

# Investigating Health Access, Experience, and Outcome of Latin American Immigrants in Trenton, New Jersey through an Intersectional Lens

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## Executive Summary

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**The Latin American immigrant community** of Trenton, New Jersey has been largely understudied. **In particular, the health of this community, and how they navigate the Trenton healthcare system, has not yet been understood.** Given the wide-reaching inequities that exist within the city, and the large proportion of Latin American immigrants in Trenton, establishing a baseline for the current state of healthcare for this community is a crucial first step to future research and policy formation.

The present study establishes the following research question: *In terms of access, experience, and outcome, to what extent does the healthcare system of Trenton, New Jersey succeed in supporting the Latin American immigrant community, and how do specific axes of discrimination (identities, social markers, socioeconomic considerations) influence these healthcare measures as understood through an intersectional framework?* It is important to recognize that within Trenton, **many local organizations** such as the Latin American Legal Defense and Education Fund (LALDEF), The Trenton Health Team, and Henry J. Austin, among others, **have made significant commitments to supporting both immigrant and non-immigrant communities in the city.** Thus, this thesis sought to **uncover gaps in healthcare knowledge that have not yet been identified or understood** surrounding Latin American immigrants to provide further information and perspective to these organizations such that they can continue to build upon and support their existing missions. The three metrics **access, experience, and outcome** were employed as they **holistically encapsulate one's experience with navigating a healthcare system.** Specifically, access represents the process through which one is able to *reach* a healthcare facility, experience highlights what happens *during* a healthcare visit, and outcome delineates the effectiveness of the care they received *following* their visit to a facility.

The investigation was undertaken through the implementation of a **mixed-data, interview-based approach** with **30 Latin American immigrants in Trenton.** Interviews took place at the Latin American Legal Defense and Education Fund, an immigrant-supporting non-profit organization in the city. These interviews included three parts, the first two of which were brief forms and the third which presented verbal questions.

Quantitatively, it was found that **access was the worst scoring metric;** however, all three metrics scored relatively close to ideal but showed some room for improvement. Thus, **support systems currently in place,** through LALDEF and other organizations, **are demonstrated to be relatively effective.** In terms of axes-specific criteria, **lower English levels, being a woman, lower income-levels, being a single parent with children, and less time in the United States** were associated with worse scores on these metrics. The qualitative findings corroborated the quantitative findings, with **most participants discussing barriers to access as their most significant concern.** Through thematic analysis, five key types of barriers were identified: **documentation status, financial issues, awareness of the healthcare system, logistical issues, and discrimination.**

## Literature Review and Background Information

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The scholarly motive for this thesis was derived from a review of **four distinct bodies of literature:** 1) research applying **intersectionality as a framework to health-related research** in order to highlight recent conversations surrounding the theory and its applications in health. 2) research focusing on **healthcare issues more broadly in immigrant communities** in the United States before zeroing in on health research specifically pertaining to **Latin American immigrant communities.** Through this, issues that immigrants face in the United States, specifically from Latin America, were clearly articulated and

understood. 3) research delineating **the importance of policy recommendations as a tool in health research**, providing justification for the final deliverable of this thesis as well as potential guidance in developing recommendations for a policy briefing. 4) **Trenton-specific research**, highlighting key demographics and background information, as well as a review of the recent, yet limited, health-related literature focusing on Trenton and the surrounding region. Taken together, these four sections provided a complete background for the research question as well as demonstrate the relevance of this study to the broader research community.

For the purposes of this report, it is important to contextualize Trenton specifically. There is a nearly **17-year gap between life expectancy** in parts of **Trenton (69.4 years)** and the highest life expectancy in **Mercer County (86.5 years in the north central area)**.<sup>1</sup> The Trenton Health Team also provides information surrounding the presence of immigrants in the city as **“70.7% residents were born outside of the US and 2/3 of Trenton residents are not US citizens.”**<sup>2</sup> They further explain that “people who have immigrated to Mercer County come from all over the world. Among immigrants who have settled in Mercer County, **39.3% come from Latin America**, 36.8% come from Asia, 13.8% come from Europe, and 8.7% from Africa.”<sup>3</sup> Thus, the majority of immigrants in Trenton are of Latin American origin, highlighting that this community forms a significant portion of the residents of the city. In addition, **“nearly 40% of households in Trenton speak a language other than English at home**, compared to 21.5% in the US in general” and “if this wide diversity is not considered in planning for service delivery and infrastructure, **disparities in accessing and receiving services will present distinct barriers among immigrant communities.**”<sup>4</sup> In terms of healthcare, health insurance also presents a major issue as **“more than 1 in 5 people in Trenton who identify as Latino, Some Other Race or White are uninsured.”**<sup>5</sup> Further, **“nearly 1 in 5 (17.70%) Mercer County residents were unable to afford care**, higher than the state and the nation.”<sup>6</sup> In terms of mothers, “in Trenton, **fewer than half (47.6%) of mothers accessed prenatal care during the first trimester**” and “Mercer County has numerous, high-quality programs in place that provide world class care, support, and engagement for expectant mothers. However, many pregnant women, particularly Black/African American and **Latina women**, are still not receiving prenatal care during the first trimester.”<sup>7</sup>

