Gelatt highlights the consequences of limited access to primary healthcare services among undocumented immigrant families; specifically, the significantly lower rates of having a usual care provider and the high percentage of children lacking sources of care point to the disparity in preventive healthcare, raising concerns about inadequate medical intervention for routine health issues in immigrant families. Inadequate medical intervention for routine health issues can lead to undiagnosed or untreated chronic conditions among immigrant family members. Without access to regular check-ups and screenings, individuals

may remain unaware of health problems such as hypertension, diabetes, or high cholesterol until they reach advanced stages when treatment options may be limited and complications more severe. Such delay in diagnosis and management can lead to poorer health outcomes and increased healthcare costs in the long run. For immigrant families, who may already face socioeconomic challenges and limited access to healthcare, the impact of undiagnosed or untreated chronic conditions can be particularly devastating. Even in Los Angeles County, with extensive experience in serving a large population of immigrant and undocumented families, children from undocumented immigrant households still face challenges in accessing adequate healthcare services.

In a study that compared COVID-19 mortality rates between non-citizens and citizens, Douglas et al. (2022) observed a positive association between the presence of non-citizen residents and rates of COVID-19 mortality in both New York City and Los Angeles County. The study suggested that communities with substantial non-citizen populations have a higher possibility of facing increased risks of COVID-19-related fatalities (pp. 6-7). Highlighting another dimension of vulnerability, Douglas et al. indicated that nearly 6 million non-citizens were ineligible for benefits under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. This study points to the systematic disparities in accessing essential resources, which pose additional challenges for immigrant communities during public health crises such as the COVID-19 pandemic. The limited healthcare access and exclusion from essential pandemic relief measures compound the health inequities faced by immigrant families, putting their well-being and resilience at higher risks compared to those of natives or citizens. This raises an essential question: What are the upstream factors shaping the experiences of the immigrants in Los Angeles?

Underutilization of Healthcare Services due to Anxieties Related to Immigrant Status

Studies show that immigrants tend to underutilize healthcare

services due to the fear of negative implications on their immigrant status, even when healthcare services – though not on equal levels to citizens – are available to them. In analyzing healthcare workers’ perspectives on immigrants’ access to current healthcare services, Yu et al. (2020) claimed that the fear of deportation led the largest coalition of federally qualified health centers in Los Angeles County to create immigration policy briefs and conduct training sessions for enrollment staff (pp. 370-371). Immigrants, despite having access to some healthcare services, are deterred by the potential risks associated with their immigrant status. Furthermore, some undocumented immigrants refrain from seeking any healthcare services due to the possibility of jeopardizing their eligibility for legal status upon entry into the States. Their fears go beyond concerns about immediate healthcare needs and extend to concerns about their legal status, particularly regarding possible negative implications for their ability to remain in the country.

The factor of fear is grounded under the assumption that immigrants perceive a direct link between their utilization of healthcare services and potential negative consequences for their immigration status, such as deportation. Such anxieties may be based on perceived policies and practices that may target immigrants in accessing healthcare. The Public Charge rule, for instance, which assesses whether immigrants are likely to become dependent on government assistance, has historically been a barrier to healthcare access. Under this rule, immigrants may fear that using certain public benefits, including non-emergency Medicaid, could jeopardize their immigration status. Specifically, the rule is likely to reduce the number of immigrants with health insurance coverage, as well as decrease coverage rates for their U.S.-born children and other dependents (Perreira et al., 2018, pp. 901-902). Even though the rule has undergone changes and legal challenges over time, the perception of its impact persists, deterring immigrants from seeking necessary healthcare services.

