

Using the social ecological model to identify challenges facing Latino immigrants

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Abstract

Background: New Latino immigrant populations face challenges and barriers when arriving in new immigrant destinations.

Objective: To better understand the challenges faced by Latino immigrants in a new immigrant destination by using the Social Ecological Model.

Design: This study solicited the perceptions of key informants and Latino immigrant participants through qualitative data collection methods to understand how to address and decrease barriers to healthcare services and community resources.

Sample: Researchers conducted semi-structured interviews with two groups of respondents: 13 key informants and 30 Latino immigrants.

Measurements: Data were analyzed using thematic analysis and categorized based on the Social Ecological Model.

Results: Themes identified at the individual and interpersonal levels of the Social Ecological Model include fear of deportation and stress. Themes at the community level include cultural differences, discrimination, and a lack of exposure of the majority community to Latino immigrants. At the system level, researchers identified language barriers, the cost of healthcare, and housing. At the policy level, researchers identified legal status and occupational exploitation as challenges for this community.

Conclusion: Understanding the challenges faced by Latino immigrants requires multi-level interventions to address barriers that prevent new immigrants from accessing community resources.

KEYWORDS

health disparities, Latino, public health, qualitative, social ecological model

1 | INTRODUCTION

The Latino immigrant population in the United States has steadily increased, and the growth in this population has more than doubled since the 1990s (Lichter & Johnson, 2020). In rural areas, including

states like Montana, Latino immigrants have contributed to the growth of the overall population (Mathema et al., 2018). Although Montana, and the intermountain west as a whole, are historically composed of immigrants, areas that have not drawn new immigrant populations within the last 100 years are termed new immigrant destinations,

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defined as a place where the immigrant population is below 5% but growing rapidly (Tolbert, 2006). According to the Montana Department of Commerce, in Gallatin County in southwest Montana, the Latino population grew from 2499 to 4491 residents from 2010 to 2018. This represents a growth rate of 179% (Pohl, 2017). As of the 2020 Census, Latinos made up 4% of the state's population, although this number is estimated to be higher in select communities such as Gallatin County where there is high demand for workers (U. S. Census Bureau, 2023).

Gallatin County, in southwest Montana, has a total population of 122,713 individuals which makes it the second most populous county in Montana (U. S. Census Bureau, 2023). The county is in a valley surrounded by mountain ranges and is close to the popular ski resort, Big Sky. The economic development in Big Sky, including rapid growth in high-end construction of resort homes, has fueled a high demand for construction workers, which are often filled by immigrant populations. The demand for construction labor results in disproportionately more unaccompanied men arriving in the area to fill these jobs, although many men immigrate to the community with their entire family (Schmatzbauer, 2020; Van Hook & Glick, 2020). In southwest Montana, the largest growing group of immigrants are Latino immigrants migrating from Central and South America (Lichter & Johnson, 2020). The recent influx of immigrants to Gallatin County makes it a new immigrant destination.

New immigrant destinations, especially in rural settings, lack the social and community networks that can offer Latino immigrants necessary social and structural support, and therefore a sense of community and belonging (Flippen & Farrell-Bryan, 2021; Negi et al., 2018). Culturally and linguistically appropriate services are often unavailable due to a delay in the infrastructure to respond to a growing population and changing community needs (Lichter & Johnson, 2020; Negi et al., 2018). In rural and geographically isolated settings, the lack of community support can feel especially acute. Within these new immigrant destination communities, immigrants report fear of deportation, discrimination, and anti-immigrant policies (Negi et al., 2018). Communities that are unaccustomed to Latino immigrants often provide a reception that is not welcoming, and is even exclusionary, racist, and othering (Ulmer & Parker, 2020). Social isolation and a lack of a social support systems frequently lead to negative health outcomes and challenges in accessing health and social services among this population (Keller & Alishio-Caballero, 2021). Furthermore, very little research has been conducted in the United States about new immigrant destination in the intermountain west.

