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Children in Immigrant Families: Issues for California's Future

Public Forums Sponsored by the Board on Children, Youth, and Families of the National Research Council/ Institute of Medicine and the UCLA Center for Health Policy Research December 10–11, 1998, Sacramento and Los Angeles

Introduction

Although one in three children in immigrant families in the United States lives in California, few studies have documented the health of this population. This lack of data has been of particular concern since passage of the 1996 federal welfare reform legislation, which reduced access to health services for many immigrants and their children. Even where these children are entitled to Medicaid or the new Children's Health Insurance Program (CHIP), perceived threats based on immigration or citizenship status have created access barriers, endangering the health and well-being of both immigrant and U.S.-born children in immigrant families.

On December 10–11, 1998 the Board on Children, Youth, and Families of the National Research Council/Institute of Medicine and the UCLA Center for Health Policy Research held two forums entitled "Children in Immigrant Families: Issues for California's Future." At meetings in Sacramento and Los Angeles more than 200 policy makers, advocates, and researchers discussed policies for health access for immigrant children. The National Research Council/Institute of Medicine study *From Generation to Generation: Health and Well-Being of Children in Immigrant Families* served as a launching point for discussions.

The study reviewed demographics and characteristics of first- and second-generation immigrant children, including their development, risk factors, and access to and utilization of health and social services. A key conclusion was that first-generation immigrant children are as healthy as, and in many ways healthier than, children in U.S.-born families, but health status declines as they assimilate into American life.

Children in immigrant families are three times as likely to be uninsured as children in U.S.-born families. Even when they are insured, they face language and cultural barriers that may prevent them from receiving quality health care. As many of the presenters and other conference participants pointed out, welfare reforms barred new immigrant children from the Medicaid program, a crucial safety net, and excluded them from participation in CHIP, which provides free or low-cost insurance for uninsured children in families whose incomes are above the eligibility levels for Medicaid.

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While many of the lost benefits have since been legally restored, particularly in California, several speakers noted that such policies have led to a substantial reduction in applications by eligible immigrants to public programs. For example, at the time of the forums only 48,000 of an estimated 328,000 eligible children had enrolled in Healthy Families, California's CHIP program. (*Editor's note:* as of June 2000 the total number of subscribers was 293,000.)

Although enrollment has increased, many of the issues addressed in the study and the forum remain to be resolved. Many of the eligible unenrolled children are in immigrant families; half of the state's citizen children eligible for Medi-Cal or Healthy Families have at least one noncitizen parent. Several explanations for the earlier low enrollment figures were offered, including the complicated application process, the use of co-payments, and inadequate program publicity. However, a particular concern was that families with mixed immigration statuses were opting not to insure eligible children because of fear that doing so would jeopardize the immigration status of other family members.

The number of eligible but unenrolled children highlights the negative effects of the public charge issue. Conference participants related instances in which local jurisdictions posted signs that are intimidating to immigrants, giving them the impression that if their legal status is in question, they are not welcome. Many noncitizen families fear that enrolling even their citizen children in Medi-Cal, Healthy Families, or other means-tested programs may be used against them when they try to renew their visas, return to the United States after traveling abroad, or apply for citizenship.

Recent policy changes have allayed some of these fears, as reflected in increased enrollment in Healthy Families. The INS and the State Department ruled in May 1999 that noncitizens will not be classified as "public charges" if they or their children enroll in Medicaid or CHIP (except those who receive long-term care under Medicaid). This policy change, if effectively communicated to parents, should help assure families that they do not have to fear these programs.

Conference participants lamented the fact that concern over basic access issues such as these is impeding the work of learning more about the many non-access issues that contribute, for better or worse, to the health status of children in immigrant families.

Barriers to collecting data about the health of immigrant children include lack of funding and the small sample size of immigrant subpopulations within health surveys. One speaker noted that history suggests immigrants will be undercounted in the 2000 U.S. Census, undermining its ability to provide potentially useful information. Finally, research that includes questions about immigration status may deter immigrants from participating, given evidence that many choose not to take part in programs for which they are entitled.

As noted, conference participants supported the report's call for longitudinal studies, but also pointed to the need for more immediate data on the health of immigrant children, so that practitioners and community-based organizations can respond to emerging problems.

Research Needs

Many speakers gave specific recommendations regarding future research priorities. They also noted that more information on the comparative social, economic, and epidemiological profiles of the areas from which people immigrate to California would assist providers in enhancing the health of this population. To that end, more data are also needed on aspects of healthy development unique to children in immigrant families. Concern over the report's finding that immigrants tend to be healthier upon arrival, but become less healthy as they assimilate into American society, led to agreement that the causes of this trend—as well as interventions designed to reverse it—should be investigated in future studies.

