

FAMILY UNITY, FAMILY HEALTH



**How Family-Focused Immigration Reform
Will Mean Better Health for Children and Families**



June 2013
familyunityfamilyhealth.org

Authors

Sara Satinsky, MPH, MCRP
Alice Hu, MSPH
Jonathan Heller, PhD
Lili Farhang, MPH

Suggested Citation

Human Impact Partners. June 2013.
Family Unity, Family Health: How Family-Focused
Immigration Reform Will Mean Better Health for
Children and Families. Oakland, CA.

For More Information, Contact:

Lili Farhang, Co-Director
Human Impact Partners
lili@humanimpact.org
www.humanimpact.org
510-452-9442, ext. 101

Report design, graphics and multi-media
components created by Rosten Woo.

ACKNOWLEDGMENTS

First and foremost, we wish to thank the members of our Advisory Committee for their knowledge and commitment to this work. Without their honest and thoughtful feedback and guidance, this project would not have been possible.

To the many organizations that took time and energy to distribute surveys to immigrant members of their communities, we deeply appreciate your support in this project. The data collected through these surveys provides an important description of the experiences of immigrants throughout the United States. These organizations include: Centro Humanitario, Coalition for Humane Immigrant Rights of Los Angeles (CHIRLA), Clergy and Laity United for Economic Justice, Damayan Migrant Workers Association, Families for Freedom, Florida Immigrant Coalition, Idaho Community Action Network, Intervarsity/LaFe, Latino Health Care Forum/Manantial de Salud, Nebraska Appleseed, OneAmerica, Progressive Leadership Alliance of Nevada, Somos Tuskalooza, Street Level Health Project and Tenants and Workers United.

A sincere thank you to Ana Garcia and Joseph Villela at CHIRLA for their work to organize and recruit focus group participants, and to Thelmy Perez for her facilitation and translation support. These discussions were moving to be a part of and we recognize the energy necessary for them to take place.

We also appreciate the time of many others who participated in making this endeavor possible: Holly Lim, Selina Lopez and Oscar Valenzuela for data entry, and Holly Avey and Casey Tsui for conducting the data analysis; Justin Scoggins for providing data; Megan Gaydos and other reviewers who wish to remain anonymous for their thorough review of the report; Bill Walker for his communications and writing support; and Rosten Woo for his artistic vision and dedication to making this report come alive for our readers.

Finally, to the immigrants from mixed-status families, whose voices are reflected throughout this report, much gratitude to you for sharing your deeply personal and powerful stories. We are indebted to you for participating in the focus groups and surveys, and we hope this report helps provide a public account of your experiences in a meaningful way.

This project was made possible by the generous funding of The California Endowment and The Jacob & Valeria Langeloth Foundation.

ADVISORY COMMITTEE MEMBERS

Emily Butera, MALD
Women's Refugee Commission
Washington, DC

M. Andrea Campetella, PhD
School of Social Work, University of Texas
Austin, TX

Randy Capps, PhD
Migration Policy Institute
Washington, DC

Wendy Cervantes
First Focus
Washington, DC

Joanna Dreby, PhD
University of Albany,
State University of New York
Albany, NY

Mary Giovagnoli, JD
Immigration Policy Center
Washington, DC

Karen Hacker, MD, MPH
Institute for Community Health &
Harvard Medical School
Cambridge, MA

Lisa J. Hardy, MA, PhD
Northern Arizona University
Flagstaff, AZ

Kate Kahan
Center for Community Change
Washington, DC

Gerald Lenoir
Black Alliance for Just Immigration
Oakland, CA

Eva Millona
Massachusetts Immigrant and
Refugee Advocacy Coalition
Boston, MA

Lisa Moore
National Domestic Workers Alliance
New York, NY

Manuel Pastor, PhD
Center for the Study of Immigrant Integration,
University of Southern California
Los Angeles, CA

Abraham Paulos, BA, MA(c)
Families for Freedom
New York, NY

Rich Stolz
OneAmerica
Seattle, WA

Lynn Todman, PhD
Institute on Social Exclusion,
Adler School of Professional Psychology
Chicago, IL

Darcy Tromanhauser
Nebraska Appleseed Center for
Law in the Public Interest
Lincoln, NE

Joseph Villela
Coalition for Humane Immigrant
Rights of Los Angeles
Los Angeles, CA

Luis Zayas, PhD
School of Social Work, University of Texas
Austin, TX

CONTENTS

Foreword

Executive Summary.....	i
Introduction.....	1
Child Health and Well-being.....	5
Child Health Status.....	6
Child Behavioral Outcomes.....	11
Child Educational Outcomes.....	15
Adult Health and Well-Being.....	19
Household Health and Well-Being.....	27
Economic Hardship.....	28
Food Access.....	32
Conclusion: Family Unity is Essential to Family Health	36
Recommendations.....	37
References.....	39
Appendices.....	41
Appendix A. Survey Data Findings.....	42
Appendix B. Survey Methods, Analysis and Instruments	49
Appendix C. Focus Group Methods and Guides.....	56
Appendix D. Notes About Frequently Used Statistics in Calculations.....	60
Appendix E. Background on Calculations Used in Introduction and Conclusion.....	61
Appendix F. Pathway Diagram.....	63

FOREWORD

A sense of safety is critical to a child's health and well-being. Constant fear and anxiety harm a child's physical growth and development, emotional stability, self-confidence, social skills and ability to learn. Yet for millions of children in America, fear is a constant companion.

The lives of children with undocumented immigrant parents or guardians in the United States are saturated with fear – fear that the people they love and depend on will be arrested and taken away from them at any moment without warning. Many of these children were born here and are U.S. citizens. But under current immigration policy, their families can be torn apart with an arrest and deportation with little regard for their well-being or futures.

This important and timely report documents the profound and unjust impacts of deportation – and fear of deportation – on the children of undocumented immigrants. These children didn't choose their circumstance. But our misguided policies leave these children more likely to suffer from mental health issues and post-traumatic stress disorder than the children of documented immigrant parents. These children are more likely to experience aggression, anxiety and withdrawal and less likely to do well in school. If a parent is deported, they are at increased risk of going hungry, falling into poverty and dropping out of school. When one-fifth of our nation's children are poor, the last thing we need are policies that will push more children into poverty and lives of despair without hope and opportunity.

An estimated 660,000 children – 150,000 last year alone – have been separated from one parent or both by our nation's heartless detain-and-deport immigration laws. According to a report by the National Council of La Raza and the Urban Institute, the majority of these children are under age 10—many are infants, toddlers and preschoolers. These children not only experience trauma now, but will likely suffer from this event for the rest of their lives. When children experience strong or prolonged adversity without adequate adult support, they are flooded with stress hormones which can disrupt the development of the brain and other systems, resulting in what researchers at Harvard's Center on the Developing Child call toxic stress response. This kind of trauma

increases the risk of stress-related disease well into adulthood.

Children are not the only ones harmed. When one parent is deported the health of the remaining parent suffers, sometimes even shortening the remaining spouse's lifespan. And the impact of deportation ripples outward, creating a climate of fear and paralysis in the entire community – children whose classmates are separated from their parents; businesses who lose valued workers; families who become scared to seek health care, to use public services or even to drive. Entire communities suffer from immigration policies that ignore the needs of our children. One event often has multiple consequences.

Congress appears to be moving toward comprehensive immigration reform. In order to address the unmet health and mental health needs detailed in this report, any new immigration policies must expand health and mental health coverage to all children and parents, and must not deny or reduce coverage to those who currently have it. Any immigration reform worthy of our American ideals must have as its foundation concern and compassion for children and families. Prioritizing family unity will not only improve these families' health and well-being but our society's as a whole. By removing children's fear we will restore their hope.

Marian Wright Edelman

President

Children's Defense Fund

Robert K. Ross, MD

President and Chief Executive Officer

The California Endowment

ONE EVENT CAN HAVE MANY CONSEQUENCES



Jorge Garcia is an undocumented resident of the U.S. He came here in search of a better life. He lives with his partner **Elise**, a U.S. citizen. Because Jorge entered the country without documentation he cannot gain status through marriage.



THE GARCIAS ARE A PART OF THEIR COMMUNITY



Jorge works at a factory.
Elise is a teacher.



He pays rent to a landlord.



Elise buys food and clothing at the local store.



Their children, **Nina** and **Ben** go to grade school in town.



They volunteer with their local church.

BUT, THEN ONE DAY ...



Jorge is pulled over for having a broken taillight. The police realize he doesn't have papers and **he** is arrested.



He is detained for several months in an out-of-state prison.



He is eventually deported, never to return.

SO...



Jorge stops coming to work. Other workers are afraid they might get picked up. Some stop coming to work too.



Without the support of **Jorge's** income, **Elise** cannot afford the rent. She is evicted and moves in with cousins who live in a different town. The psychological strain is enormous because **she** is financially strained and her **kids** have become despondent and worried.

AND...



Employers lose experienced workers. Families lose income. Landlords lose tenants. Storeowners lose revenue. The small town starts to lose its tax base, people begin to leave and the town's economic activity declines.



Nina and **Ben** switch schools suddenly because of the move. They feel abandoned and isolated in their new environment.



Elise's cousins are stretched thin and overcrowded with three new family members, their household goes from four to seven overnight.*



Nina and **Ben's** friends and former classmates hear of the deportation, become fearful and miss days of school.

*Nina and Ben were lucky to have two parents present. At any given moment 5,000 foster care children are children of deported parents.

DEPORTATION POLICY CREATES A CLIMATE OF FEAR AND PARALYSIS IN COMMUNITIES.



People are afraid to drive,



afraid to use parks and exercise outdoors,



afraid to use public services like clinics



and afraid to get involved in their communities.

EXECUTIVE SUMMARY

For the estimated 11 million undocumented immigrants living in the United States, the vigorous national debate on immigration reform will determine their future—whether they are allowed to stay, work and become citizens. But the undocumented themselves are not the only ones whose lives will be profoundly affected.

Nationwide, an estimated 4.5 million children who are U.S. citizens by birth live in families where one or more of their parents are undocumented. These children will grow up to be our future family members, neighbors and co-workers—and their health and well-being as children today will translate into their health and well-being as adults, ultimately shaping the health of our communities.

However, these children and their families live with anxiety about the future, fearful that arrest, detention or deportation will tear their families apart. Anxiety and fear are only part of the damaging impacts of their families' precarious legal status. Children of the undocumented may also suffer from poverty, diminished access to food and health care, mental health and behavioral problems and limited educational opportunities—particularly when a parent is arrested and detained or deported.

An extensive body of research shows that these factors are fundamental determinants of child health today, and their adolescent and adult health in the future. **Building on this research, this study provides further evidence that a continued policy of detention and deportation comes at the expense of health for children with undocumented parents.**

U.S. CHILDREN AFFECTED BY DEPORTATION, 2012

88,517 Removals in FY2012 who reported at least 1 U.S.-citizen child

X 2.10 Average number of children in undocumented households

X 82% Proportion of children to undocumented immigrants that are U.S.-born

152,426 Estimated number of U.S.-citizen children affected at FY2012 level

Sources:

- Migration Policy Institute. Analysis of 2008 U.S. Current Population Survey data with assignments of legal status by Jeffrey A. Passel at the Pew Hispanic Center.

- Passel JS, Cohn D. Unauthorized immigrant population: national and state trends, 2010. Pew Hispanic Center; 2011. Available at: <http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-national-and-state-trends-2010/>.

- Wessler S. Primary Data: Deportations of Parents of U.S. Citizen Kids. ColorLines.com. Available at: http://colorlines.com/archives/2012/12/deportations_of_parents_of_us-born_citizens_122012.html.

ABOUT THIS STUDY

We build on a body of evidence on the impact of immigration policy on communities, paying particular attention to the health and mental health of children and families.

Using existing research, predictive quantitative analysis and data from a convenience survey and two focus groups that we conducted, we shine a light on the consequences of a continued policy of detention and deportation on: physical health, mental health, educational and behavioral outcomes among children; adult health status and lifespan; and economic hardship and food access in households.

EXECUTIVE SUMMARY

Findings

We highlight the consequences of the threat of detention and deportation for the physical and mental health of children and families. Additionally, we project that a continued policy of deportation at the level reported in 2012 would mean that hundreds of thousands of families will experience hardship in the coming years. In particular, children will sustain these impacts across multiple measures of mental health and well-being.

IF DEPORTATIONS REMAIN AT 2012 LEVELS, WE ESTIMATE ANNUAL IMPACTS TO INCLUDE:



POORER CHILD HEALTH

Children of undocumented immigrants will continue to suffer from mental health issues, symptoms of post-traumatic stress disorder, lower use of health care than children of documented immigrants and reduced household income. An estimated 43,000 U.S.-citizen children will experience a decline in their health status after the change in household income associated with the absence of a primary earner.



POORER CHILD BEHAVIORAL OUTCOMES

Children of undocumented immigrants will suffer behavioral problems, such as aggression, anxiety and withdrawal, which can lead to poor school performance and poor development. Approximately 100,000 U.S.-citizen children will show signs of withdrawal after a parent's arrest.



POORER CHILD EDUCATIONAL OUTCOMES

U.S.-citizen children who live in families under threat of detention or deportation will finish fewer years of school and face challenges focusing on their studies.



POORER ADULT HEALTH AND SHORTER LIFESPAN

Almost 17,000 more undocumented parents of U.S.-citizen children will consider themselves in poor health

because of the loss of income from a deported partner; a factor that is linked to shorter lifespan. Similarly, due to lost income, the estimated 83,000 partners who remain in the U.S. after a primary earner is deported will lose an average of 2.2 years of life – collectively a loss of more than 180,000 years of life.



HIGHER RATES OF POVERTY

Median household income for undocumented immigrant households overall will drop to an estimated \$15,400, putting them below the poverty line. More than 83,000 households will be at risk of poverty.



DIMINISHED ACCESS TO FOOD

With the absence of their primary household earner, over 125,000 children will live in a food insufficient household. Without the support of food assistance, these children may experience hunger and malnutrition.

Focus group and survey findings showed that undocumented parents are deeply aware of how their lack of legal status and the constant threat of detention or deportation affect their children:

Almost 40% of children of undocumented parents did not see a doctor in the past year; almost three-fourths of the children of documented parents did. Research shows U.S.-born children of undocumented parents are twice as likely to lack health insurance as children born to citizens.

Nearly 30% of undocumented parents reported that their children were afraid either all or most of the time, much higher than among children of documented parents. Nearly half reported that their child had been anxious, and almost three-fourths of undocumented parents reported that a child had shown symptoms of post-traumatic stress disorder.

EXECUTIVE SUMMARY



“From the moment that immigration [authorities] came and threatened to knock down the door . . . my youngest son who was about 14 years old, he was like crazy . . . Anytime somebody knocks on the door, the first thing that my youngest son says to the rest is ‘Don’t open the door!’ . . . He cannot sleep well. He is more alert to sounds but before he didn’t have these behaviors . . . This is something that can produce a great trauma for a child.”
– *Isabella, an undocumented mother of three*



“The fact that they [my undocumented parents] weren’t able to get those jobs and I grew up being low income most of life, that does affect me. Because I was always feeling like, ‘Why can’t I be normal like the other kids?’”
– *David, a young person in the process of adjusting his legal status*

Undocumented parents also experienced considerable impact on every indicator of mental health due to the threat of detention or deportation: stress, fearfulness, sadness, withdrawal and anger. Seven out of ten also reported driving less and eight out of ten said they were less willing to report a crime.

The cost of current policies also carries a staggering price tag: Last year the U.S. spent more than \$1.2 billion to deport parents of U.S.-citizen children. This is money that could instead be spent on improving the health and well-being of families and children.

Recommendations

Our society professes to prize family values, but since 1998, U.S. immigration enforcement policies have affected an estimated 660,000 or more U.S.-citizen children who had one or more parents deported. In April 2013, the U.S. Senate released the “Border Security, Economic Opportunity, and Immigration Modernization Act,” (S.744) otherwise known as “comprehensive immigration reform.” The proposal could reduce many health and mental health harms highlighted throughout our report – most specifically by creating a path to citizenship that may decrease the risk of detention and deportation for millions of individuals and their families.

However, there remain many opportunities to improve health and well-being for these families. As policy-makers debate the specifics of immigration reform, a proposal that puts family unity first is the best opportunity to turn around the harm caused by current policies. We propose a series of recommendations that can begin to address the root causes of poor health status among families with undocumented members – namely, the fear, stress and potential trauma experienced by families whose unity may be threatened due to their legal status.

Our recommendations both affirm aspects of the current immigration reform proposal that are health-promoting for these families, and describe opportunities to go even further by creating the long-term safety and stability that are necessary for health.

Immigration reform must not create a host of new, unintended consequences for the health of these already vulnerable people. Immigration reform that preserves and protects family unity will advance conditions essential to the health and well-being of millions nationwide, and ultimately to the well-being of our country as a whole.

WE PROPOSE THE FOLLOWING RECOMMENDATIONS:

1 Ensure the “Border Security, Economic Opportunity, and Immigration Modernization Act” includes the following key components:

- a. A direct, clear, expedient and affordable path to citizenship for all undocumented immigrants*, ending their risk of detention or deportation. We recommend a path to permanent residence and eventual citizenship over a legal status that stops short of citizenship. The latter would not create long-term stability for families, or result in the health benefits associated with such stability.
- b. Financial requirements must be fair and include appropriate payment schedules that do not force families to choose between applying for legalization and other family needs. They must take into account the impact that fees and fines have on working families.

* Excluding those who pose a threat to national security.

EXECUTIVE SUMMARY

c. Elimination of mandatory detention laws that result in the arbitrary and unnecessary detention of parents and primary caregivers of U.S.-citizen children. The U.S. Department of Homeland Security should assess cases of detention on an individual, not blanket, basis.

d. Generous waiver provisions that recognize the importance of family unification. For principal applicants, bars to participation in the legalization program should generally be overcome in the interest of family unity. As is currently in the Senate proposal, for the previously deported parents of children who are citizens or permanent residents as well as for certain individuals who entered the U.S. as children, permit waivers should allow re-entry and a roadmap to citizenship for purposes of family unification and improved child well-being.

e. Allowing immigrants in the process of obtaining legal status to receive health insurance coverage and other means-tested public benefits after some designated and appropriate length of time.

f. Recognition that the health and well-being of children is often maintained by undocumented immigrant parents and other relatives who do not work outside the home or work in the underground economy. Consequently, consider revising the current work and income requirements in the proposal to be less rigid – specifically, by allowing applicants to submit alternate documentation of work history; allowing exceptions for the inability to work, health conditions and disabilities; and eliminating the Federal Poverty Level (FPL) income requirement as a threshold for eligibility.

g. As currently proposed in the Senate bill, modify current law to ensure that immigration judges are provided with the discretion to consider hardship to U.S. citizen or permanent resident children when deciding whether to deport a parent.

h. To overcome guardianship fear and lack of knowledge, permit the Centers for Medicare and Medicaid Services to allow non-parental relatives and public school staff to enroll children who are citizens in federally-funded programs, such as State Children's Health Insurance Program and Medicaid, and the U.S. Department of Agriculture to do the same for the Supplemental Nutrition Assistance Program, across all states.

