ACCESSIBILITY AND AFFORDABILITY OF THE AFFORDABLE HEALTH CARE ACT AMONG LATINOS IN WATSONVILLE,CA

A Thesis submitted to the faculty of
San Francisco State University
In partial fulfillment of
the requirements for
the Degree

Master of Social Work

by

Noah Daniel De La Cruz

San Francisco, California

May 2019

CERTIFICATION OF APPROVAL

I certify that I have read Accessibility and Affordability of The Affordable Health Care Act Among Latinos In Watsonville, CA by Noah Daniel De La Cruz, and that in my opinion this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirement for the degree Masters of Social Work at San Francisco State University.

Yeon-Shim Lee, Ph.D.
Associate Professor

Rita Takahashi, Ph.D.
Professor

ACCESSIBILITY AND AFFORDABILITY OF THE AFFORDABLE HEALTH CARE ACT AMONG LATINOS IN WATSONVILLE, CA

Noah Daniel De La Cruz
San Francisco, California
2019

This research examined health access for Latinos in Watsonville, CAby looking into the Affordable Care Act (ACA) and if the ACA has made a significant change in the ability for Latinos in Watsonville to have a yearly visit to the doctor or dentist for preventative care. This research investigated the 2017-2018 California Health Interview Survey and the 2015 and 2017 American Community Survey to find if health care has increased for Latinos. The research has also collected informal interviews with local Latino residents from Watsonville to gain a more personal perspective to go with the larger state perspective. The purpose of seeking these answers were to find what gaps in the ACA exist with the intention to improve health equity for Latinos. Results from this research showed that while health insurance has increased, no change was found in frequency of doctor visits. The implications for this research pointed to California legislation along with groundwork needed in social work.

I certify that the Abstract is a correct representation of the content of this thesis.

Chair, Thesis Committee — Date: 5/23/2019

ACKNOWLEDGEMENTS

This research would not have been possible had it not been for Drs. Yeon-Shim Lee and Rita Takahashi who helped me narrow my research from interesting data to a solid thesis. This research is also a product from quantitative studies in SFSU's Sociology major under Dr. Bettinger who helped teach and show me how to turn my ideas and personal experience into concrete numbers. This research is deeply personal, and I would like to thank my friends and family who helped participate. I would also like to thank the Novia Kari for being the friendly competition I needed to push myself further and also for being the love I needed and for making me take the time to take a breath every once in a while. This work was inspired by my personal life growing up in Watsonville and later in life moving to Santa Cruz making me witness first-hand the disparity that exists for this small Mexican town and its predominantly white neighbor.

TABLE OF CONTENTS

List of Table vii

List of Figures viii

List of Appendices ix

Introduction 1

Problem Statement 1

Research Questions 4

Significance of Study 5

Literature Review 7

Theoretical Framework 7

Characteristics of Watsonville, CA 8

Accessibility & Affordability of Health Care in Watsonville 9

Latino Immigrants and the Affordable Care Act 11

Latinos-The Growing Population 13

Segregation and Concentrated Poverty 15

Methodology 19

Research Question 19

Research Design 19

Sampling and Recruitment 20

Data Collection and Procedure 21

Measurement 22

Data Analysis 23

Consideration of Human Subject 23

Results 25

Quantitative Results 25
Rates of Yearly Doctor or Dentist Visits among Latinos 25
Factors Associated with Doctor or Dentist Visits among Latinos 30
Qualitative Results 33
Jobs and School 33
Latino Conflict Within 37
Financial Limitations 38
Complications with the System 39
Discussion 41
Quantitative Findings: Macro-levels and Mezzo-Level Discussion 41
Qualitative Findings: Micro-level Discussion 43
Implications for Social Work Practice and Policy 45
Implications for Policy Practice in Social Work 45
Implications for Micro-Practice Social Work 47
Limitations of Study 50
Reference 52
Appendices 58

LIST OF TABLES

Table Page

1. 2017 # of Doctor Visits Past Year with Percentage in Each Race 26
2. Latino and White Coverage Medi-Cal vs. No Medi-Cal and Doctor Visits...27
3. Has any Kind of Dental Insurance.....27
4. Latino Doctor Visits Past Year and Coverage Before Medi-Cal.....28
5. Health Insurance Coverage 2015 Vs. 2017.....30
6. Reasons Forgone Necessary Care 30
7. 2017 Latino Educational Attainment.....31
8. 2017 White Educational Attainment 31
9. 2017 All Race Educational Attainment 32
10. 2017 Watsonville Educational Outcomes... 32
11. 2017 Santa Cruz Educational Outcomes.. 33

LIST OF FIGURES

Figures Page

1. Uninsured Rates for Watsonville, CA 2014.....3
2. Uninsured Rates for Santa Cruz, CA 2014.....4

LIST OF APPENDICES

Appendix Page

1. IRB Exemption Approval 41

Chapter I. Introduction

Problem Statement

In 2013 Latinos in America had the largest populations of people lacking health insurance at 32%, Latinos also had the highest amount of underinsurance of health care in the country when comparing to other races and ethnicities (Lubin, 2014; Monnat, 2017; Sohn, 2016; Voelker, 2008). Historical trends of health problems in the Latino community is connected with historical segregation on a geographic and educational level due to limited job opportunities (Monnat, 2017; Orfield et al., 1997). This segregation is leaving Latinos with the lowest academic achievement rates in the country and high amounts of isolation with 77% of Latinos in the western part of the country attending minority majority schools (Prins, 2007).

This isolation has been shown to affect high school graduation rates regardless of family socioeconomic background(Lichter et al., 2016). Along with this from 1968 and 1994 the amount of Latino student enrollment in public schools across the US increased by 178% (Orfield et al., 1997; Prins, 2007). This disparity of education accompanied with segregation contributes to lack of health care as many jobs offered to Latinos do not have health coverage (Monnat, 2017). With lack of substantial income, affording to go to the doctor can be intimidating (Monnat, 2017). With some of the lowest levels of education, some of the highest levels of segregation, and the highest un(der)insurance rates Latinos

stood the most to gain from the Affordable Care Act and the expansion of Medic-Cal (Lubin, 2014; Reyes & Hardy, 2015).

With the ACA in effect since 2014, some data has developed enough to give an analysis in terms of what has been done to help change the health inequities Latinos face in California. There has been a significant amount of research about the ACA and its lack of impact on Latinos in the short amount of time that the ACA has been available (Hegenauer, 2016). There are some that have praised the ACA with articles from the California Health Interview Survey stating that now a majority of California has health insurance (2018). This focus on the majority of California has led many to overlook the high number of uninsured Latinos along with Latino lack of health insurance utilization.

Focusing on healthcare access and utilization for Latinos within the country is helpful however, this research aimed the focus on a smaller state and city level. The area chosen to focus on is Watsonville, CA because of the residential and educational segregation that many Latino's who live there experience. The hyper-segregation of Latino's leaves pockets throughout California where statistical comparisons to the state or predominantly white areas show unequal distributions of resources (Massey & Denton, 1993). Watsonville is about 80% Latino and in 2014 the rates of uninsured people (26%) was 7% higher than the state average (19%), 10% higher than its county average (16.2%) (American Community Survey; CHIS Neighborhood Data, 2014). and was around 11% higher than its neighboring city of Santa Cruz (14.8%) which is 82% white with possible of mixed race and 63% white only (American Fact Finder, 2014; Ask CHIS

Neighborhood, nd). This research makes the connection that concentration of Latino health disparities is a result of educational and residential segregation. This isolation leads to employment that does not offer health benefits, does not pay enough to purchase private insurance, or leaves some unable to afford to go to the doctor or dentist even if they do have insurance.

