

# Exploring the Mental Health Needs of Philadelphia's Latino Immigrant Communities

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## Background – Why Latino Immigrant Health?

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- Latinos are the largest racial/ethnic group in the U.S.
- Latino immigrants experience various barriers to health
- A fast-growing population in Philadelphia and are one the drivers of the city's population growth


# Background – Migration and Mental Health

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- Migration, immigration status, discrimination, and racism are structural determinants of Latino immigrant health
  - Undocumented migrants are especially vulnerable to migration-related stressors due to their unique exposure to traumatic experiences before, during, and after migration
  - Latino immigrant groups are disproportionately affected by poor mental health and face disparities in timely access to quality mental health treatment
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# Study Aims

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- **To estimate** the prevalence of selected mental health conditions, Adverse Childhood Experiences (ACEs), and Lifetime Intimate Partner Violence (IPV) among a sample of Latino immigrants in Philadelphia
  - **To analyze** the associations between ACEs, Lifetime IPV, and self-reported mental health
  - **Draw recommendations** for future Latino immigrant health research and practice based mental health work
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# Study Design and Methods

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## DATA SOURCE

- 2-year NIH funded cross sectional study (extension of CRiSOL project)
- Respondent-Driven Sampling methodology
- Sample data is from May-Dec 2021 and is still ongoing
- Sample of Latino immigrants (N =212)

## STUDY PARTICIPANTS

- Survey eligibility criteria
  - 18-55 years old
  - Born in Latin America
  - Live in Philadelphia

# Study Design and Methods

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## MEASURES

- Independent variables: ACEs and Lifetime IPV
- Dependent variables: Mental health indicators (Depression, Anxiety, PTSD, and Overall Mental Health)
- Covariates:
  - Socio-demographics - Age, gender, marital status, education level, country of origin, health insurance
  - Other covariates - immigration status, residence length, age of arrival, and employment status

## ANALYSIS

- Descriptive statistics
- Cross tabulations
- Logistic regression models


# Results - Descriptive Statistics

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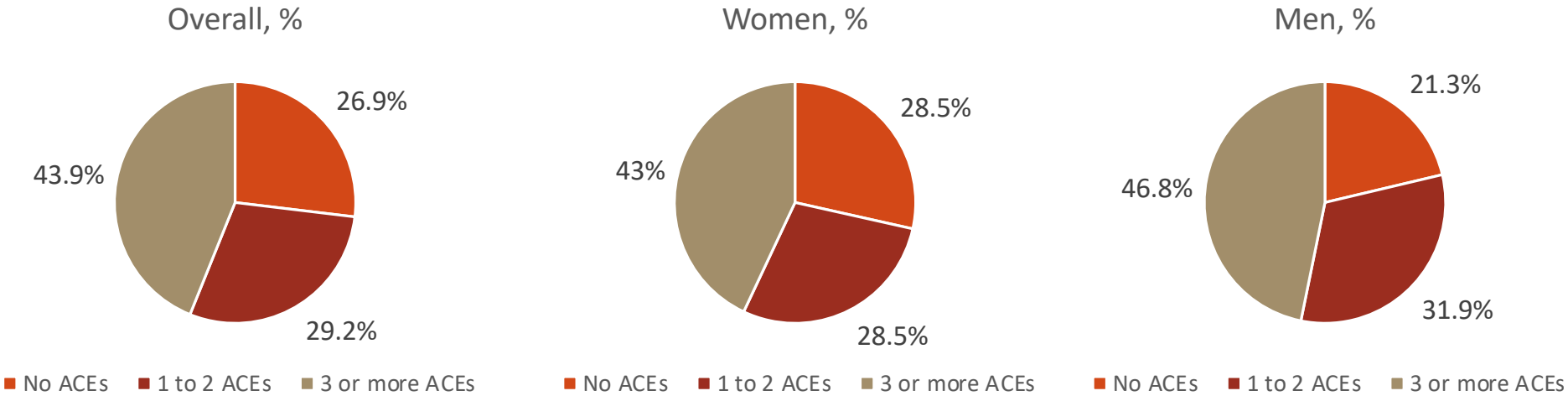
# Socio-Demographics Characteristics of the Sample