Subsequently, immigration enforcement actions, such as raids or the increased presence of immigration agents in healthcare facilities, can instill fear in immigrant communities. Even if healthcare facilities are technically considered sensitive locations

where immigration enforcement actions are limited, reports of immigration enforcement activities near healthcare facilities or instances where individuals have been targeted within them contribute to a climate of fear. In a research study that explored the influence of local immigration enforcement policies on the health outcomes of immigrant Latinos/Hispanics residing in the United States, Rhodes et al. (2015) found that participants voiced worries that immigration enforcement policies were worsening negative attitudes towards immigrants and encouraging racial profiling and discrimination, even within healthcare environments (p. 332). Though aimed at enforcing immigration laws, deterring unauthorized immigration, and maintaining border security, these immigration enforcement actions can have significant social, economic, and humanitarian implications for immigrant communities, further exacerbating existing disparities and barriers to accessing healthcare services. These findings indicate the existence of a systemic issue rather than independent, isolated incidents, calling for the need to address not only the physical barriers to healthcare but also the social and psychological factors that discourage immigrants from seeking essential medical services.

A Lack of Substantial Education and Resources Regarding Accessible Healthcare Services

The lack of education and resources addressing immigrants' healthcare rights heavily contributes to the inaccessibility of healthcare services in the immigrant population. Yu et al. (2020) found that clinic registration staff was overwhelmed as they tried to educate patients on the legal aspects of applying for and using Medi-Cal, facing the challenge of dispelling misconceptions and minimizing the harm caused by inaccurate information (p. 371). While immigrants face barriers rooted in a lack of understanding about the healthcare resources available to them, medical staff are largely ill-equipped to inform immigrants of said services, ways to navigate legal barriers in accessing the services, and the potential consequences of utilizing the services regarding their legal and insurance status. In doing so, clinic registration staff

often felt burdened with the responsibility of providing accurate information on the legal intricacies of healthcare programs, suggesting a lack of sufficient education among healthcare staff about healthcare options and rights for immigrants in Los Angeles.

Language barriers, often experienced by immigrant populations from non-English speaking countries, were shown to exacerbate the situation further. Language barriers impede immigrants from effectively seeking information about healthcare options, making them reliant on healthcare providers such as clinic staff to provide them with resources. In this sense, clinic registration personnel are tasked with explaining the legal details and overcoming language obstacles, making sure that immigrants understand their healthcare rights and know about the services available to them (Yu et al., 2020). The obstacles of limited education on immigrants' healthcare rights, insufficient resources, and language barriers altogether pose a great challenge for immigrants in successfully seeking sufficient medical care. Consequently, there is a need for comprehensive education and support programs delivered to both immigrants and healthcare staff to ensure equitable access to healthcare services for immigrant populations in Los Angeles and beyond.

The lack of education and resources is led by a substantial gap in knowledge and resources regarding healthcare rights among immigrant populations. Such lack of awareness extends not only to the immigrants themselves but also to healthcare facilities and staff, who often struggle to offer effective help when it comes to supporting immigrant patients with appropriate care. Nonetheless, initiatives to educate both healthcare staff and the immigrant population to bridge communication gaps are possible actions that can be taken for better healthcare accessibility. The persistence of these issues within the current healthcare structure and power dynamics signifies a deeper-rooted social inequality issue within the healthcare system.

Discriminatory Practices in Healthcare Facilities Against Immigrants

The factors mentioned as challenges for immigrants in accessing

healthcare services ultimately stem from the upstream issue of the prevalent discriminatory stances against immigrants – the rigid government policies that prevent immigrants from obtaining even basic primary healthcare services without fear of negative implications, insufficient availability of resources and education to inform immigrants of their healthcare rights, and ultimately the general indifference to necessary reforms and initiatives for change all unite in the continuation of negative perceptions of the immigrant population. The aforementioned KFF report found that of immigrant adults who have sought healthcare in the United States, 25% have experienced unfair treatment from healthcare providers based on factors such as insurance status, ability to pay, accent, English proficiency, and race or ethnicity (Pillai et al. 2023), highlighting that discriminatory practices in the healthcare system are rooted in various aspects, including socio-economic factors, cultural differences, and racial or ethnic backgrounds (pp. 8-9). Discrimination based on nativity status, and in certain subpopulations, this form of discrimination intersected with other types, such as sexual discrimination, posed a heightened risk of individuals within these subgroups not receiving necessary care (Hacker et al., 2015, p. 178). The persistence of discriminatory practices can deter immigrants from seeking timely medical care or adhering to treatment plans, leading to delays in diagnosis and treatment of health conditions. Discrimination in healthcare settings can further erode trust between immigrant patients and healthcare providers, leading to avoidance of healthcare services and missed opportunities for preventive care, early detection of diseases, and management of chronic conditions. Additionally, experiencing unfair treatment based on factors such as insurance status, income, language proficiency, and race or ethnicity can contribute to increased stress, anxiety, and mental health issues among immigrant adults. Chronic stress resulting from discrimination can negatively impact overall well-being and exacerbate existing health conditions, leading to a cycle of poor health outcomes for immigrant populations.