Figure 1. Uninsured Rates for Watsonville, CA 2014

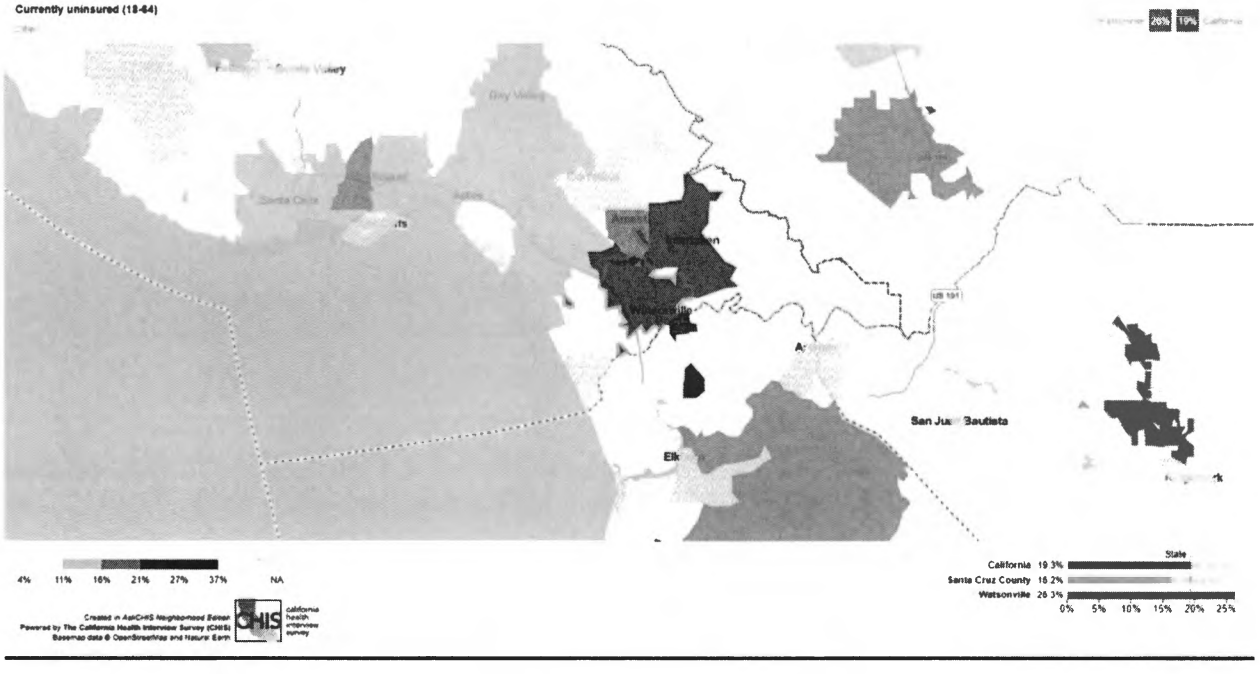
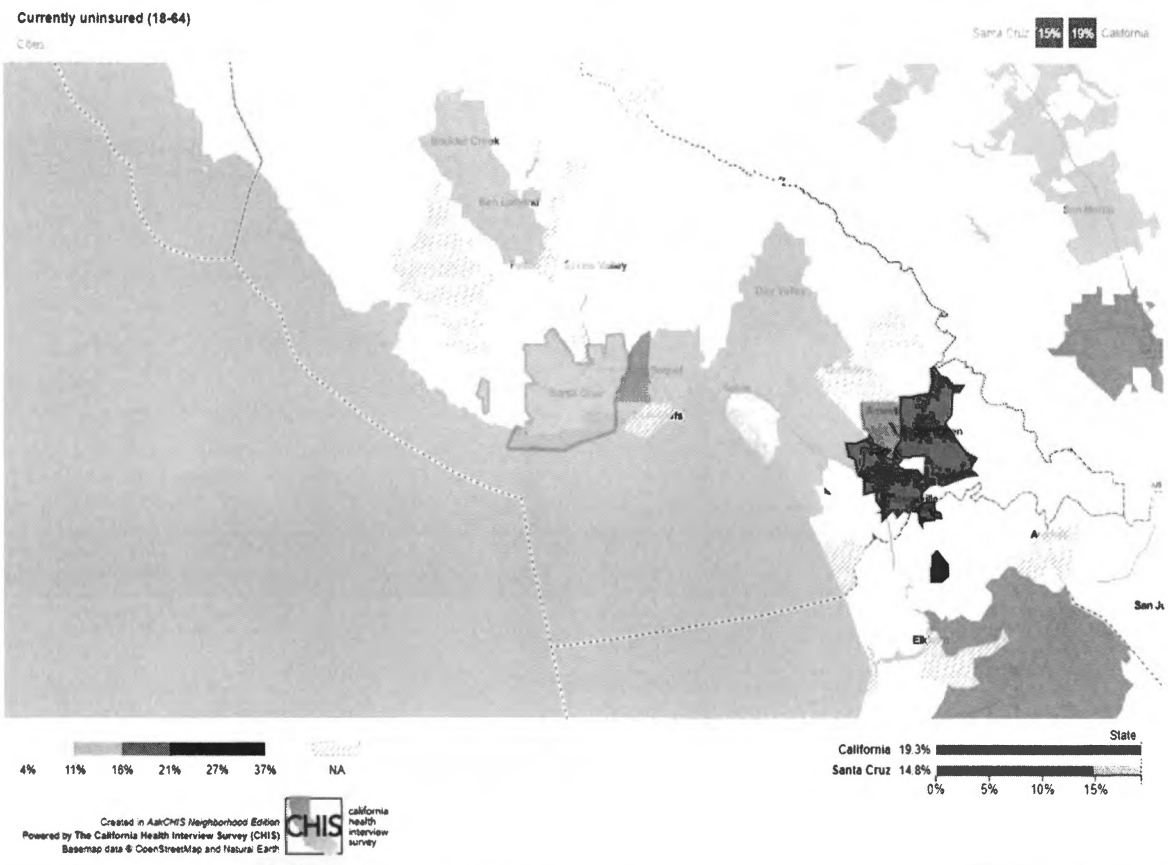


Figure 2. Uninsured Rates for Santa Cruz, CA 2014



Research Questions

This research sought to answer the following research questions:

- What is the rate of yearly doctor or dentist visits among Latinos as compared to white counterparts in Watsonville as well as Santa Cruz?
- What are the factors that prevent Watsonville Latinos from being able to see a doctor or a dentist?

To answer these questions, this research conducted a mixed-method approach. A brief quantitative analysis was conducted with the 2017-2018 California Health Interview Survey (CHIS) to gain a statewide perspective for Latino's. Additional quantitative analysis was conducted with the 2015 and 2017 American Community Survey (ACS) to look at Watsonville and Santa Cruz's health care coverage. To complement the quantitative data, this study conducted 6 qualitative interviews with 8 Latino's and one white woman from Santa Cruz County to gain a local perspective on health care access and utilization.

Significance of Study

This study sought to gain a macro-perspective as well as micro-perspective around the problems that Latino's face when it comes to health care, the ACA, and its relationship with educational and residential segregation. This study obtained a macro quantitative analysis by using information from the California Health Interview Survey. Then the mezzo-level of the study is supplemented with the American Community Survey and the present study is expected to help build on the complexity of health disparities among Latino populations. Much research has been done on a macro perspective when it comes to Latino health coverage and utilization (Hegenauer, 2016). The analysis on the micro level is also critical to understanding the gap that exist in health care along with the difficulties that the community faces. Use of informal interviews with Latino's from Watsonville and the Santa Cruz Area, plus my background

as a Latino from Watsonville, means this research is significant in analyzing health disparities through a Latinos perspective.

Focusing on the rural Latino population in Watsonville and the perspective of those who are part of the issues, along with the larger macro perspective of statistics, results in a comprehensive outlook on Latino health disparities. The addition of CHIS and ACS brings quantitative work together for the macro and mezzo, then the research uses a Latino critical perspective with a postcolonial-indigenous research method for the micro (Chilisa, 2012; Kiehne, 2016). This mixed method is not common in other analysis of the ACA's relationship with Latino's in current social work literature. Having a quantitative back-up with the use of a Postcolonial-Indigenous Research method and a Latino Critical Perspective in social work can aid in explaining the health disparities that exist. Using these mixed methods can help encourage social workers in the policy realm to push legislation that can address and help redress these disparities on a systemic level. It may also help social workers on the ground understand the needs that are in the Latino community and understand the limitations of health care the Latino community faces. This would help social workers better partner with community-based resources to help fill these gaps and empower the community.

Chapter II. Literature Review

Theoretical Framework

This study used the Latino critical perspective, a view that frames the issue of Latino un(der)insurance and utilization as a result of systemic oppression through segregation (Kiehne, 2016). and focuses on policy changes and Latino empowerment on a systemic level (Kiehne, 2016). This perspective also acknowledges the conflict that arises through oppression and severe underrepresentation of Latinos (Kiehne, 2016). This perspective relates Latino issues as being due to racism, discrimination, and even nativism among a Latino population that is not as homogeneous as scholars tend to think (Kiehne, 2016). The use of Latino critical perspective shapes the goals and methods in this research by empowering the perspective of Latino voices as equally important to the quantitative research found which is also under the analysis of a Latino.

With this Latino centered analysis this research puts to practice the Latino critical perspective and is accompanied with the postcolonial-indigenous research methods used for the qualitative aspect of this study. The use of postcolonial-indigenous research methods is part of the qualitative aspect by using an unstructured postcolonial-indigenous interview (Chilisa, 2012). This emphasizes the use of the individual's indigenous knowledge and expertise of the issues surrounding their own health disparities (Chilisa, 2012).

Characteristics of Watsonville, CA

In order to gain a perspective on the changes since the implementation, this study focuses on Watsonville, CA. This is done considering its high concentration of Latinos in relation to the rest of the county of Santa Cruz, and specifically the city of Santa Cruz, which demonstrates the high segregation rates. The city of Santa Cruz is a small beach city that comes in at just below 64,000 for its population with the University of California Santa Cruz taking up about 18,765 of that population(American Community Survey, 2017; UCSC, 2018). Santa Cruz is also about 82%% white or mixed with white (American Community Survey, 2017). Watsonville has a similar number of people, but about four times the number of Latino's at around 80% (American Community Survey, 2017). While both Watsonville and Santa Cruz are part of Santa Cruz County and about the same size in population there is a large amount of segregation happening within the county based on social class and race.

This large segregation in Santa Cruz County is not a simple phenomenon that pertains only to race and class observations. The segregation also pertains to the larger picture of racism in the 21st century in California along with a lack of health resources that accumulate when a large disadvantaged group is clustered into one city. This before-and-after snapshot of health utilization and insurance rates for Watsonville Latinos using the CHIS along with the ACS data will give a better perspective on the population. Santa Cruz County Latinos experience high levels of segregation with the entire county being about 33% Latino but almost 80% of those Latino's isolated to the one city of

Watsonville in Santa Cruz County (American Community Survey, 2017). Of the 32% of Latino's in Santa Cruz County, about 25% of them did not have health insurance in 2013. The goal of this research was to examine if this has changed considering that the ACA came into effect in 2014 (American Fact Finder, 2013).

Results of the ACA now show that in 2017 the amount of people in California with health insurance had increased to 93% according to the California Health Care Foundation (May 5th, 2018). According to research, some of the main reasons for people not currently having health insurance include; lack of citizenship, ineligibility to qualify for ACA due to income, or people who qualify for ACA but still cannot afford the health costs (UCLA Center for Health Policy Research, May 2018). Other reasons for people not having coverage is just not knowing that they may be eligible for ACA, not trusting government programs, or difficulty with the enrollment process (UCLA Center for Health Policy Research, May 2018). This is especially true for Latinos considering the current atmosphere around deportations and questioning of citizenship to the point that some who are legally able to access benefits from the ACA are too scared to do so.

Accessibility & Affordability of Health Care in Watsonville

Watsonville has a large agricultural sector which is known for having a lot of undocumented workers and according to the 2014 CHIS Watsonville was home to about 37.6% non-citizens, which is most likely an underestimation. The agricultural sector is also one that commonly does not provide health insurance and with many people

depending on employer provided health insurance, some scholars say this disproportionally affects Latinos (Monnat, 2017). With about 26.4% adults being without health insurance in Watsonville in 2014, not having yearly visits to the doctor or dentist may be a common occurrence (UCLA Center for Health Policy Research, May 2018). With this basic recommendation by medical professionals to have a yearly visit, this will be used as one basis to evaluate the effectiveness of the ACA for Latinos in Watsonville.

By looking into yearly visit rates along with insurance and accessibility rates this research will make the determination if the ACA has been significantly beneficial for Latinos. Considering the large amount of undocumented people in the Latino community it seems that many gaps may still exist. This research will seek to examine these gaps to give people perspective on what needs to change for a larger population to benefit from the ACA. This is critical considering the projected growth of the Latino community in the coming years. This research will determine the success of the ACA in the Latino community giving the opportunity for policy focused social workers to advance existing health care reforms. One such reform is SB562 which would create a universal health care policy for California residents. This legislation was initially supported by the National Association of Social Workers (NASW) but after some time lost momentum and was put to the side by the NASW and many other politicians.

