



**California Program
on Access to Care**
UNIVERSITY OF CALIFORNIA

 **The Children's
Partnership**


**California
Primary Care**
ASSOCIATION

Emerging Health Needs of Immigrant Families in California

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Perspectives
from Health
Care Providers

Since the November 2016 national election, an increase in anti-immigrant policies and rhetoric has adversely affected the health of immigrant families.^{1,2} Recent reports have documented the impacts of increased fear and stress on physical and mental health. Data to inform this issue come from a variety of sources, including health care provider surveys, family surveys, and focus groups. This report summarizes the findings from a 2017 survey of California health care providers, disseminated by the California Primary Care Association as part of The Children's Partnership (TCP) and the California Immigrant Policy Center's Healthy Mind, Health Future project.

IMMIGRATION STATUS AND HEALTH INSURANCE STATUS

In California, half of all children have at least one parent born outside the United States (U.S.),³ and about one in eight K-12 school children have a parent who is undocumented.⁴ Many families are of mixed immigration status, meaning some members may be citizens or other lawfully present immigrants, and others may be undocumented immigrants. Nationally, 79% of children in families with an undocumented immigrant parent are U.S.-born citizens.⁴

Health insurance coverage varies by immigration status, with citizens having

higher rates of coverage than lawfully present immigrants and undocumented immigrants. Among children nationally, 5% of citizens were uninsured in 2016, compared with 14% of lawfully present immigrants and 23% of undocumented immigrants. In California, 3% of children are uninsured.⁵ The uninsured are less likely to seek health care or to have a regular source of health care.⁶ Immigrant families and others without health insurance often seek care for physical and mental health conditions from community clinics and other providers that make up the health care safety net.

SURVEY OF HEALTH CARE PROVIDERS

In September 2017, a survey on immigrant families' access to care and overall health was distributed to health care providers across California, and 151 individuals who provide and coordinate health care services completed the survey. A majority of respondents (62%) provide mental health

care to immigrant families, and many also provide complementary services such as primary care, pediatric care, and case management. Nearly 60% of providers stated that children in immigrant families comprised half of their caseload or more. The survey asked about a variety of topics related to changes in health care access, as well as immigrant family health and wellbeing since the November 2016 general election. Respondents also were asked to identify resources needed to effectively provide care to immigrant families.

ACCESS TO CARE

Providers reported their perceptions of changes in immigrant families' access to care since the 2016 general election. Two-thirds of the respondents observed an increase in families concerned about signing up for the Medi-Cal program; the Women, Infants, and Children (WIC) supplemental nutrition program; CalFresh (California's version of the

Table 1. Health and Wellbeing of Children or Parents in Immigrant Families

Issue Observed by Health Care Providers	Percentage of Respondents Reporting An Increase*
Children experience anxiety and fear due to detention and deportation	87%
Children experience symptoms of depression	71%
Children report somatic illnesses (e.g., headache, stomachache)	55%
Children have difficulty focusing in school or are afraid to go to school	63%
Children are being diagnosed with a mental health condition	49%
Children or parents seek mental health care for a child	32%
Parents are more likely to need treatment for a mental health condition	69%
Parents report their own pain or somatic illnesses	59%
Parents discussed contingency planning or how to prepare for potential detention or deportation	60%
Immigrant families expressed fear about bringing their children to school, the park, or recreational activities because of fear of immigration enforcement	69%

* Percentage of providers stating that event is occurring a little or much more frequently since the November 2016 general election.

federal Supplemental Nutrition Assistance Program (SNAP); or other public programs, and 38% said immigrant families have increasingly expressed interest in disenrolling from these types of programs. Providers also observed changes in health care access behaviors:

- 42% reported children in immigrant families were increasingly skipping scheduled health care appointments
- 38% said immigrant families were increasingly abstaining from scheduling routine prevention or primary-care appointments for their children
- 29% said immigrant families have increasingly shifted how they access health care for their children (for example, providers have seen an increase in walk-in appointments, scheduling appointments for all the children in a family in one day, and telephone consultations)

“Many people assume that services are no longer available even though laws have not yet been changed.”

In response to the survey’s open-ended questions, providers identified several other changes related to access to care for immigrant families:

- a reluctance to access services due to fears of deportation and family fragmentation
- fear and hypervigilance related to sharing information that could jeopardize the family’s safety and ability to remain in the U.S.
- fear that accessing services will hurt their children’s opportunities in the U.S. because the children will be indebted to the government

- uncertainty about the family’s eligibility for services and fear they will be turned away from health services

“... fear that [health care] providers will report immigration status or that parents will be detained by ICE [Immigration and Customs Enforcement] while out in the community... results in more missed appointments and increased mental health issues.”

IMMIGRANT FAMILY HEALTH AND WELLBEING

Health care providers’ perceptions on the health and wellbeing of children and parents in immigrant families since the 2016 general election also were assessed. Providers reported increases in a variety of physical and mental health conditions for both children and their parents, as well as increased anxiety and fear due to detention and deportation (see Table 1 on page 2).

