

Photo: Paolo Jara-Riveros

UNDOCUMENTED AND UNINSURED

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

PART 4: THE POWER OF A HEALTHY COMMUNITY

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



UCLA Labor Center

THE POWER OF A HEALTHY COMMUNITY

California has been the site of great advances in health care coverage, most recently through the expansion of Full-Scope Medi-Cal to eligible children under the age of nineteen regardless of immigration status. Nonetheless, many undocumented adults and elders remain excluded from comprehensive care and lack preventative primary health services. In the absence of health insurance, undocumented youth and immigrant families develop their own systems of support to promote healthy living.

Because social, political, and economic conditions limit health care access, personal and communal remedies are essential to the well-being of vulnerable groups. Communities that are marginally protected under US laws and services, such as undocumented transgender people, create their own systems of support in pursuit of health. Turning to one another is a form of medicine that adds to collective power and wellness, strengthens community, and increases individual capacity for healthy change.

In immigrant households, support systems are disrupted by unhealthy detention and deportation policies that do not allow families to fully provide for or be present in each other's lives. Health services are necessary to address the negative physical and mental ailments that develop from being undocumented and pursued by pol[ICE]. Reforming immigration enforcement and health access is foundational to the restoration of health and wellness for California families.



Photo: St. John Well Child and Family Center

Undocumented youth counter the negative effects of being undocumented by making life choices that protect their emotional and physical health. A healthy lifestyle helps to counter the effects of family separation, detention, and limited employment opportunities. According to the 2013 Healthy California survey of 550 immigrant youth throughout California, 87 percent of study participants used personal wellness methods to maintain good health and avoid accessing health services. One survey participant stated, “Health is the number one priority, even more important than legal status. What can you do if you aren’t healthy?” More than three-fourths (76 percent) of immigrant youth surveyed reported exercise as their form of prevention, and almost half (45 percent) implemented healthy nutrition practices. For mental health care, 19 percent of immigrant youth sought out support groups and talking circles. Adequate mental health care is critical to heal the psychological violence spread by pol[ICE].

Immigrant-youth-led initiatives, such as the Collective of Immigrant Resilience through Community Led Empowerment (CIRCLE) Project, respond to the lack of emotional and psychological services available to undocumented Californians. In an effort to reduce mental health stressors and stigma, the CIRCLE Project creates community talking circles to collectively counter the systemic trauma and emotional pain of being undocumented. Community talking circles are spaces for storytelling, resource sharing, and conscious development. Conversations center the lives of participants and use a social justice lens to connect individual stories to undocumented community experiences with power, privilege, and race in the United States. One participant stated, “I had a women’s group and we set up a system to share resources. It has worked to help others as well as myself.”

ADVOCATE FOR UNDOCUMENTED FAMILIES

Undocumented and mixed-status families help each other navigate health care systems and share knowledge, skills, and resources to advocate for the health of their loved ones. Of the immigrant youth surveyed, 42 percent reported that they initially turned to friends and family for guidance and support in accessing medical care. Family care includes assisting family members in researching requirements and opportunities for health access, scheduling appointments, babysitting during appointments, filling out forms, calling customer service, providing transportation to clinics or hospitals, paying for a family member's surgery or medical expenses, and acting as liaison with health care providers.

Adequate language access is not always available in the health care system. Instead, reliable interpretation services are commonly provided by the family and friends of individuals seeking care. Of immigrant youth surveyed, 78 percent reported translating medical information, and 64 percent reported filling out medical forms for family members. One participant served as an interpreter during his mother's pregnancy: "When my mom was giving birth, I had to translate. I had to explain the epidural. It was difficult because my mom has back problems, and it could have paralyzed her. It was up to me." The language, translation,

and communication skills that immigrant youth possess are a necessary asset among immigrant families. However, there is the risk of misunderstanding medical information. Placing immigrant youth in this position redirects accountability to provide adequate health care to family members instead of the health care system.

Immigrant youth develop the ability to navigate social institutions and serve as health justice advocates for their families. Of immigrant youth surveyed, 53 percent grew up in a home where at least one family member had health insurance. Of the young people who grew up in mixed-status families, 57 percent developed an interest in health care issues, and 38 percent became spokespeople for family members around health and often the sole advocates for parents or siblings with illnesses.