Latino Immigrants and the Affordable Care Act

According to CHIS, since the implementation of the ACA, 93% of California residents have health insurance(UCLA Center for Health Policy Research, May 2018). If this is true, then the lack of health care for many Latinos in the state is a deficit that cannot be ignored (UCLA Center for Health Policy Research, May 2018). Considering the isolation that Latinos face in the state, this also isolates poverty and inaccessibility to health care in places like Watsonville which is a prime example of this. Some research shows that Latino un(der)insurance is a product of historical racism and lack of citizenship rights that many Latinos face (Gutierrez, 2018; Terriquez & Joseph, 2016).

The original model that was used to create the ACA came from Massachusetts and it included provisions about providing healthcare to those without citizenship status where the ACA now does not (Joseph, 2016). The long history of racism in California against Latinos can go back to 1848 when the first lynching of Mexican's was recorded in the western parts of the country (Carrigan & Webb, 2003). While white lynch mobs attacking Mexicans is no longer a common occurrence in California, the systematic discrimination and legislative exclusion is alive and well. This can be seen when taking note of the severe lacking in healthcare insurance and utilization (Pedraza et al., 2017)

The current policy known as the ACA exists on a federal level and uses previous legislature for social benefits that prohibits use by people who do not have proper citizenship status (Joseph, 2016). The previous legislature is known as the Personal

Responsibility Work Opportunity and Reconciliation Act (PRWORA) of 1996 and the Deficit Reduction Act of 2005 and these acts are known for putting limits on social benefits for non-citizens and even as the ACA did not go into effect until 2014 these acts prevented many from qualifying (Lubin, 2014). Even when Latinos do have the proper citizenship status needed to qualify for Medi-Cal under the ACA there is also a consistent problem related to the socioeconomic status (SES). A large problem with the ACA and Latino's SES is when they face what is referred to as the Medicaid gap where they make too much to qualify for ACA, but not enough to afford health care (Joseph, 2016).

Even when Latinos can gain access to health care through the ACA the stigma and racism that is faced just by medical staff and doctors still leads to the underutilization of care (Martinez-Hume et al., 2016). With the current climate around immigration many Latinos are hesitant to pursue access though the ACA due to suspicions about the government and giving personal information out even when citizenship is not an issue (Pedraza et al., 2017). This fear is not unfounded and in fact there are many who blame Latinos and undocumented immigrants for the Latino communities' own issues as well as blame them for the rising cost of health care itself (Muschek, 2015). Obama even took time to appear on Telemundo (a Spanish speaking TV channel) (Pedraza et al., 2017). He did this to try and clear the importance of health care information confidentiality and what Immigration Customs Enforcement (ICE) is provided many have still felt unsafe to apply (Pedraza et al., 2017).

While some might make the claims that Latinos are the drain on health care funding, there is little data to support that Latinos are to blame for inadequate health care where much of the research instead shows that they are in fact underutilizing health care (Pedraza et al., 2017). To add on to things, while some like Muschek (2015) might say that undocumented Latinos are to blame for high healthcare costs, a lot of other data supports the idea that more Latino utilization for preventative care would, in fact, lower the lost in the long run for taxpayers (Reyes & Hardy, 2015). This is also true when we look at health care utilization and younger Latinos between the ages of 18 and 24 where there is the most dramatic change in health care coverage. During this age range is where most people may feel the healthiest and actually are not going to the doctor as frequently. Because of this lack in utilization there is less buy in by young people into the health-care system which could potentially become lower in cost if more people use it (Terriquez & Joseph, 2016).

Latinos--the Growing Population

While the buy in from Latino youth is needed to help make the ACA, what it was meant to be, the country still faces the fact that Latinos are almost three times less likely to have health insurance in the U.S. (Hegenauer, 2016). This high amount of uninsured people is set to get worse if the policies do not change as elderly foreign-born Latinos and Asians are projected to grow by 70% by 2050 (Reyes & Hardy, 2015). With the growing population of Latinos young and old, the restriction of health care from undocumented immigrants (whom are more often Latino) is not new. Instead it is part of a trend started

in the 90's and has even come under the term of a "'medical underclass' (Somers 2013)" (Reyes & Hardy, 2015). This long run of medical discrimination and exclusion has even gotten medical providers like the American Academy of Pediatrics to call for a more inclusive health care coverage plan for undocumented Latino youth (Getrich et al., 2017). This push for a more expansive health care coverage is something that is being pushed by many in the healthcare industry, but it is also being asked for by a large portion of the Latino population as well (Getrich et al., 2017; Sanchez & Medeiros, 2016).

Much of the discussion around Latino health care and health care for undocumented Latinos takes place in political areas where no Latino or undocumented Latinos are. This suppression of Latino voices around their own issues is another extension of the oppression and isolation Latinos face which has led to the persistent health disparities. With the very little research that has been done in regard to finding what it is that Latino's feel is best for their healthcare, some research finds a majority of Latinos support a universal healthcare method (Sanchez & Medeiros, 2016).

This was found to be true for Latinos from multiple nations and not exclusively to certain cultures (Sanchez & Medeiros, 2016). This powerful statistic of 70% growth is set to happen in the coming years, but if the Latino community continues to be underrepresented in legislative positions then not much will change except for an expansion of issues (Sanchez & Medeiros, 2016). Unless a collective consciousness is gained through the Latino community surrounding political action then this increasing majority will become the permanent underclass. Even as things are now, Latinos are the

lowest statistic for health insurance rates than any other ethnicity in the country with double the amount of elderly people without insurance than whites and the highest number of young adults without insurance (Monnat, 2017).

Segregation and Concentrated Poverty

The Latino populations that are in more rural areas experience even higher rates because of the employment opportunities that exist in the areas which typically don't include insurance like agriculture or food service jobs (Monnat, 2017). This huge increase in low wage jobs given and more frequently offered to Latinos in rural areas contributes to the creation of a Latino underclass as some counties in the 1990's saw a 150% Latino population increase (Monnat, 2017). With the issue of documentation and the children that grow up undocumented, there was a 12% difference in coverage than a youth who is born in the United States (Oropesa et al.,2016). With the disproportionate number of Latinos growing up without health care and in highly segregated areas that only offer working class jobs, the generations to come stand to fall into working class stagnation (Terriquez, 2014).

Increase of Latinos in California public schools led to the *de facto* and *de jure* segregation of Latinos in public schools like Pajaro Valley High in Watsonville, CA, and this segregation is rooted in the residential segregation leading to racialized school district lines being made on the local level (Ayscue & Orfield, 2014; Donato & Hanson, 2012; Logan & Parman, 2017; McCormick & Ayala, 2007; Orfield, et al., 1997; The Ed

Trust-West, 2017). Segregation of Latinos in public schools pushes Latino youth into specific labor that is not providing health coverage or higher education where these types of opportunities can exist (Ayscue & Orfield, 2014). More research must be done to understand long-term effects of fragmented school districts and to create new ideas to help with the existing ineffective desegregation policies (Orfield et al., 1997). It would also be important to see if desegregation is really desired (Garcia, et al., 2012; Orfield, et al., 1997).Between 1968 and 1994 the amount of Latino student enrollment in public schools across the US increased by 178% while during this same time whites declined in enrollment by 18% (Orfield, et al., 1997). This massive increase of Latinos in the public-school system, led to the *de facto* and *de jure* segregation of Latinos in public schools (Ayscue & Orfield, 2014; Donato & Hanson, 2012; Logan & Parman, 2017; Orfield et al., 1997; McCormick & Ayala, 2007).This segregation is said to be rooted in the residential segregation leading to racialized school district lines being made on the local level (Ayscue & Orfield, 2014; Logan & Parman, 2017; Orfield et al., 1997). However, there have been situations in history were Latinos and Whites shared the same school and even in one of those instances, changes on the local level created separate schedules for Latinos and Whites so they could not socialize (Garcia et al., 2012).

This division of Latinos in the public-school system has also led to differences in education that pushes Latino youth into the labor force as opposed to higher education (Garcia et al., 2012). While the days of having completely separate schedules are partially over (unless a youth is tracked as an English language learner and the parents don't know

any English) there is a higher focus on the geographical fragmentation of a town or city into particular school districts that then contribute to the systemic segregation of Latinos in a particular area (Ayscue & Orfield, 2014; Logan & Parman, 2017; Orfield et al., 1997).

Scholars like Gary Orfield (1997) have done extensive research on school segregation and in one article he contributed to, Orfield even identifies that Latinos are the fastest growing demographic being enrolled into public-schools and are now more educationally segregated than Black people in America (1997). In another article he writes about one factor in school segregation, and that is fragmentation, and in this Orfield uses this term to describe the way a city or town is broken up into separate school districts (2014). With his examination of fragmentation, he looks to see what the relationship between school districts and segregation are and with his research finds that school districts are indeed a factor to educational segregation in areas he defines as metropolitan (2014). However, even as Orfield makes the conclusion that less fragmented areas can lead to more integration, historically this has not been the case as told by Garcia (2012).

In Garcia's (2012) article he examines an elementary school in the small town of Oxnard between the years of 1900-1940. In this research he finds that even in the small town where Mexicans and whites shared the same school, consistent push from the parents of the white youth to be separated eventually became the school rules (2012). This push from white parents led to the *de juror* segregation of Latinos by giving Latinos

different schedules to prevent a shared education. This segregation led to things like Latino youth being shamed for taking different classes along with basic rights being denied to Latino youth like being able to go to the bathroom (Garcia et al., 2012). This insisted separation in classes was deeply rooted in the racist assumptions of Latinos along with assumptions of Latino parents. This racism is still persistent today as Latino parents are seen as not emphasizing an education enough to their youth. However, Olivos and Mendoza (2010) have interviewed 1st generation Latino parents and this has been shown to not be true.