2 Reduce the federal government's reliance on programs that needlessly target immigrant families. Specifically, we recommend that the Department of Homeland Security (DHS) reform its programs and policies related to detention and deportation as follows:

a. End the 287(g) program and partnerships between its immigration officers and state and local law enforcement agencies and significantly modify the Secure Communities program to only focus resources on people who pose a threat to national security.

b. Continue to apply agency-wide discretion to the prosecution of backlogged and new immigration detention cases to not deport parents who have children under the age of 18 and are citizens.

c. Use secure alternatives, including electronic monitoring and case management services, if detention is deemed necessary following an individual assessment. As is in the proposal, expand the use of Alternatives to Detention, such as community support programs, to ensure compliance with immigration cases in an effective, economical and family friendly manner.

d. Continue to collect and publicly release data on the numbers and characteristics of parents of U.S.-born citizen children in U.S. Immigration and Customs Enforcement (ICE) custody and deported.

EXECUTIVE SUMMARY

3 The Department of Homeland Security and other relevant federal agencies should put into place programs and policies that protect the health and well-being of children whose parents or primary caregivers are undergoing detention and deportation proceedings. This should include:

- a. As has been legislated in California, a mechanism to preserve the parent-child relationship, including allowing apprehended parents and primary caregivers access to phone calls to make childcare arrangements.
- b. Coordination between DHS, Health and Human Services, and specifically the Administration for Children & Families, to implement protocols and issue guidance to ensure parents are able to fulfill child welfare case plan requirements and participate fully in family court proceedings when parents are in custody or after deportation, as proposed in the Senate immigration reform bill and the HELP Separated Children Act (S. 1399/H.R. 2607, 112th Congress).
- c. Issuance of guidance and oversight and sensitivity training for DHS personnel responsible for enforcement to reduce trauma to children when performing immigration-related arrests in their presence.

4 As has been legislated in California and as included in the Senate proposal, state child welfare plans should include policies to promote the reunification of children in the child welfare system with parents and legal guardians who have been detained or deported, including authority to delay filing for termination of parental rights until certain conditions have been met, ensuring that children are placed with relative caregivers whenever possible regardless of immigration status, and to assist parents and legal guardians in making arrangements for their children prior or after removal.

INTRODUCTION

As each day passes, the prospect of national immigration reform in the United States grows more certain. A bill introduced in the U.S. Senate (The Border Security, Economic Opportunity, and Immigration Modernization Act; S.744) would create a roadmap to permanent residency and U.S. citizenship for most current undocumented immigrants. The path is long—10 years or more to permanent residency—and includes some procedural hurdles, but it would be open to almost all of the current undocumented population. Under the proposal, several hundred thousand people would be excluded for arriving after the cutoff date. However, other groups, such as agricultural workers and undocumented immigrants who came to the United States before the age of 16, would have a shorter path to citizenship with fewer hurdles.¹

Before S.744 was proposed, nearly three million undocumented immigrants over the past decade were deported.² But the undocumented themselves are not the only ones whose lives have been affected. The deportation of parents has profoundly affected the nation's 4.5 million U.S.-citizen children who live in families where a parent is undocumented.³ These children will grow up to be our future family members, neighbors and co-workers – and their health and well-being as children today will translate into their health and well-being as adults, and ultimately shaping the health of our communities. Yet, these millions of children and their families live in anxiety

Using the most recent data available:

1 in 4 children under age 18 in the U.S. live in immigrant families

Source: Federal Interagency Forum on Child and Family Statistics. Children of at least one foreign-born parent, 2011. Available at: <http://www.childstats.gov/americaschildren/tables.asp>.

1 in 17 children in the US live in mixed-status homes. (4.5 million/73.9 million)

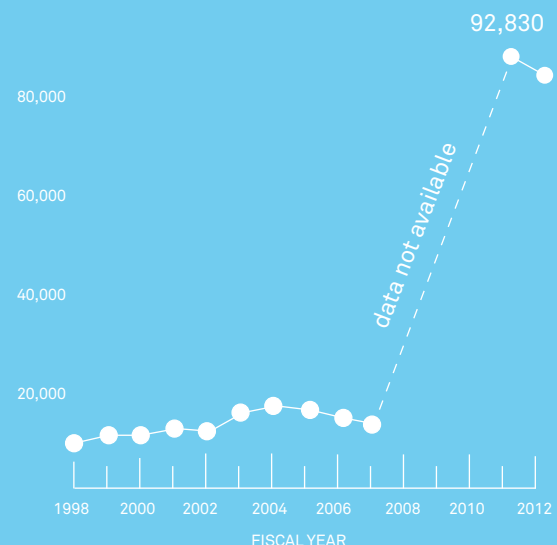
Sources: Passel JS, Cohn D. Unauthorized immigrant population: national and state trends, 2010. Pew Hispanic Center; 2011. Available at: <http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-brnational-and-state-trends-2010/>.

Federal Interagency Forum on Child and Family Statistics. Child population: Number of children ages 0-17, 2011. Available at: <http://www.childstats.gov/americaschildren/tables.asp>.

about their futures as the fear of detention and deportation pervades families throughout the United States.

The Center for American Progress reports that 45% of undocumented immigrant households are couples with children, and 82% of children of all undocumented people are U.S. citizens by birth.⁴ In our society that professes to prize family values, since 1998*, U.S. immigration policies have affected an estimated 660,000[†] or more children who had one or more parents deported. In the first half of 2012 alone, U.S. Immigration and Customs Enforcement—the

REMOVALS OVER TIME OF PARENTS WITH U.S.-CITIZEN CHILDREN, 1998-2012



Sources:

- Wessler S. Primary Data: Deportations of Parents of U.S. Citizen Kids. ColorLines.com. Available at: http://colorlines.com/archives/2012/12/deportations_of_parents_of_us-born_citizens_122012.html.
- U.S. Immigration and Customs Enforcement. ICE Total Removals through August 25, 2012. Available at: <https://www.ice.gov/doclib/about/offices/ero/pdf/ero-removals1.pdf>.

* Based on our calculation using available ICE data from fiscal years 1998-2007, Q4 2010, 2011, and 2012. Data are not available for prior to fiscal years 1998, 2008, 2009, and Q1-Q3 2010, years of high numbers of removals. For more information, see Appendix D.

† See Appendix E for background on calculation.

INTRODUCTION

DHS agency responsible for interior enforcement—deported more than 44,000 people claiming to have at least one U.S.-citizen child. Since deportees may have more than one U.S.-citizen child, at the current pace of deportation, approximately 153,000[‡] U.S.-citizen children could have a parent taken away from them each year.

The threat of detention and deportation affects communities, families and children in many ways. In addition to general anxiety, undocumented immigrants report stress linked to the challenges of finding work, restricted freedom of movement, limited participation in community life and interaction with police and service providers for fear of being reported. They also report depression, withdrawal, inability to focus and acting out among children who experience detention and deportation of family and others in the community.

As policymakers debate the specifics of immigration reform, a proposal that puts family unity first is the best opportunity to turn around the harm caused by current policies. This report builds on a body of evidence on the impact of immigration policy on communities and families and pays particular attention to the health and mental health impacts on parents and children. Our goal is to shine a light on the public health consequences of a continued policy of detention and deportation, accounting for health, educational, behavioral and mental health outcomes for children; adult health status and lifespan; and economic hardship and food access in households.

The evidence makes a compelling case that a continued policy of detention and deportation creates a high risk for poor health outcomes among mixed-status families[§]—families with at least one undocumented parent and at least one U.S.-citizen child—throughout the United States. The greatest benefit of reform to these parents and children may

be to establish an immigration system that protects and promotes health and allows families to remain unified.

U.S. CHILDREN AFFECTED BY DEPORTATION, 2012

88,517 Removals in FY2012 who reported at least 1 U.S.-citizen child

X 2.10 Average number of children in undocumented households

X 82% Estimated proportion of children to undocumented immigrants that are U.S.-born

152,426 Estimated number of U.S.-citizen children affected at FY2012 level

Sources:

- Migration Policy Institute. Analysis of 2008 U.S. Current Population Survey data with assignments of legal status by Jeffrey A. Passel at the Pew Hispanic Center.

- Passel JS, Cohn D. Unauthorized immigrant population: national and state trends, 2010. Pew Hispanic Center; 2011. Available at: <http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-national-and-state-trends-2010/>.

- Wessler S. Primary Data: Deportations of Parents of U.S. Citizen Kids. ColorLines.com. Available at: http://colorlines.com/archives/2012/12/deportations_of_parents_of_us-born_citizens_122012.html.

[‡] See Appendix E for background on calculation.

[§] For this report, the authors define mixed-status families as families with at least one undocumented parent and at least one U.S. citizen child. The report uses the term throughout, except when citing other research, where we use the term written in the original source. Researchers have commonly referred to mixed-status families in this way. See for example Wendy Zimmermann and Michael Fix (1999) for one of the first uses of the term: <http://www.urban.org/publications/409100.html>

ABOUT THIS REPORT

Human Impact Partners (HIP) conducted this research to understand how a continued policy of detention and deportation will impact the health and well-being of mixed-status families. Extensive research recognizes that health is a product of social, environmental and economic conditions that create opportunities for individuals, families and communities to lead healthy lives. We defined health in this context and prioritized the following issues: physical health, educational, behavioral and mental health outcomes among children; adult health status and lifespan; and economic hardship and food access in households (see Appendix F for more information on the initial set of issues brainstormed for potential inclusion in this project, including those prioritized for the final scope).

The project spanned fall 2012 to spring 2013, with funding from The Jacob & Valeria Langeloth Foundation and The California Endowment. At the project's core was our partnership with an Advisory Committee of more than 20 community, academic and policy organizations. The Advisory Committee guided and provided feedback on the research scope, analysis, findings and recommendations. Members also brought data, research tools, access to immigrant populations for qualitative research and communications capacity to the project. Advisory Committee members are listed at the beginning of the report.

HIP used the framework of Health Impact Assessment (HIA) to guide the overall research process. As defined by the National Academy of Sciences, a Health Impact Assessment is “a combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, or project on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects.” The fundamental purpose of HIA is to inform decision-makers before they decide on a proposal.

The findings described in this report derive from a range of methods. We reviewed literature about family and child welfare, health and mental health and education and economic conditions; conducted limited secondary analysis of national data; surveyed members of mixed-status families; led two focus groups of immigrant family members in Los Angeles; and interviewed health professionals with expertise in working with immigrant communities (see Appendices B and C for more information on focus group and survey methods).

Human Impact Partners

Human Impact Partners' (HIP) mission is to increase the consideration of health and equity in decision-making. We are one of the few organizations in the U.S. conducting health-based analyses with an explicit focus on uncovering and then addressing the policies and practices that make communities less healthy. We work with local and state public agencies, policy-makers, and community organizations to do this work and to advance significant health-focused policy change.

One of our main tools is Health Impact Assessment (HIA), a practical approach that uses data, research and stakeholder input to determine a policy or project's impact on the health of a population. We build partnerships with a wide range of stakeholders to focus on issues that have well-documented impacts on health and equity, including land use, transportation, housing, employment, incarceration and education.

We use common-sense approaches to ensure that unintended and costly impacts of project, plan or policy decisions on health are appropriately addressed before decisions are made. We use empirical evidence and data to assess these impacts and make recommendations for ways decisions can be improved to promote health.

ABOUT THE SURVEY

HIP developed two surveys, one for adults and the other for youth (18-25 years old), to gather information on the physical and mental health status of adults and children in immigrant families, and the impact of detention and deportation on their everyday lives. Surveys were available in English and Spanish (adult only) and in paper and online formats. From January 31, 2013 to February 28, 2013, our 15 partner organizations from 10 different states recruited participants and collected surveys. We collected a total of 657 surveys, and of these, analyzed 533.

Analysis of survey data was for descriptive purposes. We first ran univariate analysis for all responses for both surveys. Then, we compared results based on the respondent's legal status – whether documented or undocumented.

We categorized respondents as undocumented if they reported that their status put them at risk for detention and deportation or if they had been detained, received a deportation order, or been deported. Otherwise, they were considered documented. Youth were further categorized based on the status of one parent, as documented youth with undocumented parents or documented youth with documented parents. See Appendix B for a description of survey methods, analysis and instruments.

Some limitations to our survey approach and findings include: 1) we used a convenience sampling method and recruited participants who are members of Advisory Committee and allied organizations; 2) the sample may suffer from selection bias as most participants are active members of community organizations who are most affected by immigration policy, and therefore may have a stake in expressing a particular perspective; and 3) we have a small sample size.

Given these limitations, there are two important caveats to keep in mind as readers interpret the findings. First, while we hypothesized that the effects of detention and deportation would be less for documented survey respondents, results to some questions on the survey suggest that respondents felt impacted by them, regardless of legal status (see Appendix A for complete survey data findings). Research may explain this seeming contradiction.

For example, in a national survey, Lopez and Minushkin (2008) found high levels of distress in both documented and undocumented immigrant communities, specifically around the fear of deportation. In that survey, a majority of all Latinos (57%), including those who were native-born and foreign-born, worried some or a lot about deportation of themselves or family members.⁵ This fear can exacerbate parents' ability to get a job, advance at that job, or earn more money — the stress of which can link to poor physical and emotional health.⁶ So while the undocumented may experience a greater degree of impacts, the broader immigrant community also is affected by an immigration policy that affects their family members, friends and others in their networks. While we cannot be certain that this explains the experiences reported by our documented survey respondents, it provides a plausible hypothesis to understand the findings.

Second, we recognize that it is not feasible to assess the independent effect of legal status or threat of detention and deportation on the health of survey respondents. Our analysis is limited to descriptive statistics and does not have the power to isolate factors that may predict specific outcomes. This is particularly important given that there are many other independent factors that were not assessed in the survey – for example, related to poverty, employment conditions and the physical communities that people live in – that could contribute to respondents' overall health and well-being.

CHILD HEALTH AND WELL-BEING



Children's health and quality of life is profoundly affected by their parents' immigration status. A child's health is contingent on a parent's ability to provide economic and food stability and to stay physically and mentally healthy. Children also depend on their parent's ability to access resources such as public assistance and medical care. However, current immigration policy, which creates a risk of detention, deportation and separation of families, affects parents' ability to provide their children with these basic needs. This section highlights how children's health, behavioral outcomes and educational achievement are affected by detention and deportation.



CHILD HEALTH STATUS

“I stopped seeking/using Medi-Cal for my son two years ago. Because we felt threatened that if we sought Medi-Cal, we would be detected because of my name...So I can't seek Medi-Cal for my son, because they will detect us and they will take us all. That kind of threat of immigration has a great effect on health.”

– Isabella, undocumented mother of three sons



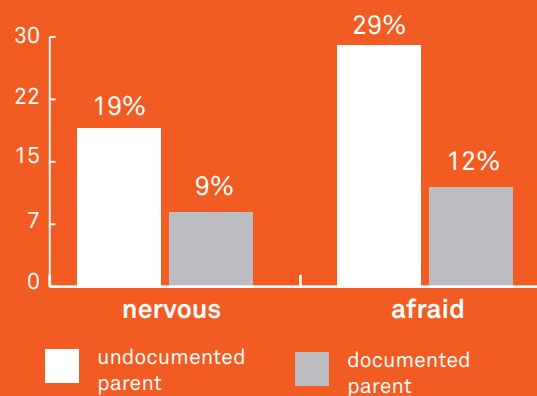
THE PICTURE TODAY

Children in mixed-status households have slightly poorer health and use of health services, and a high degree of mental health burdens

A 2012 study by Ziolo-Guest and Kalil found that 76% of U.S.-citizen children with undocumented parents rated their health as very good or excellent, compared to 80% of children of U.S.-born parents.⁷ Among documented youth who completed our survey,* the findings were parallel: 17% of those with an undocumented parent reported their health as poor or fair, compared to 9% with a documented parent. They also saw a doctor less often. Among these documented youth, a greater proportion of those with an undocumented parent reported no doctor visits in the past year – 37% with an undocumented parent, compared to 28% with a documented parent.

Our survey findings also highlighted that a higher proportion of undocumented parents reported fear and nervousness in their children in the previous month compared to documented parents. Specifically, 19% of undocumented parents reported that their child felt nervous and 29% reported that their child felt afraid either all or most of the time over the past month, compared to 9% and 12% among documented parents.

Fig. 1. Parents reporting that their child feels:



* See Appendix B for a description of survey methods, analysis and instruments

CHILD HEALTH STATUS

Healthy children require access to both preventive health services and treatment, but their access can be affected by their parents' coverage and willingness to access services. Nationwide, children of uninsured parents, regardless of legal status, are less likely to access important health care than children whose parents have insurance.⁸ Barriers could include language access issues, difficulty completing applications and fear of government.⁹

The problem is even more severe when considering birthplace. U.S.-born children of undocumented immigrants are twice as likely as children born to citizens to lack insurance or be unable to access routine medical care.⁸ Studies also report that even if their children are eligible, undocumented parents may be reluctant to seek out health care and other public assistance.¹⁰ Possible reasons include confusion about eligibility, fear of hurting their child's future opportunity or distrust of government institutions because of their own uncertain legal status.¹¹

As Isabella, an undocumented mother of three sons in Los Angeles, explained in our focus group[†], the fear of revealing legal status also influences undocumented immigrants' decisions to seek services for their children.

WHY IT MATTERS

Childhood health draws the blueprint for well-being as an adult

Childhood is a particularly formative time for one's health, which continues to be shaped throughout the lifetime.¹² Patterns are established and many precursors to common chronic conditions arise. It also is a time when such patterns and outcomes can still be changed.¹²

Children's health-related behaviors, such as engaging in physical activity and food intake, establish patterns that persist into adulthood. Children with health risks such as hypertension are at high risk for chronic disease as adults. As children grow into adulthood,

this can play out in their ability to work, which affects both themselves and the nation's economy. In the U.S., one-third of the number of days lost by adults from work or restricted activity stem from childhood health conditions.¹²

Potentially negative factors influencing children's health can be avoided through healthy family, school and community environments. As the authors of a 2004 study on the subject suggested, "Perhaps the most powerful social resiliency factor for children is the quality of family life."¹²

THE ROLE OF DETENTION AND DEPORTATION

Children's health and mental well-being are at increased risk

The fear created by immigration policy inhibits the ability of mixed-status families to maintain healthy behaviors that protect and improve health and well-being.¹³ Undocumented survey respondents who were parents of children under 18 reported that their child had exercised less (33%), not eaten well (28%) and not slept well (33%) because of the threat of detention or deportation. These numbers were higher than those reported among documented parents (27%, 20% and 21%, respectively).

During one of our focus group discussions, Mateo, an undocumented immigrant from Los Angeles, recounted how the threat of detention and deportation caused fear among his nieces and nephews:

"One day, they [Mateo's nieces and nephews] heard that they [immigration officials] would start deporting people. And they started asking, 'How could this be?' The youngest boy began to ask, 'Are they going to deport us?' I told them, 'No, no, no —they are only saying that on the news.' And then they began to cry. They said, 'No, they cannot leave us without you, without my mother and my aunt—without them.'"

According to a 2010 study, almost half of Latino immigrant parents said the threat of deportation affected their child's emotional and mental well-being.¹⁴ Other studies report that immigrant children – regardless

[†] To protect the privacy of focus group participants, all names have been changed throughout the report. See Appendix C for background on focus group methods.

