

PART 1: NO PAPERS, NO HEALTH CARE







There are an estimated one million undocumented Californians who remain uninsured since the Affordable Care Act (ACA) went into effect on January 1, 2014.¹ Without insurance, health care services are unattainable due to cost and inability to qualify for care.

Immigrant youth and their families have a pressing need for health services, yet opportunities for this population to access care are increasingly being restricted. In the interest of supporting the prosperity of California, it is important to remember that all health is communal and public, as illness is not confined by borders or neighborhood boundaries. Excluding undocumented Californians from access to care damages the wellness of the state as a whole.²



People are not aware of the hardships and trauma [being undocumented] causes, and don't really know how to help even if they want to.





Immigrants' health and well-being cannot be disconnected from the conditions of their political and social environment. Being undocumented in the United States results in a high potential for systematic and personal trauma; many face incarceration, deportation, loss of wages and personal relationships, career and life barriers, discrimination, and criminalization.

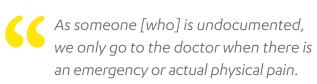
President Obama's administration has deported nearly two million people within the past five years; creating a climate of constant hypervigilance and fear of authorities that compromises immigrants' level of comfort and trust with the US health care system. This kind of social and systemic trauma takes a toll on the minds and bodies of the undocumented and their loved ones, increasing their risk for poor health. The health of immigrant communities cannot be separated from the need for immigration reform and an end to deportations.³



THE MAJORITY OF IMMIGRANT YOUTH HAVE A PRESSING NEED TO SEE A DOCTOR

Undocumented Californians often fear becoming sick because of the negative experiences and limited opportunities that come with that reality. A 29-year-old female survey participant from Central San Diego shared, "[I want] the opportunity to legalize so that I [am not] afraid to ask for health care." Without health insurance, undocumented Californians potentially face denial of care or being reported to authorities. Survey findings showed that 71 percent of uninsured immigrant youth have an existing need to access a doctor or specialist about their own health; however, 53 percent stated that they have not seen a doctor for more than a year.

Sixty-nine percent of immigrant youth report that they did not have health insurance in the past twelve months. By necessity or from inability to qualify or pay for services, immigrants commonly push through pain or illness until their health problems become quite severe. With medical care out of reach, immigrant youth often use Google as a stand-in doctor for medical diagnoses. Survey findings reveal that 58 percent of participants used Internet research as a substitute for medical attention.



—Female, 24, Orange County



TABLE 1: Immigrant Youth and Health Care Access

Access to Health Care							
69%	do not have health insurance						
71%	currently need access to a doctor						
53%	have not seen a doctor in over a year						
58%	use the Internet as a source of care						
Mixed-Status Households							
Mixed-Status Houseiloids							
53%	have family members with insurance						
75%	of family members with insurance are siblings						
Mixed-Status Family Members without Insurance							
56%	did not get the care they needed						
71%	minimized their own health problems						

*Source: Healthy California Survey 2014





HEALTH AND INCLUSION STARTS IN THE HOME FOR IMMIGRANT FAMILIES

One in seventeen children in the United States lives in mixed-status homes where household members have different immigration or citizenship statuses.⁴ Mixedstatus families are a growing demographic in the United States; the health outcomes of this population provide insight into the health of the future US population.

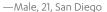
Within the survey, 53 percent of immigrant youth grew up with other family members who had health insurance; 75 percent of those with insurance are siblings who were raised in the same household. For undocumented children, being deprived of health care while growing up may result in feeling unworthy to seek or practice wellness.

Parents with mixed-status children struggle to negotiate the privileges and disadvantages within their families. Fifty-six percent of immigrant youth reported that family members without insurance did not receive the care they needed from formal health care systems. Seventy-one percent of survey respondents shared that household members without insurance often minimized their health problems. Downplaying symptoms is common for parents, who ignore their needs in order to prioritize the health of their children.

Immigrant youth are responding to the strength of their parents and caretakers by expressing their frustration with the health system's denial of care for their families. A 27-year-old male participant from Long Beach shared, "Dad [was] diagnosed with cancer and is afraid to go to the doctor because of the financial issues. [We] got him to go but because of money, he does not attend regular check-ups." With an increasing need to care for elders in the household, there is a growing demand to recognize health as a human right for all Californians.



I never really went to the doctor because we couldn't afford it. I couldn't get hurt or sick. It was always this constant pressure that we had to stay healthy.