## Methodology

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The methodology employed was an interview-based mixed-data approach which sought to collect both **quantitative and qualitative information** directly from **30 Latin American immigrants in Trenton**. These interviews included the following three parts:

1) The first part of the interview collected **particular socioeconomic and demographic information** including but not limited to gender, sexuality, age, and income-level. This allowed for **intersectional analysis** to be conducted in order to **highlight potential inequities faced only by specific subgroups** within the Latin American immigrant community. In addition, it allowed for an understanding of **how specific identities or axes of discrimination can affect one’s navigation of the healthcare system**.

2) The second part **established quantitative measures for each key metric**—access, experience, and outcome. This was done through an adaptation of a form developed through the study entitled “The

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<sup>1</sup> “2022 Community Health Needs Assessment - Trenton Health Team,” December 12, 2022, <https://trentonhealthteam.org/reports/2022-community-health-needs-assessment/>.

<sup>2</sup> “2022 Community Health Needs Assessment - Trenton Health Team.”

<sup>3</sup> “2022 Community Health Needs Assessment - Trenton Health Team.”

<sup>4</sup> “2022 Community Health Needs Assessment - Trenton Health Team.”

<sup>5</sup> “2022 Community Health Needs Assessment - Trenton Health Team.”

<sup>6</sup> “2022 Community Health Needs Assessment - Trenton Health Team.”

<sup>7</sup> “2022 Community Health Needs Assessment - Trenton Health Team.”

Outcomes and Experiences Questionnaire: development and validation” by Gibbons and colleagues.<sup>8</sup> While their questionnaire **only included experience and outcome** as measures, the present study **added access as a metric in order to understand the entire process** through which an **individual navigates care**. This addition mirrored the format of questions asked on the previously validated questionnaire.

3) The third part collected key **contextual information** that expands on the findings of parts one and two and was analyzed **qualitatively through thematic analysis**. Specifically, a reflexive thematic analysis approach was utilized as detailed by Braun and Clarke to ensure themes were both clearly established and well supported.<sup>9</sup>

## Findings

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*Key Observation #1:* Quantitatively, across all three metrics—access, experience, and outcome—**Trenton’s services appear to be relatively effective** at supporting Latin American immigrants.

Access and outcome were rated on a scale of 1-5 and experience was rated on a scale of 1-4.5 based on a combination of questions asked through part two of the interview. Lower scores, such as 1, were said to be “ideal” and higher scores such as 4.5 and 5 were said to be “unideal.” Thus, in analyzing the entire sample, **all three measures were closer to 1 than they were to 4.5 or 5 respectively**. With this in mind, this provides evidence that **many of the services present in Trenton**, such as through LALDEF or Henry J. Austin, **are already able to support the Latin American immigrant community effectively**. However, given that these measures were not all 1s, **there remains room for improvement** across all three metrics. The policy recommendations at the end of this report aim to increase these scores.

*Key Observation #2:* **Access** has been demonstrated to be **the lowest-scoring metric overall**, as highlighted through **quantitative analysis**.

**Access was the lowest scoring metric**, averaging out to a score of 2.83. Experience and outcome each had a score of 2.28 and 1.98 respectively. This provided some support that the key issues present within healthcare for the Latin American immigrant community **may not pertain nearly as much to experience and outcome as they do for access**. In addition, it reflects that even if services are available to immigrants in the city, **they may struggle to access them or even be made aware of them**. Further, of the 30 individuals sampled, **only 17 of them had accessed healthcare** since their arrival in the United States. In addition, the hospital was reported as the most common place to access care, even though **there exist numerous additional resources** such as Henry J. Austin that many of the participants **had never been made aware of**.

