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Undocumented and Uninsured Part 1: No Papers, No Health Care

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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, 2014.¹ 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. ”

—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.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.

“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.⁴ 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.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 “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

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

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- 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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