Author’s response to reviews

Title: Immigrant Health Access in Texas: Policy, Rhetoric, and Fear in the Trump Era

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Dear Dr. Reeves and Reviewers at BMC Health Services Research,

Thank you for the opportunity to revise our manuscript titled “Immigrant Health Access in Texas: Policy, Rhetoric, and Fear in the Trump Era” (BHSR-D-18-02044) for BMC Health Services Research.

We appreciate your time and believe that your thoughtful suggestions have greatly improved the quality of our manuscript. In what follows, we discuss the comments and suggestions raised by each reviewer and summarize how we have updated our manuscript to respond to each point.

First, in response to Reviewer 1’s (hereafter R1) request for additional methodological clarification, we have added additional methodological detail throughout our manuscript. For example, we now provide the dates when our focus groups were held throughout Texas. We note in our methods section that focus groups were held from October 21, 2017-March 24, 2018. Thus, our first focus group did not occur until well after President Trump took office. Importantly, we did not identify any changes in trends over time and for that reason have not discussed trends in attitudes in our manuscript. In addition, we now also provide more detail about sample characteristics. Specifically, we note that our sample was 90.9% female, closely matching the state rate of 88% female CHWs. That said, we did not ask our participants formal questions about their age or years of experience because these questions were not included in our IRB. As many CHWs in Texas (particularly those in border regions) are of mixed immigration status themselves, we were advised early on to limit our collection of personal information. That said, informally we can say that CHW ages ranged from early 20s-senior citizens and included considerable variation in levels of experience from CHWs who were recently certified to CHWs with decades of
experience.

We also agreed with R1 that providing our focus group question guide would be a valuable addition to our manuscript and have added it as an appendix. As you can see from the question guide, our primary emphasis with the focus groups was Hispanic health access in Texas broadly, not just the influence of President Trump. That said, given the consistency with which our participants brought up the role of President Trump, we felt compelled to write this paper. We plan to use other responses to these focus group questions to study other critical topics to Hispanic health access.

Next, we worked to address R1 questions about the results section. In response to her request for the location of the participants whose quotes were used, we have provided that information. In regards to R1’s question about notable differences between CHWs operating in large cities vs. rural areas, the primary difference we found was in the roles of CHWs working in urban areas vs. more rural areas. CHWs working in urban areas tended to have clearly defined jobs working in hospitals and health clinics. CHWs in rural areas served in a wider variety of roles. While some rural CHWs did work in hospitals or clinics, others worked directly in the community, some worked on grant projects, and some merely volunteered. That said, we have elected to not include this information in our manuscript because it would take away from our primary focus and we do not feel that we have enough truly rural focus groups to draw firm conclusions. We are currently working with the Federal Office of Rural Health Policy on a follow-up study that will explore CHW roles and responsibilities in urban and rural areas nationwide.

To address R1’s confusion about a potential typo in one of our quotes, we went back to the original audio files, and now present a slightly edited quote that highlights the respondent’s intention more clearly. Notably, we provide additional context in the paragraph that follows.

R1 was also smart to point out the key distinction between direct reports from immigrants and the perceptions of CHWs. We have worked to adjust our language throughout the manuscript, particularly in the results and discussion sections to stay closer to what the findings from our study can really say. We also really appreciated her thoughtful comment about immigrants who do not intersect with CHWs. Our discussion section now notes this as a limitation while rightly highlighting that as dire as our findings may be, they still could underestimate the realities of many.

In response to the request for objective data to support the SNAP claims of our CHWs (which both R1 and Reviewer 2 requested), we now include the suggested research by Bovell-Amonn et al. (2018) as well as additional research by other organizations. Overall, these findings support the accounts of our CHWs and serve to emphasize the potential validity of using CHWs as a way to understand changes in health access for this vulnerable group. Finally, in response to the request to add more public health interventions to our discussion section, we have done just that. We note that given the growing fear in the immigrant community, future efforts need to emphasize building trust – particularly with the health system – and that CHWs could be uniquely positioned to serve in this capacity with appropriate training given the role that they already serve as bridge figures.