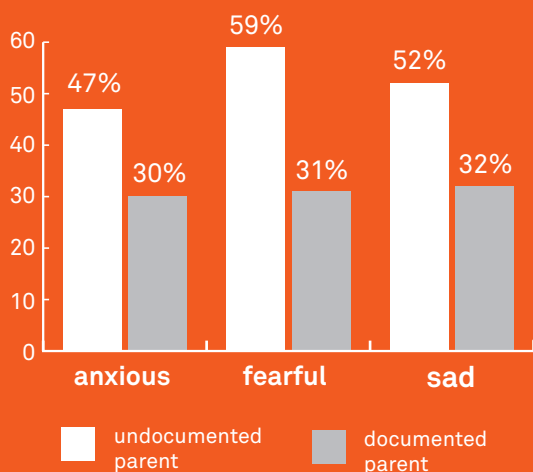
CHILD HEALTH STATUS

of their legal status or their parents' status – express fear that they may be separated from parents and families by immigration-related arrest.¹⁵

Our adult and youth survey data strongly reaffirm these findings. Parent respondents reported a number of mental health effects from the threat of detention or deportation. Notably, these differences varied greatly by documentation status of the parent. For example, among undocumented parents:

- 47% reported their child had been anxious, compared to 30% of documented respondents
- 59% reported their child had been fearful, compared to 31% of documented respondents
- 52% reported their child had been sad, compared to 32% of documented respondents

Fig. 2. Parents reporting that their child feels:

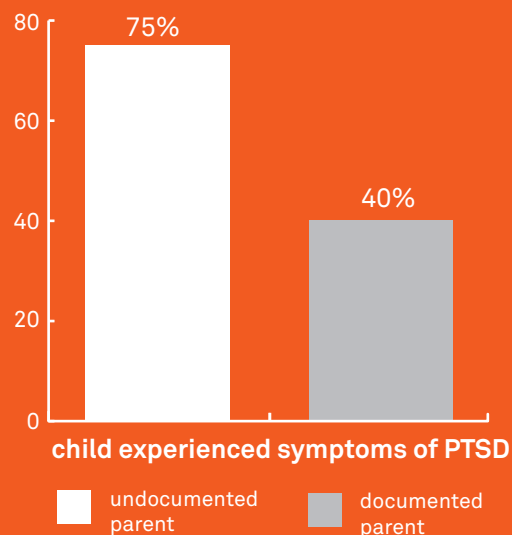


Importantly, parent perspectives on a child's mental health status were reinforced by the youth themselves. Among documented youth with undocumented parents, 86% reported feeling anxious, 57% reported feeling fearful and 59% reported feeling sad because of their parent's legal status and the threat of detention or deportation. Again, these were all experienced to a much greater degree by youth whose parents were undocumented, compared to those whose parents were documented.

It is clear that children who directly experience parental detention and deportation suffer mental health symptoms, such as anxiety and insomnia, and show symptoms of fear. In a 2010 Urban Institute study of the aftermath of immigration-related arrests, psychologists found that there was a "pervasive sense of insecurity and anxiety," which led to mental health conditions such as separation anxiety, attachment disorder and post-traumatic stress disorder.¹⁶ Other studies have described how separation from parents can lead to mental health symptoms and disorders.^{15,17,18}

Using a tool to screen for post-traumatic stress disorder,¹⁹ we found that among parent respondents with children under 18, almost three-fourths of undocumented parents reported that a child had experienced symptoms of PTSD, compared to 40% of documented parents. These symptoms included repeated memories, thoughts or images of a stressful experience; feeling upset or avoiding activities because of a stressful experience; and being hyper-alert or watchful. Documented youth respondents also reported parallel feelings of PTSD symptoms due to a parent's legal status and the threat of detention or deportation – 85% with undocumented parents reported PTSD symptoms compared to 57% with documented parents.

Fig. 3. Parents reporting that :



CHILD HEALTH STATUS

IF DEPORTATIONS REMAIN AT 2012 LEVELS . . .

How will continued detention and deportation affect child health status?

The health of children with undocumented parents will continue to suffer with mental health issues, post-traumatic stress disorder, underutilization of health care due to parental status, and the loss of household income associated with the absence of a primary earner. An estimated **43,000 U.S.-citizen children, per year, will experience a decline in their health status** after the change in household income associated with the absence of a primary earner.

*

Calculation
explained on
following page

CHILD HEALTH STATUS: CALCULATIONS

EXPLANATION:

88,517	X	93%	X	2.10	X	82%	X	31%	=	43,803
Removals in FY2012 who reported at least 1 U.S.-citizen child		Estimated proportion of removals who are male (and these households will lose their primary earner, which impacts household income)		Average number of children in undocumented households		Estimated proportion of children to undocumented immigrants that are U.S.-born		Proportion of kids who report health status not excellent or very good with income <100% federal poverty line		Estimated number of U.S.-citizen children in FY 2012 with health status that is not excellent or very good after change in household income associated with absence of primary earner

ASSUMPTIONS, LIMITATIONS AND NOTES

This calculation has the same limitations and assumptions as described in Appendix D. Also, all households impacted by absence of a primary earner are used as proxy for the share of households under 100% federal poverty line after the absence of a primary earner. Given that we have data available on median income, but not the distribution of households around that median, we are working under the assumption that all households fall into poverty, which is likely to be an overestimate.

SOURCES USED

- Dreby J. How today's immigration enforcement policies impact children, families, and communities: a view from the ground. Center for American Progress; 2012. Available at: <http://www.americanprogress.org/wp-content/uploads/2012/08/DrebyImmigrationFamiliesFINAL.pdf>. Accessed March 15, 2013
- Larson K, Halfon N. Family income gradients in the health and health care access of US children. *Maternal and Child Health Journal*. 2010;14(3):332–342.
- Migration Policy Institute. Analysis of 2008 U.S. Current Population Survey data with assignments of legal status by Jeffrey A. Passel at the Pew Hispanic Center.
- Passel JS, Cohn D. Unauthorized immigrant population: national and state trends, 2010. Pew Research Center; 2011. Available at: <http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-brnational-and-state-trends-2010/>. Accessed April 11, 2013.
- Wessler S. Primary Data: Deportations of Parents of U.S. Citizen Kids. ColorLines.com. Available at: http://colorlines.com/archives/2012/12/deportations_of_parents_of_us-born_citizens_122012.html.



CHILD BEHAVIORAL OUTCOMES

"[My cousin] has two girls and they were very badly traumatized when he left. [The girls] didn't understand why they had to take him away and why he left just like that. I observe that [one of them] is much different, very unsettled. She is "gone" for the reason that her father is gone . . . She was very happy, very attached to her father and now, she is not the same, no longer attached."

– Daniela, undocumented immigrant mother of two daughters



THE PICTURE TODAY

Children in mixed-status households are at higher risk of poor behavioral outcomes

There is little data on the prevalence of behavioral outcomes among children living in mixed-status families. There is, however, a limited body of research describing risk for behavioral outcomes, such as aggression (an externalizing behavior) as well as withdrawal and anxiety (internalizing behaviors) among children in mixed-status households. Unauthorized status within a family puts youth at risk of "lower educational performance, economic stagnation, blocked mobility and ambiguous belonging," according to a 2011 study by Suarez-Orozco and colleagues.²⁰ Furthermore, a 2009 study by Ortega and colleagues used an instrument to assess the relationship between parents' legal status and developmental and behavioral problems in children. The authors found that Mexican-American children under six years old with undocumented parents have a 50% greater risk of poor development compared to white children whose parents are U.S.-born citizens.²¹

WHY IT MATTERS

They build the foundation for our future

A child's socio-emotional growth affects their trajectory towards adulthood. Childhood behavioral problems, such as aggression and withdrawal, cause poor school readiness and social adjustment in children.²² These can lead to outcomes in adolescence and adulthood that range from low literacy and struggles with employment to mental health problems or anti-social behavior.^{23,24}

Research also finds that children who experience multiple risks during childhood – for example, family disruption, low socioeconomic status and high parental stress – experience behavior problems in adolescence.²⁵ In a 2005 study by Appleyard and colleagues, children with more risk factors were significantly more likely to show aggression and other externalizing problems later in life than children with fewer risks.²⁵ On the other hand, positive relationships with

CHILD BEHAVIORAL OUTCOMES

family members, other adults and peers facilitate healthy social emotional growth for children, preventing poor behavioral outcomes. For example, healthy attachment and bonding with parents lays the foundation for a child's sense of confidence and identity leading to positive relationships with others.²²

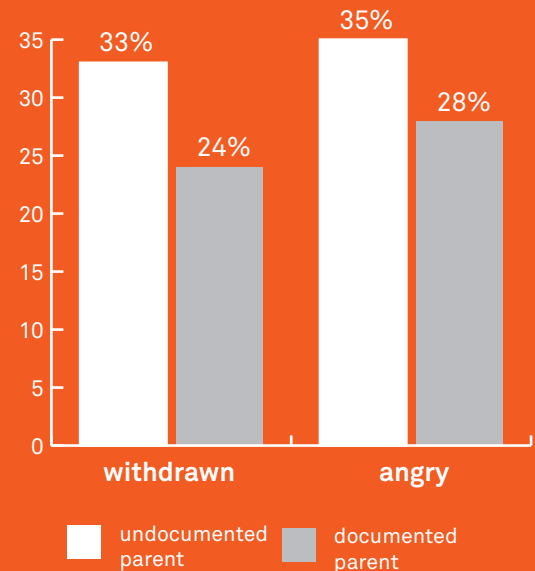
THE ROLE OF DETENTION AND DEPORTATION

The abrupt removal and absence of a caregiver traumatizes U.S.-citizen children and is associated with behavioral changes, such as anger and detachment from others

Risk factors for poor child behavior, as described in the Appleyard study above, are all associated with detention and deportation of a parent or family member. For example, when a child's parent is detained their family context and relationships are disrupted. Children whose relatives have been detained or deported display behavioral changes such as anxiety, withdrawal and anger. Similar to Daniela's nieces, more than two-thirds of children ages 12-17 in the Urban Institute study showed signs of withdrawal or detachment from others six months after their parent's immigration-related arrest. Children who were separated from their parents and did not see them within a month had more behavioral changes than those who were reunited earlier.¹⁶

Similarly, our survey data show that the threat of detention or deportation among parents is linked to behavioral risk factors in their children, with a greater proportion of undocumented parents reporting risk factors in their children. Among undocumented parents, one-third reported that their child had been withdrawn and 35% reported that their child had been angry, compared to 24% and 28% among documented parents. Responses from the youth surveys confirmed their parents' perception. Youth with an undocumented parent reported feeling withdrawn (29%) and angry (46%) due to the threat of detention or deportation – almost double what was reported among youth with a documented parent (18% and 21%, respectively).

Fig. 4. Parents reporting behavioral risk factors in their children:



CHILD BEHAVIORAL OUTCOMES

IF DEPORTATIONS REMAIN AT 2012 LEVELS ...

How will continued detention and deportation affect children's behavioral health?

In the next year, an estimated **100,000 U.S.-citizen children may show signs of withdrawal or detachment from others** with the absence of a parent due to immigration-related arrest. Children of undocumented immigrants will suffer behavioral problems, such as aggression, anxiety and withdrawal, which link to poor school performance and poor development.

*

Calculation
explained on
following page

CHILD BEHAVIORAL OUTCOMES: CALCULATIONS

EXPLANATION:

88,517	X	2.10	X	82%	X	67%	=	102,126
Removals in FY2012 who reported at least 1 U.S.-citizen child		Average number of children in undocumented households		Estimated proportion of children to undocumented immigrants that are U.S.-born		Proportion of children who showed signs of withdrawal after deportation of parent, at 6 months after immigration-related arrest		Estimated number of U.S.-citizen children who will demonstrate signs of withdrawal annually, if deportations remain at FY2012 levels

ASSUMPTIONS, LIMITATIONS AND NOTES

This calculation has the same limitations and assumptions as described in Appendix D. Also, there is a mismatch between the 67% proportion that in the original source is for children 12-17 years, and number of removals with at least 1 U.S.-citizen child, which are regardless of age. Additionally, the original study that found the 67% proportion had a small sample size.

SOURCES USED

- Chaudry A, Capps R, Pedroza JM, Castaneda RM, Santos R, Scott MM. Facing our future: children in the aftermath of immigration enforcement. The Urban Institute; 2010. Available at: <http://www.eric.ed.gov/ERICWebPortal/recordDetail?accno=ED508226>. Accessed March 15, 2013.
- Migration Policy Institute. Analysis of 2008 U.S. Current Population Survey data with assignments of legal status by Jeffrey A. Passel at the Pew Hispanic Center.
- Passel JS, Cohn D. Unauthorized immigrant population: national and state trends, 2010. Pew Research Center; 2011. Available at: <http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-national-and-state-trends-2010/>. Accessed April 11, 2013.
- Wessler S. Primary Data: Deportations of Parents of U.S. Citizen Kids. ColorLines.com. Available at: http://colorlines.com/archives/2012/12/deportations_of_parents_of_us-born_citizens_122012.html



CHILD EDUCATIONAL OUTCOMES

THE PICTURE TODAY

Children in mixed-status families are at an educational disadvantage

U.S.-citizen children with undocumented parents are at an educational disadvantage compared to those with parents who are citizens. This disadvantage starts in early childhood—a recent study by Yoshikawa found that among children ages 2-3 years who live in New York, those with undocumented parents had lower cognitive skills than those with documented parents, based on a standardized test of early childhood development.²⁶ The author described that undocumented parents often struggle with poor job conditions, economic hardship and stress, which can limit their participation in learning activities, and in providing resources like access to books and toys that promote a child's development. Yoshikawa also found that smaller proportions of U.S.-citizen children with undocumented parents were enrolled in childcare centers, compared to those with documented parents. Childcare enrollment is associated with better cognitive skills for young children, improving their readiness for school.²⁶

Once school age, U.S.-citizen children of undocumented parents often attend schools with fewer resources and may change schools. Latino children who are citizens, and who have undocumented parents, were found to do far worse in reading and math than those with documented parents, even after accounting for socioeconomic status.²⁰

A child's educational opportunity and performance has long lasting affects on their educational attainment. A 2011 study showed that as adults (20-40 years old), U.S.-citizen children who have two undocumented parents or an undocumented mother have 1.16 years less education, compared to children who have a legal status immigrant mother and undocumented father.²⁷

CHILD EDUCATIONAL OUTCOMES

WHY IT MATTERS

Education influences the potential for employment opportunities, learning life skills, and social connectedness – all of which are key predictors of health status as adults

A child's educational outcomes are determined at a young age, when they are just beginning to walk and talk. Their developmental progress influences the ability to think, learn, speak, hear and communicate—skills that affect their capacity to achieve academically. The link between education and health is well-established: more education is associated with healthier behaviors, such as exercising more, drinking less alcohol and not smoking.^{28–30} Research suggests that, in some cases, people with higher levels of formal education have greater sense of control over their lives as well as more social support.³⁰ More education is also associated with better employment, income and financial security at the individual level, which can translate into economics benefits at the national level.³⁰ A 2011 report by the Alliance for Excellent Education found that if 30% of the nation's high-school dropouts instead completed higher education, it would generate more than \$6 billion in new spending and tens of thousands of new jobs nationwide.³¹

THE ROLE OF DETENTION AND DEPORTATION

A child's school performance suffers with the detention or deportation of a caregiver

Immigration policies create a climate of fear that affects children's academic performance, even if their family is not directly impacted by detention and deportation. In a 2010 study, the majority of immigrant parents (63%) reported that the threat of detention and deportation affected their children's school performance.¹⁴ A 2010 Urban Institute study of immigration-related raids in six different cities found that approximately 1 in 5 children had difficulty keeping up with their grades after the raids.¹⁶

Youth respondents to our survey reported that their parent's documentation status – and the threat of detention or deportation – impacted their academics. Among youth surveyed, 11% of those with undocumented parents had missed school and 14% had changed schools (compared to 7% and 9% among those with documented parents). More undocumented parent respondents also reported their children changed schools compared to documented parents.

During one focus group, a concerned mother described how her teenage son's academic performance changed after witnessing his uncle's arrest by immigration officers:

“Now, when he is doing his homework I notice that he loses concentration a lot. I've noticed that he is thinking all the time. He is distracted. With his homework, he used to have very good grades. He went down a bit. It is more difficult for him now to concentrate.”

– Isabella, undocumented mother of three sons

CHILD EDUCATIONAL OUTCOMES

IF DEPORTATIONS REMAIN AT 2012 LEVELS . . .

How will continued detention and deportation affect children's educational outcomes?

Children in families under the threat of detention or deportation will achieve ***fewer years of education*** than children of citizens, and they face challenges in focusing on schoolwork, potentially translating into less income as adults. In addition to the threat of a parent's removal, factors may include lower cognitive development and fewer educational resources.

IMPACT OF DETENTION AND DEPORTATION ON FAMILY AND FRIEND RELATIONSHIPS

One important topic that emerged was how the threat of detention and deportation damages the personal relationships of families with undocumented immigrants. Social connection has a variety of health impacts that range from reducing stress to longer lifespan and better access to emotional and physical resources.³² Excerpts from the focus groups illuminate the impacts on relationships with family and friends, and on overall social cohesion.

Focus group participants reported that undocumented status deeply affects social relationships and family ties, including family structure, friendships and the decision to date or marry.

Describing a close friend whose husband was deported: “I have noticed . . . she has lost communication with her children. With the separation of their father, it’s like the family breaks.”

– Daniela, undocumented mother of two daughters

“[College] was really different . . . it’s a risky move [to admit your undocumented status] . . . growing up, I was really happy to be from Mexico, but as I got older and being undocumented actually started affecting my life very seriously, that’s when some of my relationships were tested. [But] talking with some people . . . it helps them to realize [they have] known me for all this time. . . . It helps them to change their mind, because [they think], ‘Oh, you’ve been my friend, why would I think [less] of you.’”

– David, a young person who recently adjusted his status through Deferred Action for Childhood Arrivals (DACA)*, but does not have full citizenship

“In relationships, I would be afraid to tell my partner that I wasn’t born here.”

– Laura, a young person who recently adjusted her status through DACA, but does not have full citizenship

“When I was younger, a lot of people told me, ‘Just marry somebody and you’ll be done with it.’ And if I married somebody, I’d be a resident in 6 months . . . It’s so hard to have that option and you still choose not [to] take it because you know that’s not what you want to do.”

– Amanda, a young person who applied to adjust her status through DACA and currently is undocumented

Focus group participants described a stigma attached to their documentation status when socializing in public places, particularly around using a passport

“Post-DACA, I think having the California ID and being able to drive . . . will have the biggest impact socially – not having to show a passport and not having people put you right away in that [status]: ‘Oh, she’s undocumented.’”

– Amanda, a young person who applied to adjust her status through DACA and currently is undocumented

Describing a frequent response she gets when showing a Mexican passport at establishments in the U.S. that ask for identification: “It’s kind of like you either have your driver’s license, California ID, or your American passport. Not Mexican passport. [The server] is like ‘Are you guys on vacation?’”

