

8-1-2014

A qualitative study of the perceived health care needs of undocumented Latino day laborers living in Las Vegas, Nevada

Siboney Zelaya

University of Nevada, Las Vegas, zelaya@unlv.nevada.edu

Follow this and additional works at: <https://digitalscholarship.unlv.edu/thesesdissertations>

 Part of the [Immigration Law Commons](#), [Public Health Commons](#), and the [Work, Economy and Organizations Commons](#)

Repository Citation

Zelaya, Siboney, "A qualitative study of the perceived health care needs of undocumented Latino day laborers living in Las Vegas, Nevada" (2014). *UNLV Theses, Dissertations, Professional Papers, and Capstones*. 2230.
<https://digitalscholarship.unlv.edu/thesesdissertations/2230>

This Dissertation is brought to you for free and open access by Digital Scholarship@UNLV. It has been accepted for inclusion in UNLV Theses, Dissertations, Professional Papers, and Capstones by an authorized administrator of Digital Scholarship@UNLV. For more information, please contact digitalscholarship@unlv.edu.

A QUALITATIVE STUDY OF THE PERCEIVED HEALTH CARE NEEDS OF
UNDOCUMENTED LATINO DAY LABORERS LIVING IN LAS VEGAS, NEVADA

By

Siboney Zelaya

Bachelor of Science in Nursing
College of New Rochelle, New York
1999

Master of Science in Nursing
University of Nevada, Las Vegas, Nevada
2007

Gerontology Academic Certificate
University of Nevada, Las Vegas, Nevada
2008

Master of Public Health
University of Nevada, Las Vegas, Nevada
2013

A dissertation submitted in partial fulfillment
of the requirements for the

Doctor of Philosophy - Public Health

Department of Environmental and Occupational Health
School of Community Health Sciences
Division of Health Sciences
The Graduate College

University of Nevada, Las Vegas
August 2014

Copyright by Siboney Zelaya, 2014

All Rights Reserved



THE GRADUATE COLLEGE

We recommend the dissertation prepared under our supervision by

Siboney Zelaya

entitled

A Qualitative Study of the Perceived Health Care Needs of Undocumented Latino Day Laborers Living in Las Vegas, Nevada

is approved in partial fulfillment of the requirements for the degree of

Doctor of Philosophy - Public Health

Department of Environmental and Occupational Health

Michelle Chino, Ph.D., Committee Chair

Carolee Dodge-Francis, Ed.D., Committee Member

Timothy Bungum, Dr.PH, Committee Member

Connie Mobley, Ph.D., Graduate College Representative

Kathryn Hausbeck Korgan, Ph.D., Interim Dean of the Graduate College

August 2014

ABSTRACT

A qualitative study of the perceived health care needs of undocumented Latino day laborers living in Las Vegas, Nevada

by

Siboney Zelaya

Dr. Michelle Chino, Dissertation Committee Chair
Professor and Chair of Environmental & Occupational Health (EOH)
PhD Graduate Coordinator

Undocumented (unauthorized, illegal) immigrants seek employment on the street corners near home improvement stores offering their services and selling their labor to the employers who arrive in their cars or trucks to pick them up for a few hours of hard work. The number of undocumented immigrants in the United States continues to increase. By percentage of overall population, Nevada has one of the largest shares of undocumented immigrants in the United States, and the bulk of that percentage is Latino.

The purpose of this phenomenological qualitative research study is to gain knowledge about undocumented Latino day laborers' perceived health care needs. Two research questions guide the study: (1) How do undocumented Latino day laborers living in Las Vegas, Nevada, perceive access to health care? and (2) How do undocumented Latino day laborers address health care needs and injuries from work? In-depth interviews were conducted using a purposeful sample of eight Latino day laborers. Three main themes and nine sub-themes emerged from the interviews: (1) Mental health (addiction, ageism, and discrimination/inequality); (2) Physical health (past health status, present health status, alternative health care, and clandestine clinics); and (3) Work safety (workers' rights, organized day laborers). Preliminary recommendations are made based upon the substance and context of the workers' expressed circumstances.

TABLE OF CONTENTS

ABSTRACT	iii
CHAPTER 1	
Introduction	1
CHAPTER 2	
Review of Related Literature	13
CHAPTER 3	
Methodology	53
CHAPTER 4	
Results	78
CHAPTER 5	
Summary of Findings, Implications, and Recommendations.	126
APPENDIX	151
REFERENCES	163
VITA	179

CHAPTER 1

INTRODUCTION

It is this constant flow of immigrants that help make America what it is...To this day America reaps incredible economic rewards because we remain a magnet for the best and brightest of people around the world. In an increasingly interconnected world . . . Being an American is not a matter of blood or birth it is a matter of faith.

--President Barack Obama, July 2010

Walter, Bourgois, and Loinaz (2004) related the story of a young Mayan Mexican farmer named Estefan who needed to support his wife and two children. In 1999, Estefan crossed the border without papers and went to San Francisco. He worked as a day laborer for an uninsured roofing contractor. Unfortunately, while at work, he burned his face and upper body when a bucket of hot tar fell on him. Up to 60% of his face was disfigured by burn scars. He spent several weeks recuperating from the accident at a homeless shelter. While at the shelter, Estefan reflected on his duty to provide for his family:

I am sad, but I give thanks to God. Because blind—then we are not complete. I would not be fit to serve my family. Left with one hand, I would not be fit for anything. With one foot I would not be fit before God.

Better that I go all at once; that I am not here suffering . . . I would kill myself. I really think that I would. (Walter et al., 2004, p. 1159)

Approximately 117,600 Latino-day laborers looked for jobs daily in 2006 (Valenzuela, Theodore, Melendez, & Gonzalez, 2006). The majority of these individuals (75%) were undocumented Hispanics. It was estimated that about 11.7 million undocumented Latinos lived in the United States (U.S.) in 2013 (Passel, Cohn, & Gonzalez-Barrera, 2013). In

2006, Valenzuela et al. (2006) reported that about 59% of these individuals were from Mexico, 28% from Central America, and the rest were from other Hispanic countries. During this same time, the regions of Hispanic concentration were 42% in the West, 23% in the East, 18% in the Southwest, 12% in the South, and 4% in the Midwest (Valenzuela et al., 2006). According to the 2010 Census, in Nevada, the total population growth of Hispanics neared 46% (U.S. Census Bureau, 2011a). Nevada (7.2%) had one of the largest shares of the overall population composed of unauthorized illegal immigrants in the U.S. followed by California (7%) and Texas (7%) (Passel & Cohn, 2011).

In 2006, Latino day laborers were employed by homeowners (49%), construction contractors (43%), and other employers, who worked as independent construction laborers, gardeners, landscapers, painters, roofers, drywall installers, and movers (Valenzuela et al., 2006). Walter, Bourgois, Loinaz, and Schillinger (2002) reported that the risk for work injury was exacerbated by a lack of training and inexperience. The contractors employed these Latino day laborers on a short-term basis because their labor was inexpensive. U.S. federal regulations such as the Occupational Safety & Health Administration (OSHA), (2013) have been frequently ignored in the employment of day laborers. OSHA (2013) stated that employers must provide a safe and healthy workplace to all employees. Walter et al. (2002) reported that contractors of day laborers did not adhere to these regulations; therefore, day laborers did not have adequate safety equipment to perform their work. Work injuries among day laborers have been related to lifting heavy objects, eye hazards, airborne chemicals and dust, noise pollution, falling objects, and dangerous heights (tree trimming) and often unsanitary conditions experienced by the day laborers (Seixas, Blecker, Camp, & Neitzel, 2008).

Moreover, 44% of Latino day laborers reported the denial of food, water, and breaks while on the job (Valenzuela et al., 2006). 19% of these individuals have been subjected to insults by merchants, 25% have been denied services by local businesses, 9% have been reported to be arrested for no reason, 1% has been cited by police while looking for work, and several reported they were targeted by police, and merchants (Valenzuela et al., 2006).

Although sex is not a habitual exchange, about 38% of Latino day laborers report that they have been propositioned by other men who come to pick them up at the *esquina* (corner) (Galvan, Ortiz, Martinez, & Bing, 2008). The risk of acquiring a sexually transmitted disease including HIV/AIDS is high. About 9.4% had sex with their solicitors; most did not use condoms (Galvan et al., 2008). As explained by Galvan et al. (2008), engaging in sexual activity was typical of day laborers with a chemical dependency. Subsequently, the risk for acquiring sexually transmitted diseases including HIV/AIDS was great. Besides exposure to sexually transmitted diseases, one can only imagine and wonder about the fear, trauma, discrimination, abuse, and enormous strain these individuals endure daily, standing on street corners, seeking a few dollars in order to survive.

Rationale for the Study

A qualitative research study of undocumented Latino day laborers living in Las Vegas, Nevada, was needed to gain knowledge about this population. To date, no study has been conducted in the state of Nevada regarding the health care needs of this population. A gap exists within knowledge in the literature about their perceived health care needs. Latino day laborers may endure work-injury, deterioration of physical health

related to mental health stress, and may be exposed to potentially infectious diseases including those sexually transmitted. Information and documentation are needed to establish policies and programs to help the population of undocumented Latino day laborers in the state of Nevada.

The implications of this study for the field of public health support the mission of public health; to promote physical and mental health as well as to prevent disease, injury, and disability (Centers for Disease Control and Prevention [CDC] Foundation, 2013). Furthermore, public health is the science of protecting and improving the health of the community through education, promotion of healthy life styles, and research for diseases and injury prevention (Association of Schools of Public Health [ASPH], 2013). Similarly, the World Health Organization (WHO), (2013a) declared that health is a fundamental right of every human being. The right to health includes access to timely, acceptable, and affordable health care of appropriate quality (World Health Organization [WHO], 2013a). Among the main causes for ill health are poverty, social exclusion, poor housing, and a poor health care system (WHO, 2013b). Hispanics are at greater risk for high morbidity and mortality due to lack of access to health care (Daniel, 2010).

The purpose of this qualitative study was to gain knowledge about the perceived health care needs of undocumented Latino day laborers living in Las Vegas, Nevada. This qualitative research study is needed to aid in the reduction of health disparities and improve the health of the largest minority group in the United States. Therefore, this study may help advance knowledge regarding specific strategies when dealing with undocumented Latino day laborers' health care needs. The primary goal of the study is not only to go beyond the needs identified in the current literature research available, but

also to propose solutions for the development of future program tailored to this population living in Las Vegas, Nevada.

Rationale for Qualitative Methods

To perform a community analysis and community diagnosis, a good public health professional must “talk to them [the population] first” (Bungum, 2011). Altschuld and Witkin (2000) defined a needs assessment as the “process of determining, analyzing, and prioritizing needs, and in turn, identifying and implementing solution strategies to resolve high-priority needs” (p. 253). A qualitative research approach was chosen to identify the perceived health care needs of undocumented day laborers living in Las Vegas, Nevada.

I visited well-known day laborer hiring sites and conducted in-depth interviews with these individuals recording their experiences. In-depth interviews (Appendix 3) are a way to connect with the undocumented population living in Las Vegas, Nevada. I was able to not just hear their words but also get a powerful sense of how they feel about their health care needs. I was able to observe their body language and facial expressions while communicating with them. I was able to hear their stories of daily survival and of their continuing challenges within the Las Vegas, Nevada, economy.

Van Manen (1990) said “A human being is not just something one is; but also the concreteness and fullness of a lived life.” Thus, a qualitative research study approach was chosen. Qualitative research explores and attempts to understand one single phenomenon and the external forces that shape that phenomenon (Creswell, 2005). Qualitative inquiries can actually “improve the description and explanation of complex, real-world phenomena pertinent to health services research” (Bradley, Curry, & Devers, 2007, p. 172). Qualitative research produces data in the language of the subjects. Additionally,

qualitative research requires having a unique perspective, because there are multiple ways to look at a social situation (Shank, 2002). Because the goals of qualitative research addresses with “the complexity of social phenomena,” (Baily, 2008, p. 127), data analysis may include more than words such as visual data, field notes, and recordings of interviews, focus groups, and consultations (Baily, 2008).

This study was guided by the phenomenological approach of qualitative research. Phenomenological research considers and explores the way people experience the world because the researcher wants to know the world in which an individual lives. Phenomenological studies capture individuals’ experiences in their own words, where the goals of the design rely on in-depth interviews (Marshall & Rossman, 2006). Additionally, phenomenological research leads to new knowledge of everyday human experiences, human behaviors, and human relationships (Moustakas, 1994). Because the objective of this qualitative study was to gain knowledge of the perceived health care needs of undocumented Latino day laborers to develop preventative community programs geared to this population, a qualitative approach was selected.

Statement of the Problem

Rogler, Malgady, and Rodriguez (1989) stated the importance of studying the Hispanic population because this population’s growth in numbers, from either immigration and/or natural increase, surpasses other ethnic groups. In 2013, the Hispanic population was one of the fastest growing populations in the United States. According to the most recent Census in 2010, 50 million Hispanics live in the United States (U.S. Census Bureau, 2013c). A large proportion of Hispanics lived on the West Coast, as reported in the 2010 Census (U.S. Census Bureau, 2011b). This number was expected to

increase five-fold over the next 70 years (Tate, 2003). In other words, 1 out of 3 individuals in the U.S. would be Hispanic or of Hispanic origin by 2050 (U.S. Census Bureau, 2008). In Nevada, the total population growth of Hispanics neared 46% (~750,000) in 2011 (U.S. Census Bureau, 2011b). However, no study exists on the perceived health care needs of undocumented Latino day laborers living in Las Vegas, Nevada. Hispanics as a group currently have one of the highest rates of poverty level (U.S. Census, 2010; Gabe, 2013) and may be at risk of developing health care problems. Consequently, the topic of undocumented Latino day laborers' perceived health care needs assessment is critical because this topic could be an impending public health care crisis if programs are not developed and/or implemented to address specific interventions to increase access to health care.

Outline of the Dissertation

This dissertation includes five chapters with an appendix section. Chapter 1 presents an introduction about Latino day laborers in the United States, the rationale for using a qualitative research approach guided by phenomenology, the statement of the problem, the research questions, and definitions of the terms used in this document. Chapter 2 presents a review of current related literature. In Chapter 3, the methods and procedures are presented, including sample selection, forms of data collection, how data analysis was accomplished, and how the methodology rigor. Also, included is the theoretical framework, the social ecological model (SEM) guiding the study. In the Social ecological model, behavior is influenced by factors such as intrapersonal, interpersonal, organizational, community, and health policy (McLeroy, Bibeau, Steckler, & Glanz, 1988). Chapter 4 presents the results of the data analysis, supported by quotes from the

interviews. Chapter 5 discusses the implications for future research, as well as the strengths and limitations of the current study. The social ecological model is revisited in this chapter. Conclusions as well as lessons learned from the study are included. The appendix section contains copies of the Institutional Review Board (IRB) approval form from the University of Nevada, Las Vegas (UNLV), verbal consent forms in English and Spanish, and interview protocols in English and Spanish.

Definition of Terms

The following terms will be used throughout the dissertation:

Acculturation

Acculturation is the process by which an individual acquires the culture of a particular society from infancy (Merriam-Webster Dictionary, 2014.). The Oxford Dictionary (2013) states that to acculturate means to assimilate or cause to assimilate to a different culture, which is typically a dominant culture. Another definition of acculturation is to adapt or to borrow traits from another culture or a merging of cultures because of prolonged contact (Merriam-Webster Dictionary, 2013).

Berry (2005) stated that acculturation is a dual process (cultural and psychological) that takes place when contact exists between two or more cultural groups and the individual members of the group. In other words, acculturation is a process that may take many years, generations, or centuries resulting in cultural and psychological changes (Berry, 2005).

Audit Trail (Notes)

An audit trail is also known as confirmability audit (Wolf, 2003). Wolf (2003) explained that qualitative researchers use audit trails to establish the rigor of a study

because an audit trail assists the researcher during the data analysis process. An audit trail is created through the collection of documentation such as notes from data collection experiences, memos, field notes, reflexive journals, etc. (Given, 2008). Audit trails assist the researcher during the data-analysis process.

Bracketing

The Sage Encyclopedia of Qualitative Research (as cited in Given, 2008, p.63) defined bracketing as a scientific process in which the researcher “suspends or holds in abeyance his or her presuppositions, biases, assumptions, theories, or previous experiences” in order to describe a specific phenomenon. The process of bracketing allows the researcher to observe the “unfiltered phenomenon as its essence, without the influence of our natural attitude-individual and societal constructions, pre-assumptions, and assumptions” (Given, 2008, p. 64). Furthermore, Holloway (1997) stated that the researcher needs to identify his or her prior assumptions or beliefs for bracketing to take place. By bracketing prior knowledge or assumptions, the researcher “can enter the situation without prejudice” (Holloway, 1997, p. 29).

Decentering

Munhall (1994) explained that in bracketing the researcher seeks to gain a mental state of unknowing. Decentering is the process by which the researcher achieves unknowing and openness through the researcher’s holding theories and assumptions in temporary suspension (Munhall, 1994).

The Merriam-Webster Online Dictionary (2014) defined decentering as disconnecting from practical or theoretical assumptions of origin, priority or essence. In other words, decentering means shifting or losing an established center or focus. Munhall

(2007) emphasized that the decentering process in qualitative research is critical because in qualitative studies, the researcher is the tool or research instrument. Therefore, the researcher must put aside any prior knowledge of the researcher's belief system to be effective. The researcher needs to decenter him/herself from the process and "adopt a perspective of unknowing" (Munhall, 2007, p. 170). Munhall suggested that the researcher keep a journal in which the investigator writes down, his/her own beliefs, assumptions, and preconceptions as well as any other thoughts the researcher has which may prevent the researcher from hearing the participants' voices (Munhall, 2007).

Intersubjectivity

Munhall (1994) stated that different perspectives of a situation emerge when the researcher and participant meet; thus, the meeting creates a perceptual space known as intersubjectivity. Holloway (1997) explained that intersubjectivity, coined by Husserl, who wanted to know more about "the processes by which human beings share the world with each other" (p. 94). Intersubjectivity is also defined as shared understanding (Given, 2008). Intersubjectivity refers not only to the shared understanding with each other but also to the meaning of this understanding because knowing cannot "exist in a vacuum or a cognitive abstract system" (Given, 2008, p. 468).

Hispanic[s] or Latino[s]

For the purpose of this study, the Hispanic or Latino [a] term is used based on the definition given by the 2010 U.S. Census. Hispanic, Latino [a], and Spanish are terms used to identify people who consider themselves as Mexican, Puerto Rican, Cuban or to be from a Spanish speaking origin country in Central or South America, and Spain (U.S. Census Bureau, 2013a). However, the U.S. Census Bureau (2013a) suggested that

regardless of their origin as Spanish, Hispanic, or Latino, an individual can be of any race. The terms Hispanic[s] or Latino[s] are used interchangeably.

Member Checking

Researchers protect informants by providing direct access to the narrative results prior to publication or public presentation of research results (Munhall, 2007).

Peer Debriefing

Peer debriefing involves meetings or sessions with peers to review and explore aspects of a research study to enhance trustworthiness in a qualitative study (Polit & Beck, 2008).

Triangulation

Triangulation is the use of multiple methods to collect and interpret data in order to provide an accurate representation of reality (Polit & Beck, 2008).

Unauthorized Immigrants

According to Passel and Cohn (2009), unauthorized immigrants are individuals who are in the United States, but are not U.S. citizens, do not have a permanent resident visa, and have not been granted permission to be in the United States for work reasons either (Passel & Cohn, 2009). The terms unauthorized immigrant, undocumented, immigrant, and illegal immigrant will be used interchangeably.

Summary

Chapter 1 has presented a brief introduction to the study, the rationale for the study, the rationale for choosing a qualitative approach, a statement of the problem, an outline of the dissertation, and a definition of terms used throughout the dissertation. Chapter 2 will present the theoretical framework, the social ecological model (SEM); a

review of related literature guided by the social ecological model (SEM); and social determinants of health disparities.

CHAPTER 2

REVIEW OF RELATED LITERATURE

Everywhere immigrants have enriched and strengthened the fabric of American life.

--President John F. Kennedy, 1964

Introduction

Wilfredo Quevara is a 38 year-old Honduran male who arrived in New Orleans in December 2005 (Greer, 2006). He came from his native Honduras to work in New Orleans after Hurricane Katrina. Wilfredo was a day laborer who worked doing roofing, cleaning, carpentry, plumbing, demolition, gutting, and other manual jobs. However, Wilfredo did not always get paid and/or was sometimes not allowed to stop for water or lunch breaks (Greer, 2006). Every day, Latino day laborers endure exploitation, abuse, withholding of wages or not being paid at all, as well as experiencing a lack of benefits, and a lack of health care (Valenzuela, 2001; Valenzuela et al., 2006).

Chapter 2 presents a description of social determinants of health and health disparities, a brief overview of day labor in the United States, and information on Hispanic demographics, immigration, and educational and socio-economic factors affecting immigration. The social ecological model (SEM) as a framework for this study will be reviewed. Finally, additional goals of Chapter 2 include the presentation of current literature on day laborers and the need for continued research in this area.

In 2013, the total number of undocumented immigrants living in the United States was above 11.7 million (Passel, Cohn, & Gonzalez-Barrera, 2013). According to Passel and Cohn (2011), Nevada has one of the largest shares (7.2%) of the overall undocumented populations in the United States. Nevada's Hispanic population was

approximately 750,000 in 2011 (U.S. Census Bureau, 2011). However, to date, no study about undocumented Latino day laborers' perceived health care needs exists in Las Vegas, Nevada. This study may advance knowledge regarding specific essential strategies for addressing undocumented Latino day laborers' health care needs in the Las Vegas, Nevada community, including mental health needs, stress, and substance use and abuse. The primary goal of this study is to learn about undocumented Latino day laborers' perceived health care needs and to propose solutions for the future development of programs tailored to this population.

Scientific Literature Review

Numerous electronic databases were used such as the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, Education Resources Information Center (ERIC), Academic Search Premier, EBSCOhost, ProQuest; Google search engine for the U.S. Census Bureau, Centers for Disease Control and Prevention (CDC), World Health Organization (WHO); as well as online newspapers. Key word searches included: Hispanic, Latino[-a], undocumented immigrant, day laborer, illegal day laborer, immigration, immigrants, and Hispanic health care. A search of articles written in Spanish was part of the inclusion criterion. It is relevant to search articles written in Spanish because this strategy provides a view of Hispanics by Hispanic researchers. Statistical data prior to 1990 was excluded because the Hispanic population has exponentially grown in the last two decades. The literature search was guided by the social ecological model (SEM): (a) intrapersonal (individual), (b) interpersonal (family, friends, and peers), (c) organizational (churches, stores) (d) community organizations, (e) community (social networks), and (f) public policy.

Social Determinants of Health and Health Disparities

The World Health Organization (WHO; 2013b) defined social determinants of health as the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national and local levels (WHO, 2013b). The social determinants of health are primarily responsible for health inequities because poverty, social exclusion, poor housing and poor health systems are among the main social causes of ill health (WHO, 2013b). Health is not solely determined by an individual's behavior or genes but also by social and economic factors, educational level, income, and neighborhood quality, and environmental factors (Gerald, 2012). Gerald (2012) explained that for the most part people have little interaction with the health care system (doctors, hospitals, clinics, etc.); however, 99% of any individual's life is influenced by the place where they live, work, their income, and level of education. Educational attainment as a social determinant of health is significant (WHO, 2013b). Typically, education affects an individual's upward mobility in life as well as the person's health status (Telfair & Shelton, 2012). A correlation exists between chronic illnesses (heart condition, stroke, hypertension, high cholesterol, emphysema, diabetes, asthma, and ulcers) and lesser educational attainment (Telfair & Shelton, 2012).

Similarly, the WHO (2013b) asserted that health disparities are avoidable inequalities in health between groups of people within and between countries. Health disparities arise from inequalities within and between societies. "Social and economic conditions and their effects on people's lives determine their risk of illness and the actions taken to prevent them from becoming ill or treating illness when it occurs"

(WHO, 2013b). Equivalently, Chino (2010) said social injustice leads to adverse health consequences because disparities in health status, risks, and exposures results in differential health outcomes and differential access to health services. Social injustices results from the denial or violation of rights of specific populations or groups in society, based on perception of their inferiority by those with more power or influence (Levy & Sidel, 2005). Correspondingly, one needs to address social injustice in order to promote health because it is a human rights issue.

Although Healthy People 2020 addressed the need to reduce the problem of health disparity and access to health care (as cited in Edelman & Mandel, 2010), Hispanics are at a greater risk for high morbidity and mortality due to lack of access to health care (Daniel, 2010). Undocumented immigrants may experience a greater number of stressors including occupational and economic hardships, as well as fear of deportation, and constant uprooting (Caplan, 2007). Further, racial and ethnic discrimination and historical trauma are stressful life experiences that adversely affect the health of undocumented individuals (Williams, Neighbors, & Jackson, 2003). The Hispanic population living in the United States experiences an array of stressors, although they came to this country to escape hardships and injustices (Dunn & O'Brien, 2009; Smart & Smart, 1995). An anti-immigration climate as well as xenophobia result in immigrants who endure mental distress, as exhibited by anxiety, depression, and suicide attempts (American Psychological Association, 2012). Because most day laborers do not reside legally in this country and cannot seek health care services, the trauma and psychological distress they bear daily is compounded by the fact they cannot seek health care services. The growing opposition to immigration policy and immigrants is filled with tension, conflict, and the

dreaded browning of America (Johnson, Farrell, & Guinn, 1997).

Brief Overview of the Day Labor Market

The day labor market is not a new notion. Kettles (2009) posited that day labor has been practiced since ancient times: such as in 5th century Athens where people gathered in the *agora* (public assembly space), which was known as a labor market place. In the New Testament of the Bible, day laborers were hired in open public marketplaces (Valenzuela et al., 2006). In Medieval Europe, day laborers were hired in local public markets even in front of churches (Kettles, 2009).

Kettles (2009) stated that European settlers supported the day labor market by hiring when themselves out when they came to the Americas. By the 18th and 19th centuries, Irish immigrants sought work as day laborers in New York City (Kettles, 2009). It was not uncommon to see day laborers lining up at the different ports and docks in cities like New York; however, in 1953 this custom was outlawed due to labor union malfeasance (Kettles, 2009). An informal street day-labor market was also common in Chicago where 40,000 to 75,000 day labor workers lodged at inexpensive hotels nightly (Kettles, 2009). In an effort to cut labor costs, casual day laborers have been hired *off the books* and paid in cash, which has been lucrative for employers (Theodore, Valenzuela, & Melendez, 2006). The informal day labor market is unstable and unsafe because day-labor employment is temporary and employers may take few safety precautions. The day labor workforce is treated as *substitutable*, as a result unsafe working conditions and wage theft are common practices (Theodore et al., 2006).

The substandard conditions of the day-labor market prevail because: day laborers are unable to secure steady employment; competition for jobs is intense; day-labor exists

beyond the reach of U.S. government regulation; wage payments are paid in cash so there is no record of employer and worker payment transactions exist, making it difficult for detection by government regulatory enforcement agencies; and violations of labor and employment laws are common (Theodore et al., 2006).

Review of Relevant and Current Studies of Latino Day Laborers

Although research studies on Latino day laborers are uncommon, one may consider Abel Valenzuela Jr., Associate Director of the University of California, Los Angeles (UCLA), Center for the Study of Urban Poverty a pioneer in studying this vulnerable population. Valenzuela (1999) published his preliminary findings from a Day Labor Survey, in which 481 day laborers were interviewed at 87 locations in the counties of Los Angeles and Orange. Valenzuela (1999) reported that because the day labor market is transient and varied, an accurate count of day laborers was difficult to achieve (Valenzuela, 1999). Valenzuela (1999) reported on three types of sites for day laborer recruitment: connected (hiring sites such as home improvement stores, landscaping, and moving); un-connected (no connection to a specific industry); and regulated (formal hiring sites such as those controlled by a city and/or a community based organization). The Day Labor Survey was conducted in Spanish, face-to-face, composed of closed-ended questions, and the survey utilized randomized subjects (Valenzuela, 1999). The surveyors included graduate and undergraduate students, non-students, and a dozen current or former day laborers who were trained in survey taking (Valenzuela, 1999). The results of the 1999 survey revealed that most of the Latinos day laborers were from Mexico and had been in the country for either less than one year or more than 10 years; most were single, but others reported having a spouse and/or family members they

supported; and the age range was 18 to 71, with a mean age of 34 (Valenzuela, 1999).

The study did not ask about the day laborers' legal status in the country; however, it was believed that most participants did not have legal documents (Valenzuela, 1999). Valenzuela (1999) also reported day laborers to have a wide range of education, from none to college; however, 90% of the day laborers in the study did not look for other employment than as day laborers. Regarding wages, Valenzuela (1999) stated that the hourly wage for Latino day laborers was about two dollars more than the minimum federal wage.

The jobs performed by the day laborers in the survey included construction, painting, gardening, plumbing, carpentry, mechanics, electrical, roofing, welding, masonry, and cooking/baking, as well other jobs (Valenzuela, 1999). Lack of documents, lack of English proficiency, low job availability, minimal pay rate, no specific job skill to market, lack of transportation/driver's license, age, and racial discrimination were reported by the interviewees as barriers to finding formal employment other than day labor work (Valenzuela, 1999). Employers who hired day laborers included private individuals, subcontractors, private companies, factories, restaurants, and other day laborers (Valenzuela, 1999). Non-payment, being paid less than agreed upon, being abandoned at a work site, receiving bad checks (NSF), no food or water, no breaks, violence, robbery, and threats were reported by the interviewed day laborers, according to Valenzuela (1999). Other findings included that 50% of the day laborers who participated in the interview had never returned to their country of origin; 94% were not homeless; and on average, they sent about 7 remittances in a year to their country of origin to assist their family members and/or friends (mean amount \$2,630/a year; prior to interview).

Quesada (1999) reported the experiences of Central American men who had endured civil war in their countries of origin, then came to San Francisco seeking work as day laborers. Many of these individuals moved from a “warrior status” to one of “Latino, illegal alien, [or] day laborer in the United States,” resulting in a lesser status and thereby making them more susceptible to exploitation and manipulation (Quesada, 1999, p. 172). These Central American day laborers also felt marginalized and denigrated by Mexican-Americans, Chicanos, and Mexicans, leading to social tension and stress (Quesada, 1999). Social tension and stress was augmented by constant worry that Immigration and Naturalization Services (INS) officers may conduct immigration raids (Quesada, 1999). Quesada (1999) stated that Central American day laborers assessed employers, type of work, work conditions, and the amount of money to be made even before speaking with a prospective employer. Further, these day laborers also reported on the amount of money earned, being cheated of their wages, and who they could trust or not (co-workers and/or employers) (Quesada, 1999). Quesada (1999) stated that the day laborers also reported their distaste about being collectively referred to as Mexicans when they were from Central America, or vice versa.

Similarly, Quesada (1999) posited that xenophobia affects day laborers, especially those who live in California. He cited the Save-Our-State initiative, or Proposition 187, which states that Californians

. . . have suffered and are suffering economic hardship caused by the presence of illegal aliens in the state. That they have suffered and are suffering personal injury and damaged caused by the criminal conduct or illegal aliens in this state. That they have a right to the protection of their government from any person or persons

entering this country unlawfully. . . (Proposition 187: Partial text of Proposed Law, as cited in Quesada, 1999, p. 175).

In May 2000, Valenzuela published his findings from the Southern California 1999 Day Labor Survey (Valenzuela, 2000). Most of the interviewees shared similar race/ethnicity, nativity and legal status, and country-of-origin (Valenzuela, 2000, p. 8). 77.5% of day laborers were from Mexico, 29.4% had been in the United States for 1 year, 10% had been in the country for 20+ years, 84% were unauthorized, 98.7% were foreign-born, 37.9% were between ages 18-27, 47.9% were never married, 37.3 were married, 7.8% were living with a partner, and 38.6% had 9 years of education. Valenzuela (2000) stated that for many day laborers, working in an informal job market was an alternative to the low-skill labor market.