Several factors contribute to the forming of prejudice against immigrants to an extent that affects the quality of care they receive. Pereira et al. (2010) conducted a study assessing how individuals

justify their discriminatory stance against immigrants, through which they found that individuals oppose immigration when they can rationalize their discriminatory attitudes by perceiving immigrants as economic and security threats (pp. 1247-1248). Similarly, individuals resist naturalization when they can justify their discriminatory views by believing that immigrants pose a threat to the lifestyle, values, and overall identity of the host country's residents (p. 1247). Perceiving immigrants as threats to their economic well-being and security, individuals tend to rationalize their negative perceptions of immigrants. This heavily relates to the idea of socially constructed reality, which puts forth the idea that individuals create categories to understand and give order to their experiences, and internalize them to assume that such experiences are "real," "true," and "natural." This is the basis of social inequality, reinforcing one's social beliefs to be the actual social reality when the perceptions are shaped by one's independent beliefs rather than the comprehensive truth. Such perceived factors of threats based on individual experiences – whether it be economic concerns, national security fears, or cultural anxieties – contribute to the psychological justification of discriminatory practices against immigrant populations.

The three factors form an interconnected web of barriers that hinder immigrants' access to healthcare services and consequently induce negative health outcomes. Anxieties related to immigrant status can lead to avoidance of healthcare services, compounded by a lack of education and resources to navigate the healthcare system. Discriminatory practices in healthcare facilities further exacerbate these barriers, creating a cycle of underutilization and poor health outcomes for immigrant communities. Specifically, there appears to be a significant connection between the fear of negative implications on immigration status and anti-immigrant discriminatory practices within healthcare facilities, both of which contribute to detrimental effects on immigrants' health outcomes. Investigating how perceived discrimination and immigration policies influence the perceptions of quality of life among Latinos in the United States. Becerra et al. (2012) found that participants who perceive higher levels of discrimination are more inclined to fear deportation of themselves, family members,

or friends. Moreover, participants who perceive higher levels of discrimination are also likely to express lower optimism for Latino children and perceive a diminished quality of life for themselves and other Latinos in the United States (p. 73). This finding suggested that perceived discrimination and challenges with immigration enforcement could serve as potential risk factors for perceiving greater difficulty in life for immigrants, heightened fear of deportation, diminished overall quality of life, and decreased utilization of healthcare services.

Building an Intervention that Addresses Upstream Barriers

In building an effective intervention for immigrants' greater healthcare accessibility, it is thus important to stray away from focusing on individual instances or personal troubles and focus on the broader, societal context and issues that constitute such landscapes of social inequality and injustice. The following strategies are aimed at increasing the utilization of healthcare services among immigrants, as measured by a rise in the number of healthcare visits, preventive screenings, and immunizations. By doing so, greater accessibility to healthcare, especially in fundamental services such as primary, emergency, and preventative care within the immigrant population, is hoped to be achieved.

