Introduction
- The TB rate for foreign born persons is 12 times the rate of the U.S. born
- Immigrants have higher rates of stomach & liver cancer due to higher incidents of Hep. B & H. pylori infection
- Foreign born mothers are less likely than U.S. born mothers to seek prenatal care

Objective of the Study
To explore immigrant healthcare disparity in district 10 of San Francisco within the contexts of culture, SES, and relationships with healthcare professionals.

Methods
- Open ended interviews with healthcare professionals and immigrant families to gain insight into their experiences within the healthcare system and attitudes towards healthcare
- Participant observation at local clinics to obtain an experiential understanding of how healthcare is administered.

Results

Common themes: causes of healthcare disparity
- Lack of self advocacy from patients
- Systemic problems with Medicaid program
- Lack of cultural competency
- Disturb from patients
- Poverty

Figure 1: Common themes of potential causes of healthcare disparity from the interview transcripts of healthcare professionals

Common themes: attitudes towards healthcare
- Preference for herbal remedies over modern medicine
- Lack of self advocacy
- Language barriers
- Inaccessibility
- Disturb

Figure 2: Common themes of attitudes towards healthcare from the interview transcripts of immigrant families

- Healthcare professionals highlighted poverty as being a strong determinant of health outcomes
- Political climate and xenophobia causes undocumented patients to stop showing up to appointments
- Restrictions in treatment & resources occur due to differences in public and private health insurance

Discussion
- Chinese immigrants seemed to have more positive experiences in the healthcare system due to large Chinese community in San Francisco.
- Cultural competency training for healthcare professionals does not seem to be enough in navigating unique patients cases. Immigrant patients especially those in the minority require more resources that promote self advocacy.
- Community outreach can be used to inform undocumented individuals of their healthcare options.

Conclusion
The issue of immigrant healthcare disparity is both political and complex. Some aspects are systemic, while others are more simple and can be managed by the creation of programs and community outreach.

Acknowledgements
I would like to thank the Center for Health & Wellbeing and the Princeton Global Health Program for their support on my research. I would also like to thank my PI, Amy Krauss for giving me this opportunity.