One participant shared, "I made it a personal matter to be an advocate for my mother's health and was always very supportive and looking out for what she needed in order for her to not forget to go to the doctor." Undocumented and mixed-status family members encourage one another to address their health needs. Statewide advocacy for undocumented families continues as health and immigrant rights advocates push for adults, parents, and elders to be covered under California health policy.



When I get sick, I don't go to the doctor or hospital. I just put up with it or walk it off, whereas my brother gets all kinds of services because he's a US Citizen.

DON'T DIVIDE FAMILIES AND HOUSEHOLDS

Undocumented parents frequently neglect their own care to prioritize the health of their children. In California, 61 percent of undocumented adults live in families with children. Exclusionary practices and limited services can force undocumented parents to endure long-term pain and ignore their own illnesses to care for dependent children. Furthermore, undocumented parents are deported, removed from their children, and simultaneously shamed for being absent. Blaming undocumented parents divides families and overlooks the dominant role immigration policies play in disrupting families' health. Detention and deportation policies separate undocumented parents from their children, breaking the family unit and diminishing the mental, emotional, and physical health of the immigrant family household.

In addition to affecting health outcomes, immigration enforcement and health policies

shape interpersonal relationships in the home. Anger, frustration, and resentment associated with being undocumented can be projected toward family members and impact personal relationships. For example, feelings of unfair treatment can develop between mixed-status siblings. A survey participant shared, "When I get sick, I don't go to the doctor or hospital. I just put up with it or walk it off, whereas my brother gets all kinds of services because he's a US citizen." Another participant explained, "My baby sister was born in the US. She has access. We didn't, my other sister and I. There was a sense of jealousy." Mixed-status family members are aware of the resources afforded or denied to them and work through their feelings in both healthy and unhealthy ways. Undocumented parents are left with the challenge of negotiating the different statuses in their family while navigating their own limited opportunities for health care.