My mom is getting older, she is the head of the family. She cares for us but she does not have care for herself.



-Female, 20, Watsonville

CONCLUSION

Anti-immigrant sentiment in the United States has resulted in the development of exclusionary and discriminatory policies, impacting the undocumented immigrant community across the nation. Immigrant families continue to suffer a lack of services and protections under the Affordable Care Act, which explicitly targets undocumented immigrant communities for exclusion.

The failure to fully support families does not fit the goals and objectives of the Affordable Care Act, and denying care to undocumented Californians has profound repercussions. Immigrant communities absorb and internalize their experiences of exclusion, leaving them ill, frightened, and without access to care.

Across immigrant communities, many are now calling for systemic policy reform that truly prioritizes health for all. Recognizing that health care is a human right, rather than a privilege, allows for a broader conversation that considers the well-being of all Californians.

RECOMMENDATIONS

We recommend the following in an effort to foster the health of future populations and the growing immigrant demographic in California:

- ✦ Health for immigrant families in California is connected to the need for immigration reform. Halting deportations and reforming the immigration system for the 11 million undocumented immigrants in the United States would have profound positive health outcomes nationwide. We recommend a clear pathway to residency and citizenship with access to health and social programs. Moving forward with immigration reform is essential to the well-being and prosperity of the country as a whole.
- ◆ The health of undocumented Californians is crucial to the well-being of the state. There is no such thing as individual health; all health is public and communal. We recommend expanding the Affordable Care Act to insure all Californians regardless of immigration status or income level. California can continue to lead and set an example by championing health as a human right; a public good for all.⁵



METHODOLOGY

This report presents the results of the first statewide survey about immigrant youth, led by immigrant youth. We asked participants a series of standardized questions about their experience accessing health care in California. We surveyed 550 undocumented and "DACAmented" (recipients of Deferred Action for Childhood Arrivals) Californians between the ages of 18 and 32, using a participatory methodology that allowed those directly excluded from health care access to lead the research process. A team comprised of 37 immigrant youth conducted face-to-face surveys with their peers during summer 2013. The data and analysis in the report reflects the experiences and real-life barriers to health care faced by undocumented people.

STUDY DEMOGRAPHICS

REGION	Los N	24% orthern alifornia	10% Orange County	10% San Diego	8% Inland Empire	7% Central Valley	
IMMIGRATION STATUS	D (14 · · · · ·			42% Undocumented		4% Other	
AGE	47% 22–26 yrs old		36% 18–21 yrs old		17% 27–32 yrs old		
	55% emale	44% Male	0.7% Genderque	0.4 ' er Transge		.2% ther	
Lati	3% 3% Asia	an Mi	ixed	0.7% Pacific slander	White	0.2% Native merican	
AGE UPON ARRIVAL	53% Months –6 yrs		5% 2 yrs	10% 13–16 yrs		% yrs	
	6.3% 50.2% >12 yrs High Schoo Diplom /GED	Associ- I ates a Degree	16.8% Bach- elors Degree	1.1% 29 Some Grad Sch School	ad Other	0.2% No response	
SEXUAL 78% ORIEN-TATION	o- Gay	• . •		.% 2% Bbian Othe	1% r Asexual	0.7% Questioning	
YEARS IN U.S.	65 9 11–20		23 21+		12% 1–10 y		

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- 1 Health Access Foundation, "California's Uneven Safety Net: A Survey of County Health Care," November 2013, http://www.health-access.org/files/expanding/California's%20Uneven%20Safety%20Net%20-%20 A%20Survey%20of%20County%20Health%20Care.pdf.
- 2 Human Impact Partners, "Family Unity, Family Health: How Family-Focused Immigration Reform Will Mean Better Health for Children and Families," June 2013, http://www.familyunityfamilyhealth.org/uploads/imaqes/FamilyUnityFamilyHealth.pdf.
- 3 Aviva Shen, "How Deportations May Be Hurting Obamacare Enrollment," December 29, 2013, Think Progress, http://thinkprogress.org/immigration/2013/12/29/3106511/latino-obamacare-deportation/.
- 4 Jeffrey S. Passel and D'Vera Cohn, "Unauthorized Immigrant Population: National and State Trends, 2010," February 1, 2011, Pew Research Center, http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-brnational-and-state-trends-2010/.
- 5 National Economical and Social Rights Initiative, "What is the human right to health and health care?," http://www.nesri.org/programs/what-is-the-human-right-to-health-and-health-care.



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