This study seeks to examine and understand the barriers and challenges Latino immigrants face when entering a new immigrant destination in southwest Montana by using the Social Ecological Model (SEM). To our knowledge, this study fills a gap in the current understanding of the multiple influences on health experienced by immigrants in this new immigrant destination. Additionally, we strive to understand both the perspectives of immigrants themselves and those working with immigrants. Persons working on the front-lines of the agencies where immigrants access services have a unique perspective about the barriers and challenges that new immigrants face (Negi et al., 2018). By

using the SEM model to identify and organize barriers in the growing Latino community, researchers and community partners can most effectively create and implement programs that welcome and provide needed services to the new community. This study conducted a series of face-to-face semi-structured interviews with social service providers (termed key informants) and immigrants to determine what challenges Latino immigrants are facing in new immigrant destinations in southwest Montana.

2 | METHODS

2.1 | Conceptual framework

The Social Ecological Model (SEM), advanced by the World Health Organization, is a broad framework for understanding the various influences on an individual's health and wellbeing including individual beliefs, interpersonal relationships, community policies, and environmental structures. The model is organized into four components that acknowledge the unique influences on health, although elements of the model, especially those related to social determinants of health, overlap and intersect. The model also directs health professionals toward lasting health promotion efforts (Rural Health Information Hub, 2023).

At the center of the model is the individual level that focuses on factors that influence an individual's health and behavior. This includes personal beliefs, individual attitudes, and distinctive attributes. The next level is the community level which includes relationships between individuals and how individuals interact with their families, friends, and social networks. The third level is the systems level includes healthcare delivery systems and general infrastructure that either supports or inhibits health-promoting behaviors. This level includes schools, workplaces, and neighborhoods. Finally, the outermost layer is the policy level, which contains the local, state, and federal rules, policies, and laws that regulate and guide access to and availability of services. Policy factors also include legal rights and protections (Rural Health Information Hub, 2023).

The SEM is a way to conceptualize health and wellbeing variables that are layered upon one another and constantly interact to determine a community's health outcomes. Moreover, it allows public health officials and healthcare personnel insight into the variables that influence health and provides context for creating interventions aimed at potential behavior change (McLeroy et al., 1988).

2.2 | Participants and setting

Researchers identified two sample groups of respondents for this study: key informants and immigrant respondents. A purposive sample of key informants included social service providers, healthcare workers, education staff members, city commissioners, and non-profit leaders who work directly with Latino immigrant populations. Key informants were approached via email or phone invitation by the principal investigator. Following each interview, participants were asked to

TABLE 1 Sample interview questions.

Social ecological model level	Immigrant respondents	Key informant respondents
Individual	<ul style="list-style-type: none"> • Why did you decide to move to Montana? • What do you like about living here? What are some of your biggest challenges? 	<ul style="list-style-type: none"> • How would you classify the immigrant population? • What kind of factors help a person find what they need in the Gallatin Valley?
Community	<ul style="list-style-type: none"> • Can you describe any instances of discrimination you've felt? • What have you experienced as you settle in this new place? 	<ul style="list-style-type: none"> • How do you think the community in general receives immigrants? • What kind of interactions have you witnessed between the dominant culture and the immigrant culture?
System	<ul style="list-style-type: none"> • What kind of services do you need to make your life easier here? • What are the barriers you encounter when you go to the hospital? • Describe your living situation, please. 	<ul style="list-style-type: none"> • Where are immigrants attempting to access services? • What barriers do you see immigrants face as they seek health care?
Policy	<ul style="list-style-type: none"> • What issues have you encountered related to accessing services? 	<ul style="list-style-type: none"> • How do you see the laws of the state impacting immigrants?

suggest names and referrals to other potential research participants who were then invited to participate in the study.

Latino immigrant respondents were identified to participate in the research study via convenience sampling methods. The research team enlisted the assistance of two well-known Latino leaders who are a part of the community. These two leaders approached potential respondents at their places of employment, at their homes, and at their places of worship. Each participant was compensated for their time and received a \$100 gift card for participation. The amount of the gift card was based on a calculation of hourly earnings in construction—allowing 2 h for each interview—and to compensate respondents for the risk they undertook to share their experiences with our team. Following each interview, participants were asked to suggest names and referrals to identify other potential research participants.

