

BUILDING A HEALTHY FUTURE FOR THE CHILDREN OF IMMIGRANTS

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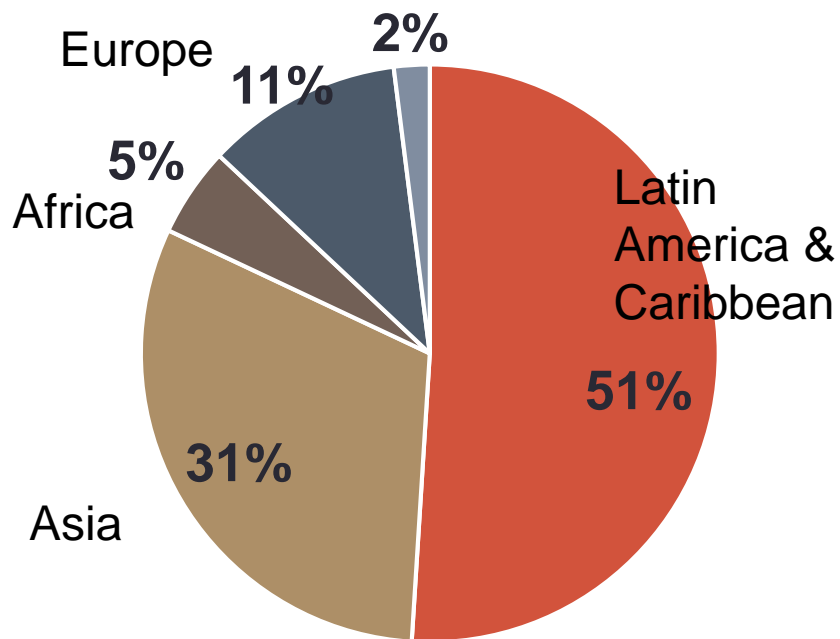
Overview

- 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)

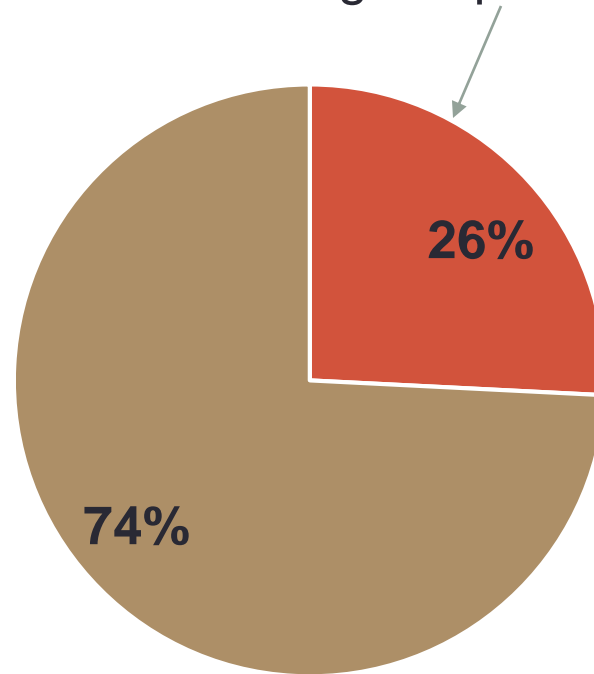
2016


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



2016

18 million children with at least one immigrant parent



A young child with dark hair, wearing a dark sweater, is shown in profile from the chest up, holding a small American flag on a wooden stick. The child is looking upwards and to the left. The background is a blurred, out-of-focus image of a larger American flag, suggesting a patriotic event or ceremony. The overall tone is sepia or muted brown.

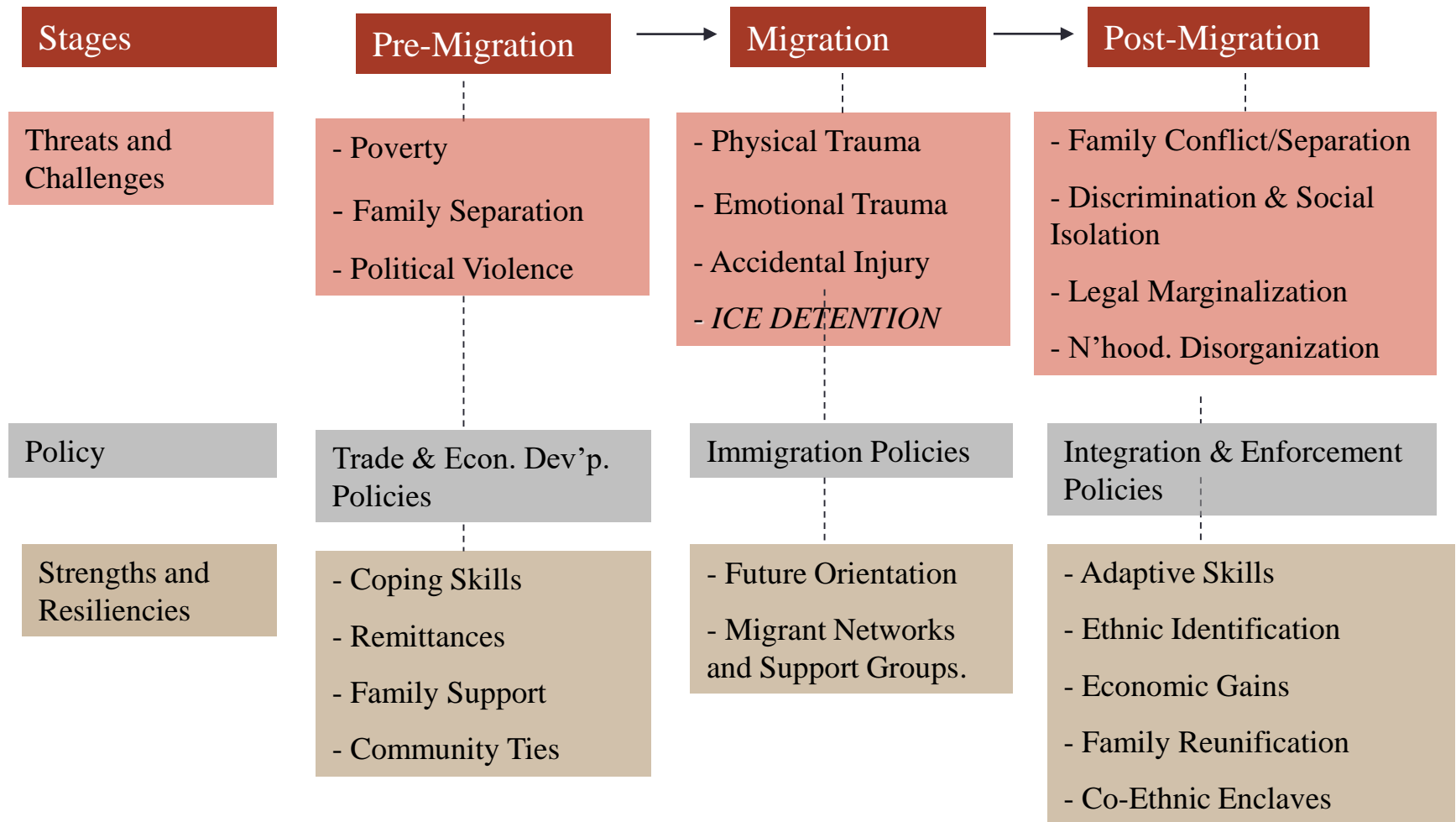
88% U.S.-born

Source: U.S. Census Bureau

FRAMEWORKS FOR UNDERSTANDING IMMIGRANT HEALTH

Ecological Contexts Across Stages of Migration

(Zuniga, 2002; Potochnick & Perreira, 2010)

