LATINO IMMIGRATION, GLOBALIZATION AND HEALTH: STRIVING TO FIND
EQUALITY IN THE UNITED STATES

HUMBOLDT STATE UNIVERSITY

By

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ABSTRACT

LATINO IMMIGRATION, GLOBALIZATION AND HEALTH: STRIVING TO FIND EQUALITY IN THE UNITED STATES

Amanda Rosaria Ybarra

Latinos are the fastest growing minority group statewide and nationally. This population contributes greatly to the culture and economy of the United States; however Latinos as a group suffer from a great amount of social inequality due to discrimination. This ethnic group is often silenced in the United States through a prejudiced social system riddled with false messages. Latinos are commonly portrayed in the media as an economic drain on society and as inhabitants taking jobs away from needy Americans. These attitudes filter into society and impact Latinos throughout the United States. This impact is exacerbated when it is paired with recent American Immigrants.

Causes of migration to countries of the global north, including the United States, are greatly impacted by market globalization. Degraded environments in Central and South America contribute to this northward emigration often forcing individuals to migrate with no other options. These recent Latino immigrants to the United States frequently find themselves with a lack of resources. Due to their immigration status, access to North American health care is severely limited and their health, particularly their mental health, suffers greatly. These factors often result in a greatly diminished
quality of life where Latinos lack access to the services they need to support their daily health and well-being.

Social inequality faced by Latinos in America, and specifically in California, poses real difficulties for communities throughout the state and for groups working to promote Latino health and well-being. However, the study of this population and its health experience as a result of the negative stereotyping and pressures has not reached its full potential. The health and well-being of Latinos warrants greater academic attention due to their lack of social equality. Furthermore, since Latinos are an integral part of the American capitalist system, their health and well-being directly affects the health of America. In this thesis I use a multiple methods approach to examine these issues. Methods include sociospatial content analysis of California newspaper articles related to Latino immigrants in combination with secondary survey data on local Latino health collected by the Eureka, California-based LatinoNet, a local networking group designed to promote the health and well-being of Latinos on the North Coast.
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CHAPTER 1
INTRODUCTION

Latinos are the fastest growing population in the United States and California (Dulin, Ludden, Tapp, Smith, Urquieta de Hernandez, Blackwell, and Furuseth. 2010; González, Vega and Tarraf 2010; Steinberg et al. 2008; U.S. Census 2011). While Latinos have always played a vital role in the culture and economic system throughout the history of California (Bacon 2008; Organista 2008; Worth 2004), their role is becoming increasingly relevant to the entire United States (Casas and Ryan 2010; Frank, Akresh, and Lu 2011). Immigrant labor can be seen as crucial to the production of inexpensive agricultural products and other consumer goods for the United States (Cortes 2008; Hattery, Embrick, and Smith 2008; Kochhar 2008). As the United States suffers from economic hardship, the low-cost labor provided by immigrants becomes increasingly important to the United States economic system (Papademetriou and Terrazas 2009; Tilly 2011). The ability to generate low-cost products is essential to the United States capitalist economic system which requires constant growth for the success of the system (Cohen and Kennedy 2000; Oliver 2010).

Though Latino immigrants play a vital role in contributing to the United States economic structure, their status as immigrants is often a source of great social inequality (Bacon 2008; Cohen and Kennedy 2000; Oliver 2010). This social inequality manifests in the form of economic, racial and environmental inequalities (Fernandes 2007; Fernandez-Kelley and Massey 2007; Organista 2008; Ritzer 2009; Wilson 1992; Worth 2004). Many
Latino immigrants are forced to migrate to the United States due to environmental degradation in their home country as well as great economic changes resulting from market globalization (Bacon 2008; Hattery, et al. 2008; Organista 2008; Cohen and Kennedy 2000; Wilson 2007). Once they arrive in the United States many Latino immigrants find themselves in a new environment, away from family, and forced to take whatever work they can to survive (Bacon 2008; Hattery, et al. 2008; Fernandes 2007). Status as an immigrant, particularly if an individual is undocumented, stands as formidable barrier to social and health services (Crowley, Lichter, Qian, 2006; Hancock 2007). Limited access to healthcare cannot only prove harmful to the individual but is also destructive to the social and economic health of the communities in which immigrants live (Blewett, Davern, and Rodin 2005; Fleury, Keller and Perez 2009).

This study examines the interconnectedness between Latino immigration, health and a globalized environment (Bacon 2008; Blewett et al. 2005; Schaeffer 2009). This thesis investigates the context of inequalities for Latinos in California with a specific focus on health inequality. The health of the Latino immigrant population extends beyond the health of individual as an individual’s health is intrinsically linked to the health of the communities where people live (Blewett, Davern, and Rodin 2005; Keller and Perez 2009). As individuals suffer from a lack of access to health resources, they are often forced to utilize emergency services, causing economic stress on the individual as well as the establishment (Blewett, et al. 2005; Fleury, Keller, and Perez 2009). The lack of access to health services is simply a snapshot of the many inequalities Latino immigrants face on a daily basis. This study further explores the issue of inadequate health services
for the Latino community which is a heated topic in many immigration debates (Smith, Kreutzer, Goldman, Casey-Paal, and Kizer 1996; Blankenau, Boye-Beaman, and Mueller 2000) and a common source of inequality (Bacigalupe et al. 2006; Caeser 2006; Greenwald et al. 2005; Robbins 2001).

This thesis uses a multiple methods analysis (Babbie 2010; Berg 2009; Lofland, Snow, Anderson and Lofland 2006). On a macro level, the larger causes of immigration are assessed in order to better understand the influx of immigrants from Central and South America. On a regional level, news media was analyzed to better understand the framing of immigrants in the state of California. As media serves as a powerful socializing agent (Andersen and Taylor 2007; Carmichael 2011; Macedo and Steinberg 2007) which greatly affects an individual’s understanding of the world, analysis of news media was done to better understand how the immigrant population is being framed in the media and the possible consequences of this framing. Content analysis of California newspapers was completed in order to understand the current political and cultural context and rhetoric surrounding Latino immigrants. I first establish the social and political context for Latinos to frame how this may affect an immigrant’s access to health resources. At the micro community level, data analysis was conducted on secondary surveys administered by LatinoNet, a Northern California non-profit organization, to understand local barriers to healthcare and the affects of these barriers on the community.

LatinoNet is located in Eureka, California the largest city in Humboldt County which has a population of under 130,000, of this population 8% (approximately 10,700) are of Hispanic or Latino origin (U.S. Census Bureau 2010). Humboldt County is nestled
in the redwoods approximately two hours from the Oregon, California border (Redwood National Park 2011). The rural nature of Humboldt County will prove to add to the difficulty in obtaining health resources for Latino immigrants. This thesis greatly emerged out of my participation with the organization LatinoNet as my work with the organization has furthered my understanding of the inequalities faced by Latino immigrants. This work has been informed by the concerns voiced by members of LatinoNet and the larger Latino community of Humboldt County.
CHAPTER 2
LITERATURE REVIEW

Literature addressing Latino immigration and health largely investigates globalization as a root cause of immigration (Bacon 2008; Cohen and Kennedy 2000; Oliver 2010; Organista 2008; Wilson 2007) and the resulting immigration status as a source of social inequality (Akers Chacon, Davis and Cardona 2006; Cleaveland 2010; Kendall 2007; Mastro, Behm-Morawitz, and Ortiz 2007; Suarez-Orozco and Páez 2008). Racism and discrimination as a result of immigration status (Bacon 2008; Cleaveland 2010; Kendall 2007; Smith and Furuseth 2006; Swords 2010), are shown to have negative effects on an individual’s access to health resources (Akers Chacon et al. 2006; Cleaveland 2010; González and González-Ramos 2005; Organista 2007). Additionally, literature focused on health, discusses the multiple barriers to health services for Latino immigrants (Blankenau, Boye-Beaman, and Mueller, 2000; Bacigalupe, et al. 2006; Caesar 2006; Crowley, Lichter, and Qian. 2006; Greenwald, et al. 2005 Probst, et al. 2004; Stable-Perez, Steinberg et al. 2008; Springer-Napoles, and Miramontes 1997) which ultimately affects the health of the individual as well as the larger community in which they live (Blewett, Davern, and Rodin. 2005; Fleury, Keller and Perez 2009).
Throughout the history of the United States, immigrants have played a large role in the success of the U.S. economic system (Cortes 2008; Hattery, Embrick, and Smith 2008; Kallick 2010; Kochhar 2008). The low-cost of immigrant labor has played a central role in the manufacturing of low-cost merchandise and agricultural products (Cortes 2008; Mize and Swords 2010; Kochhar 2008). Immigrant workers are not only crucial to keeping the cost of goods down for American consumers but help make the United States more competitive in a global market (Boisson 2006; Driscoll 1999; Organista 2008). However, in difficult economic times the same immigrants that contribute so greatly to our economy often become scapegoats for American job loss. The low-paying, menial, and often hazardous jobs they hold become a reason for the American public and government to call for their deportation (Bacon 2008; Driscoll 1999; Fernandes 2007; Worth 2004).

The United States has had a long history with immigrant workers that easily moves from love to hate (Bacon 2008; Fernandes 2007). Throughout the 20th century and now into the 21st, there has been a cyclical relationship of the exploitation of Mexican workers in the United States (Bacon 2008; Fernandes 2007; Wilson 2008). Mexican nationals have often been solicited for work when the United States is short of labor only to be later deported when there is no longer a need for their work. This has proven especially true during times of war and economic crisis (Balderrama and Rodriguez 2006; Boisson 2006; Driscoll 1999; Organista 2008).
During World War I, the United States experienced a shortage of agricultural workers. In order to rectify the situation, immigration restrictions were waived and approximately 70,000 workers were allowed to enter the United States legally (Organista 2008; Worth 2004). This occurred again in the 1920s when more labor needs arose due to new technological fields. Mexican nationals’ reliance on foreign work was short lived however when the United States was struck by the 1929 depression (Worth 2004). In the 1930s, the United States government scapegoated immigrant workers citing them as a cause of the economic turmoil (Organista 2008). This resulted in approximately 500,000 workers being deported or coerced to leave the United States (Balderrama and Rodriguez 2006; Boisson 2006; Driscoll 1999; Organista 2008).

Though only a decade earlier when approximately half a million Mexican workers were either deported or coerced to leave the United States, when WWII began in 1939 the U. S. called on the help of Mexican workers to fill the gap in labor needs (Driscoll 1999; Mize and Mize and Swords 2010; Organista 2008). This time the U.S. implemented the Bracero Program, a temporary worker program that brought in approximately 5 million workers from 1942-1964 (Driscoll 1999; Mize and Swords 2010; Organista 2008). However, in the 1950’s when the country experienced an economic recession and the paranoia of communism in the McCarthy era arose, Mexican workers started to be viewed as possible traitors and threats to national security (Cohen 2011). As suspicion grew, undocumented immigrants were targeted for deportation (Driscoll 1999; Organista 2008). As a result of this paranoia, the United States implemented a program with the derisive title of “Operation Wetback”. As a consequence of this program approximately
one million individuals were deported; some of which were American citizens (Cohen 2011; Mize and Swords 2010; Organista 2008). The term “illegal alien” also became prominent during this time as away to dehumanize the workers and gain support for the program (Garcia 1980; Mize and Swords 2010; Nelson 2009). In the government’s search for “illegal aliens” as a result of Operation Wetback, the civil rights of many American citizens were violated as authorities raided homes and places of employment (Driscoll 1999; Mize and Swords 2010; Organista 2008).

As can be seen from just a forty year snapshot into American history, immigrant workers have been exploited for the success of the American economic system. This treatment of immigrant workers has not stopped as the United States has moved into an era of heightened national security following September 11th. Both documented (those with legal documentation to reside in the United States) and undocumented (those without legal documentation) workers still find themselves in fear of immigration raids (Lovato 2005; Warner 2009). Currently, in 2011, a great deal of negative political rhetoric continues to surround immigrant populations in the United States (Agnew and Duncan 2011; Soto 2011). However, the United States has been accused of doing little in terms of policy to break down the root causes of Latino immigration. Policies such as the North American Free Trade Agreement are rarely examined in terms of their connection to the migration of people into the United States (Oliver 2007; Organista 2008). The North American Free Trade Agreement is a policy example of economic globalization and the way in which a globalized system greatly contributes to the migration of people
from the global south into the global north (Fernandez-Kelley and Massey 2007; Oliver 2007).

Economic Globalization and Migration

When investigating the issues of Latino immigration and health and looking for paths towards social equality, the root causes of immigration must be addressed to better understand the plights of the Latino population (Bedolla 2009; Bodvarsson and Van den Berg 2009; Pallares, and Flores-González 2010). A largely accepted macro cause of Latino migration into the United States is that of economic globalization (Bacon 2008; Cohen and Kennedy 2000; Organista 2008; Wilson 2007). Economic globalization refers to the interdependence of economies throughout the world and a rapid growth in the trade of goods, capital, technology and services (Cohen and Kennedy 2000; Joshi 2009). This transnational flow and capitalist requirement of constant growth often serves as a basis for social inequality (Bacon 2008; Cohen and Kennedy 2000; Oliver 2010; Robinson 2004).

