Improving Health Care for Adolescent Immigrants

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Objectives

- Discuss the physical and psychological impact of family separation, late migration, and reunification on the overall health and educational outcomes of immigrant youth.
- 2. Name 3 ways to improve the health and mental health care outcomes of immigrant youth in clinical settings.
- 3. Analyze the impact of gender on adaptation to family, school and community domains for the 1.5 generation immigrant.

Presenter background

- Immigrant family
 - History of family separations & lack of documentation (WW II era)
- Spanish-speaking RN/NP
 - Over 25 years experience with immigrant adolescents & families as
 RN/NP in community clinics & school settings
- Clinician and researcher
 - Dissertation on family reunification issues for Latino immigrant youth



Who are the 1.5 generation?

First generation – born outside US

Second generation – born in US of immigrant parents

- 1.5 immigrate during school age and before adulthood
 - Deeply connected to two cultures in a transnational world

Who are the 1.5 generation?

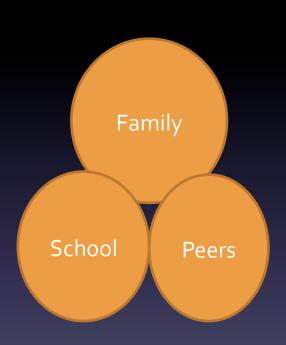
- 3.8% of all US children up to 5.9% of adolescents
- Largest NUMBERS from Latin America, but only 9% of Latino youth are immigrants themselves
- Largest PERCENTAGE of immigrants are among Asian/PI youth – 21%
- 40% are unauthorized

Youth & Resilience

Resilience = "positive adaptation in the context of adversity"

Encompass multiple contexts

Cauce et al.(2011) Luthar (2000) Schwartz et al. (2007)



Family

- Up to 80% of immigrant youth may have been separated from one or both parents for lengthy periods of time
 - Left behind in home country, migrate much later
 - Migrate with one caretaker, other family left behind
 - "Parachute children" sent to study in US
 - Unaccompanied minors fleeing violence & poverty

Changing Migration patterns

 Traditional: family together or father migrates first, either temporary or permanent





Changing Migration patterns

 Traditional: family together or father migrates first, either temporary or permanent



- 21st century migration:
 Women (mothers) as likely to come first, may stay
 longer
 - Fewer industrial, construction jobs in US
 - Greater need for low cost
 childcare, cleaning & other
 domestic/service work

Why parents leave children behind

Context

Economic Political Personal

Economic

- Abject poverty "we had absolutely nothing"
- Political
 - Restrictions on immigration, dangerous border crossings
- Personal
 - Most migrating parents were single mothers
 - Several left violent partners

Transnational children: the effects of separation



- Literature shows mixed impact
 - Divided on educational effects of separation
 - Mixed effects on mental health
 - Dependent on economic benefits, gender of migrating parent
 - More adverse effects when mother migrates than both parents or father, in most cases

What parents hope for:

- Loving, stable homecountry caretakers with the time to nurture & support their children
- Sometimes
 grandparents "treated
 us even better than our
 parents."
- Other situations cold, unstable, neglectful or abusive

Transnational children: is reunification a happy ending?

- Most qualitative studies show emotional difficulties with reunification
 - Increased with longer separations, migrating into blended family w/ step-parents, less communication during separation
 - Most problem-focused, retrospective, or focus on parents
 - Very few study reunification in real time from adolescent's point of view

Study Aims

- To explore the process of family reunification for Latino adolescents who have been separated from a parent for at least 4 years during immigration
- Context of transnational economic and family ties and changing gender roles.

Research team & recruitment

- The researcher:
 - Pediatric Nurse Practitioner and Nursing Doctoral student
 - 25 years of clinical work with immigrant families
 - Fluent, not native speaker of Spanish
 - Immigrant family background
- Project liaisons & consultants
 - Youth outreach workers, clinic staff, nurses & therapists at school-linked sites

Research team & recruitment

Participants:

- Latino youth ages 14-22 separated for ≥4 years from a parent(s) during the course of immigration
- 20 participants 12 young men, 8 young women
 - From Mexico, El Salvador, Guatemala, Honduras
- Only 4 reunifying with married biological parents, 1
 joining a father, all others reunifying with single mothers/
 blended families

21st Century Family Separation



- Cell phones and webcams have replaced the corner payphone
- Youth & parents use social network sites across borders

"I could see her even if I couldn't touch her – I felt she was close by"

Reuniting with Family Members

Context Affecting

Economic Political Personal Reunification Re-Engagement

Strategies for Making Meaning of Reunification Youth use a variety of strategies to reconnect with families:

Isolating & holding a grudge

"Poco a poco" – letting time take its course

Reconnecting through crises

Actively renegotiating family relationships

Using extended family as a buffer

Reuniting with Family Members

- "When I got here, when I started living with her, I felt as desperate, uncomfortable with her, I'd see her as a stranger because I didn't know her...

 Yeah, I felt desperate. And well, we don't really get along well..."
- "But no, there wasn't
 something like, there was
 nothing that helped me
 connect better with her. I
 didn't go through many things,
 I simply was just with her."

