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Marginalization, discrimination and the health of Latino immigrant day laborers in a central North Carolina community

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Abstract

The morbidity and mortality of Latino immigrants in the United States (US) stem from a complex mix of policy, culture, discrimination, and economics. Immigrants working as day labourers may be particularly vulnerable to the negative influences of these social factors due to limited access to social, financial, and legal resources. We aimed to understand how the health of male Latino day labourers in North Carolina, US is influenced by their experiences interacting with their community and perceptions of their social environment. To respond to our research questions, we conducted three focus groups (n=9, n =10, n=10) and a photovoice project (n=5) with Latino male immigrants between October 2013 and March 2014. We conducted a thematic analysis of transcripts from the discussions in the focus groups and the group of Photovoice participants. We found that men's health and well-being were primarily shaped by their experiences and feelings of discrimination and marginalization. We identified three main links between discrimination/ marginalization and poor health: (1) dangerous work resulted in workplace injuries or illnesses, (2) unsteady employment caused stress, anxiety and insufficient funds for health care, and (3) exclusionary policies and treatment resulted in limited healthcare accessibility. Health promotion with Latino immigrant men in new settlement areas could benefit from community-building activities, addressing discrimination, augmenting the reach of formal health care, and building upon the informal mechanisms that immigrants rely on to meet their health needs. Reforms to immigration and labour policies are also essential to addressing these structural barriers to health for these men.

Keywords

migration; immigrant; discrimination; marginalization; day laborer

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Introduction

Unauthorized immigrants in the United States (US) are individuals not allowed to remain and/or to work in the country (Passel 2005). It is estimated that there are around 12 million unauthorized immigrants living in the US, 75% from Latin American countries (Passel 2012, 2014). The latter are overrepresented among day labourers given the restrictions to finding stable jobs. Day labourers are individuals who do not have fixed employment in the formal sector and seek employment informally on a day-to-day basis (Valenzuela 2003). According to The National Day Labor Study there are nearly 120,000 workers who look for day-labour jobs every day in the US; they are predominantly men (98%), immigrant and from Latin American origin (91%) and unauthorized (75%) (Valenzuela *et al.* 2006).

The US federal government has attempted to control the number of unauthorized migrants with very aggressive measures for their detention and removal. Immigration law enforcement programs - such as the Secure Communities Program, the Priority Enforcement Program, and Section 287(g) of the US Immigration and Nationality Act - have established formal agreements of collaboration between the US Immigration and Customs Enforcement (ICE) agency and the local police departments, (ICE 2015). These programs primarily train local police officers and grant them authorization to detain unauthorized immigrants (ICE 2015). Alongside these federal programs, some state governments and even local governments have passed laws and local ordinances against unauthorized immigrants (Walker & Leitner 2013).

In North Carolina (NC) – a state in the south-eastern US and the focus of this paper – there are nearly one million Latinos, from which an estimated 42% lack any form of authorized migration status (Gill 2012). State and local level restrictions in NC compound this federal immigration status through measures such as local collaboration with the aforementioned federal programs, restricting driver's licenses for those who are unauthorized, and most recently, the passage of the law HB318 that prohibits county and city governments from refusing to collaborate with federal programs, and from issuing local forms of identification (Gill *et al.* 2009, Weissman *et al.* 2009, Gill 2010, N.C. State Legislature 2015). This policy environment in NC has resulted in racial profiling, detention and deportation of immigrants, unsafe work environments, family separation, depression, fear, and social marginalization (Nguyen & Gill 2010, Gill 2010, Hacker *et al.* 2012). These state and federal policies relegate unauthorized Latino populations to an underclass status without clear protections for their civil, labour, and human rights (Quesada 2011).

Latino day labourers may be particularly vulnerable to the negative influences of these policies and social factors (Quesada 1999, Duke *et al.* 2010, Negi 2013). In the US, these workers are mainly employed by homeowners/renters or by construction contractors and their primary work activities include construction, gardening, landscaping, painting, roofing and drywall installation (Valenzuela *et al.* 2006, Buchanan *et al.* 2008). Despite the fact that day labourers often work in these jobs with a high potential for workplace injury/illness, day labour work is highly unregulated and puts the lives of these workers at risk (Valenzuela 2000, 2003). For example, one in five day labourers in the US have reported an injury at the work site (Valenzuela *et al.* 2006). Although day labourers perceive their jobs as dangerous,

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they continue taking such jobs due to their economic needs (Buchanan *et al.* 2005, Ochsner *et al.* 2008, Nelson *et al.* 2012, Negi 2013) and the significant pressure as the primary breadwinners for their families (Grzywacz *et al.* 2006).