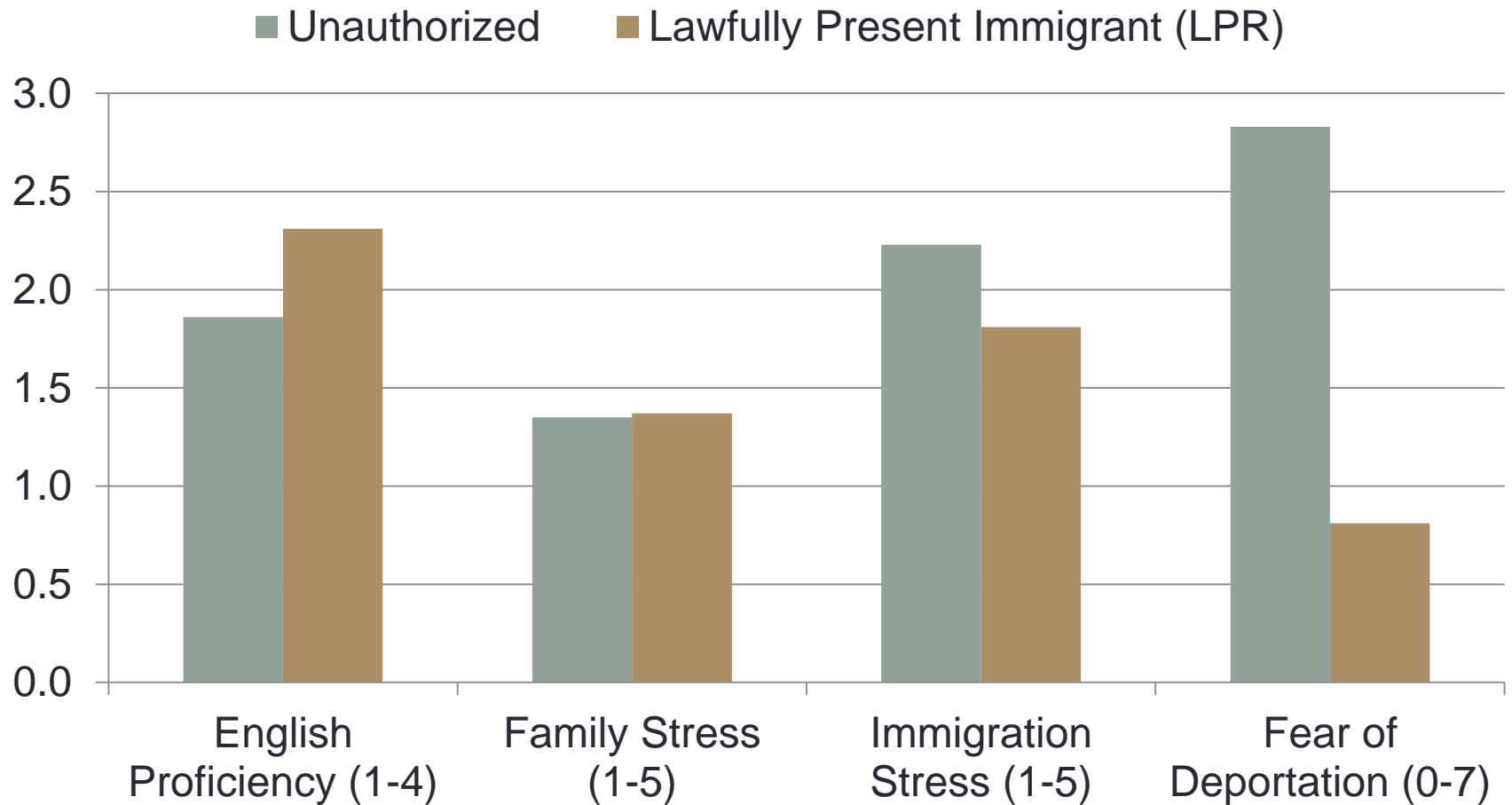


Culture and Stress

- **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)

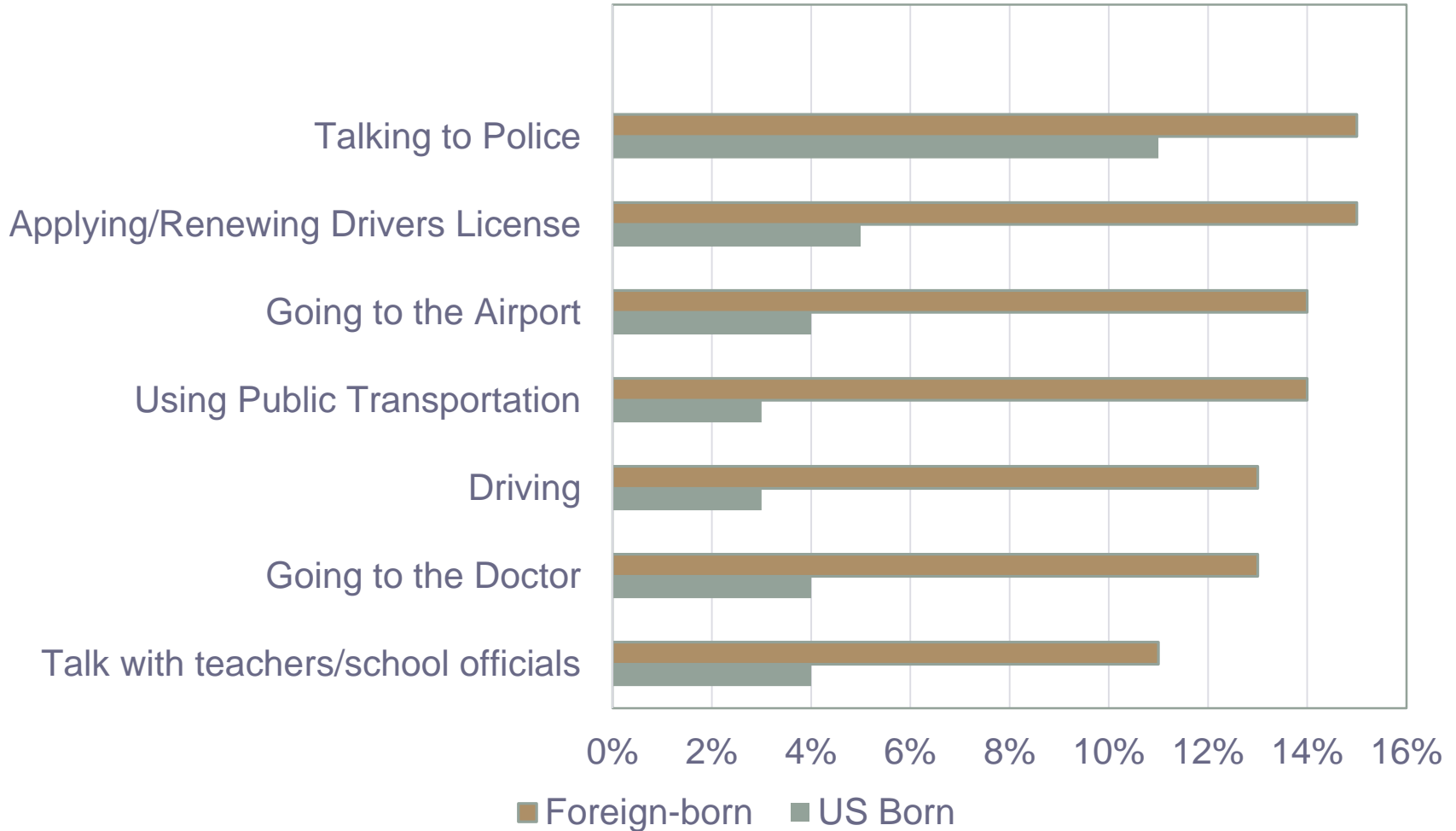


Sources of Acculturative Stress among Latino Adult Immigrants (Arbona 2011)



N=416; Texas 1998-99 Study

% of Hispanic/Latino Adults Avoiding Activities of Daily Life (N=1405)



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



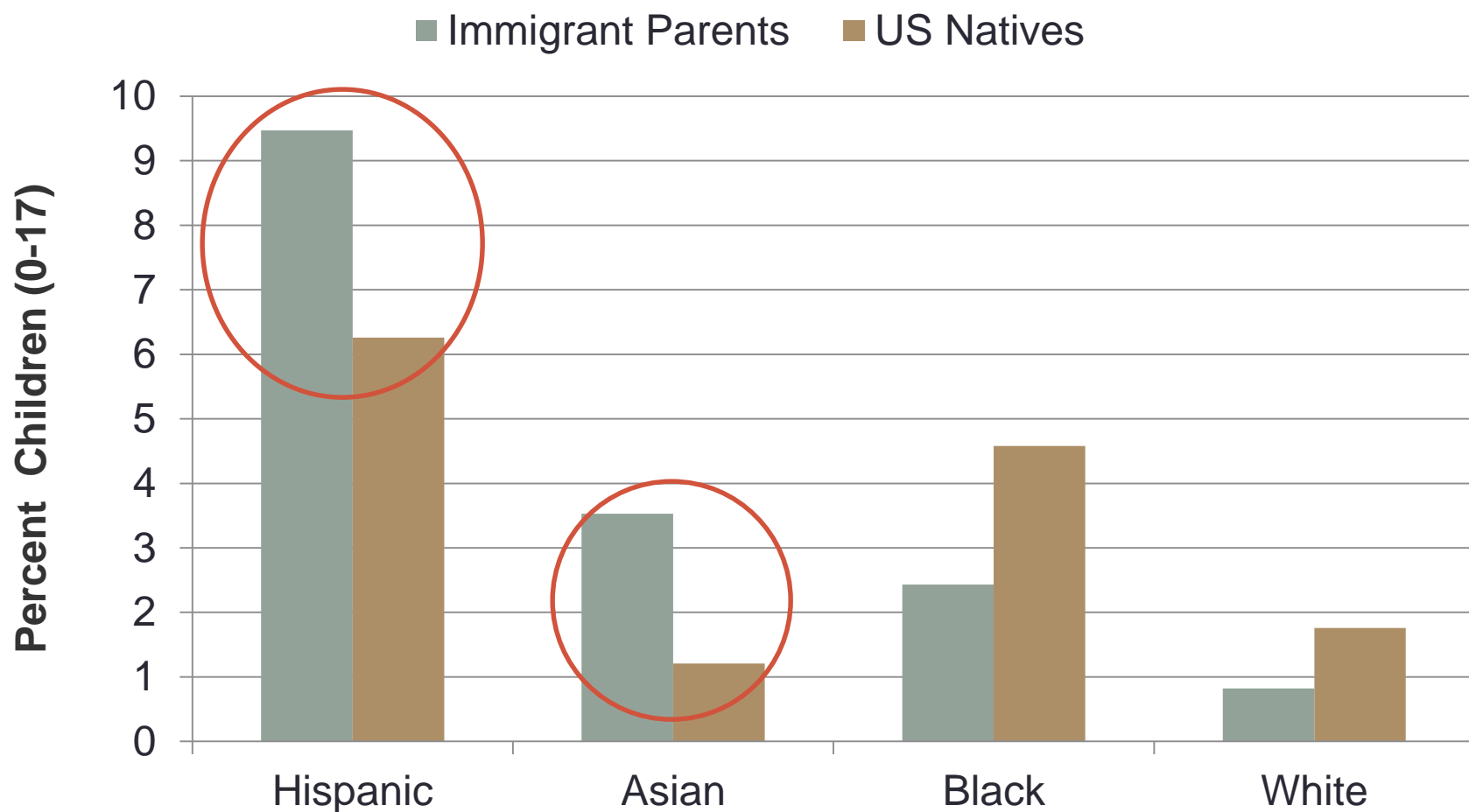
- **Post-Migration:** Federal, State, and Local policies, settlement location, community environment, family environment, socio-economic status, legal status, race/ethnicity/color, English language skills

