DREAMS DEFERRED:

Dreams Deferred: Contextualizing the Social, Economic, and Health Needs of Undocumented Asian and Pacific Islander Youth

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THE BRAVE STUDY

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San Francisco

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COMMUNITY ADVISORY BOARD

This study was guided by principles of community-based participatory research (CBPR) by developing a Community Advisory Board (CAB). Eight CAB members representing community institutions such as universities, policy organizations, undocumented youth organizations, and community health services, contributed to the study design and supported development of field guides and interpretation of data:

Iyanrick John, JD, MPH is the Policy Director for the Asian & Pacific Islander American Health Forum (APIAHF). He works on APIAHF's policy and advocacy efforts, including those to improve outreach, education, and enrollment of AAs and NHPIs into health insurance coverage through the Affordable Care Act.

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Steve Li is a a recipient of the San Francisco Asian Pacific American Heritage Award in 2011 for his advocacy work in the undocumented youth movement. He has been involved with ASPIRE, E4FC, The UCLA Labor Center and Pre-Health Dreamers. He is also a co-author in the book, Dreams Deported: Immigrant Youth and Families Resist Deportation, an anthology of stories of immigrant youth and families who have led national campaigns against deportations.

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KEY FINDINGS

- The BRAVE Study (Building community Raising API Voices for health Equity) is the first study to assess Asians and Pacific Islander (API) undocumented youth health needs and health status and the influence of Deferred Action on Childhood Arrivals (DACA) on the social determinants of health.
- Community distrust in the undocumented API population is high due to exploitation, discrimination, and threats of deportation.
- Health concerns among youth include delayed care, unmanaged progression of chronic disease, high risk in acute illnesses and injuries
- High mental health and sexual and reproductive health needs among API undocumented youth population.
- DACA potentially improves health outcomes through three social determinants: economic stability, educational opportunities, and access to healthcare.
- Trusted providers and community partners are identified, including the importance of community organizing in increasing social capital, resources, trust, and agency

INTRODUCTION

There is an urgent need to provide evidence-based policies to address the health of the 11.7 million undocumented immigrants in the United States. This includes 1 million undocumented children and youth and an additional 3.4 million children of undocumented parents [1]. The undocumented population contributes to the economic and social fabric of US society [2], but will be left out of the Affordable Care Act's promise to expand health coverage to an additional 32 million people [1].

The Deferred Action for Childhood Arrivals (DACA) policy stands to change the landscape of public policy options for the undocumented. DACA, an Executive Action signed by President Obama in 2012, defers deportation and grants a renewable work permit and temporary Social Security Number for eligible undocumented immigrant youth (see Table 1). However, Asians and Pacific Islanders (APIs) are noticeably less likely to apply for this program, making up only 4.2% of the DACA applicant pool [3]. While APIs represent a smaller proportion of the undocumented, they are also the fastest growing immigrant population [4]. There are currently 1.5 million undocumented APIs in the US; of these, 28% are living in California, accounting for approximately 13% of the state's undocumented population [5]. APIs are, therefore, an important population in the health and immigration reform debates, yet there is a lack of health data on this population, particularly among the undocumented.

The objective of the BRAVE Study was to fill this gap in the literature. The aims of this report were to:

1) Describe the social context of API undocumented youth in Northern California and the influence of documentation status on health, social, and economic outcomes

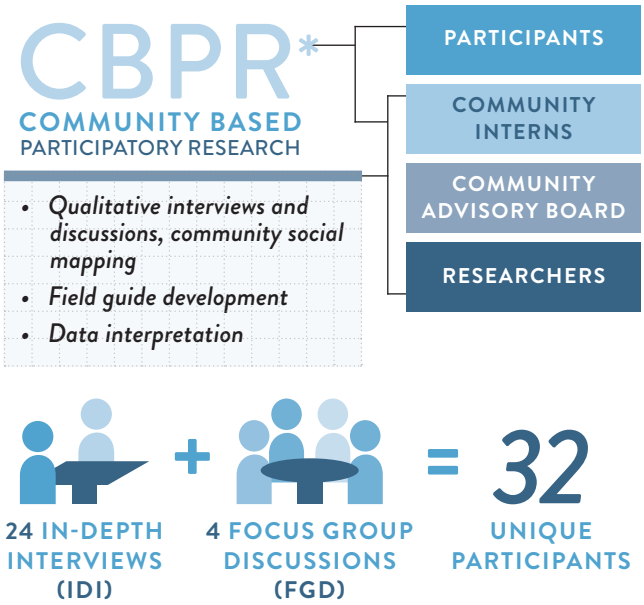
2) Examine the influence of DACA on undocumented API youth.