Given these social and structural barriers faced by Latino male day labourers in NC, the aim of this study was to understand how the health of male Latino day labourers was influenced by their experiences in the community and perceptions of their social environment.

Methods

We use data from an ongoing research collaboration informed by the principles of community-based participatory research (CBPR) (Minkler & Wallerstein 2010). Our research team previously used in-depth interviews with the aim of understanding how Latino men living in NC perceived the role and characteristics of community health workers in their communities and assess whether men could be engaged as active participants in CHW programs. We identified barriers to men's participation in community health worker programs, including immigration status and perceptions of being marginalized in their community (Villa-Torres *et al.* 2015). The research presented in this paper sought to explore in-depth how important themes from this previous research influenced Latino men's overall health. To respond to our research aim, we conducted focus groups, followed by a series of community mapping and photovoice exercises with a group of male Latino day labourers in a community in NC.

Study Location

We conducted this work in a town of about 20,000 in Orange County, NC (U.S. Census 2013). This county is a new immigrant destination characterized by low population density compared to traditional immigrant receiving communities (Kochar *et al.* 2005, Donato *et al.* 2008). As of 2010, nearly 11,000 Latinos lived in the region, representing 8% of the total population (US Census 2010). In our previous research in this region, we found that Latinos are dispersed without a clear geographic centre and that Latino men described their social networks as mostly small, isolated, and lacking community leadership (Villa-Torres *et al.* 2015). While Orange County, NC has not adopted an anti-immigrant stance that other NC counties have (Idilbi 2008, Gill *et al.* 2009, Nyugen & Gill 2010, Cravey & Valdivia 2011), Latino immigrants in the region still experience segregation, discrimination, and human rights violations (Palis *et al.*2011, Popke 2011, Gill 2012).

Recruitment and Data Collection

We utilized focus groups discussions because we aimed to understand how this population discussed and viewed the community they lived in and focus groups allowed us to capture this dynamic (Morgan 1998). Importantly, the focus group discussions allowed for groups discussions where participants could build off of and respond to other participants comments (Kitzinger 1994, 1995). Given the broad nature of our research aim, focus groups were an apt methodology because it allowed us to let participants drive the discussion and tap into salient themes for this group (Kitzinger 1995). We invited men to participate with the help of a Latino day labourer we met while conducting in-depth interviews for the first phase of our

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research; however, the focus group participants were not the same as the participants from the in-depth interviews presented in the Villa-Torres *et al.* (2015) article. For each of the three focus groups (n=9, n=10, n=10), we recruited a sample of male day labourers who searched for work at the same street corner. We conducted these focus groups in October 2013 at a local community centre frequented by these men. Two of the focus groups were facilitated by the second author (a Mexican qualitative researcher who had lived in Orange County, NC for 6 years), while the third was facilitated jointly by the first author and fourth author (both researchers from the U.S. who were fluent in Spanish and had previous experience conducting qualitative research with Latino populations). All focus groups were conducted in Spanish. We used a semi-structured focus group guide to explore the experiences of men in their community, how men perceived the community they lived in, and their perceptions of health. Given that work and money were such important parts of the lives of these men, many of these discussions focused on work or employment. All three focus groups lasted about 1.5 hours, were audio-recorded and transcribed verbatim.

In order to explore these issues from a different angle, we subsequently utilized CBPR methodologies to conduct a photovoice and mapping project that included four additional group discussions. All men from the focus groups were invited to participate and five men attended the additional sessions which occurred between January and March 2014. We used community mapping and photovoice to spur dialogue that added nuance and additional perspectives from the original focus groups. Community mapping and photovoice are participatory research methods that have been widely used in the fields of public health and health education to foster critical dialogue about salient issues in a community (Wang & Burris 1997, Amsden & VanWynsberghe 2005).