THE PHYSICAL AND MENTAL HEALTH OF CHILDREN OF IMMIGRANTS

The Immigrant Health Paradox

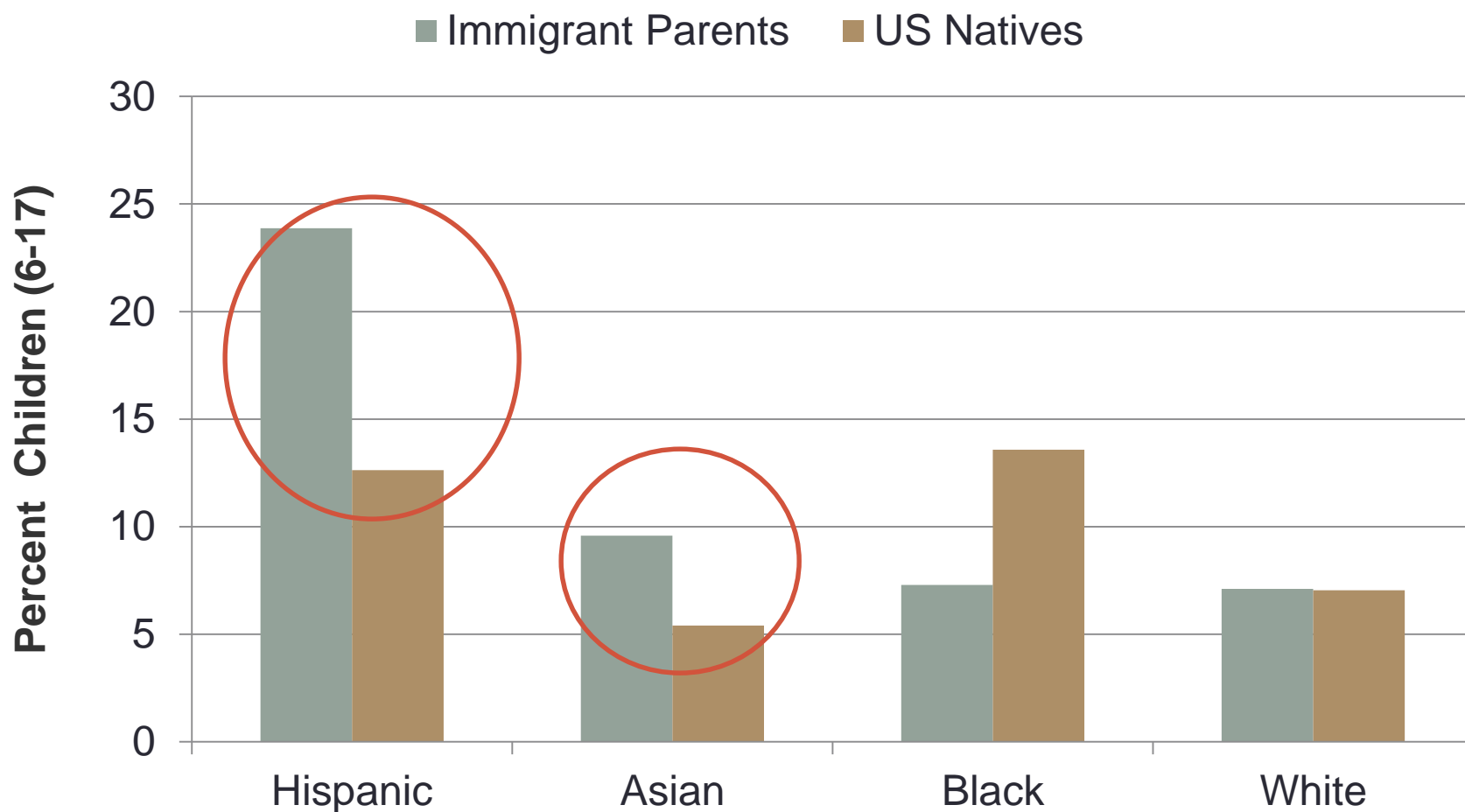
- When looking across immigrant generations within ethnic groups in the U.S and in comparison to White natives, immigrants appear to be healthier than US-born natives despite lower SES backgrounds.
- This paradox may reflect changing health behaviors and changes in exposures in the U.S. but it may also be an artifact of US data collection techniques and selection effects (e.g., Healthy migrant effect, Salmon bias).

Fair-Poor Health (Ages <18)



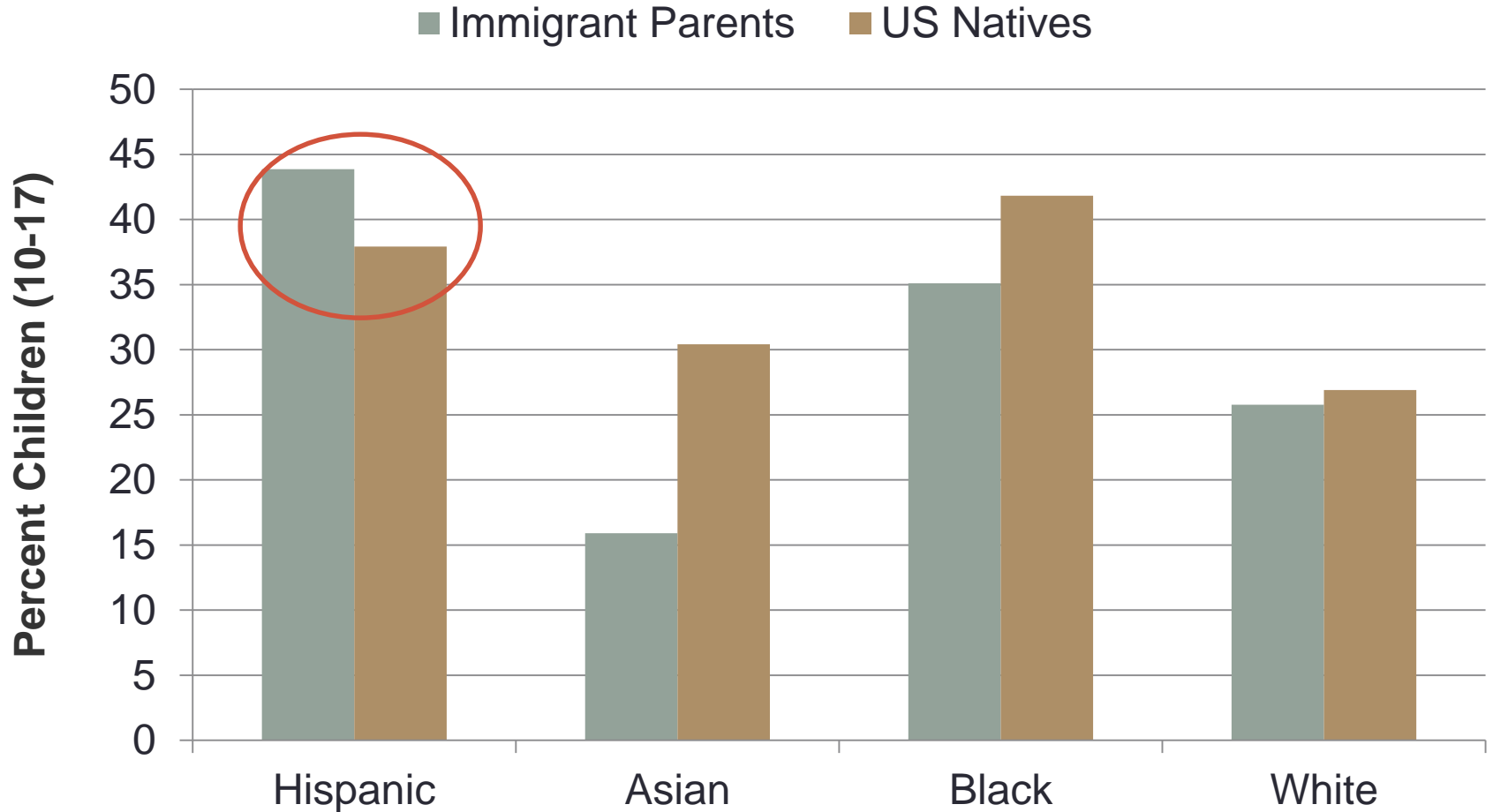
Source: NSCH 2007, Singh (2013)