Further, Valenzuela (2000) reported that most day laborers who participated in his study were male immigrants who patiently waited on street corners to exchange their labor for individually negotiated wages. Valenzuela (2000) specified that day labor work is an option for many immigrants because it pays higher wages than the minimum federal wage, and offers a diversity of jobs and job experiences. For example, day laborers may learn in a week or a month trades such a roofing, dry wall, landscaping, and painting. Similarly, working as a day laborer offers a flexible scheduling environment where one can work when needed, show up or not show up for work, arrive late, and not be punished for good or poor behavior. Day laborers can choose whom they want to work for, and can also walk away from a job without punishment because each day they get to choose a new boss (Valenzuela, 2000).

Malpica (2002) published an ethnographic study about Latino day laborers who

seek employment on street corners in California. The study, which focused on day laborers' social organization, social norms, and values, revealed the unwritten rules day laborers must abide by when securing a job as opposed to competing for a job. Day laborers gathered early in the morning on street corners searching for work, and risked being arrested, getting fines, being deported or being exploited (Malpica, 2002). Malpica (2002) recounted how employers arrived at street corners where labor-for-pay exchange transactions were efficiently completed.

Malpica's (2002) research study reported similar findings as the above-mentioned studies by Quesada (1999), Valenzuela (1999), and Valenzuela (2000). Most of the day laborers were young adult males (20s-30s), undocumented, did not speak English, had no special skills, and came from Mexico or Central America (El Salvador, Honduras, Nicaragua, Panama, and the Dominican Republic) (Malpica, 2002). Some of the day laborers had skills such as carpentry, tile installation, and marble installation. Painting, construction, drywall installation, hauling, gardening, cleaning (offices, houses, yards, pools, factories, and construction sites), roofing, carpet installation, moving company crew, individual moving, small landscaping jobs, tree trimming, asbestos removal, and other manual work were also performed by the day laborer. Thus, physical strength was valued more than acquired skills (Malpica, 2002).

It was reported that these workers spend almost 9 hours a day waiting for jobs and are in desperate need of employment. While waiting for jobs, information is exchanged about leads for other jobs, options for living arrangements, and tips about getting hired. For instance, the more experienced day laborers teach the less experienced workers to ask for cash and refuse payment by check, because checks can bounce, leaving the workers

without the income (Malpica, 2002). Malpica (2002) also reported that the day laborers spent time either leaning against parking lot fences, reading, squatting, and drinking beer or cheap, sweet wine shared amongst themselves.

Malpica (2002) wrote that although the number of Latino day laborers had increased in the Los Angeles area since the 1960s, little was known about this phenomenon except for some interest shown by the media and studies published by Abel Valenzuela Jr. Malpica's (2002) study revealed that day laborers lived in constant fear of being deported, especially after the 1986 Immigration Reform and Control Act (IRCA), while seeking employment on street corners. IRCA stipulated provisions and sanctions against employers who hired undocumented day laborers (Malpica, 2002). Malpica's (2002) study, as noted above, concentrated on day laborers' social organization, social norms, and values. For instance, Malpica (2002) reported that contrary to the belief that there was no organization at the day laborers' hiring sites; he found structure and informal organization where the rules were unwritten or based on previous practice or experience. As an example, Malpica (2002) reported an unwritten rule of not bidding down wages but instead asking for a just amount so that all laborers benefit equally. However, he cautioned readers to consider the human factor (e.g., dishonesty) involved during work and labor-exchange transactions.

Walter, Bourgois, Loinaz, and Schillinger's (2002) ethnographic study about social context and work injury among undocumented day laborers in San Francisco revealed that many day laborers worry about probable injury due to work in dangerous jobs and lack of training. Walter et al.'s (2002) ethnographic study was enhanced by interviews of 38 day laborers, of which 11 had suffered a work injury. Study findings

also revealed that most of the day laborers were young adults with a mean age of 33; 77% were from Mexico, 20% were from Central America, and 95% were undocumented when they first arrived in the United States (Walter et al., 2002). The day laborers reported working in construction, landscaping, and/or moving (Walter et al., 2002).

Walter et al. (2002) reported five major themes and subthemes: (1) border passage (competition, violence, and emotional milieu); (2) the local dynamics of life on the streets; (3) features of the workplace (lack of training and experience, inadequate safety equipment, and economic pressures); (4) emotional stress and family dynamics (masculine responsibilities as patriarch and provider, the pressure and conflicting responsibilities of being a provider, mistrust and accusation); and (5) injuries and experiences with health services. Walter et al. (2002) stated that for many day laborers, poverty in their native countries is considered to be a major social force that pushes them to emigrate to the United States. Lack of legal status pressures these individuals to work in dangerous and low-paid jobs where they are prone to work injury (Walter et al., 2002). When these workers are injured and cannot work, they consider themselves failures because they cannot support their families; thus increasing their mental stress (Walter et al., 2002).

Changing primary care delivery, such as offering services in other than traditional health care settings (e.g., use of a mobile van) and using a multidisciplinary approach was recommended by Walter et al. (2002). Walter et al. (2002) recommended building a therapeutic relationship in order to assess factors that may lead to emotional stress or substance abuse, as well as to inquire about workplace conditions and safety. Similarly, Walter et al. (2002) suggested (1) assessing day laborers' knowledge of worker's

compensation rights and possible referral to legal aid services; (2) assessing workers for increased risk of depression, with subsequent referrals for psychological support; and (3) increase health care practitioners' knowledge of shelters, social service agencies, legal aid, and advocacy resources. Regarding political advocacy, Walter et al. (2002) recommended that health care providers be involved in and contribute to policy debates.

Based on data collected in 2002, Walter, Bourgois, and Loinaz (2004) published an article regarding masculinity and undocumented immigrants working in San Francisco. Walter et al. (2004) examined the political economy of undocumented immigrants in California, where laborers are viewed by some people as a nuisance or "unwanted parasites" (p. 1160) and as a needed labor force by others. According to Walter et al. (2004), the day laborers who participated in the study reported as having immigrated to the United States after being forced out of their countries of origin due to economic crisis; many of them left behind family members who count on their financial support. The day laborers reported experiencing homelessness and unemployment upon their arrival in the United States (Walter et al., 2004). Further, these individuals spent many hours standing on the corner competing for few available jobs and most of them preferred not to go to health care centers where "they might attract the attention of law enforcement or the INS" [Immigration and Naturalizations Services] (Walter et al., 2004, p. 1161).

According to Walter et al. (2004), these day laborers opted for a more outward macho identity in compensation for the conspicuousness that causes them to be judged as drunks, drug addicts, or lazy good-for-nothings. The day laborers also saw themselves as providers for their families because they sent remittances back home, and preferred their

wives to stay at home and take care of the family (Walter et al., 2004). They also reported feeling somewhat apprehensive for having abandoned their families to seek employment in another country; thus, sending money back to their families eased their anxiety (Walter et al., 2004). Depression and anxiety emerged when the day laborers' masculine identity was threatened by an event, such as being injured at work, because not being able to provide for their families was dishonorable (Walter et al., 2004). Moreover, their inability to send money because of a work injury was frequently not disclosed to their family members, who suspected infidelity if remittances were not received (Walter et al., 2004). Work injury and disability were linked to substance abuse and depression because the day laborers lacked emotional support (Walter et al., 2004). Additionally, spiraling down into an emotional crisis was a possibility (Walter et al., 2004).

Another key study about the day laborer population is the pilot survey of HIV risk in Mexican/Latino day laborers which was conducted in California in 2005 by Organista and Kubo (2005). According to Organista and Kubo (2005), 102 day laborers participated in the survey, of which 63.7% were from Mexico, 26.4% were from Central America, 6.8% were from other countries, and 2.9% were from the United States. 5.4 was the mean number of total years in the United States. The median age was 30.6; years of education mean was reported to be 8.7 and acculturation mean was 1.5; 47.1% were married, 40.2% were single, and 12.7% were divorced or separated. There was a wide range of reported weekly income, from 10.8% earning less than \$100 to 7.8% earning \$501-\$1000, while 37.4% of day laborers sent money back home.

Organista and Kubo (2005) used a 112-item questionnaire, the Latino Migrant Laborer Questionnaire (LMLQ), in order to determine the relationship between (1) sexual

and substance use behaviors and HIV risk; (2) HIV risk and psychological problems such as social isolation, domestic violence, and self-esteem; (3) knowledge, beliefs, and norms around condom use; and (4) awareness of available information about HIV/AIDS (Organista & Kubo, 2005, pp. 271-272). Some of the psychosocial problems reported by the participants six months prior to completing the survey included underemployment, 79.4%; lack of finances, 67.6%; not employed, 52%; discontent, 29.4%; discrimination, 25.5%; physical health problems, 18.6%; shortage of health services, 18.6%; police trouble, 6.9%; and INS issues, 6.9% (Organista & Kubo, 2005). The day laborers scored 1.8 on a scale of 1 to 4 for social separation and lonesomeness and had a 1.4 mean self-esteem score on a scale of 1 to 4; additionally, self-reported domestic violence was low (4.6) where 4 was one time and 5 was not at all (Organista & Kubo, 2005). Use of alcohol before and during sex was reported by 52% of the participants, and 27.4% of the day laborers reported the use of drugs during sex (Organista & Kubo, 2005). According to Organista and Kubo (2005), 44% of the participants reported carrying condoms sometimes, and 30.6% said they did not carry condoms.

Ehrlich, Organista, and Oman's (2007) cross-sectional study about Latino day laborers' intentions for HIV testing is a secondary analysis of data collected in 2003 by the California Department of Health Services, Office of AIDS, Epidemiology Branch, and the City of Berkeley Health Department. The data collected included sociodemographic information, risk factors for HIV/AIDS, and the selection of services by Latino day laborers living in the East Bay of San Francisco (Ehrlich, Organista, & Oman, 2007). Some of the highlights include that 290 Latino day laborers aged 18 and older participated in the survey; most of them were from Mexico (two-thirds); one-third

were from Central America; 56% were married, but 80% of their spouses lived in their country of origin; 38% had sex in return for money, food, shelter, or drugs; 75% reported hearing about other male day laborers being offered money for sex; use of alcohol and drugs during sex was reported by 36% of the day laborers; 22% did not use a condom during casual sex; 70% never used a condom with their regular sex partner; 40% had had an STD test in the past; 1/3 were STD positive and diagnosed by a healthcare provider; more than 1/3 had had an HIV test (none were positive); and their perception of not being at risk for HIV was 79% (Ehrlich et al., 2007). Ehrlich et al. (2007) stated that the Latino day laborers may be at high risk for HIV infection because other research studies have shown the correlation between STDs and HIV infection and 1/3 of the Latino day laborers were diagnosed with a STD infection. Intention to take an HIV test was higher among the people who reported themselves not to be at risk (Ehrlich et al., 2007).

According to Worby and Organista (2007), new Latino immigrants remain employable in the United States because they are willing to work for low wages; thus, their influx into this country continues. Most of the new immigrants come alone to this country, which exposes them to social isolation, loneliness, and lack of social support (Worby & Organista, 2007). Moreover, Worby and Organista (2007) reported that because of tight border patrolling, many immigrants acquire enormous debts to pay smuggler fees so that they can be guided to this country. Immigrants' health is good, but it deteriorates the longer they become acculturated to the United States. Alcohol use may be a means to relieve boredom and cope with sadness and depression. Being under the influence of alcohol also renders the day laborer more prone to work injuries and accidents (Worby & Organista, 2007). However, Worby and Organista (2007) informed

that “no published review was found addressing alcohol use for recent Latino immigrants in the United States by their role in rural and urban work occupations” (p. 217).

Therefore, information was extracted from other articles that addressed topics such as mental health and substance use. The quantity of alcohol used by immigrants was found to be higher at one sitting, but occasional, and habitually linked to seasonal celebrations and/or family gatherings (Worby & Organista, 2007). Alcohol was also reported to be a cofactor in risky sexual behavior and plausible work related injuries (Worby & Organista, 2007).

In 2010, a study about day laborers’ occupational stress in the San Francisco Bay area (Northern California) was written by Duke, Bourdeau, and Hovey (2010). The researchers utilized a modified Migrant Stress Inventory (MSI) scale which was originally designed for migrant farm workers. The MSI assessed stressor exposure and severity of stress as well as the relationship between alcohol drinking and stress (Duke et al., 2010). The study revealed that most of the day laborers were from Mexico (42.2%), Guatemala (50%), with 4.9 % from El Salvador and Honduras. The age of the participants ranged from 17 to 78 years old; there was a wide range of years lived in the United States from less than 1 year up to 23 years; Spanish was the primary language spoken by most of the participants (78.4%), while indigenous languages were the primary language of the rest of the participants (20%) (Duke et al., 2010). About 55.9% were married; however, only half of those (26%) were living with a spouse; 52.9% had children; 25.5% were homeless in the previous year; and the overuse of alcohol was reported by 39.2% of the participants, according to a CAGE questionnaire (Cut down on drinking, Annoyances with criticism about drinking, Guilt about drinking, and using

alcohol as an Eye opener score) (Duke et al., 2010). The researchers reported stressors as a result of living separated from family members; making a living on a meager income; and alcohol abuse, as well as the inability of obtaining employment or shelter due to alcohol use (Duke et al., 2010). With regards to uncertainty related to housing and social isolation, Duke et al. (2010) stated that similar findings have been reported by the migrant farmworker population. Social isolation is augmented by the lack of English fluency (Duke et al., 2010). Stress is also increased because the day laborers see themselves as providers (Duke et al., 2010). Alcohol use and abuse is influenced by the fact that many of the day laborers were exposed to other workers' drinking habits, probably because the majority of the laborers frequently share a common lodging (Duke et al., 2010). However, it was reported that CAGE results did not mirror MSI scores; thus indicating that alcohol abuse is most likely related to the stress coping mechanism (anxiety and depression) (Duke et al., 2010).

Ochsner et al. (2012) reported the development and implementation of a health and safety hazard training program for Latino day laborers in Newark, New Jersey. The program consisted of training day laborers as safety liaisons; thus, they were required to attend 10 Occupational Safety and Health Administration (OSHA) classes (Ochsner, 2012). The safety liaisons were also asked to attend quarterly meetings; participate in worker council sessions; perform safety audits; and to build a relationship with OSHA by calling the Spanish speaking OSHA line. Qualitative and quantitative methodologies were used to collect data. Ochsner et al. (2012) stated that frequently day laborers (most of them undocumented) perform very hazardous jobs with no job training, or the employers are in a hurry to have a work completed so that health and safety precautions

are not followed; employers may use intimidation and threats if a worker complains; and wage theft is very common. Ochsner et al. (2012) stated the program was successful in maintaining the safety liaisons' involvement in the program; safety liaisons were able to implement at their work site such as requesting personal protective equipment (PPE); and safety liaisons filed complaints (5) with OSHA compliance officers.

Ojeda and Piña-Watson's (2013) quantitative study on Latino day laborers' life satisfaction was conducted in central Texas, where the researchers interviewed 143 workers. Findings similar to those discussed earlier in this literature review section included that 66.4% of day laborers were from Mexico; 31.5% from Central America (Honduras, Guatemala, and El Salvador); 0.14% from South America (Peru and Uruguay); and 0.7% from the Dominican Republic. Also, this study revealed the wide age range of the day laborers, from 18 to 73, and their education ranged from no formal education to 19 years (Ojeda & Piña-Watson, 2013). Ojeda and Piña-Watson (2013) also reported that 78% of the day laborers' families stayed behind; 71% of the participants were undocumented, and the majority of them spoke Spanish only.

Ojeda's and Piña-Watson's (2013) study assessed (1) *familismo* (importance of family), by using a 5-item Pan-Hispanic Familism Scale; (2) spirituality, by using a 6-item Daily Spirituality Experience subscale; (3) work satisfaction, by using a 2-item job satisfaction scale. Perceived current health was assessed by a single question measured on a 5-point Likert scale; perceived discrimination was measured by using a 14-item Perceived Discrimination Scale; and life satisfaction was measured by using a 5-item Satisfaction-with-Life Scale (Ojeda & Piña-Watson, 2013). Ojeda and Piña-Watson (2013) stated that (1) lower life satisfaction was associated with perceived discrimination,

but did not affect job satisfaction; (2) *familism* and spirituality contributed to life satisfaction; and (3) perceived overall physical wellness was associated with life satisfaction and most likely protected the day laborer's physical and mental health and well-being.

In 2014, Ojeda and Piña-Watson (2014) published their study about how self-esteem is influenced by income, education level, immigration status, and masculinity, where they interviewed 70 Mexican day laborers in central Texas. However, Ojeda and Piña-Watson (2014, p. 3) asserted that their primary goal was to “examine the role of Latino masculinity (machismo and/or caballerismo) on self-esteem.” 65% of the participants were undocumented; their education level was recorded as no formal education to 12 years of education; they were 18 to 67 years old; and their reported monthly income ranged from no income to \$2,500. Three instruments were used by Ojeda and Piña-Watson (2014): (1) a demographic questionnaire; (2) a 20-item Machismo Measure tool composed of two subscales (Traditional Machismo and Caballerismo) on a 4-point Likert Scale; and (3) a 10-item Rosenberg Self-Esteem scale (4-point Likert Scale type).

Ojeda and Piña-Watson (2014) reported that self-esteem was not considerably affected by education and income levels because they valued more how hard they worked, rather than how much money they made. This finding may be a result of Latino men placing a high value on being the provider; thus, working hard contributes to their self-esteem (Ojeda & Piña-Watson, 2014). The researchers indicated that legal status in the United States affected the day laborers' self-esteem.

In this section, a review of current and relevant studies on day laborers was

presented, beginning from 1999 to present: Day Labor Survey of 1999 (Valenzuela, 1999; Valenzuela, 2000); experiences of Central American men working as day laborers (Quesada, 1999); Malpica’s (2000) ethnographic study about day laborers; work injury among day laborers (Walter et al., 2002); the role of masculinity and day laborers (Walter et al., 2004); survey of HIV (Organista & Kubo, 2005); intention to test for HIV (Ehrlich et al., 2007); drinking influences (Worby & Organista, (2007); occupational stress (Duke et al., 2010); safety liaison program development (Oschner et al., 2012); life satisfaction (Ojeda & Piña-Watson, 2013); and the role of machismo or caballerismo in self-esteem (Ojeda & Piña-Watson, 2014).

Theoretical Framework: Social ecological model (SEM)

The goals of the social ecological model (SEM) provide guidance for developing successful programs through social environments. The social ecological model (see Table 1) is the most appropriate framework for this study because the model encompasses multiple levels of influences; intrapersonal, interpersonal, organizational, community and public policy (CDC, 2013b).

Table 1

The social ecological model

Level of Influence	Description
Intrapersonal: Self	Individual characteristics that influence behavior: knowledge, skills, self-efficacy.
Interpersonal: Family, friends, peers	Interpersonal processes & groups providing identity & support.
Organizational: Churches, stores, community organizations	Rules, regulation, policies, structures constraining or promoting behaviors.
Community: Social networks	Community norms (community regulations).
Public Policy: Local, state, & national laws	Policies & laws that regulate or support healthy practices/actions.

McLeroy et al. (1988)

The social ecological model as a model for health promotion was originally conceptualized by Uri Bronfenbrenner in 1979, and expanded in 1988. SEM was expanded by McLeroy and colleagues (Bronffebrenner, 1994). Bronfenbrenner (1994) stated that, when trying to understand human development, it is necessary to understand the “entire ecological system in which growth occurs” (as cited in Gauvain & Cole, 1993, p. 37). Human growth is guided and supported by a structure of five socially organized subsystems ranging from microsystems to macrosystems. Interactions on the microsystem level include the relationships of a developing individual and their immediate environment or interpersonal relations such as interactions at school and with family (Bronfenbrenner, 1994). In a similar manner, according to Bronfenbrenner, the relationship between the individual and institutional patterns such as the economy or bodies of knowledge is considered to be the macrosystem level (as cited in Gauvain & Cole, 1993).

In 1988, McLeroy and colleagues expanded Bronfenbrenner’s paradigm of human development to an ecological model for public health (McLeroy, Bineau, Steckler, & Glanz, 1988). In this model, a patterned behavior is influenced by factors such as intrapersonal, interpersonal, organizational, community, and health policy (McLeroy et al., 1988).

Intrapersonal Level

A developmental history of individuals is included in the intrapersonal level, along with individual’s characteristics such as attitudes, behaviors, self-concept, skills, and knowledge (McLeroy et al., 1988). Interventions and strategies at this level are tailored to produce a change in individuals through educational programs, mass media,

support groups, organizational incentives, and peer counseling (McLeroy et al., 1988). However, the main goal at this level is to produce a change in the individual and not in the group *per se*.

Interpersonal Level

Formal and informal groups are included in this level because these groups influence the health of the individual (McLeroy et al., 1988). For example, the groups can be social networks and social support systems that include family members, work groups, and friends (McLeroy et al., 1988). Because human beings are social beings, social relationships are indispensable for an individual's social identity (McLeroy et al., 1988). Social resources such as emotional support, information, access to new social contacts and new social roles and fulfilling social and personal obligations and responsibilities are important factors at the interpersonal level (McLeroy et al., 1988). Health promotion behavior at this level should take into consideration how social influences affect individual behavior. Mentoring and peer programs are recommended as preventative tools at this stage (CDC, 2013b).

Organizational Level or Institutional Factors

At this level, social institutions with operational formal and informal rules and regulations are included (McLeroy et al., 1988). For example, church, store, and community organization rules, regulations, and policies serve as structures that may constrain or promote behaviors (McLeroy et al., 1988). McLeroy et al. (1988) explained that when implementing the SEM, one must consider "how organizational characteristics can be used to support behavioral changes" (p. 359) in the individual. Moreover, within the organizational context of health promotion, researchers should be cognizant of the

importance of organizational factors affecting behavior (McLeroy et al., 1988).

Community Level

McLeroy et al. (1988) assert that the concept of community plays an important role in public health. Individuals develop social relationships at the community level in social networks such as schools, workplaces, and neighborhoods (CDC, 2013b). Individuals follow community norms or regulations (McLeroy et al., 1988). To promote and foster health at this level, the CDC (2013b), recommended implementing social marketing campaigns. The community is believed to be a mediating structure between health promotion concerns and the public. As part of this mediating structure, community organizations can provide such services as health interventions to community members (McLeroy et al., 1988). The power of the community or community relations in health promotion should not be underestimated. Governmental and municipal structures including counties, states, and cities can be critical for developing and implementing community health programs (McLeroy et al., 1988). Community organizations may be able to contribute with “funding, technical assistance, staffing, materials, and official and unofficial approvals” (McLeroy et al., 1988, p. 364) for health promotion program enrichment.

Public Policy

McLeroy et al. (1988) explained that policies and laws regulate or support healthy practices, where actions should be considered at this SEM level. For example, McLeroy et al. (1988) posited that the decline in the mortality rate in the United States has been partly due to policy implementation such as improvements in water supply, sanitation, housing, and food quality (e.g., pasteurization of milk). Further, issues such as health,

economics, and social inequalities in society should be taken into consideration to create a healthy climate between groups (CDC, 2013c).

Public policy is an important adjunct to the development of health promotion programs to aid in the reduction of disability, morbidity, and mortality rates in the population. To illustrate, public policy restricting indoor smoking in public buildings has helped change some individuals' smoking behavior. In a like manner, policies of increased cigarette taxation and alcohol carding target individuals' consumption behavior via negative incentives (McLeroy et al., 1988). Overall, policy development, policy analysis, and policy advocacy are important for health promotion.

The SEM was used as a framework of inquiry for this scientific literature review because undocumented day laborers' perceived health care needs comprise a broad array of issues, including biological, psychological, emotional, social, and cultural. In other words, behavior affects and is affected by multiple levels of influence (Winch, 2012). Winch (2012) explained that human behavior shapes and is influenced by one's social environment. The physical and social environments within which an individual relates on a daily basis can have detrimental effects if the individual operates under constant stressors (Stokols, 1996). Therefore, the environment in which an individual interacts impacts his or her health outcome. Subsequently, to develop programs tailored to the Hispanic undocumented day-labor community a comprehensive assessment of all SEM levels is needed to better serve this community.

SEM Intrapersonal Level of Influence

Hispanics in the United States (U.S.)

A brief history of Hispanics in the United States will help understand the

Intrapersonal level of influence in this population. Many history books report immigration to the United States by Hispanics dating back to the early 16th century when the first Spaniard explorers arrived in Florida. Later, Spain sold Florida to the United States in the early 19th century. In the 1840's, after the Mexican War, Mexico gave the U.S. the territories known today as Texas, Colorado, California, Arizona, and New Mexico. Many of those living in these areas lost their land and privileges as original inhabitants of these regions. Their descendants still live with a sense of loss and betrayal (Lopez & Carrillo, 2001).

Similarly, Puerto Ricans, Cubans, and other Hispanics also deal with the issue of not belonging to either the United States or to an independent state. Puerto Rico was ceded to the United States by Spain after the Spanish-War of 1898 and became a territory of the United States (Lopez & Carrillo, 2001). Many Cubans came to the United States after Fidel Castro took office and started the Cuban Revolution in 1959. They settled primarily in Miami and south Florida. The first waves of Cuban immigrants were wealthy individuals who fled the new Cuban government and left most of their possessions in Cuba. New immigrants from Central and South America continue to leave their countries and settle in the United States. Many of these individuals escaped civil wars, revolutions, and political unrest in their country of origin (Lopez & Carrillo, 2001).

In 2010, the U.S. Census Bureau (2011b) reported that the number of Hispanics living in the United States was 50,477,594. Hispanic population growth in the United States between 2000 and 2010 was 15.2 million or 43% (U.S. Census Bureau, 2011). The number of Hispanics living in the United States was about one million more than the previous 2008 Census Bureau population estimates (Pew Research Center, 2011).

Conversely, it is estimated the number of additional undocumented immigrants living in the U.S. is more than 11 million (Pew Research Center 2013). About 340,000 babies born in the United States in 2008 were born from unauthorized immigrants (Pew Research Center, 2011). These data support the fact the Hispanic population, with a median age of 27 years, is the youngest when compared to other population group: Asians at 36 years, Blacks at 31 years, and Whites at 41 years (Pew Research Center, 2011). Moreover, the Census 2010 also reported the Hispanic population to be more diverse. About 53% were of Mexican origin, 9.2% Puerto Rican, 3.5% Cuban, 2.8% Dominican, 7.9% Central American (excluding Mexican), 5.5% South American, 1.3% Spaniard, and 6.8% of other Hispanic origin (National Council of La Raza, 2011).

Hispanics living in the United States may be descendants of Spaniards who came to the Americas, Indians who lived in the Americas before the Spaniards, and Black people brought from Africa to the Americas by the Spaniards (Lopez & Carrillo, 2001). Lopez and Carrillo (2001) further explained different Hispanic groups exist because of the mixtures such as *mestizo* (Spanish and American Indian), *mulato* (Spanish and Black), and *zambo* (American Indian and Black).

The Hispanic population is composed of documented and undocumented individuals as well as U.S.-born Hispanics. Documented and undocumented individuals come to the United States seeking a new life where everyone has the opportunity to succeed. However, racial discrimination, ethnic discrimination, and historical trauma are stressful life experiences that adversely affecting the health of individuals (Williams et al., 2003). In general, Hispanics exhibit higher rates of substance abuse, anxiety, depression, and adjustment disorders (Caplan, 2007).

Language Barrier

Because Hispanics are frequently exposed to discrimination and marginalization, many of them may have poor or limited self-esteem. For second-language speakers, foreign accents are also a source of stress and do not promote self-esteem among minority individuals (Cammarota, 2004; Gardner, 2005). Villarruel, Canales, and Torres (2001) indicated that minority individuals reported that foreign accents and language difficulties were often perceived by others as a negative sign of intelligence. In another study, language issues were reported as a primary barrier for English-as-a-second-language (ESL) speakers (Amaro, Abriam-Yago, & Torres, 2006).

Data from the U.S. Census 2010 indicates that about 37 million Hispanics reportedly spoke Spanish at home (U.S. Census Bureau, 2011), where about half of them spoke English well (Perez-Stable & Napoles-Springer, 2001). Consequently, the inability to speak English may pose a major communication barrier between clinician and patient. According to Livingston, Minushkin, and Cohn (2008), 69% of Hispanics preferred to speak with doctors and other health care professionals in their native Spanish language. Similarly, Latinos' approach to health care differed from many other cultures. Hispanics may feel more comfortable consulting health care practitioners who not only speak their language but who also know and understand their culture. Acosta, Guarnaccia, and Martinez (2003) recommended conducting research studies about bilingual Hispanics and why they may appear healthier when they are interviewed in Spanish as opposed to when interviewed in English. Better language ability assessment tools are needed when conducting health interviews with Hispanic patients (Acosta et al., 2003).

Economic Factors

Statistically, Hispanics' income and wealth surveys report a large number of Latinos living in poverty. In 2008, the median income of Hispanic households was down 5.6% when compared to previous years and adjusted for inflation (U.S. Census Bureau News, 2010). The poverty rate increased from 21.5% in 2007 to 23.2% in 2008 (U.S. Census Bureau News, 2010). The Hispanic household net income was less than one tenth when compared to non-Hispanics (U.S. Census Bureau, 2010).

In 2010, about nine million Hispanic individuals were economically disadvantaged and considered the product of an inferior educational system (U.S. Census Bureau, 2010). Chapa and De La Rosa (2004) stated that Latinos were twice as likely to work in service occupations when compared to non-Hispanics. Poor English language skills and a lower level of education maybe the contributing factors for this circumstance (Chapa & De La Rosa, 2004).

Chapa and De La Rosa (2004) also stated that Latinos were more likely to have larger families. Additionally, many immigrants may have been forced by circumstances to take laborer jobs upon arriving in the United States. Despite that an undocumented immigrant may have held a professional job in their country of origin, immigrants felt forced to accept a laborer job to help support their families. Undoubtedly, this kind of situation can worsen the individual's psychological distress (American Psychological Association, 2012), as well as overall health. Owen and Watson (1995) stated that knowledge of the relationship between unemployment and health included limitations because unemployment is usually linked to areas of high deprivation.

Chapa (2004) explains that low socio-economic status minority individuals did not seek prompt treatment and/or may have resorted to using hospital emergency rooms

as a primary source of health care. Without a doubt, level of poverty is thought to affect health status.

Access to health care is hindered by the fact that most Hispanics have been underinsured or uninsured. The National Center for Health Statistics indicates that 31.1% to 33% of Hispanics lacked health insurance in 2012 (CDC, 2012). Regarding access to health care, a large number of Hispanic individuals exist who were undocumented in the United States. For the most part, these individuals lacked health insurance and could not get health insurance due to their illegal status. Ironically, the undocumented population has contributed to the U.S. economy. It is estimated if 11 million unauthorized immigrants were granted legal status in 2013, the U.S. gross domestic product (GDP) would grow by \$1.4 trillion within 10 years (Pew Research Center, 2013). Also, many undocumented immigrants contribute taxes and social security; however, they never draw any benefits because of their legal status.

Educational Factors

Education is an important factor in physical and mental health outcomes. According to Amaro & Russo (1987), education is a preventative tool against certain mental disorders such as depression and chronic illnesses such as heart disease, diabetes, and cancer. Sadly, Hispanic families have expected family members to work in order to provide financial support rather than to study (Cammarota, 2004). Unsurprisingly, the drop-out rate for Hispanic high school students in Nevada has not changed in the past decade. In 2010, the expected on-time graduation rate from high school for Hispanic students was 42% (Nevada Annual Reports of Accountability [NARA], 2013). It was reported that the dropout rate for Hispanic students in Nevada was 2,355 or 7.8% in 2007

(Nevada Annual Reports of Accountability [NARA], 2007). According to NARA (2007), the Hispanic drop-out rate for 9th through 12th grades in Clark County was 7.7% for the Class of 2005. The Nevada Hispanic high school graduation rate was estimated to be 50% (NARA, 2007). Conversely, the graduation rate for Asian/Pacific Islander was 73.9%; White, 73.3%; American Indian/Alaskan Native, was 55.1%; and Black/African American, 49.9% (NARA, 2007). These statistics revealed Hispanic students dropped out of high school more frequently than any other major racial or ethnic group.