During the first session participants collaboratively drew a map of their community – as they defined it – while discussing where they spent their time and then brainstormed positive and negative aspects of their community. Then, participants were given digital cameras and trained in the basic principles of photovoice. Each week they selected themes and took photos that represented the themes. After the initial session, the group had three meetings where they discussed the photos they took, each lasting about 2 hours and conducted in Spanish. Of the photo discussions, Session 1 focused on photos taken reflecting the themes of Togetherness and Safety/Security, Session 2 focused on Housing, and Session 3 focused on Health. During these meetings, we facilitated a discussion of the photographs to better understand how the men perceived the themes, and, more broadly, their community. These three discussions were audio-recorded and transcribed verbatim.

Data Analysis

We began our analysis for this paper by reviewing findings from the in-depth interviews from our previous study (Villa-Torres *et al.* 2015); while those data served to generate questions and contextualize the lives of Latino immigrant men, this paper focuses solely on the following data sources: six audio transcripts from focus groups and photovoice sessions, the photo men took, and the community map men drew. After an initial round of reading the six transcripts, reviewing the map and photos, and memo-writing to process emerging themes and ideas, we wrote an analytic summary for each transcript about participants'

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perceptions of their communities and their health-related experiences (Sandelowski 1995). Subsequently, we used the observations from the in-depth interviews, memos, and analytic summaries to develop both deductive and inductive codes and applied them to the six transcripts to aid in categorization of themes. We then compared themes between the six transcripts and wrote code summaries across the transcripts. We then returned to our research aim (to understand how their health was influenced by their experiences in the community and perceptions of their social environment?) to make connections between themes. We incorporated memo-writing throughout the analysis to aid in exploration of the data and to keep a record of our thoughts and analytic process (Saldaña 2009).

Ethics, consent and permissions—Given this population's vulnerability and risk of deportation, all participants were individually given written and spoken information about the study and its potential risks; participants then gave informed oral consent rather than written consent to protect their anonymity. Additionally, we never asked for names of participants and deleted any photos that included the faces of participants. Audio files were stored on a locked computer according to standard ethical procedures. All study procedures were approved by the University of North Carolina institutional review board.

Findings

The men interviewed were Spanish-speaking Latinos of working age living in Orange County, NC. See Table 1 for demographic characteristics. We begin by describing the perceptions and experiences of the men related to marginalization and discrimination and then describe the three main ways that these lead to negative health outcomes.

Marginalization and Discrimination

Feelings of marginalization and experiences of discrimination were frequently mentioned by the participants. The men generally did not feel like they were a part of the wider community and often described the social world of the '*Americanos*' (i.e. European-American citizens) in the community as being different and distinct from their own. A young man portrayed his sense of marginalization from the non-Latino community with a photo of a new four-story all-glass apartment building recently constructed in the centre of town. He described, with a proud smile, that he was on the crew that had constructed the new building. He detailed what it looked like on the inside, *"The new owners pick which colour walls they want and we painted them. The apartments have their stove, living room, kitchen, three bedrooms, washer, two bathrooms."* After a moment of reflection, he continued, "*In my dreams, I wish that one day I'd be able to live there, or I could just attend something inside, I could just go inside."* The building he helped build – that he says was "*built by Latino hands*" – was part of a world that he did not belong to and did not have access to. This narrative highlights both perceived class and ethnic marginalization: a poor *Latino* that builds beautiful things for wealthy *Americanos*. Other men recognized that the nice housing options were out of reach for most of the Latino immigrants because of their economic situation; instead, the Latinos were concentrated in dilapidated apartment complexes or mobile homes on the periphery of town. This neighbourhood segregation based on both ethnicity and class further emphasized their sense of marginalization.

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This marginalization influenced men's feelings of safety. When drawing a map of the community as they perceived it, the men highlighted their concern about safety where they lived. Men drew dangerous places in red with the words '*1 muerto*' or '*2 muertos*' – referring to places where Latinos had been killed either from being hit by a car or from being assaulted – and these locations were located adjacent to boxes representing the apartment complexes where they lived and the corner where they worked.

Moreover, men perceived that community institutions, such as the police, were not there to protect them. One man compared Latinos in the community to the African American community in the area. He said,

> "There's a certain discrimination because let's just say that it's the same thing that happens to black people, I mean, they attack each other and kill each other and as long as it's just between them the police say 'no problem'. Here it's the same, the same for us [Latinos]. I mean, as long as it's between us killing and stealing (…) so, it's like the police don't intervene because they say, 'it's just them, no big deal."

