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UNDOCUMENTED AND UNINSURED

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

PART 5: PRESCRIPTION FOR A HEALTHY CALIFORNIA

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



PRESCRIPTION FOR A HEALTHY CALIFORNIA

A healthy California is within reach. California has become a national leader in inclusive health policy with state programs, such as Health for All Kids (SB4), and county safety-net programs like My Health LA.¹ With the current threat of the repeal of the Affordable Care Act (ACA) and the increased criminalization of immigrant communities through mass deportation and aggressive enforcement, there is an immediate need to hold the line and protect the advances made in immigrant health care. Moreover, California has the opportunity to set an example for other states by expanding wellness to all California residents regardless of immigration status and guaranteeing that everyone is insured and has quality care. More than half (58 percent) of California voters favor expanding Medi-Cal to undocumented residents.² This shift in public perspective demonstrates the emergence of a shared vision of wellness based on inclusion. Immigrant youth and allies today are working collectively toward building a healthier tomorrow in California. Adequate, comprehensive, and culturally relevant care, regardless of immigration status, is necessary and possible.



A PORTRAIT OF THE PAST

Health insurance is an important factor in health care. Lack of health insurance dissuades people from seeking both routine and emergency health services. Those who do access health care without insurance can face enormous costs. Based on a statewide survey, the Healthy California project found that most immigrant youth did not grow up with health insurance, usually due to lack of affordability or immigration status. Nonetheless, as young adults, immigrant youth have found ways to navigate the system and obtain health care through school, work, or a family member's insurance plan. As of 2013, over 54 percent of immigrant youth reported that they had recently obtained health insurance for the first time. Of those, 20 percent reported being covered by someone else's insurance plan, such as a parent or spouse. Eleven percent reported using government programs, such as Medi-Cal and the Children's Health Insurance Program (CHIP). An additional 8 percent paid for private insurance. The largest proportion (32 percent) reported accessing insurance through their university. Another 20 percent reported receiving insurance through their employers. When people access insurance through institutions, their coverage ends with changes in school enrollment or employment status; people who lack the personal funds to buy their own insurance easily become uninsured once again upon exiting the supporting institution.

With the implementation of Deferred Action for Childhood Arrivals (DACA) in 2012, many immigrant youth became eligible for Medi-Cal and other local county programs within the state of California. Medi-Cal provides in-state coverage from state and county funds for DACA recipients, based on income. In addition, each county has the ability to create safety-net programs to meet the needs of uninsured Californians with low-cost health coverage. California leads the rest of the country in efforts to pass legislation that challenges discriminatory practices against immigrants. In October 2015, the California state legislature passed SB 75, allowing undocumented children to qualify for Medi-Cal. SB 75, or Health For All Kids, encourages families to enroll their children in health care programs. While this legislation is a vital step toward adequate health care for all, there is still more to be done. For example, immigrant youth and adults who do not qualify for DACA or meet the income requirements for local county programs remain vulnerable, especially as the Affordable Care Act is threatened. Moreover, DACA recipients are not eligible for coverage under the Affordable Care Act.

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THIS IS WHAT HEALTH CARE LOOKS LIKE

Adequate health care means the ability to access emergency services, primary care services, preventative care tools, and mental health services. Realizing this vision of adequate health care requires more than just services. It requires a culture of trust between immigrant communities and health care providers.

Under the current presidential administration, the climate of fear and loss of trust has been considerably expanded in immigrant communities. Policing and deportation continue to have an effect on the mental health of many immigrant youth.³ Undocumented families live with the constant reminder that disclosing their status can, now more than ever, lead to deportation. Consequently, they fear entrusting their personal information to medical providers. Within one immigrant family, there can be a range of immigration statuses that qualify family members for different health plans. These “mixed-status” families may hesitate to enroll in health care programs because they fear family separation as a result of being reported to Immigration and Customs Enforcement (ICE) when accessing services. One study participant explained, “We didn't know about our options. We [were] hesitant to ever seek care because we worried about the consequences.” Additionally, some families are unaware that select members may qualify for health care coverage. A proactive strategy to dispel misinformation around accessibility is integral to expanding health care access.