2.3 | Procedures

The research team created two semi-structured interview guides based on a review of the current literature and via informal discussions with local community experts. The interview guide facilitated the collection of qualitative data to elicit in-depth experiences of research participants and their perceptions of challenges faced by the immigrant community. The interview guide was compiled, and questions were organized according to the four levels of the SEM (See Table 1.) Interviewers were trained in qualitative data collection methods and the ethical conduct of research. Interviews with the key informants were conducted in English and lasted approximately 1–1.5 h. Interviews were conducted in locations convenient to research participants, including coffee shops or places of employment. Interviews were audio-recorded and transcribed verbatim using NVivo software.

Interviews with Latino immigrant respondents were conducted in Spanish by non-native Spanish speakers in a public location such as a park or other outdoor venue. These were audio-recorded using NVivo software, transcribed in Spanish, and translated by bilingual

members of the research team. Following each interview, the interviewers debriefed to identify and discuss potential assumptions and bias. Debriefing also allowed for identification of areas requiring more exploration, and the interview guide and participant list was adjusted accordingly. A review of each transcript was completed after each interview to determine when data saturation had been reached for each interview group, independently.

All study procedures and interview guides were reviewed and approved by the Institutional Review Board at Montana State University in spring 2022. Consent documents were reviewed with all participants in their language of choice (English or Spanish) and participants provided written consent prior to interviews.

2.4 | Data analysis

A team of one Principal Investigator (PI) and four research assistants analyzed the data. Using thematic analysis, the five members of the analysis team independently coded a random sample of the transcripts to identify initial research themes. The team met and devised a final codebook with themes, sub-themes, and definitions. Themes were categorized based on the SEM levels. All members of the analysis team independently read and coded all interviews, categorizing quotations based on themes and sub-themes in the codebook using NVivo Qualitative Analysis software (QSR International). Finally, a sixth research assistant read through all interviews and all codes identified by the original research team and identified descriptive quotations as illustrations. Consensus of the research team that included the PI and five research assistants was achieved to identify themes and sub-themes presented in this manuscript.

Trustworthiness of the data was achieved through the team-based approach to creating the interview guide and analyzing the qualitative data. The research team performed continual assessment of research bias and assumptions throughout the study duration, including identification of cultural differences, expectations for findings, and reactions

to participant responses. The team also performed member checking with a subset of each sample group by sharing initial analyses and findings for validation. Finally, the multi-staged approach to data analysis and identification of themes ensured that all themes were representative of the data collected.

3 | RESULTS

The research team conducted in-depth interviews with 13 key informants and 30 Latino immigrants (see Table 2 for participant characteristics for key informants and see Table 3 for participant characteristics for immigrants). Results were sorted into the four levels of the SEM (see Figure 1).

3.1 | Individual level factors

Challenges identified by both key informants and Latino immigrants identified at this level of the SEM include fear of deportation, and stress/mental health challenges. While these factors relate to other levels of the model, they have the biggest impact on the immigrants themselves, so we decided to include them at the individual level.

3.1.1 | Fear

Researchers classified fear as an individual level factor because it falls within the scope of beliefs that drive behaviors. Both groups interviewed noted that immigrants experienced high levels of fear due to documentation status. Both research groups said the fear of deporta-

TABLE 2 Key informant participant characteristics.

Key informant participant characteristics			
Measure	Item	Count	Percentage (%)
Gender	Male	4	30.8%
	Female	9	69.2%
Occupation	Academia	1	7.7%
	Educator	3	23.1%
	Healthcare	5	38.4%
	Religious leader	1	7.7%
	Social service provider	3	23.1%

TABLE 3 Immigrant participant characteristics.