This perception that Latino crime victims were "*no big deal*" contributed to their feelings of being outsiders in the community. While there were some examples of police being friendly, in all of the discussions men described intimidation by police and felt that they were targeted for simply gathering together. Multiple examples of racial profiling were mentioned and men perceived that police stopped them on the street and in their cars simply because they were poor and Latino. These experiences, in tandem with not always knowing or being able to exercise their rights, provoked a feeling among the men of not being "*free*" because they felt they targeted when they left their apartments.

When we asked the men why they felt they could not bring their concerns to the local government, one responded:

> "It's probably because us Hispanics don't have a vote (…) don't have a vote there [in the community], can't even go there to the mayor and tell him, 'listen, you've gotta do this."

This lack of voting rights contributes to the perception of being powerless to change their environment. They additionally described the example of a group of six *Americano* homeowners that were able to successfully protest against the opening of a discount store: *"It would've been convenient for all of us to have a [discount store] there…They [six homeowners] had the power to block the construction of the [discount store]."* The men felt that if they were *Americanos* their concerns would be addressed. Instead, their disenfranchisement as non-citizens gave them a sense of powerlessness. The men described this combination of discrimination, marginalization, and class tensions as a fixed reality of their lives as racial/ethnic minorities living in poverty and without authorization in the U.S., rather than a social injustice that could be challenged and rectified.

Links to health outcomes

There are three main ways that perceptions and experiences of marginalization and discrimination are linked to poor health including: occupational illness and injury; stress, anxiety, and depression; and limited access to health care.

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Employment and Occupational Illness/Injury—Latino male day labourers are structurally constrained to employment that is dangerous and can cause illnesses or injuries. The men described their status as unauthorized workers as the primary reason they were unable to be hired for a job in the formal sector, and said it significantly limited the types of jobs they could seek. This status also meant that the men were ineligible for a driver's license, often a requirement for employment. These factors resulted in men working manual labour jobs with few protections for their health and safety.

Most men recognized that their bosses should provide safety equipment, but felt unable to request or demand such equipment: "There's also a lot of bosses that won't even give us gloves, nothing at the job. (…) and if you don't speak English, how are you going to ask for it?" (Focus Group 2). In this case, the men felt they were at the whim of the employer to provide for their safety. They felt limited in their ability to speak up for their safety because they did not have the language skills nor the resources to exercise their rights. Their status as immigrant day labourers – without formal employment – again created a barrier to their ability to protect their health.

Men described workplace falls or accidents as their primary health concern. Men highlighted the wear and tear on their bodies due to work: "*I think most of us need help from a chiropractor because we work hard labour*" (Focus Group 2). Others described minor (and some major) injuries that prevented them from working for a period of time. Finally, some of the men reported concerns about exposure to toxins or other dangerous materials at work. In a discussion of workplace safety among the men in the photovoice group, one man described how he left his job because he became ill as a result of working in dangerous conditions without personal protective equipment:

> "When we tore down those apartments, I got sick because it was there, inside the drywall was full of mould. The insulation was wet because the building is so old (…) I told the boss that I couldn't work in it, I left with another guy and I told the boss, 'keep your job'. I got sick on the job so I had to lose the job."
>
> (Photo group, session 2)

This reflects the choice that many of these men described between earning money and protecting their health. These men's marginalized social position left them with relatively few options to obtain safe employment that does not increase their risk for occupational illness and injury.

Stress, Anxiety, and Depression—Structural barriers increased men's vulnerability to unsteady employment and result in increased feelings of depression and anxiousness. Their status as unauthorized labourers affected their ability to be formally employed and having regular income. Most of these men immigrated to earn money and eventually return to their country of origin. They described their lives as primarily oriented around work and finding work – "*if there's work, great, and if no, well…rest the whole day or just think about how there wasn't any work*" (Focus Group 3). Work was their reason for being in the U.S. and thus dedicated their time to finding work and working.