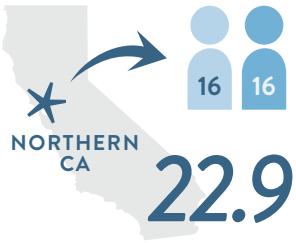
This report presents the qualitative data collected from the BRAVE Study and contextualizes the experiences of undocumented API youth.

METHODS

The BRAVE Study, which took place between October 2015 and March 2016, was guided by community-based participatory research (CBPR) methods and included participation from a community advisory board (CAB). Participants were recruited in Northern California using both passive (flyers, a website, and a social media page) and active (venue-based recruitment and tapping into the social networks of study interns) strategies. Eligible individuals were: 1) 18 to 31 years old; 2) identify as Asian/Pacific Islander; 3) undocumented; and 4) able to participate in discussions in English.

The study conducted four focus group discussions (FGDs) and 24 in-depth interviews (IDIs). FGDs lasted approximately two hours and IDIs lasted approximately one hour. All sessions followed a field guide to facilitate discussion on immigration narratives, health and healthcare, and DACA-related experiences. Participants received financial compensation following participation. All sessions were audio-recorded and later analyzed using Atlas.ti software. All study procedures were approved by the University of California, San Francisco's Institutional Review Board.





n = 32
16 (50%) female
16 (50%) male

22.9 *AVERAGE AGE OF PARTICIPANTS*

TABLE 1. ELIGIBILITY CRITERIA FOR DEFERRED ACTION FOR CHILDHOOD PROGRAM

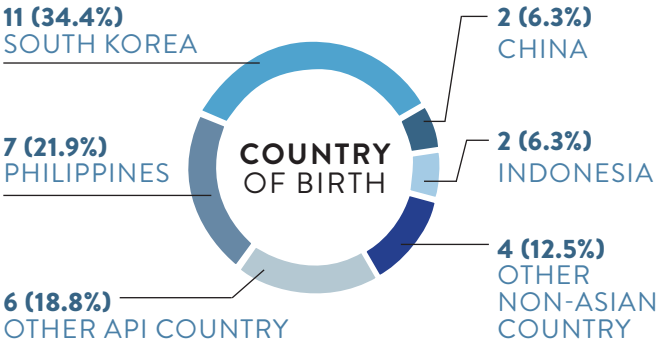
- *Must be under 31 years old as of June 15, 2012*
- *Must have arrived in the United States before 16 years of age*
- *Must have resided in the US continuously since June 15, 2007*
- *Must have no felony convictions, serious misdemeanors, and fewer than three misdemeanors*
- *Must currently attend school, have a high school diploma or General Equivalency Diploma, or have been honorably discharged from the US military*

DACA STATUS

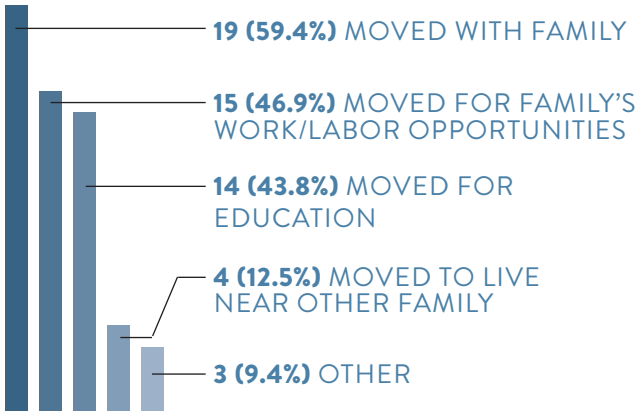
- **28 (87.5%)** RECIPIENT
- **2 (6.3%)** ELIGIBLE NON-RECIPIENT
- **2 (6.3%)** INELIGIBLE

HIGHEST LEVEL OF **EDUCATION COMPLETED**

- **19 (59.4%)** HIGH SCHOOL
- **13 (40.6%)** COLLEGE OR HIGHER



REASONS FOR IMMIGRATING



Does not add to 100% as participants were allowed to choose multiple responses.

LENGTH OF STAY IN THE U.S.

90.6% *OF PARTICIPANTS (25) HAVE STAYED IN THE U.S. FOR* ***10+ YEARS***

ASIAN AND PACIFIC ISLANDER YOUTH UNDOCUMENTED EXPERIENCE

The undocumented API youth experience is characterized by several factors at the sociopolitical, community, family, and individual level that influence their health status and social and economic outcomes. Most participants and their family members lost documentation status due to overstayed visas or work permits. Many grew up not knowing their documentation status, but almost all reported not being aware of what being 'undocumented' meant until they approached critical milestones in their lives.