Immigrant participant characteristics			
Measure	Item	Count	Percentage (%)
Gender	Male	19	63.3%
	Female	11	36.7%

tion was one of the biggest concerns among new immigrant destination populations. A key informant reported:

If you know that you may have some irregularities in your immigration status at that moment, you're scared to death. [You think], 'They're going to come and take me away and leave my children here.' Yeah, just to live a life fear, causes physical problems, causes mental problems, causes family problems. (KI 13)

Immigrant research participants reported that they worried about their employment status due to a fear of not being legally authorized to work in the United States:

Because if...if immigration finds out that we are working, they take everything away from us and we have to look for false papers to be able to work. And these are things that...that's why we are afraid. That if they find out...well...we would be deported. I think immediately. (IR 1)

3.1.2 | Stress

The fear experienced by Latino immigrants often led to increased stress, and many expressed worries about being deported and losing everything they had worked for to come to southwest Montana. The internalization of this stress caused a few Latino immigrant respondents' physical symptoms of stress including headaches and insomnia. While most Latino immigrant research participants discussed stress as a temporary or unusual state of being, one considered stress a normal part of life in the United States:

I mean, I feel even the United States, you're always stressed, like life here goes like, yeah, like go, go, go work, work, work, you need money, money. So, I mean, I don't know if you can ever relax here. (IG 26)

The daily stress was also noted by key informants, particularly in cases where they worked with immigrants attempting to create a new life for themselves in new immigrant destinations:

[And they struggle] with being away from their families, away from their countries, away from their cultures, struggling financially. It's just a lot to take. And it seems like they manage well enough. But when they're struggling emotionally, they just don't have any options at all. (KI 2)

3.2 | Community level factors

Variables at the community level of the SEM revolved around interactions Latino immigrants have with the majority culture and include

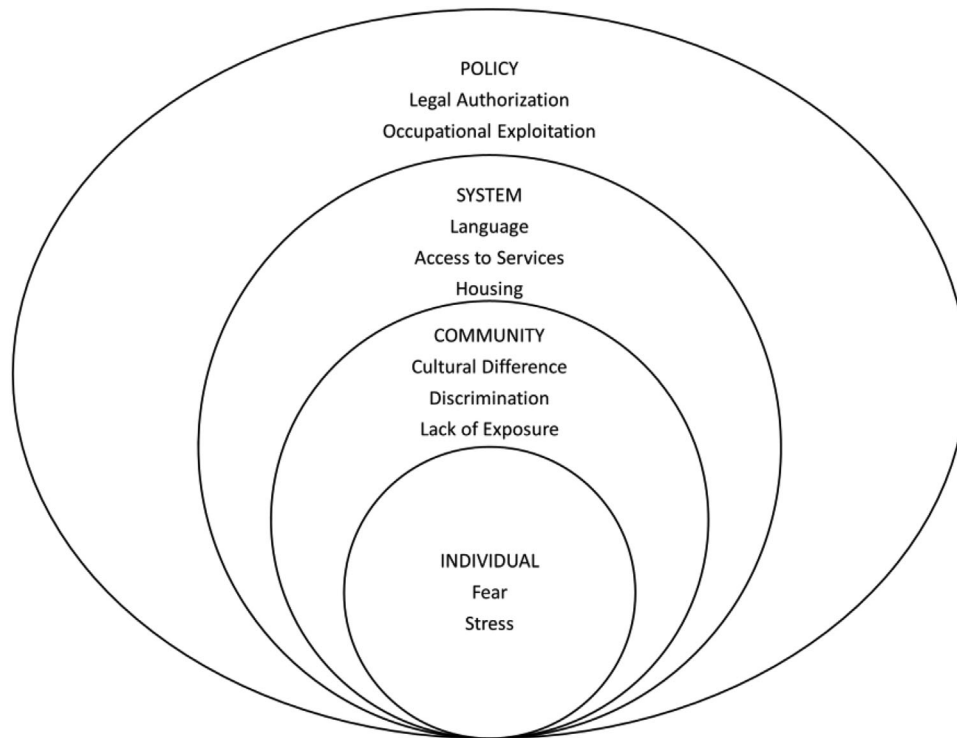


FIGURE 1 Social ecological model levels and themes.

factors that influence these interactions: cultural differences, discrimination, and lack of exposure to Latino culture. Latino immigrants disclosed that they experience culture shock when attempting to navigate the differences between the culture of their country of origin and the county of their new immigrant destination. Themes identified from both participant groups include cultural differences and racial and ethnic discrimination. Researchers identified the theme of a “lack of exposure to other cultures” on the part of Montanans based on data collected from the key informant interviews. Although the research team determined that discrimination can be categorized in multiple levels of the SEM, the team felt it was best placed in the community category to capture general tolerance and community norms. Challenges faced by immigrants in our findings rested primarily in the community response to the “other.”