The U.S. 2010 Census School Enrollment data revealed that Hispanic males had one of the highest drop-out rates for non-high school non-graduates nationally when compared to other races and ethnicities. The non-high school non-graduation rate for Hispanic males was 31.6%; Hispanic females 29.4%; Black/African American males, 15.4% Black/ African American females, 15.3%; Caucasian males, 13.2%; and Caucasian females, 12.2% (U.S. Census, 2010). Once they drop-out, Hispanic students generally do not go back to school to complete their high school education (Provitera-McGlynn, 2001). The 2010 U.S. Census revealed that 23.2% of elementary and high school students were Hispanics, but only 6.2% of college students were Hispanics.

SEM Interpersonal Level of Influence

Familism

The Hispanic culture has a strong identification with the family as well as an attachment to both the nuclear and extended family. There is a sense of duty and loyalty to family (Lopez & Carrillo, 2001). Family closeness is observed, with many generations living under one roof. Lopez and Carrillo (2001) explained the Hispanic culture valued and revered the elderly and those in position of power. The needs and goals of the group

were more important than individual needs (Lopez & Carrillo, 2001). This may be demonstrated through the avoidance of anger and confrontation by Hispanic individuals, who prefer to show *simpatia* (sympathy) so that relationships can flow smoothly and nicely (Lopez & Carrillo, 2001).

Hispanic families, especially Mexican families, had the largest number of family members when compared to other groups. In 2004, the average family size was 4.1 for the Mexican family; Central and South American, 3.7, Puerto Rican, 3.3; and Cuban, 3.0 (Chapa & De La Rosa, 2004). Immigration for Hispanics is not easy because of the tight family connections one has since birth. The Hispanic culture values family closeness and support (Comeau, 2012).

Cultural Factors

Lopez and Carrillo (2001) stated that in order to take care of the Latino patient, one must understand the important role the Hispanic culture plays in their treatment patient. Hispanic patients may use both traditional interventions and consultations with folk-healers. Because the Hispanic population is very diverse in their choices, folk healers, known as *espiritistas* and *santeros* by people from Puerto Rico and Cuba and *curanderos* by Mexicans may be used by those of this cultural background (Canino, 2005). It is estimated that Hispanics used alternative or complementary therapies up to 44% of the time in 2001 (U.S. Department of Health and Human Services [US DHHS], 2001). Health care practitioners caring for Hispanic patients need to be culturally sensitive and ask the patient about other treatment modalities the patient might be using.

Hispanic Machismo (Manliness)

Sobralске (2006) explained the Hispanic Mexican males' culture is deeply rooted

within the values of *machismo* (manliness) described as powerful and active. Hispanics traditionally have a strong sense of gender difference when compared to non-Hispanic Whites (Lopez & Carrillo, 2001). Masculine values in Hispanic society have included beliefs that the male must be the provider, be virile, reliable, intelligent, wise, and strong. In Hispanic cultures, women were seen as needing to stay home and take care of the family, while men were the wage earners and family protectors. Because of *machismo*, some Hispanic males may not reveal the actual level of stress experienced (Dunn & O'Brien, 2009). Dichoso (2010) advised that Latino men frequently did not get socially involved, and were more likely to be more self-reliant; they therefore opted not to discuss their problems. It is not surprising that Hispanic males may have been resistant to seeking health care services.

SEM Organizational Level of Influence

Religion and Spirituality

Religion and spirituality have played a significant role in the Hispanic approach to health care. Campesino and Schwartz (2006) reported religion and spirituality were not only interwoven into the daily life of Hispanic individuals but religion and spirituality provided the “foundations of strength in coping with life’s struggles” (p. 70). The majority of the Hispanic population identify themselves as Catholic (Ellison, Echevarria, & Smith, 2005). However, the number of Hispanic Protestants is quickly growing (Ellison et al., 2005). Further, Ellison et al. (2005) reported that Catholic and Protestant traditions embrace “more conservative theological and social values” (p.195).

Dunn and O'Brien (2009) concluded that family involvement and religion may favorably contribute to the psychological well-being of Hispanics because Latinos turn to

religion to cope with life stressors. Regarding religion and coping with stress, Dunn and O'Brien (2009) found no gender difference. Both males and females reported the use of religion as a coping mechanism (Dunn & O'Brien, 2009). However, the researchers pointed out that most Hispanic immigrant males came to the United States seeking work and they are possibly separated from their families; thus, they looked for religious affiliations as a form of community support (Dunn & O'Brien, 2009).

Since the beginning of history, religion and spirituality have played an important role in human life. Cantazaro and McMullen (2001) acknowledged the lack of consensus when defining spirituality. For some, spirituality is (a) inherent to all human beings because individuals have the potential for spiritual growth; and (b) spirituality is a lived experience: It is a way of life; and (c) spirituality is a mystery because this concept cannot be explained or reduced to human language (Cantazaro & McMullen, 2001). Burkhardt (1989) reported that spirituality may also be viewed as the “unifying force or vital principle of a person that integrates all manifestations of the human being” (p. 69). This is a profoundly inclusive statement because health and health care require viewing a person as a unity of body, mind, and spirit (Burkhardt, 1989). For others, spirituality is a transcendental experience. A transcendental experience may be in which at times the individual loses consciousness of self and merges with something larger, or has an experience of connectedness or as being one (Jankowiak, 2008). Viktor Frankl as cited by Delany (2005) stated that the spiritual unconscious connects human beings to the transcendent, where spiritual depths are reached and great existential choices are made.

A religion is the formal organization of a body of knowledge similar to a bureaucratic structure (Stein & Stein, 2008). Stein and Stein (2008) stated religion is the

formal established organization composed of individuals who are head of the religion, body of knowledge, and who have political property to such religion. People may call the head of a religious community a rabbi, priest, and minister. What is important is recognizing that religion has an element of authority similar to a bureaucratic structure but it is not a religious experience (Stein & Stein, 2008). Although, the metaphysical aspect of human spirituality may have a religious component and it is manifested in numerous religions (Delany, 2005), spirituality is not considered a religion. However, there is a connectedness among religions, moral norms, and spirituality (Cantazaro & McMullen, 2001). Watson (2005) explained this connectedness as transpersonal caring which recognizes unity of life and “connections that move in concentric circles of caring- from individual, to others, to community, to world, to planet Earth, and to the universe” (Watson, 1991, p. 63). Watson (2005) asserted that human beings were not separate individuals and for the Hispanic individual, religion and spirituality are essential components of life. Campesino and Schwartz (2006) stated that religion and spirituality are significant factors in maintaining health and longevity as well as well-being. It is important to incorporate religion and spirituality when taking care of a Hispanic patient (Campesino & Schwartz, 2006).

SEM Community Level of Influence

Health Care Professionals: Competent Care

The quality of health services rendered to minority groups remains a challenge because of unequal treatment, lower quality of health services, and mistrust of the system or refusal of treatment (Baldwin, 2003). Most minority individuals receive care from minority non-White health care providers (Baldwin, 2003). Betancourt, Green, and

Ananeh-Firempong (2003) explained that a culturally competent health care system acknowledges and incorporates cultural assessment to meet unique patient needs. The lack of minority health care professionals increases the lack of access to health care by minority individuals. This outcome results in an increase in mortality and morbidity among this population.

Undoubtedly, cultural differences between patients and health care providers not only have an increased impact on the patient's treatment and recovery but also contribute to the ever-growing problem of health disparity, especially in the Hispanic community, because of a shortage of Hispanic health care professionals. The lack of Hispanic health care professionals can result in an inability to provide health services to this minority population. Qualified Hispanic health care professionals are needed as lack of communication or miscommunication may hinder the accurate assessment of patients as well as inhibit administration of the right treatment (Saks, 2006). Trujillo (2008) reported that more psychopathology is diagnosed when bilingual Hispanics are evaluated in English. Another factor to consider when diagnosing and treating the Hispanic patient is some symptoms presented may be more somatic and culture-bound such as *ataque de nervios* or anxiety (Trujillo, 2008). Trujillo states that Hispanic patients may present with *susto* (fright) or *nervios* (nerves).

Diversity in the health care professions benefits the entire population allowing patients to receive culturally sensitive care that is patient-centered (Sullivan, 2004). It is imperative to reach the Hispanic community by developing educational and informational programs about health care services and their locations for availability as well as legal rights to these services regardless of an individual's legal status. The lack of health

programs tailored to the Hispanic population increases disparity among this group.

Immigrant Paradox

Caplan (2007) defined the process of adaptation to stressful changes as acculturation. Acosta, Guarnaccia, and Martinez (2003) reported that the mental health of the Latino individual appeared to worsen as he or she became more acculturated to U.S. society. In fact, it has been reported that Hispanics who lived in the United States for long periods of time are more prone to substance abuse and mental disorders (Vega, Kolody, Aguilar-Gaxiola & Catalano, 1999). Caplan (2007) explained that new immigrant Hispanics were greatly affected by acculturative stress. Hispanics had better outcomes when compared to other U.S.-born Hispanics who had lived in the United States for a longer period of time, a phenomenon known as the *Immigrant Paradox*. The paradox may be because Hispanics relied more on family support, community, and churches when dealing with stress (National Alliance for Mental Illness [NAMI], 2013). Although many Hispanics live in poverty, have less education, and live under psychological distress, Hispanics somehow live longer than the White population (CDC, 2013c). According to the CDC (2013c), a Hispanic female's life expectancy was 82.6 years of age in 2013, but a White female's life expectancy was estimated as 80.1 years.

SEM Public Policy Level of Influence

As of 2010, in the United States, approximately 40 million individuals exist (12.9% of the total population) of all ethnic backgrounds who were foreign-born in the United States (U.S. Census Bureau, 2013). Of these 40 million people, 11 million were undocumented (Pew Research Center, 2011), and about 6 million of these undocumented individuals were young children and teenagers (American Psychological Association

[APA], 2012). Some of these individuals came to the United States with their parents when they were very young and have lived in the United States most of their lives. These immigrants live in constant fear of deportation because they have to hide and not tell anyone about their legal status (APA, 2012).

Undocumented immigrants endure mental distress, as exhibited by anxiety, depression, and suicide attempts (APA, 2012). Unauthorized children and adolescents endure traumatic experiences such as racial profiling, ongoing discrimination, immigration raids, and exposure to gangs. The American Psychological Association (2012) reported that these youngsters live in constant uncertainty not knowing if their parents will be home when they come back from school because the U.S. Immigration and Customs Enforcement Agency (ICE) may deport the parent. These children may be placed in detention camps, child welfare, or be deported; thus, taken away from their families against their will (APA, 2012).

The trauma and psychological distress immigrants endure on a daily basis is compounded by the fact that they cannot even seek health care services due to their legal status in this country. Medicaid and State Children's Health Insurance Program (SCHIP) do not currently cover undocumented immigrants. For those who are legal immigrants, but have been in this country documented for less than 5 years, U.S. federally-funded health care coverage is restricted (APA, 2012). The growing opposition to immigration policy and immigrants is filled with tension, conflict, and the dreaded browning of America (Johnson, Farrell, & Guinn, 1997). Divergent from these fears, is the recognition that immigrants contribute to this country not only financially but also by servicing this country in the U.S. military and in public office. In California in 2012, Asian and

Hispanic individuals paid about \$30 billion in Federal taxes, \$5.2 billion in state income taxes, and \$4.6 billion in sales taxes per year (Asian Journal, 2013). The legal immigrant economic output in New York was estimated to be \$229 billion and during the same period the purchasing power of Asians and Latinos increased to \$5.8 billion even in states where there were few Asian and Latino immigrants during the same time period (Asian Journal, 2013). Asian and Hispanic immigrants composed 18.5% of the population of Washington, DC. (Immigration Policy Center, 2013) with a purchasing power of approximately \$33 billion (Immigration Policy Center, 2013). Washington, D.C. also earned approximately \$412.1 million from the foreign student population. The Immigration Policy Center (2013) reported if all unauthorized immigrants were removed from Washington, DC, the District of Columbia would have lost \$14.5 billion in economic activity, \$6.4 billion in gross state product, and 71,197 jobs in 2012 alone. Similarly, if all undocumented individuals were removed from Texas, the state would lose \$69.3 billion in economic activity, \$30.8 billion in state product, and 3,780 jobs (Asian Journal, 2013). It was estimated that undocumented immigrants in Washington, D.C. paid \$327.7 million in state and local taxes in 2010. However, this money is not claimed by the unauthorized immigrants, who fear being discovered.

Hispanics in Public Office

Individuals' involvement in civil activity and public office is necessary for the development of public policy to improve the current physical and mental health care of immigrants in the United States. Fortunately, Hispanics' involvement in politics has steadily increased in recent decades. The number of Hispanic public elected officials from 1985 to 2008 at the state, county, judicial, and educational level was about 5,240

(U.S. Census Bureau, 2012). In addition, in the last 2010 elections, three state wide offices were won by Hispanics in New Mexico, Florida, and Nevada.

Summary

Chapter 2 presented an overview of social determinants of health and health disparities, a brief history of the day labor market, and a review of relevant and current studies of Latino day laborers. Additionally, a review of literature was guided by the social ecological model (SEM) levels of influences: (a) intrapersonal level of influence (individual): Hispanics in the U.S., language barriers, economic factors, and educational factors; (b) interpersonal level of influence (family, friends, and peers): *familism* and cultural factors; (c) organizational level of influence (churches, stores): religion and spirituality; (d) community level of influence (social networks): health care professionals and the immigrant paradox; and (e) public policy level of influence: public policy and Hispanics in public office. Chapter 3 presents the study's methodology, phenomenological approach, study design, research questions, sampling method, data collection, data analysis approach, coding and themes, and transcription considerations.

CHAPTER 3

METHODOLOGY

For more than half a century quantitative methods have dominated the research that inform us regarding what we do. Yet with all the money that has gone into funding these [quantitative] inquiries into illness and health behavior, they have contributed nothing new in our understanding of the human condition.

--Godfrey Hochbaum (Whitehead, 2005)

Introduction

Desperate for work, Ausencio Velasquez agreed to go with a contractor to trim palm trees. Ausencio climbed a 75-foot tree secured only by a thin rope, when he lost his grip, fell down, and died (Godines, 2002). According to Godines (2002) Ausencio was a day laborer who had no proper protective equipment and/or safety training. Sadly, the person who hired Ausencio did not even assist him, but abandoned his body on the street. Ausencio's story, although tragic, is not uncommon. For example, in 2001, two Mexican day laborers were hired under the promise of work in Farmingdale, New York. Instead of work, they were held against their will; they were tortured and left to die. According to the Federal Bureau of Investigation (FBI) Hate Crime Statistics report (2011), hate-crimes toward Latinos increased in the past decade by 66.6%. Latino day laborers are a target population because they are vulnerable and do not report a crime for fear of deportation. Chapter 3 presents the methods and procedures followed when conducting this study.

Study Design

This study addresses the perceived health care needs of undocumented Latino day laborers living in Las Vegas, Nevada. Because this topic could be considered as a phenomenon, an appropriate design is within a phenomenological approach. Creswell

(2005) stated that qualitative research “seeks to explore and understand one single phenomenon” (p. 134) as well as the external forces that shape that phenomenon. Hence, a qualitative research design supports the process of inquiry based on the participants’ responses (Creswell, 2005).

Phenomenological Approach

Phenomenology is the study of lived experiences (Creswell, 2013). An advantage of the phenomenological approach is that it focuses on how the individual experiences the world and how this human experience is lived (Dowling, 2005). Phenomenology allows individuals to stay with the experience itself (Cerbone, 2006). Phenomenology lets the researcher “enter another’s world and to discover the practical wisdom, possibilities, and understandings found there” (Polit & Beck, 2008, p. 229). Ray (1992) posited that the goals of phenomenology reveal the qualities of each individual’s experiences; thus, this method provides a better understanding of the overall phenomenon. The phenomenological approach questions the way in which human beings experience the world.

The individual experience is a central lens for understanding a person because one experience leads to another experience (Dewey, 1987). Phenomenological studies capture individuals’ experiences in their own words and rely on in-depth interviews (Marshall & Rossman, 2006). Phenomenology researchers are considered existentialists because phenomenology describes the structure of human experiences as “they present themselves to consciousness without recourse of theory, deduction or assumptions from other disciplines . . .” (Munhall, 2007, p. 114). Phenomenological research is *atheoretical* (Munhall, 2007), where the researcher’s goals are to explore and understand people’s

everyday life experiences (Polit & Beck, 2008). Taken as a whole, phenomenological research looks into the way people experience the world because the researcher wants to know the world in which the individual lives.

A historical overview of phenomenology reveals that this method is constantly evolving. Three phases of phenomenology history have been identified: These phases are (a) preparatory, (b) German, and (c) French (Munhall, 1994). The preparatory phase most likely started during the last half of the nineteenth century in which phenomenology was introduced as a method of inquiry. Two representatives of this phase are Brentano and Carl Strumpf (Munhall, 1994). Munhall (1994) reported that the representatives of the German phase are Edmund Husserl and Martin Heidegger. Husserl is credited for introducing the concept of creating a rigorous process to deal with subjectivity. On the other hand, Heidegger is credited for existential phenomenology: being and time. The French phase representatives are Gabriel Marcel, Jean-Paul Sartre, and Maurice Merleau-Ponty (Parker, 1994). This phase was concerned with existentialism and our perception of the world: “The unification of body and mind allows for meanings to unfold in relation to our connectedness to the world” (Parker, 1994, p. 301).

On the whole, the phenomenological approach questions the way human beings experience the world and seeks to understand the world in which individuals live as human beings (Van Manen, 1990). Van Manen (1990) stated that the phenomenology research method studies the uniqueness of a person who is incomparable, unclassifiable, and irreplaceable. Boyd (2001) added that

One is tied to the world in a perspective created by being bodily situated in the world in a particular way. Because human realities are contingent on

one's turn of attention to the world in a perspective that comes into being
by that turn, they are always subjective in nature (p. 81)

Moustakas (1994) stated that phenomenological research leads to new knowledge of everyday human experiences, human behaviors, and human relationships. Moreover, phenomenology researchers are existentialists because phenomenology describes the structure of human experiences as “they present themselves to consciousness without recourse of theory, deduction or assumptions from other disciplines. . . .” (Munhall, 2007, p. 114). Thus, phenomenological research is *atheoretical* (Munhall, 2007), where the researcher's goals are to explore and understand people's everyday life experiences (Polit & Beck, 2008).

Similarly, Creswell (2005, p. 134) explained that qualitative research is flexible because the researcher allows the participants to set the direction of the study while the researcher learns the participants' views of the phenomenon. The order of activities in a qualitative research study varies from study to study so that the researchers themselves do not know ahead of time exactly how the study will proceed (Polit & Beck, 2008, p. 68). Some other characteristics of qualitative research are that includes triangulation, is holistic (seeks an understanding of the whole), is intensely involved, and requires ongoing analysis of data (Polit & Beck, 2008). Polit and Beck (2008) also informed that a qualitative researcher becomes the instrument of the research study. Van Manen (1990) writes about how the human experience may be researched as well as how the “lived experience is the breathing of meaning . . . a constant heaving between the inner and the outer” (p. 36).

Research Question (s)

The main goal of this qualitative study is to identify the perceived health care needs of undocumented Latino day laborers living in Las Vegas, Nevada. To this end this study will address the following research questions:

1. How do undocumented Latino day laborers living in Las Vegas, Nevada perceive access to health care?
2. How do undocumented Latino day laborers address health care needs and injuries from work?

Sampling Method

A purposeful sampling was utilized. Qualitative studies use a purposeful sampling so that the researcher selects “information-rich cases in order to learn a great deal about the issues of central importance of the research” (McCance & McIlfatrick, 2008, p. 238). Purposeful sampling may mix two characteristics such as fitting the criterion and maximum variation sampling which involves “the intentional selection of subjects whose experience . . . provides the fullest description of the experienced phenomenon” (Creswell, 2002, p. 477). Sampling procedures in a qualitative study require inquiry into individuals who have experienced the phenomenon under investigation (McCance & McIlfatrick, 2008). In other words, “all participants must have experienced the phenomenon and must be able to articulate what it is like to have lived that experience” (Polit & Beck, 2008, p. 359).

The inclusion criteria for participation in the study includes undocumented, foreign-born Latino day laborer, male, aged 18 to 65, who have worked as day laborers who live in Las Vegas, Nevada and who are willing to talk about their experiences as a day laborer. Eight participants were selected based on the inclusion criteria and their

willingness to share and articulate their experiences. The number of study participants was determined once data saturation was achieved (when no new themes emerged). A small number of participants is appropriate for a qualitative study (Johnson & Christensen, 2008; Polit & Beck, 2008).

Data Collection

Institutional Review Board (IRB)

A research protocol proposal was filed and approved by the University of Nevada, Las Vegas Institutional Review Board (IRB).

Gaining Access

Feldman, Bell, and Berger (2003) stated that gaining access when conducting a qualitative research entails a series of stages such as (a) finding informants, (b) permission to contact informants, (c) making initial contact, and (d) exiting or ending the relationship. In a like manner, Ely (1991) wrote that gaining access to a population is a longer, more active process than researchers originally envision. For example, in order to gain access, qualitative researchers may need to become more “engaged in the context of how the setting works,” (Ely, 1991, p. 23). Similarly, Glesne (2006) expressed that gaining access is a process that entails the acquisition of “consent to go where you want to go, observe what you want, talk to whomever you want, obtain and read whatever document you require” (p. 44).

After the IRB approval, the researcher traveled to well-known day laborer hiring sites in the Las Vegas area. The day laborers were approached and informed about the study. A brief description of the study (see Appendix 1) was read to the potential participants explaining that the research study was totally anonymous. The participants

did not have to give the researcher any personal information such as name or other identifiers. The participants were reassured that no one will be able to identify who the participants were in the data or the final report. The researcher, a native Spanish speaker, conducted the interviews. Additionally, the researcher explained to the participants that no known risks were associated with participating in this study except for some minor personal discomfort that may arise while telling their experiences as a day laborer in this country.

A private interview conversation lasting approximately 60 to 90 minutes (see Appendix 3) was conducted at fast-food restaurants near the well-known day laborers hiring sites. The interviews were conducted in privacy away from other day laborers. The conversations were recorded by a digital tape recorder, and the researcher also took written notes (field notes). The researcher also let the day laborers know they would be compensated for participating in the study. A store \$15.00 gift card was offered to the participants; however, they stated to prefer cash compensation instead. Because the possibility existed that they might miss an opportunity for work while participating in the study, the interviews were conducted later in the day to avoid such an event. If the day laborers could not complete the interview because they were hired for a job, the researcher had planned giving a pair of working gloves and protective goggles as compensation for their time. However, all of the participants who agreed to participate in the study completed the interviews. Consequently, the working gloves and protective goggles were randomly given to any of the day laborers standing on the corner.

Making Initial Contact

An in-depth interview of 60 to 90 minutes with eight foreign-born, Hispanic, male

day laborers was conducted. In-depth, open-ended questions (see Appendix 3) (Holloway & Wheeler, 2002) were utilized to elicit information from the respondents in order to discover their feelings and thoughts about their perceived health care concerns. Open-ended interview questions allowed the participants to describe their experiences using as much detail as possible (Polit & Beck, 2008).

Polit and Beck (2008) recommended starting the interview process with a *grand tour* question which is a general broad question (p. 392). This researcher opened the interview with the following prompt: “Why did you come here to Las Vegas?” One of the advantages of this data collection method is the intention for the participants to answer the questions not only factually, but also add their feelings, attitudes, and views about their experience (McCance & McIlfatrick, 2008). Through interviews the researcher explores the participants’ understanding and experiences of a given situation (Glesne, 2006).

Setting

Qualitative researchers collect data in the real world by methods such as interviewing participants in their homes. Researchers may also conduct these studies by using multiple sites (Polit & Beck, 2008). The setting for the interviews was fast-food restaurants nearby well-known day laborer hiring sites in Las Vegas, Nevada. The interview was conducted in privacy away from other day laborers. The interviews were recorded, reviewed, and checked for audibility and completeness (Polit & Beck, 2008). The researcher used a digital recorder to record the interviews. An Olympus TP-7 recording digital device owned by the researcher was used to record the interviews. The interviews were audio recorded to ensure the accuracy of the collected information, and

all interviews were transcribed into a written record. The participants were able to ask the interviewer to turn off the audio recording equipment at any time during the interview. Participants were allowed to ask questions about the study before participating and while the interview was taking place. Ensuring confidentiality of collected data is the norm in research. The researcher did not ask the participants for any information that can identify who they are.

Data Storage

The researcher stored the written transcripts in a locked filing cabinet at the University of Nevada, Las Vegas (UNLV) for 3 years following the completion of the study. A computer where the information is stored is password protected. The researcher is the only one who knows the password. Thus, the participants' confidential information is safeguarded. All data entered was checked for accuracy, after which, the interview notes were destroyed.

To ensure that the responses were kept confidential, a pseudonym such as LDL 1, LDL 2, etc. was to be assigned to each participant (LDL: Latino Day Laborer). However, as per participants' requests, a fictitious name was assigned instead. The researcher is a native Spanish speaker who worked as a medical transcriptionist to pay for her education. Therefore, the researcher personally transcribed the interviews. The recorded interviews were listened to and checked for audibility and completeness (Polit & Beck, 2008). Once the transcription process was completed and a written record was produced, the audio transcripts were destroyed. The participants were reassured that all information would be kept confidential, and, only the researcher listened to the recordings.

Methodological Rigor

Lichtman (2010) stated that the role of the researcher is crucial to any qualitative study because the “researcher is central to any study” (p. 9) and because the study interpretations are based on the researcher’s experiences and background (Lichtman, 2010). Further, it is the researcher who is filtering the information so that a rigorous process to protect the interviewee’s voice must be in place (Hesse-Biber & Leavy, 2006).

The methodological rigor criteria of monitoring subjectivity, verification, accuracy, and trustworthiness were used by this researcher. An audit trail (see in the current work Chapter 1, Definition of Terms), and reflexivity were used to enhance the rigor and credibility of the study. Munhall (1994) explains that establishing the determinants of rigor in a phenomenological study is critical because the aim of phenomenological research should be to give direction to practice and promote future research.

When trying to establish confirmability, Lincoln and Guba (1985) recommended audit trails; triangulation, reflexivity, and the confirmability audit (see Chapter 1, Definition of Terms). Consequently, the researcher also adhered to the techniques suggested by Lincoln and Guba (1985). To establish transferability, Lincoln and Guba (1985) recommended using *thick descriptions* or detailed accounts of the experiences. Inquiry audits or external audits foster accuracy and validity of the research study, thus establishing dependability. Although Lincoln and Guba (1985) recommended two extra techniques - prolonged engagement and persistent observation; these two techniques were not implemented because the researcher and the participants only met once during the study. A follow up meeting did not occur.

Monitoring Subjectivity

Bracketing is a way of monitoring subjectivity. Bracketing, as explained by Polit and Beck (2008), is “the process of identifying and holding in abeyance any preconceived beliefs and opinions about the phenomena under study” (p. 748). Bracketing is important and necessary, especially when the researcher has personal experience with and/or knowledge of a phenomenon (Lauterbach, 2007). By bracketing personal knowledge, biases, and experience, renders the researcher can participate in the research process (Lauterbach, 2007). Moreover, Lauterbach (2007) also stated that the researcher must be able to suspend judgment and ignore prior knowledge about the experience or phenomenon as well as trying to understand the participants’ perspectives. In addition, the researcher needs to access and use supportive resources such as a qualitative expert while engaged in research (Lauterbach, 2007).

Awareness of subjectivity can guide the researcher to specific strategies so that he or she may be able to monitor subjectivity (Glesne, 2006). Monitoring subjectivity aids the researcher to increase his or her awareness of his or her own values, attitudes, beliefs, interests, and needs (Glesne, 2006). Acknowledging how the researcher is the same or differs from the participants allows the researcher to “take into account the difference and its impact on the interview” (Hesse-Biber & Leavy, 2006, p. 132). Similarly, Spradley (1980) talked about the importance of understanding the human species and diversity indicating that “most of the diversity in the human species results from cultures each human group has created and passed on from one generation to the next” (p. 13). Likewise, Lichtman (2010) stated the importance of the role of the researcher to any qualitative study because the “researcher is central to any study” (p. 9) and because the study interpretations include on the researcher’s experiences and background (Lichtman,

2010). Additionally, the researcher filters the information as part of a rigorous process to protect the interviewee's voice must be in place (Hesse-Biber & Leavy, 2006).

Verification, Accuracy, and Trustworthiness

Madill, Jordan, and Shirley (2002) explained reliability and objectivity of qualitative analysis from realism, contextual constructionism, and radical constructionism perspectives. The authors pointed out the difficulty that producing reliable knowledge within the social sciences, especially when using qualitative studies, has been questioned. For example, Lichtman (2010) stated that the following terms could be used when dealing with qualitative research:

1. Credibility instead of internal validity.
2. Transferability instead of external validity.
3. Dependability instead of reliability.
4. Confirmability instead of objectivity. (p. 228)

For instance, Maiterud (2001) explained that the term transferability or external validity could be described as “the range and limitations for application of the study findings, beyond the context in which the study was done” (p.484). Bradley, Curry, and Devers (2007) concluded that the qualitative inquiries can actually “improve the description and explanation of complex, real-world phenomena pertinent to health services research” (p. 1772).

In order to maintain the trustworthiness of the study, this researcher's interpretation was monitored by using four core questions which are linked to the analytical interpretation (Glesne, 2006, p. 166). These questions include:

1. What do you notice? The researcher consciously and continuously searched for

negative cases. Negative cases are cases in which the researcher notices one thing, but something else is not noticed.

2. Why do you notice what you noticed? The researcher reflected on subjectivity, thus calling the researcher to a continued alertness to his/her biases and theoretical predispositions.
3. How can you interpret what you noticed? The researcher looked at the time spent at the research site, time spent in interviewing, and time building sound relationships with the participants because all these factors contributed to the collection of trustworthy data.
4. How can you know that your interpretation is the right one? Glesne (2006) recommends the researcher and the participant to collaborate during the interpretative process by giving the participant a copy of the interview. However, because of the transient nature of this population, this step was omitted.

Role of Researcher

Marshall and Rossman (2006) affirmed that in qualitative research, the researcher is the instrument who learns from participants' lives because the researchers enter the participants' lives. Further, the researcher needs to plan his or her role, which "may entail varying degrees of *participantness* (Marshall & Rossman, 2006, p.72). The authors explained that *participantness* is the actual degree to which the qualitative researcher is either (a) a full participant (going about ordinary life in a role or set of roles constructed in the setting) or, (b) complete observer (not involved at all in social interaction).

Marshall and Rossman (2006) stated that the qualitative researcher must maintain a direct and immediate participation in the research environment, because it is vital for building

and sustaining a relationship with the participants.

Similarly, Glesne (2006) explained qualitative researchers need to look for patterns, key concepts, and coding as well as seek to understand how various participants “in a social setting construct the world around them” (p. 4). Also, the author explains that a qualitative researcher needs to embrace the ability to accept more than one truth. Therefore, understanding the human species is of utmost importance for a qualitative researcher. The above statement is remarkable, because in a qualitative study, the researcher does not seek generalization but specific understanding of other peoples’ perspectives (Glesne, 2006).

Accordingly, this researcher did (a) oversee and was responsible for conducting the research project; (b) provided an explanation of the study to the participants; (c) conducted interviews; (d) conducted data analysis; (e) created transcriptions; and (f) prepared the report.

Tools and Techniques

Polit and Beck (2008) asserted that a qualitative researcher is described as a “*bricoleur*” or a person able to perform different tasks such as interviewing, reflection, and introspection. Similarly, Hesse-Biber and Leavy (2006) explained that qualitative knowledge comes from “a variety of rich perspectives on social reality” (p. 16). For example, qualitative researchers may use in-depth interviewing, oral history, auto-ethnography, focus group interviewing, case study, discourse analysis, and content analysis to produce knowledge (Hesse-Biber & Leavy, 2006). These techniques for learning are the methods qualitative researchers use to gather data:

A research method is a technique for . . . gathering evidence. One could

reasonably argue all evidence-gathering techniques fall into one of the three categories: listening to (or interrogating) informants, observing behavior, or examining historical traces and records. (S. Harding as cited in Hesse-Biber & Leavy, 2006, p. 19)

Furthermore, qualitative researchers use field observations and other techniques to gather data (Lichtman, 2010). To illustrate, the researcher reflects on how the technique will “(1) elicit data needed to gain understanding of the phenomenon in question, (2) contribute to different perspectives on the issue, and (3) make effective use of the time available for data collection” (Glesne, 2006, p. 36).