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- 36.59 years old (SD=7.5)
  - 77.8% Female
  - 62.3% from Mexico
  - 80.2% Undocumented status
  - 64.6% Married or Cohabiting
  - 91% Heterosexual
  - 78.8% Uninsured
  - 57.9% Arrived in the U.S. between ages of 18 and 30
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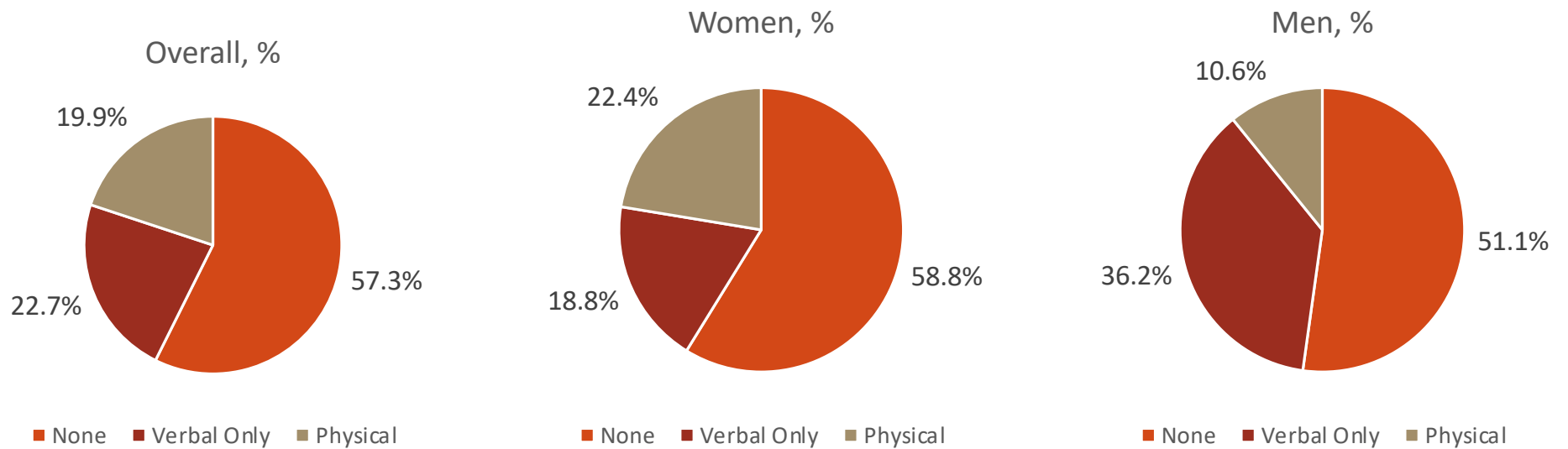


# ACEs Prevalence



ACEs: Experiences in emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, domestic violence, household substance abuse, household mental illness, and incarcerated household member during childhood

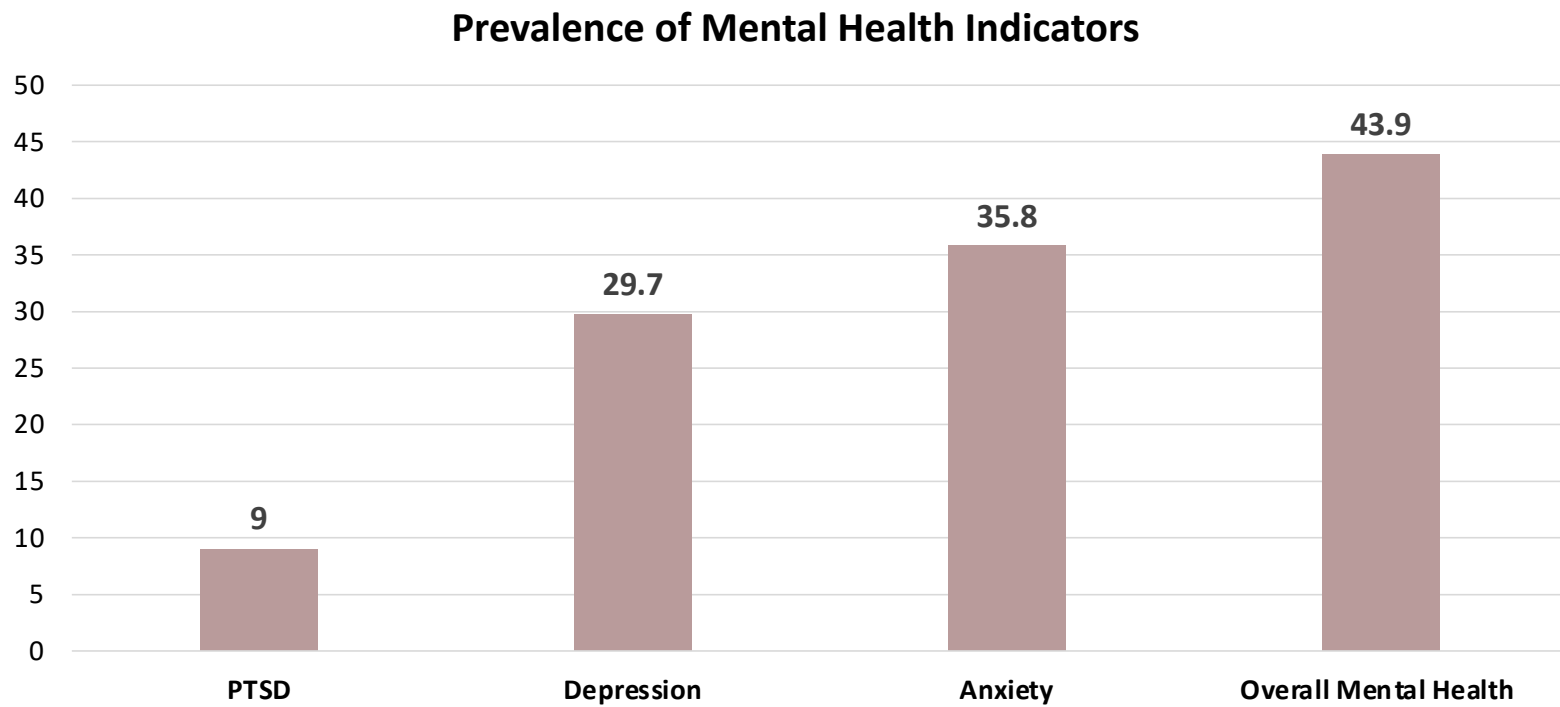
# Lifetime IPV Prevalence



Lifetime IPV: Scale asks if participants have been physically assaulted, threatened by, insulted by, or yelled at by an intimate partner