– Laura, a young person who recently adjusted her status through DACA, but does not have full citizenship

* Deferred Action for Childhood Arrivals (DACA) is a discretionary grant of relief by the Department of Homeland Security targeted to certain people who came to the United States as children and who meet several key guidelines. Those who have deferred action status can apply for employment authorization and are considered to be in the U.S. legally. However, there is no direct path from deferred action to lawful permanent residence or to citizenship; it can be revoked at any time.

ADULT HEALTH AND WELL-BEING



Adult health and well-being are influenced by a number of interrelated factors – income, employment, neighborhood conditions, health habits and access to and use of medical care. This section highlights how health status and life expectancy – two indicators of adult health and well-being – are affected by the risk of detention and deportation.



ADULT HEALTH AND WELL-BEING

“It is different because we can’t go to the hospital. We don’t have the same right as people who are legal because the first thing they ask for are the papers. And how would I pay? They might not take care of our needs.”

– Sophia, undocumented grandmother to seven U.S.-citizen children



THE PICTURE TODAY

While life expectancy is high for immigrants in general, many undocumented immigrants suffer from poor physical and mental health

National data on the health status of people in mixed-status households is unavailable. Our adult survey findings, however, demonstrate that 36% of undocumented respondents reported their health as poor or fair, 30% did not have a usual place to go for care and 45% had delayed care in the last 12 months. These numbers were comparable for documented immigrant respondents. By comparison, in 2007 fewer than 10% of individuals in the United States reported their health to be fair or poor.³⁴ A greater proportion of undocumented respondents also reported mental health issues when compared to documented respondents: they reported feeling nervous more than twice as often, sad almost twice as often and afraid more than three times as often in the previous month.

Life expectancy data is also unavailable for undocumented immigrants. However, life expectancy among immigrants overall is longer than among U.S.-born citizens. In a 2004 estimate of Census data, immigrant males and females lived 74.9 years and 81.1 years, respectively, compared to U.S.-born males (71.5 years) and females (78.6 years).³³ This apparent paradox has been studied extensively and is thought to be the result of stronger social and familial supports for new immigrants.* Importantly, it disappears with increased acculturation and often is absent in the next generation.³³

* Public health literature reports on a “healthy immigrant effect” in which some groups of recent U.S. immigrants are healthier and have longer life expectancy than their counterparts who remain in the native country, in part attributed to stronger social and familial supports that are health protective. For those who experience the effect, it disappears with increased acculturation and often is absent in the next generation. The effect is not experienced across all immigrant groups. For example, Singh reported that some Asian immigrants had lower life-expectancy than their U.S. born counterparts.³³

ADULT HEALTH AND WELL-BEING

WHY IT MATTERS

They are good predictors of premature mortality

Self-reported health status is a validated proxy for actual health status.³⁵ There is a significant relationship between worse self-rated health and increased risk of death;³⁶ people with “poor” self-rated health have twice as high a risk of death compared to people with “excellent” self-rated health.³⁶

Along with self-assessed health status, a common measure of the general population’s health is years of potential life lost (YPLL).³⁴ YPLL represents an average of the number of years not lived by people who die before reaching their estimated life expectancy.³⁴ YPLL is important because it quantifies the social and economic costs to communities of those who are dying before their time for reasons that may be preventable.³⁷

THE ROLE OF DETENTION AND DEPORTATION

Undocumented immigrants experience decreased health status, and partners of deportees will live shorter lives

To provide more detail on how aspects of how health status and life expectancy are impacted by immigration policy, we highlight data on access to care, health status and health-seeking behaviors, all of which are sensitive indicators for undocumented immigrants who live with the persistent threat of detention or deportation.

ACCESS TO CARE

Given the strain of living with the persistent threat of deportation, undocumented immigrants face barriers in accessing care, including the inability to use Medicaid. However, having health insurance and a regular place to receive health care are crucial in protecting and improving the health of undocumented immigrants. In a 2003 nationwide study, those who had both health insurance and a usual source of care were more likely to receive preventative services, like a physical check up or blood pressure test, than those who had neither.³⁸

HEALTH CARE ACCESS IS IMPORTANT TO US ALL

When undocumented immigrants have diminished access to health care services, the health of the community at large is also at risk. Undocumented immigrants who may have communicable diseases could be left undiagnosed and untreated due to the lack of health insurance and a place to get care and may spread illness in the workplace or at home.³⁷ Alternatively, utilization of preventative services, such as blood pressure checks and physicals, would be cost-effective for the health care system by reducing unnecessary emergency department visits and hospitalizations.³⁷ For example, a recent California study showed that not providing prenatal care for undocumented expectant mothers would ultimately end up costing taxpayers \$194 million in postnatal health care costs.³⁸ These findings highlight that individual access to health care services benefits the greater community, and is crucial for protecting public health.

Recent studies paint a picture of undocumented immigrants with diminished access to health insurance and use of medical services. For example, more than half of adult undocumented immigrants do not have health insurance, a proportion much higher than documented immigrants or U.S.-born populations. In 2007, 59% of adult unauthorized immigrants had no health insurance compared to 24% of authorized immigrants and 14% of U.S-born adults.⁴¹ A 2007 study of California Latinos found that a significantly lower percentage of undocumented Mexicans (66%) and other Latinos (62%) had a usual source of care compared to U.S.-born whites (93%).⁴² It also found that undocumented Mexicans had 1.6 fewer physician visits and undocumented Latino Americans had 2.1 fewer physician visits compared to their native-born counterparts within the last year.⁴²

Notably, the current immigration reform proposal limits undocumented immigrants from accessing health care exchanges (to purchase subsidized care for themselves) and other means-tested health care benefits (e.g., Medicaid).

ADULT HEALTH AND WELL-BEING

Results from our survey show that slightly more undocumented adults reported difficulty getting medical care (61%) than documented adults (56%). Reasons given were lack of money and insurance, lack of time, not having a medical provider or viewing a medical provider as a last resort and the fear of deportation.

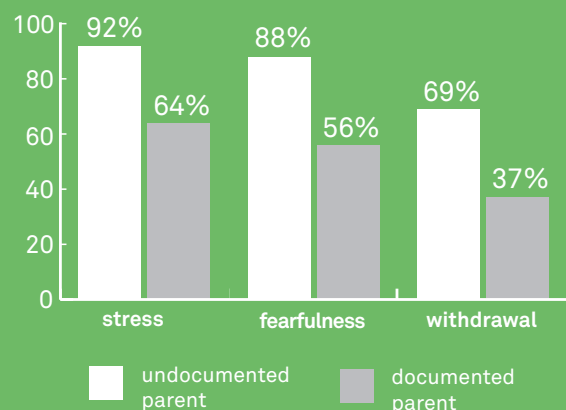
MENTAL AND PHYSICAL HEALTH STATUS

Studies on immigration policy and health status find that the pervasive fear of deportation affects both mental and physical health. Undocumented immigrants scored almost one-fourth higher in stress from economic and occupational challenges than documented immigrants. Furthermore, analysis showed that the fear of deportation – not English proficiency, legal status or other related factors – was the strongest predictor of stress.⁴³ Research also finds that poor health increases with fears of being deported. A 2007 study compared self-rated health status in two groups of Latino immigrants – those concerned about deportation and those not concerned. Among the concerned, 9% rated their health status as poor – more than double the 4% among people unconcerned about deportation. Among the concerned, 32% rated it average, compared to 24% among the unconcerned, with the balance of each rating it good or reasonably good.⁶

“All of those things really made her a shadow of her former self. . . . She developed a mental health condition which she did not have before, which was 100% related to the situation.”
 – Dr. Karen Hacker, a physician at Cambridge Health Alliance, and Associate Professor at Harvard Medical School describing a documented patient whose undocumented partner was deported

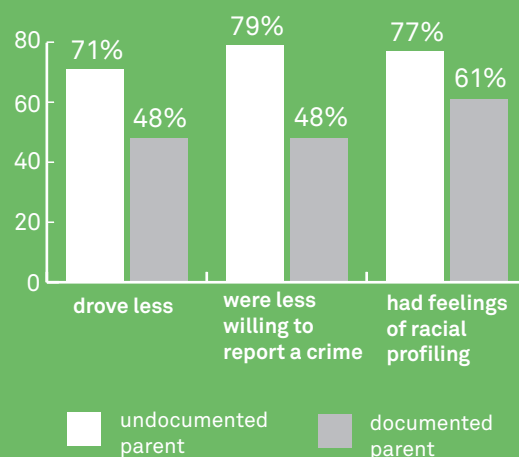
On every one of the indicators of mental health assessed in our survey, undocumented adult respondents illustrated that the threat of detention and deportation had harmful effects. For example, those who were undocumented reported feeling increased stress (92%), fearfulness (88%), sadness (83%), withdrawal (69%) and anger (50%). Among documented respondents, the figures were 64% for stress, 56% for fearfulness, 57% for sadness, 37% for withdrawal and 35% for anger.

Fig. 5. Parents reporting that they felt:



Along with these symptoms, 71% of undocumented respondents reported driving less because of their legal status (48% for documented respondents), 79% were less willing to report a crime (48% of documented respondents) and 77% reported feelings of racial profiling (61% of documented respondents). While these are not direct measures of health or mental status, they reflect an overall perception that could contribute to heightened anxiety, which in turn would impact health and mental health over the long-term.

Fig. 6. Parents reporting that they:



ADULT HEALTH AND WELL-BEING

During our key informant interviews with health professionals who care for undocumented immigrants and their families described deep mental health impacts among such patients, including those linked to deportation of a partner. Sources of distress include the uncertain outcome of a partner's detention, making ends meet for their families and being a single parent for their children. One provider suggested the mental health symptoms could be alleviated only to an extent, as their circumstances are difficult to change.



“Mothers and fathers alike are going through an enormous amount of emotional stress when their partner is gone due to immigration. They are left with the task of

being a single parent while having to work double shifts for two or more jobs to make ends meet. In addition, they must pay for lawyers' fees while sustaining their deported partner in their country of origin . . . No human being can do that for very long without suffering great consequences on their mental health.”

– Maria-Jose Soerens, M.A., a mental health provider in Seattle, WA



“I know people [whose partners have been detained or deported] who just collapse. They don't know what to do and they are depressed and crying and they cannot work

any more. . . . I have patients who are very anxious and try medication and try different things, counseling, and it's really hard to help them because their personal circumstances you cannot change. You help [by] talking with them and counseling and guiding them with medication but [the] basic problems are there.”

– Dr. Rosa Maria Martinez, an internal medicine provider in Yakima, WA

HEALTH BEHAVIORS

Do undocumented immigrants engage in less health-promoting activities? Data from our adult survey are mixed on this question: undocumented respondents did report greater difficulty exercising outside (37%) because of their legal status than documented respondents (30%). However, equal proportions reported less walking in the streets (51%). These experiences were echoed in our focus group discussions, conversations with medical providers and in qualitative research that describes how undocumented populations attempt to remain invisible in public spaces out of fear of deportation.^{44,45}



“[A]nybody in a uniform became a potential source of anxiety. So, if you were driving down the street and you saw a policeman on detail, you didn't distinguish that that person wasn't ICE [Immigration

and Customs Enforcement], so you might not go out, or you might turn your car around and drive someplace else. . . . One thing we heard was that when ICE is in the community, people tend to . . . send out the alert. So, say you have a doctor's appointment that day and you hear that ICE is in the neighborhood, you don't go out to go to your doctor's appointment. You change your daily patterns.”

– Dr. Karen Hacker, a physician at Cambridge Health Alliance, and Associate Professor at Harvard Medical School describing findings from her research on issues related to the impact of immigration enforcement on mental and physical health

ADULT HEALTH AND WELL-BEING

IF DEPORTATIONS REMAIN AT 2012 LEVELS . . .

How will continued detention and deportation affect health status and life expectancy?

In the next year, almost **17,000 more parents of U.S.-citizen children will say their own health is fair or poor** than would have said so without the deportations. Over five years, this would total nearly 85,000 parents.

Furthermore, we estimate that partners of primary earners who remain in the United States will **lose an average of 2.2 years off their estimated lifetimes**. If deportations remain at 2012 levels, the estimated 83,000 partners of deported immigrants that were primary earners will collectively lose over 180,000 years of life.

*

Calculation
explained on
following page

ADULT HEALTH AND WELL-BEING: CALCULATIONS

EXPLANATION:

Step 1:

88,517	X	93%	X	38%	=	31,282
Number of parents with at least 1 U.S.-citizen child that will be deported in the next year, if levels stay at 2012 numbers		Estimated proportion of removals who are male (and these households will lose their primary earner, which impacts household income)		Percent of adults reporting fair/poor health with income <\$25,000		Estimated number of adults in FY2012 reporting self-rated health fair/poor with income <\$25,000

Step 2:

88,517	X	93%	X	18%	=	14,818
Number of parents with at least 1 U.S.-citizen child that will be deported in the next year, if levels stay at 2012 numbers		Estimated proportion of removals who are male (and these households will lose their primary earner, which impacts household income)		Percent of adults reporting fair/poor health with income \$25,000-\$49,999		Estimated number of adults in FY2012 reporting self-rated health fair/poor with income \$25,000-\$49,999

Step 3:

31,282	—	14,818	=	16,605
Number of adults reporting self-rated health fair/poor with income <\$25,000		Number of adults reporting self-rated health fair/poor with income \$25,000-\$49,999		Estimated difference in number of adults in FY2012 reporting self-rated health is fair/poor, with change in income from \$25,000-\$49,999 to <\$25,000

ADULT HEALTH AND WELL-BEING: CALCULATIONS

ASSUMPTIONS, LIMITATIONS AND NOTES

This calculation has the same limitations and assumptions as described in Appendix D. Also, this calculation is based on the number of households that earn <\$25,000 instead of \$25,000-\$49,999 annually. It is bound by the same limitations of the data as described in Economic Hardship in that it assumes all undocumented households earn the median household income, suggesting therefore that with the absence of a primary earner, all households would be put into poverty. This is likely an overestimate of the number of households that would be put into poverty. Although BRFSS reports adults by income level (for example, an individual adult would earn <\$25,000), we report household income (for example, one, two, three, etc. adults would earn <\$25,000). Therefore, the calculation makes an assumption that the health experience is true for households.

SOURCES USED

- Dreby J. How today's immigration enforcement policies impact children, families, and communities: a view from the ground. Center for American Progress; 2012. Available at: <http://www.americanprogress.org/wp-content/uploads/2012/08/DrebyImmigrationFamiliesFINAL.pdf>. Accessed March 15, 2013
- U.S. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data, 2010. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Available at: http://apps.nccd.cdc.gov/s_broker/weatsql.exe/weat/index.hsrl. Accessed April 30, 2013.
- Wessler S. Primary Data: Deportations of Parents of U.S. Citizen Kids. ColorLines.com. Available at: http://colorlines.com/archives/2012/12/deportations_of_parents_of_us-born_citizens_122012.html.

HOUSEHOLD HEALTH AND WELL-BEING



In this report, we define household health and well-being via two measures: economic security and food access. Health status at the individual and household level is fundamentally based on the income we earn and whether that allows us to do things like put adequate and healthy food on the table for our families. Research indicates that the detention and deportation of immigrants directly impacts these factors, and may create ripple effects that jeopardize adult and child health and well-being over the long term.



ECONOMIC HARDSHIP

“The fact that they [my undocumented parents] weren’t able to get those jobs and I grew up being low income most of life, that does affect me. Because I was always feeling like, ‘Why can’t I be normal like the other kids?’”

– David, a young person who recently adjusted his status through Deferred Action for Childhood Arrivals (DACA), but does not have full citizenship



THE PICTURE TODAY

Many mixed-status households struggle to make ends meet

More than 60% of children in mixed-status families are low income, and live in families that earn less than \$38,000, a household income near the government’s poverty line.* These mixed-status families may live with others to form a larger household, and often struggle to get by even with more workers on average per household (1.75) than those in native-born households (1.23). An ethnographic study of mixed-status families in New York observed that many Mexican mixed-status households were overcrowded, with more than one person per bedroom and no living room space.²⁶ Overcrowding increases risks for respiratory infections such as tuberculosis, has been associated with increased mortality rates, and can contribute to poor child development and school performance.^{46–49}

Data from our adult survey indicates an equal proportion (55%) of undocumented and documented adults reported their incomes as less than \$20,000 in the past year. However, the average household size for undocumented respondents (3.37 people) was larger than for documented (2.59 people), perhaps indicating that household income must be stretched farther to accommodate more people living in undocumented households.

Level of education also varied by documentation status: only 11% of undocumented respondents had some college or higher as their highest level of education, compared to 29% among documented respondents.

WHY INCOME MATTERS

Income predicts health and lower income groups experience a health disadvantage

Income is an incredibly important predictor of health. Income affects our health in different ways – through its intersection with socio-environmental factors like

* A common cutoff point to be eligible for many public programs is 200% of the federal poverty level. In 2012, this was \$38,180 for a family of 3 people.

ECONOMIC HARDSHIP

where you live, as well as on group and individual level factors.⁵⁰ At the group level, differences in income between social classes and regions of the country can influence how we rate our own health, our lifespan and our social cohesion or how bonded we feel as part of a group.⁵¹ At the individual level, people with lower incomes are less likely to be physically active or eat healthy foods, more likely to smoke, more likely to die prematurely and experience more sickness than those with higher incomes.⁵² Finally, educational attainment affects household income level and employment: those with higher education levels are more likely to be employed and therefore suffer less economic hardship.³⁰

THE ROLE OF DETENTION AND DEPORTATION

Absence of a primary earner exacerbates existing economic hardship for mixed-status families

Being detained or deported, or even the threat of it, worsens pre-existing economic hardship in many mixed-status households that are already hovering near or at the poverty line. While a greater proportion of undocumented adult survey respondents reported trouble getting a job (82%) than documented adult respondents (70%), other indicators of economic hardship were higher for our documented respondents. For example, documented adults had a harder time paying rent (41% vs. 47%). In contrast, more undocumented respondents reported difficulty using public assistance (49%) than documented respondents (36%).

A 2010 study by Brabeck and Xu found that more than half of Latino parents in mixed-status families had challenges providing for their children due to the threat of detention and deportation.¹⁴ Interestingly, youth respondents to our survey reported that they perceived their parents to be concerned about finances and job security. Among youth who are documented, 71% with undocumented parents perceived their parents as having difficulty paying the rent because of their legal status, compared to 30% with documented parents; 65% of youth with undocumented parents perceived their parents having trouble getting a job because of their legal status, compared to 39% with documented parents.

The 2010 Urban Institute study found that families affected by immigration-related arrests suffered additional economic hardship after the arrest.¹⁶ Average household income was cut in half and one-fourth of households were left without any worker. A 2012 Center for American Progress report described that deportation overwhelmingly creates single-mother households,¹⁵ who, unlike when a partner is laid off or hurt on a job, cannot rely on unemployment or worker's compensation. In the U.S., the poverty rate for single-mother families is higher than for single-father families (41% v. 24%) and when either situation results from a deportation, it comes at great cost to children.¹⁵

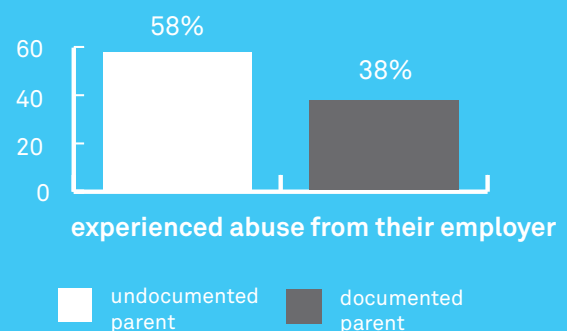
Daniela described how loss of income became a reality when a close friend's husband was deported:

"A close friend of mine, her husband has been deported and she is a citizen. . . . She had to move because she could no longer pay the rent. She has three children and had to move in with her mother."