Similarly, Glesne (2006) expressed that qualitative researchers use predominantly three techniques when gathering data to include: (a) participant observation, (b) interviewing, and (c) document collection. Glesne (2006) stated that the qualitative researcher should consider what one wants to learn when choosing a technique. For example, through interviews the researcher explores the participant’s understanding and experiences of a given situation (Glesne, 2006).

The Interview

A way of entering the participant’s world of experience is by conducting in-depth interviews also known as the essence of their experience (Johnson & Christensen, 2008). Open-ended unstructured interviews draw out each individual’s experiences by allowing participants to fully recount a particular experience. One of the advantages of this data collection method is that participants answer questions not only factually, but also add feelings, attitudes, and views about such an experience (McCance & McIlfratrick, 2008). Additionally, semi-structured interviews allow participants to describe his or her

experiences, including as much detail as possible.

Glesne (2006) recommended thinking of interviewing as the process of getting words to fly. Interviews can be formal or informal. Holloway and Wheeler (2002) informed that qualitative researchers frequently utilize unstructured or semi-structured interviews. When a researcher uses a general question in a broad area of study, the interview is called an unstructured interview. Conversely, a semi-structured interview or focus interview follows a certain line of inquiry on an issue or topic area to be discussed (Holloway & Wheeler, 2002). A structured or standardized interview has a pre-planned number of questions asked in specific order. According to Holloway and Wheeler (2002), this type of interview offers similarity to answering a written survey, because the process guides and directs the participant. However, Holloway and Wheeler (2002) cautioned researchers to use this type of interview only when trying to elicit demographic information. The researcher for this current study utilized semi-structured interview questions to elicit more in depth responses about undocumented Latino day laborers' perceived health care needs (see Appendix 3).

Interview Process

Richards (2005) suggested that when setting up a research project, the researcher must be clear about the purpose, goals, and outcomes. Therefore, Legard, Keegan, and Ward's (2003) steps of the interview process were chosen for setting-up the interview. The six-step interview process includes (1) arrival, (2) introducing the research, (3) beginning the interview, (4) during the interview, (5) ending the interview, and (6) after the interview (Legard et al., 2003).

Step One: The Arrival. This stage is labeled as *the arrival*, because this

point is when the researcher starts developing a rapport with the participants.

Legard et al. (2003) affirmed that this stage is important for a successful interview. The researcher arrived after 2:00 pm at well-known day laborer contractor hiring sites. The interviews were conducted in the afternoon so that day laborers would be less likely to miss an opportunity for work.

Step Two: Introducing the Research. Introducing the research is when the researcher introduces the research topic to participants. The researcher explained and read a verbal script about the nature and purpose of the research to the participant (see Appendix 1). The researcher made sure the environment was conducive to the interview process without distractions and away from other day laborers. Participants were informed about the researcher's background and current role as a graduate doctoral student at a local university. It was disclosed that the interview was a requirement for a school research project, where interviews would take 60 to 90 minutes to complete the interview process.

The need for a digital recording of each interview was also explained. Verbal consent for participation in this study was obtained (see Appendix 2). Permission to record the interview was obtained and the interview was recorded accordingly. Before recording, it was explained to the participant that the researcher would later transcribe the interview and all information would be kept confidential. The researcher reiterated to the interviewees that no-one except the researcher would listen to the recordings. Similarly, it was explained to the participants that no-one except the researcher would read the complete transcribed version of the interview.

Step Three: Beginning the Interview. During this stage, basic demographic information was gathered. The interview started by utilizing the *grand tour question* and then the researcher asked about the participants' background information. Enough time was given to the interviewee for participation, description, and elaboration of answers.

Step Four: During the Interview. At this step, the researcher guided the participant to a deeper, more focused level of the interview in order to discover the participant's ideas, thoughts, and feelings.

Open ended-questions (see Appendix 3) guided the participant to a deeper, more focused level of the interview to discover the participants' ideas, thoughts, feelings, and experiences about being day laborers.

Step Five: Ending the Interview. The researcher signaled to the participants that the interview was almost over by using statements such as, "the final topic . . ." (Legard et al., 2003, p 146) and asking the question "Is there anything else you would like to contribute to this interview?"

Step Six: After the Interview. Legard et al. (2003) recommends switching off the recorder and thanking the participants warmly. Additional recommendation include concluding the interview mode by talking about something other than the interview; thus, finalizing the interview process. This researcher followed this process by switching off the recorder and proceeding to thank the participant warmly. Since recommendations include ending the interview mode by talking about something different, the researcher talked about local health care resources available. The researcher brought a sheet of paper with

a listing of affordable health care community resources (see Appendix 4).

Data Analysis

Colaizzi's approach to data analysis recommends taking seven steps including (1) reading all protocols/interviews to acquire a feeling for them, (2) reviewing each protocol and extracting significant statements, (3) spelling out the meaning of each significant statement, (4) organizing the formulated meaning into clusters of themes, (5) integrating the results into an exhaustive description of the phenomenon under study, (6) formulating an exhaustive description of the phenomenon under study in as unequivocal a statement of identification as possible, and (7) asking participants about the findings thus far as a final validating step (as cited in Holloway & Wheeler, 2002; Polit & Beck, 2008). The researcher utilized Colaizzi's data analysis approach. However, because of the transient nature of the day-labor market, it was not possible to re-interview the participants. The qualitative analysis process is reductionist, where (a) qualitative data is transcribed, (b) developed into a category scheme, (c) coded, and (d) organized.

Transcription analysis for this interview was guided by Colaizzi's approach to data analysis (as cited in Holloway & Wheeler, 2002; Polit & Beck, 2008).

Phenomenological data analysis seeks to discover the essence of the lived experience (Thorne, 2000). Bradley et al. (2007) affirmed that qualitative inquiries can actually "improve the description and explanation of complex, real-world phenomena pertinent to health services research" (p. 172). Polit and Beck (2008) asserted that "there are no universal rules for analyzing qualitative data" (p. 507) because "the purpose of qualitative data analysis is to organize, provide structure to, and elicit meaning from research data" (p. 507). Bradley, Curry, and Devers (2007) stated that the approaches to data analysis

vary from discipline to discipline as well as analytic tradition. Bradley et al. affirm that qualitative inquiries can actually “improve the description and explanation of complex, real-world phenomena pertinent to health services research” (p. 172). Qualitative research requires maintaining a unique vision because there is more than one way to look at something (Shank, 2002). Because qualitative research deals with the “complexity of social phenomena” (Baily, 2008, p. 127), data analysis may include more than words, visual data, field-notes, recording of interviews, focus groups, and consultations. The researcher kept a journal where she recorded visual data and field-notes. As expected, analysis of the interview data elicited rich descriptions of various experiences by Hispanic male day laborers.

The first step of data analysis is to become familiar with the content of the transcripts, breaking down the information into specific quotes and beginning the coding process (Hickson, 2008). After coding, the researcher identifies common themes (Hickson, 2008). Being flexible during this analytical process is important because the process repeats numerous times to collect all data. Only after the process has taken place, can the researcher make a connection between themes and link them together (Hickson, 2008). The process of construction, deconstruction, and reconstruction demands a substantial investment of time and requires the researcher to be thorough since there are no specific rules to follow (Hickson, 2008).

Marshall and Rossman (2006) affirmed that in qualitative research, the researcher is the instrument who learns from the participants’ lives because the researchers enter the participants’ lives. Further, the researcher needs to plan her role, which “may entail varying degrees of *participantness*” (Marshall & Rossman, 2006, p.72). Marshall and

Rossmann (2006) explained that *participantness* is the actual degree to which the qualitative researcher is either (a) a full participant (going about ordinary life in a role or set of roles constructed in the setting), or, (b) a complete observer (not involved in social interaction at all). Marshall and Rossmann (2006) stated that the qualitative researcher needs to immediately and directly participate in the research environment because this process is essential for building and sustaining a relationship with the participants.

Furthermore, qualitative researchers must look for patterns as well as seek and understand how various participants “in a social setting construct the world around them” (Glesne, 2006, p. 4). Conversely, a qualitative researcher must have the ability to accept more than one truth (Glesne, 2006). Therefore, understanding the human experience is of utmost importance for a qualitative researcher. In qualitative studies, the researcher does not seek generalization, but rather he or she is trying to understand the essence of other people’s perspectives (Glesne, 2006).

In a like manner, Hesse-Biber and Leavy (2006) provided a four-step process for data analysis:

Step One: Data Phase

In this step, the researcher suggests considering *what* will be analyzed and how this data will help answer the research questions. A transcript of the interview forms the foundation for this step. However, the process is not a passive one because the researcher must note and mark passages of interest to the study. Marking words, phrases, issues, and concerns is a good start. Hesse-Biber and Leavy (2006) also recommended making notations while marking up the text. Research transcription offers a highly interactive process because of engaging the researcher through the process of deep listening,

preliminary analysis, and interpretation. This step allows the researcher to be aware of the trustworthiness and validity of data collection. Accordingly, data analysis of the interview was conducted by listening to the recorded interview, as well as reading the transcribed descriptions, to determine coding categories and subcategories.

Steps Two and Three: Data Exploration Phase and Data Reduction Phase

The goals of data exploration highlights and marks of the text, while being aware of what the researcher feels is important (Hesse-Biber & Leavy, 2006). Data exploration follows the authors' recommendations. During the data reduction phase, ideas are written down in the form of a memo about things that fit together, items that are problematic, and by highlighting quotes that may be important. Thus, the process of coding the data is started. Coding is actually an important step involving the connections of meaning from non-numerical information (Hesse-Biber & Leavy, 2006).

Step Four: Data Interpretation

Hesse-Biber and Leavy (2006) posed the following question regarding the step of data interpretation “. . . whose voice will be heard in the interpretation of research findings?” (p. 357). It is the interviewee's experiences that contribute to the study; therefore, the participants' voices will be heard. However, Hesse-Biber and Leavy (2006) stated that it is the researcher who filters the information through the coding process. Further, Hesse-Biber and Leavy (2006) pointed out that the story teller's view point should be present within the interpretation. Likewise, Roberts (1997) stated that “transcribed talk is rooted in the experience of particular groups . . . if talk is a social act, then so is transcription” (p. 167). Roberts (1997) explained that transcribers “need to develop a transcription system that can best represent the interaction they have recorded”

(p. 168). Roberts (1997) emphasized readability and accuracy because they are important when transcribing an interview. Similarly, Roberts (1997) pointed out the important of working closely with the informants and finding out which aspects of speech the informants want to be represented by. The author recommended finding out how the informants want to be heard (Roberts, 1997).

Coding and Themes

Shank (2002) stated that coding is neither an autonomic nor a prescriptive process. On the contrary, coding entails a “great deal of skill and that skill can be developed only through practice” (p. 128). Preliminary coding was completed and thereafter, themes were created. Shank (2002) explained that thematic analysis begins by searching data for patterns. Moreover, Shank offered different approaches for thematic analysis, such as, (1) the inductive approach, (2) feedback and comparison, and (3) saturation. The inductive approach means transitioning from specific to general, so it tends to generate a more general pattern of data. The feedback and comparison approach allows for the comparison of occurrences to each other (Shank, 2002). Subsequently, the thematic analysis will reach a state of saturation.

Coding and themes were obtained from the interview transcript by the researcher. Coding is one of the significant steps when dealing with qualitative data (Basit, 2003). Data collected during analysis was organized to make sense to the researcher (Basit, 2003). Richards (2005) stated that qualitative researchers code with the purpose of getting “past the data record, to a category, and to work with all the data segments about the category” (p. 86). The goal of coding is to ask questions about how the category relates to other ideas from the data (Richards, 2005). Thematic analysis allows the

researcher to search for patterns in data until the thematic analysis reaches a state of saturation (Shank, 2002). The use of electronic and manual methods to develop themes and codes depends on the “size of the project, the funds and time available, and the inclination and expertise of the researcher” (Basit, 2003, p. 153). Basit (2003) mentioned that deciding when to use a manual or an electronic method of coding depends on the amount of data and the researcher’s preference.

Transcription

Bailey (2008) explained that although transcribing appears to be a straightforward task, the process includes much complexity than it appears. Roberts (1997) stated that “transcribed talk is rooted in the experience of particular groups ... if talk is a social act, then so is transcription” (p. 167). Roberts purported that transcribers “need to develop a transcription system that can best represent the interaction they have recorded” (p. 168). Roberts (1997) emphasized readability and accuracy because they are important when transcribing an interview. Similarly, Roberts (1997) pointed out that in order to maintain readability and accuracy, the researcher must work closely with the informants to find out which aspects of speech the informants want to be represented by. In other words, the author recommends finding out how the informants want to be heard. According to Bailey (2008) researchers also make judgments as to what is and what is not important when transcribing interviews. In other words, one must decide the level of detail such as including or “omitting non-verbal interactions” (Bailey, 2008, p. 127).

This researcher captured verbal and non-verbal interaction because they are of utmost importance for a qualitative research study. Non-verbal interactions were captured by taking field-notes during the interview (Patton, 2002). Transcriptions were very

detailed to “capture the features of talk such as emphasis, speed, tone of voice, timing and pauses . . .” (Bailey, 2008, p. 128). Transcription of each interview took a minimum of three hours as recommended by Bailey (2008). The process of transcribing is an interpretive process rather than a simple technical procedure (Bailey, 2008).

Summary

Chapter 3 presented the methods and procedures followed when conducting this study. The researcher selected a qualitative research methodology guided by phenomenology because the topic of perceived health care needs of undocumented Latino day laborers requires a holistic approach. In addition, the researcher utilized a purposeful sampling method, which was appropriate for this study because this form of sampling requires participants be experts in the phenomenon studied. The participants were recruited at informal day-laborer hiring sites in Las Vegas, Nevada. Thereafter, in depth-interviews were conducted and recorded. As per workers’ requests, the participants were compensated with \$15.00 cash compensation instead of a store gift card. Chapter 4 presents the results of the study.

CHAPTER 4

RESULTS

We are the first nation to be founded for the sake of an idea—the idea that each of us deserves the chance to shape our own destiny. That’s why centuries of pioneers and immigrants have risked everything to come here...The future is ours to win. But to get there, we cannot stand still.

—President Barack Obama, January 25, 2011

Introduction

The study examined how Latino day laborers living in Las Vegas, Nevada perceive access to health care as well as how this population addresses their health care needs and work related injuries. This study was a qualitative phenomenological study with a purposeful sampling of eight day laborers seeking work on the street corners near local home improvement stores in Las Vegas, Nevada. Different sites were chosen to provide the perspectives of day laborers’ social groups at different locations.

As a public health care professional, the researcher has always been interested in knowing how Latino day laborers perceive and seek health care services in a foreign country, where a lack of Hispanic health care professionals exist. For example, according to the last 2010 Census report, less than 1.7% of nurses were of Hispanic origin (US Census 2010). Thus, the researcher decided to conduct a study about the perceived health care needs of undocumented Latino day laborers. As a result of research presented in the literature review, it is imperative to find out about the needs of this population, the members of which are frequently forgotten because of their illegal status in the United States.

Conducting the study offered many challenges, because most day laborers are

reluctant or suspicious to talk to individuals who are not going to employ them (Valenzuela, 1999). As soon as the researcher received IRB approval for the study, the researcher visited well-known day laborers' hiring sites and introduced herself as a doctoral student. The researcher wore her ID name badge and carried with her copies of the IRB approved Verbal Script (see Appendix 1) and Verbal Consent (see Appendix 2), a copy of the approved interview questions (see Appendix 3), a digital recorder, gift cards, and money to buy food in order to compensate the day laborers for their time spent talking to the researcher. Several trips were made to different sites where the researcher interviewed a total of eight day laborers who were willing to answer the interview questions.

On average the number of day laborers available during the data collection interview process ranged from 10-15 males. However, from those who were individually approached, a total of six day laborers refused to participate in the interviews, either indicating they did not want to miss a job opportunity or did not want to answer any questions. During one of these days, a laborer followed the researcher to the restaurant and kept observing the researcher while she was writing down her field notes. The researcher approached the day laborer and told him again that the interviews were required for a school project and that all information would be kept confidential. However, the day laborer said that he was not interested and left. It is speculated that the day laborers did not want to participate because they were most likely concerned about disclosing any information, especially due to their legal status in this country. Those who agreed to participate in the study completed answering all questions.

As discussed in Chapter 3, and approved by IRB, the goal for this study was to

give the participants a store gift-card for \$15.00. This strategy however did not meet the needs of the participants. When approaching the day laborers, the researcher told them, their compensation for their time was a gift card. The day laborers indicated that they preferred cash instead, because they either did not know how to use a gift card or were afraid to use a gift card.

One of the day laborers said: “No, I don’t want a gift-card. They are going to say that I stole it or they are going to ask me for papers before I can use it.” Regardless of the provided explanation that no one at the store will ask them for papers or identification to use a gift-card, the day laborers declined the compensation offer. They indicated they will accept cash only. Because of these circumstances, compensation was in the form of cash instead.

To keep the study anonymous, the plan was to assign each participant a number such as Latino day laborer 1 (LDL1), Latino day laborer 2 (LDL2), etc. However, after talking to the participants, plans changed. One of the participants said: “I am not a number; I am a human being... I want you to call me ...” Therefore, each participant could offer the option of a self-created fictitious name instead, to maintain their anonymity in the study. In addition, the participants were told not to disclose any information they did not feel comfortable sharing with the researcher and/or information that the researcher may feel obligated to report to the authorities.

Further, the day laborers were also given the option to keep the audio recorder on or off. The rationale of the digital recorder was to be able to verify the accuracy of the transcription and information. Nevertheless, one of the participants said: “No, I do not mind you record the interview, but that’s not a camera, right? You never know with the

technology because even cell phones can video record.”

Also offered to the day laborers were explanations that no direct benefits would be gained from their participation in the study. However, explanations included the importance of their participation regarding the perceived health care needs of undocumented day laborers living in Las Vegas, Nevada. One of the participants said: “I know I can never have legal papers here, but I would like to tell my story if it will help more people.”

The interviews were conducted after 2:00 pm in the afternoon so that the day laborers would avoid missing a work day. A verbal-script (see Appendix 2) was read to the participants; specifying their voluntary participation in the study. Explanations to the day laborers included that they had the option to stop their participation anytime during the interview if desired. The anonymity and confidentiality of the participants were guarded at all times.

Overview

Six (75%) of the participants were from Mexico, one (12.5%) from El Salvador, and one (12.5%) from Nicaragua (see Table 2). A wide age range existed for participants from age 33 to 65 years old. The average age was 44. When asked regarding the length of time spent in the United States, Pancho indicated he had been in the United States for almost 25 years; and that most of them had been in the country for over 9 years. Additionally, two of the participants have a post-secondary education and one of them had been in the military service in his country of origin.

Table 2

Latino Day Laborer Statistics

Latino Day Laborer Statistics						
Name	Age	Origin	Yrs. in NV	Yrs. in USA	Education	Prior Profession
Pablo	33	Mexico	10	15	post high school/ vocational	post high school student/ vocational
Julio	35	Mexico	12	12	5th	laborer
Mario	38	Mexico	12	12	college	teacher
Rogelio	38	Nicaragua	11	12	10th grade	laborer
Carlos	48	El Salvador	9	9	9th grade	military
Juan	50	Mexico	14	15	9th grade	construction
Pedro	52	Mexico	4	14	None	construction
Pancho	65	Mexico	6	24	None	construction
Average	44.8		9.75	14.1		

Creswell (2012) stated that conducting interviews is a very challenging process, because of not only the requirement of asking the appropriate questions, but data findings also depend on the participants' willingness to discuss and share their experiences. Moreover, Creswell (2012) recommended qualitative researchers to ask questions that are open-ended, evolving, and non-directional, and to have one main "central question and several sub-questions" (p. 138). Accordingly, interview questions included in-depth, open-ended questions (see Appendix 3) to examine how undocumented Latino day laborers living in Las Vegas, Nevada perceive access to health care, as well as to find out how these individuals address health care needs and injuries from work. The interviews were audio-recorded with the consent of the participants. The participants were interviewed in a comfortable and private environment near home improvement stores. Participants interviewed in Spanish, where the interviews lasted from 60 to 90 minutes. After completion of the interviews, the researcher personally transcribed the recordings and then listened again to each recording to ensure accuracy, as well as final translation into English.

The progression of transcribing the interviews proved to be a very tedious process. Although Spanish is the native language of the researcher, the researcher was born in Lima, Peru (South America), where the participants were from Mexico, El Salvador, and Nicaragua where the Spanish linguistic forms are different. Lope-Blanch (2002) stated that approximately 20 countries speak the Spanish language, but each country has its own version of Spanish depending on its geographic parameters. In addition, language is influenced by the individual's sociocultural status (Lope-Blanch, 2002). Consequently, a variety of spoken Spanish exists, depending on the national dialect, regional sub-dialect, local, and individual dialect or *idiolectos* (Lope-Blanch, 2002).

Clyne (1991) stated that there are different language norms in different nations. For example, in Western Colombia, Ecuador, Peru, Bolivia, and northern Chile, the native Quechua influences the Spanish language, which was the language of the Incas. The Nahuatl (Aztec) language influenced the Spanish language in regions such as Mexico and Central America (Clyne, 1991). According to Clyne (1991), the Marxist vocabulary that emanated from Cuban propaganda via mass media (books, films, etc.) influences Spanish spoken in Central America. Consequently, the researcher transcribed the interviews verbatim in Spanish, where the translation into the English language was also literal.

Data Analysis

Colazzi's steps of data analysis were used, except for the last step, which asked the participants about the findings as a validating process (as cited in Holllaway & Wheeler, 2002; Polit & Beck, 2008). Unfortunately, because of the transient nature of the participants' housing and work, the final step could not be accomplished. Day laborers

are hired on a daily basis and are not available at the same place or time for a repeated interview.

Transcription

Initially, the researcher listened to the audio recording several times before beginning the transcription process. Thereafter, transcripts were read at least four times with the recorder playing to ensure accuracy of verbatim transcription. Once it was confirmed that the transcription was exactly word for word, the audio recording of the interview was deleted.

Pope, Ziebland, and Mays (2000) stated that qualitative research results in large amounts of “textual data in the form of transcripts and observational field notes” (p. 114). Field notes in the form of a personal diary were also taken to add to the richness of the study. For example, the researcher completed field notes prior to, during, and after data collection as suggested by Morse and Field (2002). Morse and Field (2002) stated that field notes are essential components of a qualitative study because field notes record significant points of the interview. The audio recording does not capture visual observations such as the physical setting or non-verbal communication during the interaction (Morse & Field, 2002). Field notes helped the researcher to check for subjective biases by recording objective and subjective impressions (Morse & Field, 2002).

The goal of the research was to study the day laborer population and to find out their perceptions of health care needs. However, the interviews were yielding more information about their lived experiences as day laborers, their ambitions, their dreams, their sufferings, and their aspirations for a better future. It was during those instances that

the bracketing tool was very useful. Polit and Beck (2008) stated that bracketing is the process of identifying or suspending predetermined beliefs and opinions about the phenomenon being studied. Consequently, the researcher used bracketing several times during the process of data collection.

The first step of data analysis was accomplished not only by becoming familiar with each interview transcript after reading them several times but also by hand coding and breaking down information into specific quotes as suggested by Hickson (2008). Saldana (2013) explained that a code is either a word or a short phrase that “symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data” (p. 3). According to Basit (2003), coding is one of the most significant steps in quantitative data analysis. A code is a researcher-generated construct that captures the essence of data like a title captures the essence of a book (Saldana, 2013). Over 100 significant statements were identified from the transcript. Thereafter, themes and subthemes were formed.

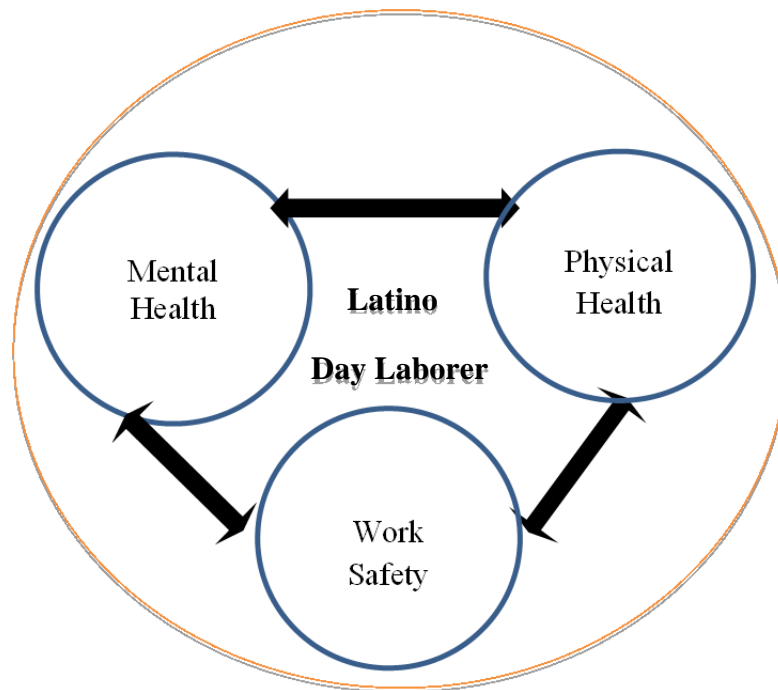
Results Summary

Two main research questions guided this study: (a) How do undocumented Latino day laborers living in Las Vegas, Nevada perceive access to health care and (b) How do undocumented Latino day laborers address health care needs and injuries from work? To address these research questions, the participants were asked several sub-questions (see Appendix 3) that address issues ranging from their experiences working as day laborers and history of work related injuries, prior health status before coming to the United States, and current health status.

Three main themes emerged in this study: (a) mental health (subthemes: addiction,

ageism, inequality, and discrimination); (b) work safety (subthemes: workers' rights and organized labor); and (c) physical health (subthemes: perceived past health status, perceived current health status, alternative healthcare and clandestine health care professionals) (see Figure 1).

Figure 1. Interrelationship of mental health, physical health, and work safety.



Theme 1: Mental Health

One of the major themes included mental health or psychological stress as evidenced by reports of desperation, anxiety, depression, sadness, hopelessness, worthlessness, loss of family members, discrimination, marginalization, post-traumatic stress related to civil war in country of origin, and drug and alcohol addiction.

For example, Mario, a 38 year old Mexican male, expressed:

I do miss my family and my village. I think that people who have no need to be in this country should not come because life is very sad here. You suffer a lot,

especially in the beginning because you are used to being free. Here one cannot be free to go anywhere.

The same participant reported feelings of sadness, anguish, depression, and emotional pain:

I need to see my family too. My mother died last year and it was very difficult. I think that's the hardest thing for a person who has no papers not being able to see his family. I could not see my mom before she died and I was told that my mother asked to see me before she died, but I could not go to Mexico . . . I wanted to go to Mexico to visit my mother, but I knew I could not come back. I feel very sad and I know I might be depressed. There are days when one gets sadder or one becomes more sensitive and thinks more about the family. One thinks more about the family who [was] left behind . . . One suffers a lot here. It is not easy living here.

These sentiments were echoed by Pedro, a 52 year-old Mexican male who said:

Unfortunately people who do not have a family fall into despair, stress or addiction because one does not know that one comes here to suffer. If you do not have papers and cannot speak English, one only comes here to suffer. If you do not have papers you cannot expect to own a car . . . If there are no legal papers, there is no license. Then there is nothing. Then why does the immigrant come here? One only comes to suffer.

Mental stress is increased because most of these immigrants leave behind family members, loved ones, and a familiar place with customs, values, and a language different from the new country of arrival. Carlos, a 48 year-old Mexican male, revealed how much

he and his family miss each other:

My children miss me and tell me to come back, but there is still a child who is 16 and he needs my support. I have two houses in my country so when I get tired, I will go back to my country.

Rogelio, a 38 year-old male from Nicaragua, when asked to describe how his life is now, he said “Very sad. My family is far away and as there is no work now and I cannot even send money.” He also added “I have suffered a lot here. I miss my family. I have not seen them for 12 years. My children are grown now . . . No, I would not do it again. So I tell them not to come if you do not need to come here.” Like Rogelio, Pedro also communicated his feelings of hopelessness and frustration when he said:

Many times one regrets having come to this country but it's too late because you have to suffer more than being in your own country. Here one comes and does not even know where one goes to sleep. One sometimes has to sleep on the streets because there is nowhere to go. Then you realize how much one suffers.

Pedro also shared his experiences of the loss of a family member and not being able to travel back to his country:

It is best to be with the family and not to come here to be humiliated, to starve, and perhaps never see the family again. That happened to me. I came here and my sister died. Because I did not have legal papers, I could not see my sister. Also my brother died and I will never see him again. They were my loved ones who helped me and taught me how to live. That is very hard.

Uneasiness and anxiety were best expressed by Pablo, a 33 year-old Mexican male, who completed high school and was taking computer classes before coming to the United

States:

Everything is scary, even to go and get an ID at the DMV that has nothing to do with immigration is scary. You're afraid to go outside. You're afraid the police will stop you. You are afraid of everything, everything.

Feelings of sadness, hopelessness, worthlessness, and that everything is an effort has been reported more often by Hispanic persons 18 years of age as compared to non-Hispanic Whites (2010 Data on Hispanics and Mental Health, U.S. Department of Health & Human Services, Office of Minority Health, 2013). Juan, a 50 year-old Mexican male, reported feelings of worthlessness when he expressed his feeling about being undocumented: "I feel like an incomplete person. I am not 100% complete."

Mental health is fundamental to overall health because it is an essential component of an individual's well-being and development (U.S. DHHS, U.S. Public Health Service, 1999). According to the Surgeon's General Report (1999) (U.S. DHHS, U.S. Public Health Service, 1999), mental health is essential to an individual's well-being, family relationships, and successful contribution to society. Unfortunately, minority Hispanic individuals as a group are considered to be marginalized and disadvantaged (Rogler et al., 1989), thus, are subject to mental distress. Additionally, there is also a high prevalence rate (60%) of post-traumatic stress disorder (PTSD) exists among Hispanic immigrants who were born or raised in Central America or the Caribbean, due to civil war related trauma (Trujillo, 2008).

Carlos, a 48 year-old Salvadorian male, who served in the army for over a decade offered:

I am a war veteran and I have experienced very difficult situations. I experienced

many tremendous circumstances in the war . . . I experienced horrendous situations that a human being should never experience like that. One is no longer the same person, not 100%, or normal . . . Wars are only useless wars that only bring suffering to the people. Nothing is gained.

Immigrants may also be victims of human trafficking such as rape and torture (American Psychological Association, 2012). These immigrants may have been exposed to sexually transmitted diseases and infections, including HIV (American Psychological Association, 2013). Pedro recognized the dangers of crossing the border as an undocumented immigrant. He stated that he now considers it too risky:

I think that now coming to the U.S. is like taking a suicidal step. Now one not only has to be careful of the immigration officers at the border but one has to be careful about the criminals who are on the border. Those individuals are more bloodthirsty than immigration officers. They will kill you for 50 or 100 pesos or they will kill you for a pack of cigarettes. Before the danger was to cross the border, but now the danger is much more . . . But pray to God that nothing happens to you in crossing the border because it is very difficult. Because now getting here without any incident is a blessing from God. Because now they will rob you or kill you if you are male and if you are a woman, you may get raped and they will abandon you after they have committed their dirty deeds. Then I say why would someone come here, to risk their life for what? It is a huge risk someone undertakes.

Mario implied that that he had thought about the dangers of crossing the border and he was grateful the guide (*coyote*) treated him well because children and women came with

his group crossing the border.

When I came here it was not easy, but there were other people who were crossing the border with children too. The person who took care of us was helping the family and me too. In that, I was very lucky. It took us three days to arrive to the border. We walked intermittently. The *coyote* (guide) treated us very well and I think it was because there were other people with children. I believe I did not suffer and I cannot complain because we received food and water. But I would not do it again.