# Mental Health Indicators Prevalence

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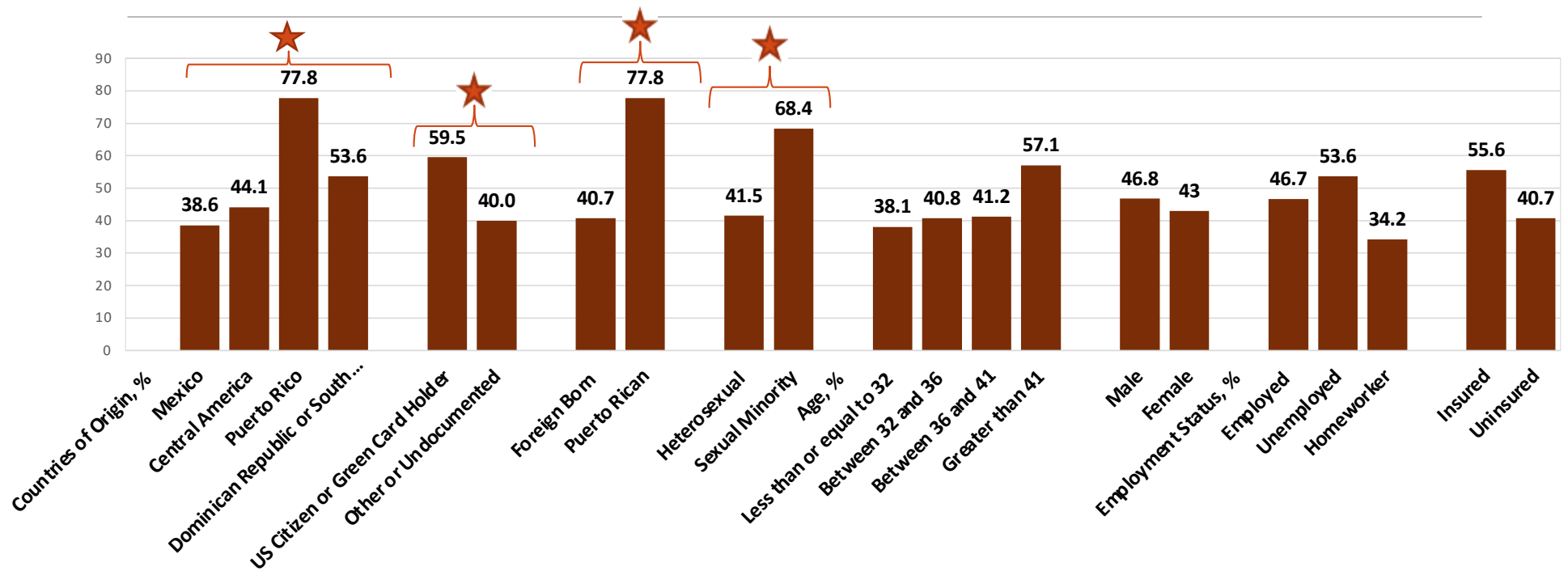
# Results – Unadjusted Associations

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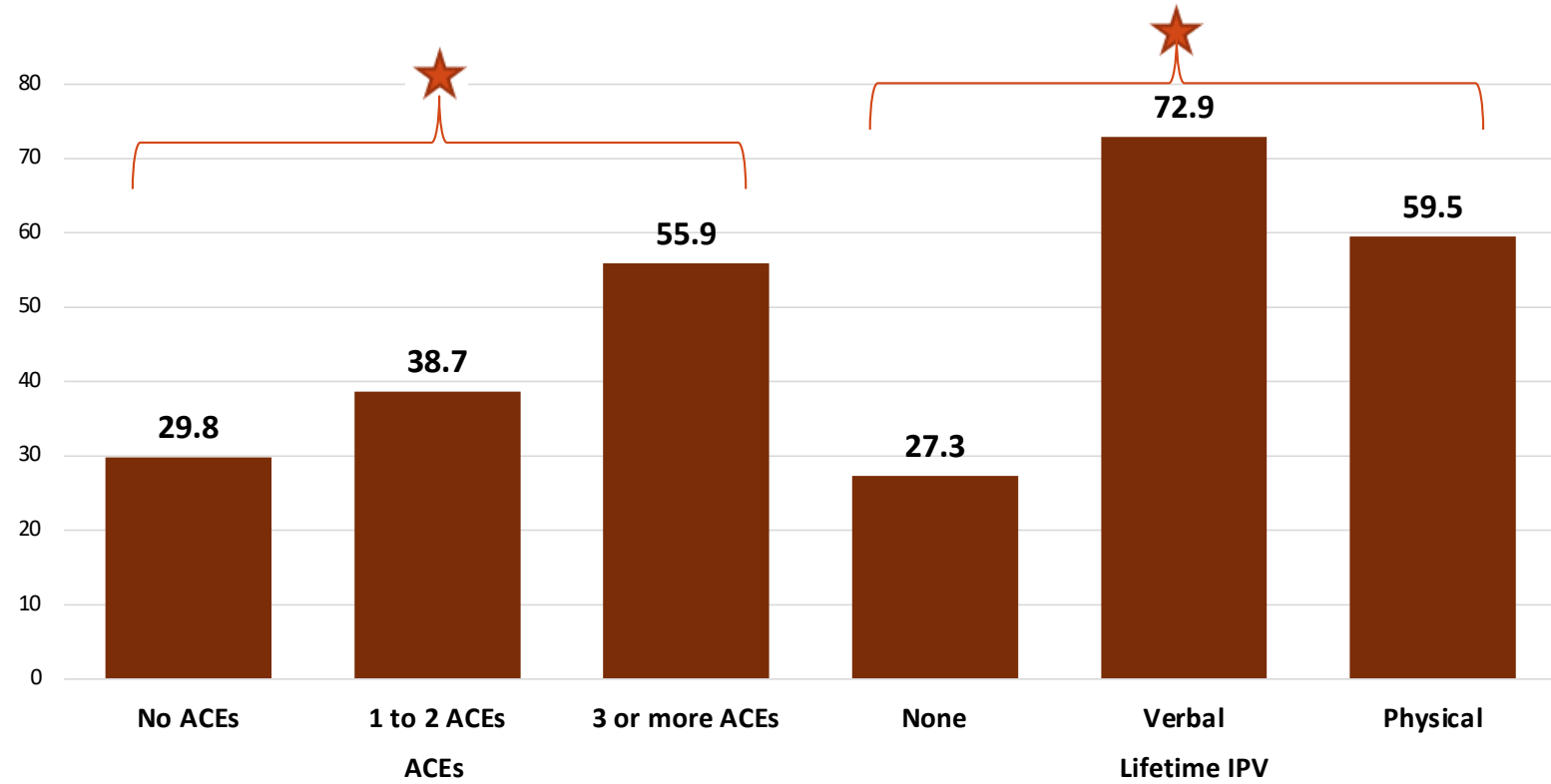