No Vigorous Physical Activity (Ages 6-17)



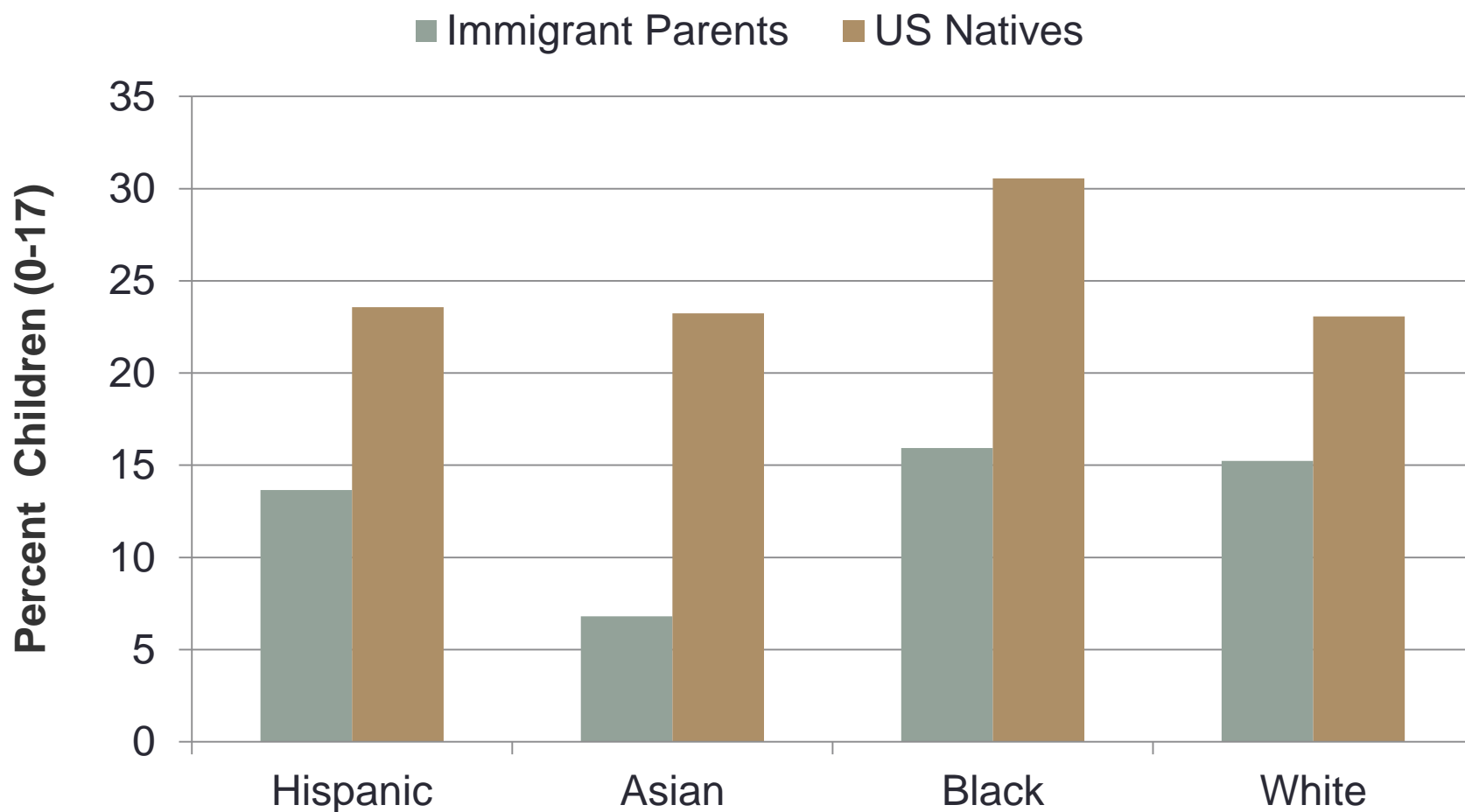
Source: NSCH 2007, Singh (2013)

Childhood Overweight (Ages 10-17)



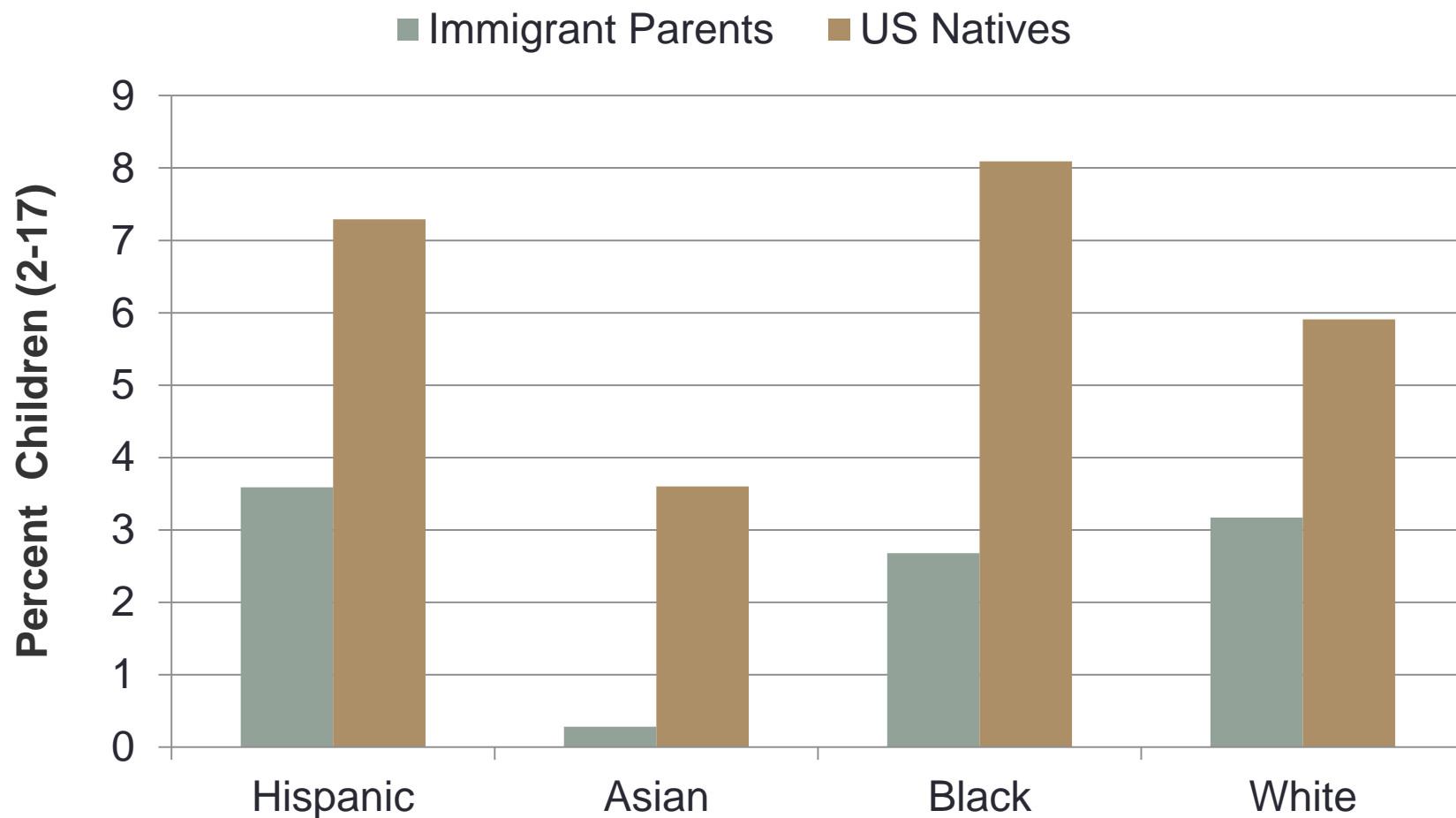
Source: NSCH 2007, Singh (2013)

One or More Chronic Conditions (<18)