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Men throughout data collection described their lack of work opportunities as a cause of poor mental health. As an example of this, one man with his family back in Mexico responded to our question, "*Do you worry about your health?*" with a story about stress and anxiety:

> " [We worry] about our health and our family because right now I don't know if my family [back home] has food on the table or not (…) and then I can barely sleep because I'm thinking about my family and it's even worse when someone's sick, you worry even more. You aren't working and my son is sick. You feel like your head is going to explode. But, what can you do? There's nothing you can do."
>
> (Focus Group 3)

This man connected his worry about his health to his ability to provide food and health care for his family back home. He highlights the pressure and anxiety that these men feel related to their ability to provide for their family.

The men described dealing with these stressors through a variety of coping mechanisms. On the community map, men drew places where they enjoyed spending time: a soccer field, a local Mexican restaurant, and hiking and fishing at a nearby lake. Peers – and especially one's roommates who were described as being "*like a family*" – were also identified as critical to overcoming stressful times. Some men described words of encouragement from friends after a day without work and others described more active types of support, including discussing the depression with other men in their community. But, as the men in Focus Group 1 said, they "*tried to help each other cure themselves [of depression], but it's not curable.*" These men highlighted that depression is "*not curable*" for them because it has roots in insurmountable structural factors that limit their ability to earn money. They utilized stopgap measures to help each other through these difficult times.

Men also described coping strategies that can contribute to negative health outcomes. For example, men described drinking alcohol when they felt stressed:

> "We all have to drink. You just forget the problems that you have (…) Because you have a bunch of problems, you drink a beer, listen to music, and you forget, at a least a little bit. But, tomorrow you wake up and it's the same as before."
>
> (Focus Group 3)

The underlying stressor of their anxiety was, again, related to their difficulties in finding work or fear of being deported, each of which would prevent them from earning money for their family. They acknowledged certain resources in town to help them (e.g. Alcoholics Anonymous, a local food pantry, Latino-serving community-based organizations), but nonetheless often described feeling overwhelmed by their symptoms of anxiety and depression.

Limited Access to Health Care—The third link between marginalization/discrimination and poor health is due to the accessibility of health services for these men and is intertwined with the themes of unemployment and low-wage employment previously described. Their access to health services is limited because unauthorized immigrants are ineligible for federal insurance programs targeting low-income and vulnerable populations (e.g.

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Medicaid), including the US Affordable Care Act. Furthermore, the men's status as day labourers meant that they were not afforded the opportunity for employer-based insurance, and most men described individual insurance plans as too expensive. As such, the men faced de facto exclusion from the complex system of health insurance in the US.

Within walking distance of where most men lived, there is a government-funded clinic that provides services to low-income and uninsured patients, including unauthorized individuals. Despite the overall good reputation this clinic has among the general population, these men perceived the clinic as inaccessible to them. When drawing the community map, men in the photo group drew this clinic in blue – signifying that it was a resource in their community – but labelled it as the "*Clinica Nadie Va*" (*Clinic Nobody Goes*). In this case, the '*nobody*' referred to their own group of Latino men since they later described their perception that it prioritizes other populations. One man described his experience in the clinic:

> "I went and asked to do my check-up, of course I'll have to pay for this but they say the cost is lower. They told me, 'Come back in two months.' I went two months later and they said 'We don't have any spots, come back in two months.' Now it's been a year and there just isn't anything. It's for women and children, they're the priority for them."
>
> (Focus Group 1)

While this resource for uninsured individuals existed in their community, perceived barriers to accessing it made it almost unavailable to them.

Given the structural barriers to insurance and affordable care for this population, cost was commonly mentioned as a barrier to seeking health services when they had an issue. Some men described it as a problem of limited, finite resources and rent and food costs were usually prioritized over visiting a medical professional. Not only were visits to a medical provider described as unaffordable, the costs were also perceived as unpredictable. The men were reluctant to seek health care when they did not know how much it will cost: "*You don't go because of that, you're scared they're going to charge you 500, charge you 1000. Where am I going to get that?*" (Focus Group 1). As a result, men often described only going to the doctor if they experienced a life-threatening issue.

These cost considerations caused men to seek out alternatives to the health care system in order to meet their health care needs. Given that many physical health issues were related to working in manual labour, some men described going to see chiropractors for their health needs because they were less expensive and more transparent about costs. Others utilized *sobadores* or *hueseros* (traditional Mexican healers that are similar to a massage therapist or a non-certified chiropractor) to help cure their ailments. As an example of their desperation, some men described seeking health advice from another immigrant from Mexico who had been trained as a veterinarian, "*He says that it is the same to cure an animal as it is to cure a person*" (Photo group, session 3). These alternative strategies allowed them to be proactive about their health care but still keep costs down. A final strategy commonly used was self-medication.