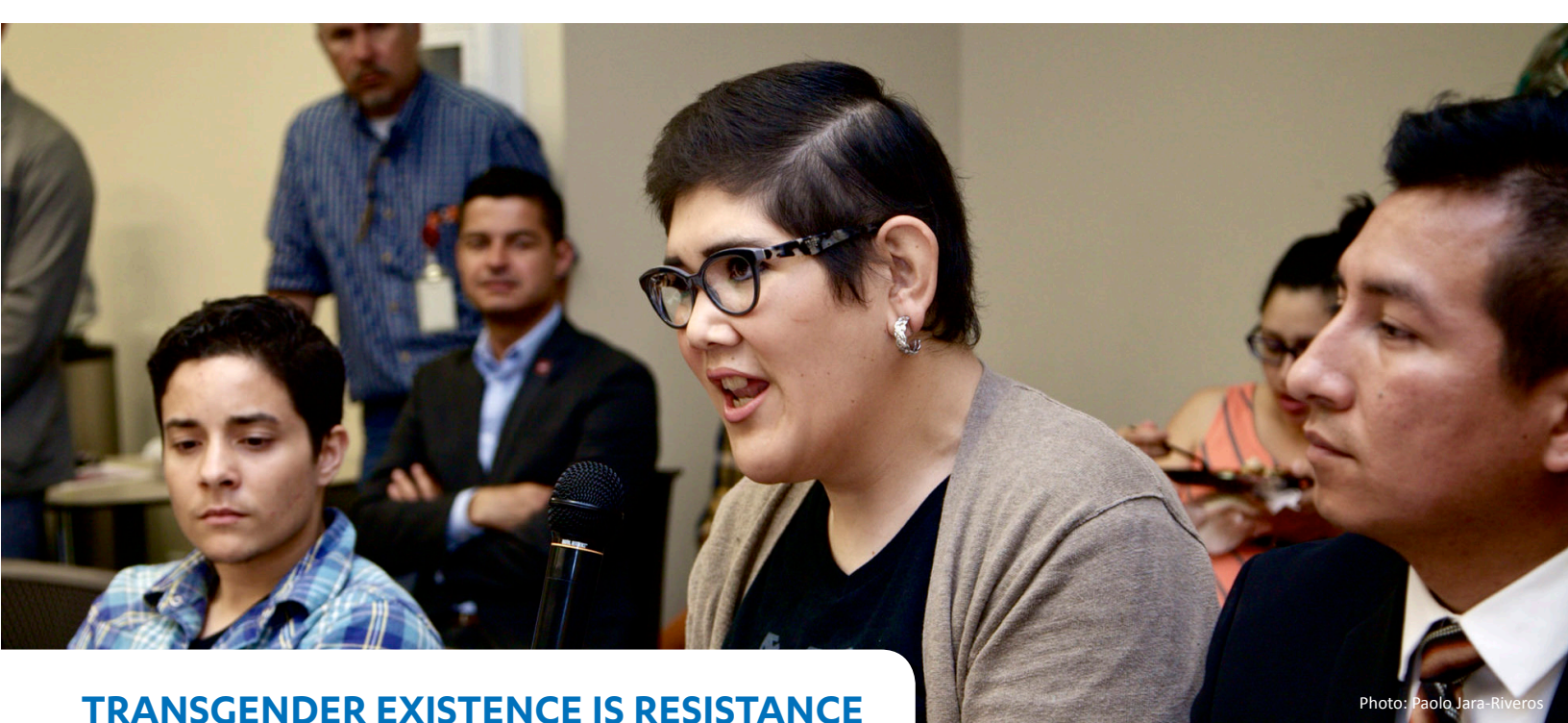


Photo: Paolo Jara-Riveros

TRANSGENDER EXISTENCE IS RESISTANCE

The US health care system often excludes considerations of trans wellness and the needs of other individuals living outside of the traditional gender binary of male or female. Navigating health services as an undocumented trans immigrant, refugee, or asylum seeker is challenging due to language barriers, limited health care access, service provider ignorance of trans health issues, and lack of legal documents that reflect their preferred name and gender. One undocumented trans participant stated, “It is difficult to explain trans status, and uncomfortable doing so.” Health inequalities among the undocumented trans community can be alleviated by modifying health policy to include trans wellness and developing health programs specifically for trans people.

There are an estimated twenty thousand undocumented trans adults living in the US. According to a 2013 study on transgender Latina immigrants in the US, 61 percent of undocumented trans Latinas reported that they came to the United States because they were running away from physical, social, psychological, and/or economic violence. Gender persecution in their home countries forces many trans people to seek refuge elsewhere.

Once in the US, undocumented trans people often face harassment in the workplace and

violence in the street. Sixty-nine percent shared they had met a trans Latina who was murdered for being trans. Seventy-five percent of undocumented trans Latinas reported feeling depressed in the past twelve months, but only 32 percent reported seeing a therapist. Sixty-one percent reported that they go to the emergency room if they need to see a doctor. Accessing hormones is key to undocumented trans well-being. Seventy-six percent of undocumented trans Latinas reported that female hormone regimens improve their mental health. Accessing hormones through the medical system, however, is a challenge due to the lack of providers, availability, affordability, and cultural awareness.

The lack of resources available to undocumented trans people, who experience high levels of street and state violence, leaves them to develop their own means of support and community. Undocumented trans people have established safe spaces for moral and emotional support, such as the TransLatina Coalition. More than half of trans Latinas shared that they could count on other trans people for support. Undocumented trans communities look out for each other’s well-being through shared resources and knowledge to navigate US systems. Undocumented trans people are advocating

for medical provider training on transgender health to encourage safe, secure, and affordable health care as well as trans-centered mental health services, housing access, fair employment, economic empowerment programs, and accessible surgical procedures.

TABLE 1: Prevention and Health Advocacy for Undocumented Youth in California

PREVENTATIVE CARE	
87%	adopt personal wellness methods
76%	use exercise as a form of preventative care
45%	eat a healthy diet
19%	seek mental health support
42%	turn to friends and family first for medical and health needs
HEALTH ADVOCACY	
78%	translate medical information for family
64%	fill out medical forms for family
53%	were raised in mixed-status homes with at least one insured family member
57%	developed interest in health care issues
38%	became spokespeople for their family’s health

CONCLUSION

Undocumented youth, mixed-status families, and undocumented trans people take an active role in their health to counter the physical and emotional ailments that result from being undocumented and targeted by pol[ICE]. Undocumented youth use preventative measures to sustain their health and address their physical and emotional needs. Undocumented and mixed-status families collectively bear the burden when any one member is unable to access health care and supplement inadequate health care with informal skills and knowledge sharing. Outside of the home, immigrant youth look to other social networks for support and guidance. These collective approaches to sustain health have a greater impact and reinforce the power of the community. The task of protecting health and wellness includes resistance to immigration and health policies that break down undocumented communities politically, economically, physically, and emotionally.