Research is also needed on the availability of interpretation services in the health care setting; on the efficacy of community health workers in compensating for the lack of culturally competent providers; and on the role played by traditional

practices and remedies in health and healing. The need to identify measures of cultural competence and its role in achieving positive outcomes was also identified. One speaker discussed the shortage of information on immigrants as health care consumers and recommended collecting data for public and private health care plans. The utilization patterns of various immigrant groups can be used to inform and influence the types and marketing of benefit packages offered by health care plans.

Finally, speakers argued that this research should incorporate major participation from the community being studied with input at the design, implementation, analysis, and dissemination phases.

Conference participants also discussed how best to make the case to policy makers that a commitment to the health of immigrant children is in everyone's interest. Speakers suggested that one of the most effective strategies is to highlight changing demographics and areas of "enlightened self-interest." This includes the future social security tax base represented by the current population of immigrant children and the potential consequences to the society as a whole if lack of access to quality health care prevents these children from becoming productive future members of the work force

Several speakers asserted that a dialogue involving federal, state, and local decision-makers is needed to address larger questions, such as the role of immigrants in the development and future of this nation. Without a national consensus that immigrant families are an important part of the American fabric and deserve equal opportunities to succeed, any efforts to change public policy will merely be "tinkering on the margins."

Research Agenda

Presenters and symposium participants made recommendations for research in the following four areas:

Data Collection and Epidemiology

Conduct research on: the health status of immigrant children; migrant agricultural workers, particularly in relation to tuberculosis and HIV/AIDS; and the epidemiological paradox in which immigrant children's health regresses to the U.S. mean. Conduct demographic studies on population projections.

Establish databases on: the health of immigrant children nationwide and statewide; aspects of healthy development unique to children in immigrant families. Add data questions to existing state and federal health care surveys, and conduct longitudinal evaluations of existing programs.

Develop comparative social and epidemiologic profiles of areas from which people emigrate, and improve the collection and dissemination of data to policy makers and the research community.

Behavioral and Social Science Research

- *General:*

  Examine clustered risk-taking behaviors as well as protective factors; and study the subpopulations that are in a continual migration pattern between the U.S. and Mexico and Central America.

- *Culture:*

  Provide cross-cultural training for those in the medical field; define cultural competence from the perspective of immigrant families; conduct research on measures of cultural competence (utilization, patient satisfaction, quality of care, and health outcomes); identify important protective factors; determine what contributes to the dilution of these factors and how these protective factors can be supported; identify immigrants' health assets and how they are threatened by economic disparity in the U.S.; conduct research on effective interpretation/translation services and needed training; conduct research on language access and cultural access issues; and examine the role of alternative medicine and traditional remedies in the health of immigrant families.

- *Education:*

  Conduct research on effective English as a Second Language teaching methods.

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▶ *Media:*

Conduct content analysis on the types of media messages young people are receiving; and identify effective ways to translate scientific findings into sound bites.

▶ *Community Health Education:*

Study the impact of both community health workers and outreach among recently immigrating populations; and develop a strategic plan for spending tobacco settlement dollars and ensuring that these funds go only into health care.

▶ *Utilization of Services and Policy:*

Determine why families eligible for Medi-Cal have expressed a preference for the Healthy Families Program instead; identify the social interests that society has in keeping people healthy, and utilize enlightened self-interest and areas of common interest for advocacy in the policy arena.

Determine how the political environment, including policies such as Propositions 209 and 187, affects immigrants' experience; develop community outreach to assure immigrant parents that utilization of benefits for their children will have no adverse impact on their own immigration status; and conduct research that pushes the envelope on a multicultural health agenda.

▶ *Health Services:*

Conduct research on why many counties are not using their indigent care programs to serve either newly arrived or undocumented immigrants; utilization of services and health status indicators; providing dental care to the children of migrant agricultural workers; the mental health problems of migrant agricultural workers and how to provide services.

Study the interactions between health care utilization and outcomes, particularly for young people; and develop research that will identify methods for measuring performance outcomes.

Quantify the cost of insuring vs. the cost of not insuring immigrant families; collect information on immigrants as consumers of health care; identify the best and most cost-effective health care for immigrant populations; identify the health insurance benefits immigrants want, and determine what insurance products for them should look like; and determine strategies for marketing health insurance products to immigrant families.

Identify the types of health care decisions that families with mixed immigration status are making; and examine whether HMOs have a diminished capability to send a patient to a bilingual/bicultural provider and whether and how HMOs affect health care delivery to immigrant populations.

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The edited proceedings (44 pp) are available at no cost to California state government offices and for $15 to others (payable in advance by a check made out to UC Regents).

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