*Key Observation #3:* The presence of certain **socioeconomic and identity characteristics** among individuals appears to **worsen overall scores** across access, experience, and outcome.

The purpose of the intersectional lens was to break apart the idea of a broader Latin American immigrant community into smaller subsections to understand specifically the ways in which inequities can layer on top of one another based on specific socioeconomic or identity-based considerations. It was found that **individuals who were women, spoke minimal English, had lower income-levels, spent less time in the United States, or were single with children were associated with worse scores across all three metrics considered**. Thus, this demonstrates that special considerations in terms of policy or

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<sup>8</sup> Elizabeth Gibbons et al., “The Outcomes and Experiences Questionnaire: Development and Validation,” *Patient Related Outcome Measures* 6 (July 16, 2015): 179–89, <https://doi.org/10.2147/PROM.S82784>.

<sup>9</sup> “Doing Reflexive TA | Thematic Analysis,” accessed February 20, 2024, <https://www.thematicanalysis.net/doing-reflexive-ta/>.

community outreach should be made when considering the Latin American immigrant community across these specific axes.

*Key Observation #4:* “**Barriers to access**” was shown to be the strongest theme throughout **qualitative thematic analysis** with most participants citing it as a key issue.

Almost every participant in the study reported **barriers to access** as their primary concern in terms of receiving healthcare in Trenton. These barriers spanned five key subthemes: **documentation status, financial issues, awareness of the healthcare system, logistical issues, and discrimination**. This directly corroborates the earlier quantitative finding that access is the most problematic measure. Documentation status emphasized a need for a more **transparent understanding of where** undocumented immigrants **can access care** and **how they can most effectively receive the care** that they need. In terms of financial issues, **numerous participants cited high costs and a lack of health insurance** as major barriers to care, reflecting a need for increased low-cost resources as well as expansion of current forms of health insurance. Awareness of the healthcare system demonstrated that **many of the participants were simply never informed of where would be the most effective place to receive care**, resulting in either avoiding care entirely or only accessing **more costly forms of care such as the emergency room**. Logistical issues included both distance as well as time considerations as for many individuals they were **either too far from their nearest health center or experienced significant wait times at healthcare facilities**. Finally, **discrimination on the basis of race and language** was another consideration shared that emphasizes the need for increased cultural sensitivity and understanding amongst healthcare professionals in Trenton.

*Key Observation #5:* Representing the Latin American immigrant community **holistically** proved to be a challenge **even with the presence of an intersectional lens**.

Even through the use of an intersectional lens, **numerous subgroups were unable to be represented** due to sampling. While a sample size of 30 is relatively standard, **neither LGBTQ+ or individuals with disabilities were represented**. Thus, while the use of this lens did allow for a more in-depth understanding of how certain socioeconomic or identity-based considerations can impact healthcare in Trenton, it is unable to capture individuals who simply do not participate in the study. With this in mind, it is important that future research seeks to sample individuals **specifically in these communities** to understand the needs and challenges that particularly pertain to them. It is important to note, however, that the intersectional lens did allow for this identification to be made in the first place as without this consideration **such an absence could never have been recognized**.

## **Policy Recommendations**

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When taking into account the results uncovered across all three portions of the interviews, numerous opportunities for both policy recommendations as well as future research emerged. The following policy recommendations have been directly **shaped by the previously discussed quantitative and qualitative results**, and respond directly to the needs articulated by the community of Latin American immigrants in Trenton. They are **ordered based upon perceived ease of implementation and general feasibility**; however, all of these recommendations have the potential to improve upon the issues uncovered through this study.

### *1) Require the Translation of Healthcare Websites into Spanish*

When researching the key health centers and emergency rooms in Trenton, many websites **do not provide an option for Spanish-speakers**. Given that almost all of the participants recruited into this study spoke either **minimal or no English**, this reflects a clear pattern of exclusion given a significant proportion of the Latin American immigrant community does not have literacy in English. If an individual

is unable to read a webpage, this may result in them feeling excluded on top of being entirely unable to understand potentially essential information. Trenton’s city government could **mandate that all health-related web pages be translated into Spanish** to ensure that monolingual Spanish-speakers are not excluded from accessing health-related information as well as able to understand what medical resources are available to them.