In addition to addressing the comments of R1, we also worked to address the thoughtful comments of Reviewer 2 (hereafter R2). We have made considerable effort to provide more context throughout. We should note however that our primary focus is changes in health access for Hispanic immigrants and their families already in Texas as opposed to migration more broadly so we used that framework when addressing R2’s comments. Our first major change to the manuscript was to rightly acknowledge the ethical issue of not studying immigrants themselves, further contributing to the silencing of a vulnerable and marginalized group by academia. We now note this as a key limitation of our research
while simultaneously discussing in greater detail why this choice was deemed necessary in this study.

Next, in response to R2’s request for additional development of the ethics section at the end of the manuscript, we have expanded on the ethics protocol we followed in our research. There we note that ethics approval was only required at the institutional level because the grant that funded this research was a grant provided internally by the same body (Texas A&M University) that approved the research. We also expand on data management and protection as requested by R2.

We also carefully considered the confusion that R2 felt as she confronted our manuscript’s discussion of policy changes on the one hand and overall rhetoric on the other. Our intention was to convey the impact of both President Trump’s rhetoric on the need for immigration policy change and his administration’s proposed policy changes in this area as opposed to actual policy change. Given R2’s insightful point, we have clarified this distinction throughout the paper, particularly early on.

In response to R2’s request for clarification about whether our paper studies undocumented patients or long-term residents settled in Texas, we have worked to clarify the populations studied in this paper, being more consistent in our use of terminology. We note that our conversations with CHWs emphasized Hispanic immigrants in Texas as opposed to migration more broadly. Within our discussion, CHWs discussed immigration broadly – including documented and undocumented immigrants who have been in Texas for varied periods of time as well as their family members – regardless of immigration status.

Given the international focus of BMC Health Services Research, R2 was also right to point out the need for additional discussion of why our Texas research emphasized Latino/Hispanic immigrants as opposed to immigration more broadly. We now note in our paper that 69% of immigrants in Texas arrive from Latin America, justifying our focus on the Hispanic population. We also note the long-term stability of this trend. That said, we recognize the importance of the broader literature on migration and policies that restrict health access globally. While a detailed discussion of this topic is beyond the scope of the paper, we now note the need to situate our findings in a more global discussion of immigration and barriers to health access. Relatedly, R2 also correctly notes the need for additional detail about how immigrants access health services in the US. We now provide detailed information from the existing literature on how documented and undocumented immigrants access health services in the complex tapestry that is the US healthcare system.

Next, we worked to provide additional detail about several topics noted by R2. For example, we now provide additional detail about why US customs and border patrol boats were used in Hurricane Harvey water rescues. In addition, we now provide more context about CHW roles in our introductory paragraph about CHWs. We also altered our language to refrain from using colloquialisms like ‘joining the dots’ and as such have re-titled our second major theme “Social Networks Connect Patterns that May Not Exist.” Finally, R2 identifies potential confusion about whether CHWs are talking about personal observations or rumors. We now note this as a limitation of our research while noting that relying on focus groups makes it difficult to differentiate if CHW statements are based on first-hand experiences, stories they have heard from other health workers, or just rumors. We then note the need for additional quantitative and qualitative research to support claims identified here.

Lastly, R2 notes that at times it is unclear how representative our comments are because only a few quotes are shared. As such, we have provided additional quotes throughout our updated draft to demonstrate the robustness of our findings. That said, true representativeness is beyond the scope of our project given the qualitative methodology employed. We thus, now discuss in the conclusion the
need for further quantitative and qualitative research on the subject within Texas and beyond.

Once again, we want to sincerely thank Dr. Reeves and Reviewers 1 and 2 for your time and valuable suggestions. Your feedback has helped us to substantially improve the quality of our manuscript. We look forward to hearing from you soon.