This persistent racism that led to the segregation of Latinos in California schools is different than the segregated policies that plagued the black community in the south during the Jim Crow era, as it was not rooted in *de juror* and then has progressively led to *de facto*, but instead did the opposite (Donato & Hanson, 2012). The segregation of Latinos in the public-school system originated out of *de facto* segregation based out of racism from white parents (Donato & Hanson, 2012; Garcia et al., 2012). This was done even when at the time Latinos were legally considered white but based on their skin tone would be treated as a person of color (Donato & Hanson, 2012). This social racism is what eventually led to the *de juror* segregation of Latinos in school districts and even segregation within shared school sites (Garcia et al., 2012; Donato & Hanson, 2012). One solution that has been brought up by academics like Esther Prins (2007) is for the school administration itself to prohibit transfers and implement desegregation plans despite concerns by white parents. However, this is difficult because historically it was the

school districts that have helped to perpetuate school segregation (Donato & Hanson, 2011)

Chapter III. Methodology

Method Research Questions

This research explored what are the rates of yearly doctor or dentist visits among Latinos as compared to white counterparts in Watsonville as well as Santa Cruz. This research also explored what factors prevent Watsonville Latinos from being able to see a doctor or a dentist. Then it brings the two perspectives together to see what implications can be made of the result in terms of accessibility or affordability among Latinos and where can social work play its role. The hypothesis is that there has not been a significant change in healthcare insurance rates or affordability of healthcare among Latinos in Watsonville since the passing of the ACA. The null hypothesis of the research is that the ACA has had a significant impact on healthcare insurance rates or affordability of healthcare among Latinos in Watsonville since its passing. For the second provided research question the hypothesis is that financial restrictions are the main reason to not being able to go to the doctor or dentist. The null hypothesis is that cost is not an issue when looking into Latino health utilization.

Research Design

The research employed a mixed methods approach using publicly available survey data from the 2017-2018 California Health Interview Survey along with the 2015 and 2017American Community Survey data on a city and state level. Some variables are not found publicly on the city level so qualitative interviews with Santa Cruz County

residents were made to attempt an answer to the research questions. The quantitative data was collected and analyzed by creating tables using SPSS. Qualitative interviews were held in people's homes and were left informal and focusing on their personal or familial experiences.

This mixed method approach was created to gain a more precise outlook on the Latino experience when it comes to health care. Use of a micro experience is important to include because of the larger macro perspective which can lose sight of the concentration of health disparities that Latino community faces. If there was an equal distribution of Latinos within the state then the focus on a town like Watsonville would not be necessary. However, considering the high amount of educational and residential segregation looking into smaller Latino varrios (barrios) is important to recognize the severity of health coverage issues for Latinos.

Sampling and Recruitment

The qualitative aspect of this research consisted of informal interviews with 9 people from Santa Cruz County who identify as Latino or mixed Latino and white. Five of the people spent their entire public-school time living in Watsonville and going to Watsonville schools. The five participants who spent their lives in Watsonville are full Latinos while 3 of the four from Santa Cruz are mixed Latino and white with one participant who is full white with a half Latino daughter. Four of the participants were born in Watsonville and the five others were born in Santa Cruz. During the interview with one Latina mixed participant her mother was in the room and she was included in

the discussion as a white perspective. All participants' names have been changed and ages not specified. The informal interview surrounded questions about a person's health care access and how often they make visits to the doctor and/or dentist.

These discussions were loose and unstructured to give people a chance to explain their realities of the situation and explore this certain aspect of their own recent life story. These conversations frequently included discussion around their education and current job occupations, some lasted longer than others. For the quantitative aspect the 2017-2018 CHIS was used to gather samples along with data from the 2015 and 2017 ACS which was also used as a sample.

Data Collection and Procedure

The data used to gain the larger state perspective is public data found on the California Health Interview Survey's website run by the University of California Los Angeles. Other data that has supplemented the mezzo and macro levels comes from public data from the American Community Survey run by the U.S. Census. The CHIS is a long running continuous survey that covers the entire state and is also focused on collecting data from racial minority groups. The survey is done through cellphone and landline phone calls leaving it vulnerable to biases of people who would even answer the phone or trust a person on the phone enough to give accurate answers.

The ACS is also a long running survey but is not done continuous through the year. While the ACS does some of its surveying through phone it is also supplemented with letters sent in the main and personal home visits. This makes it more accurate, but it

does not cover more specific information like the CHIS does, such as frequency of doctor visits. Considering the high levels of segregation in Santa Cruz and Watsonville the results on a state level, when broken down into race, is reflective of the two areas. Considering that no quantitative data was available publicly to measure doctor and dentist visits along with reasons, the qualitative aspect of the research has explored these factors. One problem with this mixed methods approach is that some data like the public CHIS data is more accurate when looking at a state or county level and not on a city level.

Measurement

To measure the difference in doctor and dentist visits between white and Latino counterparts in Watsonville and Santa Cruz along with health coverage the research has used variables provided in public CHIS and ACS data. These variables include race specific information about coverage in the state along with Santa Cruz and Watsonville. Variables include; number of doctor visits in the past year with measurements 0-25+, Latino and White medical coverage with Medi-Cal Vs. No Medi-Cal and number of doctor visits, another is any type of dental insurance broken down by race.

Variables also include Reasons forgone necessary care with measurements like cost or not having the time, and local Santa Cruz and Watsonville health care coverage broken down by race and years. This research also looked at educational attainment by race and within the cities of Santa Cruz and Watsonville with measurements showing high school graduation up to a PH.D or equivalent.Specific data that was not able to be

found in the CHIS and the ACS has been supplemented with qualitative data that has been focused into common topics found in the discussions.

Data Analysis

The data from the CHIS has been run through SPSS and tables created have been translated into the results section. Data obtained through the ACS has been obtained through its website and tables translated have been obtained through their online Data Access and Dissemination System (DADS). The survey results found through the ACS DADS and the CHIS through SPSS were then placed into univariate and bivariate tables. This was done to better examine the Latino experiences with health care along with looking into the differences in the white experience. The results provided from the surveys have also been put into percentages to easily compare the two populations. The qualitative data has been analyzed by common topics and themes found in the informal interviews with local Santa Cruz County residents from the Watsonville or Santa Cruz area. Themes that came up the most were topics like jobs that carry health insurance or needing it for school in some way, along with other issues like finances and conflict within the latino community in terms of what answers exist.

Consideration of Human Subject

All participants were voluntary, and names have been changed with ages not specified.. Participants were informed about the research I had done along with the quantitative data found with permission to take notes done with full transparency. No

compensation was made for subjects' participation and if at any time they wished to change the subject or leave the conversation they were allowed to do so. Participants were personal friends and family so no official recruitment was done.

Chapter IV. Results

PART 1. Quantitative Results

Sample Characteristics;

What is the rate of yearly doctor or dentist visits among Latinos as compared to white counterparts in Watsonville as well as Santa Cruz?

Table 1.

Race – UCLA CHPR Definition	2017 # Of Doctor Visits Past Year with Percentage in Each Race											
	0 Times	1 Time	2 Times	3 Times	4 Times	5 Times	6 Times	7-8 Times	9-12 Times	13-24 Times	25+ Times	**Total**
Latino	21.2%	18%	17%	10.5%	10.5%	5%	4%	3.1%	6.5%	2.7%	1.6%	100%
Other	18.5%	16.6%	16.2%	11.6%	9.8%	4.7%	4.7%	4%	7.4%	4.3%	2.2%	100%
American Indian/ Alaska Native	15%	16.4%	10.2%	9.9%	10.9%	3.6%	6.2%	5.1%	10.2%	6.9%	5.5%	100%
Asian	18.9%	21.4%	20.3%	11%	9.1%	5%	4.9%	2.4%	5.1%	1.2%	.7%	100%
African American	10.7%	16.3%	16%	12.7%	11.7%	7.1%	7.2%	3.5%	7.7%	4.7%	2.3%	100%
White	11%	14.7%	15.9%	12.1%	11%	5.9%	7.2%	4.9%	9%	5.2%	3.2%	100%

Source: 2017-2018 California Health Interview Survey

Table 2.

Latino and White Medical Coverage Medi-Cal Vs. No Medi-Cal											
Percentage and Number of Doctor Visits											
Latino	0	1	2	3	4	5	6	7-8	9-12	13-24	25+
Medi-Cal	19.1%	14.1%	14.8%	11.1%	13.1%	4.4%	4.7%	3.2%	9.2%	3.6%	2.5%
No Medi-Cal	20.5%	19.2%	18%	11%	8.9%	5.1%	4.3%	3.6%	5.6%	2.8%	1%
White	0	1	2	3	4	5	6	7-8	9-12	13-24	25+
Medi-Cal	13.7%	12.9%	12.6%	10.7%	11.4%	5.4%	6.4%	4.5%	11.3%	6.1%	4.9%
No Medi-Cal	12%	15.5%	16.8%	12.2%	10.8%	5.8%	6.8%	4.7%	8..1%	4.7%	2.5%

Source: 2017-2018 California Health Interview Survey

Table 3.

	2017 Has Any Kind of Dental Insurance		
Race	**Yes**	**No**	**Total**
Latino	55.7%	44.3%	100%
White	61.3%	38.7%	100%
Other Single/ Multiple Race	61.5%	38.5%	100%
Asian	70%	30%	100%
American Indian/ Alaska Native	72.3%	27.7%	100%
African American	72.5%	27.5%	100%

Source: 2017-2018 California Health Interview Survey

According to Tables 1 and 2, health care outcomes for Latino's showed little change when looking at variables that considered health coverage and utilization between Medi-Cal and no Medi-Cal, or even uninsured. It is debatable if that change is even statistically significant. Table 2 presented that in California, 21.2% of Latino's had not visited the doctor within the past year. When looking into Latinos in California who had no health coverage prior to getting approved for Medi-Cal, 19.7% went to the doctor 0 times in the year that they had no health coverage.

Then when we look at how many Latinos went to the doctor once they got Medi-Cal we can see that 19.1% of Latinos interviewed went to the doctor 0 times even when they were covered by Medi-Cal. In this same table we can see that Latinos who did not have Medi-Cal and were either uninsured or had other types of insurance there were 20.5% who did not go to the doctor at all within the past year. Then when looking into dental insurance in table 3 there shows a large amount of the state in general that is not covered; however, Latino's still show the highest amount uninsured. Public information for Latinos in Watsonville was unavailable and the research relied on the qualitative information to fully answer the first research question.

Table 4.