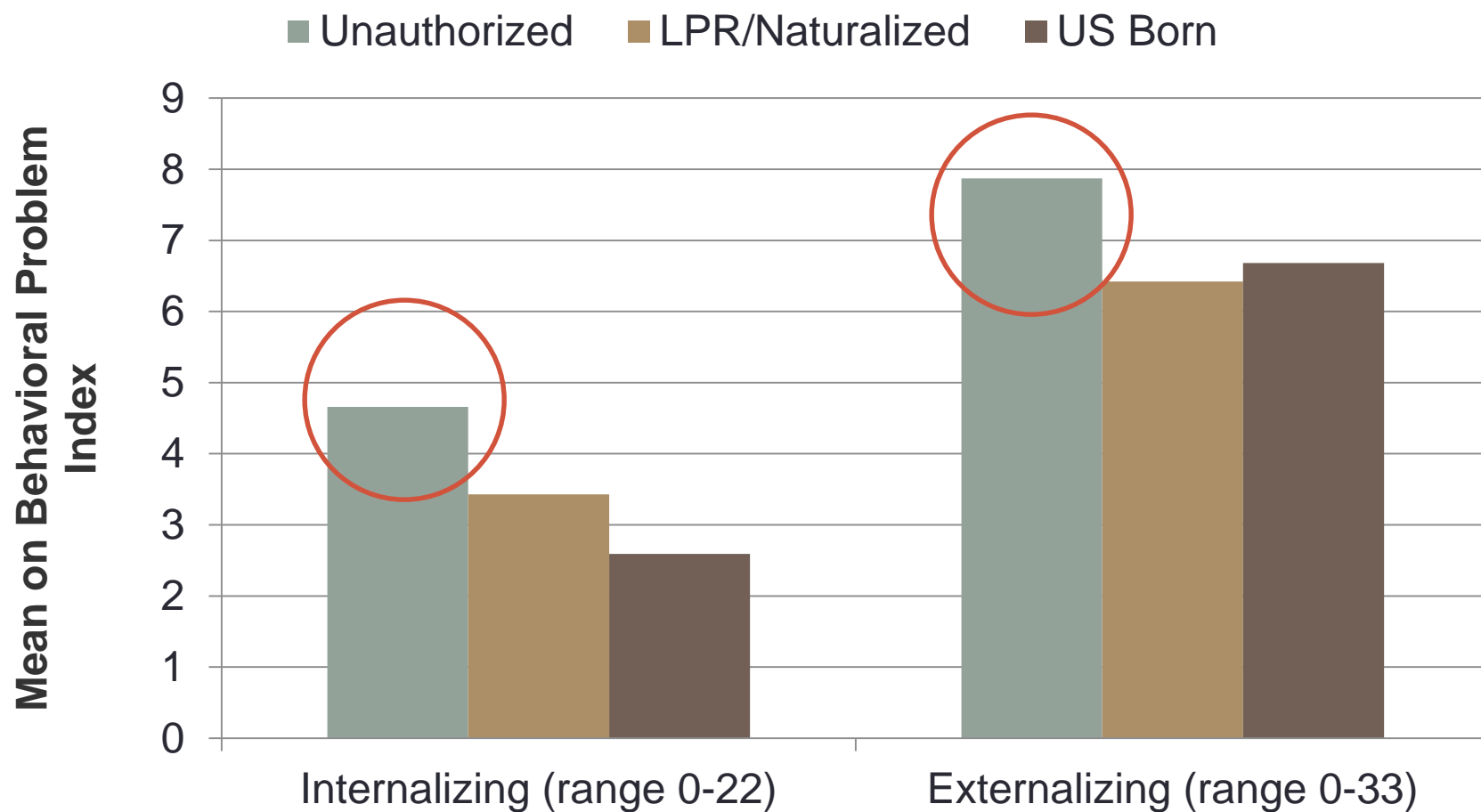
Source: NSCH 2007, Singh (2013)

Behavioral/Emotional Problem (Ages 2-17)



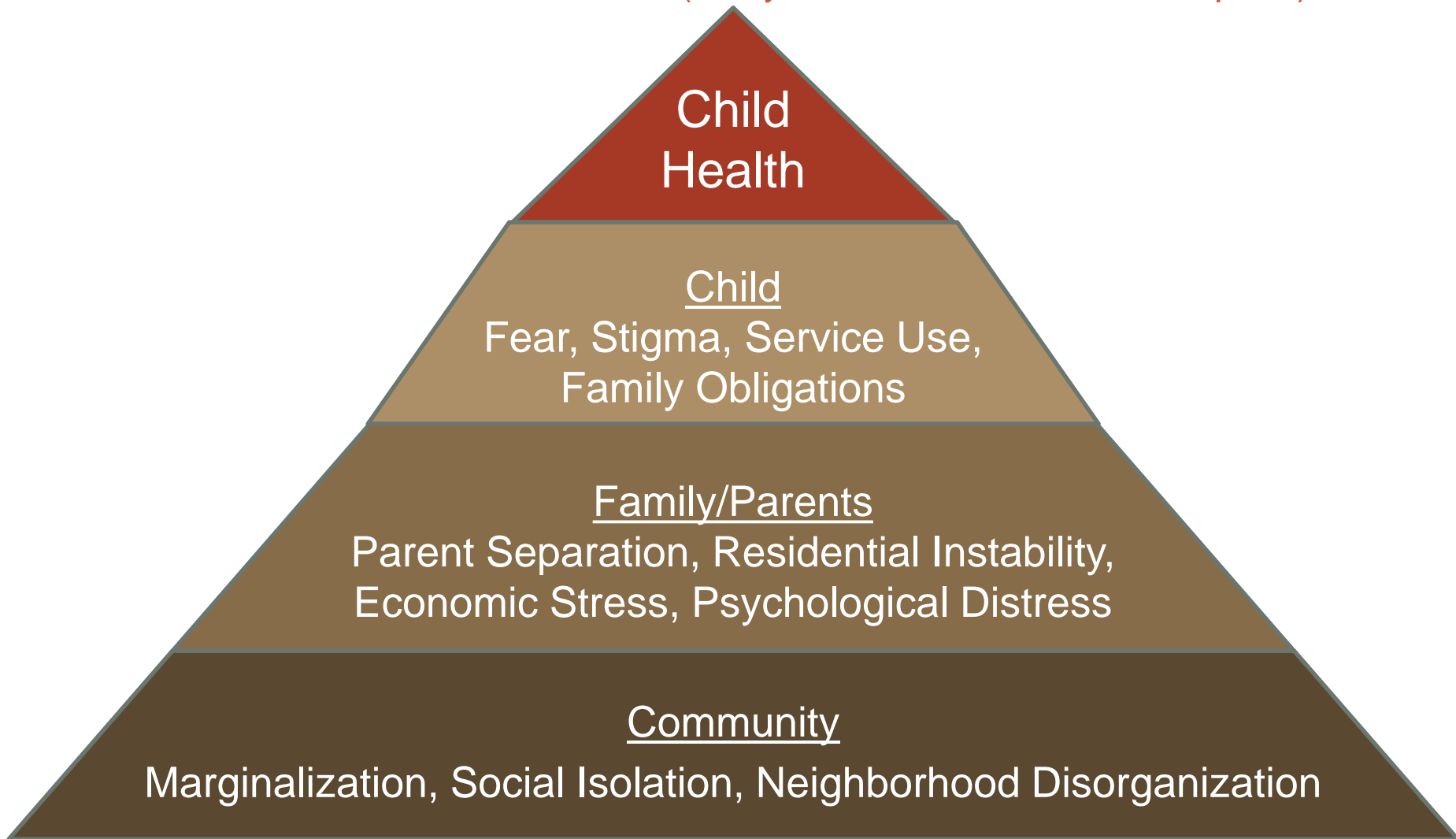
Source: NSCH 2007, Singh (2013)

Emotional/Behavioral Health of Children of Mexican Parents, by Parents' Immigration Status