First, developing community partnerships within the healthcare facilities can help support immigrant individuals in attaining sufficient healthcare services and deriving strategies to address emerging patient needs within the facilities. Saadi et al. (2021) examined the best practices of healthcare interventions aimed at addressing barriers to healthcare accessibility for immigrant patients. In doing so, they found that collaborations with community partnerships can help individuals access healthcare services such as clinical care while preserving a boundary between the community and the healthcare system environments (pp. 3076-3077). In the absence of these collaborative community partnerships, the study's participants reported that health systems were ineffective in addressing the needs of immigrant patients

and providers at an organizational level (p. 3077). This suggests the significance of community partnerships in their ability to bridge gaps, foster trust, and enhance the accessibility and responsiveness of healthcare services to immigrant communities.

Additionally, establishing community health navigators and culturally perceptive immigrant healthcare staff who act as intermediaries between patients and healthcare providers, can ensure diversity in the healthcare workforce and provide support to immigrant patients. In support of this, Shommu et al. (2016) explored the impact of utilizing community navigators in facilitating immigrants' access to healthcare. They found that in most studies, such navigator interventions led to significant improvements in primary outcomes associated with chronic disease management and overcoming obstacles to accessing primary healthcare for screening (p. 10). Moreover, the study's evidence suggested that culturally competent guidance offered by navigators from the patient's ethnic community could significantly contribute to overcoming healthcare barriers (p.10). Navigators can play a crucial role in enhancing health outcomes while serving as essential cultural intermediaries, providing guidance tailored to the specific needs of patients from their ethnic communities.

Similarly, Saadi et al. (2021) found that those with firsthand experience of the effects of immigration policies played a crucial role in developing and executing interventions to alleviate stressors related to immigration (p. 3078). Altogether, the studies suggested that recognizing the significance of a diverse healthcare workforce, including immigrants, is essential for addressing the needs of immigrant communities and fostering organizational change. Utilizing community health navigators can not only build trust between immigrant patients and healthcare facilities but also reduce concerns among healthcare providers about meeting immigrant patients' needs and the impact of anti-immigrant policies on themselves.

In addition, organizing education and training on immigrants' healthcare rights and available options directed to healthcare professionals and staff can effectively establish guidelines on how to inform immigrant patients of their healthcare rights and navigate barriers. Berlinger and Zacharias (2019), in providing

resources for healthcare professionals, noted that during a period marked by significant uncertainty and fear among immigrant communities within the nation, healthcare professionals should prioritize awareness of the political, social, and economic factors influencing healthcare delivery (p. 54). To approach immigrant patients as individuals within families and communities, professionals should seek to comprehend the difficulties their patients encounter, respond with empathy, and stay informed about essential knowledge, highlighting the importance of both immigrants and healthcare staff staying informed to advocate for greater health equity. Incorporating materials for individuals with lower literacy levels is an effective way to increase the accessibility of various healthcare resources. For instance, Rhodes et al. (2015) found that providing accessible guidelines to immigrant Latinos/Hispanics on how to navigate the process of accessing healthcare services – such as scheduling appointments, understanding required documentation, and accessing available financial assistance – can help build their confidence in overcoming obstacles encountered when seeking care at public health departments or free clinics, like dealing with security protocols and the absence of interpreters (p. 332). This could facilitate the appropriate and timely use of healthcare services and further reduce some barriers to healthcare access.

In *Encountering Poverty: Thinking and Acting in an Unequal World*, Roy (2016) criticizes the utilitarian approach to tackling poverty for situating the poor people themselves as the problem; specifically, Roy challenges the notion that since the poor themselves face obstacles in acquiring knowledge, we should dismantle these barriers by directly providing them with the same access to services enjoyed by the general middle class (136). Such an approach fails to consider the diverse perspectives of low-income individuals and different needs while failing to identify the overarching systemic barriers and power structures that are perpetuating the social issue. The proposed intervention takes this perspective into account – rather than merely providing direct access to services, the program aims to address the root causes of healthcare barriers by fostering inclusivity, building cultural competence, and actively involving the community in

the solution.

