BUILDING A HEALTHY FUTURE FOR THE CHILDREN OF IMMIGRANTS

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Overview

• Frameworks for Understanding Immigrant Health
• The Physical and Mental Health of Children of Immigrants
• Access to Health Care for Children of Immigrants
• Considerations for Future Research and Intervention
Children in U.S. Immigrant Families (ages 0-17)

2016

43.7 million immigrants; 13.5% of U.S. population

- Latin America & Caribbean: 51%
- Asia: 31%
- Europe: 11%
- Africa: 5%
- Other: 2%

18 million children with at least one immigrant parent

Migration Policy Institute (MPI) 2018
88% U.S.-born

Source: U.S. Census Bureau
FRAMEWORKS FOR UNDERSTANDING IMMIGRANT HEALTH
Ecological Contexts Across Stages of Migration

(Zuniga, 2002; Potochnick & Perreira, 2010)

**Stages**
- Povery
- Family Separation
- Political Violence

**Pre-Migration**
- Physical Trauma
- Emotional Trauma
- Accidental Injury

**Immigration Policies**
- Future Orientation
- Migrant Networks and Support Groups.

**Post-Migration**
- Family Conflict/Separation
- Discrimination & Social Isolation
- LegalMarginalization
- N’hood. Disorganization

**Strengths and Resiliencies**
- Coping Skills
- Remittances
- Family Support
- Community Ties

**Trad & Econ. Dev’p. Policies**
- ICE DETENTION

**Policy**

**Integration & Enforcement Policies**
- Adaptive Skills
- Ethnic Identification
- Economic Gains
- Family Reunification
- Co-Ethnic Enclaves
Culture and Stress

- **Acculturation**: “…those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original cultural patterns of either or both groups” (Redfield et al. 1936).

- **Enculturation**: The process by which individuals “adapt to the cultural beliefs, values, behaviors, and languages of their heritage cultures and develop an understanding and sense of belonging to their ethnic group.” (Gonzales, Fabrett, Knight 2009)

- **Acculturative Stress**: “…Individuals experience stress when they encounter events or circumstances that they believe are detrimental to their well-being [i.e. threats] and for which they lack the resources to cope.” (Arbona et al. 2011)
Sources of Acculturative Stress among Latino Adult Immigrants (Arbona 2011)

- English Proficiency (1-4)
- Family Stress (1-5)
- Immigration Stress (1-5)
- Fear of Deportation (0-7)

N=416; Texas 1998-99 Study
% of Hispanic/Latino Adults Avoiding Activities of Daily Life (N=1405)

- Talking to Police
- Applying/Renewing Drivers License
- Going to the Airport
- Using Public Transportation
- Driving
- Going to the Doctor
- Talk with teachers/school officials

Latino National Health and Immigration Survey, 2015
Cumulative Vulnerabilities (Derose et al. 2007)

- **Pre-Migration**: Origin Location, Community Environment, Family Environment, Socio-economic Status

- **Migration**: Migration Experience, Exposures, Age and Year of Entry Cohort

- **Post-Migration**: Federal, State, and Local policies, settlement location, community environment, family environment, socio-economic status, legal status, race/ethnicity/color, English language skills
THE PHYSICAL AND MENTAL HEALTH OF CHILDREN OF IMMIGRANTS
The Immigrant Health Paradox

• When looking across immigrant generations within ethnic groups in the U.S and in comparison to White natives, immigrants appear to be healthier than US-born natives despite lower SES backgrounds.

• This paradox may reflect changing health behaviors and changes in exposures in the U.S. but it may also be an artifact of US data collection techniques and selection effects (e.g., Healthy migrant effect, Salmon bias).
Fair-Poor Health (Ages <18)

Source: NSCH 2007, Singh (2013)
No Vigorous Physical Activity (Ages 6-17)

![Bar chart showing the percent of children (6-17) with no vigorous physical activity by race/ethnicity and immigrant status. The chart compares Immigrant Parents and US Natives. The Hispanic group shows a significantly higher percentage compared to Asian, Black, and White groups.

Source: NSCH 2007, Singh (2013)
Childhood Overweight (Ages 10-17)

Source: NSCH 2007, Singh (2013)
One or More Chronic Conditions (<18)

Percent Children (0-17)

Hispanic  Asian  Black  White

Immigrant Parents  US Natives

Source: NSCH 2007, Singh (2013)
Behavioral/Emotional Problem (Ages 2-17)

Source: NSCH 2007, Singh (2013)
Emotional/Behavioral Health of Children of Mexican Parents, by Parents’ Immigration Status

Mean on Behavioral Problem Index

- Internalizing (range 0-22)
- Externalizing (range 0-33)

LAFANS 2000-2002 ages 3-17; Landale et al. 2015
Health Consequences of Exclusionary State and Federal Policies (Dreby 2012; Perreira & Pedroza, in press)

Child Health

Child Fear, Stigma, Service Use, Family Obligations

Family/Parents
Parent Separation, Residential Instability, Economic Stress, Psychological Distress

Community
Marginalization, Social Isolation, Neighborhood Disorganization
ACCESS TO HEALTH CARE FOR CHILDREN OF IMMIGRANTS
No Health Insurance (Ages 0-17)

Source: NSCH 2007, Singh (2013)
No Preventive Care Visit in Past Year
(Ages 0-17)

Hispanic
Asian
Black
White

Source: NSCH 2007, Singh (2013)
No Receipt of Needed Mental Health Care (Ages 0-17)

Source: NSCH 2007, Singh (2013)
Uninsured Rates Among Nonelderly Adults and Children by Immigration Status, 2016 (Kaiser Family Foundation 2017)

- Unauthorized
- Lawfully Present Immigrants
- US Born

March 2017 CPS
The ACA and Immigrants (Kenney & Huntress 2012)

- Expansion of dependent coverage up to age 26
- Elimination of pre-existing condition clauses from private coverage
- An individual requirement to obtain health insurance coverage
- The expansion of Medicaid up to 133 percent of the federal poverty level implemented in 34 states
- New state-based health insurance exchanges combined with insurance market reforms
- Premium subsidies for individuals with incomes below 400 percent of the Federal Poverty Limit (FPL) and cost-sharing subsidies for individuals with incomes below 250 percent FPL
- Expanded funding for community health centers including FQHCs.
- Requirements for culturally and linguistically appropriate materials with enhanced funding for translations services Medicaid/CHIP

Unauthorized immigrants left out
Federal and State Medicaid/CHIP Coverage of Lawfully-Residing Children without 5-year Wait

Kaiser Family Foundation, 2018; Pew Research Center, 2017
Federal and State Medicaid/CHIP Coverage of Lawfully-Residing Pregnant Women without 5-year Wait

Kaiser Family Foundation, 2018
Common Barriers to Access
(Perreira et al. 2012; Koball et al, 2015)

- Unauthorized immigrant parents and children ineligibility for full Medicaid coverage, except in a handful of states; limited to emergency services in most states
- Administrative complexity of public insurance applications, eligibility rules, income verification, and re-certification
- Lack of immigrant-specific resources and experience in social service agencies
- Lack of public transportation and ineligibility to apply for driver’s licenses in most states
- Fear of being pulled over and apprehended by police, especially in communities where police cooperate with ICE
CONSIDERATIONS FOR THE FUTURE

Source: U.S. Census Bureau
Next Steps: Beyond Personal Resilience

• Advocate for changes in current policies and practices that harm children and reduce access to care
• Develop community-based interventions to build resilient communities and welcoming cities
THANK YOU

For additional information please contact me at perreira@email.unc.edu