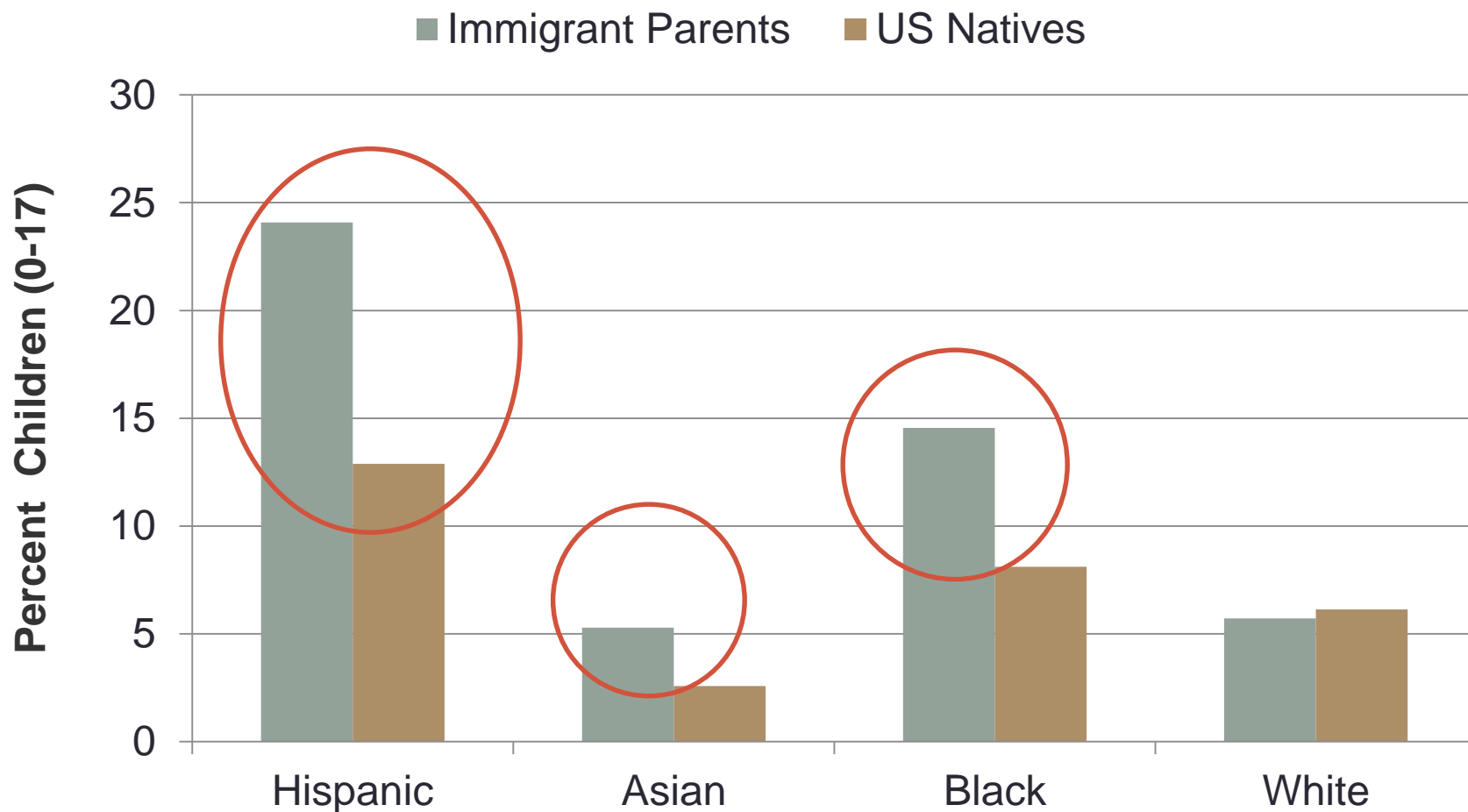
Health Consequences of Exclusionary State and Federal Policies

(Dreby 2012; Perreira & Pedroza, in press)



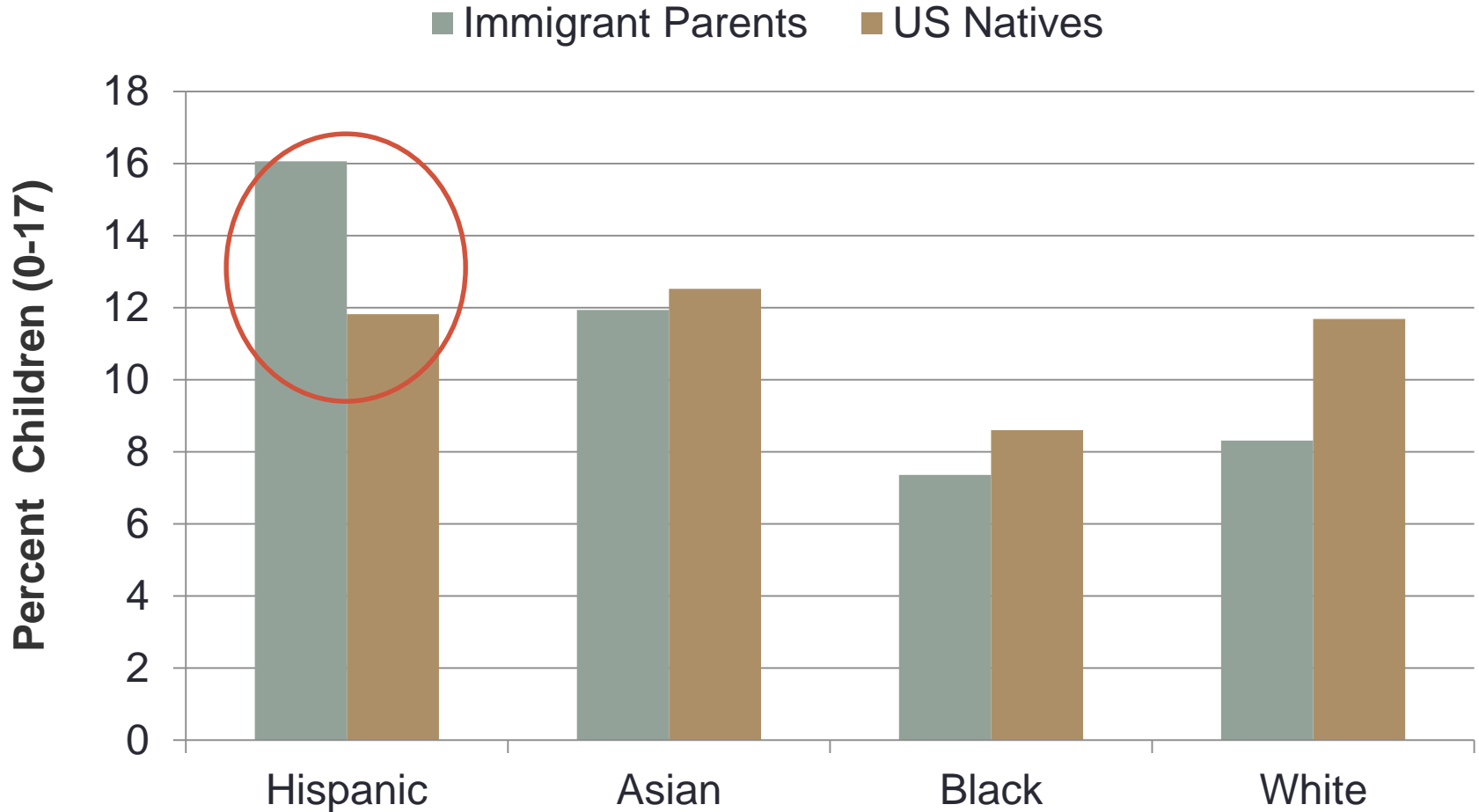
ACCESS TO HEALTH CARE FOR CHILDREN OF IMMIGRANTS

No Health Insurance (Ages 0-17)



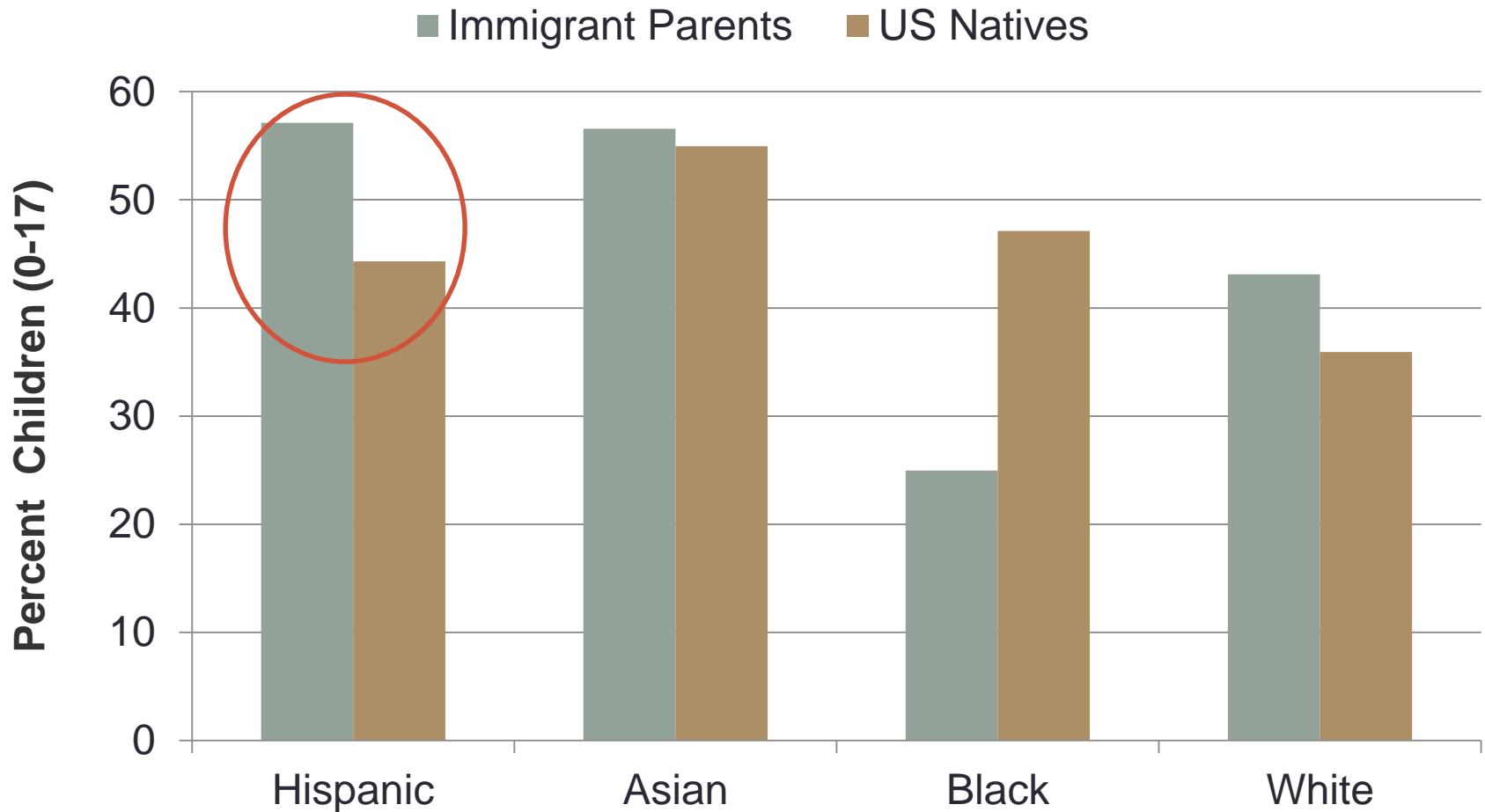
Source: NSCH 2007, Singh (2013)