## 2) *Organize Informational Campaigns*

One of the many issues uncovered through the interviews was a **general lack of access to information** surrounding **both healthcare resources** as well as **immigrant-serving services in Trenton**. Information campaigns have been utilized in a variety of healthcare settings and shown to be beneficial in a variety of ways.<sup>10</sup> With this in mind, the implementation of information campaigns throughout the city could be of benefit to the city’s residents, allowing for immigrants who have recently arrived, or have been residents for a long time, to become **quickly aware of the city’s resources**. In addition, due to many undocumented immigrants citing fear of deportation as a concern, information surrounding the rights and protections that immigrants, **documented or undocumented**, have in the city could help to mitigate and ameliorate some of these concerns.

In terms of the facilitation of these campaigns, some participants shared that they would find it most beneficial if they are conducted over social media, such as **Instagram, Facebook, or Google**. Other participants explained that they are more able to access information through **community-based organizations** as well as signs that are posted on the street that point them to specific organizations.

## 3) *Implement an Emergency Room / Health Center Rideshare Program*

Logistical issues, specifically pertaining to **distance to the nearest emergency room**, proved to be a significant issue for many of the participants interviewed, as well as for their family members. One participant specifically shared that **her only means of transportation was a bike** and thus this made accessing medical services particularly difficult. With this in mind, the introduction of a **subsidized rideshare program** connecting individuals with their nearest emergency room<sup>11</sup>, or immigrant-supporting health center, could be beneficial.

This recommendation is modeled off of a similar system that the Princeton Police Department offers in order to reduce the risk and prevalence of drunk driving in the town.<sup>12</sup> Specifically, they provide a QR code that is accessible at a variety of locations across the city, specifically those that serve alcohol, that enable users to receive a \$15 free ride credit through Uber to allow them to get home without driving.<sup>13</sup> This credit is only functional at each of these locations from the hours of 8 PM to 2 AM and does not allow users to leave Princeton.<sup>14</sup> Overall, this provides a simple yet effective means to mitigating negative consequences resulting from driving under the influence of substances.

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<sup>10</sup> Harita S. Shah et al., “Sólo Se Vive Una Vez: Evaluation of a Social Marketing Campaign Promoting HIV Screening and Prevention for Immigrant Latinxs,” *AIDS and Behavior* 25, no. 9 (September 2021): 3024–33, <https://doi.org/10.1007/s10461-021-03165-4>; Erika Bonnevie et al., “Growing and Glowing: A Digital Media Campaign to Increase Access to Pregnancy-Related Health Information for Black Women During the COVID-19 Pandemic,” *Health Promotion Practice* 24, no. 3 (May 1, 2023): 444–54, <https://doi.org/10.1177/15248399221083844>; Farai Nyabadza et al., “Analysis of an Hiv/Aids Model with Public-Health Information Campaigns and Individual Withdrawal: Journal of Biological Systems,” *Journal of Biological Systems* 18, no. 2 (June 2010): 357–75, <https://doi.org/10.1142/S0218339010003329>; Yue Ma et al., “The Salience of Information: Evidence from a Health Information Campaign in Rural China,” *Economic Development and Cultural Change* 72, no. 1 (October 1, 2023): 1–26, <https://doi.org/10.1086/720005>.

<sup>11</sup> Emergency Room (ER) and Emergency Department (ED) will be used interchangeably throughout this chapter

<sup>12</sup> “PD Provides Your ‘DD’ | Princeton, NJ,” accessed April 6, 2024, <https://www.princetonnj.gov/1411/PD-Provides-your-DD>.

<sup>13</sup> “PD Provides Your ‘DD’ | Princeton, NJ.”

<sup>14</sup> “PD Provides Your ‘DD’ | Princeton, NJ.”

Through implementing a similar rideshare program, the city of Trenton, another city within Mercer County, the same county as Princeton, **issues pertaining to distance could potentially be mitigated**. Specifically, there could be signs posted around Trenton or in key community organizations, or distributed through the aforementioned information campaigns, within Trenton that have QR codes enabling users to receive a \$15 ride credit. This credit would only function if an individual enters their nearest emergency room, or participating health center, into the app. Upon arriving at the hospital or health center, there would be another QR code that would enable them another \$15 for their ride home. This could **reduce costs significantly for the city** through allowing individuals to avoid having to call an ambulance in situations that are not highly urgent but where distance presents too significant of a barrier. In addition, it would **significantly benefit immigrants who find it difficult to access distant care** and provide a safe and convenient means of reaching the emergency room or health center.