3.2.1 | Cultural differences

Both groups interviewed mentioned the differences between the Latino immigrant culture and the dominant, white culture. Several key informants reported that Latino immigrants were not interested in integrating into U.S. culture and that they lived as a “hidden population”, in part due to fear:

They're pretty insular. They don't want to make waves. They don't want to be identified. (KI 5)

As service providers, key informants approached this as a problem they could help fix. Key informants saw their role as assisting immigrants to learn the cultural norms of the United States:

[T]here's a lot of cultural mismatches we're trying to work on – how to safely discipline your child because a lot of the mothers are beating them with cords on their feet, because they say that's culturally what you do, and you can't do that here. (KI 11)

In contrast, immigrant respondents presented an opposing view from the key informants and felt it was their responsibility to learn the new culture and adapt to it. One participant said:

The truth, I want to settle in this country and for that I feel that I need to learn from you, from your culture. I need to learn English to become more integrated. And if I want to stay here, then I have to learn everything very well here. (IG 10)

One respondent appreciated the differences between their home country and their new country:

I feel that the culture of the Americans... They are very strict in their laws, in their rules. And I think that has surprised me, more like admiration. An admiration that I hope someday my country will have a little bit of this discipline. (IG 23)

3.2.2 | Discrimination

While the theme of discrimination was identified during interviews from both research groups, it was noted much more frequently within transcripts from key informants than when compared to the transcripts from the Latino immigrant participants. Most immigrants reported that they did not experience discrimination, and they felt welcomed in southwest Montana. However, a few Latino immigrant respondents told stories of discrimination from people they met during business transactions. For example, one Latino immigrant spoke about an experience at a car mechanic:

[The attendant] seemed Hispanic to me. And I tell you the mistake I made was to say to him, 'Excuse me, do you speak Spanish?' And that kind of offended him and he started to insult me and . . . I don't want to tell you the words because they are unthinkable. I said 'Well excuse me, I didn't know. It was just a question.' And he denied me the service, and he told me 'No more, go away.' (IG 11)

These accounts of discrimination were not common from Latino immigrant respondents, and most denied experiencing any negative treatment from southwest Montanans. Stories of interpersonal discrimination were more common from key informant interviews. One key informant reported:

When I hear stories from our patients, it's mostly when they're out and about; when they go to the grocery store, when they go to Costco - that's when they get, people telling them, 'What are you doing here?' or just, just mean things. (KI 2)

Some key informants noted more subtle, microaggressions toward the new Latino immigrant population including:

I do see that a lot where kids' names, still get changed or not pronounced correctly. The teacher might not be intending to be doing anything discriminatory or wrong, but it's just sending that constant, subtle message, like 'All of you is not welcome here. I'll make you change your name slightly and make you conform to how I pronounce your name instead of me learning how to pronounce your name.' (KI 10)

3.2.3 | Lack of exposure to other cultures

In a predominantly white state, the lack of exposure to immigrant Latino culture has manifested in a separation between the dominant, white culture and the new, Latino immigrant culture. As one key informant noted:

With Montana specifically I think our problem is that we have this massive, homogenous, monolingual white cul-

ture that's for the most part, Republican, and they have preconceived notions. They have no contact. And so the two cultures are just intrinsically separated and segregated. (KI 12)

Key informant respondents compared populations in southwest Montana to other states with a history of exposure to multiculturalism or to those states with an established Latino immigrant population. Respondents drew comparisons by highlighting the differences between southwest Montana and states like California or Texas and noted the challenges Latino immigrants face from continuously being perceived as the "other":

[I]n states like Texas and California, it's already bilingual, but Montana is totally English speaking, totally white. So first of all, you stick out like a sore thumb, and you can't communicate. So that's a huge barrier to any kind of public service. (KI 1)

Researchers did not identify this lack of exposure to other cultures theme in the interview responses from the Latino participants.