No Preventive Care Visit in Past Year (Ages 0-17)



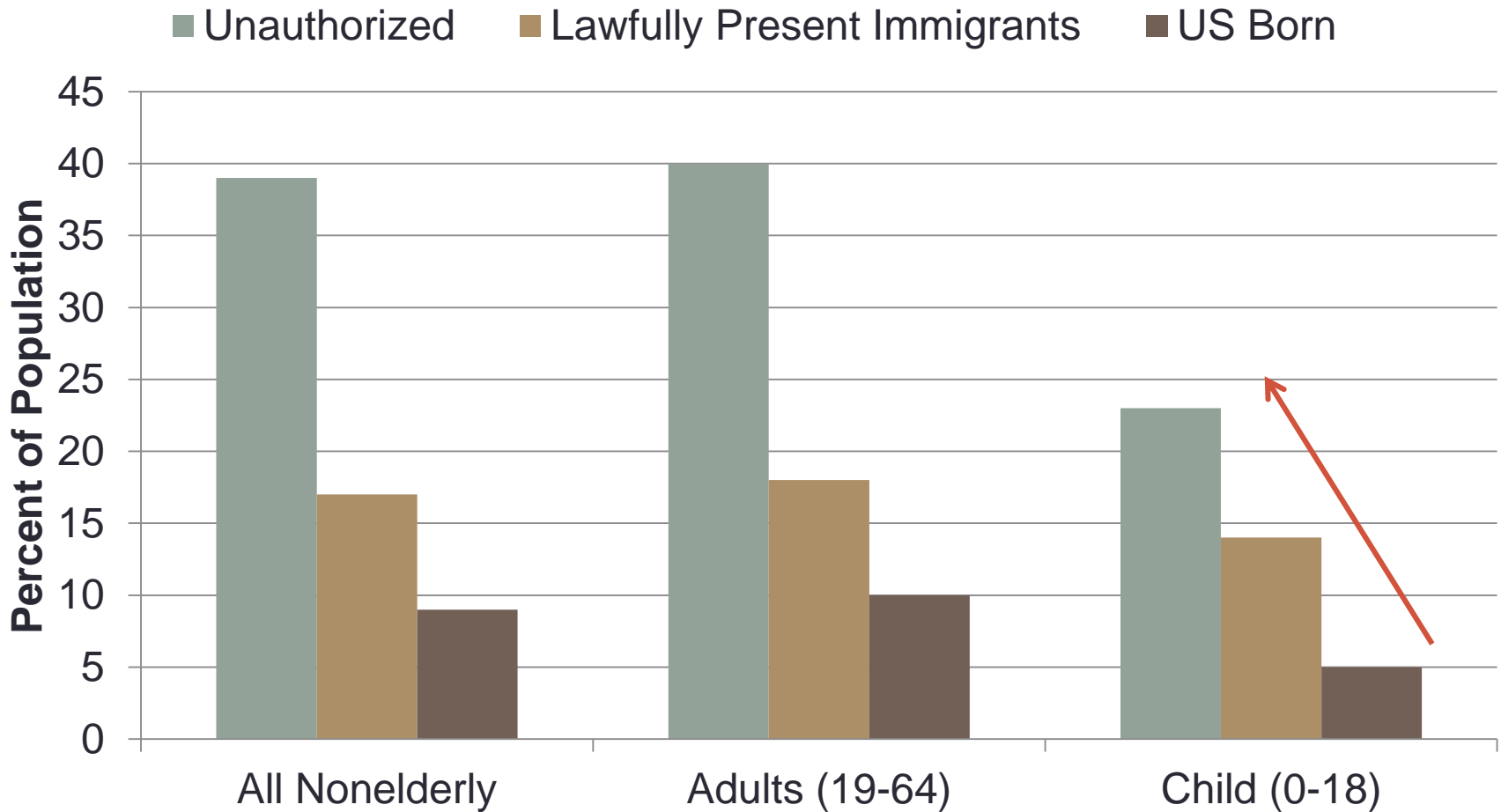
Source: NSCH 2007, Singh (2013)

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)

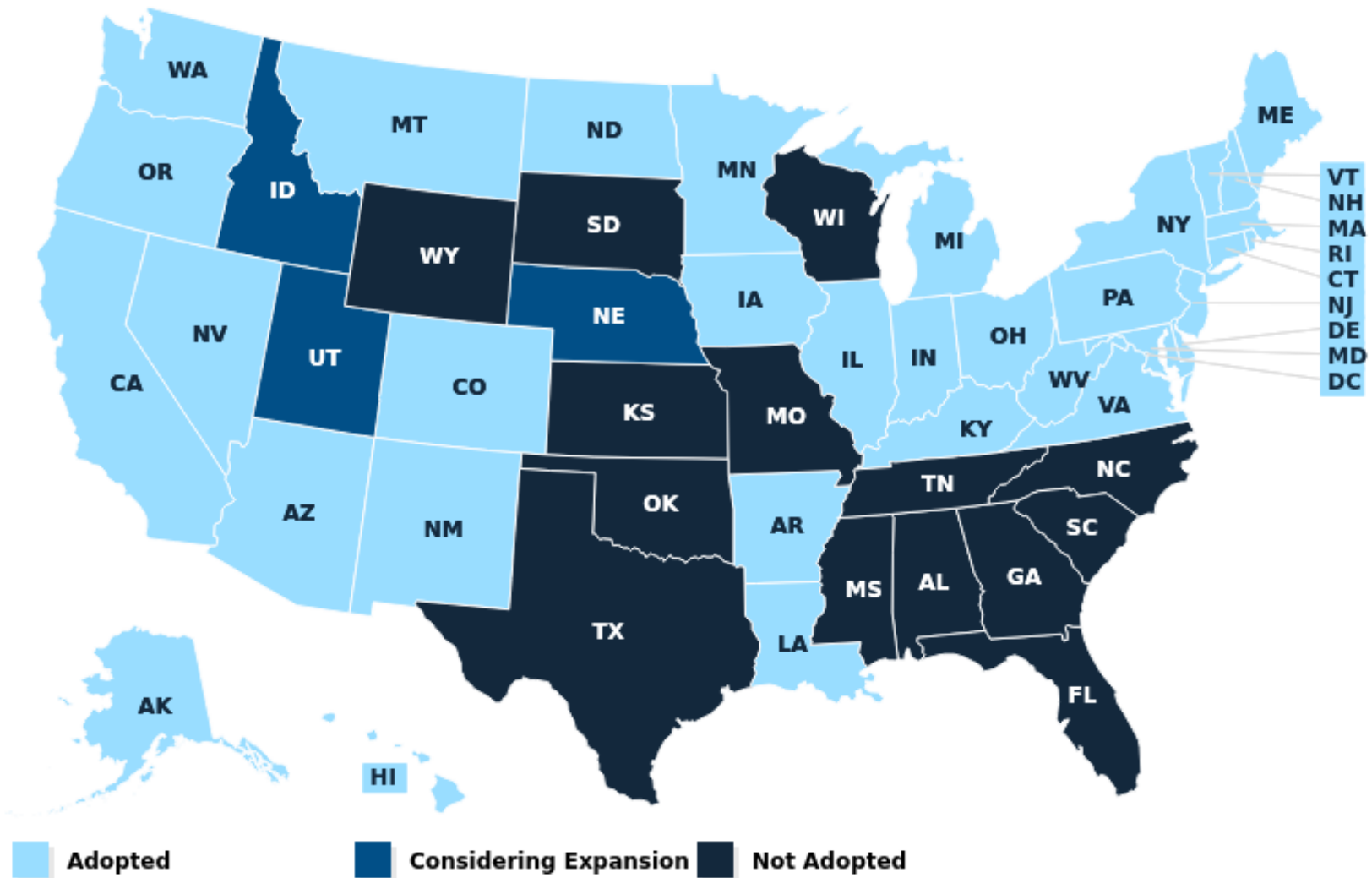


The ACA and Immigrants (Kenney & Huntress 2012)