The capitalist requirement for constant growth contributes to the transnational flow of goods and labor as industries attempt to find new markets and ways to cut costs in order to compete (Fernandes 2007; Worth 2004; Robinson 2004). As global trade takes place countries of the global south often cannot compete against stronger economies and heavily mechanized as well as subsidized countries of the north (Cohen and Kennedy 2000; Fernandes 2007; Reinert 2004; Worth 2004). As many of the tariffs that have been
put in place to protect countries of the global south in trade relations have been dismantled in recent decades, poorer countries often find themselves disadvantaged and unable to compete in a global system (Oliver 2007; Ritzer 2009; Worth 2004). This has lead to great job loss in countries of the global south. Additionally, as industries move production into countries such as Mexico due to the low cost of property and labor, these areas suffer a great deal of environmental degradation due to poor production practices in areas with lax environmental regulations (Graham and Poku 2000; Schaeffer 2009; Vandermeer, Perfecto and Shiva 2005; Williams, Meth, and Willis 2009). As people lose their jobs and the environments in which they live are destroyed, they are often forced to migrate to the global north in search of work to survive and a better way of life (Cohen and Kennedy 2000; Fernandes 2007; Graham and Poku 2000; Reinert 2004; Schaeffer 2009; Worth 2004).

According to Bacon (2008), a globalized political and economic system perpetuates social inequality by forcing people into the category of “illegal” within the United States. This is done by displacing workers through policies, labor practices and environmental degradation while denying workers the basic rights and resources needed to survive. This often forces individuals to cross the U.S.-Mexican border illegally to search for work in order to sustain themselves and their families (Bacon 2008; Chew 2008; Organista 2008). The North American Free Trade Agreement is a 21st century tangible example of how economic globalization acts as a source of inequality and contributes to the migration of people from the global south into the north.
The North American Free Trade Agreement and Latino Immigration

Latino immigration into the United States has flowed in a cyclical manner throughout the 20th and 21st centuries (Bacon 2008; Fernandes 2007; Fernandez-Kelly and Massey 2007; Wilson 2008). However, since the mid 1990s the Latino population in the United States has rapidly grown as immigrants have established a pattern of staying in the U.S. for longer durations (Fernandez-Kelley and Massey 2007). This can be attributed to the militarization of the border in 1994, the same year in which the North American Free Trade Agreement was implemented (Fernandes 2007; Fernandez-Kelly and Massey 2007). According to Fernandez-Kelly and Massey (2007) a result of NAFTA and the militarization of the border has been the growth of the immigrant population as they stay in hope of averting the many physical dangers of exit and reentry into the United States. As the socially constructed borders between the United States and Mexico became outwardly impenetrable, the borders of capital mobility were torn open as a result of NAFTA (Fernandes 2007; Fernandez-Kelly and Massey 2007; Reinert 2004; Wilson 2007).

The North American Free Trade Agreement (NAFTA) was an agreement developed between Canada, The United States and Mexico that would allow for the free trade of goods and capital across countries (Fernandes 2007; Oliver 2007; Mize and Swords 2010; Robinson 2004). The goal of NAFTA was not only to smooth the progress of trade and capital but to expand capital investment (Fernandez-Kelley and Massey 2007). One of the first steps in the implementation of NAFTA was to eliminate tariffs
that acted as barriers to trade among the Americas, even though many of the tariffs were put in place for the protection of the countries which held them (Fernandes 2007; Oliver 2007). Though NAFTA was portrayed by the American government as a policy that would create economic prosperity for all countries involved, it has proved to do anything but and has played a central role in the displacement of countless Mexican workers (Fernandes 2007; Fernandez-Kelly and Massey 2007; Oliver 2007; Worth 2004).

In 2004, ten years after the implementation of NAFTA, Mexico had become the United States’ second – largest trading partner (United States Department of Commerce 2010). Mexico has seen a 300 percent increase in trade since 1994 yet remains one of the world’s poorest nations (Fernandes 2007). Since the implementation of NAFTA, Mexico has suffered great economic losses in its agricultural industries due to the countries inability to keep up with the highly government subsidized and mechanized agricultural industries in the United States (Fernandes 2007; Worth 2004). Due to Mexico’s higher cost of production, they were unable to compete with the cheap produce coming in from the U.S. and lost places in which to sell their products (Fernandes 2007; Worth 2004). Many Mexican farms have been forced to close as a result of NAFTA. Consequently, workers were forced to migrate from rural into urban areas throughout Mexico in search of work (Fernandes 2007; Worth 2004). Initially, many workers were able to find work in urban areas due to the increase in assembly factories located in Mexico called maquiladoras (Fernandes 2007; Wilson 1992). Maquiladoras are low wage assembly factories which multi-national U.S. corporations set up for the export of cheap products (Fernandes 2007; Worth 2004). These factories often resemble abusive sweatshop
working conditions where workers are often denied basic needs such as adequate bathroom and lunch breaks (Cravey 1998; Lee and Lee 2010).

As the United States has suffered an economic recession and people began to limit their purchase of manufactured goods, U.S. companies who employed Mexican workers in *maquiladoras* closed their factories (Wilson 1992). Once again Mexican laborers found themselves without work as a result of NAFTA (Fernandes 2007; Fernandez-Kelley and Massey 2007; Wilson 1992; Worth 2004). With the Mexican agricultural industry greatly reduced and the loss of work in urban areas, many workers became destitute and struggled to survive. This economic shift had the ripple effect of causing an increased migration of many people into the United States in search of work (Fernandes 2007; Worth 2004; Mize and Swords 2010).

Strong supporters of NAFTA emphasize the extreme increase in trade among countries involved in the agreement as a proof of its success (Mize and Swords 2010; Ritzer 2009). Additionally, many note the initial increase of jobs in Mexico to prove its positive effects on all countries involved (Oliver 2007; Ritzer 2009; Worth 2004). However, the facts illustrate that the agreement has had extremely negative effects on the Mexican economy over the course of the agreement. According to Ritzer (2009), the initial gain in jobs in Mexico has actually given way to job loss in the country, wages have decreased rather than increased in Mexico, and environmental problems have arisen as a result of decreased environmental protections through the agreement.

The North American Free Trade Agreement is one policy example of economic globalization and serves as an illustration of the ways in which globalization contributes
to migratory patterns from the global south to the global north. As stated by Fernandes (2007), “migratory patterns in Mexico reflect rural populations migrating to urban areas in massive numbers as work dries up due to an intensification of corporate globalization. The North American Free Trade Agreement (NAFTA) corresponds almost directly with the economic crisis in Mexico that forced so many off their land” (2007:46). According to Organista (2008:3), the causes of Latino migration into the United States are quite simple, yet the root origins of immigration are missing from the contemporary “derisive” debates surrounding border control and national security. The absence of this conversation has led to the forming of vigilante groups such as the Minutemen according to Organista (2008). The lack of knowledge around the causes of immigration also allows for a great deal of negative rhetoric in popular media, a tolerance of racial prejudice and the scapegoating of an already sensitive population (Bacon 2008; Feagin 2009; Fernandes 2007; Organista 2008).

Racial Prejudice

Racial prejudice plays a large role in the formation of social inequality for immigrant populations (Bush 2004; Feagin 2009). As many are forced to migrate to the United States due to economic globalization, they are often met with racial prejudice perpetuated by individuals as well structural forms of racism (Cleaveland 2010; Kendall 2007). This treatment of people of color in the United States is not a new occurrence and has taken place since the founding of the U.S. (Delgado and Stefanic 2000; Feagin 2009).
People of color is a term that is predominately used in the United States to refer to any individual who is not “white” (Feagin 2009; Lum 2004). Since the inception of the United States, immigrants and people of color have been exploited and even killed to maintain the social and economic power of the white population (Bush 2004; Delgado and Stefancic 2000; Feagin 2009). “The racist institutions established during the slavery period and undergirded by the U.S. Constitution have generated, enhanced, and reproduced the privileges and prosperity of most white Americans for many generations” (Feagin 2009:57). The racist foundation upon which the United States was established has continued to be an influential force in the current political and social environment (Bush 2004; Delgado, and Stefancic 2000; Feagin 2009; Vera and Feagin 2007). Though enormous strides have been made since the civil rights movement in regard to racial equality, the United States is still a country whose laws and social structures benefit the white population at the cost of people of color (Bush 2004; Cruz 2008; Feagin 2009).

Latino immigrants have served as a reliable source of labor readily available to the United States in times of need (Fernandez-Kelly and Massey 2007; Oliver 2007; Worth 2004). However, as immigrants enter the United States in search of greater economic security and a better way of life, they are often met with prejudiced laws and the stereotype of “lazy criminals” attempting to drain the U.S. of jobs and social resources (Cleaveland 2010; Kendall 2007). These stereotypes are often perpetuated through the media where they will ultimately affect millions (Mastro, Behm-Morawitz, and Ortiz 2007). These stereotypes can be seen as a symptom of systemic racism which has resulted in numerous discriminatory political strategies to reduce immigration (Bacon
2008; Cleaveland 2010) as well as restrict access to healthcare and other social services for immigrants (Hancock 2007).

**Undocumented Immigrants as Criminals**

The label of “illegal” follows immigrants from their entry into the United States (often regardless of their immigration status) and serves as source of great inequality (Bacon 2008). By labeling people as “illegal”, it criminalizes the individual, who are often forced to migrate in an attempt to survive. Through this process undocumented immigrants are placed in the same social category as murderers (Bacon 2008; Cleaveland 2010). As there is a great social stigma associated with criminals, the label also serves as a barrier in their attainment of social services (Aguirre 2004; Bacon 2008 Mendoza 1994). In an article written by Cleaveland (2010) she discusses the importance of breaking down the label of illegal in the field of social work. She states that associating immigrants with the term criminal may result in workers holding little empathy or declining to work with the population. There has been a great outcry by Latino immigrant supporters and social activists groups to fight the label of “illegal” by referring to immigrants who reside in the United States without authorization as undocumented (Akers Chacon, Davis and Cardona 2006). This has been done as many fear that the label “illegal” and the attached connotation of criminal will contribute to racial discrimination and make individuals vulnerable to hate crimes (Akers Chacon et al. 2006; Cleaveland 2010).
Immigration Status

A common sentiment among political voices and mainstream American culture is that immigrants would be fully accepted into United States culture as long as they enter legally (Akers Chacon et al. 2006; Bacon 2008; Cleaveland 2010). However, even when immigrants enter the United States with documentation they are subjected to the same racial prejudice as undocumented immigrants and are consistently forced to prove their legal right to be in the United States simply because of their race (Bacon 2008; Bedolla 2009; Fernandes 2007). Additionally, for many immigrants, entering the United States legally is not always a possibility due to the high costs associated with the application process and the degree of literacy needed to complete the application (Ritzer 2009). Just to obtain information from the U.S. government Immigration Support program in regard to a green card application, it will cost an individual fifty U.S. dollars (U.S. Immigration Support 2010), approximately six times the average daily earnings for work in Mexico (Blanpain et al. 2007). To become a U.S. citizen is even more costly at almost seven hundred dollars per application (U.S. Citizenship and Nationalization Services 2010). That is approximately one hundred times the daily income of a worker in Mexico (Ritzer 2009). The financial piece of entering the United States legally is simply one example of policy put in place that only provides support for those who are already socially privileged (Fernandes 2007; Ritzer 2009).

The status of a “legal” U.S. citizen is not a privilege that all those who migrate into the U.S. can attain due to a number of barriers, however all are held to this social
ideal (Ritzer 2009). As many people migrate from communities in their home countries left destitute due to the effects of globalization, they are then subjected to a new reality of discrimination (Fernandes 2007; Fernandez-Kelley and Massey 2007; Organista 2008; Ritzer 2009; Wilson 1992; Worth 2004). Both documented and undocumented immigrants are bombarded with racist stereotypes portrayed in the media which depict the population as unintelligent and lazy, political rhetoric which blames immigrants for economic troubles and issues of systemic racism which effect nearly every element of life from the types of schools children can attend to housing options (Feagin 2010; Mastro et al. 2007; Organista 2008). Simply possessing the status of immigrant (either documented or undocumented) opens an individual to a world of social inequality.

Racism and Policy

As stated by Organista (2008), due to a lack of knowledge surrounding the causes of immigration, there has been a rise in vigilante groups such as the Minutemen, who are self proclaimed protectors of the border. These groups work to assert their power as white individuals through intimidation while organizing around political goals to maintain power and privilege (Fernandes 2007; Organista 2008; Ressner 2006). White supremacist groups have been instrumental in the passing of many racist immigration laws that often deny basic needs to immigrants such as Proposition 187 in 1994 (Acuña 2003; Fernandez 2007; Garcia 2003). Proposition 187 was a measure that denied undocumented immigrants access to any nonemergency medical services or public education (Acuña 2003; Espinosa, Elizondo, Miranda 2005; Ritzer and Ryan. 2011; Staiger 2006). This
proposition was not created by anti-immigrant groups but had strong ties to white supremacists. “One of the two main groups behind Pop 187 was the California Coalition for Immigration Reform (CCIR) headed by Barbara Coe, who is not shy about referring to Mexicans as ‘savages’. Coe has described undocumented migrants as ‘illegal barbarians who are cutting heads and appendages of blind, white, disabled gringos”’ (Fernandes 2007: 203). As illustrated above, status as an undocumented immigrant subjects an already vulnerable population to inequalities rooted in racism, while acting as a formidable barrier in the access to health resources (Fernandes 2007; Mendoza 1994; Sierra, Carrilo, DeSipio, and Jones-Correa 2000).