# Bivariate Analyses

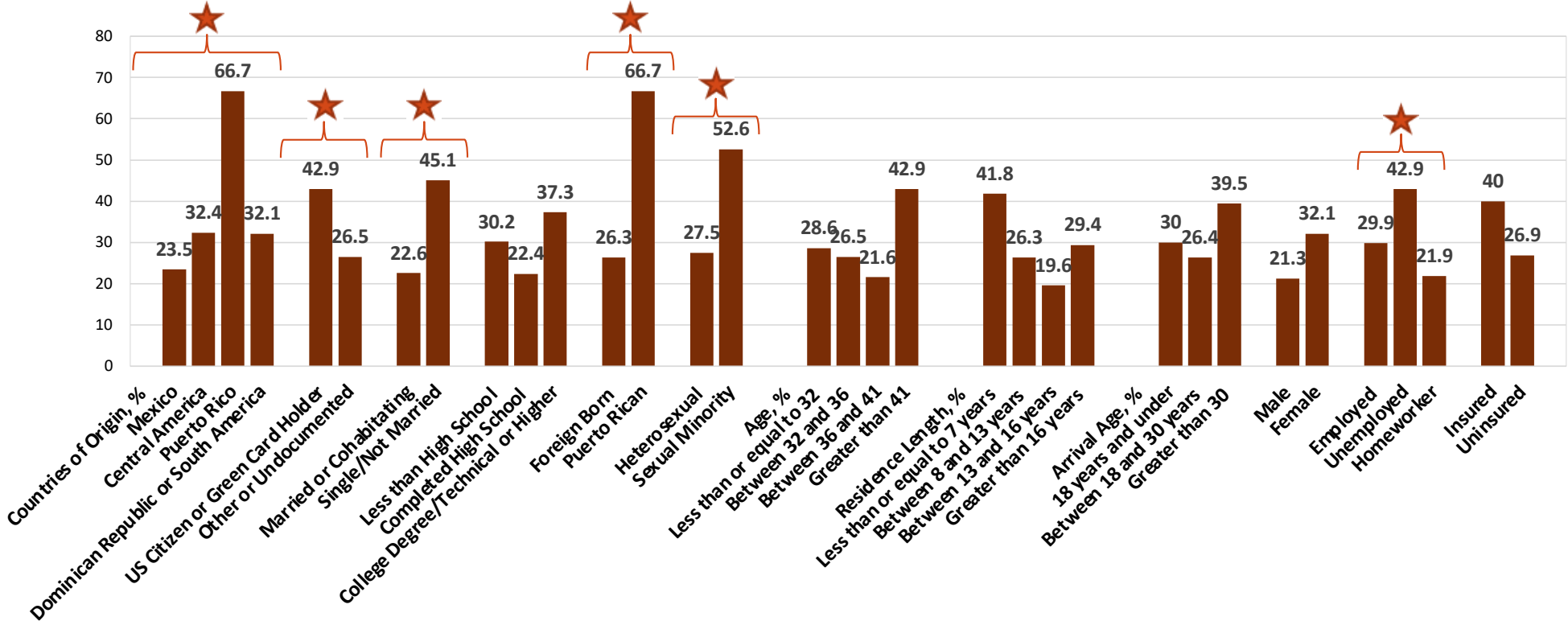
Prevalence of Mental Health Problems by Socio-Demographic Characteristics