#### 4) *Implement a “Wait From Home” Option for Emergency Rooms*

Another logistical issue that was mentioned across multiple interviews was **long wait times in the emergency room**. One person even expressed that **they would rather not seek treatment and remain at home as opposed to going to the emergency room and having to wait hours**. With this in mind, an alternative system of waiting could be implemented, as well as ideally combined with other suggested policy recommendations in this section, such as the rideshare credit. This system could be done virtually, allowing individuals to register themselves on the emergency room’s website where they would be notified of the wait time as well as how many individuals are ahead of them in line. A related study found that “81.3% of respondents wanted to know ED wait times before hospital arrival” and that “90.8% wanted ED wait times posted in the waiting room. Website (46.7%) was the most popular choice for publishing wait times outside the ED.”<sup>15</sup> Thus, **this could potentially ameliorate wait-time as a barrier to care**, allowing individuals to wait in the comfort of their homes prior to heading to the emergency room.

#### 5) *Require Cultural Competency Training for Healthcare Professionals*

Some individuals reported that they felt or were discriminated against either for **their racial identity or use of Spanish and inability to speak English**. It is imperative that healthcare professionals are careful to meet the needs of their clients and avoid discriminating against them. This can have dangerous consequences and potentially deteriorate the trust between immigrants and the healthcare system for fear of being discriminated against.<sup>16</sup> Through mandating increased education for Trenton’s healthcare professionals, **issues concerning discrimination can potentially be addressed**. Some studies have supported the importance of additional training that reduces risk of discrimination in healthcare contexts.<sup>17</sup> Sandra Ziegler and colleagues specifically explain that “diversity competence is not just an additional competence but can be seen as a ‘special qualification’ which enables professionals to fulfil the general requirements of their profession in complex situations and interactions with a super-diverse patient population.”<sup>18</sup> Given the diversity of Trenton, as well as of the Latin American immigrant

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<sup>15</sup> Samantha Calder-Sprackman et al., “Availability of Emergency Department Wait Times Information: A Patient-Centered Needs Assessment,” *Emergency Medicine International* 2021 (April 22, 2021): 8883933, <https://doi.org/10.1155/2021/8883933>.

<sup>16</sup> Alane Celeste-Villalvir, Christine Kovic, and Francisco Argüelles, “The Intersectional Impact of Disability and Immigration on Health: A Health Needs Assessment of Immigrants Living With Spinal Cord Injury in Houston, Texas,” *Community Health Equity Research & Policy (Print)* 44, no. 2 (2024): 209–18, <https://doi.org/10.1177/2752535X221132445>.

<sup>17</sup> Sandra Ziegler, Camilla Michaëlis, and Janne Sørensen, “Diversity Competence in Healthcare: Experts’ Views on the Most Important Skills in Caring for Migrant and Minority Patients,” *Societies* 12, no. 2 (March 9, 2022): 43, <https://doi.org/10.3390/soc12020043>; Sonya Arreola, Jesus Ramirez-Valles, and Rafael M. Diaz, “Structural HIV Stigmatization and Discrimination Among Latina/x/o Immigrants: Intersections With Heterosexism, Ageism, and Transprejudice,” *American Journal of Public Health* 112 (June 2022): S387–89.

<sup>18</sup> Ziegler, Michaëlis, and Sørensen, “Diversity Competence in Healthcare.”

community more specifically, such training appears invaluable to protecting these individuals from discriminatory practices.