Immigration and Health

Limited access to health resources as a result of racist social structures is simply another example of inequalities immigrants face due to their status (Mendoza 1994; Sierra et al 2000). However, racial prejudice is simply one variable that must be addressed when looking at the issues of immigration and health (Caesar 2006; Greenwald, O’Keefe, and DiCamillo, 2005; Rodríguez, Bustamante, and Ang 2009). Literature written around the issues of Latino immigration and health largely investigates the multiple barriers that lie in the path of Latinos attempting to obtain social services (Bacigalupe, et al. 2006; Blewett, Davern, and Rodin 2005; Caesar 2006; Greenwald, O’Keefe, and DiCamillo, 2005; Rodríguez, Bustamante, and Ang 2009) and the effects of limited healthcare on the population (Acevedo-Garcia, et al. 2010; Gil, Vega, and Dimas
Health literature speaks to the importance of aiding immigrants in the access to healthcare, not only for the health of individual, but for the social and economic health of the communities in which they live (Blewett, et al. 2005; Fleury, Keller, and Perez 2009).

In an article written by Blewett et al. (2005), they explore the social and economic ramifications of barriers to healthcare. They focus on how the health of the Latino population is intrinsically linked to the social and economic health of the communities which they reside (Aguirre-Molina, Molina and Zambrana 200; Blewett et al. 2005; Fleury, et al. 2009; U.S. Department of Health and Human Services 2001). As the Latino population suffers both physically and mentally due to a lack of health care access, greater stress is put on non-profit organizations and emergency health care facilities (Blewett, et al. 2005; Fleury, et al. 2009). “Lack of adequate coverage will have an impact on the income, resources, and day-to-day activities of physicians, hospitals and traditional safety net providers” (Blewett, et al. 2005: 181). The interconnected nature of the health of the Latino population and the economic and social health of the community illustrate the importance of providing equal access to healthcare for the benefit of all parties involved.

**Barriers to Health Services**

For the Latino immigrant population, obtaining healthcare is often difficult due to a number of barriers. Immigration status, economic status, lack of health insurance, racial prejudice, language proficiency, and geographic location have been highlighted as the
most significant obstacles to obtaining health resources (Blankenau, et al. 2000; Bacigalupe, et al. 2006; Caesar 2006; Crowley, et al. 2006; Greenwald, et al. 2005 Probst, et al. 2004; Stable-Perez, Steinberg et al. 2008; Springer-Napoles, and Miramontes 1997). Immigration status was highlighted as of great importance when evaluating a person’s capacity to obtain resources (Crowley, Lichter and Qian 2006; Hancock 2007). Whether an immigrant individual is documented or un-documented makes a considerable difference as to what types of health services they are able to receive and if they are even able to receive healthcare (Aguirre 2004; Bacon 2008; Blankenau, et al. 2000; Fernandes 2007; Hancock 2007).

In an attempt to escape the high levels of poverty in their own country, many Latino immigrants migrate to the United States in search of the “American Dream” however, more poverty is often what they find (Bullock and Waugh 2006; Garcia 2002). Due to their immigrant status, many Mexican immigrants end up working some of the most dangerous jobs throughout the United States with the lowest pay (Hendricks 2002). According to Bullock and Waugh (2006), Latino immigrants are among the poorest groups in the United States. This high level of poverty among the Latino immigrant population keeps access to healthcare and resources out of the reach of many immigrants. In addition to high levels of poverty, an extremely significant obstacle in the access to health care for immigrant populations is a language barrier (Bacigalupe, et al. 2006; Caesar 2006; Partida 2007; Stable-Perez, et al. 1997; Steinberg et al. 2008). Though it is not always the case, many newly immigrated individuals struggle to speak the language of the community into which they have immigrated. For an individual who does not
speak English or struggles with the language, filling out medical forms, requesting health insurance information and communication with health providers can become seemingly insurmountable tasks (Partida 2007; Caesar 2006; Stable-Perez, et al. 1997). According to Partida (2007) there is an extreme lack of language services by healthcare providers throughout the United States. This puts an already vulnerable population in greater risk of health complications while healthcare institutions pay the costly consequences (Partida 2007; Robbins 2001). Literature has shown that English proficiency does not only act as a barrier to health resources but also contributes to a feeling of ridicule and is used for “an excuse for poor treatment” of immigrants in health settings such as clinics and pharmacies (Bacigalupe et al. 2006; Robbins 2001).

With the high cost of medical services, a lack of medical insurance proves to be another large obstacle foreign born residents must overcome in the pursuit of healthcare (Caesar 2006; Greenwald et al. 2005). Even for those who have found work within the United States, health insurance can be difficult to obtain (Greenwald et al. 2005; Steinberg et al. 2008). Inability to pay health insurance premiums, lack of health insurance programs within their place of employment and English proficiency are all issues that act as deterrents to the possession of health insurance (Greenwald et al. 2005; Caeser 2006). Paying medical bills out of pocket can often lead to greater economic stress for those who are already struggling to survive financially (Caesar 2006; Hamilton, Padilla and You 2006).
Resource Barriers in Rural Environments

Latino immigrants living in a rural environment often tackle more obstacles to healthcare than individuals living in urban areas (Blankenau et al. 2000; Probst et al. 2004). Access to resources, availability of health services, as well as racial discrimination are all issues that can appear quite different in a rural versus an urban setting (Blankenau, et al. 2000). Often because of a pure lack of population density, racial discrimination can appear much more overt and resources can become much more difficult to obtain in a rural community. As stated by Steinberg et al. (2008:11), “in rural areas, Hispanics/Latinos have a greater unmet need in healthcare, due to physician shortages that often occur because of low demand. This low demand is often due to cultural differences and practices in terms of health care use and inability to pay for services”.

Latinos in rural areas often deal with a higher level of poverty as well (Crowley, Lichter, and Qian 2006). This is due to limited employment opportunities and low paying occupations. According to a study done by Crowley, et al. (2006), Latino immigrants have higher poverty rates nearly triple that of native-born Americans and are more likely to be employed in low-wage industries such as agriculture rather than high-wage industries. Though agriculture is one of the top grossing industries in the state of California, workers do not experience the benefits, often making well below the federal poverty line (Bullock and Waugh 2006).

The literature reviewed speaks to the importance of providing resources to the Latino immigrant population, not only for the individuals involved but for the larger
community as well (Aguirre-Molina, Molina and Zambrana. 2001; Blewett, et al. 2005; Espinosa, et al. 2005; Fleury, Keller and Perez 2009; Garcia 2003; U.S. Department of Health and Human Services 2001). This proves to be a more difficult task in a rural community. This is in part due to the scarcity of resources, high levels of poverty and racial prejudice that is often present in white dominated communities (McConnell and Miraftab 2009). For undocumented immigrants, social resources such as education and health services become even more difficult to obtain (Hancock 2007). Often these individuals will not seek help do to a language barrier and fear of deportation (Hancock 2008; Mendoza 1994). The research shows that it is not only the immigrants’ crisis that they live in a world of depravation but that it affects all of society.
CHAPTER 3
CONCEPTUAL FRAMEWORK

This section presents the key concepts investigated in this thesis. The conceptual framework provided in Figure 1, presents a macro view of the central concepts around immigration and health that emerged through a review of relevant literature. The purpose of this conceptual framework is to highlight and explain the influencing factors that play vital roles in the health of the Latino immigrant population and the larger community. The conceptual framework guides my analysis and interpretation of the data. An integrated review of the literature surrounding the topic identified a globalized system, social inequality, racism and immigrant status as determinants central to the quality of Latino community health.

The various causes behind an immigrant’s quality of health are extremely situational (Bacigalupe, et al. 2006; Blewett, Davern, and Rodin. 2005; Caesar 2006; Greenwald, O’Keefe, and DiCamillo, 2005; Rodríguez, Bustamante, and Ang 2009). There are factors involved such as geographic location, economic status, time spent in the United States and English proficiency that act as either barriers or doors towards obtaining healthcare and maintaining good health for Latino immigrants in the United States (Caesar 2006; Greenwald, O’Keefe, and DiCamillo, 2005; Rodríguez, Bustamante, and Ang 2009). While it is impossible to create a model that accounts for all of the possibilities related to Latino community health, here I present a macro model to explain the larger order concepts central to the debate of globalization, immigration and
immigrant health. This model serves to inform anyone wishing to understand the relationships between immigrants and health and the multiple components that should be addressed when attempting improve the quality of health and life for Latino immigrants in the United States and the communities they inhabit.

Figure 1: Conceptual Framework: Immigration and Health
As illustrated in Figure 1, the central concepts that emerged from a review of the literature are a globalized system, social inequality, immigration status, racism and health. An understanding of the relationships between each one of these concepts is instrumental when looking for paths towards social equality for the Latino immigrant population. Though many of these concepts can be seen to have multiple definitions, the specific definitions of each concept as they pertain to this model can be found in Table 1. Additionally, each concept will be further explored below.
Table 1: Conceptual Diagram Terms and Definitions

<table>
<thead>
<tr>
<th>Conceptual Diagram Terms</th>
<th>Definition of Terms</th>
</tr>
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<tbody>
<tr>
<td>Globalized System</td>
<td>A globalized system refers to a transnational flow of goods, capital, labor, services and information (Cohen and Kennedy 2000; Joshi 2009).</td>
</tr>
<tr>
<td>Social Inequality</td>
<td>Social inequality refers to the unequal access to goods, information, decision making and power (Price 2010).</td>
</tr>
<tr>
<td>Immigrant Status</td>
<td>Immigration status refers to the legal status of an individual (Graham and Poku 2000; Organista 2008; Schaeffer 2009). For the purpose of this discussion status is broken down into documented or undocumented, or legally recognized citizen and citizens not legally recognized by the United States Government.</td>
</tr>
<tr>
<td>Racism</td>
<td>Prejudice or discrimination due to one’s racial or ethnic background (Feagin 2010). Racism is not limited to one individual’s viewpoints or opinions and often takes place on a structural scale (Vera and Feagin. 2007).</td>
</tr>
<tr>
<td>Health</td>
<td>Health is the condition or state of one’s body and mind (Contrada and Ashmore 1999). For the purpose of this diagram, the term health is inclusive of both physical and mental health.</td>
</tr>
</tbody>
</table>
Globalized System

The term *globalization* is a widely used expression throughout multiple disciplines and industries. Very broadly defined, globalization can be seen as a process in which increasingly more people become connected across territories through a range of systems (Cohen and Kennedy 2000; Lechner 2009; Ritzer 2004). Everything from the presence of American media such as Disney throughout the world, to the sale of Chinese consumer goods in Walmart, and the trade of agricultural products across countries can be seen as forms of globalization (Cohen and Kennedy 2000; Joshi 2009; Lechner 2009; Ritzer 2004; Ritzer 2009). Each one of these forms of globalization has great impacts on social and economic systems globally (Cohen and Kennedy 2000; Ritzer 2009). For the purpose of this study, I will focus on one specific form of globalization as a driving force of immigration; economic globalization. Economic globalization can be defined as the interdependence of economies throughout the world as well as a rapid growth in the trade of goods, capital, technology and services (Cohen and Kennedy 2000; Joshi 2009; Ritzer 2009; Robinson 2004).

Economic globalization is a commonly accepted root cause of a great deal of migration from Central and South America into the United States (Bacon 2008; Hattery, Embrick, and Smith 2008; Organista 2008; Wilson 2007). As global trade occurs and tariffs are dismantled (such is the case with NAFTA), countries in the global south often cannot compete against heavily subsidized and mechanized industries in the global north
(Fernandes 2007; Worth 2004). The terms global north and south refer to the geographic trend line of disparity present throughout the world between wealthier nations in the north with greater access to resources compared to poorer nations in the south (Del Casino 2009). The inability of countries of the global south to compete against industries in the north frequently results in a loss of industry for the countries that are unable to compete. The loss of industry then contributes to the migration of people as they move in search of work to survive (Cohen and Kennedy 2000; Fernandes 2007; Worth 2004).

Another contribution to migration from the global south to the global north is that of environmental degradation in the south (Graham and Poku 2000; Schaeffer 2009). As industries from the global north move their production to countries of the global south due to the lower cost of land and labor, among other reasons (Williams, Meth, Willis. 2009; Vandermeer, Perfecto, and Shiva 2005), the environments in the south often suffer a great deal of degradation due to poor production practices and lax regulations (Conway, Heynen 2006; Stephens, Barry, Dobson 2006). As a result, many people migrate to the north to escape degraded environments with the hope of a better way of life (Graham and Poku 2000; Schaeffer 2009). In this conceptual framework, the term globalized system is used to refer to economic globalization as a form of an economic system which affects the migration of individuals from Central and South America.

**Immigration Status**

As a globalized system changes both the economic and natural landscape of many geographic locations throughout the global south, many people are forced to migrate in
search of a better way of life or to simply survive (Bacon 2008; Cohen and Kennedy 2000; Fernandes 2007; Graham and Poku 2000; Organista 2008; Schaeffer 2009; Worth 2004). Due to the high cost of fees to immigrate legally, the degree of literacy needed to complete the application and countless other policy barriers, immigrating legally is not always an option for all individuals (Bacon 2008; Ritzer 2009). Many people find themselves forced to look for work to support themselves and their families and legal documentation is not a luxury that they can afford (Fernandes 2007; Ritzer 2009). However, status as an undocumented immigrant leads to a great deal of social inequality through resource barriers, prejudice and fear related to their immigration status (Fernandes 2007; Fernandez-Kelley and Massey 2007; Organista 2008; Ritzer 2009; Wilson 1992; Worth 2004). People who migrated to the United States without documentation in order to survive suddenly find themselves in the same category as criminals as an “illegal alien” (Fernandes 2007).