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> "I spent four days in bed, I was sweating and sweating, and I didn't go [to the doctor]. Just pills for the pain."
>
> (Focus Group 2)

This man was able to save himself money by holding out and self-medicating. Seeking these alternative forms of care highlights that these men do indeed have various health needs but limited options within the health care system to meet those needs due to their immigration status.

Discussion

Our findings contribute to the evidence on marginalization and discrimination as important social determinants of health (Krieger 2000, Lynam & Cowley 2007, Williams *et al.* 2003) and identifies mechanisms between marginalization/discrimination and poor health among this populations. Below, we discuss some of the key findings and discuss implications for future research and programming.

Groups are marginalized through dynamic social processes that include policies, institutions, and daily interactions (Lynam & Cowley 2007). Our study highlights how a sense of marginalization among Latino day-labourer men stemmed from experiences at each of these three levels. This marginalization can have negative effects on health due to "discrimination, environmental dangers, unmet subsistence needs, severe illness, trauma, and restricted access to health care" (Hall 1999, p. 95). Our findings highlight many of these issues and demonstrate how discrimination and marginalization interact.

We found that men perceived that they were outsiders who were unable to change negative aspects of their community. They also felt they did not have a voice in the community and could not defend their rights in the workplace, relegating them to a position of second-class citizens whose needs were unmet despite contributions to the economic and social fabric of their communities. They attributed their lack of agency and outsider identity both to racial/ethnic minority status as well as unauthorized status. Thus, despite the fact that some of these men had been in the US for an extended period of time, the public policies in place that target unauthorized immigrants sustain their social status as outsiders. These perceptions had important influences on how the men interacted with the community. The idea that these men's health is shaped by their social and physical environment fits into literature on therapeutic landscapes (Gesler 1992, Cattell *et al.* 2008) and the role of neighbourhoods in health (Diez-Roux & Mair 2010). Other studies have explored the effect of discrimination on day laborers mental health (Duke *et al.* 2010, Negi 2013) and alcohol use (Worby *et al.* 2014), but our study demonstrates that the mechanisms contributing these men's health – both mental and physical – are complex and require the use of socio-ecological perspectives to understand the dynamics.

We found that men's depression, anxiety, alcohol abuse – as well as potential workplace injuries, assaults, and other accidents – are rooted in their marginalized social position. Health was shaped by both the nature of the work opportunities they had and their unsteady employment. Additionally, their position outside the formal health care system prevented

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them from seeking formal health care when they did experience health problems. The men sought informal forms of health care, a phenomenon that has been shown in other immigrant populations (Gonzalez-Vasquez *et al.* 2013). Overall, existing immigration and labour policies place these men in a position in society where they are extremely vulnerable to negative health outcomes and have little recourse to address them (Martinez *et al.* 2015, Rhodes *et al.* 2015).

These findings have implications for community-based organizations and further research. For health care and social service providers, assisting this population requires acknowledging and addressing the structural and social factors, such as immigration policies and socioeconomic status that influence the ability of these men to care for their health. There is a need for Latino day labourers to understand their human rights, including their civil, labour and housing rights – as well as advocacy strategies – so that they can defend themselves (without fear of deportation) in the face of injustices such as dangerous working conditions and substandard housing. Human rights focused programs with day labourers have proven to be successful elsewhere in the U.S. and could be effective with this population (Williams *et al.* 2010).

Ultimately, the lived experience and health challenges that these men have are related to health care policies, immigration policies, and labour laws. As Viruell-Fuentes and colleagues (2012) have pointed out in their work on the structural determinants of immigrant health, "a deeper understanding of immigrant health outcomes requires careful examination of the effects of immigration policies on the health of immigrants and subsequent generations" (p. 2103). The status of these men as unauthorized immigrants prevents their inclusion in governmental safety-net programs, the health insurance subsidies offered as part of the Affordable Care Act, and limits the type of work they are eligible for. These exclusions are key drivers of this population's health, including their mental wellbeing. Those working in health should recognize that fostering community leadership and advocacy for a comprehensive migration reform is a necessary component of health promotion programming for Latino immigrant communities (Villa-Torres *et al.* 2015, Wagoner *et al.* 2015). Future research needs to incorporate measures of immigration status to better document the importance of the influence of this ethno-racial class citizenship system on the health of immigrant populations. Finally, policy changes can begin at the grassroots level and local organizations and governments can begin by establishing community-building activities, developing advocacy events to address discrimination, and coordinating with local health services to augment the reach of the formal health care system.