– Daniela, undocumented mother of two daughters

Survey data also illustrated that undocumented parent respondents feel their lack of legal status is associated with abuse by their employers: 58% of undocumented respondents reported they experienced abuse from their employer, compared to 38% among documented respondents. This raises concerns about how undocumented immigrants may be exploited due to their lack of legal status and how working in a healthy and safe environment may be sacrificed out of a need to maintain employment.

Fig. 7. Parents reporting that they:



ECONOMIC HARDSHIP

IF DEPORTATIONS REMAIN AT 2012 LEVELS . . .

How will continued detention and deportation affect economic hardship?

The median income for undocumented immigrant households is \$36,000 per year. With the detention and deportation of a primary earner, median household income for undocumented immigrant households ***drops to an estimated \$15,400, putting them below the poverty line***. In the next year, this would put an estimated 83,000 additional households at risk of poverty. Furthermore, the partners of these 83,000 deportees will likely experience poorer self-reported physical and mental health status, and experience higher risk of conditions such as hypertension and diabetes.

*

Calculation
explained on
following page

ECONOMIC HARDSHIP: CALCULATIONS

EXPLANATION:

Step 1:

$$\text{\$36,000} \div 1.75 = \text{\$20,571}$$

Median household income in undocumented household Average number of workers per undocumented household Average income per worker in undocumented household

Step 2:

$$\text{\$36,000} - \text{\$20,571} = \text{\$15,429}$$

Median household income in undocumented household Average income per earner in undocumented households Remaining median household income with absence of primary earner

Note: By comparison, \$23,050 was the 2012 poverty level for a family of 4.

EXPLANATION:

$$88,517 \times 93\% = 83,321$$

Removals in FY2012 who reported at least 1 U.S.-citizen child Estimated proportion of removals who are male (and these households will lose their primary earner, which impacts household income) Estimated number of households impacted by absence of primary earner in FY2012

ASSUMPTIONS, LIMITATIONS AND NOTES

These calculations have the same limitations and assumptions as described in Appendix D. Also, the distribution of median household income among undocumented or mixed-status households is not available; the only available data are on median income. Separately, this is likely to be an overestimate of the number of households that would be put into poverty by the removal of one earner. The calculation assumes that all undocumented households earn the median household income, suggesting therefore that with the absence of a primary earner, all households would be put into poverty. In reality, some households earn above the median income level and some earn below it, so not all will be put into poverty.

Undocumented immigrant household was defined in the original source as a household where one or both adults are undocumented. It can, but does not necessarily include, U.S.-citizen children.

SOURCES USED

- Dreby J. How today's immigration enforcement policies impact children, families, and communities: a view from the ground. Center for American Progress; 2012. Available at: <http://www.americanprogress.org/wp-content/uploads/2012/08/DrebyImmigrationFamiliesFINAL.pdf>. Accessed March 15, 2013
- Passel JS, Cohn D. A portrait of unauthorized immigrants in the United States. Washington, DC: Pew Research Center; 2009. Available at: <http://www.pewhispanic.org/2009/04/14/a-portrait-of-unauthorized-immigrants-in-the-united-states/>. Accessed April 2, 2013.
- Wessler S. Primary Data: Deportations of Parents of U.S. Citizen Kids. ColorLines.com. Available at: http://colorlines.com/archives/2012/12/deportations_of_parents_of_us-born_citizens_122012.html.



FOOD ACCESS

“Sometimes, honestly, in order to eat, we have to go to the churches where they give out food. For those people that we know in our neighborhood, who are also going through hard times, who are affected by the economy, or they can’t find work, we give them some of our food to eat as well. We share all of that because we know that if we are united then we will all help each other. We are all in the same situation.”

– Mateo, undocumented immigrant who dreams of going to college



THE PICTURE TODAY

Due to their legal status, mixed-status households have trouble putting food on the table

There is limited data available on how many mixed-status families currently have a hard time accessing food. However, adult survey respondents reported difficulty putting food on the table (31% among undocumented and 35% among documented), and reported that because of their legal status, their children had not eaten well (28% among undocumented compared to 20% among documented). Youth also reported that they felt their parents couldn’t afford to buy food (24% with an undocumented parent versus and 18% with a documented parent).

WHY FOOD ACCESS MATTERS

It is a keystone of physical, mental and behavioral health

An adequate and stable food supply is vital to health. Adults who live in food-insecure households are at 21% higher risk for hypertension and about 50% higher risk for diabetes than those who live in food-secure households.⁵³ Literature also suggests that the impacts of food hardship in adults, including mental health status, may indirectly affect children’s behavior problems.⁵⁴ Children’s food consumption has been linked to behavioral problems that in turn can link to poor school performance or poor child development.⁵⁴ In addition, children ages 3 to 12 who live in a household with even minimal food hardship reportedly exhibit greater aggression, hyperactivity, anxiety and depression, compared to those who do not experience food hardship.⁵⁴

THE ROLE OF DETENTION AND DEPORTATION

The absence of a primary earner generates food insufficiency and hunger

For households that already have limited income or have trouble getting food, the absence of a primary earner due to detention or deportation can make things worse. In households that were stable, it may

FOOD ACCESS

create new hardships. U.S.-citizen children living in mixed-status households may now qualify for Supplemental Nutrition Assistance Program benefits (i.e., food stamps). While many of these families may qualify for food stamps, research indicates that immigrant families are less likely to access these types of programs, and children may continue to live in food insufficient households indefinitely.⁵⁵

A 2010 Urban Institute study¹⁶ reported that detention of a family member could leave a household food insufficient after six months: 28.3% of households experienced hunger and could not afford to eat. More than 80% ran out of food and did not have the money to get more.*

* From a qualitative research study (n=46), food insufficiency is characterized by select items on a food security scale developed by the U.S. Department of Agriculture, such as difficulty paying for food.

FOOD ACCESS

IF DEPORTATIONS REMAIN AT 2012 LEVELS ...

How will continued detention and deportation affect food access?

The absence of a primary household earner will leave over **125,000 children in a food insufficient household**. Without the support of food assistance, these children may experience hunger and malnutrition.

*

Calculation
explained on
following page

FOOD ACCESS: CALCULATIONS

EXPLANATION:

88,517	X	2.10	X	82%	X	82.6%	=	125,904
Number of parents with at least 1 U.S.-citizen child that will be deported in the next year, if levels stay at 2012 numbers		Average number of children in undocumented households		Proportion of children to undocumented immigrants that are U.S.-born		Proportion of households reported food insufficient at >6 months after parent's detention or deportation		Predicted number of U.S.-citizen children that in the next FY will be in food insufficient households >6 months after parent's detention or deportation, if removals stay at 2012 levels

ASSUMPTIONS, LIMITATIONS AND NOTES

This calculation has the same limitations and assumptions as described in Appendix D.

Separately, the original study that found food insufficiency at >6 months after detention or deportation of a parent had a small sample size of 46 cases. Also, there was no estimate available for food insufficiency prior to removal, so this calculation may but does not necessarily report additional or new cases.

Food insufficiency is characterized by the original source using select items on a food security scale developed by the U.S. Department of Agriculture, such as difficulty paying for food.

SOURCES USED

- Chaudry A, Capps R, Pedroza JM, Castaneda RM, Santos R, Scott MM. Facing our future: children in the aftermath of immigration enforcement. The Urban Institute; 2010. Available at: <http://www.eric.ed.gov/ERICWebPortal/recordDetail?accno=ED508226>. Accessed March 15, 2013.
- Migration Policy Institute. Analysis of 2008 U.S. Current Population Survey data with assignments of legal status by Jeffrey A. Passel at the Pew Hispanic Center.
- Passel JS, Cohn D. Unauthorized immigrant population: national and state trends, 2010. Pew Research Center; 2011. Available at: <http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-brnational-and-state-trends-2010/>. Accessed April 11, 2013.
- Wessler S. Primary Data: Deportations of Parents of U.S. Citizen Kids. ColorLines.com. Available at: http://colorlines.com/archives/2012/12/deportations_of_parents_of_us-born_citizens_122012.html.

CONCLUSION: FAMILY UNITY IS ESSENTIAL TO FAMILY HEALTH

This report highlights the collateral impacts of detention and deportation for families throughout the United States: parents and children experience very real and measurable changes to their health and well-being. If detentions and deportations continue at current levels over the coming years, hundreds of thousands of families will experience some degree of hardship – poor educational and behavioral outcomes among children, decreases in the lifespan of adults and in the overall health status of adults and children, increased poverty and decreased food access. These impacts will be most acutely seen in children, across multiple measures of mental health and well-being.

Importantly, while the focus of our research was on parents and children, there are numerous impacts that extend to the larger communities that these families live in. The well-being and cohesiveness of our workplaces, schools and public gathering spaces are also disrupted by a continued policy of detention and deportation, and this affects how immigrants view their communities. For example, among adults, 28% of undocumented adult immigrants who participated in our survey reported that their town or city did not support immigrants, and 44% of undocumented adult respondents reported that their town or city had police that worked with Immigration and Customs Enforcement.

Apart from our research findings, the young people and parents we spoke to eloquently described what citizenship meant to themselves and their families. They expressed how citizenship would change their prospects in life – their employment and educational options, their social relationships and their self-confidence and sense of security.

Daniela likened undocumented immigrants to birds that cannot fly:

“I think that many of us have the capacity for other things although in certain ways our wings are clipped and we cannot do what we would like to do.”

Mateo described the human dignity and fulfilled dreams that citizenship would give:

“It would give us more confidence, value – all we need to be successful. . . . It would help me economically. My father has always had a dream of owning a business but can’t because of that. That would give him a lot of happiness.”

The detention and deportation of undocumented immigrants also carries a staggering price tag: Last year more than \$1.2 billion* was spent to deport parents of U.S.-citizen children.⁵⁷ These costs are expected to continue unabated unless reform is adopted that brings a significant reduction in detentions and deportations. As a nation we must ask if this is the best use of limited resources.

In this context, and given the release of the “Border Security, Economic Opportunity, and Immigration Modernization Act,” we propose a series of recommendations that can begin to address the root causes of poor health status among families with undocumented members – namely, the fear, stress and potential trauma experienced by families whose unity may be threatened due to their legal status. Our recommendations both affirm aspects of the proposal that are health-promoting for these families, and describe opportunities to go even further by creating the long-term safety and stability that are necessary for health.

Some of our recommendations, if not implemented with an understanding of what is realistic for these already vulnerable families, might not provide the benefits we anticipate. Immigration reform must not create a host of new, unintended consequences for the health of these already vulnerable people. Immigration reform that preserves and protects family unity will advance conditions essential to the health and well-being of millions nationwide, and ultimately to the well-being of our country as a whole.

* See Appendix E for background on calculation.

RECOMMENDATIONS

In April 2013, the U.S. Senate released the “Border Security, Economic Opportunity, and Immigration Modernization Act,” otherwise known as “comprehensive immigration reform.” The proposal could reduce many health and mental health harms highlighted throughout our report – most specifically by creating a roadmap to citizenship that may decrease the risk of detention and deportation for millions of individuals and their families.

However, there remain many opportunities to improve the health and well-being for these families. To that end, we provide a series of recommendations. Our recommendations affirm aspects of the proposal that are health-promoting for children and families, and identify additional elements for the bill and related practices that should be considered as part of the comprehensive immigration reform debate.

BASED ON OUR FINDINGS, WE PROPOSE THE FOLLOWING RECOMMENDATIONS:

1 Ensure the “Border Security, Economic Opportunity, and Immigration Modernization Act” includes the following key components:

- a. A direct, clear, expedient and affordable path to citizenship for all undocumented immigrants, ending their risk of detention or deportation. We recommend a path to permanent residence and eventual citizenship over a legal status that stops short of citizenship. The latter would not create long-term stability for families, or result in the health benefits associated with such stability.
- b. Financial requirements must be fair and include appropriate payment schedules that do not force families to choose between applying for legalization and other family needs. They must take into account the impact that fees and fines have on working families.
- c. Elimination of mandatory detention laws that result in the arbitrary and unnecessary detention of parents and primary caregivers of U.S.-citizen children. The U.S. Department of Homeland Security should assess cases of detention on an individual, not blanket, basis.

d. Generous waiver provisions that recognize the importance of family unification. For principal applicants, bars to participation in the legalization program should generally be overcome in the interest of family unity. As is currently in the Senate proposal, for the previously deported parents of children who are citizens or permanent residents as well as for certain individuals who entered the U.S. as children, permit waivers should allow re-entry and a roadmap to citizenship for purposes of family unification and improved child well-being.

e. Allowing immigrants in the process of obtaining legal status to receive health insurance coverage and other means-tested public benefits after some designated and appropriate length of time.

f. Recognition that the health and well-being of children is often maintained by undocumented immigrant parents and other relatives who do not work outside the home or work in the underground economy. Consequently, consider revising the current work and income requirements in the proposal to be less rigid – specifically, by allowing applicants to submit alternate documentation of work history; allowing exceptions for the inability to work, health conditions and disabilities; and eliminating the Federal Poverty Level (FPL) income requirement as a threshold for eligibility.

g. As currently proposed in the Senate bill, modify current law to ensure that immigration judges are provided with the discretion to consider hardship to U.S. citizen or permanent resident children when deciding whether to deport a parent.

h. To overcome guardianship fear and lack of knowledge, permit the Centers for Medicare and Medicaid Services to allow non-parental relatives and public school staff to enroll children who are citizens in federally-funded programs, such as State Children’s Health Insurance Program and Medicaid, and the U.S. Department of Agriculture to do the same for the Supplemental Nutrition Assistance Program across all states.

RECOMMENDATIONS

2 Reduce the federal government's reliance on programs that needlessly target immigrant families. Specifically, we recommend that the Department of Homeland Security (DHS) reform its programs and policies related to detention and deportation as follows:

- a. End the 287(g) program and partnerships between its immigration officers and state and local law enforcement agencies and significantly modify the Secure Communities program to only focus resources on people who pose a threat to national security.
- b. Continue to apply agency-wide discretion to the prosecution of backlogged and new immigration detention cases to not deport parents who have children under the age of 18 and are citizens.
- c. Use secure alternatives, including electronic monitoring and case management services, if detention is deemed necessary following an individual assessment. As is in the proposal, expand the use of Alternatives to Detention, such as community support programs, to ensure compliance with immigration cases in an effective, economical and family friendly manner.
- d. Continue to collect and publicly release data on the numbers and characteristics of parents of U.S.-born citizen children in U.S. Immigration and Customs Enforcement (ICE) custody and deported.

3 The Department of Homeland Security and other relevant federal agencies should put into place programs and policies that protect the health and well-being of children whose parents or primary caregivers are undergoing detention and deportation proceedings. This should include:

- a. As has been legislated in California, a mechanism to preserve the parent-child relationship, including allowing apprehended parents and primary caregivers access to phone calls to make childcare arrangements.

- b. Coordination between DHS, Health and Human Services, and specifically the Administration for Children & Families, to implement protocols and issue guidance to ensure parents are able to fulfill child welfare case plan requirements and participate fully in family court proceedings when parents are in custody or after deportation, as proposed in the Senate immigration reform bill and the HELP Separated Children Act (S. 1399/H.R. 2607, 112th Congress).

- c. Issuance of guidance and oversight and sensitivity training for DHS personnel responsible for enforcement to reduce trauma to children when performing immigration-related arrests in their presence.

4 As has been legislated in California and as included in the Senate proposal, state child welfare plans should include policies to promote the reunification of children in the child welfare system with parents and legal guardians who have been detained or deported, including authority to delay filing for termination of parental rights until certain conditions have been met, ensuring that children are placed with relative caregivers whenever possible regardless of immigration status, and to assist parents and legal guardians in making arrangements for their children prior or after removal.

5 Finally, while our focus is on federal policy, there is also a role for states. Legislatures should prioritize access to mental health services for those affected by detention and deportation by allocating funds for community-based programs that provide supportive services, specifically culturally and linguistically appropriate mental health promotion programs, for families and children who are affected by detention and deportation.