Though many find themselves forced to migrate without documentation due to external forces (Organista 2008; Schaeffer 2009), many do find avenues to immigrate into the United States legally. The presence of family in the United States, ample finances, and English proficiency all greatly aid an individual in being able to immigrate legally (Fernandes 2007; U.S. Citizenship and Nationalization Services 2010). Status as a legal resident breaks down a great deal of social inequality associated with an individual being undocumented such as fear related to immigration status and difficulty obtaining work and resources (Fernandes 2007). Living in the United States as a documented or undocumented immigrant can solicit very different experiences. In the context of this
conceptual framework, the term *immigration status* simply refers to whether an individual is documented or undocumented. The term also relates directly to the different experiences of immigrants who are documented or undocumented and how they relate to social inequality.

**Social Inequality**

Broadly defined, social inequality can be seen as unequal status or consideration by those of power (McAll 1992; Oxhorn, and Ducatenzeiler 1998). Social inequality comes in many forms from the unequal pay of women in job markets to racial prejudice, voting rights and the unequal access to social services (Hurst 2010; Oxhorn and Ducatenzeiler 1998; Price 2010). There are multiple areas of research that investigate these various forms of social inequality, the causes behind and ways to overcome it (Bacon 2008; Fernandes 2007; Fernandez-Kelly and Massey 2007; McAll 1992; Oxhorn, and Ducatenzeiler 1998; Price 2010).

In the context of this work, social inequality can be defined as an unequal access to goods, information, decision making and power (Price 2010). This broad definition allows for the immense variations of forms of social inequality that take place when investigating the issues of globalization, immigration and access to health services for the Latino immigrant population (Bacon 2008; Fernandes 2007; Hurst 2010; Oliver 2010; Organista 2008; Stable-Perez, Steinberg et al. 2008).

A globalized system appears as a source of social inequality in many countries of the global south through the monopolization of industry by the global north and its
capacity to displace people from their communities due to job loss and environmental
degradation (Bacon 2008; Fernandes 2007; Hattery, et al. 2008; Organista 2008; Cohen
and Kennedy 2000; Wilson 2007). In the cases of Central and South America, a
globalized system often forces many people to migrate to the United States where they
are met with a new reality of social inequality (Bacon 2008). A loss of social power,
racism, and limited access to resources is often what immigrants find when they cross the
border (Aguirre 2004; Bacon 2008; Hancock 2007). For example, undocumented
immigrants suffer a great deal of social inequality due to a lack of voice in American
culture, limited access to resources and endure racist propaganda all as a result of their
status as an undocumented immigrant (Akers Chacon, Davis and Cardona 2006;
Cleaveland 2010; Kendall 2007; Mastro, Behm-Morawitz, and Ortiz 2007). This often
translates in turn, into a lack of economic earning power and a resulting lack of power in
general. The result is that immigrants often end up living in situations of economic
deprivation and environmentally sub-standard places (Bullock and Waugh 2006; Garcia
2002; Hendricks 2002).

As a result of low economic earning power, immigrant status, and a lack of
insurance, among others, many immigrants find it extremely difficult to obtain health
services (Blankenau, et al. 2000; Bacigalupe, et al. 2006; Caesar 2006; Crowley, et al.
Limited access to resources stands as a great source of inequality for many immigrants
(Bacigalupe, et al. 2006; Blewett, Davern, and Rodin. 2005; Caesar 2006; Greenwald,
O’Keefe, and DiCamillo, 2005; Rodríguez, Bustamante, and Ang 2009) leading to the

Racism

As discussed in the literature review, the United States has been built on a structure of racism perpetuated through policy (Bush 2004; Cruz 2008; Feagin 2009). Since the foundation of the United States, immigrants and other people of color have been exploited to preserve the social and economic power of the white population (Bush 2004; Delgado, and Stefancic 2000; Feagin 2009). Many forms of racism continue to this day though not always as overtly as historical forms of racism such as slavery (Feagin 2009; Bonilla-Silva 2006; Shorris 2001; Vera and Feagin 2007). Racism plays a large role in the production of social inequality (Delgado, and Stefancic 2000; Feagin 2009) resulting in hostility towards people of color and effecting the overall treatment of people of color and ultimately affecting an individuals’ access to resources (Bonilla-Silva, 2006; Shorris 2001; Feagin 2010; Vera and Feagin. 2007).

For the purpose of this conceptual diagram racism can be defined as prejudice or discrimination due to ones racial or ethnic background (Vera and Feagin. 2007). Racism is not limited to one individual’s viewpoints or opinions and often takes place on a structural scale (Feagin 2010). One example of racism on a structural scale is immigration policies backed by openly white supremacists (Fernandes 2007; Organista 2008; Ressner 2006). Structural racism serves as a formidable barrier in obtaining legal
residency as well affecting the access to health resources for many immigrants (Bacon 2008; Cleaveland 2010; Hancock 2007). Additionally, the treatment of immigrants as a result of racism has detrimental effects to the physical and mental health of immigrant populations (Bacon 2008; Fernandes 2007; Feagin 2010; Mastro et al. 2007; Organista 2008).

Health

The quality of one’s health greatly affects the quality of life for an individual (Aguirre-Molina, Molina and Zambrana. 2001; Blewett, et al. 2005; Fleury, et al. 2009). Without access to health resources, maintaining good health becomes a difficult task (Partida 2007; Robbins 2001). The quality of health of the Latino immigrant population stands as an important issue from both a human rights perspective and due to the inseparability of an individual’s health from the health of the larger community (Aguirre-Molina et al. 2001; Blewett, et al. 2005; Caesar 2006; Crowley, et al. 2006; Fleury, et al. 2009). As the Latino community suffers from poor health due to a lack of health resources, the larger community too suffers from lower overall community health status and economic stress put on health establishments. In Figure 1, health can be defined as the condition or state of one’s body and mind (Contrada and Ashmore 1999). For the purpose of this model, the term health is inclusive of both physical and mental health as both affect the quality of one’s life as well as the health of the larger community in which they live (Aguirre-Molina et al. 2001; Blewett, et al. 2005; Caesar 2006; Crowley, et al. 2006; Fleury, et al. 2009; Partida 2007; Robbins 2001).
Flow of Conceptual Framework

The first and overarching concept in Figure 1 is a globalized system. This concept is represented by a crescent shape that arcs over the rest of the pieces in the model. A globalized system appears at the top of the model to represent the driving force that globalization plays in the migration of people from the global South to the global North (Bacon 2008; Cohen and Kennedy 2000; Oliver 2010).

Though it is true that a globalized system cannot be attributed to all migration, as migration has been occurring for centuries, it has played a crucial role in the migration for many in the 20th and 21st centuries (Bacon 2008; Chew 2008; Cohen and Kennedy 2000; Joshi 2009; Lechner 2009; Ritzer 2004; Ritzer 2009). This first concept of a globalized system works to show the root causes of Latino immigration and the ways in which the access to health resources as well as the health of the individual is impacted by the process of globalization. As many are forced to migrate to the United States in search of work due to the effects of globalization (Bacon 2008; Joshi 2009; Lechner 2009; Ritzer 2004; Ritzer 2009), many are faced with multiple forms of social inequality such as racial prejudice and unequal access to resources (Hurst 2010; Oxhorn and Ducatenzeiler 1998; Price 2010). Social inequality as a result of a globalized system takes us into the next concept in the diagram.

The next key concept is that of social inequality, which appears as a circle that surrounds the concepts of immigration status, racism and health. This concept immediately follows a globalized system due to the interconnected nature of the two
concepts. Additionally, *social inequality* encircles *immigration status, racism, and health* as each one of these concepts is impacted by or is a symptom of social inequality (Blewett, et al. 2005; Bush 2004; Cruz 2008; Feagin 2009; Fleury, et al. 2009; Organista 2008; Schaeffer 2009).

*Immigration status* serves as a great source of *social inequality* (Bacon 2008; Fernandes 2007; Graham and Poku 2000; Organista 2008) through making immigrants more susceptible to racism and acting as a formidable barrier in the access to resources (Fernandes 2007; Mendoza 1994; Sierra, Carrilo, DeSipio, and Jones-Correa 2000). *Racism* too is encircled by *social inequality* as it affects all aspects of an individuals’ life from one’s ability to access services to the mental and physical health of the individual (Feagin 2009; Bonilla-Silva 2006; Shorris 2001; Vera and Feagin 2007). The last concept surrounded by *social inequality* is *health*. This concept is encircled by *social inequality* as limited access to health services has detrimental effects on the *health* of an individual and acts as a source of *social inequality*.

Within the circle of *social inequality* is a triangle of concepts. These three concepts are labeled *immigration status, racism and health*. The first rectangle within the circle of social inequality is that of *immigration status*. *Immigration status* has been placed at the top of the cyclical triangle as it directly affects the degree of *racism* one must endure, as well as an immigrant’s *health* and access to health resources. Due to a number of barriers, many immigrants are unable to enter the United States legally (Bacon 2008; Cleaveland 2010). The very status as an “illegal alien” makes obtaining resources extremely difficult (Bullock and Waugh 2006; Garcia 2002; Hendricks 2002), as there
are laws throughout the nation that are aimed at directly limiting an undocumented immigrant’s access to social services (Fernandes 2007). This has negative effects on one’s physical and mental health. Additionally, status as an “illegal” results in a great deal of overt racism. “Illegal aliens” are placed into the same social category and are often viewed as criminals by many (Fernandes 2007; Fernandez-Kelley and Massey 2007; Organista 2008; Ritzer 2009; Wilson 1992; Worth 2004). The social connotation of an individual as a criminal makes the individual vulnerable to the overtly racist rhetoric in both political and social arenas (Organista 2008).

The second rectangle in the cyclical triangle is labeled racism. Racism has a direct relationship with one’s immigrant status as well as one’s health. Whether an immigrant is documented or undocumented makes a considerable difference as to the amount of racism they must endure through structural sources such as racist laws as well as racism wielded by various social sources such as media (Bullock and Waugh 2006; Fernandes 2007; Garcia 2002; Hendricks 2002). Racism also feeds back into the concept of immigration status through policies that provides support for those who are already socially and financially privileged and often white or English speakers (Bacon 2008; Ritzer 2009; Fernandes 2007). These laws can make it extremely difficult for an individual to obtain legal status (Feagin 2010; Fernandes 2007). Racism can also be seen as directly related to an immigrant’s health in the sense that the more racism they endure the more likely they are to experience stress (Takeuchi 2007). Stress has been shown to have great negative effects on one’s physical and mental health (Hovey 2000; Takeuchi 2007).
The last concept in the diagram is labeled health. As aforementioned health is directly related to racism in that the more racism one endures, the more stress one often has, which will have negative effects on both the mental and physical health of the individual. Health is also related to immigration status as ones immigration status affects an individual’s ability to access health resources. The concept of health feeds back into the concepts of immigration status and racism as an individual’s health affects how well someone is able to deal with the issues of racism as a result of their immigration status. For example if a person is consistently ill due to a lack of health resources, they will be more vulnerable to the effects of racism. Additionally, if one is in poor health, they will be less likely to deal with the issues related to their immigrant status or find alternative avenues towards dealing with their status such as obtaining documentation if they are in the U.S. without authorization.

As illustrated by the model, the three concepts of immigration status, racism and health are interconnected and all concurrently influence one another. The three concepts that lie within the circle of social inequality are effected by and provide examples of various forms of social inequality. Additionally, the concept that fuels the entire model is that of a globalized system. The globalized system clearly drives the migration of Latino people from their home countries to the United States. Such a pattern of migration results in the establishment of new lives, homes and communities in the United States. This thesis examines the community health and well-being component of California Latino populations and how Latinos are framed regionally in the media. Hopefully, the model
created for this study could be applied to similar situations involving immigrants, health social inequality and the global world system.
CHAPTER 4

METHODS

This thesis utilizes a multiple methods approach (Babbie 2010; Berg 2009; Lofland, Snow, Anderson and Lofland 2006) which includes both quantitative and qualitative data. The use of multiple methods was chosen in an attempt to strengthen research findings through the analysis of multiple viewpoints (Berg 2009; Lofland et al. 2006). Using a multiple methods approach can strengthen findings by minimizing the limitations of a single method while strengthening conceptual linkages (Berg 2009). The research methods used in this project include: survey analysis (Babbie 2010; Dillman et al. 2009) content analysis (Babbie 2010; Berg 2009) of newspaper articles, spatial analysis (Steinberg and Steinberg 2006) of newspaper findings and engagement with the Latino community of Humboldt County, California.

The data used in this thesis involved primary data and secondary data. Primary data collection involved documenting the issues and concerns voiced by local community members related to the issues of immigration and health. This data was obtained through engagement with the local Latino community and LatinoNet, a community network designed to promote the well-being of the Spanish speaking population in Humboldt County, California. The secondary data involved analyzing a community health survey administered by a Eureka, California non-profit organization and content analysis of newspaper articles obtained from newspapers throughout California.
A grounded theory approach was integral to this thesis (Charmaz 2006; Dey 1999; Glaser 1978; Glaser and Strauss 1967). The grounded theory methodology involves an inductive approach which begins with gathering information related to the research area of interest then moving towards a methodological approach (Berg 2009; Glaser and Strauss 1967; Strauss and Corbin 1994). Multiple sources of information from peer reviewed journals and texts, to concerns expressed by the Latino community and service providers were considered in the focus of this project. Prior to analysis of the survey data obtained from the organization LatinoNet, approval from Humboldt State University’s Institutional Review Board was obtained.