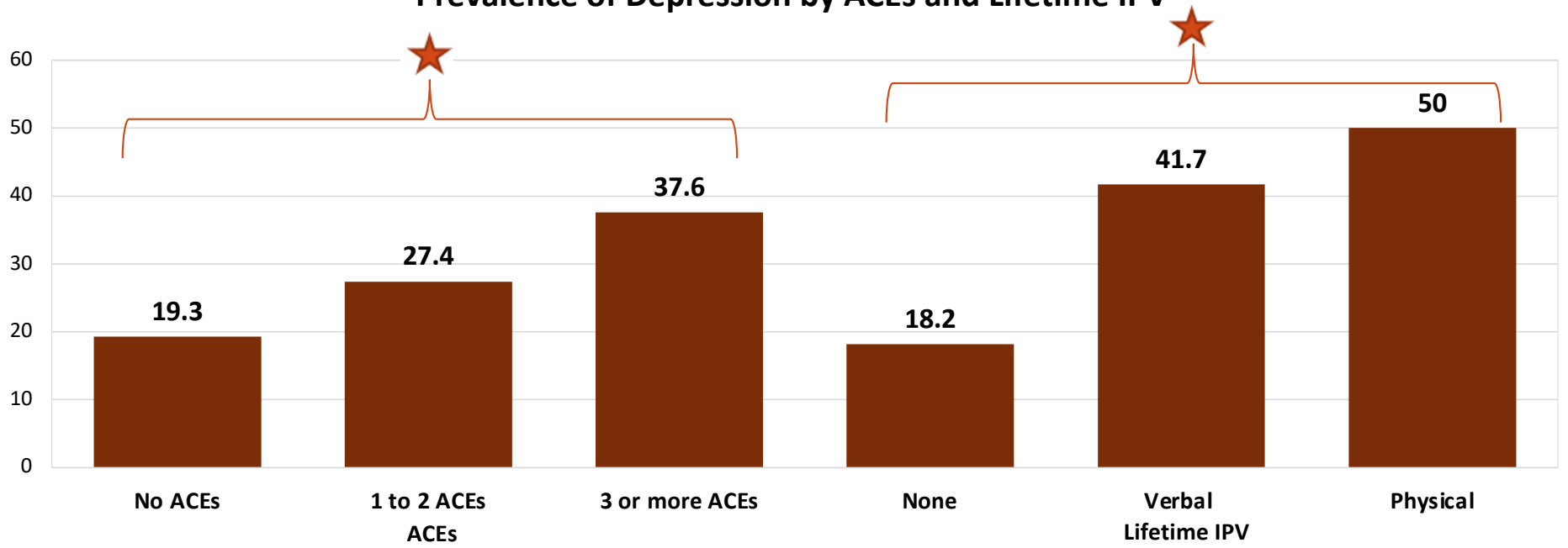
### Prevalence of Mental Health Problems by ACEs and Lifetime IPV