Reuniting with Family Members

• "But there was a time that there was just fighting...it changed because she spoke to me a lot. She would tell me 'daughter, look' and so I began to understand. She came here to give **me a better life**, and for my whole family also."

Optimal Adaptation

Rich family network

Optimal emotional ties – both home country & US

Obtaining secure immigration status

"Telling my story" to others

Family tolerates mixed emotions



Impoverished family connections/network
Emotional ties – Either home or US
Insecure immigration status
Isolation: "Not telling my story to others"
Family has difficulty accepting mixed emotions

SubOptimal Adaptation

Family Adaptation

Structural issues:

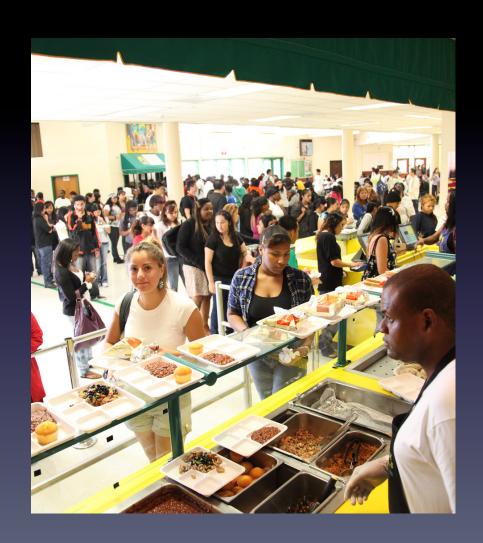
- When single mothers
 migrated, fathers did not
 tend to remain involved with
 children
- Few role models for migrating young men
- Greater numbers of unaccompanied young men

"My mother was my hero.
 She was like my mother and father both."

 "My mother could not help me learn how to be a man"

School

- Challenges of adapting to new school system:
 - Different cultures,different standards
 - Some immigrants may have been in private school in home country
 - Language barriers
 - It takes ~ 7 years to become academically competent in a new language



School

Myths: The earlier a
 child immigrates to the
 US, the better the
 academic adaptation

The reality:

- For the 1.5 Generation, migrating in middle childhood MAY be more difficult than later migration
- Older teens have more academic skills in native language, which may help adjustment

Optimal Adaptation

Being optimistic
Learning English quickly
Having career goals
"Telling my story" to others

Being anxious/pessimistic
Learning English with difficulty
Unsure of career goals
Isolation: "There is nobody by my side"



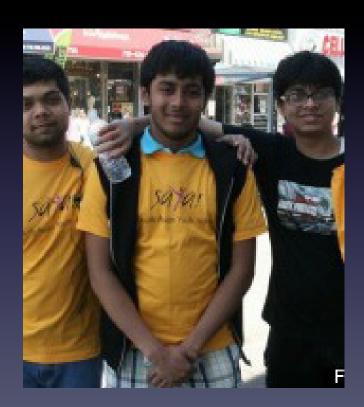
SubOptimal Adaptation

School

- Structural issues:
 - Level of effective school support in home often depends on parent's educational level in home country
 - Young women immigrants often do better in school than young men: more socialized to do repetitive tasks (chores), ask for help

Peers/Community

- Many immigrant youth miss home country culture
- Trust issues: friends at home vs. friends here
- Street/school/ neighborhood safety.
- Cousins & extended family provide important network



Safety

 Myths: youth coming from safe, close-knit community in home country to poor and dangerous neighborhoods in the US

Reality:

- Sometimes this is true, but..
- Murder rates in Guatemala, Honduras, El Salvador the highest in the world; youth, especially unaccompanied minors, migrating in increasing numbers

Safety as an impetus for migration

• I was doing my homework in the cyber, you know the cyber café - las computadoras - and like 5 gangbangers came in and said that if I wanted to join the gang and I said "no, hell, no" then they were like, "If you don't join us we're going to kill you, we are going to cut your head off," and things like that

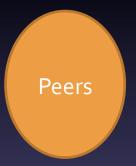
Crossing the Border

- For the 40% of the 1.5
 generation who are
 undocumented, crossing
 the border involves
 dangerous trips over land
 and sea often without
 other family
- "I will never forget it"
- "I was scared I would die"
- "There were gangs with machetes, robbing people, taking their clothes..."
- "My mother did not want to hear about it.."

Optimal Adaptation

Being optimistic
Optimal emotional ties – both home country & US
"Telling my story" to others
Making and keeping friends

Being anxious/pessimistic
Emotional ties – Either home or US
Isolation: "Not telling my story to others"
Lack of trust in others



SubOptimal Adaptation

Peer/Community

Structural issues:

- Gangs, cartels are transnational: youth fear disclosing home country threats in US
- Youth on social networks
 daily with home country
 friends, family this may not
 translate to high level
 support

- "I am my own guide"
- "There is no one by my side..."
- "The youth at church are all Latino and we have all been through the same thing ."