Survey Data

In October of 2009 and 2010, the organization LatinoNet located in Eureka, California held health fairs to provide services and resources for the Spanish-speaking population in Humboldt County. LatinoNet is a non-profit organization made up of community members and community providers representing over fifty agencies from children’s services to health care. The mission of LatinoNet is to “improve the quality of life for Spanish-speaking families on the North Coast” (LatinoNet 2011). The health fairs were an opportunity for the Latino population to receive medical information and care as well as find out about valuable resources in Humboldt County. During these events, surveys were administered by LatinoNet members and volunteers to interested participants 18 years of age and older.
Two surveys were administered at both the 2009 and 2010 health fairs. One survey was developed by the LatinoNet and one was developed by Binational Health Week. Binational Health Week is one of the largest mobilization efforts in the Americas to improve the health and well-being of the underserved Latino population (Binationalhealthweek.org 2009). The two surveys were administered and analyzed together to provide a more comprehensive picture of the population. The Binational Health Week survey asked demographic questions as well as questions related to healthcare access and the state of health of the respondent. The LatinoNet survey also asked demographic questions as well as a number related to the event. Together the two surveys took respondents between 15 to 20 minutes to complete. All those who completed the surveys were offered the incentive of either a baseball hat or a water bottle depending on the year. A total of forty surveys sets were collected in 2009 and ninety one sets of surveys were collected in 2010. The surveys were administered in either English or Spanish depending on the preference of the respondent.

Table 2: LatinoNet Surveys Completed

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Surveys (N)</th>
<th>Number of Surveys in Spanish</th>
<th>Number of Surveys in English</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>40</td>
<td>27</td>
<td>13</td>
</tr>
<tr>
<td>2010</td>
<td>91</td>
<td>62</td>
<td>29</td>
</tr>
</tbody>
</table>
Sample Design

As the goal of LatinoNet was to obtain as many voices of the Latino population on the North Coast as they could, a convenience sampling design (Babbie 2010) was used. Anyone interested in the survey and over 18 years of age was allowed to participate. In 2009 the survey was administered at a table located where other tables from various agencies and organizations participating at the event were located. Respondents in 2009 were individuals who stopped by the table and were interested in the survey. Participants either filled out the surveys with the help of a LatinoNet volunteer or completed the surveys themselves. Due to the low number of respondents in 2009, in 2010 LatinoNet decided to employ roaming volunteers at the health fair to both administer and to recruit attendees of the event to participate in the survey. All surveys in 2010 were filled out by volunteers of LatinoNet.

Data Analysis

I coded the 2009 and 2010 surveys and then created a single data set using SPSS that included all of the closed-ended answers for both the LatinoNet and Binational Health Week surveys. During analysis descriptive statistics were obtained. After analysis, the results from both the 2009 and 2010 surveys were compared against each other to look for patterns and trends. Open-ended questions present on the LatinoNet surveys were coded and analyzed to highlight content-based themes using ATLAS.ti. By coding
the responses, frequencies, and percentages could be obtained from the open-ended questions. There were no open ended questions on the Binational Health Week surveys.

**Limitations of the LatinoNet Surveys**

There are some limitations of the data. One of the limitations is due to the organization’s convenience sample design (Babbie 2010). A convenience sampling design was chosen because it was thought to be the most appropriate approach by the organization LatinoNet given the oppressed and possible undocumented nature of the Latinos who frequented the health fair. Because respondents were those who either approached a table out of interest or were recruited to participate due to their proximity near a volunteer administering the surveys, the sample cannot be seen as representative of the participants at the health fairs and is not generalizable to the larger population.

Nevertheless, the surveys are a very valuable source of information regarding health of the local Latino community.

An additional limitation of the surveys is the small number of respondents. This is especially true for the 2009 surveys which produced forty respondents (N = 40). In 2010 the number of surveys collected increased to ninety one (N = 91).

**Newspaper Content Analysis**

Content analysis was completed on nine newspapers published throughout the state of California (Babbie 2010, Berg 2009; Krippendorff 2004; Lofland et al. 2006).
Content analysis is a coding procedure and data interpretation process that is used to systematically examine a particular body of material to identify patterns and themes (Babbie 2010, Berg 2009; Krippendorff 2004). Three newspapers from each California region (North, Central, and South) were randomly selected to represent newspaper coverage of Latinos and immigration throughout California. A search was conducted for newspaper articles that highlighted Latinos, immigration and the impacts of the recent Arizona law (Senate Bill 1070) on Latinos in California. Discussion of the Arizona Senate Bill 1070 was included due to its timeliness and the powerful reactions it has solicited from political leaders and the American public (Lopez, Hugo, Morin and Taylor 2010). In April of 2010 Senate Bill 1070 was signed into law by Arizona governor Jan Brewer. The law is said to be the strictest anti-immigration law in decades calling for non-citizens to carry registration documents at all times (Chin, Hessick, Massaro, and Miller, 2010). The bill has raised strong concerns about racial profiling, civil rights, safety, and racism (Chin et al. 2010; Restrepo 2010). The impact of the proposed immigration law in Arizona has had definite impacts on the Latino community, creating stress, fear and health implications for members of this community (Chin et al. 2010; Lopez et al. 2010; Restrepo 2010).

Newspaper Sample

Newspapers from three different regions in California (Southern California, Central California and Northern California) were randomly sampled. The first step to conducting a random sample of California newspapers was to create a database of
newspapers throughout the state. A list of newspapers was created by using an internet search engine and searching under the term “California Newspapers”. This search resulted in over 38,000 internet links. This number was then narrowed down by assessing each link until saturation occurred (Glaser and Strauss 1967). The search gave many links to lists of newspapers as well as information about various publishing groups and the newspapers themselves. These types of links were ignored and attention was only given to newspapers that were published on a daily basis and in paper format. These papers were chosen for their ability to relate national and local news to a large portion of the populations in which they serve. Newspapers only published online were not chosen because of the “digital divide”, or the inability for many populations to access the internet on a regular basis (Katz 2002).

In total, 64 newspapers were chosen for random sampling. I stopped searching for additional newspapers once saturation occurred (Glaser and Strauss 1967), or once the search began to give links to the newspapers already listed in the database. From the database, California regions were assigned to each newspaper. The regions are North, Central and South California. The geographic breakdown of regions was gleaned from the California Department of Transportation. This map was chosen for its clear boundaries and its government ties. After regions had been assigned to each newspaper, each region was randomly sampled using Microsoft Excel (2007). Three newspapers from each region were selected. Table 3 shows the newspapers chosen for analysis.
Table 3: Newspapers Randomly Chosen for Analysis

<table>
<thead>
<tr>
<th>Newspaper</th>
<th>City</th>
<th>Geographic Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mt. Shasta News</td>
<td>Mount Shasta</td>
<td>Northern California</td>
</tr>
<tr>
<td>Paradise Post</td>
<td>Paradise</td>
<td>Northern California</td>
</tr>
<tr>
<td>Times-Standard</td>
<td>Eureka</td>
<td>Northern California</td>
</tr>
<tr>
<td>The Modesto Bee</td>
<td>Modesto</td>
<td>Central California</td>
</tr>
<tr>
<td>Mercury News</td>
<td>San Jose</td>
<td>Central California</td>
</tr>
<tr>
<td>The Monterey Herald</td>
<td>Monterey</td>
<td>Central California</td>
</tr>
<tr>
<td>Pasadena Star News</td>
<td>Pasadena</td>
<td>Southern California</td>
</tr>
<tr>
<td>The Santa Clarita Valley Signal</td>
<td>Santa Clarita</td>
<td>Southern California</td>
</tr>
<tr>
<td>The Press Enterprise</td>
<td>Riverside</td>
<td>Southern California</td>
</tr>
</tbody>
</table>
Data Collection

After the newspapers were randomly selected, articles pertaining to Latino immigration were pulled from the newspaper website. Articles were found by using the search terms “Immigration” and “Arizona Immigration Law”. These terms provided anywhere from 6-446 articles to examine. For each newspaper, every article provided by the search was assessed. Many of the searches provided duplicates of the same article which accounts for the high number of possible articles on some newspaper websites. Duplicates and letters to the editor were not chosen for analysis. Letters to the editor were not chosen because of their often very obvious political slant as well as the fact that they do not necessarily represent the opinion of the publication. A total of 364 (N = 364) articles were eventually obtained for content analysis (See Table 4 for article breakdown by geographic region).

Table 4: Number of Articles Identified for Analysis by Region

<table>
<thead>
<tr>
<th>Geographic Region</th>
<th>Number of Articles Obtained for Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern California</td>
<td>15</td>
</tr>
<tr>
<td>Central California</td>
<td>281</td>
</tr>
<tr>
<td>Southern California</td>
<td>67</td>
</tr>
</tbody>
</table>
Data Analysis

Using content analysis, articles were coded into six themes (*Fear Related to Immigrant Status, Racist Acts/Fear of Racist Act, Protest, Immigrant as Negative, Immigrant as Positive, and Health*). See Table 5 for a definition of themes. Themes were determined by reading through the various texts of the articles and determining emerging topics. A comparison and cataloguing of topics was then conducted and themes were developed from those topics.
Table 5: Newspaper Content Analysis Themes and Definitions

<table>
<thead>
<tr>
<th>Newspaper Theme</th>
<th>Definition of Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear Related to Immigrant Status</td>
<td>Deportation, Action by authorities/ institutions related to immigration status</td>
</tr>
<tr>
<td>Racist Acts/ Fear of Racist Act</td>
<td>Racial profiling by government, Racial profiling by individuals, Fear related to individual acts of racism, Hate crimes, Fear of racism by immigrants and citizens, Racial Slurs, Discrimination due to ethnicity</td>
</tr>
<tr>
<td>Protest</td>
<td>Protests, protests to maintain Immigration law, Protests against law, Boycotts, Sever economic ties</td>
</tr>
<tr>
<td>Immigrant as Negative</td>
<td>Comments showing immigrants in negative light, Cost to the United States economy, Lazy immigrants, Fear of Immigrants, Cost of healthcare, Economic cost of immigrant enforcement, drug cartels</td>
</tr>
<tr>
<td>Immigrant as Positive</td>
<td>Contributions to culture, Contribution to taxes and economy, Hard working, Immigrant labor</td>
</tr>
<tr>
<td>Health</td>
<td>Use of health resources, Mental health of immigrants, inadequate services, immigrants’ state of health</td>
</tr>
</tbody>
</table>

After the six themes were identified, all comments falling into the identified themes in each article was coded using the computer program ATLAS.ti 6. A “comment” refers to any grouping of text or single word that creates the different themes identified in
Table 5. For example, a comment that appears in the Pasadena Star News (2010) states; “the law has inspired similar action elsewhere and prompted a boycott against Arizona”. This comment was coded under the theme protest as the term “boycott” is a part of the definition of this theme. Each article contains several coded comments that represent different themes observed within the articles. In total 364 (N = 364) articles were coded producing a total of 667 (N = 667) coded comments (see Table 6 for frequency of comments per region). After all articles were coded frequencies were computed for each theme as well as for each geographic region (Northern California, Central California, Southern California).

Table 6: Frequency of Comments Coded by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Comments Coded in Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern California</td>
<td>37</td>
</tr>
<tr>
<td>Central California</td>
<td>476</td>
</tr>
<tr>
<td>Southern California</td>
<td>154</td>
</tr>
<tr>
<td>Total Statewide</td>
<td>667</td>
</tr>
</tbody>
</table>
After the content analysis was completed, the results were then transferred into ArcGIS 9.3, a geographic information software program, and a map of the data was created. Latino population density of California by county was obtained through the United States census and used as a base map to better understand the content analysis patterns that emerged. Pie charts of the content analysis results were then included with the base map of Latino population density. A map was created to visually portray the spatial data and is invaluable in its ability to visually display any trends that take place across the California regions.

Engagement with the Latino Population on the North Coast

A crucial element in the acquisition of data as well as the direction of this project has been my engagement with the local Latino population. This engagement has come in the form of monthly meetings with LatinoNet for almost two years (approximately thirteen meetings), various lectures and events around immigration at Humboldt State University as well as community events throughout the North Coast Region. I attended five events/lectures at Humboldt State University held by faculty members or guest lecturers at the university. Most of these events were held during the campus’ Dialogue on Race, a ten day event that holds events related to racial justice and other forms of oppression. Additionally, over a period of two years, I attended approximately four community Latino events such as immigration forums as well as both LatinoNet health fairs.
Through my engagement with the Latino population and service providers in Humboldt County, I have been able to hear the many concerns voiced by the community. Through this participatory research, great concerns related to immigration and the health of the Latino population of Humboldt County have emerged. Identification of these themes greatly helped to focus this research.
CHAPTER 5
RESULTS

This thesis utilizes a multiple methods approach (Babbie 2010; Berg 2009; Lofland, et al. 2006) in order to gain a more comprehensive picture of the various issues surrounding the Latino Immigrant population in California. Multiple levels of analysis are incorporated in this study that includes statewide content analysis of newspaper articles and analysis of health fair data collected at the local community-level. This thesis adopts a multi-level analysis to gain a holistic understanding the larger social structures that affect Latinos in California and their access to health resources. The results section presents the findings for the quantitative and qualitative data. The chapter begins by presenting the analysis of both the 2009 and 2010 LatinoNet surveys. Surveys for each year were analyzed together to present an overarching community-level view of Latinos and access to health services in Humboldt County, California. The next section presents a regional-level content analysis of newspapers throughout California. This data will take the study to a more macro level of analysis highlighting larger cultural trends and social structures. Geographic Information Systems (GIS) is used to highlight patterns in the data throughout the various sections.
Demographics of Health Fair Participants

The mission of LatinoNet is to “improve the lives of the Spanish-speaking population in Humboldt County” (LatinoNet 2011). To best serve the local Latino population a basic understanding of the population must be gained. As an organization, LatinoNet sponsors a number of events every year, including a free health fair, to encourage participation in important health related activities. This thesis examines data collected at the 2009 and 2010 health fair that assess health fair participant experiences and community health needs. With greater knowledge of the population in Humboldt County, services may be better allocated to meet the needs of Latino residents. This section highlights survey data for both the 2009 and 2010 LatinoNet health fair participants. Each year will be reported separately as there were key differences in the collection of data for each year.