The strategies proposed in the intervention are interconnected in their focus on addressing systemic barriers to healthcare access for immigrant populations. Community partnerships within healthcare facilities facilitate access to healthcare services and foster trust and collaboration between healthcare providers and immigrant communities. By engaging community organizations and leaders, healthcare facilities can better understand immigrant populations' specific needs and challenges, leading to more tailored and effective interventions. Further, the involvement of community health navigators serves to bridge cultural and linguistic gaps between immigrant patients and healthcare providers, enhancing communication and understanding. These navigators assist patients in navigating the healthcare system, advocate for culturally competent care, and address barriers to access, such as language and cultural obstacles. By working collaboratively with community partners and utilizing culturally competent healthcare staff, the intervention aims to tackle the systemic barriers to accessing healthcare and create a responsive healthcare environment for immigrant populations.

The provision of education and training on immigrants' healthcare rights and available options to healthcare professionals and staff complements community-based initiatives by empowering healthcare providers to better serve immigrant patients. By increasing awareness of the unique challenges faced by immigrant communities, healthcare professionals can develop more empathetic and culturally sensitive approaches to care. Moreover, by equipping healthcare professionals with the knowledge and skills to navigate immigration-related issues and advocate for immigrant patients' rights, the intervention strengthens the healthcare system's capacity to address systemic barriers and promote health equity. Such an approach ensures comprehensive and holistic efforts to improve healthcare access for immigrants, addressing both individual and systemic factors contributing to healthcare disparities.

Estimated Outcomes of the Proposed Intervention in Bringing Positive Social Change

With a successful implementation of the proposed intervention, we predict that the immigrant population would have improved access to healthcare services, as community partnerships within healthcare facilities will provide support in navigating the system. This can lead to a greater utilization of healthcare services among immigrant individuals, including basic healthcare services that all individuals, regardless of their status, should have access to. With successful community partnerships and the establishment of community health navigators, immigrants will have improved access to healthcare services, directly leading to increased utilization. Such is under the assumption that the initiatives can help foster a trusting environment between healthcare staff and immigrant patients, mitigating anxieties related to potential negative impacts on immigration status and encouraging regular engagement with healthcare services.

Additionally, community health navigators and education initiatives on immigrants' healthcare rights can foster a trusting environment between healthcare providers and immigrant patients. This can help immigrants overcome their fears and anxieties related to immigration status and encourage regular engagement with healthcare services. By actively involving immigrants as community health navigators, the intervention can promote diversity and inclusion in the healthcare workforce, which can further facilitate trust among the immigrant community and enrich the overall cultural competence of healthcare facilities. Such involvement of immigrants as navigators is assumed to provide more reliability and comfort to incoming immigrant patients, empathizing with their circumstances as individuals from similar backgrounds and thereby providing more effective guidance.

The education and training programs on immigrants' healthcare rights benefit both healthcare staff and immigrant individuals as informed healthcare professionals would be better equipped to provide appropriate services, while immigrants are more likely to advocate for their own healthcare needs. Informed healthcare professionals are more likely to provide appropriate services, while educated immigrants are more likely to better advocate for their healthcare needs. Ultimately, these efforts are assumed to contribute to reduced anxieties and hesitations

among immigrants in approaching healthcare services. Positive interactions with healthcare staff can help deter fears and build comfort in seeking essential care.

With these efforts, the overall health outcomes of the immigrant community are predicted to be significantly improved; regular and timely healthcare utilization among the immigrant population may lead to better preventive care and management of health conditions, contributing to greater overall public health outcomes. The proposed intervention heavily impacts the immigrant population as well as various healthcare facilities and staff in Los Angeles; this includes immigrants who are facing challenges due to cultural differences, language barriers, and fears surrounding their legal status. Additionally, healthcare facilities and staff are affected in terms of addressing challenges within healthcare systems to ensure that they are welcoming, culturally sensitive, and contributing to reducing health disparities for immigrants. Ultimately, the proposed intervention aims to reduce heightened anxieties and hesitations among immigrants in approaching healthcare services, while also reducing stigma and discriminatory stances against immigrant individuals in healthcare facilities and, ultimately, in the general public. It seeks to foster a supportive environment for immigrants, ensuring equitable access to healthcare services and dismantling negative perceptions that contribute to social injustice.