REFERENCES

1. Border Security, Economic Opportunity, and Immigration Modernization Act. S 744, 113th Cong, 1st Session (2013).
2. U.S. Immigration and Customs Enforcement. ICE Total Removals through August 25, 2012. Available at: <https://www.ice.gov/doclib/about/offices/ero/pdf/ero-removals1.pdf>.
3. Passel JS, Cohn D. Unauthorized immigrant population: national and state trends, 2010. Pew Research Center; 2011. Available at: <http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-brnational-and-state-trends-2010/>. April 11, 2013.
4. Center for American Progress. The facts on immigration today: everything you need to know about our foreign-born population, current immigration policy, and the voting power of new Americans. 2012. Available at: http://www.americanprogress.org/wp-content/uploads/issues/2012/07/pdf/immigration_facts_final.pdf. Accessed March 29, 2013.
5. Lopez MH, Minushkin S. 2008 National Survey of Latinos: Hispanics see their situation in US deteriorating. Pew Research Center; 2008. Available at: http://www3.impre.com/prod_assets/pdf/NSL_2008_Immigration_Enforcement_Report_EMBARGOED.pdf. Accessed April 26, 2013.
6. Cavazos-Rehg PA, Zayas LH, Spitznagel EL. Legal status, emotional well-being and subjective health status of Latino immigrants. *Journal of the National Medical Association*. 2007;99(10):1126.
7. Ziol-Guest KM, Kalil A. Health and medical care among the children of immigrants. *Child Development*. 2012;83(5):1494–1500.
8. Gusmano M, Berlinger NJ. Undocumented Patients: Undocumented Immigrants and Access to Health Care. 2012. The Hastings Center. Available at: www.undocumentedpatients.org. Accessed April 23, 2013.
9. Pereira K, Crosnoe R, Fortuny K, et al. ASPE research brief: barriers to immigrants' access to Health and Human Services programs. U.S. Department of Health & Human Services. Available at: <http://aspe.hhs.gov/hsp/11/ImmigrantAccess/Barriers/rb.shtml>.
10. Yoshikawa H, Kalil A. The effects of parental undocumented status on the developmental contexts of young children in immigrant families. *Child Development Perspectives*. 2011;5(4):291–297.
11. Karoly LA, Gonzalez GC. Early care and education for children in immigrant families. *The Future of Children*. 2011;21(1):71–101.
12. Forrest CB, Riley AW. Childhood origins of adult health: a basis for life-course health policy. *Health Affairs*. 2004;23(5):155–164.
13. Hardy LJ, Getrich CM, Quezada JC, Guay A, Michalowski RJ, Henley E. A call for further research on the impact of state-level immigration policies on public health. *American Journal of Public Health*. 2012;102(7):1250–1253.
14. Brabeck K, Xu Q. The impact of detention and deportation on Latino immigrant children and families: a quantitative exploration. *Hispanic Journal of Behavioral Sciences*. 2010;32(3):341–361.
15. Dreby J. How today's immigration enforcement policies impact children, families, and communities: a view from the ground. Center for American Progress; 2012. Available at: <http://www.americanprogress.org/wp-content/uploads/2012/08/DrebyImmigrationFamiliesFINAL.pdf>. Accessed March 15, 2013.
16. Chaudry A, Capps R, Pedroza JM, Castaneda RM, Santos R, Scott MM. Facing our future: children in the aftermath of immigration enforcement. The Urban Institute; 2010. Available at: <http://www.eric.ed.gov/ERICWebPortal/recordDetail?accno=ED508226>. Accessed March 15, 2013.
17. Capps R. Paying the price: the impact of immigration raids on America's children. Urban Institute; 2007. Available at: <http://www.urban.org/url.cfm?id=411566>. Accessed March 15, 2013.
18. Zayas LH. Protecting citizen-children safeguards our common future. *Journal of Health Care for the Poor and Underserved*. 2010;21(3):809–814.
19. Lang AJ, Stein MB. An abbreviated PTSD checklist for use as a screening instrument in primary care. *Behaviour Research and Therapy*. 2005;43(5):585–594.
20. Suárez-Orozco C, Yoshikawa H, Teranishi RT, Suárez-Orozco MM. Growing up in the shadows: the developmental implications of unauthorized status. *Harvard Educational Review*. 2011;81(3):438–473.
21. Ortega AN, Horwitz SM, Fang H, Kuo AA, Wallace SP, Inkelas M. Documentation status and parental concerns about development in young US children of Mexican origin. *Academic Pediatrics*. 2009;9(4):278–282.
22. Powell D, Dunlap G, Fox L. Prevention and intervention for the challenging behaviors of toddlers and preschoolers. *Infants and Young Children*. 2006;19(1):25–35.
23. Kupersmidt JB, Patterson CJ. Childhood peer rejection, aggression, withdrawal, and perceived competence as predictors of self-reported behavior problems in preadolescence. *Journal of Abnormal Child Psychology*. 1991;19(4):427–449.
24. Lane KL, Menzies HM, Oakes WP, Lambert W, Cox M, Hankins K. A validation of the student risk screening scale for internalizing and externalizing behaviors: patterns in rural and urban elementary schools. *Behavioral Disorders*. 2012;37(4):244–270.
25. Appleyard K, Egeland B, Dulmen MH, Alan Sroufe L. When more is not better: the role of cumulative risk in child behavior outcomes. *Journal of Child Psychology and Psychiatry*. 2005;46(3):235–245.
26. Yoshikawa H. *Immigrants raising citizens: Undocumented parents and their young children*. New York, NY: Russell Sage Foundation Publications; 2011.
27. Bean FD, Leach MA, Brown SK, Bachmeier JD, Hipp JR. The educational legacy of unauthorized migration: comparisons across US-Immigrant groups in how parents' status affects their offspring. *International Migration Review*. 2011;45(2):348–385.
28. Cutler DM, Lleras-Muney A. Education and health: evaluating theories and evidence. National Bureau of Economic Research; 2006. Available at: <http://www.nber.org/papers/w12352>. Accessed May 2, 2013.
29. Winkleby MA, Jatulis DE, Frank E, Fortmann SP. Socioeconomic status and health: how education, income, and occupation contribute to risk factors for cardiovascular disease. *American Journal of Public Health*. 1992;82(6):816–820.
30. Ross CE, Wu C. The links between education and health. *American Sociological Review*. 1995: 719–745.
31. Alliance for Excellent Education. The economic benefits of helping high school dropouts earn both high school diplomas and college degrees. Alliance for Excellent

REFERENCES

- Education; 2011. Available at: http://www.all4ed.org/files/States_sebps.pdf. Accessed May 2, 2013.
32. Poortinga W. Social relations or social capital? Individual and community health effects of bonding social capital. *Social Science and Medicine*. 2006;63(1):255–270.
33. Singh GK, Miller BA. Health, life expectancy, and mortality patterns among immigrant populations in the United States. *Canadian Journal of Public Health. Revue Canadienne de Sante Publique*. 2004;95(3):114.
34. U.S. Department of Health and Human Services. General Health Status - Healthy People 2020. General Health Status. 2011. Available at: <http://www.healthypeople.gov/2020/about/genhealthabout.aspx#self>. Accessed March 21, 2013.
35. Idler EL, Benyamini Y. Self-rated health and mortality: a review of twenty-seven community studies. *Journal of Health and Social Behavior*. 1997:21–37.
36. DeSalvo KB, Bloser N, Reynolds K, He J, Muntner P. Mortality prediction with a single general self-rated health question. *Journal of General Internal Medicine*. 2006;21(3):267–275.
37. Gardner JW, Sanborn JS. Years of potential life lost (YPLL)—what does it measure? *Epidemiology*. 1990;1(4):322.
38. DeVoe JE, Fryer GE, Phillips R, Green L. Receipt of preventive care among adults: insurance status and usual source of care. *American Journal of Public Health*. 2003;93(5):786–791.
39. Kullgren JT. Restrictions on undocumented immigrants' access to health services: the public health implications of welfare reform. *American Journal of Public Health*. 2003;93(10).
40. Lu MC, Lin YG, Prietto NM, Garite TJ. Elimination of public funding of prenatal care for undocumented immigrants in California: a cost/benefit analysis. *American Journal of Obstetrics and Gynecology*. 2000;182(1):233–239.
41. Passel JS, Director PT, Lopez MH. A portrait of unauthorized immigrants in the United States. Pew Research Center; 2009. Available at: <http://pewhispanic.org/files/reports/107.pdf>. Accessed March 21, 2013.
42. Ortega AN, Fang H, Perez VH, et al. Health care access, use of services, and experiences among undocumented Mexicans and other Latinos. *Archives of Internal Medicine*. 2007;167(21):2354.
43. Arbona C, Olvera N, Rodriguez N, Hagan J, Linares A, Wiesner M. Acculturative stress among documented and undocumented Latino immigrants in the United States. *Hispanic Journal of Behavioral Sciences*. 2010;32(3):362–384.
44. Hardy LJ, Getrich CM, Quezada JC, Guay A, Michalowski RJ, Henley E. A call for further research on the impact of state-level immigration policies on public health. *American Journal of Public Health*. 2012;102(7):1250–1253.
45. Talavera V, Núñez-Mchiri GG, Heyman J. Deportation in the US-Mexico borderlands: anticipation, experience and memory. *The Deportation Regime*. 2010:166–195.
46. Krieger J, Higgins DL. Housing and health: time again for public health action. *American Journal of Public Health*. 2002;92(5):758–768.
47. Office of Deputy Prime Minister. The impacts of overcrowding on health and education: a review of the evidence and literature. London, UK; 2004. Available at: <http://www.communities.gov.uk/documents/housing/pdf/138631>. Accessed May 2, 2013.
48. Ross D, Roberts P. Income and child well being: a new perspective on the policy debate. Canadian Council for Social Development. 1999. Available at: <http://www.ccsd.ca/pubs/inckids/>. Accessed May 2, 2013.
49. Cooper D. Housing affordability: a children's issue. Canadian Policy Research Networks Discussion Paper; 2001. Available at: <http://www.cprn.com/en/doc.cfm?doc=176>. Accessed May 2, 2013.
50. Marmot MG. The influence of income on health: views of an epidemiologist. *Health Affairs*. 2002;21(2):31–46.
51. Subramanian SV, Blakely T, Kawachi I. Income inequality as a public health concern: where do we stand? Commentary on “Is exposure to income inequality a public health concern?” *Health Services Research*. 2003;38(1p1):153–167.
52. Queensland Health Department. Social determinants: income fact sheet. Available at: <http://www.health.qld.gov.au/ph/Documents/saphs/20399.pdf>. Accessed March 21, 2013.
53. Seligman HK, Laraia BA, Kushel MB. Food insecurity is associated with chronic disease among low-income NHANES participants. *The Journal of Nutrition*. 2010;140(2):304–10.
54. Slack KS, Yoo J. Food hardship and child behavior problems among low-income children. *Social Service Review*. 2005;79(3):511–536.
55. Capps R. The health and well-being of young children of immigrants. The Urban Institute; 2005. Available at: <http://www.urban.org/Template.cfm?Section=Home&NavMenuID=94&template=/TaggedContent/ViewPublication.cfm&PublicationID=9161>. Accessed April 30, 2013.
56. U.S. Department of Homeland Security. Annual Performance Report: Fiscal Years 2011–2013; 2013. Available at: <http://www.dhs.gov/xlibrary/assets/mgmt/dhs-congressional-budget-justification-fy2013.pdf>. Accessed March 29, 2013.
57. Migration Policy Institute. Analysis of 2008 U.S. Current Population Survey data with assignments of legal status by Jeffrey A. Passel at the Pew Hispanic Center.
58. Wessler S. Primary Data: Deportations of Parents of U.S. Citizen Kids. ColorLines. com. http://colorlines.com/archives/2012/12/deportations_of_parents_of_us-born_citizens_122012.html. Published December 17, 2012. Accessed May 2, 2013.
59. U.S. Immigration and Customs Enforcement. FYI 2011: ICE announces year-end removal numbers, highlights focus on key priorities including threats to public safety and national security. News Releases. 2011. Available at: <http://www.ice.gov/news/releases/1110/111018washingtondc.htm>. Accessed May 2, 2013.

APPENDICES

Appendix A. Survey Data Findings

Appendix B. Survey Methods, Analysis and Instruments

Appendix C. Focus Group Methods and Guides

Appendix D. Notes About Frequently Used Statistics in Calculations

Appendix E. Background on Calculations Used in Introduction and Conclusion

Appendix F. Pathway Diagram

APPENDIX A.

SURVEY DATA FINDINGS

Notes about Tables:

- Percentages in columns may not total 100% due to rounding.
- Sample sizes change for each question because we excluded missing responses from the analysis. Please see Appendix B for further explanation.

I. DEMOGRAPHICS

Table 1: Adult Survey Demographics

	All Adults	Documented	Undocumented
Sex	N=408	N=180	N=228
Male	36%	38%	35%
Female	63%	62%	65%
Other	0%	1%	0%
Average Age	N=388	N=167	N=221
Years	38	41	35
Place of Birth	N=406	N=180	N=226
U.S.	3%	7%	0%
Latin American country	86%	78%	93%
Non-Latin American country, excluding U.S.	11%	16%	7%
Number of Years Lived in the U.S.	N=408	N=180	N=228
0 – 4 years	4%	5%	3%
5-9 years	29%	28%	29%
10-14 years	42%	47%	38%
15+ years	25%	20%	29%
Current State of Resident	N=389	N=167	N=222
AL	6%	4%	8%
CA	26%	30%	23%
CO	6%	10%	4%
FL	3%	4%	3%
IA	0%	0%	0%
ID	17%	2%	28%
NE	6%	6%	7%
NJ	1%	1%	0%
NV	1%	0%	1%
NY	8%	13%	5%
TX	11%	11%	11%
VA	6%	5%	6%
WA	8%	14%	3%

APPENDIX A.

SURVEY DATA FINDINGS

	All Adults	Documented	Undocumented
Highest Level of Education	N=390	N=168	N=222
High school or less	52%	48%	54%
High school diploma/GED	30%	23%	35%
Some college or higher	19%	29%	11%
Annual Household Income	N=378	N=164	N=214
\$0-\$10,000	26%	33%	22%
\$10,001-\$20,000	28%	22%	33%
\$20,001-\$36,000	32%	30%	33%
\$36,001-\$50,000	11%	12%	11%
\$50,000- above	2%	2%	2%
Average Household Size	N=358	N=181	N=177
Number of people	3.00	2.59	3.37
Detention and Deportation have affected me by:	N=416	N=185	N=231
A family member has been detained or deported	27%	21%	32%
A friend/ acquaintance has been detained or deported	34%	32%	36%
My status puts me at risk for detention or deportation	54%	0%	97%
I have been detained or deported	7%	0%	13%
None of the above	14%	31%	0%

Table 2: Youth Survey Demographics

	All Youth	Documented	Undocumented
Sex	N=127	N=92	N=35
Male	47%	40%	66%
Female	52%	60%	31%
Other	0%	0%	3%
Average Age	N=127	N=92	N=35
Years	21	21	22
Place of Birth	N=119	N=87	N=32
U.S.	43%	59%	NA
Latin American Country	53%	37%	97%
Other Non-Latin American country	4%	5%	3%

APPENDIX A.

SURVEY DATA FINDINGS

	All Youth	Documented	Undocumented
Current State of Resident	N=125	N=91	N=32
CA	58%	66%	35%
FL	30%	24%	47%
IA	3%	4%	0%
NJ	4%	2%	9%
NY	3%	1%	9%
RI	1%	1%	0%
WA	1%	1%	0%
Highest Level of Education	N=124	N=91	N=33
High school or less	6%	1%	18%
High school diploma/GED	20%	22%	15%
Some college or higher	74%	77%	67%
Parent Legal Status	N=126	N=92	N=32
Undocumented immigrant	52%	38%	88%
Documented immigrant	48%	62%	12%
Detention and Deportation have affected me by:	N=127	N=92	N=35
A parent has been detained or deported	13%	12%	14%
A family member has been detained or deported	35%	34%	37%
A friend/ acquaintance has been detained or deported	60%	57%	69%
My status puts me at risk for detention or deportation	27%	0%	97%
I have been detained or deported	2%	0%	9%
None of the above	19%	26%	-

II. CHILD HEALTH AND WELL-BEING

Table 3A: Youth Survey Responses - Child Health and Well-being among Documented Youth by Parent Documentation Status

	Documented Parent	Undocumented Parent
Youth Health Status	N=57	N=35
Poor	0%	3%
Fair	9%	14%
Good	44%	34%
Very Good	35%	31%
Excellent	12%	17%

APPENDIX A.

SURVEY DATA FINDINGS

	Documented Parent	Undocumented Parent
Doctor Visits in Past Year	N=57	N=35
0 times	28%	37%
1-2 times	51%	29%
3-4 times	16%	14%
5 + times	5%	0%
When I was under age 18, because of threat of detention and deportation and my parent's legal status, I had:		
Health Outcomes		
Been Anxious (Doc N=57, Undoc N=35)	33%	86%
Been Fearful (Doc N=57, Undoc N=35)	26%	57%
Been Sad (Doc N=57, Undoc N=34)	32%	57%
Post-Traumatic Stress Disorder Symptoms (Doc N=54, Undoc N=34)	54%	83%
Educational Outcomes		
Missed school (Doc N=57, Undoc N=35)	7%	11%
Changed school (Doc N=57, Undoc N=35)	9%	14%
Behavioral Outcomes		
Withdrawn (Doc N=57, Undoc N=35)	18%	29%
Angry (Doc N=57, Undoc N=35)	21%	46%

Table 3B: Adult Survey Responses - Child Health & Well-being Outcomes by Parent Documentation Status

	Documented Parent	Undocumented Parent
Mental Health Symptoms - During the last 30 days, my child seemed:		
Afraid	N=69	N=108
Not at all	46%	31%
A little	23%	14%
Sometimes	19%	27%
Most of the time	3%	17%
All of the time	9%	12%
Nervous	N=75	N=112
Not at all	48%	28%
A little	19%	22%
Sometimes	24%	30%
Most of the time	4%	15%
All of the time	5%	4%
Because of the threat of detention or deportation and my legal status, my child had or did:		
Physical Health Outcomes		
Exercised less (Doc N=79, Undoc N=113)	27%	33%
Not eaten well (Doc N=80, Undoc N=114)	20%	28%
Not slept well (Doc=81, Undoc N =114)	21%	33%

APPENDIX A.

SURVEY DATA FINDINGS

	Documented Parent	Undocumented Parent
Mental Health Outcomes		
Been anxious (Doc N=81, Undoc N=115)	30%	47%
Been fearful (Doc N=81, Undoc N=114)	31%	59%
Been sad/down (Doc N=81, Undoc N=113)	32%	52%
Symptoms of Post-Traumatic Stress Disorder		
(Doc N=53, Undoc N=82)	40%	74%
Behavioral Outcomes		
Withdrawn (Doc N=79, Undoc N=114)	24%	33%
Angry (Doc N=80, Undoc N =113)	28%	35%

Table 4: Youth Survey Responses - Legal status impact on relationships by Youth Documentation Status

	Documented Youth	Undocumented Youth
When I was under age 18, because of the threat of detention or deportation and my legal status, I had or did:		
Social Relationships		
Less willing to date (Doc N=91, Undoc N=35)	14%	49%
Strained relationship with friends (Doc N=92, Undoc N=35)	21%	57%

III. ADULT HEALTH AND WELL-BEING

Table 5A: Adult Survey Responses - Adult Health and Well-being Outcomes by Adult Documentation Status

	Adult Documented	Adult Undocumented
Adult Health Status	N= 183	N=226
Poor	6%	6%
Fair	38%	30%
Good	37%	50%
Very Good	11%	12%
Excellent	8%	3%
Access to Health Services		
No usual source of care (Doc N=179, Undoc N=229)	35%	30%
Delayed care in last 12 months (Doc N= 179, Undoc N=226)	39%	45%
Mental Health Symptoms- During the last 30 days I have been:		
Nervous	N=156	N=221
Not at all	28%	10%
A little	21%	18%
Sometimes	34%	33%
Most of the time	12%	33%
All of the time	6%	6%

APPENDIX A.

SURVEY DATA FINDINGS

	Adult Documented	Adult Undocumented
Sad	N=164	N=221
Not at all	29%	14%
A little	28%	18%
Sometimes	29%	41%
Most of the time	8%	24%
All of the time	6%	3%
Afraid	N=140	N=213
Not at all	35%	11%
A little	21%	19%
Sometimes	29%	25%
Most of the time	7%	21%
All of the time	7%	24%
Due to the threat of detention and deportation and my legal status, I had or did:		
Mental Health Outcomes		
Stress (Doc N=179, Undoc N=228)	64%	92%
Fearfulness (Doc N=182, Undoc N=229)	56%	88%
Sadness (Doc N= 181, Undoc N=229)	57%	83%
Withdrawal (Doc N=170, Undoc N=226)	37%	69%
Anger (Doc N=175, Undoc N=228)	35%	50%
Fear Driven Behavior		
Driven less (Doc N=168, Undoc N=226)	48%	71%
Less willing to report crime (Doc N=176, Undoc N=227)	48%	79%
Feelings of racial profiling (Doc N=176, Undoc N=225)	61%	77%
Access to Health Services		
Difficulty accessing medical care (Doc N=172, Undoc N=229)	56%	61%
Health Promoting Behavior		
Difficulty exercising outside (Doc N=169, Undoc N=225)	30%	37%
Less walking in streets (Doc N=178, Undoc N=231)	51%	51%

APPENDIX A.