Motivated by exclusion from health care access, undocumented trans individuals develop their own systems of support. Many service providers and health advocates are unfamiliar with the political, social, and economic barriers faced by undocumented trans people and are unable to effectively serve these clients. The strength and support that exists within undocumented trans communities is immense. Their experience spans multiple narratives of marginalization as they advocate for inclusion and acknowledgement of their health needs.

There are resources within the immigrant community outside the scope of institutionalized medicine, that are, to an extent, effective and sustaining. Policymakers and program architects should take community networks and skills into account when developing health programs and policies for immigrant and undocumented communities. Community resources, however, are not a replacement for quality medical treatment. Although health and wellness does not solely depend on health care institutions, undocumented Californians require formal access to health care in order to prevent serious health problems and address chronic ailments. It is clear that health and wellness for undocumented youth, mixed-status families, and undocumented trans* people are essential. Good physical and mental health allows undocumented Californians to advocate for tangible change in their homes and communities and to provide healthy models of a sustainable future for generations to come.



Photo: St. John Well Child and Family Center

RECOMMENDATIONS

Implementation of the following recommendations will foster a healthy California, particularly for the growing immigrant demographic:

- ◆ **Create a dedicated revenue source to fund community-led health initiatives in California.**

A dedicated revenue source equips local residents with resources to address regional health disparities and provides local leadership opportunities to improve neighborhood health.

- ◆ **Prioritize trans health by developing health programs specifically for trans people.**

Trans-specific health programs would address the additional challenges to health access and the high rates of trans deaths in California.

- ◆ **Protect the personal information of undocumented Californians and mixed-status families to lessen the fear of deportation and incarceration.**

Undocumented Californians need reassurance and policy protections to entrust their personal information to medical providers.

- ◆ **Provide reliable and accessible language services for non-English speakers.**

Without proper interpretation, non-English speakers risk misinterpreting important medical information that can impact their health.

- ◆ **Reform national immigration and health policies.**

Access to care and basic human protections form the foundation needed to restore health and wellness for undocumented Californians and their families.

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	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		3% Other	
AGE	47% 22–26 yrs old		36% 18–21 yrs old		17% 27–32 yrs old	
GENDER	55% Female		44% Male		<1% Genderqueer, Transgender and Other	
RACE	93% Latina/o Hispanic		3% Asian		2% Mixed Race	
					<2% Pacific Islander, White, Native American and Other	

- 1 Medi-Cal is California’s version of the federal Medicaid health program that provides public health insurance at low or no cost. Medi-Cal services include preventative medical care and treatments for low-income families and individuals in California.
- 2 Transgender or Trans is an umbrella term used to identify people who transgress or defy traditional gender norms.
- 3 Pol[ICE] refers to the increasing collaboration between Immigration Customs Enforcement (ICE) and local police agencies in targeting, surveilling, detaining, and deporting undocumented immigrants.
- 4 “Pol[ICE] In My Head.” Part Three of Undocumented and Uninsured: A Five-Part Report on the Struggle to Access Health Care in California. UCLA Labor Center, 2015, <http://undocumentedanduninsured.org/>
- 5 Mixed-status families have individuals with differing immigration statuses within the same household or family.
- 6 Tara J. Yosso, *Critical Race Counterstories along the Chicana/Chicano Educational Pipeline*. (New York: Routledge, 2005).
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Report Authors

Imelda S. Plascencia
Alma Leyva

Mayra Yoana Jaimes Pena
Saba Waheed

Community Contributors

Sarai Mojica, *QuTi Coordinator, Immigrant Youth Coalition*

Research Team

Adriana Aguilar
Esthela Aguilar*
Jewell Alingasa
Yessenia Ayala
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
Mia Penalosa
Imelda S. Plascencia**
Luis Ramirez
Cesar Resendiz
Giovanni Rodriguez
Maria Rodriguez
Nadia Rojas
Seleny Rodriguez
Angelica Tellez Hernandez*
Crisly Ulloa
Alexandra Vazquez
Jose Vazquez
Xiomara Ramos Villaseñor
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
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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 (IDEPSCA)

Labor Center Team

Cinthia Flores, *Manager, Dream Resource Center*
Saba Waheed, *Research Director*
Stefanie Ritoper, *Communications Director*
Julie Monroe, *Project Director*
Marianna Garcia, *Health Initiatives Coordinator*
Janna Shadduck-Hernandez, *Project Director*

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