

Constraints, Resourcefulness, and Resilience in the Immigrant Latinx Community: Alternative Health Promoting Strategies for Diabetes Self-Management

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Introduction

Despite major health reforms, American bureaucracy continues to deliberately gatekeep coverage from undocumented and recent immigrants in the U.S healthcare system. Without accessible, affordable insurance, many Latinx immigrants with chronic illnesses, like diabetes, experience difficulties in securing adequate care to manage their condition. A great deal of health disparities research already highlights the disadvantages of this demographic’s struggle to consistently obtain the recommended Western biomedical treatments for diabetes management, considering bureaucratic and financial hurdles. However, not enough attention has been given to *how* this Latinx demographic circumvents health constraints, in absence of these resources. Largely lacking is a more accurate portrayal of their lived experiences, one that reflects not only their struggle, but their resilience as chronically ill individuals who experience several dimensions of social inequality.

How do people who face so much resistance employ resourcefulness, creativity, and cultural practices to holistically best manage their chronic condition?



Xavier Cortada, *Salud*, 36" x 48", acrylic on canvas, 2003. Commissioned by the 2002 Regional Hispanic/Latino Health and Human Services Conference: “Celebrating our Past and Building our Future: Best Practices in Addressing Hispanic/Latino Issues” in Chicago, Illinois.



Washington State Medial Home – Partnership Project, 2019. Sea Mar Community Health Center Conference: “14th Annual Latino Health Forum” in Seattle Washington

Background

Main social determinants of diabetes among low-income immigrant Latinx communities include the following:

- Cost of food corresponding to income
- Transportation
- Language Barriers
- Stigma
- Immigration Status
- Insufficient formal/informal food assistance
- Work conditions
- Competing basic needs/constraints of poverty

Different realms of health promoting strategies that may supplement a Western biomedical diabetes management regimen include:

- Alternative Latinx/Indigenous medicine
 - Religion and Spirituality
 - Community and Social Support
 - Dietary measures
 - Other Strategies
 - (that may not fit in other categories)
- ***non-exhaustive list of realms

While many sources mention alternative health promoting strategies for chronic illness management, I have yet to find a focused study that systematically evaluates how people use alternative health promoting strategies to manage diabetes in a Latinx immigrant population.

Methodology

This will be a qualitative study that seeks to explore the alternative health promoting strategies diabetic Latinx immigrants engage in as individuals with multiple intersecting identities, in intimacy and complexity:

Sample Criteria and Recruitment

I plan to recruit at least 15 low-income Latinx immigrants with diabetes in the Houston area using Spanish and English fliers to post in local clinics, organizations, and non-profits.

Data Collection

Through semi-structured interviews, I will inquire aspects of religion, diet, community, and the contemporary manifestation of traditional medicine to examine diabetes management in this Latinx community. As a pandemic precaution, each consenting participant will have the option to interview over the phone, in-person, or over Zoom. Each 60-90 mins interview will be recorded and coded using AtlasTi software.

Data Analysis

I will utilize ethnographic methodologies that follow a *grounded theory* approach. Considering the lack of existing scholarship in this area of research, this flexible approach will allow me to construct a theory from patterns and themes that emerge from the data. This project will also use Intersectionality as a theoretical framework because health disparities research concerning these different intersectional identities is important as a person’s disparate health outcomes can exist across several dimensions of social inequality as they identify with multiple marginalized statuses.

Conclusion

The purpose of this health disparities project is to give a more well-rounded portrayal of how low-income immigrant Latinx communities circumvent the barriers to diabetes prevention and management. I anticipate the findings of this investigation will further a more holistic understanding of the diabetes epidemic among this Latinx demographic in the United States. I also hope that this research will provide a deeper socioemotional perception of how marginalized Latinx individuals navigate chronic conditions and will ultimately inform future socioeconomic interventions.

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