SURVEY DATA FINDINGS

IV. HOUSEHOLD HEALTH AND WELL-BEING

Table 6A: Adult Survey Responses - Household Health and Well-Being Outcomes by Adult Documentation Status

	Adult Documented	Adult Undocumented
Due to the threat of detention and deportation and my legal status, I had or did:		
Economic Hardship		
Trouble getting a job (Doc N=175, Undoc N=227)	70%	82%
Difficulty paying rent (Doc N=173, Undoc N=225)	47%	41%
Difficulty using public assistance (Doc N=162, Undoc N=209)	36%	49%
Food Access		
Difficulty buying food (Doc N=176, Undoc N=227)	35%	31%
Due to the threat of detention and deportation and my legal status, my child had:		
Not eaten well (Doc N=80, Undoc N=114)	20%	28%

Table 6B: Youth Survey Responses - Household Health and Well-being Outcomes by Parent Documentation Status

	Documented Parent	Undocumented Parent
When I was under age 18, because of my parents legal status, s/he had or did:		
Economic Hardship	N=57	N=35
Difficulty paying rent	30%	72%
Trouble getting job	39%	63%
Food Access	N=57	N=35
Difficulty buying food	18%	23%

Table 7: Adult Survey Responses - Perception of the Impact of Immigration Policy on Community by Adult Documentation Status

	Adult Documented	Adult Undocumented
The current city/town I live in:		
Supports immigrants	N= 156	N=215
Yes	44%	20%
Somewhat	28%	38%
No	13%	28%
Don't know	16%	15%
Has police that works with U.S. immigration officials (ICE)	N=156	N=214
Yes	29%	44%
Somewhat	6%	7%
No	22%	14%
Don't know	42%	36%

APPENDIX B.

SURVEY METHODS, ANALYSIS AND INSTRUMENTS

I. SURVEY METHODS & ANALYSIS

Survey Development

With input from the Advisory Committee, Human Impact Partners' staff developed a survey to gather information on the physical and mental health status of adults and children in mixed-status families as well as the impact of detention and deportation on their every day lives. Respondents were also asked about whether their status puts them at risk for detention or deportation as well as if they, their family member, or their friend has been detained or deported.

Two types of surveys were developed: (1) An adult survey that asked respondents about their and their child's health and (2) a young adult survey (18-25 years old) that asked respondents to recall their health as a child and their parent's health. Criteria for participation included: (1) being an immigrant from a mixed-status family and (2) being 18 years or older.

Adult surveys were available in both English and Spanish. A native Spanish speaker translated the adult surveys into Spanish. Youth surveys were available only in English. All surveys were available in paper and online formats.

Survey Recruitment

Organizations were recruited to distribute surveys through our Advisory Committee, and through their partner networks. In total, we partnered with 17 organizations from 11 different states to recruit participants and collect surveys (see below list of organizations).

<i>Organizations Collecting Surveys</i>	<i>Location</i>
Advocates for Immigrant Refugee Rights	FL
Clergy and Laity United for Economic Justice (CLUE)	CA
Coalition for Humane Immigrant Rights Los Angeles (CHIRLA)	CA
Damayyan Migrant Workers Associations	NY
Centro Humanitario	CO

Florida Immigration Coalition (FLIC)	FL
Families for Freedom	NY
Idaho Community Action Network (ICAN)	ID
Intervarsity Christian Fellowship- LaFe	CA
Latino Health Forum/ Manantial de Salud	TX
Multicultural Coalition of Grand Island	NE
Nebraska Appleseed	NE
One America	WA
Progressive Leadership Alliance of Nevada (PLAN)	NV
Somos Tuscaloosa	AL
Street Level Health Project	CA
Tenants and Workers United	VA

Surveys, recruitment fliers and survey collection guidelines were distributed to partner organizations on January 31, 2013. Partner organizations collected surveys from January 31, 2013 to February 28, 2013. Partner organizations recruited respondents at member meetings, larger community events and through health promoter/promotora visits. Organizations received a stipend (\$10 per survey) for their survey collection efforts. We collected a total of 657 surveys but only analyzed 533 surveys (see Data Analysis for inclusion criteria).

Number of Surveys Collected		
Type	Collected	Analyzed
Youth	187	127
Adult	470	416
Total	657	533

Survey Measures

See Appendix B.II for adult (Spanish and English) and youth survey instruments. Below, we summarize our core areas of focus.

APPENDIX B.

SURVEY METHODS, ANALYSIS AND INSTRUMENTS

General health and mental health

Questions on adult and child general and mental health were adapted from the California Health Interview Survey. General health questions focused on perceived health status, number of physician visits within the last year, source of usual care and delay seeking care. Mental health questions asked whether individuals felt the following symptoms within the last 30 days: nervous/anxious, hopeless, down-hearted/sad, peaceful/calm, and afraid. Participants responded on a 5-point Likert scale.

Impact of detention and deportation on family and individual health

Questions about the relationship of legal status and health were developed to determine if the “threat of detention or deportation” or the “experience of actually being detained or deported” affected the following dimensions: (1) mental health, (2) mobility in public, (3) financial security, (4) interaction with police, (5) school performance and (6) social and familial relationships. Participants responded with a “Yes” or “No.”

An abbreviated 4-item Post-traumatic Stress Disorder (PTSD) checklist was used to screen for PTSD for children based on Lang and Stein’s work on adapting the 17-item PTSD civilian checklist.¹⁹ Individuals responded to a 3-point Likert scale (None, Some and A lot) instead of a 5-point Likert scale. We recognize that this may reduce the sensitivity and specificity of our PTSD screening tool. A cut off score of 8 was used to identify individuals that experienced symptoms of PTSD.

Legal status

Since legal status is a sensitive topic, the survey instrument did not ask the respondent to reveal his/her and their family members’ legal status. Instead respondents were asked whether (1) they, (2) their parent (youth only), (3) a family member, (4) friend/acquaintance had ever been detained, received a deportation order, or been deported; (5) if their own immigration status put them at risk for detention or deportation; or (6) none of the above. Youth were also asked to indicate whether their parent was a naturalized citizen, authorized or unauthorized immigrant.

We created categories for both Youth and Adult surveys that allowed us to further analyze results for children whose family is or was affected by threat of detention/deportation based on their statuses.

Youth Surveys:

Youth were considered undocumented if they indicated that their immigration status put them at risk for detention and deportation OR they had been detained, received a deportation order or deported. Conversely, youth were considered documented if they DID NOT indicate that their immigration status puts them at risk for detention and deportation.

Documented youth were then further categorized to indicate whether or not their family lived under the threat of detention and deportation, or a mixed-status household, based on whether they indicated their parent as unauthorized, authorized or naturalized citizen. Authorized or naturalized citizen parents were considered documented parents. Unauthorized parents were categorized as undocumented parents. The following categories were formed:

- (1) Documented youth with documented parents
- (2) Documented youth with undocumented parents

Adult Surveys:

Adults were considered undocumented if they indicated that their immigration status puts them at risk for detention and deportation OR they had been detained, received a deportation order, or deported. Conversely, adults were considered documented if they DID NOT indicate that their immigration status puts them at risk for detention and deportation.

Statistical Analysis

First, Spanish survey responses were translated into English by a bi-lingual Spanish-English speaker. English and Spanish adult survey responses were combined for a final adult survey set. We then used the following criteria for surveys to be included in the final data sets:

- All surveys: Questions on general health and legal status were completed
- Youth surveys: Respondents were between ages 18-25 years old
- Adult surveys: Respondents were between ages 18-65 years old

APPENDIX B.

SURVEY METHODS, ANALYSIS AND INSTRUMENTS

Using R Statistical software, we first ran univariate analysis for all questions for both adult and youth surveys. For each question, missing responses were not included in the analysis. We then performed cross tabulations to compare all responses based on legal status categories:

- All surveys: Documented vs. undocumented respondents
- Youth surveys: Documented youth with undocumented parents (mixed-status household) vs. documented youth with documented parents (legal household)
- Adult surveys: Documented adults with children vs. undocumented adults with children

Limitations

We recognize the following limitations in our research approach:

- We used a convenience sampling method, rather than random sampling, by recruiting participants through Advisory Committee organizations and other partners. This sampling approach limits the generalizability of our results.
- A selection bias may be present in three ways. First, participants were recruited through organizational member meetings; therefore, excluding participation from hard to reach immigrants who may have less social support and access to services. Our survey respondents may be more aware about and socially active around immigration policy. Secondly, not all types of immigrants (i.e., ethnicity, reasons for immigration, immigration status, etc.) were represented in our survey. Instead we targeted immigrant communities that are most affected by current immigration policy. Similarly, we translated the survey instrument into Spanish and did not provide translation into languages of other undocumented immigrant populations.
- Mental and physical health outcomes were based on self report by survey respondents.

APPENDIX B.

SURVEY METHODS, ANALYSIS AND INSTRUMENTS



HEALTH SURVEY

Thank you for completing this survey – it should take about 15 minutes. Our organization, **Human Impact Partners**, wants to better understand health in different communities in the United States. Responses will be summarized in a report that talks about how immigration policy can be changed to make sure that health and mental health are improved. The report will be complete in late Spring 2013 and available at www.humanimpact.org. **This survey is anonymous – your name will never be attached to what you write. We are not a government agency and will not share your responses with a government agency.** If you have any questions, contact Lili Farhang at 510-452-9442, ext. 101.

ABOUT YOUR HEALTH

The following questions are about **YOUR HEALTH**, please circle the answer that best describes you.

1. In general, my health is: (circle one)
Excellent Very Good Good Fair Poor
2. In the last 12 months, I visited a doctor: (circle one)
0 times 1-2 times 3-4 times 5 or more times
3. I have a usual place to go when I am sick or need health advice: (circle one)
Yes No
4. In the last 12 months, I delayed or did not get medical care I needed, such as seeing a health provider (doctor, specialist, etc.): (circle one)
Yes No

If YES, please explain:

5. During the last 30 days, I have felt: (for questions a-f, check the box that best describes you)

	Not at all	A little	Some times	Most of the time	All the time
a. Nervous/Anxious					
b. Hopeless					
c. Downhearted/Sad					
d. Peaceful/Calm					
e. Afraid					
f. Other (please write):					

6. I currently live with: (check all that apply)

- ☐ Husband/ Wife/ Boyfriend/ Girlfriend
- ☐ My child or children How many? _____
- ☐ Relatives How many? _____
- ☐ Friends How many? _____

If you do not have a child under age 18, please SKIP TO QUESTION #13.

ABOUT YOUR CHILD'S HEALTH

The following questions are about the **HEALTH OF ONE OF YOUR CHILDREN UNDER THE AGE OF 18**. Please pick one of your children and answer the questions below about him or her.

7. How old is YOUR CHILD? (write age) _____
8. In general, MY CHILD'S HEALTH is: (circle one)
Excellent Very Good Good Fair Poor
9. In the last 12 months, MY CHILD visited a doctor: (circle one)
0 times 1-2 times 3-4 times 5 or more times
10. I have a usual place to go when MY CHILD is sick or needs health advice: (circle one)
Yes No
11. In the last 12 months, I delayed or did not get medical care MY CHILD needed, such as seeing a health provider (doctor, specialist, etc.): (circle one)
Yes No

If YES, please explain:

12. During the last 30 days, MY CHILD felt: (for questions a-f, check the box that best describes your child)

	Not at all	A little	Some times	Most of the time	All the time
a. Nervous/Anxious					
b. Hopeless					
c. Downhearted/Sad					
d. Peaceful/Calm					
e. Afraid					
f. Other (please write):					

ABOUT YOUR COMMUNITY

13. I currently live in: (write city/town and state)
City/Town _____ State _____

14. The city/town where I currently live:

	Yes	Some what	No	Don't know
a. Feels safe				
b. Supports immigrants				
c. Has police that work with U.S. immigration officials (ICE)				

(CONTINUED ON THE OTHER SIDE)

APPENDIX B.

SURVEY METHODS, ANALYSIS

AND INSTRUMENTS

ABOUT HEALTH AND LEGAL STATUS

The following questions are about health in relationship to **legal status**, living with the **threat** of detention or deportation, or **experience** actually being detained or deported.

15. Because of my legal status, I experience: (for questions a-w, check Yes or No)

	Yes	No
a. Increased stress		
b. Increased anger		
c. Increased fearfulness		
d. Increased withdrawal		
e. Increased sadness/downheartedness		
f. Less driving		
g. Less walking in the streets		
h. Difficulty exercising		
i. Difficulty buying food		
j. Difficulty buying medicine		
k. Difficulty getting medical care		
l. Difficulty paying rent		
m. Difficulty paying utilities		
n. More missed days of work		
o. Trouble getting a job		
p. Abuse by my employer		
q. Less willingness to report a crime		
r. More feelings of racial profiling		
s. Difficulty enrolling in child care		
t. Using child care for the first time		
u. Difficulty using public assistance (e.g., food stamps, WIC, health insurance)		
v. Using public assistance for first time		
w. Taking my child to school fewer times		

If you do not have a child under age 18, please SKIP TO QUESTION #18.

16. Because of my legal status, MY CHILD has: (for questions a-o, check Yes or No)

	Yes	No
a. Missed days of school		
b. Trouble keeping up grades		
c. Trouble focusing on schoolwork		
d. Less willingness to go to school		
e. Changed schools		
f. Not eaten well		
g. Not slept well		
h. Missed outdoor physical activity		
i. Strained relationships with friends		
j. Become caregiver for my other children		
k. Been withdrawn		
l. Been angry		
m. Been anxious/stressed		
n. Been fearful		
o. Been sad/down		
p. Please list which of the above (questions a-o) have changed the most in your child:		
1.	2.	3.

17. Because of my legal status, during the last 30 days MY CHILD experienced or mentioned the following: (for a-d, check None, Some, or A lot)

	None	Some	A lot
a. Repeated memories, thoughts or images of a stressful experience			
b. Feeling very upset when something reminded him/her of a stressful experience			
c. Avoiding activities or situations because they remind him/her of the stressful experience			
d. Being "super alert" or watchful on guard			

ABOUT YOU

18. I consider myself:

☐ Male ☐ Female ☐ Other

19. I am _____ years old. (write age)

20. My highest completed level of education is:

☐ Less than or some high school ☐ High school diploma/GED ☐ Some college or higher

21. My household income for this past year (include everyone you live with): (check one)

☐ \$0-\$10,000 ☐ \$36,001 - \$50,000
☐ \$10,001- \$20,000 ☐ \$50,001- above
☐ \$20,001- \$36,000

22. I was born in: (check one)

☐ United States ☐ Mexico ☐ Guatemala
☐ Colombia ☐ Honduras ☐ El Salvador
☐ Korea ☐ China ☐ Mongolia
☐ Haiti ☐ Philippines ☐ India
☐ Dominican Republic ☐ Nigeria ☐ Other: _____

23. I have lived in the United States for: (check one)

☐ 0-4yrs ☐ 5-9yrs ☐ 10-14yrs ☐ 15+ yrs

24. Detention or deportation have affected ME by:

(check all that apply)

☐ A *family member* has been detained, received a deportation order, or been deported
☐ A *friend/acquaintance* in my community has been detained, received a deportation order or deported
☐ My *own immigration status* puts me at risk for detention or deportation
☐ I *have been* detained, received a deportation order or been deported
☐ None of the above

END OF SURVEY

THANK YOU SO MUCH AND PLEASE CONTACT US
IF YOU HAVE ANY QUESTIONS.

APPENDIX B.

SURVEY METHODS, ANALYSIS

AND INSTRUMENTS



YOUTH HEALTH SURVEY

Thank you so much for being willing to complete this survey – it should take about 15 minutes. Our organization, **Human Impact Partners**, wants to better understand health in different communities in the United States. Responses will be summarized in a report that talks about how immigration policy can be changed to make sure that health and mental health are improved. The report will be complete in late Spring 2013 and can be found at www.humanimpact.org. **The survey is anonymous – your name will never be attached to what you write. We are not a government agency and will not share your responses with a government agency.** If you have any questions, please contact Lili Farhang at 510-452-9442, ext. 101.

ABOUT YOUR HEALTH

The following questions are about **YOUR HEALTH**, please circle the answer that best describes you.

1. In general, my health is: (circle one)

Excellent Very Good Good Fair Poor

2. In the last 12 months, I visited a doctor: (circle one)

0 times 1-2 times 3-4 times 5 times or more

3. I have a usual place to go when I am sick or need health advice: (circle one)

Yes No

4. In the last 12 months, I delayed or did not get medical care I needed, such as seeing a health provider (doctor, specialist, etc.): (circle one)

Yes No

If YES, please explain:

5. During the last 30 days, I felt: (for questions a-f, please check the box that best describes you)

	Not at all	A little	Some times	Most of the time	All the time
a. Nervous/Anxious					
b. Hopeless					
c. Downhearted/Sad					
d. Peaceful/Calm					
e. Afraid					
f. Other: (please write)					

ABOUT YOUR PARENT'S/ GUARDIAN'S HEALTH

The following questions are about **the HEALTH OF ONE OF YOUR IMMIGRANT PARENTS/GUARDIANS**. Think about one of them and answer the following questions.

6. My PARENT/GUARDIAN was born in: (check one)

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> United States | <input type="checkbox"/> Mexico | <input type="checkbox"/> Guatemala |
| <input type="checkbox"/> Colombia | <input type="checkbox"/> Honduras | <input type="checkbox"/> El Salvador |
| <input type="checkbox"/> Korea | <input type="checkbox"/> China | <input type="checkbox"/> Mongolia |
| <input type="checkbox"/> Haiti | <input type="checkbox"/> Philippines | <input type="checkbox"/> India |
| <input type="checkbox"/> Dominican Republic | <input type="checkbox"/> Nigeria | <input type="checkbox"/> Other: _____ |

7. Please check the immigration status that best describes **YOUR PARENT/GUARDIAN**:

- | | | |
|--|---|---|
| <input type="checkbox"/> Naturalized Citizen | <input type="checkbox"/> Authorized Immigrant | <input type="checkbox"/> Unauthorized Immigrant |
|--|---|---|

8. In general, MY PARENT/GUARDIAN'S health is: (circle one)

Excellent Very Good Good Fair Poor Don't know

9. In the last 12 months, MY PARENT/ GUARDIAN visited a doctor: (circle one)

0 times 1-2 times 3-4 times 5 times + Don't know

10. MY PARENT/GUARDIAN has a usual place to go when sick or needing health advice: (circle one)

Yes No Don't know

11. In the last 12 months, MY PARENT/ GUARDIAN delayed or did not get medical care s/he needed, such as seeing a health provider (doctor, specialist, etc.): (circle one)

Yes No Don't know

If YES, please explain:

12. During the last 30 days, MY PARENT/ GUARDIAN has seemed: (for questions a-f, please check the box that best describes you)

	Not at all	A little	Some times	Most of the time	All the time	Don't know
a. Nervous/Anxious						
b. Hopeless						
c. Downhearted/Sad						
d. Peaceful/Calm						
e. Afraid						
f. Other: (please write)						

ABOUT YOU AS A CHILD

13. Where I lived the longest UNDER AGE 18:

City/Town: _____ State: _____

14. The city/ town where I lived UNDER AGE 18:

	Yes	Some what	No	Don't know
a. Felt safe				
b. Supported immigrants				
c. Had police that worked with U.S. immigration officials (ICE)				

APPENDIX B.