Additionally, three of the participants expressed that they believe their lives have no meaning now because they are not legal in a country where their skills are not valued.

Carlos said: I, honestly, do not value my life now . . . I find myself working in a demeaning job in a foreign country. Because I consider myself a professional person that can contribute so much to this country, but because I have no valid documents or cannot apply for a visa or something like that then I consider myself less than anyone else. I am not happy with the kind of life I'm living. Practically, I do not feel good because I could contribute so much to this country, but because I do not have legal documents I cannot do it and one finds it difficult to get ahead in life.

In a like manner, Juan expressed that he did not feel like a human being. He said "I feel like an incomplete person. I am not 100% . . . Not to have papers means that you have less." Julio shared a similar sentiment. He said: "Without legal papers one cannot do anything. It's like you do not exist." These workers expressed feelings of depersonalization. Mario who was a teacher before he came to the United States

expressed his frustration and reported, “It is sad to know that I have a profession, but I am working as a day laborer . . . I do not cling to life here. I know that if I go back, I would return to my village.”

Similarly, stress because of work uncertainty was expressed by all participants. To illustrate, Carlos stated:

Well, practically nothing is certain. For a laborer every day is an adventure. One is not sure of anything. One cannot say anything or count with workdays or with money. For us, everything is luck. It’s an adventure because there are no guarantees. Maybe today there is work, but tomorrow there is nothing. Sometimes I work two days this week and sometimes there are weeks in which one rests for six days. So nothing is certain. You do not know what will happen.

All of the participants reported their concerns about the uncertainty of income when working as a day laborer. The day laborers reported that there are days when they are not hired for any jobs and go home empty-handed. When the workers get hired, they can be paid anywhere from \$7.00 to \$20.00 per hour depending on the job they do. Julio expressed his worries by saying:

Everything is uncertain. Nothing is fixed. I can ask for \$10.00 an hour, but sometimes I only work 4 to 6 hours, but there are days that nothing is earned and one spends all day just standing around. There are some days that I don’t even make enough to pay for the bus fare.

Differences in pay exist depending on where the workers looked for jobs. To give an example, a worker who frequented a corner in the north area of town said that people who come to that area pay the laborers \$7.00 or \$8.00 an hour. However, he also

commented, there were some people who would pay the fair rate of \$10.00 an hour. Juan who waits for work on the north side of town remarked:

The people who come here just want to pay \$7 or \$8 an hour. There are people who do not want to pay more because we are not legal in this country, but there are others who are more conscientious and can pay up to \$10 an hour.

Carlos told me that he would charge \$10.00 an hour; however, he also added that he would charge by the type of work he did:

Habitually, we charge \$10 an hour but it also depends on the type of work. If the work is heavier or difficult, one can charge \$12 an hour. However, there are no guarantees of work or hours worked. Most times you do not work eight hours, but two or three hours. For a *jornalero* (day laborer), it is uncertain, something that we cannot count on.

Juan also declared his frustration over the uncertainty of work. He asserted he frequently worries about paying his bills and going home with nothing:

The work and life of a day laborer are uncertain. One arrives at 7 am and there are times when one works for hours; there are times when one works two or three days; or sometimes you work the whole week. I usually wait for work until four or five in the afternoon. Waiting for someone to come and hire. Waiting for work is always frustrating because one has to pay rent and other payments and one never know if you will be able to pay it or not. It is very difficult to be a day laborer because there are days when there is no work, nothing; nothing, nothing and you know you will be going home without making any money. Nothing is safe here.

Pancho explained that he would rather charge less per hour, but at least he would have secured a job for the day: "Most people charge \$15.00 or \$20.00 an hour, but I charge \$10.00 an hour. Thus, there is more work for me. I do not mind working more hours as long as I have more work." He also stated that getting a job is mostly because of good fortune:

It depends on luck because I've got good jobs for a week or two weeks before.

When I work the whole week, I can get up to \$700.00 a week, but there are weeks when there is work or there is nothing. Like last week I earned \$240.00, but this week I have not made anything.

Like Pancho, Mario communicated he would ask for less money in order to secure a job instead of going home without making anything that day:

I ask for \$11 an hour. There are many others who ask for \$15. I do not mind working more hours if I have a job. ... Some weeks I go home empty handed.

And I say, "then what am I doing here instead of being in my country working as a teacher?" People who come to hire us think we're all ignorant and uneducated that is why it is very important for me to be very clean.

Julio pointed out that things were different now when compared to when he first came 12 years ago. He affirmed there were more jobs then:

You wait all day for work. It is very uncertain. I feel frustrated. When I came here 12 years ago everything was so different. Then there was a lot of work and employers would come here and fight over to hire us, but now is very different.

There are no jobs.

Pancho communicated he believed the reason there are less jobs now than before is

mostly due to the current economic crisis: “I now have a somewhat steady job with an employer, but he does not come every day . . . A man hired me for yard work, but he has not returned. I think it’s probably related to the economy. Some days there is nothing, no work.” The same participant recalled how things were different many years ago when he first came to the United States.

. . . before I came for two years in 1990 when I was younger. When I came before and when I compare it to today, there is a huge difference of about 100% in the economy. Before there was more work.

Yet, Juan not only attributed to the lack of work to the economy, but also to the fact that he was illegal in this country. When he was asked if he had tried to find work somewhere else he stated:

Yes, but they asked me for legal documents and I do not have them. It is more difficult now than before. Before the recession came, everything was fine but not now. The recession has affected me about 60%.

Additionally, Julio stated: “It is very difficult to secure a job. I think one cannot guarantee anything because the work is not stable . . . Everything is uncertain. Nothing is fixed.” Subsequently, these day laborers experience the lack of work similar to the many millions of unemployed legal individuals in the United States.

Mario discussed his apprehension of not being able to provide for his wife and daughter:

There are days when I do not earn any money and I think “How am I going to feed my wife and daughter?” Well, it was probably better to stay in Mexico because with beans and tortillas one does not go hungry. Here one has to have

money for bills, rent, and everything else. My wife works cleaning houses and a neighbor takes care of my child. But we have to pay the person who takes care of the child. It is not easy. There are days that I become desperate because I wonder what will happen to us.

Likewise, the workers reported that getting a job is more *luck* than having the skills to do a job. For example, Pancho explained that he opted to be truthful and tell the employers the skills he has to do the job.

Here, most people who come to hire the laborers do not know if the laborers have any working experience or not. I usually tell them if I do not know how to do something or not. I'm just going to work 100 % if I know how to do something. I do not like to lie like other people do . . . It depends on luck because I've got good jobs for a week or 2 weeks before.

Three of the participants reported that securing a job also depends on the season. Mario said:

There are more jobs during the summer. Thank God, they hire me more in the summer to clean up back yards and some construction too. But it is very hard in the winter.

However, another participant stated that although there is more work during the summer, there are also more day laborers seeking work at that time. Getting a job as a day laborer is also difficult because so many individuals are competing for one job. Juan disclosed that he could actually make more money in the summer time

At the end of the year, there [there are] a lot of people over here and one only works one day a week. In the summer time, one can earn \$80 daily, but nothing is

certain. A day laborer earns about \$320 a week for just 4 working days.”

For Julio, getting a job is like “selling himself.” He continued:

It is very difficult to secure a job. I think one cannot guarantee anything because the work is not stable. What I do is that I approach people who come here and I ask them if they need help, some yard work, cleaning, or repairing the house. I have to sell myself so that they can hire me because if not, there is no money to eat.

In addition, Pablo added that when getting a job, a laborer must also rely on his instincts because some of the employers are not honest and may not pay them even after the job is completed: “But one has to be careful also because sometimes they pick you and they do not want to pay you.” The participants were also asked why they chose that specific location. All of them responded that the location was chosen because it was close to a bus stop. Julio said:

I got used to be here in this corner because it is easier to take the bus here. Other places are too far for me because I have to take 2 buses. Also, because I have no papers I cannot go anywhere else to find work. You know, it is very difficult to work without papers.

Pedro verbalized that he had not tried to find a job anywhere else because of his lack of transportation: “No because I have no car and I have to take two buses to come here. So I have not tried other corners.”

Subtheme 1: Addiction

The theme of addiction to drugs and alcohol became apparent from the interviews as well. Alcohol and drug use was reported by four of the participants. The participants

attributed this phenomenon to be the result of loneliness, a mode of socialization, and a way to numb their feelings. This outcome was indeed an interesting finding in this group because the National Survey on Drug Use and Health (NSDUH, 2010) has also reported the rate of alcohol bingeing by adult Hispanics to be higher (26.3%) than that of when compared to other ethnic groups (24.5%).

Juan, a 50 year-old Mexican male, said that over the 4 years he has spent at the same location, he has observed many other day laborers drinking. However, he also adds that he believes the main reason people drink is because a day laborer's job is pretty much uncertain and not much to do exists except to wait for employers to come and pick them up for jobs. Juan offered:

I think there is a lot of disorderliness here. There is a lot [of] addiction. For example, a lot of consumption of beer. I think the mother of all vices is idleness. Since we do not have a fixed schedule, there is a lot of [high] lack of discipline because the work is not disciplined and then it is easy to go to the store to buy beer. I wonder how it is possible to go to work when someone is drunk . . . Most day laborers drink too much. It's like a cancer. For if a worker drinks, the other ones also drink. These are social groups. I truly believe that there are people who can get better, but they cannot because it's like a bad habit. They start drinking as soon as they arrive and/or come drunk already. I've been here on this corner for four years and I have seen many things. For example, now that the summer is almost here it is much worse. There is much more drinking during the summer.

Nevertheless, Juan also added that he had observed employers hiring people who are somewhat intoxicated because they can pay them less than someone who is sober. Juan

continued:

But there are people, employers, who prefer to hire those who are drunk because they can pay them less. For example, if someone just wants yard cleaning, they come and hire those who are drunk. Everything is a cycle. There are all kinds of people who come here to hire day laborers.

Carlos stated that he was successful in saving money because he did not have any vices like other day laborers:

In my situation, the key is to have no vices. A person who has vices, I think that if you earn one hundred dollars per hour, you will never save any money. There are many people here who drink alcoholic beverages and consume drugs too. There are times that drugs and alcohol are ways to escape reality that nothing is certain or stable to give our families even the basic necessities of life. That is why so many people want to escape reality and they do drugs, alcohol, and all that stuff.

Juan also explained that for him the only way not to drink while waiting for jobs on the corner was “to be smarter. At least I bring my truck and I cannot expose myself to that because I have to drive.” Nevertheless, Juan also reported he did not want to do anything with drugs or alcohol because he had been addicted to these substances a few years ago: “I wanted to change and get better. I left those vices at least 6 years ago.” When talking about what can be done to help the day laborers, Juan stressed “They have to come here and rescue people who are addicted.”

Subtheme 2: Ageism

Another fascinating finding was that four participants felt they were being discriminated against not only because of their undocumented status but also because of

age. Ageism was best expressed by Juan, who disclosed his feelings of being rejected for jobs because he was not as young as the other day laborers.

Also, age influences if one is going to get a job or not because there have been jobs where I've heard "no, not you, you're too old." They reject us. And then I reflect and auto-criticized myself "they are right, I am not as young as I used to be" and that distresses me. One contemplates that life is more difficult now. I do not want to be pessimistic because I've never been one, but I think the reality is reality.

Pancho, a 65 year-old Mexican male, communicated his decision of not seeking employment somewhere else because of his advanced age: "Because I am older, I recognize that employers will not give me a job elsewhere." He also added that he will most likely not come back to the United States in the future because of his age "Because of my advanced age, I do believe I will never come back again. It is very difficult now." Pedro verbalized: "I'm older and I think because of my age people do not hire me much. I see that they take the young men first."

Subtheme 3: Discrimination and Inequality

A major subtheme was discrimination and inequality as evidenced by reports of feeling less than human as well as being a target of discrimination and stereotyping. Dovidio et al. (2010) considered the causes of Latino discrimination to originate from the belief many Anglos have that Hispanic immigrants take jobs away from Americans. The underlying cause of the stereotyping of Latinos can also be a displacement from discrimination of Blacks. Hispanics' rapid growth has surpassed the Black population. Consequently, Latinos are the largest racial and ethnic minority in the United States

(Dovidio, et al., 2010). Smart and Smart (1995) reported that illegal immigrants are frequently discriminated against because ignorance, suspicion, myth, and misinformation persist. Consequently, undocumented immigrants deal with discrimination and worries about documentation on a daily basis. Illegal immigrants live in fear of possible deportation if they are discovered to be in this country undocumented. Daily life is a torture because they must be vigilant, cautious, and do not know who to trust (Smart & Smart, 1995). Illegal immigrants face enormous amount of stress produced by discrimination and marginalization. In fact, all the participants reported incidents of discrimination. Carlos stated:

To be undocumented means that one is branded as a felon or other things just for not having papers or identification. Personally, it is denigrating. All people here have values and rights like people who are undocumented also have rights. Then there is discrimination against those who do not have valid documents.

Presently, Guyll, et al. (2010) attributed the intensity of Latino stereotyping to public and political concerns of immigration, employment, terrorism, and border security. Frequently people cannot separate these issues and would typically stereotype all Latinos as “a group to be a threat to the United States (Guyll et al., 2010, p. 114).

Pablo best articulated his feelings of being discriminated when he reported that “there is a lot of discrimination against a person who does not have papers. No matter whether you are a Latino or not. It is very difficult because you are afraid of almost everything.”

However, Mario felt that people tend to discriminate against undocumented Latino workers because some Latino day laborers give a bad example of themselves on

the street corners. For example, he reported the following:

Well, there's a lot of discrimination. But I also understand that everyone pays for some. There are many day laborers who look pretty bad and dirty. ... There are some who urinate and/or defecate wherever they can and that looks pretty bad. So the Americans think we're all equal [the same].

Regularly, people who are stereotyped protect their self-esteem by attributing their experiences to the group and not to them individually (Phinney, 1991). To illustrate, Juan shared Mario's belief that most Latino day laborers were being discriminated against; however, he added:

But I also know that there are many others who have been discriminated against, but I think that it is because we all pay for a few. Because there are some who go and steal or sometimes look dirty and not looking good because they do not care.

Pablo remarked his feelings about being discriminated:

Unfortunately because of some, all of us pay. There is a lot of discrimination against Latinos. There are many people that give a bad aspect [portrayal of themselves] on the corners because they are drinking or leave trash anywhere. Sometimes there is no bathroom nearby and you have to relieve yourself anywhere you can and it does not look good. That hurts us all because as I said before for some all of us pay. It looks bad, but [what] can we do if we stand here on the corner. Unfortunately right now there is no work for everyone.

Carlos also commented that he believed Latino day laborers are discriminated against because people stereotype Latinos as a group.

Like they have a poor concept of Latinos, they believe a Latino is someone who is

uneducated or unprepared . . . or anything . . . like they want to take advantage . . . and not pay us as agreed. They [employers] believe laborers are less than them because they do not believe a laborer can be a capable person.

Pedro said “Many day laborers are seen dirty and filthy on the streets. You see them all hungry and filthy and people do not want to hire them or give them a hand to help.” No wonder Mario said that for him looking clean was very important:

People who come to hire us think we’re all ignorant and uneducated that is why it is very important for me to be very clean . . . I always wear clean clothes because there are many other laborers who look filthy. There are many who have no place to change their clothes. For me, being clean is very important.

Pedro also stated: “Well, we all come with a dream to the U.S. to get work. But we have to stand on corners where we are not welcomed. Sometimes we are treated poorly by racist people who do not want to see us on the corners.”

Pancho said that he believed that “most employers think all day laborers are undocumented and uneducated.” Likewise, Carlos expressed his feelings of frustration and appealed to the human nature of the individual and not the person’s legal status in this country:

Many people like the majority of us who have no documents go through difficult experiences and situations . . . Here people denigrate those who do not have a legal document. There is a lot of discrimination but they should see it more on the human side and not see the sense of legality. They must value the person for their human values because he is a human being.

Theme 2: Work Safety

It was clear that the laborers have many concerns about work safety, but they do not know what to do about it. Almost all participants reported that they have never been given any protective equipment despite the fact that they are performing the jobs in which injuries are most likely to occur.

Carlos voiced his worries by saying: “There are no standards or protection for day laborers. They do not even require one to use masks or gloves or safety measures that need to be taken. Most employers only want us to do the job quick, but no one asks about work safety measures.”

Juan was cognizant about Occupational Safety Health Administration (OSHA) regulations and stated:

I’ve never seen any employers giving us anything to protect us. I have never seen eye protection. I think we should teach laborers about OSHA protection regulations. When I was working for a company, I received OSHA classes. The company paid 8 or 10 hours of training. There they taught me how to protect my hearing, how to wear masks, how to lift heavy loads without exposing too much my back. People like me who have taken such classes are prepared, but there are many people who know nothing about it. I too have also been lucky that my parents taught me how to protect myself. I have also worked with other people who have recommended [to] me to protect myself at work.

Julio asserted that he had been working as a day laborer for over a decade, but was only given protective equipment once or twice:

Of all the people who have hired me in my 12 years as a day laborer, only 1 or 2 people have given me working gloves. It is very difficult to find people who will

give protective gear. They pick us up to work and tell us what we need to do, but nothing else. Most of the time, they do not even give us bathroom breaks or water.

One has to see how to relieve oneself by going to a corner or behind a bush.

Would you allow a day laborer to use your bathroom? I don't think so.

Carlos also brought up the topic of lost and stolen wages by saying:

They want to take advantage . . . and not pay us as agreed. They [employers] believe laborers are less than them because they do not believe a laborer can be a capable person . . . Personally, it has not happened to me, but this has happened to many of my friends. But there is no way to prevent loss of wages because basic information of the person hiring is not gathered by the *jornalero* (day laborer) or there are other laborers who have not been to school and do not have the ability to obtain such information like getting the license plate number or other important information that should be taken to maybe find out something about the person who is doing the hiring. Sometimes I tell the other laborers what to do such as taking a picture of the license plate if they have a cell phone or write [down] other information such as the license plate number or other information, at least, the type of car. It's a start to begin or carry out an investigation. It is very important.

Pancho also recalled an incident regarding day laborer who was not going to be paid despite the fact that he completed the requested work. However, the worker called a lawyer who helped him recover his wages:

There was a problem with a young man who went to work in a house and the employer did not want to pay because he was *mojado* (illegal). "But the young

man called a lawyer and she came to help him. I think there must be lawyers to help day laborers. Also, they rarely give us gloves or work protection. The employers say “no, we don’t have them.” Often employers think we are all illegal and uneducated.

Pablo recommended being careful when accepting employment because “sometimes they pick you up and they do not want to pay you.”

Subtheme 1: Workers’ Rights

Carlos communicated that the day laborers had received information about workers’ rights from a lawyer who came to the street corner:

About 5 years ago a lawyer came to teach us our rights. When I used to look for work on another corner, there, they were telling us to leave the premises almost every hour. They were telling us to leave until the lawyer came and told them to respect us because we also had our rights . . . They respect the day laborers more here.

Pablo recalled an incident where someone was hurt at work, but he did not pursue legal action because of the threats of report to immigration services:

Unfortunately without papers there is no justice and there is no way to improve the health of workers. If you do not have papers how are you going to fight for your rights? How are you going to fight with the employers? You cannot. I know of a person who got hurt and tried to sue the employer. They told him if he continued with the demand, they would call immigration for his deportation. So many people do not say anything. Very few people say anything because they are afraid . . .

It is totally different life without papers. People pay you the least because they know one does not have papers. They treat you badly because they know they can also take advantage of you and you cannot say anything because you have no rights to say anything. I know that even if one has no papers, one has rights here. But, unfortunately, one is afraid because one has no papers. One keeps quiet and does not speak. Even if someone has 20 years living here, they still continue to discriminate [against] you still because one has no papers. They continue to exploit you because they think they can.

Pancho felt that unfairly treated because of his legal status in this country. However, he felt gratitude toward the home improvement store that allowed day laborers to use the bathroom:

One feels bad because sometimes employers don't give you anything, no food, no bathroom. Here at the store they let us use the bathroom. They have told us to use the bathroom instead of looking for a place on the street to do our business. Here also in this place, restaurant, and also at the gas station. I 'm not used to this.

Juan affirmed that "We are all human beings and we have rights to be well and healthy."

This laborer also mentioned stories about lost or stolen wages:

I have heard stories of how they have hired other day laborers and a lot [of] things have happened to them. For example, I heard that employers come to pick up day laborers just to rob them. A couple of men came and hired a young man but they took him into a room and they robbed him there. Another day laborer was taken to the desert and they told him "now run" and they started shooting at him. I always study the person. If I feel that I should not go, I will not go or I will not approach

the employer. There are also other cases when after the work is completed, the employer does not want to pay. There are many more things that happen that are not good.

Pedro summarized best when he said: “You do not have rights because you are undocumented in this country. I think there is nothing.”

The day laborers were also asked about what they would do if they were injured at work. Four of them responded that a way to avoid work injury was to be more cautious about the work being done. One day laborer said that he would go back to his country if he gets injured, while two day laborers said that they would not do anything because they could not report the incident for fear of being deported. Nevertheless, Juan declared that he would seek help despite his legal status in this country:

Now, I always get up thinking about being more cautious and also as a person and as a human being I think that I have certain rights even if I have no legal status in this country. I would have to investigate more and see how I would be helped.

Pablo also recognized the need for the training of day laborers. He expressed:

Unfortunately, there is no training for day laborers. You do not work for a company in which classes are given. You work for yourself as an independent contractor and there is no way to take classes. That causes people to get hurt so easily. Something as simple as to lifting a cement block people do not know how to lift. If you do not know how to properly lift, you can injure your back. That can be avoided with a little training, but there is nothing like that for us undocumented. There is no way to pressure the employers to provide us with any type of training so that people do not get hurt.

On the other hand, one participant said: “For me personally, I would go back to my country. Because there is no institution or a person responsible for one’s health here.”

Pablo also commented that many undocumented workers opt for not reporting a work injury for fear of deportation:

Many people stop working out of fear. Many times people do not say anything because it is better not to say anything and continue working because employers will get angry with you. Or as I said before, people do not say anything or go to unlicensed doctors who are clandestine. Unless it is something really serious; otherwise people do not say anything. If it’s an emergency, I guess one would have to go to a hospital; otherwise, I would not go.

Rogelio told his story of how he fell while working and he was not given proper care by his employer:

Here people without papers have no rights. When I fell, the employer did not even send me to the hospital to see if everything was okay. Being undocumented is to be nobody. I have never felt so bad in my life. When I arrived, I was always afraid to stand on the corners. But now I am not afraid anymore. ... There is no help for undocumented workers. We do not exist. We are nothing. There is a lot of discrimination against undocumented people.

Subtheme 2: Organized Day Laborers

When the day laborers were asked what could be done to make their work safer, Juan suggested bringing “classes to us such as the one I just mentioned like OSHA.” However, Julio stated that as long as the workers were illegal in this country, help was probably just a dream:

That's a difficult question because as long as we are not legal, there is no help for us. I think it would be very lucky that the government would issue a law to protect day laborers. Something like the Obama's health insurance, but for undocumented workers. But I think that's impossible because one does not have legal papers, it is not legal. One can only dream about such things, but only the government can make a provision regarding the health of undocumented workers.

Mario reported he was injured at work, but could not say anything about it.

When you do not have papers, you cannot do anything. I injured my hand after cutting a tree. I was very afraid because the employer was angry at me. He told me I should be more careful. But [how] can I be more careful if they do not even give us anything to protect us. Thankfully, it was not very serious. I could not work for 3 days, but there was no infection. No, here there is nothing for us who are undocumented . . . Working more carefully, use precaution and protect us more. I see that Americans do protect themselves and even wear gloves, but they do not give us anything.

Likewise, Pedro elaborated that in order to avoid work injury, a worker should take care of himself first.

I think that one should take care of oneself first, right. One must provide the best protection. The jobs I do are not big, but I think people should be protected by using back support braces or goggles to protect your eyes. The most important thing is to have good tools like good ladders to take care of oneself because one does not have health insurance. Any payment for medical service has to come from what you earn.

Equally, Pedro reported an injury at work, but he received help in the emergency room, despite the fact he had no health insurance.

The truth is that I had many difficulties here; many accidents at work too. And I'm not well. As a construction worker, my job is very dangerous. I worked alone, on my own. And I've had two or three falls that have left me not well. Once I slipped off a ladder and was terribly hurt, but I had no insurance. I hurt my back, knee, and ended up with a fractured leg, but I went to the emergency room and they treated me. I recognize that this country is great because they will not let a person die because they do not have health insurance.

Three day laborers also advocated for organized day laborer centers. For example, Carlos mentioned how other states such as California and New York organized day laborer centers:

I think that an organization or an institution that communicates better with employers to protect the workers from abuse. Like an institution that obtains data from the *jefes* [employers] and to provide a more specific control. I have been working for more than seven years as a laborer and I have never heard about any organization or institution to help us. I know that in California and New York *jornaleros* [day laborer] are more organized and the institutions record the general information such as type of vehicle of the people who hire *jornaleros*. And these organizations coordinate the work between the employer and the laborer and there is more control in those organizations in California and New York but not here in Nevada.

Additionally, Mario also verbalized the idea of forming organizations such as the

day laborer centers to provide services to undocumented workers:

I think we should be more organized [like] in other states [where] the laborers are more organized. For example, in California, there are day laborer centers where they give classes and teach you how [to] lift things. There should be organizations that provide free services for basic things like eye exams, blood pressure checks, and diabetes. I know that there are people here on the corner who have never seen a doctor. That's not good.

Theme 3: Physical Health

Health by itself was a major theme. The day laborers reported their past health as well as their current perceived health status. Surprising results include that most of these workers have do not have a current medical check-up. Only one laborer indicated he had a complete check-up approximately four years ago. Also, another day laborer was in the hospital for an acute episode of appendicitis, which was treated by an operation. Their perceived access to health care was influenced by their legal status and the preconceived notion that the cost of health care in the United States is too expensive. For instance, when Juan was asked what he would do if he gets sick, he responded:

That question I ask myself several times a day and I am afraid and dread that day because I do not know what I would do or where to go. The faith in God which was instilled in me [a] long time ago is the only thing keeping me alive. I have faith that I have always been in good health. But there are nights or times when I wonder what would happen if I get sick. One reads in the newspaper and on the news about other people who have an illness or an accident and are not able to pay the costs. For example, there are people who are in the hospital accumulating

debts or are asking for help to pay their hospital debts. And so it goes. One is afraid of what might happen. I think in my case, I am experiencing more of this situation because I do not have a stable job and I work as a day laborer. Also now because I am getting older things are changing. If I had medical insurance, I would not be thinking about that and I would be less concerned.

Subtheme 1: Perceived Past Health Status

All of the day laborers reported good health prior to coming to Las Vegas. Carlos said that although they were very poor, he remembers he was quite healthy:

We were poor, but I remember that I was healthy and I did not suffer from chronic diseases except for a simple cough or flu or malaria, but never anything serious, just common diseases.

In the same way, Pancho attributed his good health as a child to his life on a ranch where only natural food was consumed: “My health was good when I was a child and so far [it] is very good. When I was in Mexico, I had a small ranch. I had cows, goats, chickens, and only natural things.” Pancho also credited his good health to the care he received from his parents:

My health was good. I was a healthy child. My brothers were also healthy and strong. We only got sick from the flu but nothing severe . . . My parents always took me to the doctors. We were 10 children in the family and I remember that my father was the only one working. Imagine, my father supported us all with God’s help.

While Julio announced that for him good health was a matter of survival. He said: “I was very healthy. I never had a disease. There are no illnesses, but only hunger. I remember

that being sick was a luxury because you have to work since very young to help the family.”

Rogelio disclosed that although his health was good when he was a child, his younger brother died due to pneumonia.

With God’s help, my health has always been good. I’ve never been sick, but [I] had a little [younger] brother who was always sick. He died of pneumonia many years ago . . . Well, he was very ill from the flu and one day he got up, coughed, and there was a lot of blood, and that was it. He was about 15 years old.

Subtheme 2: Perceived Current Health Status

At least five of the day laborers reported their current health status to be good. However, three day laborers disclosed their concerns about their health status. To illustrate, Pablo reported his health was much better when he was a child. However, he realized that he may not be as healthy as before, because of gaining some weight. However, he also said that he had not seen a doctor. Thus, he does not know what his current health status is:

It [my health status] was better, but now it is a bit more complicated. Before I was thinner and now I’m chubby. I have gained a lot of weight. Thank God I do not have any diseases and I have never been to the doctor. I only suffered from normal things like cough and cold but nothing major.

Although Carlos has also not seen a doctor, he disclosed that he has concerns about his current health status:

My health when I came to Las Vegas I can say that it was pretty good, Maybe 80% good. What has affected me lately is perhaps high blood pressure or high

cholesterol . . . At my age and with the work I've done, the work that one does in life, one starts deteriorating, and there it goes old age. I believe that it all depends about how one has made his life for when one gets older.

For Pablo, getting a health insurance is important, but he says that health insurance is too expensive. Moreover, because of his legal status in this country obtaining a health insurance is almost impossible:

Now I do not know because I do not have the resources to go to a private doctor nor go to a hospital because the consultations are very expensive. Medicines are also very expensive here and that is why we have no such access to health care like in Mexico. That is why our health is worse than before or probably worse than before because we do not control it. We do not know if we have diabetes or high cholesterol or high blood pressure or anything. Because we never checked these things. Because we do not have health insurance, because there is no way to apply for help because you do not have legal papers. Not even [the] Obama health care plan because without papers one cannot have anything. In the 10 or 12 years that I have lived in Las Vegas, I have never been to any doctor and in the 5 years that I was in Chicago I also never went to the doctor. Thank God I have never been sick. But if I would have been sick, it would have been the same because we treat ourselves with medications we get from Mexico or someone will send us medications from Mexico or [we] will take home made remedies. We will see how we treat ourselves here because there is no other way of doing it.

Juan had a complete medical examination done about 4 or 6 years ago.

I believe that I'm healthy. About four years ago I passed a comprehensive

examination and all went well. The nurse hugged me when she told me that everything was fine. They tested me for hepatitis, AIDS, tuberculosis, and everything went well. The blood pressure is also fine, but I have not gone back to the doctor perhaps for 4 or 6 years.

Rogelio also expressed his concerns about not being able to see a doctor:

Well, my health has always been good, but since my father died I'm very concerned and I would like to go to a doctor, but I have no way to pay for medical services.

Some day laborers report the denial of health care services because of their legal status in this country. Pablo stated that he knows his family members received denial of health care, because they had no legal papers. When asked he experienced the denial of health care services because he is illegal, he responded:

To me not because I've never gotten sick but my cousins and my nephews have been denied services for not having papers. Two of my cousins have diabetes and cannot get medical services. When you go to see a doctor they will ask you for so many documents as well as proof of employment. And if you do not work or are self-employed or not working or you do not qualify, they do not want to see you or tell you to come in three months or six months. There are many problems to see a doctor. It is quite complicated. I want to have insurance because you never know when you will get sick or be in an accident or break an arm and then you have nothing. And you do not have anything to pay with.

Rogelio voiced that he had heard about how other people experienced the denial of health care services, because of being undocumented:

I have been told that there are places where they deny services to undocumented immigrants, but it has not happened to me. I know someone who went to a clinic, but they denied him medical services because he had no health insurance and could not pay either. The poor man says he was very sick; he had to get the money to pay the clinic because he could not go to the hospital because he is undocumented.

Carlos believes he would be denied health services because of his legal status.

I have been told by friends and I heard from other people that health care is very expensive here. I know that for 5 or 10 days one spends in the hospital is like \$5,000 or \$10,000. Then one thinks and reflects about dying from a heart attack or getting a heart attack when one sees the hospital bill because here in the United States health care is very expensive. And even going for something simple to hospital costs money. I have never visited a hospital although I have had two or three instances that perhaps I should have gone to the hospital but because of fear and the price of health I do not go.