> *"People would always talk about the American Dream. What is it? You have people living here in the U.S. but there's no American Dream for them."*
>
> ***Female, DACA-recipient***

Participants reported a sense of isolation and exclusion they felt from not only the larger sociopolitical discussions but also from their own communities. Stories of failed petitions, excessive legal bureaucracy, and coercion and labor exploitation illustrated the distrust in various institutions and of the API communities. This distrust resulted in fear of deportation and of stigma and shame, causing many to keep silent and be less likely to seek help from community resources. However, participants stated that the communities could also be a source of social capital for undocumented API youths. This included the vital roles of trusted providers and members of the communities, the power of collective organizing,

> *"Just knowing from a young age that I held this secret about myself that I wasn't supposed to tell someone, even though I didn't really know why [...] I felt very disconnected from people. Like very isolated."*
>
> ***Female, DACA-recipient, IDI***

> *"Just building that relationship with one another, that's what organizing is about. [...] And you know, that I have your back and I know that you have my back sort of thing. Learning more about [the] political landscape and what can we do together in order to stop ignorant policies [...] from happening."*
>
> ***Female, DACA-recipient, FGD***

and the availability of community resources. Together, these factors contributed to the social capital that helped break the silence and sense of isolation among undocumented APIs, with critical implications for their health, social, and economic status.

Various aspects at the family and individual level also contributed to the experiences of undocumented APIs. Participants often discussed the immigration history and documentation status for family members, the general sense of fear, and problems such as health problems and language barriers for parents. In fact, health literacy, fear from documentation status, and lack of financial resources were of critical importance to healthcare access and utilization. However, many participants in this study also spoke of the social support they received, either from friends, teachers, other family members, or from resources within the communities. This support gave them a sense of belonging and empowered them to break their silence and reach out to various social networks. For many individuals, DACA also played a critical role in changing their social and economic situations. Many participants stated that receiving DACA was a critical moment in their lives, describing narratives and histories as 'pre' and 'post-DACA.'

FIGURE 1. Conceptual framework for health, social, and economic status among undocumented API youth