# Prevalence of Depression by Socio-Demographic Characteristics

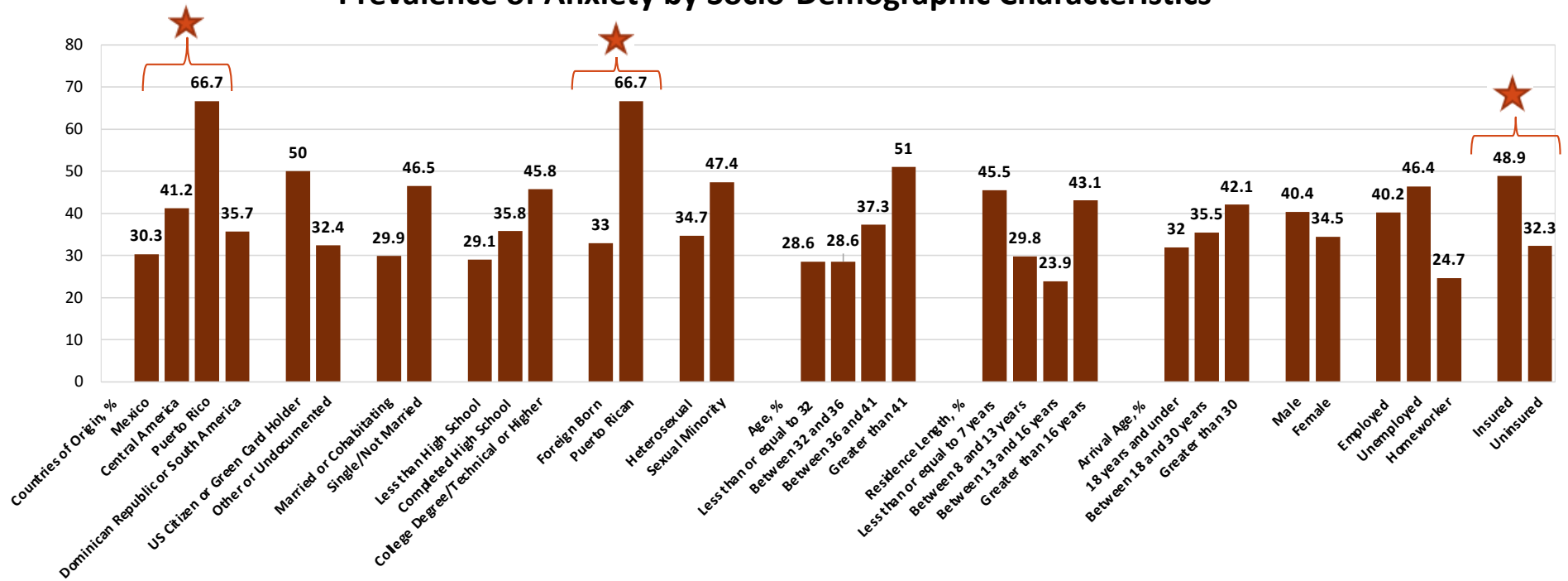


### Prevalence of Depression by ACEs and Lifetime IPV

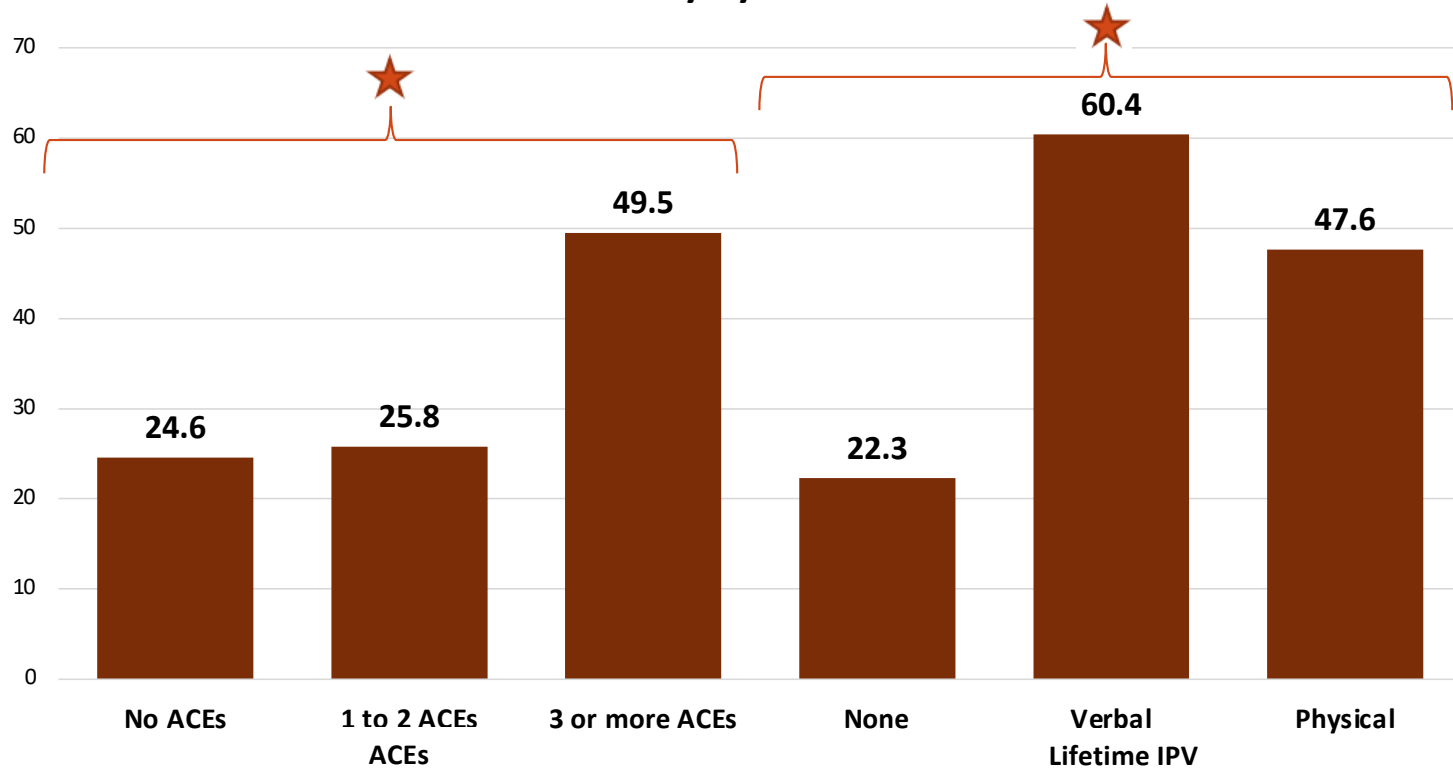




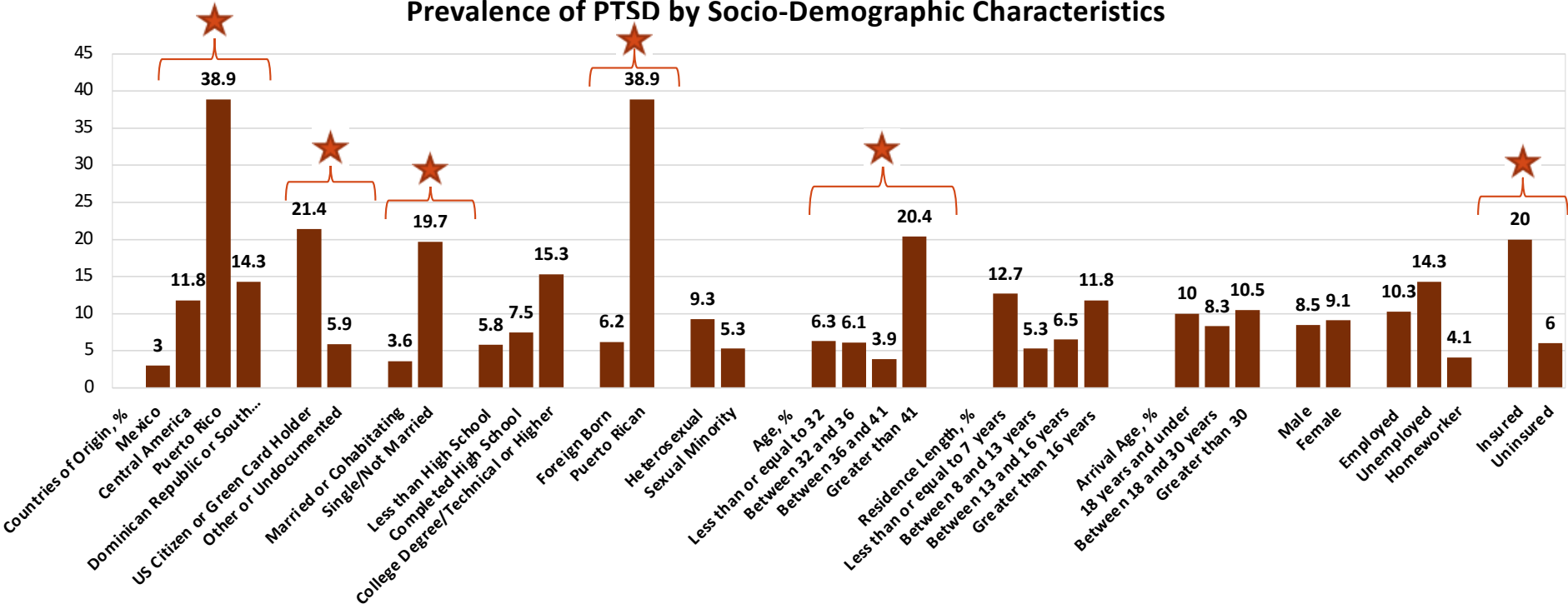
## Prevalence of Anxiety by Socio-Demographic Characteristics