Pablo suggested a health insurance program for undocumented people:

I think it would be a great thing to offer health care insurance to undocumented people even if they have to pay for it, but having health insurance is very important here. I also think it is very important to train the day laborers so they do not get hurt at work. For example, maybe you can teach them how to protect their back when lifting something heavy. I do not really know about these things. One always lives with the fear that perhaps one day one can get hurt oneself or have an accident and then what will one do? Because practically your life is over if you

fracture or lose a limb. Because nobody hires a person who is lame or incapacitated. And that's it, life is over. If they go back to Mexico, it is much worse because who's going to hire them.

Juan articulated "I would always stick to my income, my budget, and on what I can afford." He also added, "Now if it is something serious and severe, then you just leave it in God's hands. God will help us."

On the other hand, although Julio had not experienced denial of health services because of his immigration status, he related that he believed he would be denied these services just because he has no legal papers:

To tell you the truth, I have never sought medical help because I know they will deny me services because I have no papers. But I've heard that one can go to the hospital when there is an emergency. Only then, I think, one can get help, but to be frank, I do not know. Of course one will go the emergency room when something is terribly wrong, but if it's something simple, I try to cure myself. Something like a simple flu, a cough or a headache.

Subtheme 3: Alternative Health Care

The use of alternative health treatments was another major theme. All participants said they opt to use some type of home remedies: herbs, teas, healers, religion, spirituality, and clandestine clinics instead of going to the doctor because they are afraid of the medical bills. Carlos said he would try home remedies or go to the local pharmacy when he is sick:

I choose to buy medicines at the drugstore or natural medicine but avoid visiting the health center or clinic. I ask questions in the pharmacy and consult the

pharmacist in places like Walgreens and they tell me what medicine to buy or I buy natural medicine or any common non-prescription medicine. There are many natural remedies that one can take. People opt for natural medicine because they know it works. But anyway it is a risk one takes because otherwise health is very expensive here. One cannot go to a medical center because one knows that we do not have legal papers or cannot afford the price. The individual will not perform his work 100% because he cannot go to be seen by a medical professional. The Hispanic clinics have the same high price and/or do not provide adequate care for Hispanics or do not have the equipment necessary to take care of people.

Julio communicated that he sought help from alternative healers in his town:

We used to go where people know [how] to cure others. People who told us they knew of medicine and to cure illnesses . . . Well, I do not know if they were or not doctors but they were townspeople who knew how to heal others. They gave us herbs to drink. Some people call them healers or curious people to learn how to treat others with natural medicines alone . . . I think the person is cured by the environment alone or because they believe they will be cured.

Conversely, Mario stated he would go to the Hispanic *botanicas* to get either medicine or alternative care:

I drink herbal teas or seek medicines from Mexico. There are many drugs from Mexico in the *botanicas*.

What are botanicas?

They are places where they sell things from Mexico such as herbs, candles, and many other things. Many of the *botanicas* bring medicines from California too. I

have also been told that one can buy medicines in the swapmeets. Like I said, I do not want to go to doctors or hospitals because they charge a lot. I prefer not to go and take herbs or teas instead.

Subtheme 4: Clandestine/ Unlicensed Health Care Professionals

Another major finding was that some day laborers prefer to seek health services from “clandestine” unlicensed physicians because they do not charge as much as other licensed doctors do. Pablo related:

I know there are many people who buy clandestine medications and they even go to see clandestine doctors and because that’s all we have access to, people like us, who are undocumented.

There are many fraudulent or illegal doctors who are doctors in their country, but not doctors here and they see the undocumented people. They cannot practice here, but they are doctors in their countries of origin. They are not licensed here, but they see patients and they have experience in their country. I know of doctors who come [here] from Tijuana or elsewhere and see patients and all. They also bring medications from Mexico for their patients. But it’s the only way we can survive here in the U.S. People know when they come. The word is spread letting people know when they will come. If anyone knows someone who is sick or something, we go to these doctors. One says, “Hey look I know a doctor will come.” They charge you \$50 a consultation or sometimes they do not charge for consultation, but will sell the medications and that’s part of the business for them. That’s what we do; almost 60 % or 70 % of undocumented do that. There is no way to go to a hospital and have debts of \$20K or \$ 30K. There is no way. That's

why people do not go to a hospital or a doctor. There are people who go to every single hospital, from hospital to hospital, until they are denied services. Thereafter, some people will go to Los Angeles to go to other hospital and other hospitals. So that is how they do it those who are sick or have chronic illnesses such as diabetes or when they need very serious care or require surgery.

When day laborers were asked about how to improve their health care, their responses included variety, ranging from creating a health insurance plan only for undocumented day laborer or to bring services to the day laborers at the hiring sites. To illustrate Carlos put it into words by saying:

I think health care professionals should visit places where people are seeking jobs and maybe ask about the most common diseases that people have and give medical assistance. Many people suffer from body aches, flu or fever. If I could talk to them, I would tell them [health care professionals] to visit workplaces to check directly and provide services like checking cholesterol, blood pressure, blood tests HIV, some more advanced tests, but no acute diseases. ... Specifically, you must visit the day laborer sites. If we, the day laborers, are afraid to visit a medical facility or clinic because of costs or because of our illegal status, I think it is more feasible that those responsible for the health of the state of Nevada to visit the day laborers and to offer their services in a more affordable and safe way. Specifically, we know nothing about how the health department works here with people who do not have documents or benefits. I think they should approach people like me who are looking for work and have no papers to find out what are the diseases that afflict individuals like me so that we can have a better

performance not just at work but everything else. They should visit us.

Julio's response to ways on how to improve health care was

That's a difficult question because as long as we are not legal, there is no help for us. I think it would be very lucky that the [U.S.] government would issue a law to protect day laborers. Something like the Obama's health insurance but for undocumented workers. But I think that's impossible because one does not have legal papers, it is not legal. One can only dream about such things, but only the [U.S.] government can make a provision regarding the health of undocumented workers.

Pedro offered distrust in his opinion, when he said that in his opinion, there was not much to do because of their illegal status in this country: "Nothing if you do not have papers. You do not have rights because you are undocumented in this country. I think there is nothing."

Carlos also expressed his skepticism about finding help for undocumented day laborers. When asked if he knew of any resources available he reported *practically nowhere*. He added that his country has a Consulate in Las Vegas, but they do not provide any specific help for day laborers:

The consulate of my country in Las Vegas only cares about collecting money or processing documents, but they do not even have interest in the people of my country not even anyone or any institution in the state of Nevada is concerned about us, day laborers. There is nothing from the health department or the labor department. There is no direct communication from the government and the day laborers.

Pancho stated he did not know where a day laborer can find help, but that he believed there were places where help was available: “I do not know. On television and radio they talk a lot about lawyers and centers that help people, but I do not really know if that's true or not.”

Pablo included comments about places he knew where to find help for undocumented laborers:

I have heard of some places like La Hermandad Mexicana which is a place where there they offer help for undocumented people like pro-bono lawyers that charge little for their counsel. There they can also refer you to other places such as domestic violence, immigration clinics, and now they also give information about Obamacare. They try to guide you on how you can apply for health insurance. I was told that I could also apply for Obamacare even if I have no legal documents.

Ultimately, Carlos best expressed his feelings of frustration with the health care system and the lack of information, as well as the lack of organization available for day laborers:

There is no communication here and an organization is needed for people to be more productive. The problem we immigrants have is lack of information and the prices for health care are too high. Health [care] is very expensive. If someone offers cheaper prices for a basic exam such as to check the blood pressure, diabetes, vision, and half-price for glasses. I believe they have to offer basic things that anyone needs to develop as a human being. Communication and cooperation between the health department and the labor department is needed because we, all, have rights. We all have values and rights that we are bound to respect. Here people denigrate those who do not have a legal document. There is

a lot of discrimination but they should see it more on the human side and not see the sense of legality . . . As a public employee you have an obligation to ensure the welfare of other beings such as the health of other people. For example, a police [officer] ensures the safety of a person. There must be more communication so that people would not be afraid of the police.

Summary

The participants told their stories about their experiences working as day laborers as well as their experiences with the U.S. health care system. Overall, the majority of the day laborers reported having a positive experience in Las Vegas, Nevada. Carlos best expressed how he felt when he voiced:

Las Vegas is a good state here in the United States because of its climate . . . that [it] does not snow. The weather is better here and also because there is not much persecution against immigrants or people like me who seek work. There's more stability in that area and [it] is a little more free.

All of the day laborers reported some type of mental anguish when they disclosed their feelings of sadness, anxiety, depression, fear of persecution, fear of being found out, drug or alcohol addiction, discrimination and inequality as well as ageism. Pablo best summarized his feelings about working as a day laborer when he voiced the following:

I only recommend people who want to come undocumented not to do it. Previously, yes. Fifteen years ago, maybe. But now, no. The truth is that it is very hard with all the raids. There is too much discrimination. There is much more racism now. It is not the same as before. Not like before when you would arrive and you had work. Not anymore. Now there is no work as before.

All of the day laborers reported to have had a good health status before coming to the United States; however, some of them also reported that they were concerned about their current health status because they have not seen a doctor for several years.

Work safety issues were addressed by day laborers as were the lack of organized labor centers and workers' rights. The workers expressed their dissatisfaction with how they were treated because of their undocumented status. Most of them related their experiences of working with no lunch breaks, no food, no water, and not being given a break to use the bathroom. Actually, many day laborers said they felt they did not have any rights and requested to be treated as human beings. Chapter 5 will present the summary of findings, implications, and recommendations.

CHAPTER 5

SUMMARY OF FINDINGS, IMPLICATIONS, AND RECOMMENDATIONS

The flow of immigrants into the United States is responsible for increasing the richness of the racial and ethnic diversity of the American workforce. More than this, immigration is responsible for maintaining a strong U.S. economy.

--John Howard, MD, JD, MPH, LLM, Director of the National Institute for Occupational Safety and Health (NIOSH; 2010)

Introduction

This chapter expands the main themes and it further explores the emerging subthemes and the implications of the findings, and proposes recommendations for future action. In the first part of the chapter, I will discuss the findings from the interview questions and how such findings aided in answering the research questions. The correlation of findings to current literature is also presented in this chapter. Discussions of future implications and the limitations of the study will be presented in the second part of the chapter.

The purpose of this phenomenological study was to explore the perceived health care needs of Latino day laborers living in Las Vegas, Nevada. The phenomenological approach taken was appropriate for this study because the study's method and design examines the lived experiences of undocumented Latino day laborers in order to understand their perspectives when addressing health care issues. The purposeful sample included eight male undocumented Latino day laborers seeking employment on the street corners near home improvement stores. The participants were given \$15.00 in cash to compensate them for their participation. All information was kept confidential and no identifiers were collected. Each participant chose a pseudonym for his interview identifier.

The interviews were audio taped and deleted after transcription.

Many undocumented individuals come to the United States following the dream of a new life where anyone can succeed if only one works hard and learns the American way of life. For example, Julio said,

I came to Las Vegas because many people in my town said that the trees in Las Vegas had money instead of green leaves and my golden dream was to come to work hard and make lots of money.

However, Pedro added:

Many people think that [about] coming to the United States, and they have the dream to cross the border to the United States where they are going to get rich, but it is a lie.

There are many people like me, who dream to come and would like a better life here thinking that life is different and much better here. People used to tell me that life here was very nice. I would hear about someone sending [home] \$100 or \$200 and I would tell myself with that money, I'm going to be rich.

Further, Pedro stated: "I came to work. To try to overcome poverty and seek an economic improvement, really. To improve my life." Carlos verbalized his feelings about being in the United States:

But one quickly learns that what people say about America is not true. It is not true. One questions, but what happened with what people say that life here was like looking through a rose glass. They paint the world of wonderful colors and I wonder where it is? Maybe before it was true, but it is not now. But now life is very difficult.

Correlation of Findings to the Current Literature

Demographics

The results of this study correlate to other research findings with regards to Latino day laborers' age, nationality, and education (Duke et al., 2010; Negi, 2013; Ojeda and Piña-Watson, 2013; Organista & Kubo, 2005; Quesada, 1999; Valenzuela, 1999, 2000; Valenzuela et al., 2006; Walter et al., 2002). For example, this study revealed that most of the participants were from Mexico, six out of eight (75%) participants were from Mexico, one was from El Salvador (12.5%), and one was from Nicaragua (12.5%). There was also a wide age range where four of the participants were in their 30s, one in his 40s, two in their 50s, and one in his 60s. In other studies, age ranged from eighteen to seventies (Duke et al., 2010; Valenzuela 1999, 2000).

Latino day laborers' education level varied from no formal education to post-high-school or secondary education in a trade school, and college. Two of the day laborers reported no formal education; one day laborer had a fifth-grade level of education; two day laborers had a ninth-grade level of education; one participant had a tenth-grade level of education; one day laborer reported to have taken some post-secondary computer classes; and one day laborer reported to be a teacher. Other researchers found similar results regarding demographics and education, such as Duke et al. (2010), Negi (2013), Ojeda and Piña-Watson (2013), Organista and Kubo (2005), Quesada (1999), Valenzuela (1999, 2000), Valenzuela et al., (2006), and Walter et al. (2002).

This study revealed that prior professions before coming to the United States ranged from laborer, teacher, and ex-military to computer student. In the National Day

Labor Survey 2004, Valenzuela reported that 29% of the day laborers had worked in farming, 15% as day laborers, 9% as factory workers, and 25% in construction in their country of origin (Valenzuela et al., 2006).

A survey by Valenzuela et al. (2006) revealed the number of years undocumented day laborers lived in the United States as follows: one to 5 years (41%), 6 to 20 years (29%), less than one year (19%), and more than 20 years (11%). The current study revealed the average number of years the day laborers were in Nevada was 9.75 and the average number of years in the United States was 14.1 (see Table 2). Only one participant was in the United States for as few as 4 years, most of the other laborers were in the United States for more than a decade (see Table 2).

Major Themes

Three major themes emerged in this study: mental health, physical health, and work safety as they affect the total well-being of the undocumented Latino day laborer (see Table 3). Nine subthemes were also evident from the interviews.

Table 3

Main Themes and Subthemes

Mental Health	Work Safety	Physical Health
Addiction	Workers' rights	Past health status
Ageism	Organized day laborers	Present health status
Discrimination/Inequality		Alternative health care
		Clandestine clinics

These themes were also depicted in Figure 1 (see Chapter 4). The model in Figure 1 represents the interrelationship between mental health, physical health, and work safety

(see Figure 1). It is widely-known that mental health affects physical health and vice versa. This study revealed how the lack of interconnected care for mental and physical health may lead to negative coping mechanisms such as drug and alcohol addiction, and how mental distress in turn has a negative impact in the workplace. For example, day laborers may be more prone to unsafe work situations that may lead to work accidents if all three areas as depicted in the model (see Figure 1) are not addressed. As stated by Todd (1979), the integration of all levels (body, mind, and spirit), or holistic health, promotes well-being in an individual.

Theme 1: Mental Health

The findings of the study correlated with current research findings regarding the phenomenon of mental distress among undocumented individuals. Several studies, such as Caplan (2007); Castro et al. (2010); Duke et al. (2010); Michel (2008); Negi, (2013); Ojeda & Piña-Watson (2013); Organista (2007); Salgado et al. (2012); Sullivan and Rehm (2005), and Walter et al. (2002) found that immigrant workers experience high levels of stress because of their undocumented status, vulnerability to abuse and exploitation, limited (or insufficient) emotional support, lack of English language skills, uncertainty of employment, and fear of deportation.

Moreover, Sullivan and Rehm (2005, p. 246) stated that researchers must consider the day laborers' "failure to succeed in their own country of origin" as another source of mental stress. Racial and ethnic discrimination provide stressful life experiences that negatively and adversely affect the health of individuals (Negi, 2013; Sullivan & Rehm 2005; Williams et al., 2003). According to Smart and Smart (1995), the Hispanic population living in the United States experiences an array of stressors although they

came to this country to escape hardships and injustices (Dunn & O'Brien, 2009). Sullivan and Rehm (2005) stated that the undocumented population lives under a sense of blame, stigmatization, and guilt, as well as shame because of their illegality in this country. These individuals are frequently referred to in disparaging terms and blamed for possibly taking jobs away from US citizens (Sullivan & Rehm, 2005). Pedro said,

This country is only for people who have papers. Immigrants who do not have papers suffer much . . . There is no future . . . The same U.S. mafia at the border will eliminate us due to racism against the Latino population. That is why there are so many massacres on the border and in the deserts. There are also many people who cheat. They say I will take you to the USA, but they only trick you. They deceive people and take them somewhere else and leave them alone and abandon them to die in the desert. It is a death sentence.

Sullivan and Rehm (2005) reported that crossing the border may also be considered a contributing factor to mental stress for the Latino day laborer. Pablo recalls when he crossed the border and experienced a very challenging time during the crossing, he did not know where his family member was:

I came to the United States crossing the border, running down the hill. I crossed three times and the last time, [it] was very difficult. I stayed at the border for almost a week and I also got lost. I ran out of money too. I was left on the streets. Practically sleeping on the streets, in the square or at the bus terminal for three days because I had no money for the hotel.

Undocumented immigrants may experience an increased number of stressors, such as occupational and economic hardships, fear of deportation, and constant uprooting

(Caplan, 2007; Duke et al., 2010; Walter et al., 2002; Worby & Organista, 2007).

Pedro best expressed his feelings about being undocumented:

All the difficulties that a person goes to get to this country and the sadness of being alone here, it is not worth it. There is also a lot of suffering when trying to cross the border and when one arrives here things are different. It is not the same as before about 15 or 20 years ago. The U.S. is no longer the same. Now the U.S. is a country that is not good for those who are undocumented immigrants, on the contrary, it is a very deep suffering.

Issues such as mental distress form the foundation of the results presented in Chapter 4 as evidenced by reports of feelings of anxiety, stress, depression, and desperation. Addiction, ageism, discrimination, immigration status, and post-traumatic stress disorder (PTSD) from civil wars, rape, and abuse while crossing the border, all contribute to overwhelm the undocumented Hispanic individual, and some of these difficulties were reported by this study's informants as well. Quesada (1999) reported that many Central American day laborers have fought in a civil war in their country of origin; thus, they come to the United States with "warrior status" only to be degraded to day laborer status. The rapid change and the adjustment to this new status may lead to mental stress among undocumented Central American day laborers.

Negi (2013) states that Latino undocumented day laborers are prone to high stress as an oppressed population. Ojeda and Piña-Watson (2013) stated that undocumented immigrants may become hypervigilant, paranoid, and anxious because they do not know if people who approach them will hire them or will discriminate them. Day laborers must also deal with hostile environments; more so in states like Arizona and Alabama where

even renting a room to an undocumented individual is illegal (Quesada et al., 2014). In a like manner, Proposition 187 in California does not allow day laborers access to state-funded nonemergency services, and healthcare providers are required to “report suspected undocumented immigrants to the INS” (Sullivan & Rehm, 2005, p. 248).

Undocumented Latino day laborers perform jobs that are commonly performed by those on the bottom of the social ladder (Perez & Fortuna, 2005; Worby & Organista, 2007). All the participants in this study also reported feelings of uneasiness and uncertainty about their jobs. All the participants in this study also verbalized feelings of worthlessness and having no rights. Needless to say, the findings of this study are very disturbing.

Though research studies about substance use and abuse and the undocumented Latino day laborer are almost non-existent (Negi, 2011), this current study revealed that several of the day laborers use drug and alcohol as a method to cope with daily life stressors. Other researchers have also addressed drinking by day laborers as a coping mechanism (Cheung et al., 2011; Duke et al., 2010; Organista & Kubo, 2005; Walter et al., 2004; Worby & Organista, 2007). For example, Cheung et al. (2011) reported Latino day laborers opt for drinking and smoking as a way to cope with their current situation. Valdez, Cepeda, Negi, and Kaplan (2009) conducted a research study in New Orleans and reported that crack use among Latino day laborers emerged after Hurricane Katrina where an influx of these workers a result of the need for manual labor. Valdez et al. (2009) stated that many of the day laborers reported crack use, especially when work was not available. Crack use was also reported as a way of coping with being far away from family members; workers’ rights abuse (e.g., wage theft); being vulnerable to assaults

(e.g., robbery); job uncertainty; and current immigration status (Valdez et al., 2009). The use of alcohol and/or drugs may lead the day laborer to engage in risky behaviors such as frequenting prostitutes, which in turn may place them at an increased risk for STDs and possibly HIV infection (Ehrlich et al., 2007; Organista & Kubo, 2005; Valdez et al., 2009).

The Hispanic culture values family closeness and support (Comeau, 2012). Consequently, it is very difficult for Hispanics to be in a foreign country separated from their families. All the participants reported having family members in their country of origin and stated how much they were missed. When the day laborers were asked about their source of personal support, all of them responded with family. Carlos said:

My family is my source of support. I work in construction or whatever to get money and [to] send money to my family for my children's education, food, and for all of their needs.

Dunn and O'Brien (2009) explained that Hispanic family support may actually contribute to the Latino immigrant paradox, in which Hispanics may cope with psychological stress better than others. However, Ojeada and Piña-Watson (2013) stated that because Latino male day laborers migrate to the United States alone, *familism* may not protect them from perceived discrimination; thus, resulting in life dissatisfaction. Conversely, three of the participants reported the death of close family members, but these day laborers could not attend the funerals because they knew that if they left they would not be able to return to the United States because of their legal status.

Julio commented that although he had no family members in the United States he prefers not to have friends or girlfriends either. Julio rationalized that "friends just tempt

one to vices like drinking. I have seen many day laborers who are alcoholics and I do not want to be like them.” For Hispanics, group needs are more important than individual needs (Lopez & Carrillo, 2001). Therefore, the Hispanic individual prefers to avoid anger and confrontation and instead show *simpatia* [sympathy] so that relationships can flow smoothly and nicely (Lopez & Carrillo, 2001).

The Hispanic undocumented population is at increased risk for psychological stress (American Psychiatric Association, 2013c; Perez & Fortuna, 2005 Quesada et al., 2014; Sullivan & Rehm, 2005). Hispanics immigrants are at an increased risk for developing mental distress because of the strain of adapting to a new culture, language, and customs (Smart & Smart, 1995). Predictably, acculturation stress and traumatic conditions may lead to psychological distress and behaviors such as depression, anxiety, and feelings of hopelessness (Negi, 2013; Sullivan & Rehm, 2005; Torres, Driscoll, & Voell, 2012; U.S. Department of Health & Human Services, Office of Minority Health, 2013). Sadly, minority groups have less access to and availability of care, and tend to receive poorer quality mental health services (U.S. Department of Health and Human Services [U.S.DHHS], 2001). The Surgeon General’s Report (as cited in U.S. DHHS, U.S. Public Health Service, 1999) placed increased importance on public health services to identify risk factors for mental health problems and to seek opportunities for preventative interventions that may help block the emergence of severe mental illnesses.

All participants reported that they felt discriminated against because of their legal status in this country. Rogelio said “Being undocumented is to be nobody. I have never felt so bad in my life.” Perception of discrimination correlates with poor physical and mental health and “appears to induce physiological and psychological arousal with long-

term consequences for an individual's health" (Williams et al., 2003, p. 206).

Psychological stress causes mental and physical afflictions: depression, anxiety, post-traumatic stress, heart disease, weight gain, diabetes, ulcers, colitis, etc. (Sapolsky, 2004).

Racial and ethnic discrimination are stressful events that adversely affect the life of an individual (Negi, 2013; Williams et al., 2003).

Quesada et al. (2014) explained that the scrutiny of Latino day laborers intensified significantly after the events on September 11, 2001 because undocumented individuals' penetration into this country is equated with a "porous and poorly defended national border" (Quesada et al. 2014, p. 33). Latino day laborers face daily discrimination either overtly and/or covertly; accordingly, these experiences "mark the consciousness of the undocumented" individual (Quesada et al., 2014, p. 30). Cheung et al. (2011) reported that day laborers experience emotional pain, loneliness worry, and sadness about their situations of being separated from family members and their undocumented status.

In spite of the slogan "Without mental health there is no health" (WHO, 2013), the mental health of the Hispanic population continues to deteriorate. According to the Surgeon General's Report (U.S. DHHS, 1999), Hispanics (<20%) are less likely to receive mental health care treatment when compared to the White population (60%). Despite the plethora of published research articles about Hispanics and mental health, a significant mental-health-care disparity exists for this population (Cardemil et al., 2007) especially because there is not much known about the undocumented Hispanic population (Perez & Fortuna, 2005). The Hispanic undocumented population faces a public health crisis because of unmet behavioral health needs. Access to behavioral healthcare for Hispanics is a social justice issue (U.S. DHHS, Office of Minority Health, 2010).

Undocumented Hispanics are at increased risk for developing mental and emotional problems (American Psychiatric Association, 2013).

In summary, the participants reported feelings of mental anguish and disappointment with their current situation. However, the day laborers verbalized their reasons to leave their native countries and cross the border to the United States. Juan said: “. . . one remembers how bad things are at home and says, no, I’m better here than there. Things are worse in our country and that’s why we stay.” The mental health status of undocumented day laborers may be an impending public health crisis unless programs are developed to deal with problems caused by the stress endured by the undocumented Hispanic day laborer population.

Theme 2: Work Safety

Work safety emerged as another main theme during the interviews. Most participants in this study reported unsafe working conditions without any protective equipment. One of the participants disclosed that he suffered a work injury, but the employer paid him not to say anything. The laborer was out of work for three weeks. Another participant reported that he had fallen at least two or three times. He said: “As a construction worker, my job is very dangerous . . . Once I slipped off a ladder and [it] was terrible, but I had no insurance. I hurt my back, knee, and ended up with a fractured leg.”

Orrenius and Zavodny (2009) stated that immigrants are employed in jobs where there is a high incidence of work injury and fatality. Latino day laborers’ worries about probable injury while at work were reported by Walter et al. (2002). Ochsner et al. 2012 stated that many undocumented day laborers have little or no training, but perform very

hazardous jobs. For example, Seixas et al. (2008) surveyed 180 Latino day laborers in Seattle, WA where they found that these workers perform jobs that expose them to the lifting of heavy objects (69%), eye hazards (52%), airborne chemicals/dust (40%), noise (38%), other chemicals (29%), falling objects (30%), work at heights (30%), and working in unsanitary conditions (27%). According to Seixas et al. (2008), 60% of the interviewed day laborers reported fear of being hurt or killed at work; while the other 40% had left a job site due to hazardous working conditions.

Immigrants tend to work at jobs that are dirty, dangerous, and difficult: “three D’s jobs” as coined by Orrenius and Zavodny (2009). The Director of The National Institute for Occupational Safety and Health, Dr. Howard, stated that Latino workers not only work in very hazardous jobs but they also do not report unsafe conditions because of fear of retaliation by employers (Howard, 2010). Dr. Howard also stated that the rate of fatal falls among the foreign-born Hispanic construction workers is 5.5 per 100,000, higher than among Latino workers who were born in the United States (4.1 per 100,000) (Howard, 2010).

For much of the past two decades ... the rate of work-related fatalities for Latinos has exceeded the rate for all U.S. workers, at times dramatically so. During the period of 2003-2006, for instance, the fatality rate for Latino workers exceeded the rate for all workers by nearly 35% (Howard, 2010).

Frequently, foreign-born individuals have a lower incidence of English-language skills and lower educational levels; consequently, their employment includes jobs no one else wants to do (Orrenius & Zavodny, 2009; Walter et al., 2002). One participant claimed that many day laborers do not report injuries and they would simply opt to stop working,

or to continue working without saying anything or having their needs met, because employers may get angry at them for speaking up. Zuehlke (2009) posited that workplace injury numbers may not be accurate because frequently these injuries go underreported. Subsequently, it is difficult to assess the exact numbers that occur. Because undocumented immigrants tend to self-report themselves as documented workers for fear of being found-out when participating in surveys; results of such studies may not actually represent this vulnerable population (Nissen, Angee, & Weinstein, 2008).

Hispanics are disproportionately exposed to dangerous jobs (Levy et al., 2011; Quesada, 2011; Zuehlke, 2009). Over the last 15 years, fatal injury among Hispanic individuals remained high at 4.0 deaths per 100,000, more deaths than any other race, e.g., 3.5 for Blacks and 3.7 for Whites (Zuehlke, 2009). However, inaccuracy of this data remains a possibility because many Hispanic immigrant workers remain uncoun­ted because they may be uninformed of their rights, may not have training in occupational health and safety, and may be afraid of reporting injury incidents (Dekeseredy et al., 2005). For the most part, day laborers are untrained and work in the most hazardous environments (Walter et al., 2004) without personal protective equipment. Occupational work injury experienced by Latino day laborers is a commonplace occurrence. These work-related injuries are often unreported or not medically treated for fear of deportation or retaliation (Howard, 2010).

Levy et al. (2011) stated that limited knowledge exists regarding how language, literacy, culture, and vulnerable employment affect the rate of fatal injury among Hispanics. Further, Levy et al. (2011) pointed out the necessity of current research studies to identify the risks, and develop and evaluate prevention approaches. Paradoxically,

Orrenius and Zavodny (2009) speculated that newly arrived immigrants take riskier jobs because they are healthier than the people who are natural-born within the United States. This outcome is an interesting comment, which correlates to the current study. When the day laborers were asked about their perceived health status prior to coming to the United States, all of them said they considered themselves healthy.

Warren (2013) stated that Latino day laborers are more prone to becoming victims of wage theft because of their dual status as “temporary” and “minority” workers. Most of the participants in this study verbalized their beliefs that they did not have any rights as undocumented laborers. A participant explained that he fell down and the employer did not even send him to the hospital. The participant said “Here people without papers have no rights.” The same participant exclaimed, “There is no help for undocumented workers. We do not exist. We are nothing.” However, two of the workers disclosed that a lawyer had visited the hiring site and explained their rights to them. Some participants recommended a type of organized labor or entity in charge of checking or verifying the employers’ information. Apparently, there have been cases in which workers were victims of wage theft or loss. One of the participants said,

I think that an organization or an institution that communicates better with employers to protect workers from abuse. Like an institution that obtains data from the *jefes* [bosses] and to provide a more specific control.

One of the participants indicated the need for more job training. He said that many workers do not even know how to lift a box without injuring their backs. However, he added that there was no way to pressure the employers to provide such training.

Theme 3: Physical Health

All of the study participants reported some form of alternative treatment approach use, such as herbs, teas, and home remedies. Hispanics are more inclined to use alternative or complementary treatments. The Hispanic culture influences how one obtains or seeks medical treatment (Lopez & Carrillo, 2001); the Hispanic individual opts for both traditional interventions such as medications and case management procedures as well as consultations with folk-healers. According to the US DHHS (2001), Hispanics are estimated to use alternative and/or complementary therapies up to 44% of the time. Leclere and Lopez (2012), surveyed 20 Latino day laborers in San Fernando Valley in California and found that 80% of the interviewees denied using home remedies, and only a few of them admitted to taking over-the-counter medications. 20% of the respondents reported “taking herbs and/or over-the-counter medication when feeling sick” (Leclere & Lopez, 2012, p. 694).

All of the day laborers in the current study reported having had good health when they were young. All of the workers, with one exception said they believed they were currently in good health. However, two workers expressed concerns about their current health status. Only one day laborer had had a complete physical assessment done four to six years ago, and another reported having had surgery for appendicitis when he arrived in the United States. Leclere and Lopez (2012) reported similar findings to this study regarding perceived current good health status.

Perceived high cost of health care in the United States was another general belief. One of the participants said he wished someone would offer cheaper prices for general checkups for blood pressure screening, diabetes, and vision as well as half prices for glasses. He added that he would like to see more communication and cooperation

between the Health Department and the Labor Department to provide basic services for laborers. He said that “as a public employee, you have an obligation to ensure the welfare of other beings such as the health of other people.”

The workers reported that they would rather wait until medical care was really necessary than seek immediate medical attention because they were either afraid of being found out as undocumented individuals, or did not have the money to pay for services, or both. One participant said he knew about people that go from hospital to hospital receiving medical services until they deplete all sources and move on to a nearby state in search of further services.

Another important finding was the use of clandestine clinics (back-room places) and unlicensed professionals as an option for health care treatment. One participant said he believed that about 60% of undocumented individuals seek these services. However, this researcher did not find any studies about Latino day laborers using clandestine health care services. Another participant reported that he frequents *botanicas* where he buys medications from Mexico. *Botanicas* are Hispanic retail stores where people can buy herbs, charms, religious and spiritual items (Merriam-Webster Dictionary, 2014). Some participants either know about someone who has or have themselves experienced denial of medical services due to their legal status.