In response to open-ended questions in the survey, health care providers reported other changes to families, such as increased levels of family conflict. Some providers also said parents might be unprepared to answer their children’s questions about immigration, whereas other parents actively engage in such discussions with their children. An increase in discrimination against and the bullying of children who are assumed to be undocumented, or who have one or more undocumented parent, also was reported.

“I’ve seen an increase in somatic complaints as well as disruptive behaviors at home/school, nightmares, and social withdrawal.”

Table 2. Providing Care to Immigrant Families: Training Opportunities and Resource Needs

Training and Resource Needs	Percentage of Respondents Agreeing
Educational resources for understanding the rights families have related to accessing care, regardless of immigration status	59%
“Know your rights” training for families about seeking services in an environment safe from immigrant enforcement	52%
Better tools to help make referrals to social, mental health, and legal services	50%
“Know your health rights” training for families about enrolling in health and other public benefits programs	44%
Connections/partnerships with community-based organizations offering mental health services	44%
Improved relationships and connections to teachers and other school personnel	40%
More training on how to help families access child mental health services	36%

This is a critical finding, as substantial evidence links discrimination to poor health outcomes over the long term.⁷

PROVIDING CARE TO IMMIGRANT FAMILIES: NEEDED RESOURCES AND TRAINING

Providers identified several gaps in resources and training that would allow them to serve immigrant families and their children more effectively. These included educational resources for the providers and families, as well as referrals and other community connections. Table 2 shows the percentage of respondents who identified various training and resource needs.

In addition to the specific resources and training needs above, respondents described several other challenges related to serving immigrant families effectively:

- reduced capacity to serve the immigrant population, including insufficient numbers of clinicians/providers to meet the high demand for services, a limited number of bilingual/bicultural providers, limited referral resources (such as immigrant/legal services), and an inability to meet the high demand for late afternoon/evening appointments
- the threat of deportation impacting service provisions, as families might refrain from disclosing all information—or accurate information—during their appointments
- patients missing appointments or not following up after appointments
- barriers related to the integration process, such as limited social support systems, adapting to a new environment, and the stress of parenting in a new context; the stigma associated with mental health care; lack of access to transportation; and limited access to health care services for undocumented parents
- uncertainty about the country’s highly politicized immigration issues has impacted provider practices, and they are unable to answer families’ questions about their safety

CONCLUSION AND IMPLICATIONS

Findings from this survey indicate that immigrant families are at risk for poor health outcomes. While California has been at the forefront of passing policies that support immigrant integration and health for all children, the current national anti-immigrant rhetoric has impacted access to care for

children and parents in immigrant families in California. Based on the experiences of health care providers across the state, many children and families are experiencing increased health and mental health needs while also encountering higher barriers to health care access, primarily due to their fears of detention, deportation, and family separation.

ENDNOTES

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2. *The Effect of Hostile Immigration Policies on Children's Mental Health*, The Children's Partnership and The California Immigrant Policy Center, March 2017.
3. From <http://www.kidsdata.org/> based on 2010-2014 data from the U.S. Census Bureau, American Community Survey. The foreign-born parent population includes naturalized U.S. citizens, lawful permanent residents, temporary migrants, humanitarian migrants, and unauthorized migrants.
4. Joseph Hayes and Laura Hill. *Undocumented Immigrants in California*, Public Policy Institute of California, March 2017.
5. *Health Coverage of Immigrants*, Fact Sheet, Kaiser Family Foundation, December 2017.
6. *Key Facts about the Uninsured Population*, Kaiser Family Foundation, November 2017.
7. Potochnick, SR, & Perreira, KM. 2010. "Depression and anxiety among first-generation immigrant Latino youth," *Journal of Nervous and Mental Disease*, 198(7), 470-477. Priest, N, Paradies, Y, Trenerry, B, et al. 2013. "A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people," *Social Science & Medicine*, 95, 115-127. Umaña-Taylor, AJ, Tynes, BM, Toomey, RB, et al. 2015. "Latino adolescents' perceived discrimination in online and offline settings: An examination of cultural risk and protective factors," *Developmental Psychology*, 51(1), 87-100.

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To learn more about Healthy Mind, Healthy Future, a project of The Children's Partnership and the California Immigrant Policy Center, visit: <http://www.childrenspartnership.org/priorities/healthy-mind-healthy-future/>



ABOUT CPAC

The California Program on Access to Care (CPAC) is an applied policy research center created at the behest of the California Legislature. CPAC fulfills a public-service mission to promote evidence-based health policy and improve the health of vulnerable Californians by linking University of California researchers to the California Legislature, the Executive Branch, and the health policy community. CPAC creates and disseminates concise, easy-to-understand materials that interpret and translate research in response to current needs, and facilitates briefings and discussions between policymakers and University of California researchers.