Latino Doctor Visits Past Year and Coverage before Medi-Cal											
	0	**1**	**2**	**3**	**4**	**5**	**6**	**7-8**	**9-12**	**13-24**	**25+**
Inapplicable	20.3%	17.4%	16.9%	11.1%	10.4%	5%	4.4%	3.3%	6.7%	3%	1.5%
Uninsured	19.7%	18.1%	15.1%	9.7%	11.2%	3.5%	4.2%	3.1%	7.7%	4.2%	3.5%

Employer	18.3%	15.9%	14.6%	14.6%	9.8%	2.4%	7.3%	3.7%	9.8%	2.4%	1.2%
Private	15.8%	15.8%	15.8%	.0%	26.3%	10.5%	.0%	5.3%	5.3%	.0%	5.3%
Covered CA	6.7%	23.3%	13.3%	16.7%	6.7%	.0%	10%	3.3%	13.3%	3.3%	3.3%
Other	14..2%	12.8%	15.5%	11.5%	14.2%	4.1%	4.7%	5.4%	10.8%	5.4%	1.4%

Source: 2017-2018 California Health Interview Survey

While the CHIS doesn't capture much change when looking into the ACS there is a significant amount of change in the amount of health care coverage when comparing to previous years shown on the smaller Watsonville level on table 6. The ACS shows through a five year estimate up to 2017, that insurance rates for Latinos in Watsonville went up with 12.5% of the total population uninsured leaving Latino's at 13.7% uninsured and for whites in Watsonville there was 6.6% left uninsured. When looking at the ACS for Santa Cruz the total uninsured rates there shows 7.9% of the total population with only 7.4% of whites uninsured and 10.7% of Latino's were also uninsured.

Although data showed little change in health care utilization since the inception of the ACS, there was a significant increase in the health care coverage when comparing to previous years shown on the smaller Watsonville level. The ACS shows through a five year estimate up to 2017, that insurance rates for Latinos in Watsonville went up with 12.5% of the total population uninsured leaving Latino's at 13.7% uninsured and for whites in Watsonville there was 6.6% left uninsured. When looking at the ACS for Santa Cruz the total uninsured rates there shows 7.9% of the total population with only 7.4% of whites uninsured and 10.7% of Latino's were also uninsured. The results that were given

in Table 7 show the distribution on a state level of reasons Latinos and whites have forgone necessary care and interestingly there does not seem to be any statistical difference between the races and their reasons for missing care such as cost, no time for the appointment or could not get the appointment.

Table 5.

Health Insurance Coverage 2015 Vs. 2017		
Watsonville		
Race Uninsured	**2015**	**2017**
Latino	20.7%	13.7%
White	8.5%	6.6%
Santa Cruz		
Race uninsured	**2015**	**2017**
Latino	16.3%	10.7%
White	9.2%	7.4%

Source: 2015 & 2017 American Community Survey

Table 6.

Reasons Forgone Necessary Care					
Race	Inapplicable	Cost	Couldn't get appointment	Didn't have Time	Others
Latino	87.3%	5.7%	1.1%	1.9%	4.1%
White	87.1%	5.4%	1.1%	2.1%	4.4%

Source: 2017-2018 California Health Interview Survey

What are the factors that prevent Latinos from being able to see a doctor or a dentist?

Table 7.

	2017 Educational Attainment									
Self-Identify as Latino or Hispanic	No Formal Education/ or 1-8	Grade 9-11	Grad 12/High School	Some College	Vocational School	AA or AS Degree	BA or BS Degree/ Some Grad School	MA or MS Degree	PH. D or Equivalent	Total
Yes	86.8%	49.1%	31.1%	23.9%	23.9%	18.8%	13.5%	9.1%	7%	22.5%
No	13.2%	50.9%	68.9%	76.1%	76.1%	81.3%	86.5%	90.9%	93%	77.5%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: 2017-2018 California Health Interview Survey

Table 8.

	2017 Educational Attainment									
Self-Identify as White	No Formal Education/ or 1-8	Grade 9-11	Grad 12/High School	Some College	Vocational School	AA or AS Degree	BA or BS Degree/ Some Grad School	MA or MS Degree	PH. D or Equivalent	Total
Yes	51.1%	66.7%	74.4%	80.9%	79.5%	78.6%	80.6%	83.5%	84.7%	77.9%
No	48.9%	33.3%	25.6%	19.1%	20.5%	21.4%	19.4%	16.5%	15.3%	22.1%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: 2017-2018 California Health Interview Survey

Table 9.

	2017 Educational Attainment									
UCLA Defined Race	**No Formal Education/ or 1-8**	**Grade 9-11**	**Grad 12/High School Diploma**	**Some College**	**Vocational School**	**AA or AS Degree**	**BA or BS Degree/ Some Grad School**	**MA/ MS Degree**	**PH. D or Equivalent**	**Total**
Latino	21.7%	8.5%	28.5%	13.6%	2.7%	6%	13.8%	3.4%	1.6%	100%
Other Single/Multiple race	10.8%	6.5%	27.1%	16.4%	3.7%	6.6%	19.9%	6%	2.9%	100%
American Indian/ Alaskan Native	3.3%	8.8%	26.3%	24.8%	5.8%	7.7%	17.2%	4%	2.2%	100%
Asian	2.6%	1.2%	16%	11%	1.1%	5.3%	38.5%	14.6%	9.9%	100%
African American	.8%	4.5%	22.6%	19.5%	3.2%	11.9%	21.6%	10.5%	5.2%	100%
White	.6%	2.2%	18.1%	18.7%	2.9%	7.6%	28.5%	12.9%	8.3%	100%

Source: 2017-2018 California Health Interview Survey

Table 10.

2017 Watsonville, CA Educational Outcomes by Race			
Race	**Total**	**High School/ or Equivalent Percentage**	**Bachelor's Degree Percentage**
White alone/ Not Latino	5,732	93.6%	24.9%
Black	142	90.8%	51.4%
American Indian/Alaska Native	270	78.9%	15.2%
Asian	1,246	82.8%	38.4%
Native Hawaiian/Other Pacific Islander	22	100%	0%
Some Other Race	10,628	46%	3.2%
Two or More Races	508	75.2%	11.2%

Latino	22,758	48.7%	6.2%

Source: 2017 American Community Survey

After running California Health Interview Survey (CHIS) data through SPSS the first observation was around educational attainment in California as well as Watsonville and Santa Cruz. This was done considering the connection between educational attainments and having work that may provide health insurance or having the money to buy private. According to the CHIS data in 2017, while Latinos have higher educational outcomes in the city of Santa Cruz than Watsonville, they still were about 22% less likely to have graduated high school and more than 50% less likely to obtain a higher education. Specifically, 31% of the people who graduated high school were Latino, 13.5% of people with a bachelor's degree were Latino, 9.1% of master's degree holders were Latino, and 7% of Ph.D.'s were Latino (Table 8). For the White population in California CHIS shows that 74% of those with a high school diploma were white, 80.6% of bachelor degree holders were white, 83% of master's degrees were white and 84% of Ph.D.'s were White (Table 9).

Then when looking into the 2017 American Community Survey (ACS) through the census's online resource called American Factfinder we are able to see results on Tables 11 and 12. In Watsonville while 48.7% of Latino's had a high school diploma only 6.2% had a bachelor's degree or higher. When we look into ACS results for Santa Cruz, 97.4% of white people had a high school diploma and 56.5% had a bachelor's degree or higher. Then for Latinos in Santa Cruz their high school diploma rate was

75.3% and 24.2% had a bachelor's degree or higher keeping in mind that in Santa Cruz the total population for Latinos is20.6% of the city.

Table 11.

2017 Santa Cruz, CA Educational Outcomes by Race			
Race	**Total**	**High School or Equivalent**	**Bachelor's Degree Percentage**
White alone /Not Latino	26,662	97.4%	56.5%
Black	507	93.5%	54.2%
American Indian/ Alaska Native	206	88.3%	49%
Asian	2,073	94.9%	68.3%
Native Hawaiian/Other Pacific Islander	40	100%	0%
Some Other Race	1,497	70.3%	18.3%
Two or More Races	1,745	91.9%	50.1%
Latino	5,564	75.3%	24.2%

Source: 2017 American Community Survey

While Latinos have higher educational outcomes in the city of Santa Cruz than Watsonville, they still were about 22% less likely to have graduated high school and more than 50% less likely to obtain a higher education.

PART 2. Qualitative Results

Jobs and School

Byron and Miguel are Latino brothers who both were born and raised in Watsonville and attended all Watsonville public schools for grades k-12. Byron graduated from San Francisco State with his B.A. in microbiology and is currently

attending the Ph. D program at the University of California Santa Cruz also in microbiology. Miguel is working as an electrician for a company and has no college education but graduated from high school in Watsonville. Both brothers currently live at home with their parents in Watsonville. I met with Byron and Miguel at their family's home and after discussing what my research was about with the brothers I started by asking Miguel when the last time was he saw a doctor was.

Miguel shared with me that since he recently had been accepted into the electrician's union "I went to the doctor like a month ago since I have insurance now, before that I hadn't seen a doctor in like 10 years". I then asked Miguel about the last time he went to the dentist and he just laughed "I have that appointment set up in a couple weeks, I don't remember the last time I went to the dentist before this though". I asked Miguel why he never went to the doctor before and he said "I don't need to pay for that if nothing is wrong", Miguel had to leave soon after talking so I continued talking with Byron and asked him when he last saw a doctor.

"I guess I went to the doctor like a few months ago but I hadn't gone before that for years, I honestly don't remember when". I asked him about what got him to finally go and if he had gone to a dentist. "I went for like a check-up through my school because they made me have health insurance through them. I don't remember the last time I went to the dentist, probably like nine years ago or something".

Other participants had health care situation that was not supported by their jobs with people like Regina and her mother Beth. Regina is half Latina and has lived around

different parts of Santa Cruz County including Watsonville but currently lives in a small town just outside Watsonville. She currently attends community college and works as a food server, and lives with her mother Beth. Beth also works as a food server and both of their jobs do not provide health care. She white and has lived in the small town outside Watsonville for most of her life.

I started by speaking to Regina when the last time she saw a doctor was. "I haven't gone to the doctor for like a few years now, I don't have health insurance, but I don't really care. I hate going to the doctor, I have Medi-Cal and it's always someone new. I don't know how to make it so I can only see one so I just go when I need to you should ask my mom about this stuff". I turned to her mother who was putting things away in her house. "Oh, I go to the doctor all the time, I saw mine just earlier this week and for the dentist I go regularly. I did have insurance with my husband but since we split up, I got mine through Obamacare. My sister got her insurance through Obamacare too and it changed her life, so it really does work for some people". This research also spoke with more Latino's who grew up and still live in Watsonville.