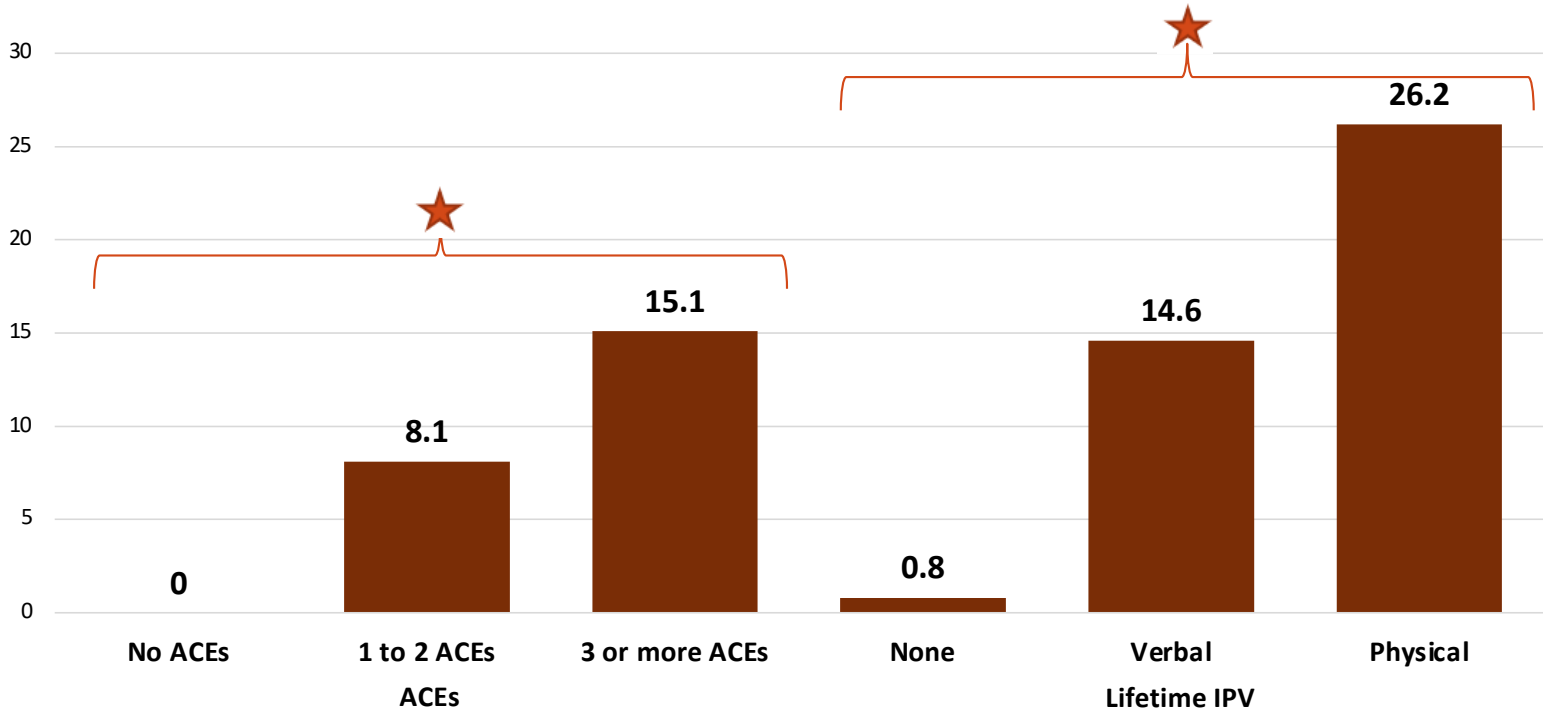
### Prevalence of Anxiety by ACEs and Lifetime IPV



### Prevalence of PTSD by Socio-Demographic Characteristics



### Prevalence of PTSD by ACEs and Lifetime IPV



# Results – Adjusted Associations

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# Factors Associated with Overall Mental Health (logistic regression)

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	Adjusted OR	P
Sexual Orientation		
Heterosexual	(ref)	(ref)
Sexual Minority	3.351	0.03*
Lifetime IPV		
Never	(ref)	(ref)
Verbal but not physical	7.148	<.001*
Physical	4.203	<.001*

Note: Other variables were included in the adjusted regression models but were not retained in the final model (Country of Origin, Immigration Status, Marital Status, Education Level, Foreign Born Status, Age, Residence Length, ACEs, Employment Status, and Health Insurance Status).

