Health and Wellness: Issues for Latino Immigrants, The Effects of Social Isolation, and Its Consequences

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Health and Wellness: Issues for Latino Immigrants

Fourth Santa Clara County Bi-national Health Week

The Effects of Social Isolation, and its Consequences

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Warning:
“The brighter the sun, the darker the shadow.”

• What do we know about Latino immigrants
• In Santa Clara County?
• What do we not know, but need to know?
• What do we not want to know, but must know?
Who are these immigrants? Why are they here?

• Latinos have been in San Jose
• Since there was a San Jose (established in 1777),
• Called Españoles or Californios,
• Then called Mexicanos after 1810
• Then called Mexicans after 1850
• Often called greasers, dirty Mexicans, spics
• Eventually called Mexican Americans
• Hispanics, some call ourselves Chicanos
Latinos in SC County:

U.S. 2000 Census:

- Total population: 1.7 million
- Hispanics: 430,000 -- 24%
- Mexicans: 325,000 -- 19%
- Other Hispanics: 105,000 – 5%
- Recent Latino Immigrants: ?
- Undocumented Latino Immigrants: ?
Why emigrate from Mexico?

• 75% report due to economic hardship
• 33% to reunite with family members
• Many also seek education for children
• The effects of NAFTA on legal and illegal Mexican Immigration (see editorial handout)

• Source: Knowledge of Immigrant Nationalities of SCCo. (KIN)
Language barriers contribute to isolation

- 92% report using Spanish
- At home, at work, in community
- 47% endorse ESL classes
- Seek classes closer to home
- Seek better schedules for classes
Educational barriers contribute to isolation

• School years completed:
• 28% completed 1-6 years
• 45% completed 7-12 years
• 27% completed 13 years or more
Economic realities are barriers

- Most Mexicans (legal or illegal) work:
  - 10% earn $10k or less
  - 33% earn $10k-30k
  - 29% earn $30k-50k
  - 18% earn $50k-70k
  - 11% earn $70k up
Mexicans at work

• Most work 40 hours or more/week
• 61% had two or more in home employed
• 14% had two or more jobs each
• 52% lacked medical benefits
• 47% had no sick leave
• 41% had no paid vacation leave
• 38% had no pension plan
• 60+% had no union membership
Employment and conditions

• Common occupations: homemakers, custodians, gardeners, food service, retail, construction, transportation, farm worker, day laborer, childcare, house cleaning, car washer
• Mexicans work, but often at low wage jobs
• Thus they are poor not because they do not work, but because they often do not receive a living wage
Public Assistance helps, but maintains poverty status

• Undocumented immigrants do not qualify for most public assistance
• They do not want assistance, feeling shame that they cannot take care of their family
• However, if unable to provide for themselves, they may reluctantly accept assistance
• Latino citizens and residents apply for assistance, yet often remain in poverty
Health care needs

- Medical care: 73%
- Dental care: 70%
- Eye care: 51%
- Mexicans receiving public benefits (Medicare or Medicaid) report higher medical needs than those without benefits
- Some report discrimination by health care providers
Discrimination often leads to isolation

- 68% felt disrespected by police
- 47% felt scared by police
- 28% felt mistreated by police
- 34% do not know their legal rights
- Top five sources of discrimination are employers (33%), police (29%), co-workers (23%), social workers (23%), DMV officials (21%), bus drivers (17%)
Immigrants isolated from their families

- Sources of emotional support: spouses (56%), friends (43%), relatives (21%)
- If spouses, friends, relatives are in Mexico…then the immigrant is alone
- 31% report they frequently have no one to speak with about emotional problems
- Many live in isolation, yearning for their families; feeling not here, not there
The effects of social isolation on health

• Physical health: health care costs money
• Many immigrants send half their earnings home to their families
• Preventive physical health care is unlikely
• Emotional health care is often unrecognized
• High risk for dysfunctional coping methods: substance abuse, primarily alcohol, gambling, fighting, domestic violence
Health consequences of social isolation

- Minor illness progresses to serious illness
- Treatable communicable diseases spread
- Incurable diseases spread
- Stress progresses to distress,
- Potential for violence to self/others
Strategies for effective health care outreach for isolated immigrants

- Bilingual-bicultural social marketing
- Multimedia: TV, radio, internet, posters, postcards, comics, community theater
- Well staffed, trained and funded campaign
- Traditional and non-traditional outreach
- Community, worksite, church, union hall, ESL classes, soccer fields, remittances sites
- Grocery stores, restaurants, taquerias, cantinas
- Home visiting teams