Conclusion

The lack of accessible healthcare services for the immigrant population in the Los Angeles area may not solely be an unfortunate circumstance but a broader instance of social inequality and injustice, perpetuated by power dynamics that hinder necessary reforms. Immigrants, drawn to Los Angeles in pursuit of better opportunities, face substantial challenges in obtaining essential healthcare services. The health outcomes of these immigrants, particularly those without legal documentation, are significantly impacted by the fear of deportation, insufficient resources, and discriminatory practices within the healthcare system, leaving a pervasive impact on their well-being and fundamental rights. The

interconnected factors of limited access to affordable primary care, inadequate resources, and a lack of education about healthcare rights contribute to a substantial healthcare gap, affecting the immigrant population in Los Angeles. The inaccessibility of adequate healthcare services to immigrants can further prevent their basic human right to healthcare and deepen existing health disparities. Moreover, difficulties in accessing timely medical care can lead to increased untreated conditions, health issues, and long-term healthcare costs. Such negative impacts on the health outcomes of immigrants pose consequences for both individual well-being and community resilience, limiting the social and economic mobility within the immigrant community and contributing to broader societal health disparities.

The current review critically analyzed the broader upstream causes that were producing the numerous individual instances of inequality daily, avoiding merely deriving short-term solutions to the immediate problems. In doing so, it delved deeper into the various facets of such structural violence that deter marginalized and underserved communities from being able to access even basic needs such as food and shelter. In this review, the Latino/Hispanic immigrant population served as a pivotal case study to advance broader claims about immigrants in Los Angeles. The majority of the immigrant population in Los Angeles is comprised of Latino/Hispanic individuals, accounting for 48.1% of the total (U.S. Census Bureau). The analysis continuously referenced the Latino/Hispanic immigrant population as a case study to provide concrete examples and evidence supporting the assertions about immigrants in Los Angeles as a whole. By examining their socioeconomic backgrounds, cultural diversity, and immigration trajectories, this review aimed to shed light on the intricate dynamics at play within immigrant communities. Specifically focusing on this demographic group, this review delved into their unique experiences, challenges, and contributions within the context of immigration, enabling a deeper exploration of the multifaceted nature of immigrant experiences and facilitating a nuanced understanding of the broader immigrant population in the particular city. Grounding the analysis in the experiences of the Latino/Hispanic immigrant population, this review uncovered

insights that have implications beyond the specific demographic group.

The holistic, multi-faceted perspective may be crucial in moving beyond simplistic explanations for individual struggles and recognizing the systemic roots that perpetuate social injustices. Future research may build on this exploratory review to investigate further questions, such as how the healthcare system can become more inclusive and accommodating to the needs of immigrant communities in Los Angeles and how healthcare challenges faced by immigrants contribute to public health risks in the Los Angeles area. These questions can help close the gaps in existing research and literature regarding potential interventions aimed at devising strategies that promote community well-being, facilitating the understanding of approaches to a more equitable healthcare system.

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Author Bio

Haryn Shin will be graduating from UCLA with a B.S. in Cognitive Science and a minor in Digital Humanities as a Phi Beta Kappa inductee in 2024. Her research revolves around healthcare interventions, public policy, civil rights, and social change. During her time at UCLA, she has explored a diverse array of academic pursuits, engaging in interdisciplinary studies and research projects. She served as a lead research assistant for the Adolescent Brain Cognitive Development (ABCD) Study at the Semel Institute for Neuroscience and Human Behavior under the supervision of Dr. Susan Bookheimer and the Biodiversity and Climate Change Study under the supervision of Dr. Patricia Cheng. Additionally, she served as the Editor-in-Chief of the Undergraduate Research Journal of Psychology (URJP). Eager to translate her academic insights into real-world change, she currently serves as a law clerk at a non-profit legal aid organization, advocating for vulnerable and underserved communities. Looking ahead, she plans to continue her academic pursuits by attending law school, with a particular focus on civil rights and social justice, hoping to enact meaningful change.