

## **Specific Aims**

Latin American and Asian immigrants experience persistent inequities in access to health care (1, 2) and research on the social determinants of health indicates that structural and contextual factors have a significant influence on these disparities (3). Immigrant policies are a key social determinant of access, producing differential impacts on immigrants due to citizenship, language, and other immigration-related factors. Policies from diverse sectors such as health care and education function to socially or economically integrate individuals; they may, however, be unevenly implemented and individuals may not be aware of available rights. Other policies are explicitly restrictive and bar individuals from resources. Overall, these policies shape the extent to which immigrants experience different forms of exclusion in their daily lives. Despite growing evidence that diverse policies are associated with access to health care, little is known about the mechanisms by which policy – a contextual factor - is linked with individual outcomes.

We will conduct a quantitative-dominant convergent parallel mixed-methods study of Latino and Asian immigrants in California to examine how their experiences within the state's policy context affect their access to health care. We seek to understand the extent to which experiences of policy-related exclusion are a risk factor for barriers to health care. We examine five sectors - health care, social services, education, employment, and law enforcement – in which some immigrants are excluded from rights or resources enjoyed by other state residents and analyze how the experiences impact access to health care. We will also examine the extent to which immigrants' knowledge regarding their eligibility and rights from policies may be a risk or protective factor in their access to care and how the relationships between experiences of exclusion vary by citizenship status and race/ethnicity. The study will involve a follow-up survey to the California Health Interview Survey (CHIS), the largest state-level population health survey in the country that is conducted in seven languages using a follow-up survey with 1000 Latin American and 1000 Asian immigrants statewide and in-depth qualitative interviews of 40 immigrants in two regions. The specific aims for this research are:

**Aim 1: Identify and assess the variation in Latino and Asian immigrants' experiences of the immigrant policy context in California.** We will conduct a follow-up survey to CHIS of Latino and Asian immigrants to assess their experiences of policy-related exclusion in health care, social services, education, labor, and law enforcement. We will conduct a categorical latent class analysis to identify categories of experiences of exclusion. We will also conduct in-depth qualitative interviews with immigrants in two regions in California to understand their lived experiences of exclusion.

*Hypothesis 1:* Immigrants' experiences of exclusion will cluster quantitatively based on the extent and co-occurrence of exclusions across policy sectors.

The qualitative experiences of exclusion will allow us to develop a theoretical understanding of the significance and patterns of the categories of experiences.

**Aim 2: Understand the extent to which experiences of exclusion are associated with barriers to health care, independently of individuals' predisposing, enabling, and need (PEN) characteristics.** We will conduct multiple regression analyses to test the association between categories of exclusion and health care access outcomes using existing PEN-related data from CHIS and data from the follow-up survey on experiences of exclusion that is merged into the existing dataset.

*Hypothesis 2:* Immigrants in categories reflecting more exclusion across more policy sectors are at greater risk of less access to health care.

**Aim 3: Assess the extent to which the relationship between the experiences of exclusion and access to health services is modified by knowledge of policies, citizenship status, and race/ethnicity.** Building on the findings from Aim 2, we will test the interactions between each modifier and categories of exclusion.

*Hypothesis 3:* The association between categories of exclusion and access to care varies such that immigrants' with less knowledge and noncitizen status are at the greatest risk for less access to health care.

*Hypothesis 4:* The association between categories of exclusion and access to care will vary between Latinos and Asians.

Analyzing the lived experiences of Latinos and Asians in seeking health care will allow us to understand the ways in which knowledge, citizenship, and race/ethnicity intersect with policy-related experiences of exclusion. The findings from this research can both identify policies outside the health sector that impact immigrants' access to health care, and suggest educational interventions which could improve immigrant knowledge in ways that increase access to needed health care.