

# UNDOCUMENTED AND UNINSURED

A Five-Part Report on Immigrant Youth and the  
Struggle to Access Health Care in California

## PART 1: NO PAPERS, NO HEALTH CARE

A REPORT BY THE DREAM RESOURCE CENTER OF THE UCLA LABOR CENTER





# 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.<sup>1</sup> 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.<sup>2</sup>

“ 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. ”

—Female, 30, Los Angeles

## IMMIGRATION POLICIES ARE BAD FOR YOUR HEALTH

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.<sup>3</sup>

## 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.

“As someone [who] is undocumented, we only go to the doctor when there is an emergency or actual physical pain.”

—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                       |   |
| 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



Photo: St. John's Well Child and Family Center



Photo: St. John's Well Child and Family Center

## 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.<sup>4</sup> Mixed-status 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. ”

—Male, 21, San Diego

“ 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.<sup>5</sup>



## 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 “DACAmended” (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

|   |   |  |                                   |                                  |                                 |                                |                      |                            |
|---|---|--|-----------------------------------|----------------------------------|---------------------------------|--------------------------------|----------------------|----------------------------|
| <b>REGION</b>                           | <b>41%</b><br>Los Angeles                                     | <b>24%</b><br>Northern California        | <b>10%</b><br>Orange County       | <b>10%</b><br>San Diego          | <b>8%</b><br>Inland Empire      | <b>7%</b><br>Central Valley    |                      |                            |
| <b>IMMIGRATION STATUS</b>               | <b>55%</b><br>Deferred Action for Childhood Arrival Recipient |  | <b>42%</b><br>Undocumented        |                                  | <b>4%</b><br>Other              |                                |                      |                            |
| <b>AGE</b>                              | <b>47%</b><br>22–26 yrs old                                   |  | <b>36%</b><br>18–21 yrs old       |                                  | <b>17%</b><br>27–32 yrs old     |                                |                      |                            |
| <b>GENDER</b>                           | <b>55%</b><br>Female  | <b>44%</b><br>Male                       | <b>0.7%</b><br>Genderqueer        | <b>0.4%</b><br>Transgender       | <b>0.2%</b><br>Other            |                                |                      |                            |
| <b>RACE</b>                             | <b>93%</b><br>Latina/o Hispanic                               | <b>3%</b><br>Asian                       | <b>2%</b><br>Mixed Race           | <b>0.7%</b><br>Pacific Islander  | <b>0.2%</b><br>White            | <b>0.2%</b><br>Native American |                      |                            |
| <b>AGE UPON ARRIVAL</b>                 | <b>53%</b><br>Months –6 yrs                                   |  | <b>35%</b><br>7–12 yrs            |                                  | <b>10%</b><br>13–16 yrs         |                                | <b>2%</b><br>17+ yrs |                            |
| <b>HIGHEST LEVEL EDUCATION ATTAINED</b> | <b>6.3%</b><br>>12 yrs  | <b>50.2%</b><br>High School Diploma /GED | <b>19.7%</b><br>Associates Degree | <b>16.8%</b><br>Bachelors Degree | <b>1.1%</b><br>Some Grad School | <b>2%</b><br>Grad School       | <b>3.7%</b><br>Other | <b>0.2%</b><br>No response |
| <b>SEXUAL ORIENTATION</b>               | <b>78%</b><br>Heterosexual                                    | <b>7%</b><br>Gay                         | <b>5%</b><br>Queer                | <b>4%</b><br>Bisexual            | <b>2%</b><br>Lesbian            | <b>2%</b><br>Other             | <b>1%</b><br>Asexual | <b>0.7%</b><br>Questioning |
| <b>YEARS IN U.S.</b>                    | <b>65%</b><br>11–20 yrs                                       |  | <b>23%</b><br>21+ yrs             |                                  | <b>12%</b><br>1–10 yrs          |                                |                      |                            |

This research was made possible by The California Endowment. Thank you for your continued support to advance the health of immigrant communities.



- 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%20Uneven%20Safety%20Net%20-%20A%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/images/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>.



### Report Authors

Imelda S. Plascencia  
Alma Leyva  
Mayra Yoana Jaimes Pena  
Saba Waheed

### Research Team

Adriana Aguilar  
Esthela Aguilar\*  
Jewell Alingasa  
Yesenia Ayala  
Cristhian Barrera  
Nayelli Casarrubias  
David Castro  
Mayra Contreras  
Hairo Cortes  
Nidia De Leon  
Amanda Em  
Marco Flores\*  
Perla Flores\*  
Angelica Hernandez  
Dalia Hernandez  
Mayra Yoana Jaimes Pena\*\*  
Adrian James  
Carlos Juarez  
Alma Leyva\*\*

Janeth Lopez  
Miguel Montalva  
Lizeth Montiel  
Malin Ouk  
Ma Denise Panaligan  
Imelda S. Plascencia\*\*  
Luis Ramirez  
Cesar Resendiz  
Giovanni Rodriguez  
Maria Rodriguez  
Nadia Rojas  
Seleny Rodriguez  
Angelica Tellez Hernandez\*  
Crisly Ulloa  
Alex Vazquez  
Jose Vazquez  
Xiomara Ramos Villasenor  
Elizabeth Zambrano

\*\*Project Coordinator

\*Regional Intern Coordinator

### Advisory Board

Leisy Abrego, Ph.D.  
*UCLA, Department of Chicana/o Studies*  
Alejandro Covarrubias  
*INSPIRE / UCLA, Department of Chicana/o Studies*  
Roberto Gonzalez  
*Harvard Graduate School of Education*  
Alvaro Huerta  
*National Immigration Law Center*  
Sandra Martinez  
*The California Wellness Foundation*  
Virginia Mosqueda  
*The California Endowment*  
Nadareh Pourat  
*UCLA Center for Health Policy Research*  
Patricia Rizo  
*Community Health Promoter*  
Fabiola Santiago  
*Human Impact Partners*  
Ena Valladares  
*California Latinas for Reproductive Justice*  
Nancy Zuniga  
*Instituto de Educacion Popular del Sur de California (IDEPSA)*

### Labor Center Team

Saba Waheed, Research Director  
Stefanie Ritoper, Communications Director  
Julie Monroe, Project Director  
Carlos Amador, Project Manager  
Janna Shadduck-Hernandez, Project Director