When immigrant youth and families are able to obtain quality health care, their lives are greatly impacted. One study participant shared, “At the beginning, I didn’t get the purpose of health insurance. I didn’t seek it. I grew up on natural remedies. When I had insurance at UC Berkeley and when I got sick, people would tell me to get check-ups. Now I am used to stopping in whenever I need a doctor, and I feel more comfortable. Growing up, my family was used to waiting until we got really sick to go to the hospital.”

As California moves toward a more inclusive vision of health by pursuing progressive legislation, undocumented and uninsured communities undergo a transformation led by immigrant youth and allies. The efforts to educate and enroll undocumented communities in health care programs have increased through coordinated campaigns by health providers and advocates, community members, and immigrant rights organizations. Immigrant youth have become active agents in creating a bridge of trust between their communities and health care systems. Many undocumented youth and families are feeling the impact of the Health4All campaign, as the understanding of health as a human right, rather than a privilege, has gained momentum.

Popular education tools have been indispensable in expanding resources and information to uninsured communities. Community roundtables have allowed community members to voice their concerns, an “Immigrant Day” event connected individuals to attorneys and certified enrollment counselors, and advocacy days in Sacramento enabled activists, community members,

and advocates to encourage their legislative leaders to pass Health4all legislation. The Undocu-CARE-VAN traveled throughout California to engage politicians and community members on issues important to the immigrant community.⁴ Other efforts include pop-up health clinics and programs such as the Dream Resource Center’s Healthy California Project, which is dedicated to training youth on the intersections of health justice and immigrant issues.⁵

While immigrant youth are mobilizing communities to advocate for full health care access, they are also educating communities on available resources. Community organizers have created resource guides, including “Your Health Matters! Enrolling in Medi-Cal as a California DACA Recipient,” “Taking Control of Your Health: A Guide to Medi-Cal for Recipients of Deferred Action for Childhood Arrivals,” and “Get Healthy California! A Healthcare Resource Guide for Undocumented and Uninsured Californians.”⁶ These publications provide guidance in navigating complex health care systems.

Healthy California alumni have been incredibly impactful in the push for health for all. Mobilization over the past three years has empowered immigrant youth to become advocates for their families and communities. But the work in California is not over. There are many adults and parents who remain uninsured. There are mixed-status families with eligible children who are eligible to enroll in a health plan but are unaware they qualify, and advocates of queer and transgender undocumented communities are calling for comprehensive health care that includes their needs.

CONCLUSION

In 2013, the Healthy California Project began surveying the state of undocumented immigrant youth health in California to discover undocumented communities living with inadequate health care access and insurance coverage. Nonetheless, undocumented individuals, families, and communities pool their resources and creatively navigate US health care systems. California has initiated a pattern of inclusive policy with the passage of Health for All Kids. Now it is crucial that we hold the line against growing threats and continue to find opportunities to be inclusive and expand health care access to all. A truly healthy California requires holistic wellness that goes beyond basic health services. This vision also demands transformation of the immigration enforcement system so people can live without constant fear, and we can build bridges between immigrant families and health care providers. Creating an atmosphere of trust is possible. A healthy California is within reach.



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RECOMMENDATIONS

◆ **Build a culture of trust between immigrant communities and health care providers.**

- Conduct targeted outreach and education to undocumented and uninsured communities.
- Rebuild trust between immigrant communities and health care providers by developing a network of legal partners to provide immediate assistance to holistically support immigrant communities.

◆ **Provide culturally competent care.**

- Ensure accessibility to quality translation services.
- Provide cultural competency trainings to all medical staff to create undocu-friendly facilities.

◆ **Build programs that target underserved populations.**

- Encourage healthy living programs that offer their services in creative forms to economically disadvantaged communities and communities located in rural areas with few transportation options.

◆ **Maintain or reinstate funding for safety-net programs that allow access for the uninsured.**

- Protect the gains that have been made by keeping the Affordable Care Act intact.
- Continue the existing county safety-net programs for the undocumented and uninsured.

- Initiate safety-net programs in counties currently not providing programs that cover the undocumented.