Limitations

This research is not without its limitations. First, we used a convenience sample for both the focus groups and photovoice project and thus, this research should not be considered generalizable to other populations. Second, we were unable to confirm that these men were indeed unauthorized. However, given their position as day labourers and the content of discussions, we feel comfortable making this assumption. Finally, we made a conscious effort to focus on both the positive characteristics and negative characteristics of the community, but found the discussion often biased towards the negative.

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Conclusion

The men's livelihood and health depended on macro-level contexts that posed barriers to men's ability to improve their health and wellbeing. A focus on individual-level factors misses the significant contextual-level factors influencing their health and wellbeing of these men. Improving the health of marginalized immigrant populations goes beyond behavioural health and requires researchers and professionals to engage in complex policy and legal debates at the community, state and national level.

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What is known about this topic?

- Unauthorized Latino immigrants in the U.S. are often marginalized due to federal and state-level policies
- Day labourers are particularly vulnerable to injury and illness due to lack of labour regulations

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What this paper adds

- Legal marginalization results in dangerous work opportunities for Latino male day labourers
- Men feel negative mental health effects due to the economic instability caused by informal and unsteady employment
- Having a marginalized status excludes these men from formal health care services and results in men seeking alternative forms of care

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Table 1

Sociodemographic characteristics of focus groups

Focus group number	Age	Place of birth	Time living in the US	Do you work?	Time working in that place	Education years	Civil Status	Children
Focus group 1								
FG1	39	Guatemala	15 years	Yes	8 years	Fourth grade	Single	2
FG1	52	Mexico	30 years	Yes	Weeks	Middle school	Single	0
FG1	37	Mexico	12 years	No	12 years as a day laborer	N/A	Married	3
FG1	45	México	8 years	Yes	Several jobs	Sixth grade	Widower	4
FG1	42	México	15 years	Yes	“Varios”	Middle school	Single	0
FG1	41	México	8 years	Yes	2 years	High school	Divorced	0
FG1	32	México	10 years	Yes	4 years	Graduate degree	Married	1
FG1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FG1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Focus group 2								
FG2	35	Mexico	16 years	Si	One week	Middle school	Married	4
FG2	38	Honduras	1 year	Si	Day laborer	Elementary school	Married	4
FG2	40	Mexico	20 years	Si	12 years	Middle school	Single	0
FG2	48	Mexico	30 years	Sí	Day laborer	Elementary school	Single	0
FG2	47	Mexico	30 years	No	N/A	Middle school	Single	3
FG2	28	Mexico	3 years	No	N/A	Middle school	Married	2
FG2	28	Mexico	6 years	No	N/A	Middle school	Single	1
FG2	44	Cuba	1.5 years	No	N/A	High school	Married	3
FG2	52	Cuba	32 years	Si	1 year	Middle school	Widower	1
FG2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Focus group 3								
FG3	50	Mexico	8 years	Yes	7meses	Middle school	Single	2
FG3	31	Mexico	10 years	No	N/A	Elementary school	Single	0
FG3	26	Mexico	7 years	No	N/A	High school	Single	0
FG3	38	Guatemala	3 years	Yes	2 years	Elementary school	Married	5
FG3	40	Mexico	18 years	N/A	N/A	Middle school	Single	1

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Focus group 1								
Focus group number	***Age***	***Place of birth***	***Time living in the US***	***Do you work?***	***Time working in that place***	***Education years***	***Civil Status***	***Children***
FG3	30	Guatemala	6 years	No	Day laborer	Elementary school	Married	3
FG3	27	"Where I was born"	4 years	N/A	4 years	Elementary school	Single	2
FG3	42	Mexico	3 years	No	No	Elementary school	Married	2
FG3	35	Mexico	4 years	Yes	Day laborer	Elementary school	Married	4
FG3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

N/A=Not available due to late arrival or early exit to focus group