The Social Ecological Model Revisited: Recommendations

At the *Intrapersonal Level* of the SEM, the principal aim is to facilitate a change in the individual’s behavior (CDC, 2013b). A need exists for reaching the undocumented Latino population to increase the individual’s knowledge, skills, and self-efficacy when dealing with psychological stress instead of resorting to maladaptive coping skills such as

abusing drugs or alcohol. All of the participants reported feelings of sadness and hopelessness because they are separated from their loved ones. Other participants communicated feelings of grief because they missed family members' funerals. Some participants expressed despair and stress because of their inability to understand and speak English, while others perceived themselves as society's outcasts. Further, some of the participants with a post-secondary education reported feeling degraded because of their current day laborer status.

Lack of physical health was predominantly influenced by fear. One day laborer stated that after cutting his hand, his employer reprimanded him for not being careful enough. As a result, he was afraid to seek medical help. As reported by the interviewees, many fear going to medical centers including Hispanic clinics because of their undocumented status. Individuals' attitudes toward physical health were substandard as evidenced by only one day laborer having had a health exam while in the United States. Education about basic routine exams (cholesterol, diabetes, vision, hearing, and back problems) is also needed, as suggested by the participants.

Work injury could be prevented by taking the time to perform a job properly instead of rushing through it and being more prone to injuries. Unfortunately, because employers tend to take advantage of day laborers by pushing them to work faster; injuries may be unavoidable. Consequently, it would be ideal for public health students and public health interns to develop Spanish educational materials to promote mental and physical health as well as work safety instructions for day laborers. Such materials could produce a change in these individuals' attitudes, behaviors, self-concept, skills, and knowledge in accordance with the SEM (McLeroy et al. 1988).

At the *Interpersonal Level* of the SEM, creating social networks and social support systems comprised of family members, work groups, and friends (McLeroy et al., 1988) is recommended. Traditionally and culturally Hispanics rely on family support. Since all of the interviewees were undocumented workers, most of their family members remained in their country of origin leaving them alienated without family support. Giving them information to connect with other individuals of similar ethnic backgrounds could alleviate their isolation.

Creating programs to provide emotional support to the workers would also be prudent in order to decrease mental stress. By participating in physical activities such as sports and games, these workers may create a social network where support may be available. At such social gatherings, these individuals may acquire tools and information to improve their mental and physical health status as well as exchange ideas and experiences about work safety.

At the *Organizational Level*, the CDC (2013b) recommends the involvement of health care systems such as local clinics, as well as professional organizations to disseminate organizational messages and support. Examples are organizations such as the Salvation Army, Catholic Charities, Food Banks, and other non-profit servicing agencies. One way to reach the Hispanic population is via mass media such as Spanish-language radio, television, and newspaper (Acosta et al., 2003).

Volunteers at local free mental health clinics can provide mental health assessments and reach the day laborers via health fairs and flyers in Spanish. The Department and Health and Human Services, Nevada Division of Public and Behavioral Health (2014) has drop-in centers as well as consumer assistance programs to help the

community. However, these services could be made more effective for the day laborer population if they were offered in Spanish.

The participants requested that health screenings be made available to them at an affordable price. Some of the interviewees told their stories about being denied medical services not only because of their legal status but also because of their inability to pay for services. The Southern Nevada Health District, Medical Reserve Corp Volunteer program (2014) provides basic blood pressure and diabetic screening at no cost during health fairs. In order to decrease undocumented workers' mental stress about their physical health, the Southern Nevada Health District, Medical Reserve Corp Volunteer program (2014) could send their volunteers to well-known day laborer hiring sites to provide basic physical assessments. Touro University Nevada, Caring Without Walls program (2014), also offers outreach clinics offering free health screenings at scheduled events aimed at those underinsured or uninsured. Latino day laborers may benefit from the Caring without Walls program volunteer services, thus meeting their basic health care needs.

Most of the participants complained that they could not claim any lost or stolen wages because they were unaware of their workers' rights. However, two of the participants reported that they were visited by a lawyer who explained to them that although they are undocumented, they do have rights. The Thomas & Mack Legal Clinic, William S. Boyd School of Law, University of Nevada, Las Vegas (UNLV; 2014) could impart information and education about work safety precautions and workers' rights.

The SEM *Community Level* applies to the stage of working with coalitions (CDC, 2003b) such as Hispanic Associations to promote physical and mental health as well as work safety awareness. One of the participants reported that his country had a consulate

in Las Vegas, NV; however, according to this individual, the consulate was mostly interested in collecting fees. He was unaware of any other services the consulate could offer to undocumented laborers. Another participant provided information about La Hermandad Mexicana, where he believed lawyers provided pro-bono services to help undocumented people. Learning what resources are available to assist these individuals at the SEM *Community Level* will guide the development of community programs targeting this population.

At the *Policy Level*, a need exists to create supportive policies at the U.S. federal, state, and local levels, as well as in conjunction with other U.S. government agencies. President Barak Obama (The White House, Office of the Press Secretary, 2013) stated:

America's immigration system is broken. Too many employers game the system by hiring undocumented workers and there are 11 million people living in the shadows. Neither is good for the economy or the country.

Until new immigration policy is agreed upon by the U.S. Federal government, creating programs to improve the quality of and access to health services, including mental health and work safety without fear of deportation or retaliation is recommended.

Strengths and Limitations of the Study

Research studies have focused on the identification of barriers to health and mental health services; however, studies about beliefs and attitudes associated with health care needs and access to health care, including mental health care that targets the Hispanic undocumented population are very few. Additionally, there is a lack of studies conducted on the health status and mental health of undocumented immigrants before and after they leave their native countries. This information is very alarming because there are

about 11 million unauthorized immigrants in the United States (Pew Research Center, 2013). It is also critical to know about Hispanic cultural beliefs and values when dealing with that population's health and mental health care issues. The need is especially urgent given that with its exponential growth the Latino population is soon expected to become one of the largest minorities in the United States.

One of the strengths of this study is that the researcher was able to confirm the need for future research regarding Hispanics' immigration experiences and how these experiences may contribute to mental distress and deterioration of physical health.

Limitations of this study included (1) the small number of participants willing to tell their stories; (2) the author's unawareness of any other comparable qualitative study about perceived health care needs of undocumented Latino day laborers living in Las Vegas, NV, their cultural beliefs, and their health; (3) the lack of a second reader to go over the transcripts to look for themes, which would have increased the validity of the study as member checking and/or follow-up interviews were not options for this population; and (4) the potential for research bias since the writer is a Hispanic female who immigrated to the United States from a third-world country and has resided in the United States for over two decades. The researcher remained aware of the need to be objective and open-minded when conducting the study. Similar to other qualitative studies, generalization is not expected due to the small number of study participants.

Implications for Public Health

Implications for the field of public health are apparent from the results of the study. Health education programs, mental health education programs, and work safety programs are needed to inform the undocumented Hispanic community of available

services and their locations. In addition, because alcohol and other substance use/abuse were reported as a way of coping with daily life stressors in this study, it is recommended that public health professionals attempt to reach the Latino day laborers to inform them that drug-use risk behavior can potentially lead them to contract contagious illnesses such as HIV and STDs.

Studying Hispanic individuals is important, especially with 11 million unauthorized immigrants in the United States. Hispanic mass media such as radio, television, and newspapers should be used to teach the undocumented Hispanic population about their rights. The lack of mental and health care programs tailored to the Hispanic undocumented population increases health disparity for this population. Many immigrants leave their native countries to flee poverty, oppression, religious and/or political persecution (American Psychiatric Association, 2013). When Hispanics come to this country, they face acculturative stress (Caplan, 2007) when adapting to the new culture. Unfortunately, Hispanics are at a greater risk for high morbidity and mortality due to lack of access to health care (Daniel, 2010; Leclere & Lopez, 2012; Nandi, Galea, Lopez, Nandi, Strongarone, & Ompad, 2011).

Summary

The purpose of this phenomenological qualitative research study was to gain knowledge about undocumented Latino day laborers' perceived health care needs. For that reason, two research questions guided the study: (1) How do undocumented Latino day laborers living in Las Vegas, Nevada, perceive access to health care? and (2) How do undocumented Latino day laborers address health care needs and injuries from work?

Regarding the first research question, the majority of the day laborers who

participated in this study perceived access to health care as negative. All of them said that they either knew it was too expensive or had heard that it was too expensive. The majority of these workers felt they could not seek out medical services because they would probably be denied due to their legal status in this country.

As regards to the second research question, the majority of Latino day laborers opt for alternative health-care methods such as the use of herbs, teas, and medications from Mexico. They also reported that many undocumented individuals go to clandestine clinics or unlicensed physicians. Some of them stated that they would not report a work injury for fear of loss of employment or fear of deportation.

These findings reveal to this bilingual Hispanic researcher and health care professional that more educational prevention programs in Spanish are needed to reach the undocumented Hispanic community. At the health care level, although translators are frequently used in clinical settings, their use somehow creates a gap between clinicians and patients (Perez-Stable & Napoles-Springer, 2001). Cultural differences between patients and health care providers not only have a great impact on the patient's treatment and recovery but also contribute to the ever-growing problem of health disparity.

In order to develop health-promotion materials, language fluency and literacy are necessary (Perez-Stable & Napoles-Springer, 2001). The need for Spanish-speaking health care practitioners is evidenced by the fact that Hispanics feel more comfortable with someone who speaks the Spanish language. All interviews for this study were conducted in Spanish, and it was obvious that the Hispanic participants felt at ease with a bilingual individual who knows the Hispanic culture and is a culture-sensitive practitioner.

The study revealed three major areas of concern voiced by this population: mental health, physical health, and work safety. Perceived health care needs of undocumented Latino day laborers include the need of affordable and accessible basic medical screening without discrimination and fear of retaliation. With that in mind, the perceived barriers encountered by the undocumented Hispanic day laborer when seeking and obtaining health services and treatment include: language barriers, poor socio-economic status, lack of insurance, lack of knowledge about available health services, and lack of knowledge of their having rights despite their undocumented status in this country. Summing up the recommendations based on these data, culturally accessible Spanish-language outreach for basic health and legal information could go a long way toward improving the health and work safety of this vulnerable population.

APPENDIX 1

REQUESTING PARTICIPATION LETTER (ENGLISH)

Verbal Script

Hello,

My name is Siboney Zelaya, and I am a doctoral student at the University of Nevada, Las Vegas (UNLV). I am conducting a research study about the health care needs of undocumented Latino-Day laborers in Las Vegas, NV. I would like to talk to workers like you to better understand your work experiences and your health needs. If you agree to talk with me you do not have to tell me any personal information or even your name. If you would like to talk to me we will go to a fast food restaurant or other nearby location where we can talk privately. The interview will take about an hour. I will take notes while we talk and if you agree, I would also like to tape the interview. This is just so I can check the accuracy of my notes. I will erase the tape after I review my notes.

Our conversation will be kept strictly confidential. Your real name will not be part of the study. In fact you don't even have to tell me your real name. If you agree to talk to me, there is the chance that you may miss an opportunity to work. We can agree to talk later in the day to avoid such an event.

In exchange for your time, I will give you a \$15.00 gift certificate at the end of the interview. If you cannot complete the interview because you are hired for a job, a pair of working gloves and protective goggles will be given to you to compensate for your time.

Are you interested in talking with me and helping with this important study?

(IF PARTICIPANT AGREES, THE LOCATION WILL BE SELECTED AND THE VERBAL CONSENT PROCESS WILL BE CONDUCTED PRIOR TO THE INTERVIEW. IF THE PARTICIPANT DOES NOT AGREE, THE RESEARCHER WILL THANK THEM AND APPROACH A NEW POSSIBLE PARTICIPANT/LOCATION)

APENDICE 1
SOLICITUD DE CARTA DE PARTICIPACION (ESPAÑOL)
Guión verbal

Hola,

Mi nombre es Siboney Zelaya, y soy un estudiante de doctorado en la Universidad de Nevada, Las Vegas (UNLV). Estoy realizando un estudio de investigación sobre las necesidades de salud de los jornaleros indocumentados en Las Vegas, NV. Me gustaría hablar con los trabajadores para entender mejor sus experiencias de trabajo y sus necesidades de salud. Si está de acuerdo de hablar conmigo, no tiene que decirme ninguna información personal ni incluso su nombre. Si a usted le gustaría hablar conmigo vamos a ir a un restaurante de comida rápida o en otro lugar cercano donde podamos hablar en privado. La entrevista tomará alrededor de una hora. Voy a tomar notas mientras hablamos y si está de acuerdo, también me gustaría grabar la entrevista. Esto es sólo para que pueda comprobar la exactitud de mis notas. Voy a borrar la cinta después revisar mis notas.

Nuestra conversación se mantendrá estrictamente confidencial. Su verdadero nombre no será parte del estudio. De hecho, usted ni siquiera tiene que decirme su nombre real. Si usted se compromete a hablar conmigo, puede haber la posibilidad de que pueda perder la oportunidad de trabajar. Podemos ponernos de acuerdo para hablar más tarde en el día para evitar tal evento.

A cambio de tu tiempo, le voy a dar una tarjeta de regalo por \$ 15.00 al final de la entrevista. Si no puede completar la entrevista porque usted es contratado para un trabajo, un par de guantes de trabajo y gafas de protección se le dará a usted para compensar por su tiempo.

¿Estás interesado en hablar conmigo y ayudarme con este importante estudio?

(SI EL PARTICIPANTE ESTA DE ACUERDO, LA UBICACIÓN SERA SELECCIONADA Y EL PROCESO DE CONSENTIMIENTO VERBAL SE LLEVARA A CABO ANTES DE LA ENTREVISTA. SI EL PARTICIPANTE NO ESTÁ DE ACUERDO, EL INVESTIGADOR VA A DARLES LAS GRACIAS SE ENFOCARA EN OTRO POSIBLE PARTICIPANTE / LUGAR)

APPENDIX 2

VERBAL CONSENT DOCUMENT (ENGLISH)

School of Community and Health Sciences
Public Health, Social and Behavioral Sciences
University of Nevada, Las Vegas (UNLV)

TITLE OF THE STUDY: A qualitative study of the Healthcare needs of Undocumented Latino-Day laborers (LDL) living in Las Vegas, Nevada

INVESTIGATORS:

Michelle Chino, PhD, Principal Investigator (PI), (702) 895-2649
Siboney Zelaya, MPH, MSN, RN, Student Researcher, (702) 683-8642

For questions and concerns about the study, you may contact the PI and/or the Student Researcher. For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted you may contact **the UNLV Office of Research Integrity – Human Subjects at 702-895-2794, toll free at 877-895-2794, or via email at IRB@unlv.edu.**

Purpose of the Study

You are invited to participate in a research study. We want to talk with Latino-Day-Laborers about their health care needs.

Participants

I am asking you to be in this study because you are an undocumented Latino day laborer, age between eighteen to sixty-five, and are willing to talk about your experiences as a day laborer.

Procedures

If you want to be part of this study, you will be asked to talk to me for about one hour or hour and half about your experiences as a day laborer and about your health care needs. If you agree, I will record the interview so that I can make sure that I have the right information. You can ask me to turn off the tape recorder at any time. If you have any questions at any time, please ask me any questions about the study before participating or while the interview are taking place. I will not ask any questions about your legal status in this country. My goal is to better understand your health care needs.

Benefits of Participation

There are no direct benefits to you as a participant except that of having the opportunity to tell your story of working as a day laborer. Your story will be important for creating new programs that may benefit your health and the health of other workers.

Risks of Participation

If you agree to be part of this study you may miss an opportunity to work while participating in the interview. For this reason we can do the interview later in the day to avoid such an event. You may also not feel comfortable sharing parts of your story. You may also be worried that someone will be able to identify who you are. I will do everything possible to protect your comfort and your privacy. I will not ask you for any information that can identify who you are.

Cost/Compensation

It will not cost you anything but your time to be in the study. To thank you for your time, I will give you a gift card for the amount of \$15.00 and I will buy you lunch too. If you cannot complete the interview because you are hired for a job, a pair of working gloves and protective goggles will be given to you to compensate for your time.

Confidentiality

No identifying information (name, address, etc.) will be collected. You do not even have to give me your real name. If you choose to do so, it will only be known to me, the researcher, and will not be written or used in any way in the research materials or final dissertation study. I will use fake names in the paper I will write.

If you let me tape the interview, I will erase the tape after I check my notes. All papers will be stored in a locked facility at UNLV for 3 years in the supervisor’s office of Dr, Michelle Chino, Principal Investigator (PI). After the storage record of 3 years is over, the written records will be destroyed.

Voluntary Participation

Taking part in this study is voluntary. You do not have to be in any part of the study and you can stop at any time. If you have any questions at any time, please ask.

Verbal Consent by Participant

The above information was read to me by Siboney Zelaya. I understand my rights as a participant and I agree to be in this study. I have been able to ask questions about the research study. I am at least 18 years of age. A copy of this form will be given to me if requested.

I agree to be audio taped for the purpose of this research study.

Verbal Permission to Audio Taping Date

Verbal Participation Agreement Obtained by: _____

Interviewer/Student Investigator Date

APENDICE 2
DOCUMENTO DE CONSENTIMIENTO VERBAL (ESPAÑOL)

Escuela de Comunidad y de Ciencias de la Salud
Salud Pública, Ciencias Sociales y del Comportamiento
Universidad de Nevada, Las Vegas (UNLV)

**Un estudio cualitativo de las necesidades de salud de los latinos jornaleros
(LDL) que viven indocumentados en Las Vegas, Nevada**

TÍTULO DEL ESTUDIO: Estudio cualitativo de las necesidad de salud de indocumentados latinos-jornaleros (LDL) que viven en Las Vegas, Nevada.

INVESTIGADORES:

Michelle Chino, PhD, investigador principal (PI), (702) 895-2649
Siboney Zelaya, MPH, MSN, RN, estudiante investigador, (702) 683-8642.

Si tiene preguntas sobre el estudio, puede comunicarse con el investigador principal y/o el investigador estudiante. Si tienes preguntas sobre los derechos de los sujetos en la investigación, cualquier queja o comentario acerca de la manera en que se está realizando el estudio puede comunicarse con la Oficina de UNLV de Integridad en la Investigación - Sujetos Humanos al 702-895-2794, gratis al 877-895-2794, o por correo electrónico a IRB@unlv.edu.

Propósito del estudio

Usted está invitado a participar en un estudio de investigación. Queremos hablar con los trabajadores Latinos o jornaleros acerca de sus necesidades de atención médica.

Los participantes

Le estoy pidiendo que participe en este estudio porque usted es un latino jornalero indocumentado nacido en el extranjero, de dieciocho a sesenta y cinco años, ha trabajado como jornalero y está dispuesto a hablar de sus experiencias como jornalero.

Procedimientos

Si quiere ser parte de este estudio, usted hablara conmigo por una hora u hora y media acerca de sus experiencias como jornaleros y de sus necesidades de atención médica. Si está de acuerdo para hablar conmigo, voy a grabar la entrevista para asegurarme de que tengo la información correcta. Usted puede pedir que se apague la grabadora en cualquier momento. Si tiene cualquier pregunta en cualquier momento, por favor hágame cualquier pregunta sobre el estudio antes de participar o durante la entrevista. No voy a hacer preguntas sobre su estatus legal en este país. Mi principal objetivo es entender mejor sus necesidades de atención médica.

Beneficios de la participación

No hay beneficios directos para usted como participante, excepto la de tener la oportunidad de contar su historia de jornalero. Su historia será importante para la

creación de nuevos programas que beneficie la salud de los jornaleros.

Riesgos de la participación

Si usted se compromete a formar parte de este estudio es posible que pierda la oportunidad de trabajar durante su participación en la entrevista. Por esta razón podemos hacer la entrevista más tarde en el día para evitar tal evento. Quizás también se podrá sentir incómodo cuando cuente su historia. También quizás preocupado de que alguien pueda ser capaz de identificar quién es usted. Voy a hacer todo lo posible para proteger su comodidad y su privacidad. No le voy a pedir ninguna información que pueda identificar quién es usted.

Costo/compensación

Participar en el estudio, no le cuesta nada, solo su tiempo para participar en el estudio. Para darle las gracias por su tiempo, voy a darle una tarjeta de regalo por la cantidad de \$ 15.00 y voy a comprarle el almuerzo también. Si no puede completar la entrevista porque usted es contratado para un trabajo, un par de guantes de trabajo y gafas de protección se le dará a usted para compensar por su tiempo.

Confidencialidad

No hay ninguna información de identificación (nombre, dirección, etc.) que será recogida. Incluso usted no tiene que darme su nombre real. Si decide hacerlo, su nombre sólo será conocido por mí, el investigador y no es posible escribir o utilizar en cualquier forma los materiales de investigación o estudio final de tesis. Voy a utilizar nombres falsos en el artículo que voy a escribir.

Si me deja grabar la entrevista, voy a borrar la cinta después que reviso mis notas. Todos los documentos se almacenarán en una oficina cerrada en UNLV durante 3 años en la oficina de la Dra. Michelle Chino, Investigador Principal (IP). Después que los 3 años hayan terminado, los registros escritos serán destruidos.

Participación voluntaria

La participación en este estudio es voluntaria. Usted no tiene que estar en cualquier parte del estudio y puede parar la entrevista en cualquier momento. Si tiene alguna pregunta en cualquier momento, por favor pregunte.

El consentimiento verbal del participante

La información anterior se leyó a mí por Siboney Zelaya. Entiendo mis derechos como participante y estoy de acuerdo en participar en este estudio. Ha podido hacer preguntas sobre el estudio de investigación. Tengo por lo menos 18 años de edad. Una copia de este formulario será dado a mí si así lo solicita.

Estoy de acuerdo que la entrevista sea grabada para el propósito de este estudio de investigación.

Permiso verbal para grabar

Fecha

Acuerdo de Participación Verbal Obtenido por:
Entrevistador / Estudiante Investigador

Fecha

APPENDIX 3

INTERVIEW PROTOCOL (ENGLISH)

Time of interview: _____

Date of interview: _____

Location: _____

Interviewer: Siboney Zelaya _____

Interviewee: _____

Interview Questions

Grand Tour Question: 1. Why did you come here to Las Vegas?

2. How long have you been in the United States?

3. Where did you grow up?

- a. How many members of your family are here in Las Vegas?
- b. Where are the rest?
- c. Who is your source of support? Please explain.

4. What is like working as a day laborer?

- a. What types of work do you do as a day laborer?
- b. Are others in your family day laborers?
- c. Have you tried to get a job at other places? Where? What was it like?

5. Can you describe how do you secure a job as a day laborer?

6. How much can you make per day or week or per month as a day laborer?

7. How was your health when you were a child?

- a. Were you able to get medicine or medical care?
- b. What was that like?

8. How was your health when you came here to Las Vegas?

9. Tell me if you have been turned away from health services because you are undocumented. Please explain.

10. If you get sick, what do you do?

- a. Where do you go?

11. If you get injured at work, what do you do?
12. What could be done to make your work safer?
13. How could we improve/make better the health care of day laborers?
14. What does undocumented mean to you?
15. Tell me what your life is like today?
16. Where have you found help as an undocumented person? Please explain.

Possible Probes

1. Can you tell me more?
2. Can you expand on your answer?
3. Can you explain your answer?
4. Can you tell me a bit more about your experience?
5. Can you give me a specific example of that?
6. Do you personally feel that way?
7. Is that something you have experienced?

Wrap Up Questions

1. Do you have anything else to add?

APENDICE 3

PROTOCOL DE ENTREVISTA (ESPAÑOL)

Hora de la entrevista: _____

Fecha de la entrevista: _____

Ubicación: _____

Entrevistador: Siboney Zelaya _____

Entrevistado: _____

Grand Tour Pregunta

Pregunta de Grand Tour: 1. ¿Por qué vino a Las Vegas?

2. ¿Cuánto tiempo ha estado en los Estados Unidos?

3. ¿Dónde creciste?

a. ¿Cuántos miembros de su familia están aquí en Las Vegas?

b. ¿Dónde está el resto de su familia?

c. ¿Quién es tu fuente de apoyo? Por favor, explique.

4. Como es trabajar de jornalero?

a. ¿Qué tipo de trabajo hace usted como un jornalero?

b. ¿Hay otras personas en su familia jornaleros?

c. ¿Ha tratado de conseguir un trabajo en otros lugares? ¿Dónde? ¿Cómo es?

5. ¿Puede describir cómo usted asegura un trabajo como jornalero?

6. ¿Cuánto gana por día o por semana o por mes como jornalero?

7. ¿Cómo era su salud cuando usted era un niño?

a. ¿Cómo conseguía medicinas o atención médica?

b. ¿Qué fue eso?

8. ¿Cómo era su salud cuando usted vino aquí a Las Vegas?

9. Alguna vez le han negado los servicios de salud porque usted es indocumentado. Por favor, explique.

10. Si usted se enferma, ¿qué haces?

a. ¿A dónde vas?

11. Si usted se lesiona en el trabajo, ¿qué hace?
12. ¿Qué se podría hacer para que su trabajo sea más seguro?
13. ¿Cómo podemos mejorar el cuidado de la salud de los jornaleros?
14. ¿Qué significa para usted ser indocumentado?
15. Dime cómo es tu vida ahora?
16. ¿Dónde ha encontrado la ayuda como una persona indocumentada?
Por favor, explique.

Otras preguntas de exploración

1. ¿Me puede decir más?
2. ¿Puede ampliar su respuesta?
3. ¿Puede explicar su respuesta?
4. ¿Puede contarme un poco más acerca de su experiencia?
5. ¿Me puede dar un ejemplo específico de esto?
6. ¿Se siente personalmente de esa manera?
7. ¿Eso es algo que usted ha experimentado?

Pregunta Final

1. ¿Tiene algo más que agregar?

APPENDIX 4
HEALTHCARE RESOURCES

Nevada Health Center

Phone: (702) 307-5415

Medical and Dental Center

Monday-Friday 7am-6pm

1. Sliding fee health program
2. Health care to homeless at no charge

Downtown Outreach Center

403 W. Owens

Las Vegas, Nevada

Phone: (702) 307-4635

Tuesday-Friday 7am-5:30pm

This group turns away no one.

REFERENCES

- Acosta, H., Guarnaccia, P. J., & Martinez, I. (2003). *Model mental health program for Hispanics: An overview of New Jersey Mental Health Institute Inc.'s changing minds, advancing mental health for Hispanics project and Recommended steps to improve access to and quality of mental health services for Hispanics* (pp. 1-36). Mercerville, NJ: New Jersey Mental Health Institute. Retrieved from <http://www.nrchmh.org/attachments/ModelMentalHealth.pdf>
- 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, 97*(1), 68-75. doi: 10.2105/AJPH.2006.087205
- Altschuld, J. W., & Witkin, B. R. (2000). *From needs assessment to action: Transforming needs into solution strategies*. Thousand Oaks, CA: Sage Publications.
- Amaro, D. J., Abriam-Yago, K., & Yoder, M. (2006). Perceived barriers for ethnically diverse students in nursing programs. *Journal of Nursing Education, 45*, 247-254.
- Amaro, H., & Russo, N. F. (1987). Hispanic women and mental health: An overview of contemporary issues in research and practice. *Psychology of Women Quarterly, 11*(4), 393-407. doi:10.1111/j.1471-6402.1987.tb00914.x
- American Psychiatric Association. (2013). *La salud mental en la comunidad hispana o latina* [Brochure]. Retrieved from <http://www.psychiatry.org/latinos>
- American Psychological Association (APA). (2012). *Crossroads: The psychology of immigration in the new century. The report of the APA Presidential task force on immigration. Working with immigrant-origin clients, an update for mental health professionals*. Retrieved from <http://www.apa.org/topics/immigration/immigration-psychology.aspx?item=2>
- Asian Journal (2013). *Data reveals immigrants' financial contribution to states*. Retrieved from <http://newamericamedia.org/2013/05/data-reveals-immigrants-financial-contribution-to-states.php>
- Association of Schools of Public Health (ASPH). (2013). *What is public health?* Retrieved from <http://www.whatispublichealth.org/what/index.html>
- Bailey, J. (2008). First steps in qualitative data analysis: Transcribing. *Family Practice Advance, 25*, 127-131. doi:10.1093/fampra/cmn003
- Baldwin, D. M. (2003). Disparities in health care: Focusing efforts to eliminate unequal burdens. Retrieved from

<http://www.nursingworld.org/mods/mod560/disparities.pdf>

- Basit, T. (2003). Manual or electronic? The role of coding in qualitative data analysis. *Educational Research, 45*(2), 143-154.
- Berry, J. W. (2005). Acculturation: Living successfully in two cultures. *International Journal of Intercultural Relations, 29*, 697-712. doi:10.1016/j.ijintrel.2005.07.013
- Betancourt, J. R., Green, A. R., Carrillo, J. E., & Ananeh-Firempong, O. (2003). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports, 118*, 293-302.
- Boyd, C. O. (2001). Philosophical foundations of qualitative research. In P. L. Munhall (Ed.), *Nursing research: A qualitative perspective* (3rd ed., pp. 65-89). Boston, MA: National League for Nursing.
- Bradley, E. H., Curry, L. A., & Devers, K. J. (2007). Qualitative data analysis for health services research: Developing taxonomy, themes, and theory. *Health Services Research, 42*, 1758-1772. doi:10.1111/j.1475-6773.2006.00684.x
- Bronfenbrenner, U. (1994). Ecological model of human development. In *International Encyclopedia of Education*, Vol. 3 (2nd ed.). Oxford, UK: Elsevier. Reprinted in M. Gauvin & M. Cole (Eds.), (1993), *Reading on the development of children* (2nd ed., pp. 37-43), New York: NY: Freeman. Retrieved from <http://www.psy.cmu.edu/~sieglar/35bronfenbrenner94.pdf>
- Bungum, T. (2011, Fall). Class notes, *Epidemiology and Public Health, HED 725*, Las Vegas, NV: University of Nevada, Las Vegas (UNLV).
- Burkhardt, M. A. (1989). Spirituality: An analysis of the concept. *Holistic Nursing Practice, 3*(3), 69-77.
- Byler, C. G. (February, 2013). Hispanic/Latino fatal occupational injury rates. *Monthly Labor Review, 14*-23.
- Cammarota, J. (2004). The gendered and racialized pathways of Latina and Latino youth: Different struggles, different resistances in the urban context. *Anthropology & Education Quarterly, 35*(1), 53-74. doi: 10.1525/aeq.2004.35.1.53
- Camposino, M., & Schwartz, G. E. (2006). Spirituality among Latinas/os implications of culture in conceptualization and measurement. *Advances in Nursing Science, 29*(1), 69-81.
- Canino, I. A., (2005). Culturally competent mental health care with new Hispanic immigrants. In M. J. Gonzalez & G. Gonzalez-Ramos (Eds.), *Mental health care for new Hispanic immigrants: Innovative approaches in contemporary clinical practice*. Binghamton, NY: The Haworth Social Work Practice Press.