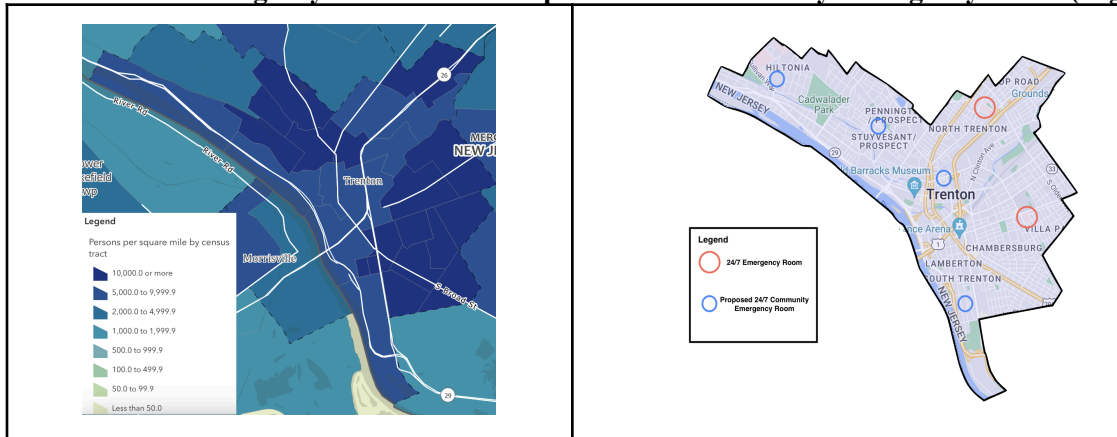
6) *Implement Debt-Relief Program for Spanish-Speaking and Latino Clinicians*

Many individuals expressed a desire for **more Spanish-speaking health professionals**. Many medical students graduate with significant debt, with the average amount of debt being over \$200,000.<sup>19</sup> In response to high amounts of debt burdening recent graduates, various states have created debt relief programs that provide some relief to indebted graduates in exchange for their service as a physician in an underserved region. The state of New Jersey has a program entitled “Primary Care Practitioner Loan Redemption Program” which allows for medical students to receive up to \$120,000 in debt-forgiveness in exchange for 2-4 years as a primary care provider in regions with a health professional shortage.<sup>20</sup> Taking this into account, New Jersey already has the backbone for a **debt-forgiveness program**. Through slightly adapting or creating a highly-related program, New Jersey could encourage Spanish-speaking and Latino physicians to practice in Trenton hospitals and clinics in exchange for redemption of their loans.

7) *Construct a Community Emergency Room Program*

The introduction of a **community emergency room program** could allow for issues of **both distance and wait-time to be ameliorated** through shifting responsibility off of the city’s hospitals to instead a smaller network of **stand-alone emergency rooms**. This solution is adapted off of a similar system that exists across the Las Vegas valley within the Dignity Health healthcare system.<sup>21</sup> Specifically, Dignity Health recently introduced four smaller, “neighborhood hospitals” that offer “a comprehensive emergency department, an inpatient wing, imaging, and quick-access lab services” and “are open and operate 24 hours a day, 365 days a year, offering patients the highest levels of care in a smaller campus setting.”<sup>22</sup>

**Figure One: Map of Trenton by Population Density<sup>23</sup> (Left) and Map of Trenton Highlighting Current 24/7 Emergency Rooms<sup>24</sup> and Proposed 24/7 Community Emergency Room (Right)**



<sup>19</sup> Meaghan Hunt, “Average Medical School Debt In 2022,” Bankrate, accessed April 6, 2024, <https://www.bankrate.com/loans/student-loans/average-medical-school-debt/>.

<sup>20</sup> “Primary Care Practitioner Loan Redemption Program,” accessed April 6, 2024, <https://he7606.hesaa.org/Pages/PrimaryCarePractitionerLoanRedemptionProgram.aspx>.

<sup>21</sup> “Neighborhood Hospitals | Nevada Hospitals | Dignity Health,” Dignity Health, accessed April 6, 2024, <https://www.dignityhealth.org/las-vegas/locations/neighborhood-hospitals>.

<sup>22</sup> “Neighborhood Hospitals | Nevada Hospitals | Dignity Health.”

<sup>23</sup> “2020 Census Demographic Data Map Viewer,” accessed April 6, 2024, <https://maps.geo.census.gov/ddmv/map.html>.

<sup>24</sup> Determined through usage of Google Maps by searching “emergency room” near Trenton and setting filter to “Open 24 Hours.”