3.3 | System level factors

System level factors include the community infrastructure designed to support and promote a healthy lifestyle. Many of the key informants noted that because southwest Montana is a new immigrant destination, the current infrastructure is not built to support different cultures and different languages. The language barrier manifests in limited or non-existent interpretation options and is a system level factor that affects an immigrant's ability to access services. The lack of infrastructure has created barriers to accessing needed services for new Latino immigrants. Both research participant groups indicated that it was challenging for immigrants to access services due to the high cost of care. Another barrier identified at the system level factor was the lack of housing in the community.

3.3.1 | Language

Most Latino immigrants in southwest Montana do not speak English, creating language barriers when this population attempts to access services within the dominant, white culture. Latino immigrant research participants told investigators that language barriers also prevented communication in work settings among co-workers. Immigrant research participants reported that it was difficult to learn new skills or to advocate for themselves to their employers. One research participant said:

And another of my challenges is speaking English because it is sometimes difficult for me to communicate with people at work, when I'm there almost everyone speaks English. (Immigrant Respondent [IR] 15)

Key informants informed researchers that language barriers were one of the biggest challenges immigrants faced. Immigrants themselves reported struggling with the language as well. There was a consensus from both interview groups that the language barrier was exacerbated by the lack of interpretive services in the community. The language barrier prevented access to basic social services, including services like school and healthcare. For example, one key informant identified the challenges related to school enrollment:

How do you register for school? If we look at the website, maybe there's Google Translate right? We look at the website, but then you have to fill out the form. You go to the office, maybe you have the [courage] to go to the office. You show up at the office and it's just, the woman has no idea how to deal with you. There's no form available in Spanish. "And so how do you register for school?" (Key Informant [KI] 12)

Another key informant respondent explained these issues persisted in the healthcare setting:

The health care system doesn't have in-person translations available, so you have access to health care which is, you know, arguably an issue for the majority of our community and then a more acute experience if you don't speak English, or you don't prefer to speak English. And the health care system is equipped only to speak to you in English. (KI 3)

3.3.2 | High cost of care

Both key the informant and the Latino immigrant research groups reported challenges related to accessing services such as healthcare, dentistry, and other services, like the Food Bank or the bank. Key informant respondents noted that healthcare was difficult to access because of the cost and the lack of insurance among new Latino immigrant community members. Immigrants reported delaying medical and dental care because they could not afford it. One immigrant respondent told researchers:

Medical attention [is a challenge] because we don't have health insurance to buy medicine. We can't buy medicine because they ask us for insurance and we [cannot afford it]. Yes, there are many benefits that we don't have because we don't have insurance. (IG 6)

A key informant said:

Some families I think have been dismayed different that when they described their income with two or three earners working 6 days a week in the household. They do not qualify for any of the sliding scale services or at

least from much of a sliding scale and I think they end up with bills that seem quite substantial. (KI 1)

3.3.3 | Housing

Both research participant groups remarked on the lack of housing options and the difficulty obtaining housing in southwest Montana. Because of the lack of affordable housing, we classified this as a system level. Key informants noted that high housing prices and a limited supply of housing options was preventing many Latino immigrants from accessing housing. Key informants reported that immigrant families lived with other families to save money on rent. Latino immigrant respondents did not mention the prices of rent, but they attributed their challenges to a lack of documentation:

When I was looking for a rental, it was...it was mostly the required documents, which is the social security for the background, it's called? . . . But the good thing - and thank God that there are places where, they charge you a higher rent, but they say that you don't have [documentation], but your rent is going to be higher because we don't have a guarantee that you are not going to pay me. (IG 12)

3.4 | Policy level factors

Policy level factors identified include issues directly related to legal status to live and work in the U.S., which notably bleed into all other levels of the model. This factor also includes an individual's rights and protections under the law. Themes identified within this category of the SEM included legal status and occupational exploitation.