Sample Description 2009 Surveys

In 2009, the average age of respondents was 43 years of age with a range from 21 to 79 years old (\(\bar{X}=43\)). In addition, the percentage of males and females in attendance was distributed fairly equally with 47% (N = 16) of the respondents as female and 53% (N = 18) as male. The surveys also captured data related to educational level of the respondents (See Figure 2). Figure 2 shows that on average middle school (55%) was the highest level of education achieved. For over one-third (37%) of respondents (N = 12)
elementary school was the highest level of education. An additional one-third of the respondents (33%, N =11) has achieved a college degree or higher (see Figure 2).

![figure 2: education level of 2009 respondents]

**Cities of Residence**

The LatinoNet survey included a geographic component, cities of residence for each survey respondent. Figure 3 portrays the respondents’ cities of residence throughout Humboldt County. This figure illustrates that the two cities with the highest density are Eureka and Fortuna, illustrated by the red and yellow colors, which accounts for 67% (N = 27) of all respondents. Forty five percent (N = 18) of the respondents live in Eureka
while 22% (N = 9) live in Fortuna with the remaining respondents living in towns throughout Humboldt County.

Figure 3: 2009 Respondent City of Residence
The graph in Figure 4 displays the cities of residence for the 2010 respondents. The two cities with the highest frequency are Eureka at 33% (N = 25) and Arcata at 31% (N = 24). These two cities account for 64% (N = 49) of respondents. The remaining respondents live in cities spread throughout Humboldt County. See Figure 4 for greater detail.

![Figure 4: 2010 Respondent City of Residence](image)

**Sample Description 2010 Surveys**

The average mean age of respondents in 2010 was 33 year old with the youngest being 18 years of age, and the oldest 69 (\(\bar{X} = 33\)). Like the 2009 sample, the gender of the respondents was fairly equally distributed with 53% (N = 44) male and 47% (N = 39)
female. Figure 5 shows that on average, the highest level of education achieved was high school. This accounts for 56% (N = 46) of respondents. Over one third (39%, N = 32) of respondents have an undergraduate college education or above.

As can be seen in the data, there are significant differences in the level of education and mean age of respondents between the 2009 and 2010 surveys. In 2009, the average age of respondents was 43 ($\bar{X} = 43$), whereas in 2010 the average age was 33 (Mean = 33). Additionally in 2009, the average level of education completed was middle school whereas the average level in 2010 was high school. These differences may be attributed to the higher participation of Humboldt State University students in the event.
In 2010 the organization saw an increase in students volunteering at the health fair from the local state college.

The following sections provide comparisons of LatinoNet Health Fair survey data from 2009 and 2010. Survey data for each year are compared for different topics below.

**Health**

In addition to demographic information, the surveys provide data related to the health of the respondent. The following questions provide insight into where respondents obtain healthcare and self reported health status.

**2009 Surveys**

In 2009 27% (N = 9) of respondents reported that the LatinoNet health fair was the first time that they had received healthcare in the United States. This descriptive statistic highlights the importance of events like the LatinoNet health fair in providing services for the Latino population. The survey also asked whether or not respondents traveled outside of the United States to receive healthcare. Two percent (N = 1) stated that they had indeed gone outside of the U.S. to obtain healthcare.

Respondents were also asked how they would rate the quality of their health. All respondents reported that they would rate their health as average or above (See figure 6). Figure 5 shows that the two largest categories are "average" (36%, N = 12) or "good" (40%, N = 13). These two categories account for 76% of all responses. No respondents answered that their health was "poor" or "very poor".
The 2010 health fair also successful in providing healthcare for respondents who had yet to receive healthcare in the United States. Nineteen percent (N = 15) of respondents in 2010 reported that the health fair was the first time that they had seen a health professional in the United States. Additionally, 8% (N = 7) of respondents reported that they had traveled outside of the United States in order to obtain health care.

Figure 7 displays self reported health status. This graph shows that the majority of respondents reported that the status of their health was either "good" (41%, N = 34) or "excellent" (23%, N = 19). These two responses account for 64% of all response. Over one third of (36%, N = 30) however stated that their health was either "average" or "poor".
Barriers to Healthcare

The following results section incorporates the literature surrounding barriers to healthcare for Latino immigrant populations to better contextualize the survey results. The goal in the analysis of the following section is to assess how documented barriers to healthcare exist for the Latino population in Humboldt County California.

2009 Surveys

A highly documented barrier to the access of healthcare is a person’s level of income (Bullock and Waugh 2006; Crowley, Lichter, and Qian 2006). This is an especially key issue when individuals do not possess health insurance as they are then responsible for paying for all health services out of pocket (Caesar 2006; Greenwald et al.)
2005; Hamilton, Padilla and You 2006; Steinberg et al. 2008). When looking at Figure 8, it shows that 60% (N = 21) of the health fair respondents made under $30,000. Of these respondents, 37% made under (N = 14) $20,000. According to the U.S. Department of Health and Human Services, for 2009 the poverty line was set at $14,570 for a two person family (Health and Human Services 2010). The high frequency of respondents making under $20,000 annually makes it feasible that a significant portion of respondents live below the poverty line.

![Figure 8: 2009 Annual Household Income](image-url)
Another well documented barrier to the access to healthcare is a lack of health insurance (Caesar 2006; Greenwald et al. 2005; Hamilton, et al. 2006; Steinberg et al. 2008). In 2009 the majority of respondents (58%, N = 19) reported that they did not possess health insurance. This is a formidable barrier in obtaining health services, especially if paired with low income levels (Caesar 2006; Hamilton, Padilla and You 2006). English proficiency, or language barriers, are cited as another prominent barrier to healthcare for Latino immigrant populations (Bacigalupe, et al. 2006; Caesar 2006; Partida 2007; Stable-Perez, et al. 1997; Steinberg et al. 2008). Figure 9 shows that 9% (N = 3) of those who took the survey in Spanish were bilingual. In 2009, this question was not present on surveys printed in English. More than one-half of survey respondents (66%, N = 12) stated that they only understood specific words in English.

Figure 9: Knowledge of English, 2009
2010 Surveys

In 2010 82% (N = 49) of respondents reported that their household annual income was below $30,000. Of those respondents, 60% (N = 36) stated that their household income was below $20,000. See Figure 10 for more detail. As in 2009, the majority (54%, N = 49) of respondents stated that they did not possess health insurance.

![Figure 10: 2010 Annual Household Income]

In 2010, 41% (N = 30) of respondents reported being bilingual. Figure 11 shows that one-half (50%, N = 37) of the respondents reported only knowing English words. Nine percent (N = 7) felt they knew enough English to function in everyday interactions.
When comparing the 2009 and 2010 data in relation to barriers to healthcare, significant differences can be found in the questions related to annual household income and English proficiency. In 2009, 37% of respondents reported that their annual income was below $20,000. This number nearly doubled in 2010 where 60% reported their annual household income to be below $20,000. In 2010 only 18% (N = 11) reported that their income was above $30,000. Additionally, the number of respondents who reported being bilingual rose from 9% in 2009 to 41% in 2010. These two differences may be attributed to the higher level of college age participation in the health fair in 2010. Higher participation by college students may account for the lower annual household income and higher levels of English proficiency, however this is not conclusive. As these are such significant changes, LatinoNet might benefit from further research as to why these changes have occurred in Humboldt County.

Figure 11: Knowledge of English, 2010
Immigration Patterns

Both the 2009 and 2010 surveys asked questions related to immigration. The two questions asked were country of birth and state of birth (if from Mexico). The percentage of respondents born outside of the United States is especially salient in this work as immigration status is a formidable barrier in the attainment of resources (Aguirre 2004; Bacon 2008 Mendoza 1994).

2009 Surveys

Figure 12 shows the country of birth of the respondent. The three categories are broken up into the United States, Mexico and Other. Each respondent who claimed “other” were all born countries in either Central or South America. This category accounts for 15% (N = 5) of respondents. The highest frequency category was Mexico with 67% (N =23) of respondents born in Mexico before moving into the United States.

![Figure 12: 2009 Respondent Country of Birth](image)
In addition to country of birth, the data also shows which particular state within the country the respondents were born in. Figure 13 shows that of the respondents born in Mexico, approximately 43% (N = 10) were born in the state of Oaxaca. This was the highest frequency of the data set. The remaining respondents born in Mexico are fairly evenly distributed throughout the country. Figure 13 shows this in greater detail.

![Immigration Patterns into Humboldt County: Respondent's Birth Place](image)

Figure 13: 2009 Mexico State of Birth
2010 Surveys

Figure 14 shows the country of birth of the respondent for 2010. As in 2009, each respondent who claimed “other” were born in either Central or South America. Ten percent (N = 8) reported being born in countries other than the United States or Mexico. The highest frequency category was Mexico accounting 65% (N = 53) of respondents (See Figure 14). In 2010, no data related to the birth state of respondents was obtained.

Figure 14: 2010 Respondent Country of Birth

Newspaper Content Analysis

This section presents data gathered from sampling California newspaper articles and conducting an analysis of the articles found related to Latinos in these newspapers. California newspaper coverage of immigration issues and the Arizona immigration law
(Senate Bill 1070) were analyzed to look for common themes. Six themes emerged that can be found throughout the nine sampled newspapers in California. The six themes that emerged are *Immigrant as Negative, Immigrant as Positive, Fear Related to Immigrant Status, Protest, Racist Acts/Fear of Racist Act, Health.* See Table 7 for the metadata on these themes. After these themes were identified, each article identified for analysis (N = 364) was analyzed. Comments were chosen from each newspaper article that fit the definitions of the pre-identified themes. A comment is a group of text or single word that falls under the definitions for each theme (See Table 7 for definitions). Each article contains multiple coded comments that represent different observed themes. A total of 667 coded comments were analyzed.
Table 7: Content Analysis Themes and Definition of Themes

<table>
<thead>
<tr>
<th>Newspaper Theme</th>
<th>Definition of Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immigrant as Negative</td>
<td>Comments showing immigrants in negative light, Cost to the United States economy, Lazy immigrants, Fear of Immigrants, Cost of healthcare, Economic cost of immigrant enforcement, drug cartels</td>
</tr>
<tr>
<td>Immigrant as Positive</td>
<td>Contributions to culture, Contribution to taxes and economy, Hard working, Immigrant labor</td>
</tr>
<tr>
<td>Fear Related to Immigrant Status</td>
<td>Deportation, Action by authorities/ institutions related to immigration status</td>
</tr>
<tr>
<td>Protest</td>
<td>Protests, protests to maintain Immigration law, Protests against law, Boycotts, Sever economic ties</td>
</tr>
<tr>
<td>Racist Acts/ Fear of Racist Act</td>
<td>Racial profiling by government, Racial profiling by individuals, Fear related to individual acts of racism, Hate crimes, Fear of racism by immigrants and citizens, Racial Slurs, Discrimination due to ethnicity</td>
</tr>
<tr>
<td>Health</td>
<td>Use of health resources, Mental health of immigrants, inadequate services, immigrants’ state of health</td>
</tr>
</tbody>
</table>

Text placed under the *Immigrant as Negative* theme include comments which discuss immigrants in negative light. Statewide this theme accounted for 192 (N = 192) of the total 667 (N = 167) comments coded. Many of these comments were related to the
cost of undocumented immigrants to the United States economy. In the discussion of immigrants as a cost or “drain” to the U.S. economy, the cost of providing healthcare, education and jailing immigrants were often cited as the most common expenditures. This theme also includes comments which cited immigrants as lazy, American citizens’ fear of immigrants, immigrants as criminals, immigrants as destroying American culture and the economic cost of immigration enforcement. Comments related to immigrants as drug runners or participants in drug cartels also fall under this theme.

Comments placed under the theme Immigrant as Positive discuss immigrants in a positive light and as assets to the United States (See Table 7). These comments often cite immigrants as contributors to American culture. These comments also discuss immigrants’ contribution to taxes and the larger economy through cheap labor. Additionally, immigrants in this category are often cited as hard working and willing to do “jobs that Americans won’t do” (Modesto Bee 2010).

Comments falling under the theme Fear Related to Immigrant Status (See Table 7) include various fears held by undocumented immigrants related to their status. The most common fear cited was fear of deportation mentioned in 21 (N = 21) of the total 55 (N = 55) comments coded under this theme. Comments under this theme include other actions such as loss of resources, housing eviction and loss of their children. This theme accounts for all actions by authorities/ institutions related to immigration status.