# Factors Associated with Depression (logistic regression)

	Adjusted OR	P
Marital Status		
Married or Cohabiting	(ref)	(ref)
Single/Not Married	1.284	.521
Sexual Orientation		
Heterosexual	(ref)	(ref)
Sexual Minority	3.604	.023*
Lifetime IPV		
Never	(ref)	(ref)
Verbal but not physical	3.792	.022*
Physical	5.516	<.001*
Employment Status		
Employed	(ref)	(ref)
Unemployed	3.268	.021*
Other	10.827	.059
Homeworker	1.210	.640

Note: Other variables were included in the adjusted regression models but were not retained in the final model (Country of Origin, Immigration Status, Education Level, Foreign Born Status, Age, Residence Length, ACEs, Occupation Type, and Health Insurance Status).

# Factors Associated with Anxiety (logistic regression)

	Adjusted OR	P
<b>Country of Origin</b>		
Mexico	(ref)	(ref)
Central America	1.773	.202
Puerto Rico	3.947	.021*
Dominican Republic or South America	.942	.904
<b>Lifetime IPV</b>		
Never	(ref)	(ref)
Verbal but not physical	4.82	<.001*
Physical	1.925	.133
<b>ACEs</b>		
No ACEs	(ref)	(ref)
1 to 2 ACEs	.809	.660
3 or more ACEs	2.458	.038*

Note: Other variables were included in the adjusted regression models but were not retained in the final model (Immigration Status, Education Level, Foreign Born status, Age, Residence Length, Occupation Type, and Health Insurance Status).



# Factors Associated with PTSD (logistic regression)

	Adjusted OR	P
Country of Origin		
Mexico	(ref)	(ref)
Central America	6.148	.025*
Puerto Rico	16.937	<.011*
Dominican Republic or South America	8.635	.012*
Sexual Orientation		
Heterosexual	(ref)	(ref)
Sexual Minority	0.164	.12
Lifetime IPV		
Never	(ref)	(ref)
Verbal but not physical	13.045	.023*
Physical	16.884	.011*

Note: Other variables were included in the adjusted regression models but were not retained in the final model (Immigration Status, Marital Status, Education Level, Foreign Born Status, Age, Residence Length, ACEs, Employment Status, and Health Insurance Status).


# Summary of Findings

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## RESULTS

- Mental health indicators, ACEs, and Lifetime IPV were prevalent among this sample
- Sexual orientation, lifetime IPV, country of origin, being unemployed, and experiencing 3 or more ACEs were all associated with indicators of poor mental health

## LIMITATIONS

- Cross-sectional study
  - Impact of COVID-19 on mental health
  - Difficult to establish directionality among the variables
  - Self-reported measures can be subject to potential biases
  - Not fully representative of all Latino immigrants in Philadelphia
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# Implications and Recommendations

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- The study points to the need to:
  - **Dispel** the myth of the healthy migrant effect and **include** Latino immigrants in mental health research and the development of culturally competent treatments
  - **Address** the root causes of IPV and ACEs and **invest** in social and economic supports for Latin American families
  - **Provide** free, accessible, and abundant mental health services to the city's Latino immigrant communities
  - **Strengthen** relationship with Philadelphia's Puerto Rican community and further research their mental health needs

# Acknowledgements

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  - Leah Bakely, MPH
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# References

1. Alegria, M., Mulvaney-Day, N., Torres, M., Polo, A., Cao, Z., & Canino, G. (2007). Prevalence of Psychiatric Disorders Across Latino Subgroups in the United States. *American Journal of Public Health* (1971), 97(1), 68–75. <https://doi.org/10.2105/AJPH.2006.087205>
2. Davies AA, Ms Anna Basten A, Frattini C. Migration: A Social Determinant of the Health of Migrants - Draft Background Paper (n.d). Geneva, Switzerland: International Organization for Migration (IOM), Migration Health Department. <http://www.migrant-health-europe.org/files/FINAL%20DRAFT%20-%20IOM%20SDH.pdf>. Accessed March 12, 2018.
3. Ginsberg, T. (2018). Philadelphia’s immigrants who they are and how they are changing the city. Retrieved from <https://www.pewtrusts.org/en/research-and-analysis/reports/2018/06/07/philadelphias-immigrants>
4. Meyer, K. (2021). New census numbers herald potential political power for Philadelphia’s growing latino, asian populations. Retrieved from <https://why.org/articles/new-census-numbers-herald-potential-political-power-for-philadelphias-growing-latino-asian-populations/>
5. Ornelas, I. J., Yamanis, T. J., & Ruiz, R. A. (2021). The Health of Undocumented Latinx Immigrants: What We Know and Future Directions. *Annual Review of Public Health*, 41(1), 289–308. <https://doi.org/10.1146/annurev-publhealth-040119-094211>
6. U.S. Census Bureau (2019). QuickFacts: United States. Retrieved June 29, 2021, from <https://www.census.gov/quickfacts/fact/table/US/PST045219>