3.4.1 | Legal status

Key informants and Latino immigrants spoke openly about legal challenges facing populations who arrive at new immigrant destinations, which is notably one of the themes that influences nearly all other levels of the SEM. While some Latino immigrants were in the asylum process, court requirements vary drastically between states and was a reported challenge. The unavailability of immigration lawyers in Montana was identified as an unmet need. An additional challenge in this category was the reported difficulty obtaining a driver's license. The state of Montana does not provide driver's licenses without legal documentation, which results in many immigrants driving without licenses:

"It seems to be pretty much impossible to get a driver's license. And people are still buying, and registering vehicles, but I think that there's always the risk that if they get stuck for something minor like you know like a taillight that or you



know not signaling a turn, that they might then get ticketed or jailed for not having a driver's license." (KI 6)

Latino immigrant respondents said they were worried about the consequences of not having a driver's license:

[My Honduran driver's license] doesn't go around like for an ID, but that policeman can arrest me for not having a license, he can do it to me. (IG 29)

3.4.2 | Occupational exploitation

Respondents told researchers that a lack of legal documentation leaves Latino immigrants vulnerable to occupational exploitation. Many immigrants are employed in construction or the service industry. These jobs are relatively easy to obtain, but the lack of legal authorization or a formal contract puts the worker at risk if the employer attempts to take advantage. There were multiple stories of workers not being paid or not receiving wages equal to the wages of other workers. One Latino immigrant respondent said:

Well, look, there's no problem finding work. What there are is people taking advantage. They tell you. 'Look, I'm going to pay you so much,' and in the end, you come a week later to receive your money and you never hear from the person again. They leave. Well, I say it's a very delicate situation because they shouldn't be like that, because people work out of necessity, and people who don't have documents and go through the process of not being paid is very hard. (IG 11)

Researchers also heard stories from both groups of respondents about occupational accidents that resulted in worker injuries. Workers were dropped off at the emergency room and then left to pay the costs of medical care. Many participants reported that worker's compensation was not available. For example:

[A friend] was working in construction, and he had an accident in a house. He fell from the second floor and broke his knee, and [the employer] told him that he had no right to anything because he had no documents, that he had nothing, and that he shouldn't even think about doing anything. (IG 16)

4 | DISCUSSION

This research presents themes identified through semi-structured interviews with key informants and Latino immigrants in southwest Montana using the SEM as a conceptual framework. Recognizing that acculturation into a new country, place, and culture is a multi-faceted process, the SEM provides a way to conceptualize the barriers that contribute to challenges for immigrants who arrive in new immigrant

destinations. Moreover, programs and interventions aimed at addressing all levels of the SEM have the potential for greater success than those focusing on a single level (Bednarczyk et al., 2018). By combining responses from Latino immigrants and those who seek to provide services to this population, this research presents an inclusive picture of challenges faced in new immigrant destinations and determines the challenges and barriers new Latino immigrants face persist across levels of the SEM.

Many of the factors identified as challenges are a consequence of the lack of a developed infrastructure designed to meet the needs of new Latino immigrant destination populations (Lichter & Johnson, 2020). Settlers in a new immigrant destination often have higher numbers of undocumented individuals when compared to settlers who migrate to established immigrant enclaves (Lanesskog, 2018). In our study, the experiences of fear and stress identified by the immigrant respondents illustrate the psychological consequences of settling in a less-established region. While we found these themes in many of the SEM levels, respondents identified the challenges related to the policy-level factors around legal authorization to live and work in the U.S. which prevented Latino immigrants from obtaining legal authorization to drive, find adequate housing, or to acquire health insurance. In Utah, a new immigrant destination in the intermountain West, undocumented women who obtained driving privileges through a special policy had similar rates of prenatal care as their documented immigrant counterparts (Korinek & Smith, 2011). This suggests that expanding opportunities for inclusion by changing policies could improve health outcomes. On the other hand, influxes of immigrants to formerly new immigrant destinations, especially in the South, led to exclusionary policies in the mid-200s, which negatively impacts immigrant social and economic mobility currently (Marrow, 2019). Therefore, attention to the community-level factors of lack of previous exposure and discrimination are equally important.

On a system level, researchers identified challenges related to accessing services including medical and dental care. Lack of insurance is well-linked to poor health outcomes, many of which disproportionately affect immigrants (Gong et al., 2019; Vargas Bustamante et al., 2014). When combined with other identified barriers including language, fear of deportation, and the complicated U.S. healthcare system, health disparities are exasperated (Khullar & Chokshi, 2019; Nathenson et al., 2016). States with inclusive policies related to immigrants have higher levels of insured Latinos (Young et al., 2017). In the state of Montana, undocumented Latino immigrants are unable to obtain health insurance.