Comments classified under the Protest theme (See Table 7) encompass various forms of protest for or against the implementation of Senate Bill 1070 (SB1070). One hundred eighty four (N = 184) of the total 667 (N = 667) comments coded were placed
under this theme. The vast majority of comments falling within this category discuss protests against the law. Forms of protest include rallies, silent protests, marches, boycotts and the severing of economic ties.

Comments which fall under the theme *Racist Acts/Fear of Racist Act* include both the fear of and the action of racist acts. In this study, racism is simply defined as prejudice or discrimination based on one’s race (Vera and Feagin. 2007). The two most common comments which fall under this category are the fear or action of racial profiling by the government and individuals. Comments related to racial profiling accounted for 98 (N = 98) out of the total 159 (N = 159) comments coded under this theme. Other comments included in this theme include fear related to individual acts of racism such as violence, hate crimes, fear of racism by Latino immigrants and Latino citizens, racial slurs and discrimination due to ethnicity.

Comments placed under the category *Health* include comments related to both the physical and mental health of immigrants. These comments encompass immigrants’ need for health services, inadequate services, and immigrants’ state of physical and mental health related to their status.

**Statewide Content Analysis Themes**

The theme *Immigrant as Negative* had the highest frequency theme at the statewide level and represents for 29% (N = 192) of all comments coded (N = 667) (See figure 14). The themes of *Protest* and *Racist Act/Fear of Racism* were the other two most frequently coded themes. One hundred eighty four (N = 184) comments out of the total
667 (N = 667) comments coded fell under the theme *Protest* which accounts for 28% (N = 184). The theme *Racist Act/Fear of Racism* was the third largest state wide frequency and percentage at 24% (N = 159). These three themes accounted for 81% (N = 535) of all state wide comments coded. Figure 15 shows that the theme *Immigrant as Positive* accounts for 8% (N = 57) of all themes coded. Fifty five codes out 667 (8%) fell under the theme *Fear Related to Immigration Status*. The least common statewide theme was that of *Health* at 3% (N = 20).

![Pie chart](image)

*Figure 15: Newspaper Content Analysis: Theme Totals by State*
Figure 16: Media Content Analysis by Region
Northern California

A total of 15 newspaper articles were randomly sampled for analysis in the Northern California Region. This is the smallest number of articles located in any one region and only accounts for 5% of all articles analyzed. The theme with the highest frequency was *Immigrant as Negative* accounting for 27% (N= 10) of all comments coded (N = 37) in the Northern California region. The next two highest frequency categories are *Fear Related to Immigration Status* and *Racist Act/Fear of Racism*. Both of these themes account for 19% of comments coded and each theme was coded seven times out of the total 37 comments coded in the region, see Figure 16 for further detail. The two least common themes were *Protest* and *Health*. Each one of these themes accounted for only 11% all comments coded, both totaling 22% of all comments coded for the region.

Central California

In the Central California region, a total of 281 newspaper articles were sampled for analysis which accounts for approximately three-fourths or 77% of all articles analyzed. In each region (Northern California, Central California and Southern California) all articles pertaining to immigration were pulled for analysis from the randomly sampled newspapers. Each newspaper in the Central region yielded considerably more articles than newspapers in other regions. This accounts for the high number and percentage of articles in this region. Figure 16 shows that the theme with the highest frequency in this region is *Protest* accounting for 31% (N = 146) of all comments coded (N = 476) for this region. The second most frequently occurring theme was
Immigrant as Negative at 28% (N = 134), followed by Racist Act/Fear of Racism accounting 24% (N = 115) of all themes coded. These three categories account for 83% (N = 395) out of the 476 comments coded for the region. The least common theme for this region was Health at 3% (N = 15).

Southern California

A total of 67 articles were found for analysis in the Southern California region accounting for 18 percent of total articles sampled for the study. The most frequently occurring theme for this region was Immigrant as Negative accounting for 31% (N = 48) of all themes coded in Southern California. Figure 16 shows that the second highest frequency theme is Racist Act/Fear of Racism at 24% (N = 37), followed by the theme Protest at 23% (N = 35). The top three themes (Immigrant as Negative, Racist Act/Fear of Racism, Protest) account for 78% of all comments coded in the Southern California region. Like the Central California Region, the least common theme was that of Health, which only accounted for 1% (N = 1) of all themes coded.
CHAPTER 6
DISCUSSION AND CONCLUSION

This project adopts macro-approach to examining the plight of Latino immigrants in their access to health resources and the larger contextual issues facing Latino immigrants in general. To accurately assess these factors, this thesis assesses individual-level and regional geographic-level data. Access to social and particularly health services for the Latino population are contingent upon numerous variables and each of these variables have lasting effects on both the physical and mental health of immigrant populations (Acevedo-Garcia, et al. 2010; Gil, et al. 1994; Hovey 2000; Mendoza 1994; Stable-Perez, et al. 1997). In order to gain a more holistic picture of the issue at hand, a comprehensive understanding of the larger forces behind immigration, the political and cultural rhetoric surrounding immigrants, structural barriers, and specific geographical challenges must be addressed. This study has attempted to look at each of these elements in order to gain a clearer understanding of healthcare access for the Latino immigrant population in Humboldt County.

Globalization and Immigration

Though immigration has become a heated topic in the 20th and 21st centuries, various literature highlights that human migration is not a new occurrence as it has taken place throughout history worldwide (Chew 2008; Massey, Goldring and Durand 1994; Massey, Rugh, and Pren 2010). The reasons for migration consistently change as a result
of changing borders, political shifts, and economic influences (Massey et al. 1994; Massey et al. 2010). Commonly accepted motives for a great deal of migration from Central and South America into the United States is that of globalization, labor demands and job opportunities in the United States (Bacon 2008; Organista 2008; Cohen, Kennedy 2000; Wilson 2007). When looking for avenues towards social change for the Latino immigrant population, the root causes of immigration must be addressed (Bedolla 2009; Bodvarsson and Van den Berg. 2009; Pallares, and Flores-González 2010). Without the discussion of why countless individuals leave their home country to live and work in the United States, they are susceptible to a great deal of negative and false propaganda often framing their presence as an “invasion” (Pasadena Star News 2010).

In the content analysis of various California newspaper articles significant voice was given to those opposed to immigration. Immigrants were three times as likely to be portrayed in a negative versus a positive manner (Immigrant as Negative N = 192; Immigrant as Positive N = 57). The larger picture of why Latino immigration occurs was left out of the discussion of immigration with the exception of one article in Northern California. Instead, many of the articles framed immigrants as a drain on the United States economy whose presence hurts the United States through a loss of American culture and jobs (Modesto News 2010; Pasadena Star News 2010; Santa Clarita Valley Signal 2010). Virtually no attention was given to the larger structural forces behind immigration such as changing economies, environmental degradation and labor demands. The discussion of how immigrants end up in the United States is crucial to the process of
breaking down the dehumanization that often occurs in immigration debates (Mastro, Behm-Morawitz, and Ortiz 2007). With a deeper understanding as to why people are often forced to leave their countries of origin, the stereotypes that often accompany the Latino population may be able to be broken down. Instead of framing immigrants as “criminals” who reside in the United States without regard for American laws (Akers Chacon et al. 2006; Cleaveland 2010; Bacon 2008; Mercury News 2010; Modesto Bee 2010; Pasadena Star News), the population may be able to be viewed through a more realistic framing; as individuals who must find work for their survival and who often come to the U.S. with no other options (Fernandes 2007; Mastro, et al. 2007; Mize and Swords 2010; Worth 2004).

Immigration Status

*Immigration status* (whether a person is documented or un-documentated) plays a fundamental role in the creation of social inequality for the Latino immigrant population (Fernandes 2007; Fernandez-Kelley and Massey 2007; Organista 2008; Ritzer 2009; Wilson 1992; Worth 2004). As discussed in the literature, status of being “undocumented” often causes inequality as immigrants find themselves with limited access to resources, dealing with structural racism, racist propaganda, and frequently suffer from a great amount of fear related to their status (Akers Chacon et al. 2006; Bacon 2008; Cleaveland 2010; Hancock 2007; Mastro, et al. 2007). *Fear related to immigrant status* was a main theme that emerged through my content analysis of newspaper articles. Nineteen percent (N = 7) of all comments coded in the Northern
California region related to the fear immigrants expressed associated with their status as undocumented. In Southern California 12\% (N = 19) of all comments coded in this region fell under the *Fear Related to Immigrant Status* code. Immigrants expressed fear of being deported, having their children taken from them, losing housing and not having the ability to access healthcare or resources when needed. The anxiety and stress related to immigration status has proven to have negative effects on both the physical and mental health of immigrant populations (Acevedo-Garcia, et al. 2010; Brabecck and Xu 2010).

As discussed in the literature, a common sentiment around immigration status is that immigrants would be accepted into American culture if they immigrate legally (Akers Chacon et al. 2006; Bacon 2008; Cleaveland 2010). However, due to economic status as well as other barriers, this is not always an option for many immigrants (Fernandes 2007; Ritzer 2009). Results from the LatinoNet survey support the literature through its display of low income as a documented barrier in obtaining legal residency. In both the 2009 and 2010 LatinoNet surveys, approximately three quarters of the respondents were immigrants into Humboldt County (82\% in 2009 and 75\% in 2010). In 2009 37\% (N = 14) of health fair respondents reported making below $20,000 per year. In 2010 this number nearly doubled to 60\% (N = 36). This data illustrates the low income level of many immigrants in Humboldt County. As aforementioned in the literature review, simply applying for citizenship costs nearly seven hundred U.S. dollars (U.S. Citizenship and Nationalization Services 2010). Even if an individual makes $20,000 annually, the application would account for half of a month's income. This cost is exacerbated if multiple family members attempt to apply for residency, making it even
more difficult for the economically disadvantaged to immigrate in cooperation with U.S. laws.

In agreement with existing literature (Aguirre 2004; Bacon 2008 Cleaveland 2010; Kendall 2007; Mendoza 1994), my media content analysis highlights the ways in which immigration status is used to criminalize and dehumanize undocumented immigrants. Adjectives surrounding the discussion of immigrants often referred to undocumented immigrants as "illegal", "illegal immigrant", "illegal alien" or simply "alien". Referring to immigrants using such adjectives and particularly calling them “aliens,” immigrants both criminalizes and de-humanizes the Latino population making them more susceptible to racial prejudice and hate crimes (Akers Chacon et al. 2006; Cleaveland 2010; Zimbardo 2007). In the quest for social equality, those working with immigrant populations must pay attention to the ways in which undocumented immigrants are framed, for the power of a label can prove both uplifting and disastrous (Zimbardo 2007).

Immigrants in the Media

Each day millions of Americans ingest countless forms of media (Carmichael 2011; Davis and Owen 1998; Kornblum 2007; Perrucci and Wysong 1999). Even with the rise of digital news sources, newspapers remain a common source of information for many Americans (Kerwin 2010). Media has proven to be a strong socializing agent which greatly affects an individual's understanding of society (Jeffres, Atkin, Lee and Neuendorf 2011). With the power media plays in the social world (Jeffres et al. 2011;
Mastro et al. 2007), messages imbedded in media are increasingly important to note around the topic when looking for avenues towards social equality. As media affects an individual’s understanding of society, negative framing of immigrants will ultimately have a negative effect on the perception of immigrants outside of the media leading to social inequality (Jeffres et al. 2011; Mastro et al. 2007; Mastro, Behm-Morawitz and Kopacz. 2008).

The content analysis of newspaper articles in this thesis illustrates the important role the geography plays in framing and conceptualizing certain populations in the media. In both the Central and Southern California regions, where there are large Latino populations, a greater percentage of the articles reflect the topic of immigration and a pejorative discussion of “illegal” immigrants. In both of these regions substantially more articles were identified for analysis (281 articles for Central California and 67 for Southern California) under the keyword search “immigration” and “Arizona immigration law” in contrast to the Northern California region. In Northern California, which has the smallest Latino population, only 15 articles could be found for analysis on the same topic. In addition to the prevalence of the discussion of immigration, the tone of the articles appeared much different by geographic region as well. As the Latino population numbers increase as we move to Southern California, the comments appear more negative. In the Northern California articles, immigrants were often referred to as "undocumented," but the pejorative term “illegal alien” was not used very frequently. However, as the publications move to the central region the terms "illegal" and "illegal immigrant" become prominent. In the southern California region, many of the articles referred to
immigrants as "illegal aliens" or simply "aliens". This change in tone can also be seen in the prevalence of comments coded as *immigrant as Negative*. In Northern California, 27% of comments were coded as *Immigrant as Negative*, this rises to 28% in Central California and to 31% in Southern California.

Throughout each region of California, comments that framed immigrants as negative were two to three times more prevalent than comments that framed immigrants in a positive manner (See Table 8). This is an important finding when considering the seemingly objective voice of news media. Though many of the newspapers attempted to give voice to both sides of the debate (those opposing immigration/supporting the Senate Bill 1070 and those in support of immigration/opposing the Senate Bill 1070), the data clearly shows a distinct slant towards the negative framing of immigrants. Those in opposition to immigration and in support of the Arizona Immigration law were given a much louder voice in news media throughout California (See Table 8). An example of comments that shed immigrants in a negative light is a quote found in the *Monterey Herald* located in the Central California region. One supporter of the Senate Bill 1070 was quoted saying ordinances need to be implemented to "bring light to all the thieves, murderers and rapists flooding across our border." (Monterey Herald 2010). Another newspaper article from Southern California quotes a supporter of the law arguing that "by depriving a sovereign state of a valuable tool to combat the massive invasion that has been not only allowed, but encouraged by the Federal Government, Judge Bolton is sentencing the people of Arizona to unchecked lawlessness" (Pasadena Star News 2010).
These comments clearly paint immigrants as criminals and their presence as an invasion while working to create a sense of fear of immigrants among American citizens.