Angela and Grace are both Latina's and are friends that met each other after going to the same middle and high school together in Watsonville. After high school they both attended community college together. Grace went into the job market after trying community college for some time. Angela moved on to have a daughter and graduate with a B.A. in Psychology, however they both currently live at home with their parents. I met with Grace and Arlene after their work and sat in a bar with them in Watsonville and

began the conversation by explaining my research and asked them for their own experience and last time they saw a doctor or dentist. Grace started,

> "I haven't gone for like a year now, but it was just to Planned Parenthood, I think the last time I went like for an actual check-up was in high school like nine years ago and I only did that so I could play sports and they needed a physical. My work gives me health insurance so I should probably use it since I'm paying for it, I was considering just canceling it too since I don't use it and I could use the money. I will say though with my Dad it's important because he recently had a heart attack but he doesn't have good insurance, so he still doesn't go to the doctor as often as he should plus, he's still having to pay the emergency room bill".

Angela joined in the conversation,

> "Yeah, I'm with Medi-Cal now, I used to be on my parent's insurance, but since I got too old for it I had to get my own. I don't work enough hours to get insurance with my job and I'm taking classes at community college so I can go back for my master's and you know I have to get some coverage for my kid. It's not as good as the insurance I had before though".
>
> I asked Angela to explain more and she looked at me with hesitation.
>
> "I mean even just waiting to get the coverage at the welfare office is like complicated and the paperwork is hard.

Another person interviewed who did not have heath care from their job was Gabriel. Gabriel is a Latino who was born and raised in Watsonville and went to Watsonville public schools his whole life. Gabriel graduated high school and attended community college but joined the job market after about a year. He currently works as a greenhouse agricultural consultant. When asked about health insurance coverage at his job, he said "No I'm on contract so I would get my own, but I don't have any right now"

Latino Conflict Within

During my discussion with Angela she also brought up issues she has had around her perspective of available help.

> "I know it's probably not good to say but there's more stuff for like newcomer people and it seems so much easier for them to just get in line with like nothing and I work so hard, but they get more than I do."

Grace then got back into the conversation, "Yeah my parents say the same kind of

> stuff and they came here when they were like teenagers but since they are like naturalized now and say they don't get the same kind of benefits".

Angela then said, "it's like a trap where if you don't have anything, they give you enough to get by but if you make more or like do the stuff your supposed to then they just take more away". I then brought up the idea of coverage for all California residents and while Grace thought it might be a good idea, Angela brought up concerns about the quality of the health care that would be available. During my talk with Byron he also shared a similar view as I was a leaving his house. I asked Byron what he thought about

health coverage that would cover everyone as long as you lived in California, even if they weren't citizens. "Why should I help them?" I was personally surprised at the response and thought he was joking but I noticed he did not laugh.

It should be noted that a few weeks after this interview Grace's father passed away from a heart attack, he was in his fifties.

Financial Limitations

I asked Regina when the last time she saw a dentist was and she told me she hasn't gone for a few years but knows that she has to get root canals done. "I don't even have dental insurance anymore because I don't even see the point when I still can't afford to get the work done, I also asked Gabriel when the last time he saw a doctor was and he replied with a smile "Dude I probably haven't gone for like 10 years or something". I asked him why, "I just don't need to so why go?". I asked him if he would go if he didn't have to pay for it, "Well yeah that would make it different, I just don't want to pay for it if I don't have to go, plus I'm too busy". Another participant with financial issues at the core was actually a low income resident of Santa Cruz who is a white Latina mix named Crystal. Cristal is mixed Latina with white and does independent work as a caretaker for elderly people, she went to school her whole life in Santa Cruz and graduated from high school. She does her work independently and is currently homeless, often sleeping on friends' couches or spare rooms that the people she takes care of have. Cristal started by

saying that she had Medi-Cal, "I've had Medi-Cal for a few years now and I saw the doctor just last week, I actually had really high blood pressure and they wouldn't let me leave until it lowered because they said I could end up having like a stroke".

I asked if the doctors knew why it was so high, "Well they said it was my diet and just stress, I try to walk around more, and I notice it goes down, but I can't make the stress just go away". I then asked Cristal about the dentist, "I saw the dentist about a year ago now when I got a tooth pulled since I hadn't gone to one in such a long time and I had a tooth that was broken for a long time. I had the dental covered in Medi-Cal, but I still couldn't afford to get it fixed, but it was free to pull".

Complications with the System

While Angela brought up her own complications with trying to figure out the health care system and specifically Medi-Cal, another participant Maria was dropped without warning. Maria is a mother of two and lives with her boyfriend who is the father of her children in Watsonville, she went to school and grew up in Santa Cruz but moved to Watsonville where she raised her children who she made sure to enroll in Santa Cruz schools only. She is mixed Latina with White, has her high school diploma and currently works at a non-profit as a behavior specialist for children with autism. I started by asking when the last time she went to the doctor was, and what insurance she had "I have an appointment in like a week, but I go once a year for the gynecologist but not for like a

check-up. I have Medi-Cal now, but I was uninsured for a while and didn't even know it".

I asked Maria what she meant,

"I honestly don't even know how it happened, but I went in for one of my appointments and when I went, they told me that my insurance had been cancelled. I had to go back to the welfare office and talk with them, but they were confused about if I qualified since I live with my boyfriend. We have lived together for a long time now so when I went to the office, they asked why we didn't have the same coverage under his work, but I can't since we aren't married, plus his insurance isn't any good anyway and I would have a higher copay. So, I had to explain to them that I was a separate tax household and they were able to fix it, but I had no idea how to change it myself".

Chapter V. Discussion

Quantitative Findings: Macro-levels and Mezzo-Level Discussion

The purpose of this study was to answer the following research questions; What is the rate of yearly doctor or dentist visits among Latinos as compared to white counterparts in Watsonville as well as Santa Cruz? What are the factors that prevent Watsonville Latinos from being able to see a doctor or a dentist? These questions were asked to find gaps that might exist for Latinos in the ACA and the expansion of Medi-Cal in segregated places like Watsonville compared to places like Santa Cruz. This research had a mixed methods approach using CHIS and ACS data along with informal interviews. Highlighted findings form this research are the increase in health insurance for Latinos, yet they are still at the lowest in the state and in the county when comparing the Latino town of Watsonville and the white beach suburb of Santa Cruz. There was also signs that even while a jump in health insurance took place there are no changes noticeable in doctor visits even if a Latino is uninsured.

When comparing 2014 CHIS survey results to the 2017-2018 results, there shows change according to insurance rates through CHIS on a macro statewide level. However, Latinos still made up a majority of those uninsured in the state. The same goes for doctor and dentist visitation rates since there is little change with about 19% of Latinos having 0 doctor visits in a year with or without Medi-Cal. When looking into the ACS we can also see a steady decline in the percentage of Latino's uninsured potentially showing that over

time the ACA has been making a statistically significant change with insurance rates for Latinos.

While insurance rates may rise, we can also see through the CHIS that this does not change the amount of times Latino's are visiting the doctor. With no change in doctor visitation then the potential benefits coming out of the ACA for Latino's becomes less clear. When we also look into the relationship of health care outcomes with education and segregation, it showed the other layers to the issue of Latino health care. This shows that it is not just insurance that is always the barrier to significant change in the health care world for Latinos. The actual environment plays a significant factor, meaning educational and career opportunities, as many people gain their insurance through their jobs. This factor of insurance

through employer connects with education and educational opportunities as many Latino's are steered into the job market with jobs like food service which do not traditionally provide health insurance (Ayscue & Orfield, 2014). When taking a look at these factors and applying them to this specific case example of Watsonville then it can demonstrate significant deficits in the ACA and the disparity that exists in its impact on the Latino community (Joseph, 2016).

When looking at the number of uninsured people in past years, we can see a significant change after looking at Watsonville and even in Santa Cruz. While we can see the change in the insured and uninsured side of the ACA, the information for the city level data regarding frequency of doctor visits is not available in the public CHIS or the

ACS. This makes the mezzo level of this research difficult to assess knowing what we do about the numbers on a state level and lack of increase in actual doctor visits. If the rates of doctor or dentist visits in Santa Cruz and Watsonville are reflective of the state, then we would expect that not much has changed but without those numbers we cannot say for sure what the impact has been on doctor and dentist visits.

Qualitative Findings: Micro-level Discussion

On the micro level through the perspective of people who have lived in Watsonville or just Santa Cruz County, in general the ACA appeared to have mixed results on Latino health care. In fact, and the only person who spoke highly about the change in care was the only white person interviewed.

This perspective of ambivalence among Latinos and progress of care that came of the ACA, and the expansion of Medi-Cal, is due to the fact that many Latino's interviewed with only appeared to utilize their healthcare when it was necessary. This shows by Byron's use of medical care only when his school required it and provided it for him and with Grace who has had insurance for almost a year now and still never visited a doctor for a checkup. In other examples, we can see multiple people spoken with who had not seen a doctor for more than seven to eight years until they were in a secure job that paid reasonably like an electrician and also included well rounded benefits like being part of a union.

Findings from qualitative interviews revealed multiple barriers that deter Latinos from going to the doctor or dentist despite having insurance, such as fear of high bills,

lack of relationships with healthcare provider, and complexity of the Medi-Cal system. This also goes along with popular discussion at the time of the release of the ACA and the difficulty most people had with signing up through a website that itself had errors (Mccarthy, 2013). All of the Latinos in this research did seem to have difficulties around the health care system, there did not seem to be a consensus around what fixing it would look like. Contrary to Sanchez and Medeiros (2016), stating that a majority of Latino's want universal care, the amount of Latino in-fighting and conflict prevents a collective consciousness needed to work toward these types of goals (2016).

Of the nine people spoken to, two of them expressed discontent around this idea of health care for all. While Byron questioned why he should feel compelled to care about the need to help undocumented Latinos, Angela also expressed discontent for Latinos who are more recent immigrants and qualify for more services than she does along with questioning the quality of universal care. This discontent with more recent immigrants was not isolated to just those interviewed as Grace pointed out her own parents having similar complaints. Even some of my own Latino family I have in Santa Cruz County along with Monterey County shares a similar perspective. This conflicting perspective in the Latino community sees newly immigrated Latinos as a drain on the system and taking resources that they feel they are more entitled to after living in this country longer and yet still struggling to maintain a decent life.