In Figure One, on the left there is a map of the population density of Trenton, New Jersey and on the right there is a map highlighting the current 24/7 emergency rooms as well as four additional proposed 24/7 community emergency rooms. From the image on the right, **it is evident that the two existing 24/7 emergency rooms are far away** from where much of Trenton’s population lives. In addition, much of Trenton is left without a 24/7 emergency room due to the two 24/7 emergency rooms being located on the upper-right side of the city. Therefore, four potential 24/7 community emergency rooms were proposed based on this data to enable the availability of emergency care to residents all over the city at any time of day. Dignity Health has tried and tested their model explaining that it “has been successful in both Colorado, Texas, and Idaho creating shorter wait times in their fully functioning emergency departments, while decompressing the burden of current ERs.”<sup>25</sup>

#### 8) *Expand Health Insurance Options for Undocumented Parents*

The most pressing and frequently discussed issue by the immigrants interviewed in this study was **the need for health insurance**. Overall, this acted as **the most significant barrier to care** due to inability to access services **due to high costs resulting from a lack of coverage**. Among parents, this proved to be particularly pressing as they often explained that their children were covered by some form of health insurance, but they themselves were not even though they had to support their children and their health is essential to providing for their families. NJ Family Care currently provides health coverage to financially-eligible children under 19 years of age regardless of immigration status; however, adults must be “lawfully present” in order to access this same coverage.<sup>26</sup> Based upon the findings of this study, it is clear that this care **must be expanded to include parents** should they be able to meet the financial eligibility requirements. If children are able to access health insurance, **those who provide for them should also be protected and enabled to access the care that they need** without fearing exuberant costs. While this would not resolve the issues of health insurance pertaining to adult immigrants without families, **it would represent a step in the right direction** and also support the health of families.

## Conclusion

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The Latin American immigrant community of Trenton, though largely understudied within the broader scholarly literature, **has been well-supported due to the presence of numerous community organizations** such as The Latin American Legal Defense and Education Fund, Henry J. Austin, and The Trenton Health Team among others. In terms of healthcare specifically, **there remain numerous challenges** that the present study has identified and delineated. It has been demonstrated that **access is the most pressing issue** in terms of navigating Trenton’s healthcare system; however, **there remains room for improvement across all three measures**. Organizations like LALDEF should be commended for their significant work in supporting and uplifting the Latin American community, and it is hoped that **the present findings and recommendations will only further guide and support their mission**. I firmly believe that **healthcare is a human right**, and that all individuals should have **affordable, accessible, and equitable care** made available to them. I hope that these findings not only aid in better understanding the needs of this community, but also **guide future policymakers and researchers** in further exploring the aforementioned observations. As a starting point, I provide the following list of potential future research opportunities.

## Future Research Opportunities

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- 1) Further exploration of the subgroup of **LGBTQ+ individuals** in the Latin American immigrant community of Trenton and how they navigate its healthcare system.

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<sup>25</sup> “Neighborhood Hospitals | Nevada Hospitals | Dignity Health.”

<sup>26</sup> “NJ FamilyCare - Immigrants, Who Is Qualified,” accessed April 6, 2024, [https://njfamilycare.dhs.state.nj.us/imm\\_info.aspx](https://njfamilycare.dhs.state.nj.us/imm_info.aspx).



- 2) Further exploration of the subgroup of **individuals with disabilities** in the Latin American immigrant community of Trenton and how they navigate its healthcare system.
- 3) Expansion of present findings to **other cities with large Latin American immigrant populations** for further comparative analysis as well as potential policy recommendations.
- 4) Understanding the role that **country of origin** plays in shaping healthcare navigation. Doshi and colleagues in a related study of another US region found connections between country of origin and health-seeking practices.<sup>27</sup> Therefore, a deeper exploration that isolates the country of origin of Latin American immigrants in Trenton and utilizes interview methodology to more precisely focus on this metric could yield meaningful results.
- 5) Consideration of the **healthcare professional perspective** through a comparative lens to potentially uncover **corroborating or contrasting information**. In Doshi and colleagues' study, they gathered information "from the perspectives of frontline service providers to better understand and address obstacles in their ability to provide timely and effective services."<sup>28</sup> Thus, a study similar to theirs could be **conducted in Trenton** to provide further insight and perspective that can be compared to the findings of the present study to develop a more **holistic understanding** of the healthcare system's ability to support the Latin American immigrant community.

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<sup>27</sup> Monika Doshi et al., "Barriers & Facilitators to Healthcare and Social Services among Undocumented Latino(a)/Latinx Immigrant Clients: Perspectives from Frontline Service Providers in Southeast Michigan," ed. Lisa Merry, *PloS One* 15, no. 6 (2020): e0233839–e0233839, <https://doi.org/10.1371/journal.pone.0233839>.

<sup>28</sup> Doshi et al.

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