Table 8: Portrayal of Immigrants in News Media by California Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Theme</th>
<th>Percent of Total Comments Coded</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>Immigrant as Negative</td>
<td>27%</td>
<td>10</td>
</tr>
<tr>
<td>North</td>
<td>Immigrant as Positive</td>
<td>13%</td>
<td>5</td>
</tr>
<tr>
<td>Central</td>
<td>Immigrant as Negative</td>
<td>28%</td>
<td>134</td>
</tr>
<tr>
<td>Central</td>
<td>Immigrant as Positive</td>
<td>8%</td>
<td>38</td>
</tr>
<tr>
<td>South</td>
<td>Immigrant as Negative</td>
<td>31%</td>
<td>48</td>
</tr>
<tr>
<td>South</td>
<td>Immigrant as Positive</td>
<td>9%</td>
<td>14</td>
</tr>
</tbody>
</table>

Another salient theme that emerged from the content analysis was the theme of Protest which was the second most frequent theme state wide accounting for 28% (N = 184) of all comments coded. This theme is defined by the discussion of forms of protest against or in support of Senate Bill 1070 in Arizona. The emergence and prevalence of this theme in the news media data shows the great discord the Arizona Immigration Law has created throughout the country in regards to immigration. Though there were a few articles discussing protests in support of the immigration law, the vast majority discussed protests against the law. Opponents to the law fear it will lead to a racist culture with racial profiling being the major concern. The fear of racism and racist acts too emerged as
a strong theme statewide. The theme *Racist Act/Fear of Racism* was the third most prevalent theme statewide accounting for 24% (N = 159) of all comments coded statewide. Opponents of the law voiced their fear of racism as a result of the societal tension created as a consequence of SB 1070. Others comments coded under this theme discussed discrimination and hate crimes that have already occurred as a result of the great societal conflict surrounding immigration. These two themes highlight not only the societal discord that has occurred due to issues around immigration but the racism and fear of racism that immigrants and supporters of immigration must endure.

The content analysis has shown how significant the issue of immigration is in many people’s lives and the power media can have on the framing of a specific population. The negative framing of immigrants in the media undoubtedly plays a role in people’s perception of the Latino immigrant population and ultimately affects their access to resources (Jeffres et al. 2011; Mastro et al. 2007; Mastro et al. 2008; Perrucci and Wysong 1999). The data has shown that there is a great deal of societal tension around the issue of immigration, particularly since the passing of Senate Bill 1070. Protests and boycotts have become prevalent throughout the nation in the fight against SB 1070, as many fear the law will lead to a racist environment where people of Hispanic origin will be left vulnerable. The power the media has to form or alter an individual’s understanding of a social situation is central in the fight for social equality. Just as many forms of media have been used to criminalize and dehumanize the immigrant population, the same media may be utilized to reframe the population in a positive manner highlighting the many strengths immigrants bring to communities.
Health and Barriers to Healthcare

Respondents of the LatinoNet and Binational Health Week surveys reported many of the same barriers to health resources that are documented throughout the literature (Bacigalupe, et al. 2006; Blewett, Davern, and Rodin 2005; Caesar 2006; Greenwald, O’Keefe, and DiCamillo, 2005; Rodríguez, Bustamante, and Ang 2009). Frequently documented barriers to health resources are immigration status, economic status, lack of health insurance, language proficiency, and geographic location (Blankenau, et al. 2000; Bacigalupe, et al. 2006; Caesar 2006; Crowley, et al. 2006; Greenwald, et al. 2005 Probst, et al. 2004; Stable-Perez 1997, Steinberg et al. 2008; Springer-Napoles, and Miramontes 1997). The presence of many of these barriers can be seen in the 2009 and 2010 survey responses.

As illustrated in the results section of this thesis, LatinoNet health fair respondents were shown to suffer from low-income levels, a lack of health insurance and limited understanding of English. When looking at a two year average for each of these variables, nearly half (49%) of respondents reported their annual household income to fall below $20,000. Fifty six percent of respondents stated that they did not hold health insurance and 58% stated that they only understood some English words. Though the surveys did not collect data related to immigration status (whether one was documented or undocumented), as it could deter many in obtaining the help they need, the results show that on average 78.5 % of respondents were immigrants from Spanish speaking countries. In the access to health resources, each one of these variables serves as a
formidable hurdle by themselves but are further exacerbated when paired together. For example, obtaining health services can be difficult enough when one does not have a solid command over the English language (Bacigalupe, et al. 2006; Caesar 2006; Partida 2007; Stable-Perez, et al. 1997; Steinberg et al. 2008) but when this barrier is paired with a lack of insurance, low income, and the status as undocumented, obtaining healthcare may appear as an insurmountable task. Data from both the 2009 and 2010 LatinoNet surveys highlight the difficulty for many in obtaining healthcare in Humboldt County.

Health emerged as theme in each region throughout the media content analysis. Though Health was the least frequently coded theme statewide (3%, N = 20), it still highlights the importance of this subject matter in the immigration debate. Many of the comments that fell under the Health theme discussed inadequate health services for immigrants. One example of this type of comment can be found in the Times-Standard, a newspaper located in Northern California. The following quote discusses the difficulty in obtaining services in Humboldt County due to language barriers:

[T]here is a dearth of bilingual employees and translation services in Humboldt County, which can make it very difficult for immigrants to access county services, health care and legal advice. As an example, [the] language barrier prevents many families from accessing doctors, and they instead rely on mobile medical clinics and often wind up at emergency rooms for care they cannot afford (Greenson 2010).
Comments such as the one found in the *Times-Standard* highlight the difficulty many immigrants face when attempting to access health resources. As the quote from the *Times-Standard* states, many immigrants wind up in emergency rooms due to their difficulties in obtaining steady healthcare (Blewett, et al. 2005; Fleury, et al. 2009). This not only proves to be detrimental to the financial security of the individual but the economic security of hospitals as well (Blewett, et al. 2005; Caesar 2006; Fleury, et al. 2009; Hamilton, et al. 2006). Finding avenues for providing adequate healthcare for immigrant populations is a crucial step in the pursuit of social equality. This step will prove to not only benefit the individual immigrant through better health and more secure finances but the community that provides the healthcare as they will see less stress on emergency health services (Blewett, et al. 2005; Fleury, et al. 2009).

**Rural Environments**

Living in a rural environment poses additional challenges in obtaining health resources for immigrants (Blankenau et al. 2000; Coward 2006; Crowley, Lichter, and Qian 2006; Probst et al. 2004). As discussed in the literature, availability of health services, higher poverty rates and racial discrimination are all barriers that are either unique or intensified in rural environments (Blankenau et al. 2000; Bullock and Waugh 2006; Crowley, et al. 2006; McConnell and Miraftab 2009; Probst et al. 2004; Steinberg et al. 2008). A significant challenge unique to rural environments is a lack of population density (Blankenau et al. 2000; Steinberg et al. 2008). Due to small populations there are often health care provider shortages (Steinberg et al. 2008) and limited job opportunities.
(Crowley, et al. 2006). Additionally, racial prejudice may appear much more overt due to a lack of ethnic diversity in rural areas (Blankenau et al. 2000). Each one of these variables stands as a formidable barrier in the access to health services for immigrant populations.

Understanding the difficulties immigrants face in rural environments is crucial to this study as Humboldt County is situated in a rural region within Northern California (Coward 2006; Probst et al. 2004; Steinberg et al. 2008). Organizations attempting to help provide social services for Latino Immigrant populations in rural areas should pay particular attention to each of these variables as they compound the already difficult task of obtaining health services. In light of these difficulties however, the work of a community network like LatinoNet in a rural area can be paramount in providing access to health resources for Latino populations. Additionally, the data shows that the presence of an organization like LatinoNet in the media has shown to have a positive outcome, changing much of the framing of immigrants in the news.

In the 2009 LatinoNet survey results, almost a third (27%, N = 9) of respondents reported that the health fair was the first time they had seen a health professional in the United States. In 2010, 19% (N = 15) reported the same. This data highlights the importance of and the impact a community network can have in helping individuals obtain health services. The health fair is a great example of efforts that can be taken towards creating social change. The annual LatinoNet health fair helps break down some of the barriers to health resources in rural areas by providing services in Spanish,
educating individuals about free or low cost services and bringing a often discriminated against population together in a safe space.

The presence of an organization like LatinoNet has also shown to have a positive impact on the framing of immigrants in the news media. The overall tone of articles published in the Times-Standard Newspaper, located in Eureka California (where LatinoNet too is located) was more welcoming of the immigrant community than articles on the same topic randomly selected from other regions of the state of California. Members from LatinoNet had a strong presence in the articles due to an upcoming event they were advertising about immigration. The discussion of immigrants broke the dominant conversation of immigrants as negative and instead focused on their many contributions to communities. Additionally, the causes of immigration were discussed as well as the difficulties immigrants face when attempting to immigrate legally. One such discussion read:

Rodezno, who does all the immigration case work for Thompson's district, gave a brief overview of the nation's visa policies, and said it's easy to understand why people try to enter the country illegally. She said 226,000 visas are given to enter the United States every year, with 150,000 of them being work visas. Rodezno said there's a prioritization process, by which relatives of U.S. citizens are given priority. However, Rodezno said that waits for legal visas can be long, saying a Mexican citizen age 21 or older hoping to join family in the United States will likely have to wait almost two decades for a legal visa. There's
definitely a huge backlog for these visas, and that's why we see people coming in illegally, because you don't want to wait 18 years to see your family, she said. (Greenson 2010).

This type of rhetoric surrounding immigration can be found throughout the Times Standard. It shows the plights immigrants must endure, moving beyond simple criminalization of the population that can be found in many other papers. Organizations such as LatinoNet will prove to be instrumental in the fight for social equality.

Conclusion

The findings in this thesis highlight how limited access to health services serves as a great source of inequality for Latino immigrant populations (Blewett, Davern, and Rodin. 2005; Caesar 2006; Greenwald, O'Keefe, and DiCamillo, 2005; Rodríguez, Bustamante, and Ang 2009). The results from the LatinoNet surveys demonstrate that many of the documented barriers to health services such as low income (Caesar 2006; Hamilton, Padilla and You 2006), limited English proficiency (Bacigalupe, et al. 2006; Caesar 2006; Partida 2007; Stable-Perez, et al. 1997; Steinberg et al. 2008) and a lack of health insurance (Greenwald et al. 2005; Caeser 2006) stand as obstacles for the Latino population of Humboldt County as well. Immigrants who deal with limited access to health resources often suffer from a greater amount of disease, physical ailments and economic stress (Acevedo-Garcia, et al. 2010; Caesar 2006; Gil, Vega, and Dimas 1994; Greenwald, O'Keefe, and DiCamillo, 2005; Hovey 2000; Mendoza 1994; Stable-Perez,
Springer-Napoles, and Miramontes 1997; Rodríguez, Bustamante, and Ang 2009). The lack of health services proves not only to be harmful to the individuals who must deal with limited health resources but the larger communities in which they live (Aguirre-Molina, Molina, and Zambrana. 2001; Blewett, et al. 2005; Fleury, Keller and Perez 2009). A possible step to be taken to improve both the quality of life for immigrants while creating healthier communities would be to develop programs aimed at helping immigrant populations obtain needed health services. Creating programs to improve access to health services, specifically programs that focus on preventative health measures, are an important step towards creating social equality for the Latino immigrant population as well as creating physically and economically healthier American communities.

Though many communities suffer from a lack of financial resources in this period of economic downturn and implementing new programs may not seem like an option, an organization such as LatinoNet serves as a good model for communities with limited resources. LatinoNet, which is made up of representatives from multiple community agencies, has proven to have extremely positive effects on the health of the Latino population of Humboldt County. Members of LatinoNet share information about already existing programs within their agencies that could aid the Latino population and voice any problems or concerns they have. They then rely on each other as social resources to look for avenues towards solving problems and concerns related to the Latino population. These social networking tactics have proven to be invaluable in allocating existing services while improving the lives of the Latino population of Humboldt County. This is
one tactic that has proven extremely successful in a geographic area with limited resources and could serve as a model for social change in other communities.

The issues of Latino immigration and health are vast and the causes of immigration and the state of the health of an immigrant community is contingent upon many variables. Everything from changing economies and political alliances to environmental degradation and an individual’s biography affects an individual’s choice or need to migrate to the United States. Additionally, access to health resources and the state of one’s health is dependent upon multiple variables such as resources within the community in which they live and their personal history. Attempting to develop a study which accounts for all the possible variances appears to be a seemingly impossible task. However, investigating the larger structural forces behind these issues and the ways in which they interact with one another can give us a better understanding of the issues at hand and paths towards changing the great amount of social inequality associated with being an immigrant in the United States. Further research involving the greater causes of immigration and the connections to health resources could greatly benefit this area of research as the larger forces behind immigration are often left out of the health discussion. Additionally, as Latino immigrants in rural communities face greater challenges in the access to health resources, more research in this area is warranted to look for additional paths towards social equality.

Throughout the history of the United States Latino immigrants have been a prominent figure in the American landscape. They contribute not only to our economies but to the vibrant culture in which all Americans live. Finding avenues to provide
adequate health resources for the immigrant population is a crucial step in creating healthy, solid communities and social equality for those who often do not have the social power to speak for themselves.