Chapter VI. Implications for Social Work Practice

Implications for Policy Practice in Social Work

Legislation that has potential to alleviate the Latino burden of lacking healthcare can be seen with California's SB562 and AB1810. These both propose the creation of a single payer system for health care which would make health insurance problems a thing of the past for California residents. The United Nations Charter in Article 25 pushes countries to affirm that everyone has the right to adequate medical care and social services; however, SB562 has been put to the side in California. Politicians lacking confidence in SB562 say it is because they question the ability for it to pass with its current plan for funding which many say is not yet complete (Mason, 2017).

While politicians like Anthony Rendon of California's 63rd Assembly District and previous Governor Jerry Brown's lack of confidence in SB562 and have put the legislation on hold until further notice, the legislation AB1810 has been passed (Mason, 2017). AB1810 has many health goals, one of which being a goal to plan for a single payer health plan in California by 2021(Senate Rules Committee, 2018). This legislation can have a huge impact on the Latino community. However, its timeline is extended and does not have a set date on when a single payer health plan will be implemented. This legislative hold is leaving around 2.9 million to 3.1 million Californians uninsured, many of which are undocumented Latinos (Lara et al., 2017; Terriquez & Joseph, 2016).

The historical legislative restriction of social benefits to people lacking certain types of citizenship is following American cultural trends of fearing immigration and

discussions around lack of resources. The colorblind rhetoric of deciding to pass legislation keeping immigrants from accessing public benefits came at the same time the country was experiencing a large migration of people from Latin American countries making these policies inherently racist (Lubin, 2014). Due to extensive legislation blocking undocumented people access to public services, trying to move past legislation to make the ACA more comprehensive for all those residing in the country would be too difficult. The current political atmosphere under Trump would also make expansion of the ACA very difficult and many politicians would most likely not back the idea or would not think it is a good time. California is very close to making its own legislation and with enough public support as well as support from special interest groups to push legislators SB562 can be the legislation to change healthcare for the state and set an example for the country. If SB562 cannot find the momentum to begin again then AB1810 would be the next best thing but it also would require support and more public attention.

The long history of Latino suppression and exclusion in health care would make a policy social worker primary goal to be for legislators to untimely pass SB562. There would also be a push to be working towards the many other goals stated in AB1810 which include things like diabetes prevention programs. In regard to a secondary goal there would need to be much more public support and education around the subject and the potential benefits that SB562 can have on the Latino community. This support and education would be most beneficial if it went towards the Latino community where

studies show there is a broad support for universal health care and yet from the research shows this still needs to be strengthened (Sanchez & Medeiros, 2016). This support along with that Latinos are one of the fastest growing demographics can be the push that legislators need to pass SB562. If this is not to be passed, then social workers need to work to make the needed plans and preparation for AB1810 to be the expansion of care it is intended to be (Reyes & Hardy).

While this push and passing of SB562 would make changes in health care for all Californians, the Latino community stands the most to gain from it so there could finally be an end to racial and background discrimination of Latinos out ogive data healthcare. With part of SB562 requiring a 15% tax increase on income the financial part of the measure is making politicians nervous and if the current governor Gavin Newsom does not follow through on his word then this measure runs the risk of staying on the sidelines. If this legislation does not get through and healthcare for all continues to go ignored the high amount of uninsured people is set to get worse as elderly foreign-born Latinos and Asians are projected to grow 70% by 2050 (Reyes & Hardy, 2015).

Implications for Micro-Practice Social Work

The implications for social workers who stay on a grassroots or ground level means that there needs to be a deeper look into the way that we are viewing the Latino community in general. Latino consensus or push is needed to advocate for legislative change to benefit the health of the Latino community. At the same time the research and academic world must move away from the homogenies view of Latino's and the

opinions. The Latino Critical Social Work perspective is useful in the Latino centered view and its use of conflict theory to show that the difficulties that Latinos face are due to systems of oppression (Kiehne, 2012). However, when looking at the way Latino's are racialized in much of the research and among white social work professionals, the tendency to put Latinos into structures of acculturation and scales of assimilation.

This is done by looking at things like language, but this can oversimplify the population (Baldwin-White et al., 2017; Lawlton & Gerdes, 2014; Marsiglia, 2018). Such research around acculturation looks at Latinos through a bidimensional perspective with four different forms of acculturation but this limited variation of Latino culture, options, and beliefs homogenizes the complexity of Latino culture and history in the United States (Berry et al., 2006). This perspective in combination with research like Sanchez & Medeiros which states that most Latinos hold a value of universal health care dismisses the amount of work that is needed in the Latino community to strengthen unity (2016).

A way to work on this issue can be done by helping social workers better understand the populations in need when working with people to apply for the ACA or even when working in community organizations. Another way would be to increase the amount of Latino social workers in higher positions; however, the issue with that is a large portion of managerial social work positions in community-based organizations require a master's degree. Then with the low amount of Latino academic success we see over 80% of the master's degrees in California being held by white people (CHIS, 2018). Having an increase in Latino social workers can play a significant role in addressing this

Latino health crisis by not only signing people up for insurance but showing them how to use it and get the most out of it. We then we run back into the problem of Latino quality of education so to work with this issue there would have to be active outreach to Latino communities like Watsonville to help show people how to use it but also to recruit people within the community with jobs to do the work (Ideally these jobs could also have health insurance to avoid the cruel irony of a job like that).

Chapter VII. Limitations of Study

This study has several limitations. This research is limited in its scope to the available data as much more research on the data is needed to gain a better understanding of the impact of the ACA on small Latino neighborhoods like Watsonville. The CHIS itself contains more locally specific data down to the zip-code; however, due to time and financial constraints, this research was unable to obtain that SPSS data. The data from the CHIS was also noted by CHIS representatives as not being accurate for smaller level research like focusing on a specific city or town; however, for the purpose of this research, these examinations were done with the ACS to supplement for this disconnect.

The ACS is not able to answer the specific questions around Latino varrios because there is less focus on hospital utilization in the ACS making the answers elusive. This elusive answer is why this research was attempted using mixed methods but because of this some of the main answers being sought out are not as clear as others or might not carry specific numbers as of now. Again, many of the answers can be given a better look if the amount of resources were available to fully examine the CHIS. There is also more research that needs to be brought in to understand the micro effects and gain a larger perspective than just the nine participants. The larger input would also give more time to reach a more developed life story perspective from participants to gain a larger perspective on health care in Latino lives. This would also give greater insight around the Latino perspectives around legislation proposed in the policy section of this research.

This insight into the policies like SB562 and AB1810 are critical to keep a Latino critical social work perspective as many Latinos do not even know that these kinds of policies even exist. These policies have also been put on the back burner for a good reason as they are probably too radical for the time and in the current political atmosphere do not have a good chance of passing through the California legislators. Another perspective that this research may run into is current academic discussions around Latino health and the Latino health paradox (Cambell, 2012). The Latino health paradox states that while Latinos have this large gap in quality care or utilization, Latinos actually report the best health and longest lifespans (Cambell, 2012). While some validity may lie in this it does not justify the inequality that exists and should not be used as a way to dismiss the amount of a health crisis that the Latino community faces (Cambell, 2012).

References

Acevedo-Garcia, D., Cacari, Lisa. (2008). State variation in health insurance coverage for U.S. citizen children of immigrants. *Health Affairs, 27,* 434– 446.

AskCHIS Neighborhood Edition - Local Level Health Data. (n.d.). Retrieved October 15, 2018, from http://askchisne.ucla.edu/ask/_layouts/ne/dashboard.aspx

Ayscue, Jennifer B., Orfield, Gary. (2015). School District Lines Stratify Educational Opportunity by Race and Poverty. *Race and Social Problems, Iss. 7.* (5-20).

Baldwin-White, A. J. M., Kiehne, E., Umaña-Taylor, A., & Marsiglia, F. F. (2017). In pursuit of Belonging: Acculturation, Perceived Discrimination, and Ethnic--Racial Identity among Latino Youths. *Social Work Research, 41*(2), 43-52.

Berry, J. W., Phinney, J. S., Sam, D. L. and Vedder, P. (2006), Immigrant Youth: Acculturation, Identity, and Adaptation. Applied Psychology, Iss. 55: (303-332)

California Health Interview Survey. CHIS 2017 Methodology Series: Report 2 - Data Collection Methods. Los Angeles, CA: UCLA Center for Health Policy Research, 2018.

Campbell, Kelly, Donna M Garcia, Christina V Granillo, and David V Chavez. (2012). "Exploring the Latino Paradox: How Economic and Citizenship Status Impact Health." *Hispanic Journal of Behavioral Sciences* vol.34. iss.2 (187-207).

Chilisa, Bagele. (2012). Indigenous Research Methodologies. *Sage Publications.*

Data Access and Dissemination Systems (DADS). (2010, October 05). Your Geography Selections. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

Donato, Ruben., Hanson, Jarrod. (2012). Legally White, Socially "Mexican" The Politics of De Jure and De Facto School Segregation in the American Southwest. *Harvard Educational Review. Vol.* 82 Iss.2. (202-225).

Garcia, David G., Yosso, Tara J., Barajas, Frank P. (2012). "A Few of the Brightest, Cleanest Mexican Children": School Segregation as a Form of Mundane Racism in Oxnard, California, 1900-1940. *Harvard Educational Review. Vol.* 82. Iss.1. (1-25).

Getrich, Christina M.., Garcia, Jacqueline M., Solares, Angelica., Kano, Miria.(2017). Buffering the Uneven Impact of the Affordable Care Act: Immigrant-serving Safety-net Providers in New Mexico. *Medical Anthropology Quarterly, Vol. 32* Iss.2. (233–253).

Gutierrez, Carmel M.,(2018). The Institutional Determinants of Health Insurance: Moving Away from Labor Market, Marriage, and Family Attachments under the ACA. American Sociological Review. Vol. 83. Iss. 6. (1144-1170)

Hegenauer, Christa L. (2016). Are We Covered? Health Insurance Disparities in the Affordable Care Act Era. Michigan Sociological Review. Vol 30. (93-108)

Hill, Laura E., Johnson, Hans P..Unauthorized Immigrants in California Estimates for Counties. (July, 2011). Public Policy Institute of California.