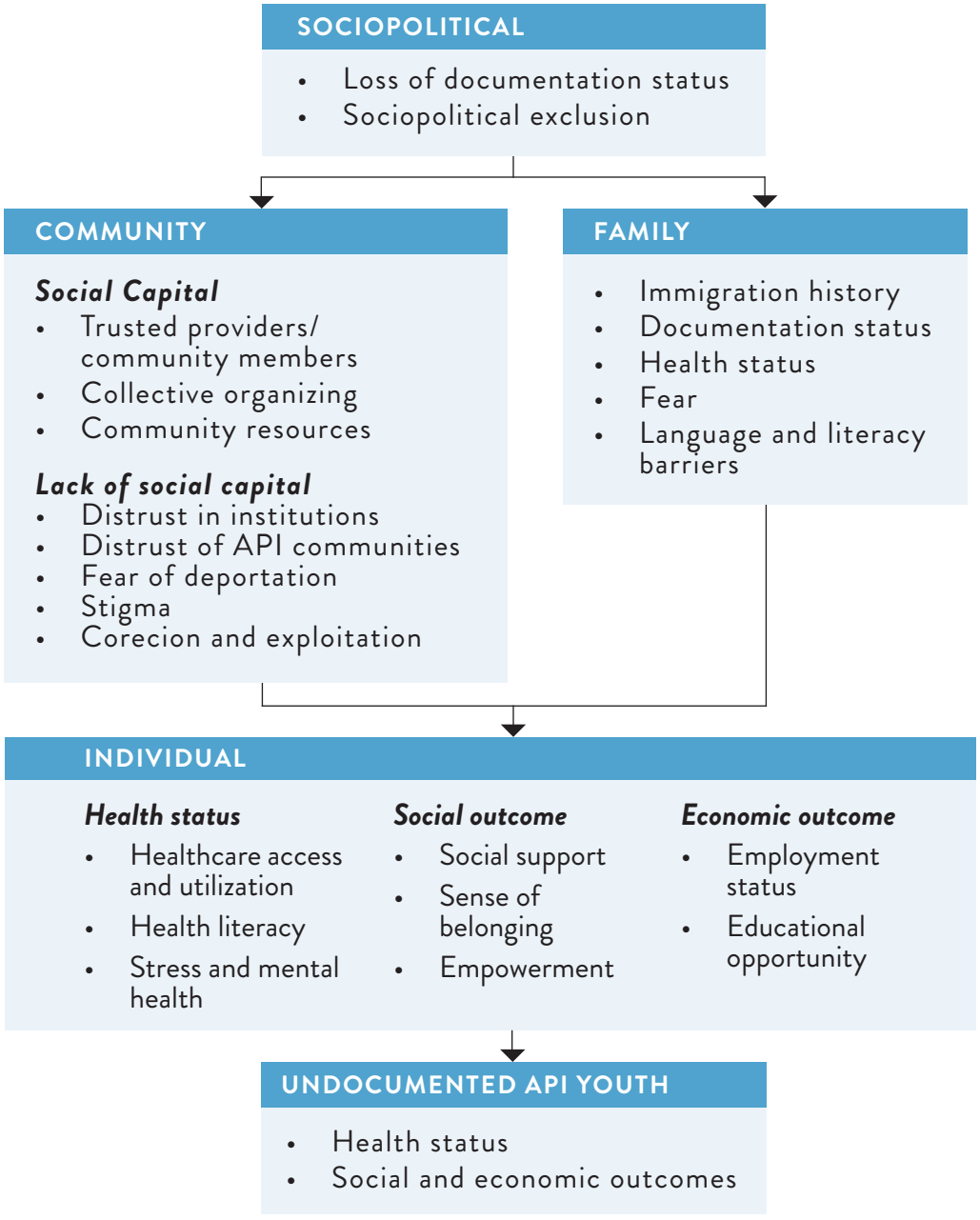


FIGURE 2. Potential shortcomings and benefits of DACA

DACA, MENTAL HEALTH& WELL-BEING

- *overall improved sense of well-being*
- *general sense of "emotional and psychological peace"*
- *willingness to experience new things*

SHORTCOMINGS OF DACA

- *psychological stress from:*
  - *application & renewal processes*
  - *uncertainty of the policy's future*
  - *leaving DACA-ineligible loved ones behind*
- *source of division in undocumented community*

BENEFITS OF DACA

Participants discussed how DACA has improved three important social determinants of health: 1) economic stability; 2) educational attainment and social involvement; and 3) access to healthcare. First, DACA allows for a renewable work permit and Social Security Number, allowing youth to pursue work opportunities. Second, DACA allows for the ability for reduced

> *"It helped me not be concerned about being a burden for my family, because I felt like I was just a financial sink for the longest time. Now that I was able to be a contributing member of my family and help with the finances, it really helped me."*
>
> *—Male, DACA-recipient, FGD*

in-state tuition, work-study programs, and state financial aid programs; thus, alleviating the financial constraints of applying for and attending universities. Lastly, DACA has improved increased access to health care through California's state-funded MediCal program as well as student health insurance programs. Indirectly, these improvements in social determinants of health directly influenced the sense of well being and mental health of undocumented API youth. Participants indicated that the policy reduced chronic stress from the constant fear of deportation and created a positive outlook on life.

SHORTCOMINGS OF DACA

Findings suggest that while DACA had clear benefits, there remained shortcomings to the policy. First, it is not a pathway to citizenship, and the temporary nature of the policy left many stressed with the feeling that it could be taken away at any time. API youth also discussed how the policy left many loved ones out, including parents and family members, and that this deterred some from applying for DACA. Lastly, community divisions stemming from the policy itself were also discussed. Some participants felt that DACA has the potential to be detrimental to community activism as some who receive DACA may be less engaged and divides the undocumented community between the "haves" and "have nots."

RECOMMENDATIONS

Programmatic and Community Partners

- Empower community organizations to provide DACA enrollment assistance and education services for immigrant groups
- Active community outreach, legal services, and health education is urgently needed, including to families and communities of undocumented youth
- Increase education for health providers and key community leaders on legal options for health care for undocumented, including eligibility for health insurance programs, immigrant-friendly services, trauma-informed care, and laws regarding confidentiality
- Provide safe zones for undocumented youth, including in the healthcare setting, youth organizations, and schools

Policy recommendations include:

- Continue to support efforts for DACA as it improves economic stability, educational opportunities and access to healthcare.
- Expand policies to include Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA) to provide relief for parents of undocumented youth
- Pass comprehensive immigration reform given that DACA is not a pathway to citizenship
- Increase government funding to support research on undocumented immigrants, including the health, social, economic, and political impact of legal status

Future research is needed to:

- Examine the long-term impacts of DACA on health access, health status, and economic and social outcomes
- Assess differences and similarities in social context, health status, and health access between Latino and API undocumented populations
- Identify community resources and trusted partners, including how organizations can better work together to improve undocumented immigrant health
- Identify health needs of parents, families, and communities of undocumented youth

[1] Wallace S, Torres J, Sadegh-Nobari T, et al. Undocumented Immigrants and Health Care Reform. Los Angeles, CA: UCLA Center for Health Policy Research; 2012.

[2] Passel JS. Undocumented Immigration. Ann Am Acad Pol Soc Sci 1986;487:181–200.

[3] Batalova J, Hooker S, Capps R, et al. DACA at the Two-Year Mark: A National and State Profile of Youth Eligible and Applying for Deferred Action. Washington DC: Migration Policy Institute; 2014.

[4] US Census Bureau DID. Population Estimates. Available at: http://www.census.gov/popest/data/national/asrh/2011/index.html. Accessed September 14, 2013.

[5] Migration Policy Institute. Unauthorized Immigrant Population Profiles. Washington DC: Migration Policy Institute; 2015.

FIGURE 3. Social determinants of health addressed by DACA