Language barriers were another system level factor that influence the ability to access services. Immigrant respondents told us that their limited English-speaking abilities created barriers to communication, acculturation, and accessing needed services. Language influences access to health care services, communication with medical providers, proper diagnosis and treatment, and treatment adherence (Diamond et al., 2019; Fernandez et al., 2011; González et al., 2010; Schenker et al., 2010; Villalobos et al., 2016). In new immigrant communities, especially in rural settings, language acquisition is particularly difficult due to a lack of resources, limited trained personnel who can teach

language skills, and limits on time and available classes (Albarracin et al., 2019; Gibney & Henry, 2020). The language barrier creates a perception that the service provider must go above-and-beyond, especially when attempting to assist with referrals to another agency that likely does not offer services in Spanish (Lanesskog et al., 2015).

The general lack of exposure to diverse cultures was identified as a community-level factor and may be part of the reason immigrants felt discrimination. Some researchers report that exposure to immigrants and other cultures improves relations and receptivity to the immigrant community (Bursztyn et al., 2021), while others suggest that exposure perpetuates pre-existing stereotypes of immigrants (Becchetti & Acar, 2021; Levi et al., 2018). In areas where the tourism economy is booming, perceptions of Latino immigrants from the dominant culture may be positive (McAreavey & Argent, 2018). Indeed, most immigrant respondents said they experienced less discrimination in southwest Montana when compared to other places in the U.S. where they had lived.

Although many key informants expressed empathy and a desire to aid the growing Latino population in southwest Montana, many social service providers may not be trained in Latino cultural competencies. This might explain the difference in perspectives of discrimination between the key informants and the Latino community members. For example, key informants saw the immigrant community as insular while the Latino members spoke with pride about working hard to be a part of the larger, English-speaking culture. The research team was surprised by the difference between the key informants and the immigrants about discrimination. The difference in perceptions of discrimination between the two interview groups was noteworthy and requires further study and evaluation.

The main limitation to this study was the recruitment of respondents. Investigators attempted to interview a variety of service providers to gain a full understanding of their perceptions. However, there are relatively few persons who interact with new immigrant communities in southwest Montana. Researchers used convenience sampling and snowball sampling to help identify a larger, more representative group of respondents. Both convenience sampling and snowball sampling have limitations in the interpretation of our findings. Furthermore, asking immigrants themselves to assist in study recruitment may have resulted in a biased sample as researchers relied on the social connections of a few Latino community leaders to advertise the study. Qualitative data analysis is never without bias, and while the research team attempted to identify, acknowledge, and address these biases as a team, the findings are subject to personal beliefs, experiences, and biases of the research team. Furthermore, although the research team consisted of members who spoke Spanish and received cultural competency training, none of the research team members was a member of the Latino community. This could have influenced the development of the study and the interview guide.

This research provides a novel approach to identifying challenges facing Latino immigrants in a new immigrant destination in southwest Montana by using the SEM framework. Findings from this study can be used for quality improvement in the delivery of healthcare and community resources to Latino immigrants, especially in places

like the intermountain west, which is seeing an explosive growth in this population. It is essential that all community resources are provided in Spanish. Providing resources in both English and Spanish will improve access to healthcare and overall health outcomes. Additionally, if resources are translated into Spanish, including messaging and signage, discrimination may decrease as community exposure to a new culture increase.

Attention to laws, policies, and regulations that seek to decriminalize immigration, especially in the acquisition of driver's licenses and health insurance, may improve public safety and personal health for immigrants who arrive in a new immigrant destination. Concerns identified by this study will only increase as the new Latino immigrant population grows in southwest Montana if steps are not taken to make communities more inclusive and welcoming. It is crucial for researchers, policy makers, and local leaders to pay attention to inclusionary policies and practices that will set the stage for the successful integration of the new immigrant culture and improve community health and public health for all.

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CONFLICT OF INTEREST STATEMENT

The authors declare that they have no conflicts of interest to report.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author (Danika Comey) upon reasonable request.

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