Joseph, Tiffany D..(2016) What Health care Reform Means for Immigrant: Comparing the Affordable Care Act and Massachusetts Health Reforms. Journal of Health Politics and Law. Vol. 41. No. 1. (101-116)

Kiehne, Elizabeth. (2016). Latino Critical Perspective in Social Work. National Association of Social Workers. Social Work. Vol. 61. No. 2. (119-126)

Lawton, K. E., & Gerdes, A. C. (2014). Acculturation and latino adolescent mental health: Integration of individual, environmental, and family influences. *Clinical Child and Family Psychology Review, Vol. 17.* Iss. 4. (385-398).

Levy, Tal. (2010). Charter Schools Legislation and the Element of Race. *Western Journal of Black Studies. Vol.*3 Iss.41. (43-52).

Logan, Trevon D., Parman, John M. (2017). The National Rise in Residential Segregation. *The Journal of Economic History.* Vol.77 Iss. 1. (127-170).

Lubin, Judy.(2014) Inclusion and Exclusion of Latinos in the Affordable Care Act: Challenges and Opportunities for Achieving Health Equity. *Harvard Journal of Hispanic Policy.* Vol.26. (21- 41)

Marsiglia, F. F., Kiehne, E., & Ayers, S. L. (2018). Reexamining the Acculturation Gap: The Relationship Between the Bidimensional Parent-Adolescent Gap and Risky

Behavior Among Mexican-Heritage Adolescents. *The Journal of Early Adolescence*, Vol.*38*. Iss.5. (581–05).

Martinez-Hume, Anna C., Baker, Allison M., Bell, Hanna S.., Montemayor, Isabel., Elwell, Kristian., Hunt, Linda M.. (2017). "They Treat you a Different Way:" Public Insurance, Stigma, and the Challenge to Quality Health Care. Cult Med Psychiatry. Vol 41.(161-180).

Monnat, Shannon M..(2017). The New Destination Disadvantage: Disparities in Hispanic Health Insurance Coverage Rates in Metropolitan and Nonmetropolitan New and Established Destinations. Rural Sociology. Vol. 82. No. 1. (3-43).

Muschek, Alexander G., (2015). The Impact of Undocumented Immigrants on the Healthcare Infrastructure of the United States. The Journal of Social, Political, and Economic Studies. Vol. 40 Iss. 4. (329-326)

Ollivos, Edward M., Mendoza, Marcela. (2010). Immigration and Educational Inequality: Examining Latino Immigrant Parents' Engagement in U.S. Public Schools. *Journal of Immigrant & Refugee Studies. Vol* 8. (339-357).

Orfield, Gary., Bachmeier, Mark D., James, David R., Eitle, Tamela. (1997). Deepening Segregation in American Public Schools: A special Report from the Harvard Project on School Desegregation. *Equity and Excellence in Education. Vol.* 30. Iss. 2. (5-24).

Oropesa, R.S., Landale, Nancy, S.., Hillemeier, Mariannae M.. (2016). Legal Status and Health Care: Mexican-Origin Children in California, 2001-2014. Popul Res Policy Rev. Vol. 35.(651-684)

Pedraza, Francisco., Nichols, Vanessa Cruz., LeBron, Alana W.M.. (2017). Cautious Citizenship: The Deterring Effect of Immigration Issue Salience on Health Care Use and Bureaucratic Interactions Among Latino US Citizens. Journal of Health Policy and Law. Vol 42. No. 5. (925-960)

Reyes, Adriana, M., Hardy, Melissa. (2015). Health Insurance Among Older Immigrants: Region of Origin Disparities in Coverage. Journal of Gerontology, Series B: Psychological Sciences and Social Sciences. Vol. 70. No. 2. (303-313).

Rubin, Allen., Babbie, Earl R. Research Methods for Social Work. (2014). 8th edition. Brooks/Cole. Belmont, California.

Sohn, Heeju. Racial and Ethnic Disparities in Health Insurance Coverage: Dynamics of Gaining and Losing Coverage Over the Life-Course.(2017). Popul Res Policy Rev. Vol. 36. (181-201)

Sanchez, G., & Medeiros, J. (2016). Linked Fate and Latino Attitudes Regarding Health-Care Reform Policy. *Social Science Quarterly,* Vol.*97. Iss.*3. (525-539).

Terriquez, Veronica. (2014). Trapped in the Working Class? Prospects for the Intergenerational (Im)Mobility of Latino Youth. Sociological Inquiry. Vol. 84, No.3. (382-411).

Terriquez, & Joseph. (2016). Ethnoracial inequality and insurance coverage among Latino young adults. Social Science & Medicine, Iss. 168. (150-158).

Torres, Lourdes. (2018). Latinx?.. Latino Studies. Springer Nature Limited Vol. 16. (283-285).

University California Los Angeles Center for Health Policy Research. (2018, May 15). 2017-2018 California Health Interview Survey. Retrieved from http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1753

Appendix

IRB Approval

Dear Noah,

Your project, ***"Affordable Care Act Effectiveness: Health Insurance and Hospital Utilization for Watsonville Latinos"*** is Exempt from IRB oversight and does not require further ORSP-HAP review. Your project is exempt under the following code:

45 CFR 46.101 (b)(4) because it is research involving the collection or study of existing data, documents, and records.

Please note that your exemption determination will not expire, but any future changes to your project may require review. Please contact us if you plan to make any changes in the future. Your project number is **E18-290**

If you change your project or have any questions, please contact us.

Regards,

Jessica Havelhorst
ORSP-Human and Animal Protections
San Francisco State University
1600 Holloway Avenue, ADM 469
Email: protocol@sfsu.edu

From: protocol@sfsu edu
Sent: Friday, November 2, 2018 4:04 PM
To: Noah Daniel De La Cruz <ndelac@mail.sfsu.edu>
Subject: ADE Submission Received

Dear Noah,

Our office has received the Application for Determination of Exemption for the study titled, ***"Affordable Care Act Effectiveness: Health Insurance and Hospital Utilization for Watsonville Latinos."*** We will review your application in the order it came in. We will update you within four to five weeks regarding the status of your application.

If you have any questions or concerns, please feel free to contact our office.

Regards,

Jessica Havelhorst
ORSP-Human and Animal Protections
San Francisco State University
1600 Holloway Avenue, ADM 469
Email: protocol@sfsu.edu

From: drupal@sites.sfsu.edu <drupal@sites.sfsu.edu>
Sent: Monday, October 29, 2018 6:44 PM
To: protocol@sfsu edu <protocol@sfsu.edu>
Subject: Application for Determination of Exemption from Noah De La Cruz

---
Application for Determination of Exemption
Submission number: 489
Submitted by user: Noah De La Cruz

Q1. Name: Noah De La Cruz
Email: ndelac@mail.sfsu.edu
SFSU ID: 913226228
Phone: (510) 866-5487
Q2. Department: Social Work, School of
Q3. College: Health and Social Sciences

Q4. Any Co-Researcher(s) involved? No
Co-Researcher(s) Name(s):
Co-Researcher(s) Email(s):
Q5. Are you Faculty/Staff, Graduate Student, or Undergraduate Student? (If you are Graduate or Undergraduate Student, please provide your Faculty Advisor Name & Email as follow)
Graduate Student @ SF State
Faculty Advisor Name: Yeon-Shim Lee
Faculty Advisor Email: yl375@sfsu.edu

Please provide Copy of CITI
Certificate: https://research.sfsu.edu/sites/default/files/webform/NIH%20Training%20Certificate_0.pdf
Q6. Is this study for a Culminating Experience Project?
If so please state whether you have filed a CE form with Graduate Studies or when you intend to.
Yes, I will be submitting the CE form. Tue, 2018-10-30
& attached submitted CE Form if available (upload file):

Q7. Project Title: Affordable Care Act Effectiveness: Health Insurance and Hospital Utilization for Watsonville Latinos
Q8. Study Purpose and Activities (in non-technical language):
Santa Cruz County Latinos experience high levels of segregation with the entire county being about 32% Latino but about 80% of those Latino's isolated to one city in Santa Cruz County (American Fact Finder, 2013). Of the 32% of Latino's in Santa Cruz County about 25% of them did not have health insurance in 2013; however, this may have changed considering that the Affordable Care Act came into effect in 2014 (American Fact Finder, 2013). This research will explore data and interviews for insight around enhancing accessibility to health care for Latinos and the effectiveness of the Affordable Care Act. The population I would interview to find this information will be middle to low-income Watsonville locals who are personal friends. I will mainly focus on an analysis of data from the U.S. Census and the California Health Interview Survey.
Q9. Methods (e.g. Survey, interviews, observation) & study population
The research will use secondary data from analysis of U.S. Census data along with data from the California Health Interview Survey and brief interviews with Watsonville locals.
Q10A. Please select ALL the methods of data collection that will be employed in your project [multiple answers]. (If selected method is with*, please upload a list of survey/interview questions to Q10A-1)
- In-person interviews*
- Audio/video recording
- Other activities or interventions
Q10A-1. Please attached survey/interview questions here. (PDF file only)
File
uploaded: https://research.sfsu.edu/sites/default/files/webform/Qualitative%20Questionnaire.pdf.
Q10B. Please select ALL the locations where data will be collected [multiple answers]. (If selected location is with*, please answer the following 10B-1 & 10B-2 questions)
Other locations not indicated above, please specify: Conversations will be held inside peoples house with a majority of data coming from secondary sources.

Q10B-1. Will your project involve normal educational practices, such as: regular and special educational instructional strategies, or effectiveness or comparison of instructional techniques, curricula, or classroom management techniques?

Q10B-2. Will you be adapting the current classroom curricula/instruction at all?

Q10B-2. If yes, please specify:

Q11. Do you intend to share or disseminate yours findings?
Yes
Q11. If yes or may be, who do you plan to share your findings with?
I plan to attempt to publish my findings
Q12. Will data collected from participants be recorded in such a way that participants can be identified directly or indirectly?
No
Q12A. If Yes, please indicate which of the following identifiers will be present in the collected data. (There may be other identifying links not listed below.)

Q13. Will existing or archived data, documents, records or biological specimens be used? (Existing means already collected at the time of filling out this checklist.)
(If Yes, please answer the following 13A question)
Yes
Q13A. Is the source publicly available (Ex. U.S Bureau of the Census, national published health and education statistics)?
Yes
If no, please provide a permission letter to access the data. Please upload file here:

I certify that all of the information submitted is correct and I am ultimately responsible for my research. I will follow all applicable laws and SFSU policies. I will inform Human and Animal Protections if my research changes, as it may affect my exemption status.