SURVEY METHODS, ANALYSIS

AND INSTRUMENTS

ABOUT HEALTH AND LEGAL STATUS

The following questions are about health in relationship to *legal status*, living with the *threat* of detention or deportation, or *experience* actually being detained or deported.

15. When I was UNDER AGE 18, because of MY PARENT/GUARDIAN's legal status, S/HE experienced: (for questions a-s, check Yes or No)

	Yes	No
a. Increased stress		
b. Increased anger		
c. Increased fearfulness		
d. Increased withdrawal		
e. Increased sadness/downheartedness		
f. Less driving		
g. Less walking in the streets		
h. Difficulty exercising outside		
i. Difficulty buying food		
j. Difficulty buying medicine		
k. Difficulty getting medical care		
l. Difficulty paying rent		
m. Difficulty paying utilities		
n. Trouble getting a job		
o. Less willingness to report a crime		
p. More feelings of racial profiling		
q. Difficulty using public assistance (e.g., food stamps, WIC, health insurance)		
r. Using public assistance for first time		
s. Taking ME to school fewer times		

16. When I was UNDER AGE 18, because of MY legal status or MY PARENT/GUARDIAN'S legal status, I had or did: (for questions a-p, please check either Yes or No)

	Yes	No
a. Missed days of school		
b. Changed schools		
c. Trouble keeping up grades		
d. Not eat well		
e. Not sleep well		
f. Missed outdoor physical activity		
g. Socialized less with friends in public		
h. Less willingness to date		
i. Strained relationships with friends		
j. Become caregiver for siblings		
k. Been withdrawn		
l. Been angry		
m. Been anxious		
n. Been stressed		
o. Been fearful		
p. Been sad/down		
q. Please list which of the above (questions a-p) changed the most for you:		
1.	2.	3.

17. When I was UNDER AGE 18, because of MY legal status or MY PARENT/GUARDIAN'S legal status, I experienced or mentioned the following: (for a-d, check None, Some, or A lot)

	None	Some	A lot
a. Repeated memories, thoughts or images of a stressful experience			
b. Feeling very upset when something reminded you of a stressful experience			
c. Avoiding activities or situations because they remind you of the stressful experience			
d. Being "super alert" or watchful on guard			

ABOUT YOU

18. I consider myself:

☐ Male ☐ Female ☐ Other

19. I am _____ years old. (write age)

20. My highest completed level of education is: (check one)

☐ Less than or some high school ☐ High school diploma/GED ☐ Some college or higher

21. I was born in: (check one)

☐ United States ☐ Mexico ☐ Guatemala
☐ Colombia ☐ Honduras ☐ El Salvador
☐ Korea ☐ China ☐ Mongolia
☐ Haiti ☐ Philippines ☐ India
☐ Dominican Republic ☐ Nigeria ☐ Other: _____

22. I currently live in: (write city/town and state)

City/Town: _____ State: _____

23. The city/town I currently live in:

	Yes	Some what	No	Don't know
Feels safe				
Supports immigrants				
Has police that work with U.S. immigration officials (ICE)				

24. Detention or deportation has affected ME by: (check all that apply)

☐ A *parent* has been detained, received a deportation order, or been deported
☐ A *family member* has been detained, received a deportation order, or been deported
☐ A *friend/acquaintance* in my community has been detained, received a deportation order or deported
☐ My *own immigration status* puts me at risk for detention or deportation
☐ I *have been* detained, received a deportation order or been deported
☐ None of the above

END OF SURVEY

THANK YOU SO MUCH AND PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS.

APPENDIX C.

FOCUS GROUP METHODS AND GUIDES

I. FOCUS GROUP METHODS

Human Impact Partners conducted two focus groups to explore the experience of individuals in mixed-status families and the impact of immigration policy on their and their family's health. The adult focus group, held in Spanish and gathered information about the impact of detention and deportation on the health of families, particularly children. The Deferred Action for Childhood Arrivals (DACA) focus group included youth ages 18-25, were held in English and looked at how legal status adjustment affects health and mental well-being of young adults. In both focus groups, participants were asked to share how their quality of life would change if they were granted full citizenship status. After each focus group, participants were given the opportunity to tell their stories on video and/or be photographed.

The Coalition for Humane Immigrant Rights of Los Angeles (CHIRLA) hosted and recruited participants for both focus groups. A native Spanish speaker was hired to facilitate the adult Spanish focus group, and Human Impact Partners' staff facilitated the DACA focus group. Consultant Rosten Woo directed the videography and photography. Both focus groups lasted approximately 1.5 hours and were audio recorded.

	Adult Focus Group	DACA Focus Group
Date Conducted	February 6, 2013	March 6, 2013
Language	Spanish	English
Number of Participants	4	3
Female	3	2
Male	1	1

The Spanish-language adult focus group was translated and transcribed into English, and Human Impact Partners' staff summarized key quotes and themes from both focus groups based on main research questions.

II. FOCUS GROUP GUIDE QUESTIONS – ADULT FOCUS GROUP

Immigration Policy and Health Research Project
Adult Focus Group Discussion Questions

I. Introduction/Icebreaker

1) Let's go around and get to know one another. Please think of 3 things that you want people to know about you—it can be anything! Feel free to write them down on a piece of paper.

For example, three things that describe me are X, Y and Z (ie. mother of three; Nicaraguan, and dancer)

II. General Questions about Health and Well-being

2) What do you rate your health from 1-5, 1 being poor health and 5 being excellent health? If you would like, tell us your reason in a few sentences.

III. Detention & Deportation

Some of you may have experiences in which friends or family members have been detained, received a detention order, or deported. Or yours or a family member's legal status makes it possible for you to be detained or deported. We want to hear your stories and thoughts about how this has impacted you, your family and community, specifically your health and well-being. Remember that whatever you say in this group is confidential and your name will never be used in our report.

3) When you hear the phrase "detention and deportation" what are some words that come to mind? How come?

Probes: fear of being in public spaces, stigma, ICE/immigration officers, police, anger, etc

IV. Health

Now that we've heard about your initial reactions to detention and deportation, we wanted to hear more in depth about how detention and deportation affects the health and well-being of your family.

4) How does the possibility of detention and deportation affect you and your family's HEALTH or ABILITY TO BE HEALTHY? Or if you have direct experience with detention and deportation, how did the detention/deportation of a family member affect your family's

APPENDIX C.

FOCUS GROUP METHODS AND GUIDES

health or ability to be healthy? How did your this change before and after the detention/deportation, if at all?

Probes:

- *Ability to be healthy: ability to go to the doctor/ dentist/ hospital, routine health exams, call an ambulance, get medications at the pharmacy, grocery shopping, outdoor physical activity (i.e., walking, playing in parks, etc), enroll in health insurance, etc*
- *Physical health: managing existing health conditions, health issues worsen*
- *Mental health: stress/ anxiety, anger, depression, trauma, fear, stigma, sleeping and eating habits*

V. Children's Health

We want to hear more about how detention and deportation affects children, especially those under age 18. For these questions, please think of a child under 18 living in your household. If there aren't any, you can reflect on a friend or neighbor's household with children. It may be helpful to focus on one child for a point of reference.

5) In what ways has the child's health and behavior been affected by detention and deportation in the community or directly affected by the detention and deportation of a family member? How come? What changed before and after the detention or deportation? (Be sure to probe for physical and mental health; just don't want to say the phrase "mental health".)

Probes:

- *Physical: delay doctor visits, manage existing health issues; affording medication, etc*
- *Mental/Behavioral: depression, fear, anxiety/ stressed, anger, sleeping and eating, withdrawn etc*
- *Reasons: separation from parent, household financial insecurity, in foster care, caretaker fear of going out in public areas/ driving, peer and community reactions, etc*

6) In what ways has the child's school performance and ability to engage in school been affected? How

come? What was different before or after the detention or deportation?

Probes: grades, concentrating in school, willingness to attend school, peer relationships, and etc

VI. Reunification

Some of you have experienced family members that have been detained or deported and then they are reunified with your family.

7) Could you tell us about how the reunification affected you, especially how it changed your health or well-being? How about your children's?

Probes: stress/anxiety, calmness, fear, alertness, ability to seek and utilize health care from doctor, financial security, family dynamics and relationships, etc

VII. Immigration Policy Reform

We want to see change in the existing immigration policy so that it protects families' well-being by keeping families together.

8) What would change for you and your family if everyone were granted citizenship? Or if everyone in your family was re-united?

Probes: financial security, employment, educational attainment, health, security, relief, etc

III. FOCUS GROUP GUIDE QUESTIONS – DACA FOCUS GROUP

Immigration Policy and Health Research Project
DACA Focus Group Discussion Questions

I. Introduction/Icebreaker

1) Let's go around and get to know one another. Think of 3 things / descriptors that you want people to know about you—it can be anything! Feel free to write them down.

For example, three things that describe me are X, Y and Z (ie. mother of three; Nicaraguan, and dancer)

APPENDIX C.

FOCUS GROUP METHODS AND GUIDES

II. DACA general questions

We would love to hear about your decision process to apply for DACA.

2) Could you tell us the reasons you decided to apply for DACA? What were some things going through your mind or feelings you had when you were in the application process?

Probes: American Dream, education, security, quality of life; excited, afraid, nervous, etc

3) What are some reasons you may have been hesitant to apply? What are reasons that people with similar background to yours may not be applying to DACA?

Probes: Disclosing status, cost, temporary, etc

III. Prior to Deferred Action

Now, we'd like to hear about how applying for or receiving deferred action through DACA has impacted you in various aspects of your life. First, let's hear a little about your life prior to receiving deferred action. Specifically, we are interested in how a lack of legal status affected the quality of your life.

4) Let's go around and say one or two reactions that you had when you heard that the DACA process was being created? For those of you who have received approval, what are one or two reactions you had when you were granted deferred action.

5) How did your lack of legal status affect your relationships? Family? Social? Intimate relationships?

Probes: Anxiety, tension and stress, financial insecurity, fear, willingness to socialize or date, disclosure to friends and partners, mobility, etc

6) How would you describe your ability to maintain your health and receive regular medical care? What were some barriers you faced? What helped you maintain your health?

Probes: Health insurance coverage, delay getting medical care, regular physician visits, managing or addressing health conditions, feeling safe exercising outside, shopping at grocery store, etc

7) Prior to applying for or receiving deferred action, how would you describe your emotional and mental well-being?

Probes: Stressed/anxiety, fear, felt stigmatized, anger, withdrawn, depressed, sad, etc

8) Prior to applying for or receiving deferred action, how would you describe your outlook on future education and work?

Probes: Ability to go to college, reaching career and educational goals, job security and advancement, etc

IV. Post-DACA

Now we would like to hear how receiving deferred action might change or has changed the quality of your life now or how you expect it to in the future.

9) How has it changed your relationships? Family? Social? Intimate relationships?

Probes: Anxiety, tension and stress, financial insecurity, fear, willingness to socialize or date, disclosure to friends and partners, mobility, etc

10) How has it changed your ability to maintain your health?

Probes: health insurance coverage, delay getting medical care, regular physician visits, managing or addressing health conditions, feeling safe exercising outside, shopping at grocery store, etc

11) How has it changed your mental and emotional well-being?

Probes: stressed/anxiety, fear, felt stigmatized, anger, withdrawn, depressed, sad, etc

12) How has it changed your outlook towards your future, specifically education and work?

Probes: Ability to go to college, reaching career and educational goals, job security and advancement, etc

APPENDIX C.

FOCUS GROUP METHODS AND GUIDES

V. Immigration Policy Reform

We want to see change in the existing immigration policy so that it protects families' well-being by keeping families together. We would love to hear your thoughts about the current policy.

13) How would you like to see immigration policy change in your state? In the U.S.?

14) Could you tell us what would change for you and your family if everyone were granted citizenship? Or if everyone in your family was re-united?

APPENDIX D.

NOTES ABOUT FREQUENTLY USED STATISTICS IN CALCULATIONS

NUMBER OF DEPORTEES

U.S. Immigration and Customs Enforcement (ICE) data report 88,517 removals of individuals who reported at least 1 U.S.-citizen child in fiscal year 2012 (October 2011 through September 2012).² These are not unique individuals, as some people may have been removed more than once during the fiscal year. Data are not available on unique removals of people who report at least 1 U.S.-citizen child, and so this total may overestimate the number of parents removed during the year. On the other hand, some parents may not report having a U.S. citizen child to ICE, and so the number may also be an underestimate. These numbers were consistent between fiscal years 1998 and 2007, with a marked increase in fiscal years 2011 and 2012. When looking at this data over time, it is important to consider that information on deported individuals who reported at least 1 U.S.-citizen child are not available for fiscal years 2008 and 2009 and only for a quarter in 2010, which were years of high removals. Therefore, the actual number is much higher.

NUMBER OF U.S.-CITIZEN CHILDREN PER DEPORTED PARENT

The 88,517 removals who reported at least 1 U.S.-citizen child in fiscal year 2012 may have more than 1 U.S.-citizen child. In the calculations where it is appropriate, we attempt to correct for this, multiplying it by the 2.1 average number of children per undocumented household⁵⁸, which totals 185,886 children. However, not all children in the household are necessarily documented, so we multiply by 82% documented children of undocumented immigrants, which totals 152,426 children. This 82% estimate is derived from a 2010 report by the Pew Hispanic Center saying that among children of undocumented immigrants, an estimated 4.5 million are U.S.-born out of an estimated 5.5 million total children of undocumented immigrants.³ These calculations, then, are an estimate of the number of U.S.-citizen children. They do not account for children who were not born in the U.S. but subsequently had their status adjusted, and still would be affected by the removal of an undocumented parent. In a related point, the ICE data do not report the age of the U.S.-citizen child; we assume all children are still dependents.

MALE AS PRIMARY EARNER IN HOUSEHOLD

In the absence of data about removals by both gender and parents' status, the calculations use a statistic that 93% of Secure Communities detainees were male.¹⁵ When used in calculations about the number of parents who report at least 1 U.S.-citizen child, it gives an estimate of the proportion of deportees that were fathers. We use the statistic as a proxy for the proportion of households that will lose a primary earner. Inherent to our using it in this way is an assumption that all primary earners are male.

APPENDIX E. BACKGROUND ON CALCULATIONS USED IN INTRODUCTION AND CONCLUSION

INTRODUCTION

EXPLANATION

Step 1.

Removals in FY1998 - FY2007 who reported at least 1 U.S.-born child	180,466 +
Removals in Q4 FY2010 who reported at least 1 U.S.-born child	23,913 +
Removals in FY2011 who reported at least 1 U.S.-born child	92,380 +
Removals in FY2012 who reported at least 1 U.S.-born child	88,517 =
Removals in FY1998-FY2012 (for which data is available) who reported at least 1 U.S.-citizen child	385,276

Step 2.

Removals in FY1998-FY2012 (for which data is available) who reported at least 1 U.S.-citizen child	385,276 x
Average number of children in undocumented households	2.10 x
Estimated proportion of children to undocumented immigrants that are U.S.-born	82% =
Estimated number of U.S.-citizen children affected to date	663,445

ASSUMPTIONS, LIMITATIONS AND NOTES

These calculations have the same limitations and assumptions as described in Appendix D, in particular that these numbers are likely a substantial underestimate because data for removals who reported at least 1 U.S.-born child is not publicly available for the following periods: prior to FY1998, FY2008, FY 2009, or Q1-Q3 FY2010. Separately, these numbers capture removals but not detention. Children of detainees also would be affected.

SOURCES USED

Migration Policy Institute. Analysis of 2008 U.S. Current Population Survey data with assignments of legal status by Jeffrey A. Passel at the Pew Hispanic Center.

Passel JS, Cohn D. Unauthorized immigrant population: national and state trends, 2010. Pew Research Center; 2011. Available at: <http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-national-and-state-trends-2010/>. Accessed April 11, 2013.

U.S. Department of Homeland Security. Removals Involving Illegal Alien Parents of United States Citizen Children; 2009. Report OIG-09-15. Available at: http://www.oig.dhs.gov/assets/Mgmt/OIG_09-15_Jan09.pdf

Wessler S. Primary Data: Deportations of Parents of U.S. Citizen Kids. ColorLines.com. Available at: http://colorlines.com/archives/2012/12/deportations_of_parents_of_us-born_citizens_122012.html.

APPENDIX E. BACKGROUND ON CALCULATIONS USED IN INTRODUCTION AND CONCLUSION

EXPLANATION

Removals in FY2012 who reported at least 1 U.S.-citizen child	88,517 x
Average number of children in undocumented households	2.10 x
Estimated proportion of children to undocumented immigrants that are U.S.-born	82% =
Estimated number of U.S.-citizen children affected at FY2012 level	152,426

ASSUMPTIONS, LIMITATIONS AND NOTES

This calculation has the same limitations and assumptions as described in Appendix D. Also, this is likely an undercount because it is for removals only, not counting the numbers of children affected by detentions.

SOURCES USED

Migration Policy Institute. Analysis of 2008 U.S. Current Population Survey data with assignments of legal status by Jeffrey A. Passel at the Pew Hispanic Center.

Passel JS, Cohn D. Unauthorized immigrant population: national and state trends, 2010. Pew Research Center; 2011. Available at: <http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-national-and-state-trends-2010/>. Accessed April 11, 2013.

Wessler S. Primary Data: Deportations of Parents of U.S. Citizen Kids. ColorLines.com. Available at: http://colorlines.com/archives/2012/12/deportations_of_parents_of_us-born_citizens_122012.html.

CONCLUSION

EXPLANATION

Step 1.

Total ICE budget in FY2012	\$5,862,453,000 ÷
Total removals in FY2012	409,849 =
Cost per removal in FY2012	\$14,304

Step 2.

Removals in FY2012 who reported at least 1 U.S.-citizen child	88,517 x
Estimated cost per removal	\$14,304 =
Estimated fiscal costs, if removals remain at FY2012 numbers	\$1,266,147,168

ASSUMPTIONS, LIMITATIONS AND NOTES

This calculation has the same limitations and assumptions as described in Appendix D. Furthermore, the authors assume that the entire ICE budget is used for finding, detaining and deporting undocumented immigrants. The estimated fiscal cost could be as high as \$2.1 billion if including other aspects of the removal process, such as the Department of Justice budget. However, the authors used a more conservative estimate in this report, basing it only on the ICE budget.

SOURCES USED

U.S. Department of Homeland Security Annual Performance Report, Fiscal Years 2011-2013. Available at: <http://www.dhs.gov/xlibrary/assets/mgmt/dhs-congressional-budget-justification-fy2013.pdf>

U.S. Immigration and Customs Enforcement. ICE Total Removals through August 25, 2012. Available at: <https://www.ice.gov/doclib/about/offices/ero/pdf/ero-removals1.pdf>.

Wessler S. Primary Data: Deportations of Parents of U.S. Citizen Kids. ColorLines.com. Available at: http://colorlines.com/archives/2012/12/deportations_of_parents_of_us-born_citizens_122012.html.

APPENDIX F.

PATHWAY DIAGRAM

The diagram below illustrates the initial set of issues brainstormed for potential inclusion in this project. Ultimately, we prioritized the following topics for analysis: economic hardship and food access in households; adult health status and lifespan; and, educational, behavioral and mental health outcomes among children.