◆ **Build on the gains made by the Affordable Care Act.**

- Eliminate the memo banning DACA recipients from the Affordable Care Act.
- Allow all immigrants to enroll in benefits under the Affordable Care Act, regardless of status.
- Allow enrollment in the state's high-risk insurance pool, referred to as the Pre-Existing Condition Insurance Plan (PCIP). This allows US citizens and lawfully present immigrants, those who are currently uninsured and cannot get health insurance because of a certain medical condition (such as cancer, high blood pressure, diabetes, depression), to buy health insurance.
- Allow the purchase of affordable, comprehensive health insurance through a newly created marketplace, referred to as "health insurance exchanges" or the "Exchange."

◆ **Address comprehensive immigration reform as part of a holistic vision of health care.**

- Implement a comprehensive immigration reform plan for the current 12 million undocumented residents in the United States.
- Expand employment and educational opportunities, which will enable greater access to health insurance.

METHODOLOGY

This report presents the results of the first statewide survey about immigrant youth, led by immigrant youth. We asked participants a series of standardized questions about their experience accessing health care in California. We surveyed 550 undocumented and “DACAmented” (recipients of Deferred Action for Childhood Arrivals) Californians between the ages of 18 and 32, using a participatory methodology that allowed those directly excluded from health care access to lead the research process. A team comprised of 37 immigrant youth conducted face-to-face surveys with their peers during summer 2013. The data and analysis in the report reflects the experiences and real-life barriers to health care faced by undocumented people.

STUDY DEMOGRAPHICS

REGION	41% Los Angeles	24% Northern California	10% Orange County	10% San Diego	8% Inland Empire	7% Central Valley
IMMIGRATION STATUS	55% Deferred Action for Childhood Arrival Recipient		42% Undocumented		3% Other	
AGE	47% 22–26 yrs old		36% 18–21 yrs old		17% 27–32 yrs old	
GENDER	55% Female	44% Male	<1% Genderqueer, Transgender and Other			
RACE	93% Latina/o Hispanic	3% Asian	2% Mixed Race	<2% Pacific Islander, White, Native American and Other		

- As of May 16, 2016, all low-income undocumented children under the age of 19 are eligible to enroll in Medi-Cal. See <http://health4allkids.org/>. My Health LA provides primary health care at no cost to eligible, uninsured residents of Los Angeles County. See <https://dhs.lacounty.gov/wps/portal/dhs/coverageoptions/myhealthla>.
 - The Field Poll, “Updating State Voter Views of the Affordable Care Act and Its Implementation in California,” August 26, 2015, for The California Wellness Foundation, http://www.calwellness.org/assets/docs/field_poll/2015_Field_Health_Policy_Poll.pdf.
 - “Pol[ICE] In My Head,” Part three of Undocumented and Uninsured: A Five-Part Report on the Struggle to Access Health Care in California, UCLA Labor Center, 2015, <http://undocumentedanduninsured.org/>.
 - Reshma Shamasunder, “The Undocu-CARE-VAN Heads to Sacramento,” The Blog, The Huffington Post, June 30, 2014, http://www.huffingtonpost.com/reshma-shamasunder/the-undocucarevan-heads-t_1_b_5234121.html.
 - Undocumented and Uninsured, <http://undocumentedanduninsured.org/>.
 - Carlos Juarez and Nidia De Leon, “Your Health Matters! Enrolling in Medi-Cal as a California DACA Recipient,” UCLA Labor Center, <http://undocumentedanduninsured.org/wp-content/uploads/2015/02/How-To-Enroll-in-Medi-Cal-DACA-v2.pdf>. California Immigrant Policy Center and Educators for Fair Consideration, “Taking Control of Your Health: A Guide to Medi-Cal for Recipients of Deferred Action for Childhood Arrivals,” <http://undocumentedanduninsured.org/wp-content/uploads/2015/02/DACA-Medi-Cal-Enrollment-2015-CIPC.pdf>.
- Angelica Hernandez and Hispanas Organized for Political Equality (HOPE), “Get Healthy California! A Healthcare Resource Guide for Undocumented and Uninsured Californians,” 2013, <http://undocumentedanduninsured.org/wp-content/uploads/2015/01/Resource-Guide-v9n.pdf>.

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