- Caplan, S. (2007). Latinos, acculturation, and acculturative stress: A dimensional concept analysis. *Policy, Politics, & Nursing Practice*, 8, 93-106. doi: 10.1177/1527154407301751
- Cardemil, E.V., Adams, S.T., Calista, J.L., Connell, J., Encarnacion, J., Esparza, N.K., . . . Wang, E. (2007). *Administration, Policy, Mental Health & Mental Health Services Research*, 34, 331-341.
- Castro, A.B., Voss, J.G., Ruppin, A., Dominguez, C.F., & Seixas, N.S. (2010). Stressors among Latino day laborers a pilot study studying allostatic load. *AAOHNJ*, 58(5), 185-196. doi: 10.3928/08910162-20100428-01.
- Catanzaro, A. M., & McMullen, K. A. (2001). Increasing nursing students' spiritual sensitivity. *Nurse Educator*, 26, 221-226.
- Centers for Disease Control and Prevention (CDC). (2012). *Health of Hispanic or Latino population. Summary of health statistics for the U.S. population; national health interview survey, 2011. Appendix III, Table V*. Retrieved from http://www.cdc.gov/nchs/data/series/sr_10/sr10_255.pdf
- Centers for Disease Control and Prevention (CDC). (2013a). *Hispanics or Latino Populations*. Retrieved from <http://www.cdc.gov/minorityhealth/populations/REMP/hispanic.html>
- Centers for Disease Control and Prevention (CDC). (2013b). *The Social-Ecological Model: A framework for prevention*. Retrieved from <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>
- Centers for Disease Control and Prevention (CDC). (2013c). *Building our understanding: Culture insights communicating with Hispanics/Latinos*. Retrieved from http://www.cdc.gov/healthycommunitiesprogram/tools/pdf/hispanic_latinos_insight.pdf
- Centers for Disease Control and Prevention (CDC) Foundation. (2013). *What is public health?* Retrieved from <http://www.cdcfoundation.org/content/what-public-health>
- Cerbone, D.E. (2006). *Understanding Phenomenology*. Durham, UK, Ashford Colour Press.
- Chapa, J., & De La Rosa, B. (2004). Latino population growth and demographic characteristics, and implications for educational attainment. *Education and Urban Society*, 36, 130-149. doi: 10.1177/0013124503261320
- Chapa, T. (2004). Mental health services in primary care settings for racial and ethnic minority populations. *Issue Brief. U.S. Department of Health and Human*

Services, Office of Minority Health. Retrieved from http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/Mental_Health_Services_in_Primary_Care_Settings_for_Racial2004.pdf

- Chino, M. (2010, Summer). *Class notes: Social Epidemiology, EOH 705*. Las Vegas, Nevada: University of Nevada, Las Vegas (UNLV).
- Clyne, M. (1991). (Ed). R.W. Thompson. *Spanish as pluricentric language in Plurocentric languages: Differing norms in different nations*. Mouton de Gruyter, a Division of Walter de Gruyter & Co., Berlin.
- Comeau, J. A. (2012). Race/Ethnicity and family contact: Toward a behavioral measure of familialism. *Hispanic Journal of Behavioral Sciences*, 34, 251- 268. doi: 10.1177/0739986311435899
- Creswell, J. W. (2002). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Upper Saddle River, NJ: Pearson Merrill Prentice Hall.
- Creswell, J. W. (2005). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (2nd ed.). Upper Saddle River, NJ: Pearson Merrill Prentice Hall.
- Creswell, J. W. (2012). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage Publications.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: SAGE Publications.
- Daniel, M. (2010). Strategies for targeting health care disparities among Hispanics. *Family Community Health*, 33, 329-342. doi: 10.1097/FCH.0b013e3181f3b292
- Dekeseredy, W. S., Ellis, D., & Alvi, S. (2005). *Deviance and crime: Theory, research, and policy* (3rd ed.). Matthew Bender & Company/LexisNexis.
- Delaney, C. (2005). The spirituality scale: Development, refinement and psychometric testing of an instrument to assess the human spiritual dimension. *Journal of Holistic Nursing*, 23(2), pp. 145-167. doi: 10.1177/0898010105276180
- Dewey, J. (1987). *Human nature and conduct: 1922*. In J. A. Boydston (Ed.), Carbondale, IL: Southern Illinois University Press.
- Dichoso, S. (2010). Stigma haunts mentally ill Latinos. *Health.Com*. Retrieved from <http://www.cnn.com/2010/HEALTH/11/15/latinos.health.stigma/index.html>
- Dolan, T. M. (2013). *Letter to the House of Representatives*. Retrieved from

<http://www.usccb.org/issues-and-action/human-life-and-dignity/immigration/upload/immigration-letter-to-house-dolan-2013-11-07.pdf>

- Dovidio, J. F., Gluszek, A., John, M-S., Ditlmann, R., & Lagunes, P. (2010). Understanding bias toward Latinos: Discrimination, dimensions of difference, and experience of exclusion. *Journal of Social Issues*, 66(1), 59-78. doi: 10.1111/j.1540-4560.2009.01633.x
- Dowling, M. (2005). From Husserl to van Mannen: A review of different phenomenological approaches. *International Journal of Nursing Studies*, 44(2007), 131-142. doi: 10.1016/j.ijnurstu.2005.11.026
- Duke, M.R., Bourdeau, B., Hovey, J.D., 2010. Day laborers and occupational stress: Testing the migrant stress inventory with a Latino day laborer population. *Cultural Diversity and Ethnic Minority Psychology*, 16(2), 116-122. doi: 10.1037/a0018665
- Dunn, M. G., & O'Brien, K. M. (2009). Psychological health and meaning of life: Stress, social support, and religious coping in Latina/o immigrants. *Hispanic Journal of Behavioral Sciences*, 31, 204-227. doi: 10.1177/0739986309334799
- Edelman, C. L., & Mandle, C. L. (2010). *Health promotion throughout the life span* (7th ed.). St. Louis, MO: Mosby Elsevier.
- Ehrlich, S.F., Organista, K.C., & Oman, D. (2007). Migrant Latino day laborer and intentions to test for HIV. *AIDS and Behavior*, 11(5), 743-752, doi: 10.1007/s10461-006-9182-7
- Ellison, C. G., Echevarria, S., & Smith, B. (2005). Religion and abortion attitudes among U.S. Hispanics: Findings from the 1990 Latino national political survey. *Social Science Quarterly*, 86(1), 192-208. doi:10.1111/j.0038-4941.2005.00298.
- Ely, M. (1991). *Doing qualitative research: Circles within circles*. Philadelphia, PA: Falmer Press.
- Federal Bureau of Investigation (FBI). (2011). *Hate crime statistics*. Retrieved from <http://www.fbi.gov/about-us/cjis/ucr/hate-crime/2010/narratives/hate-crime-2010-incidents-and-offenses>
- Feldman, M. S., Bell, J., & Berger, M. T. (2003). *Gaining access: A practical and theoretical guide for qualitative researchers*. Walnut Creek, CA: Alta Mira.
- Gabe, T. (2013). Poverty in the United States: 2012. *Congressional Research Service*. Retrieved from <http://www.fas.org/sgp/crs/misc/RL33069.pdf>
- Galvan, F. H., Ortiz, D. J., Martinez, V., & Bing, E. G. (2008). Sexual solicitation of

- Latino male day laborers by other men. *Salud Publica de Mexico*, 50(6), 439-446.
doi:10.1590/S0036-36342008000600004
- Gardner, J. (2005). Barriers influencing the success of racial and ethnic minority students in nursing programs. *Journal of Transcultural Nursing*, 16, 155-162.
doi:10.1177/1043659604273546
- Gerald, L. (2012). Social determinants of health. *North Carolina Medical Journal*, 73(5), 353-357.
- Given, M. L. (Ed.). (2008). *The SAGE encyclopedia of qualitative research methods*. London, UK: SAGE Publications.
- Glesne, C. (2006). *Becoming qualitative researchers: An introduction* (3rd ed.). Boston, MA: Pearson Education.
- Godines, V. (2002, July 29). Fatal fall illustrates risks taken by desperate immigrants. *The Orange County Register at State & Regional News*. Retrieved from <http://www.highbeam.com/doc/1G1-89847260.html>
- Greer, P. (2006, September 15). Church aids Hispanic day laborers. *National Catholic Reporter*, 42(40).
- Guyll, M., Madon, S., Prieto, L., & Scherr, K. C. (2010). The potential roles of self-fulfilling prophecies, stigma consciousness, and stereotype threat in linking Latino/a ethnicity and educational outcomes. *Journal of Social Issues*, 66(1), 113-130. doi:10.1111/j.1540-4560.2009.01636.x
- Hesse-Biber, S. N., & Leavy, P. (2006). *The practice of qualitative research*. Thousand Oaks, CA: Sage Publications.
- Hickson, M. (2008). *Research handbook for health care professionals*. West Sussex, UK: Blackwell Publishing.
- Holloway, I., & Wheeler, S. (2002). *Qualitative research in nursing* (2nd ed.). Malden, MA: Blackwell Science.
- Holloway, I. (1997). *Basic concepts for qualitative research*. Malden, MA: Blackwell Science.
- Howard, J. (2010, April). *National Action Summit for Latino Worker Health and Safety*, Retrieved from https://www.osha.gov/latinosummit/speech_drhowardcumbre_04-14-10.html
- Immigration Policy Center (2013). *New Americans in Washington*. Retrieved from <http://www.immigrationpolicy.org/just-facts/new-americans-washington>

- Jankowiak, W. (2008, August). *Class notes. Anthropology 622*. Las Vegas, NV: University of Las Vegas, NV (UNLV).
- Johnson, B., & Christensen, L. (2008). *Educational research: Quantitative, qualitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Johnson, J. H., Farrell, W., & Guinn, C. (1997). Immigration reform and the browning of America: Tensions, conflicts, and community instability in metropolitan Los Angeles. *International Migration Review*, 31(4), 1055-1095.
- Kettles, G. (2009). *Day labor markets and public space*. Retrieved from http://works.bepress.com/gregg_kettles/1
- Lauterbach, S. S. (2007). Meanings of mother's experience with infant death: Three phenomenological inquires: In another world; five years later, and what forever means. In P. L. Munhall (Ed.), *Nursing research: A qualitative perspective* (4th ed., pp. 211-238). Sudbury, MA: Jones and Bartlett.
- Leclere, O.A. & Lopez, R.A. (2012). The *Jornalero*: Perceptions of health care resources of immigrant day laborers. *Journal of Immigrant Minority Health*, 14, 691-697. doi: 10.1007/s10903-011-9516-z
- Legard, R., Keegan, J., & Ward, K. (2003). In-depth interviews. In J. Richie & J. Lewis (Eds.), *Qualitative research practice: A guide for social science students and researchers* (pp. 139-169). Thousand Oaks, CA: Sage Publications.
- Levy, B. S., & Sidel, V. W. (2005). *Social injustice and public health*. New York, NY: Oxford University Press.
- Levy, B. S., Wegman, D. H., Baron, S. L., & Sokas, R. K. (2011). *Occupational and environmental health: Recognizing and preventing disease and injury* (6th ed.). New York, NY: Oxford University Press.
- Lichtman, M. (2010). *Qualitative research in education: A user's guide* (2nd ed.). Thousand Oaks, CA: Sage Publications Ltd.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Livingston, G., Minushkin, S., & Cohn, D. (2008). *Hispanics and health care in the United States: Access, information and knowledge*. A joint Pew Hispanic Center and Robert Wood Johnson Foundation Research Report. Washington, DC.
- Lope-Blanch, J. M. (2002). La norma lingüística hispánica. *Anuario de Letras: Revista del Centro de Linguística Hispanica*. Vol 40. Retrieved from Universidad

Nacional Autonoma de Mexico.
<http://revistas.unam.mx/index.php/ral/article/view/42674>.

- Lopez, A. G., & Carrillo, E. (Eds.) (2001). *The Latino psychiatric patient: Assessment and treatment*. Washington, DC: American Psychiatric Publishing.
- Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British Journal of Psychology*, 91, 1-20.
- Maiterud, K. (2001). Qualitative research: Standards, challenges, and guidelines. *Lancet*, 358, 483-488.
- Malinowski, B. (1922). Argonauts of the Western Pacific: An account of native enterprise and adventure in the archipelagoes of Melanesian New Guinea. *Studies in Economics and Political Science*, 65. London: Routledge and Kegan Paul. Reprinted 1984 by Waveland Press. Retrieved from <http://varenne.tc.columbia.edu/bib/info/malnwbns61argowest.html>
- Malpica, D.M. (2002). Making a living in the streets of Los Angeles: An ethnographic study of day laborers. *Migraciones Internacionales*, 1(3), 124-148.
- Marshall, C., & Rossman, G. B. (2006). *Designing qualitative research*. Thousand Oaks, CA: Sage Publications.
- McCance, T., & McIlpatrick, S. (2008). Phenomenology. In R. Watson, H. McKenna, S. Cowman, & J. Keady (Eds.). *Nursing research: Design and methods* (pp. 231-241). Philadelphia, PA: Churchill Livingstone Elsevier.
- McLeroy, K. R., Bibeau, D., Steckler, A. & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education & Behavior*, 15(4), 351-377. doi: 10.1177/109019818801500401
- Merriam-Webster Dictionary (2014). *Acculturation*. Retrieved from <http://www.merriam-webster.com/dictionary/acculturation>
- Merriam-Webster Dictionary (2014). *Botanicas*. Retrieved from <http://www.merriam-webster.com/dictionary/botanica>
- Merriam-Webster Dictionary (2014). *Decenter*. <http://www.merriam-webster.com/dictionary/decenter>
- Michel, Lorena (2008). *Psychological stressors and coping mechanisms of undocumented Mexican day laborers* (Doctoral Dissertation). Retrieved from ProQuest.

- Morse, J. M., & Field, P. A. (2002). *Nursing research: The application of qualitative approach* (2nd ed.). Cheltenham, UK: Nelson Thomas.
- Moustakas, C. E. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publishers.
- Munhall, P. L. (1994). *Revisioning phenomenology: Nursing and health science research*. New York, NY: National League for Nursing,
- Munhall, P. L. (2007). A phenomenological method. In P. L. Munhall (Ed.), *Nursing research: A qualitative perspective* (4th ed., pp. 145-210). Sudbury, MA: Jones and Bartlett Publishers.
- Nandi, A., Galea, S., Lopez, G., Nandi, V., Strongarone, S., & Ompad, D.C. (2011). *Access to and use of health services among undocumented Mexican immigrants in a US urban area*. American Journal of Public Health, 98(11), 2011-2020. doi:10.2105/AJPH.2006.096222)
- National Alliance for Mental Illness (NAMI). (2013). *Latino community mental health fact sheet*. Retrieved from http://www.nami.org/Content/NavigationMenu/Find_Support/Multicultural_Support/Annual_Minority_Mental_Healthcare_Symposia/Latino_MH06.pdf
- National Council de la Raza. (2011). *2010 U.S. Census: Hispanics in the United States*. Retrieved from http://www.nclr.org/index.php/issues_and_programs/census/
- Negi, N.J. (2011). Identifying psychological stressors of well-being and factors related to substance use among Latino day laborers. *Journal of Immigrant and Minority Health, 13*(4), 748-755. doi: 10.1007/s10903-010-9413-x
- Negi, N.J. (2013). Battling discrimination and social isolation: Psychological distress among Latino day laborers. *American Journal of Community Psychology, 51*, 14-174. doi: 10.1007/s10464-012-9548-0
- Nevada Annual Reports of Accountability (NARA). (2007). *Performance and accountability report*. Retrieved from <http://www.archives.gov/about/plans-reports/performance-accountability/>
- Nevada Annual Reports of Accountability (NARA). (2013). *Performance and accountability report*. Retrieved from <http://www.nevadareportcard.com/>
- Nissen, B., Angee, A., Weinstein, M. (2008). *Immigrant construction workers and health and safety: The South Florida experience*. Labor Studies Journal, 33,48-62. doi: 10.1177/0160449X07312075
- Occupational Safety & Health Administration (OSHA). (2013). *OSHA law and regulations*. Retrieved from <https://www.osha.gov/law-reg.html>.

- Office of Disease Prevention and Health Promotion. (2009). *Healthy People 2010*. Retrieved from Department of Health and Human Services Web site: <http://www.healthypeople.gov/document/>
- Ojeda, L. & Piña-Watson, B. (2013). Day laborers' life satisfaction: The role of familismo, spirituality, work, health, and discrimination. *Cultural Diversity and Ethnic Minority Psychology*, 19(3), 270-278. doi: 10.1037/a0032961
- Ojeda, L., & Piña-Watson, B. (2014, February 10). Caballerismo may protect against the role of machismo on Mexican day laborers' self-Esteem. *Psychology of Men & Masculinity*. American Psychological Association, advance online publication. <http://dx.doi.org/10.1037/a0033450>
- Organista, K.C. & Kubo, A. (2005). Pilot survey of HIV risk and contextual problems and issues in Mexican/Latino migrant day laborers. *Journal of Immigrant Health*, 7, 269–281. doi: 10.1007/s10903-005-5124-0
- Organista, K.C. (2007). Towards a structural-environmental model of risk for HIV and problem drinking in Latino labor migrants: The case of day laborers. *Journal of Ethnic and Cultural Diversity in Social Work*, 16(1/2), 95-125. doi: 10.1300/J051v16n01_04
- Orrenius, P. M. & Zavodny, M. (2009). Do immigrants work in riskier jobs? *Demography*, 46(3), 535-551.
- Ochsner, M., Marshall, E.G., Martino, C., Casillas-Pabelon, M., Kimmel, L., & Rostran, D. (2012). Beyond the classroom: A case study of immigrant safety liaisons in residential construction. *New Solutions*, 22(3), 365-386.
- Owen, K., & Watson, N. (1995). Unemployment and mental health. *Journal of Psychiatric and Mental Health Nursing*, 2, 63-71.
- Oxford Dictionary (2013). *Acculturate*. Retrieved from http://oxforddictionaries.com/us/definition/american_english/acculturate
- Parker, R. (1994). Example of description of perspectives: the phenomenological approach. In P.L. Munhall (Ed.), *Revising phenomenology* (pp. 281-296). New York, NY: National League for Nursing Press.
- Passel, J. S., & Cohn, D. (2011). *Unauthorized immigrant population: National and state trends, 2010*. Washington, DC: Pew Hispanic Center.
- Passel, J.S., & Cohn, D. (2009). *A portrait of unauthorized immigrants in the United States*. Washington, DC: Pew Hispanic Center.

- Passel, J. S., Cohn, D., & Gonzalez-Barrera, A. (2013). *Population decline of unauthorized immigrants stalls, may have reversed*. Washington, DC: Pew Hispanic Center.
- Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Perez, M. C., & Fortuna, L. (2005). Chapter 6: Psychological stressors, psychiatric diagnosis and utilization of mental health services among undocumented immigrant Latinos. *Journal of Immigrant & Refugee Services*, 3(1-2), 107-123. doi 10.1300/J191v03n01_06
- Perez-Stable, E. L., & Napoles-Springer, A. M. (2001). Physical health status of Latinos in the United States. In A.G. Lopez, & E. Carrillo (Eds.). *The Latino psychiatric patient: Assessment and treatment* (pp.). Washington, DC: American Psychiatric Publishing.
- Pew Research Center (2011). *How many Hispanics? Comparing census counts and census estimates*. Retrieved from <http://pewhispanic.org/files/reports/139.pdf>
- Pew Research Center (2013). *A nation of immigrants*. Retrieved from <http://www.pewhispanic.org/2013/01/29/a-nation-of-immigrants/>
- Phinney, J. S. (1991). Ethnic identity and self-esteem: A review and integration. *Hispanic Journal of Behavioral Sciences*, 13, 193-208. doi 10.1177/07399863910132005
- Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice* (8th ed.). Philadelphia, PA: Lippincott, Williams, & Wilkins.
- Pope, C., Ziebland, S., & Mays, N. (2000). Analysing qualitative data. *BMJ*, 320(7227), 114-116.
- Provitera-McGlynn, M. (2001). Hispanic girls most likely to drop out . . . and stay out: Mixed messages and discrepant expectations faulted. *The Hispanic Outlook in Higher Education*, 12, 30-32.
- Quesada, J. (1999). From Central American warrior to San Francisco Latino day laborers: Suffering and exhaustion in a transnational context. *Transforming Anthropology*, 8(1-2), 162-185. doi: 10.1525/tran.1999.8.1-2.162
- Quesada, J. (2011). No soy welferero: Undocumented Latino immigration in the crosshairs of legitimation maneuvers. *Medical Anthropology*. 30(4), 386-408. doi: 10.1080/01459740.2011.576904
- Quesada, J., Hart, L.K., & Bourgois, P. (2011). Structural vulnerability and health: Latino

- migrant laborers in the United States. *Medical Anthropology*, 30(4), 339-362. doi: 10.1080/01459740.2011.576725
- Ray, M. (1992). Phenomenological method for nursing research. In H. Chaska (Ed.). *The nursing profession: Turning points*. Orlando, FL: Grune & Stratton.
- Richards, L. (Ed.). (2005). *Handling qualitative data: A practical guide*. London, UK: Sage Publications.
- Roberts, C. (1997). The politics of transcription. *Transcribing Talk: Issues of representation. Teachers of English to Speakers of other Languages (TESOL) Quarterly*, 31, 167-171.
- Rodriguez, O. (2002). *How Latinos approach healthcare issues*. Retrieved from <http://www.hispanicresearch.com/articles/healthcare.pdf>
- Rogler, L. H., Malgady, R. G., & Rodriguez, O. (1989). *Hispanics and mental health: A framework for research*. Malabar, FL: Robert E. Krieger.
- Saks, N. P. (2006). Hispanics in nursing: cultural & professional crisis. *The Hispanic Outlook in Higher Education*, 16(17), 37-38.
- Saldana, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Salgado, H., Castaneda, S.F., Talavera, G.A., & Lindsay, S.P. (2012). The Role of social support and acculturative stress in health-related quality of life among day laborers in Northern San Diego. *Journal of Immigrant Minority Health*, 14, 379-385. doi: 10.1007/s10903-011-9568-0
- Sapolsky, R.M. (2004). *Why zebras don't get ulcers: The acclaimed guide to stress-related disease and coping* (3rd ed). New York, NY: An Owl Book.
- Seixas, N. S., Blecker, H., Camp, J., & Neitzel, R. (2008). Occupational health and safety experience of day laborers in Seattle, WA. *American Journal of Industrial Medicine*, 51, 399-406.
- Shank, G. D. (2002). *Qualitative research: A personal skills approach*. Upper Saddle River, NJ: Merrill Prentice Hall.
- Smart, J. F., & Smart, D. W. (1995). Acculturative stress of Hispanics: Loss and challenge. *Journal of Counseling & Development*, 73(4), 22-28. doi: 10.1002/j.1556-6676.1995.tb01770.x
- Sobralse, M. (2006). Machismo sustains health and illness beliefs in Mexican American men. *Journal of the American Academy of Nurse Practitioners*, 18, 348-350.

- Southern Nevada Health District, Medical Reserve Corps Volunteer. (2014). *Emergency preparedness: Medical reserve corps*. Retrieved from <http://www.southernnevadahealthdistrict.org/php/medical.php>
- Spradley, J., (1980). *Participant observation*. New York, NY: Holt, Reinhart, & Winton.
- Stein, R. L., & Stein, P. L. (2008). *The anthropology of religion, magic, and witchcraft* (2nd ed.). Boston, MA: Pearson Education.
- Stokols, D., (1996). Translating social ecological theory into guidelines for community health promotion. *American Journal of Health Promotion*, 10(4), 282-298.
- Sullivan, L. W. (2004). *Missing persons: Minorities in the health professions, a report of the Sullivan commission on diversity in the healthcare workforce*. Retrieved from <http://health-equity.pitt.edu/40/>
- Sullivan, M. & Rehm, R. (2005). *Mental health of undocumented Mexican immigrants: A review of literature*. *Advances in Nursing Science*, 28(3), 240-251.
- Tate, D. (2003). Cultural awareness: Bridging the gap between caregivers and Hispanic patients. *The Journal of Continuing Education*, 34, 213-217.
- Telfair, J., & Shelton, T. L. (2012). Educational attainment as a social determinant of health. *North Carolina Medical Journal*, 73(5) 358-365.
- The White House, Office of the Press Secretary. (2013, January 29). *Fact sheet: Fixing our broken immigration system so that everyone plays by the rules*. Retrieved from <http://www.whitehouse.gov/the-press-office/2013/01/29/fact-sheet-fixing-our-broken-immigration-system-so-everyone-plays-rules>
- Theodore, N., Valenzuela, A., & Melendez, E. (2006). Las esquina (the corner): Day laborers on the margins of New York's formal economy. *WorkingUSA: The Journal of Labor and Society*, 9, 407-423.
- Thorne, S. (2000). Data analysis in qualitative research. *Evidence Based Nursing*, 3, 68-70. doi:10.1136/ebn.3.3.68
- Torres, L., Driscoll, M.W., & Voell, M. (2012). Discrimination, acculturation, acculturative stress, and Latino psychological distress: A moderated mediational model. *Cultural Diversity and Ethnic Minority Psychology*, 18(1), 17-25. doi: 10.1037/a0026710
- Touro University Nevada. (2014). *Caring without walls*. Retrieved from <http://tun.touro.edu/community/community-involvement/caring-without-walls/>

- Trujillo, M. (2008). Multicultural aspects of mental health. *Primary Psychiatry*, 15(4), 65-84.
- University of Nevada, Las Vegas (UNLV). (2014). *The Thomas and Mack Legal Clinic; William S. Boyd School of Law*. Retrieved from <http://www.law.unlv.edu/clinical-program.html>
- U.S. Census Bureau (2008). *An older and more diverse nation by midcentury*. Retrieved from <http://www.census.gov/newsroom/releases/archives/population/cb08-123.html>
- U.S. Census Bureau (2010). *State & county quick facts, 2009*. <http://quickfacts.census.gov/qfd/states/00000.html>
- U.S. Census Bureau (2011a). *Overview of race and Hispanic origin: 2010*. Retrieved from <http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>
- U.S. Census Bureau (2011b). *The 2011 Statistical abstract*. Retrieved from <http://www.census.gov/prod/2011pubs/11statab/pop.pdf>
- U.S. Census Bureau. (2012). *The 2012 statistical abstract. elections: Elected public officials*. Retrieved from <http://www.census.gov/compendia/statab/overview.html>
- U.S. Census Bureau. (2013a). *Hispanic origin*. Retrieved from http://quickfacts.census.gov/qfd/meta/long_RHI725211.htm
- U.S. Census Bureau. (2013b). *How do we know? America's foreign born in the United States*. Retrieved from <http://www.census.gov/how/pdf//Foreign-Born--50-Years-Growth.pdf>
- U.S. Census Bureau. (2013c). *Profile America: Facts for Features. Hispanic Heritage Month 2012, Sept. 15 – Oct. 15*. Retrieved from http://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb12-ff19.html
- U.S. Census Bureau. (2013d). *State & county quick facts*. Retrieved from <http://quickfacts.census.gov/qfd/states/32000.html>
- U.S. Department of Health & Human Services [DHHS], U.S. Public Health Services [US PHS]. (1999). *Mental health: A report of the Surgeon General*. Retrieved from <http://profiles.nlm.nih.gov/ps/access/NNBBHS.pdf>
- U.S. Department of Health and Human Services [US DHHS]. (2001). *Mental health: Culture, race, and ethnicity. A supplement to Mental Health: A report of the Surgeon General*. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK44243/pdf/TOC.pdf>

- U.S. Department and Health and Human Services [US DHHS], Nevada Division of Public and Behavioral Health. (2014). *Mental Health*. Retrieved from Department and Health and Human Services, Nevada Division of Public and Behavioral Health (2014).
- U.S. Department of Health and Human Services [US DHHS], Office of Minority Health [OMH]. (2013). *Mental Health Hispanics*. Retrieved from <http://minorityhealth.hhs.gov/templates/content.aspx?ID=6477>
- Valenzuela, A. (1999). *Day laborers in Southern California: Preliminary findings from the Day Labor Survey*. Working Paper No 99-04. Center for the study of Urban Poverty institute for Social Sciences Research, University of California, Los Angeles. Retrieved from <http://www.sscnet.ucla.edu/issr/csup/pubs/papers/pdf/csup1.pdf>
- Valenzuela, A. (2000). *Working on the margins: Immigrant day labor characteristics and prospects for employment*. Working Paper No. 22. University of California, Los Angeles (UCLA), The Center for Comparative Immigration Studies. Retrieved from <http://escholarship.org/uc/item/3f77c4n8#page-1>
- Valenzuela, A. (2001). Labourers as entrepreneurs? *Journal of Ethnic and Migration Studies*, 27, 335-352.
- Valenzuela, A., Theodore, N., Melendez, E., & Gonzalez, A. L. (2006). *On the corner: Day labor in the United States*. Retrieved from http://www.sscnet.ucla.edu/issr/csup/uploaded_files/Natl_DayLabor-On_the_Corner1.pdf
- Van Manen, M. (1990). *Researching lived experiences: Human science for an action sensitive pedagogy*. Albany, NY: The State University of New York.
- Vega, W.A, Kolody, B., Aguilar-Gaxiola, S., & Catalano R. Gaps in service utilization by Mexican Americans with mental health problems. *American Journal of Psychiatry*, 156(6), 928-934, 1999.
- Villarruel, A. M., Canales, M., & Torres, S. (2001). Bridges and barriers: Educational mobility of Hispanic nurses. *Journal of Nursing Education*, 40, 245-251.
- Walter, N., Bourgois, P., & Loinaz, M. (2004). Masculinity and undocumented labor migration: Injured Latino day laborers in San Francisco. *Social Science and Medicine*, 59(6), 1159-1168.
- Walter, N., Bourgois, P., Loinaz, M., & Schillinger, D. (2002). Social context of work injury among undocumented day laborers in San Francisco. *Journal of General Internal Medicine*, 17(3), 221-228.

- Watson, J. (1991). *Nursing: The philosophy and science of caring*. Boulder, CO: University Press of Colorado.
- Watson, J. (2005). *Caring science as sacred science*. Philadelphia, PA: F. A . Davis Company.
- Whitehead, T. L. (2005). Basic classical ethnographic research methods: Secondary data analysis, fieldwork, observation/participant observation, and informal and semi-structured interviewing. *CEHC Cultural Ecology of Health and Change*. Retrieved from <http://www.cusag.umd.edu/documents/WorkingPapers/ClassicalEthnoMethods.pdf>
- Williams, D. R., Neighbors, H. W., & Jackson, J. S. (2003). Racial/ethnic bias and health. *American Journal of Public Health, 93*(2), 200-208.
- Winch, P. (2012). *Ecological models and multilevel interventions: Health behavior change at the individual, household, and community levels*. Johns Hopkins Bloomberg School of Public Health. Retrieved from http://ocw.jhsph.edu/courses/healthbehaviorchange/PDFs/C14_2011.pdf
- Wolf, Z. R. (2003). Exploring the audit trail for qualitative investigations. *Nurse Educator, 28*, 175-78.
- World Health Organization (WHO). (2012, November). *Social determinants of health: Report by the Secretariat*. Retrieved from http://www.who.int/social_determinants/B_132_14-en.pdf
- World Health Organization (WHO). (2013). *Commission on social determinants of health 2013*. http://www.who.int/features/factfiles/sdh/01_en.html
- World Health Organization (WHO). (2013a). *Mental health: A state of well-being*. Retrieved from http://www.who.int/features/factfiles/mental_health/en/index.html
- World Health Organization (WHO). (2013b). *What are social determinants of health?* Retrieved from http://www.who.int/social_determinants/sdh_definition/en/
- Zuelhlke, E. (2009). *Immigrants work riskier and more dangerous jobs in the United States*. *Population Reference Bureau*. Retrieved from <http://www.prb.org/Publications/Articles/2009/usimmigrantsriskyjobs.aspx>

VITA

Graduate College
University of Nevada, Las Vegas

Siboney Zelaya

Degrees:

Bachelor of Science in Nursing, 1999
College of New Rochelle, New York

Master of Science in Nursing, 2007
University of Nevada, Las Vegas, Nevada

Gerontology Academic Certificate, 2008
University of Nevada, Las Vegas, Nevada

Master of Public Health, 2013
University of Nevada, Las Vegas, Nevada

Special Honors and Awards:

Summa cum laude (GPA: 4.0), 1999
Leadership Award in Nursing, 1999
International Honor Society of Nursing: Sigma Theta Tau, 2007
Honors Phi-Kappa-Phi, 2008

Publications: The Need for Hispanic Nurses in Nevada:

An Underrepresented Ethnic Group in the Nursing Workforce
Zelaya, S., Alpert, P., Xu, Y., and McDonough, A. (2011)
Home Health Care Management Practice, 23, 329

Dissertation Title: A Qualitative study of the perceived health care needs of
undocumented Latino day laborers living in Las Vegas, Nevada

Dissertation Examination Committee:

Chairperson, Michelle Chino, PhD
Committee Member, Timothy Bungum, Dr.PH
Committee Member, Carolee Dodge-Francis, EdD
Graduate Faculty Representative, Connie Mobley, PhD