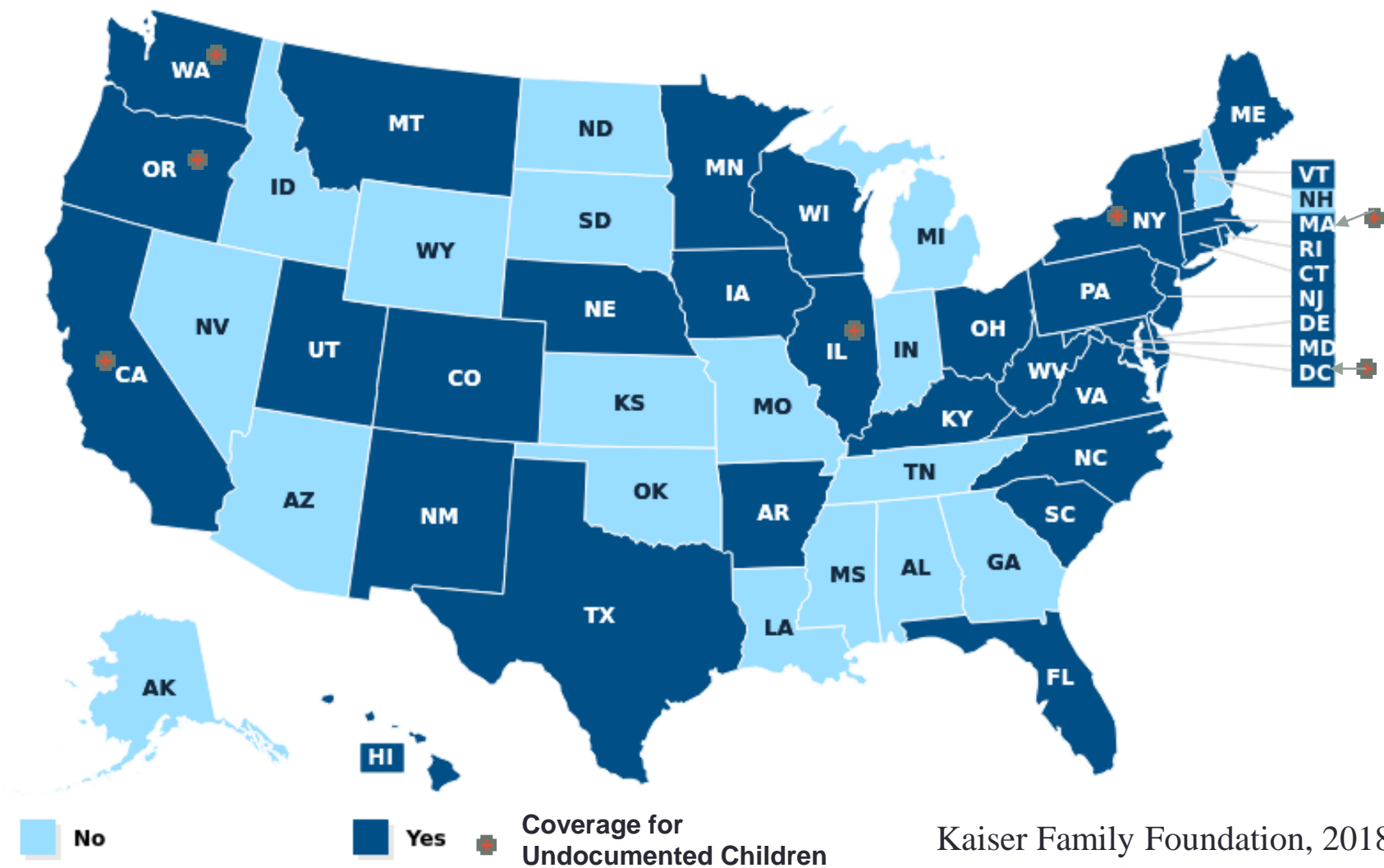
- Expansion of **dependent coverage** up to age 26
- Elimination of **pre-existing condition** clauses from private coverage
- An individual requirement to obtain health insurance coverage
- The **expansion of Medicaid** up to 133 percent of the federal poverty level implemented in 34 states
- New state-based 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

The ACA and Medicaid Expansions

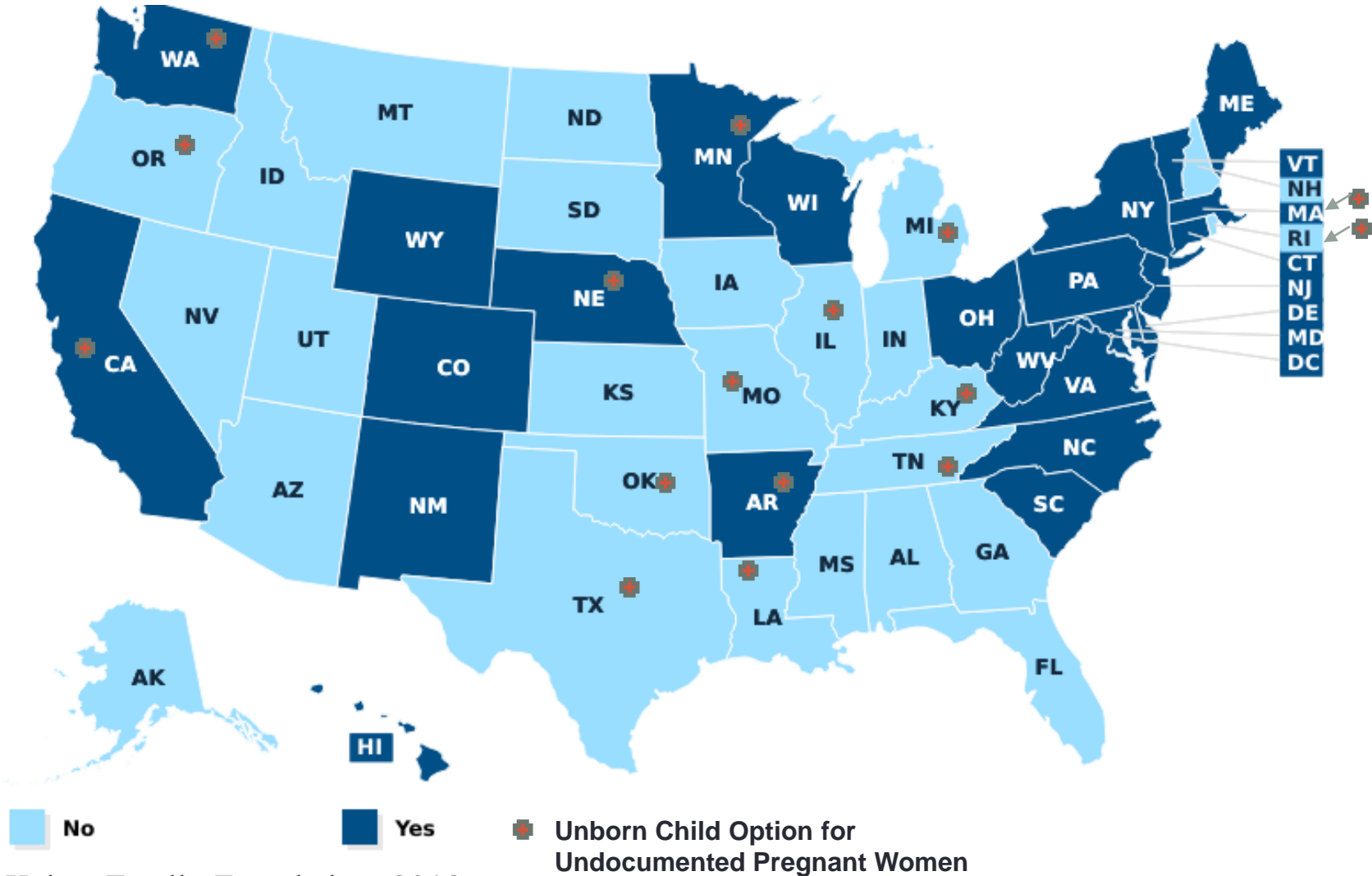


Federal and State Medicaid/CHIP Coverage of Lawfully-Residing Children without 5-year Wait



Kaiser Family Foundation, 2018;
Pew Research Center, 2017

Federal and State Medicaid/CHIP Coverage of Lawfully-Residing Pregnant Women without 5-year Wait



Common Barriers to Access

(Perreira et al. 2012; Koball et al, 2015)

- Unauthorized immigrant parents and children **ineligible 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
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