Impact of Gender

- In an in-depth real time look at affect of gender/ gender roles on outcomes
 - Lack of positive role models for young men
 - Fleeing violence more salient for young men
 - Young women had greater expectations & skills at renegotiating relationships & finding trusted peers
 - Young men more likely to be socially isolated

"Telling My Story"

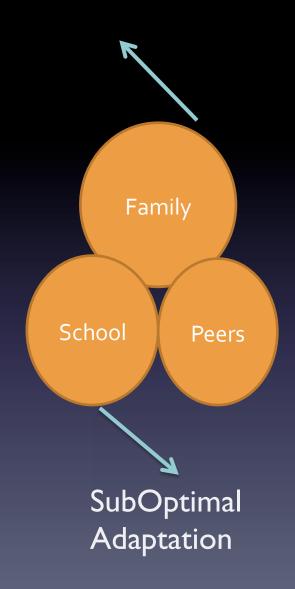
Health care issues of the 1.5 Generation:

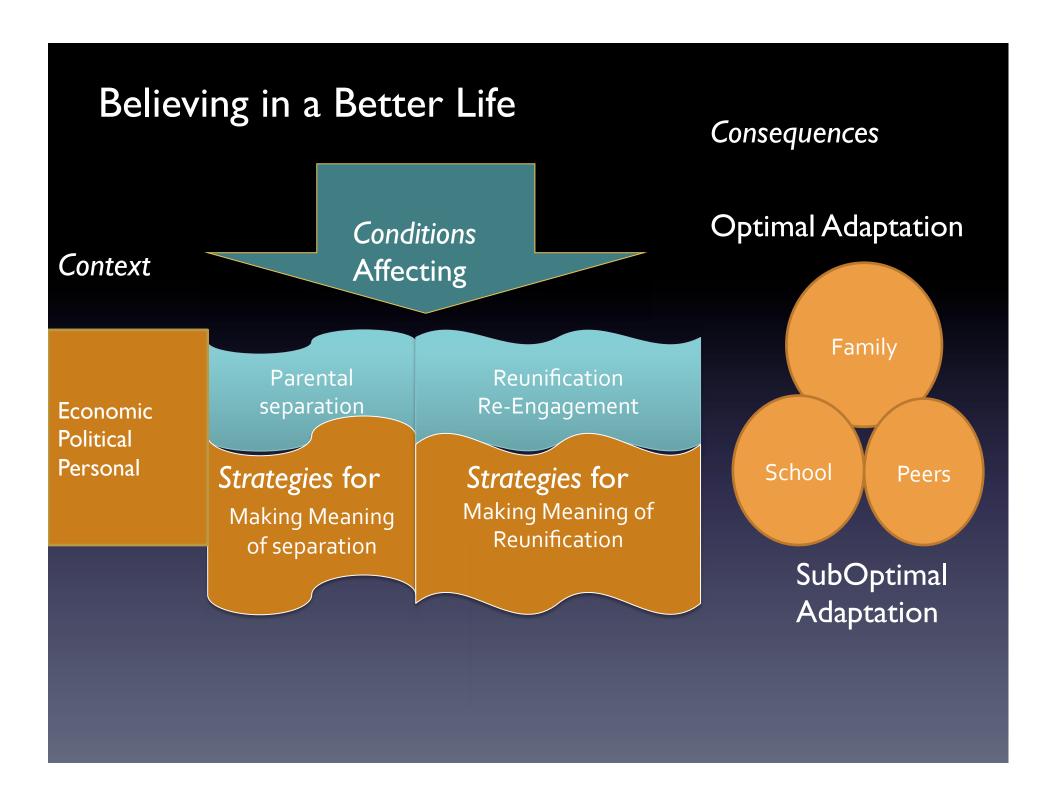
- May have serious, unmet health needs from home country
- Young men LESS likely than young women to receive regular care
- Undisclosed trauma
- Youth want the opportunity to tell their stories in school & health care

Believing in a Better Life

Being optimistic
Rich extended family network
Optimal emotional ties in US & home country
Learning English quickly
Having career goals
Obtaining secure immigration status
"Telling my story" to others
Making and keeping friends

Being anxious/pessimistic
Emotional ties in either US or home country
Impoverished family network
Learning English with difficulty
Unsure of career goals
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Isolation: "There is nobody by my side"
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- Case #1: Joaquin, 13 yo, 7th grade, newly arrived from Honduras, separated from parents for 5 years
- Had physical exam , catch-up vaccines and clearance for soccer at School HC

At one month visit for next set of vaccines,
 Joaquin's mother asks if you have a therapist

• She states her son has been crying at school. She discloses that he was caught at the border, and was in detention for 35 days before being released to her. He cries at night for his grandmother, who raised him.

- What are the implications of being "caught at the border" for Joaquín and his family?
- What are the issues for Joaquín related to his family changes?
- What are the issues for his mother?

- 20,000 (est.) unaccompanied minors/yr cross the US-Mexican border
- Those from Central America detained
 - Released to parents in US but may identify entire family as undocumented to ICE – may eventually be deported
 - May get therapy and daily phone calls while in detention
 - lately detention overcrowded, under-resourced

- Ambiguous Loss (Boss)
 - Loss of those who are physically present & psychologically absent (dementia)
 - Psychologically present & physically absent (separation, imprisonment, divorce)
 - Disfranchised grief not recognized by the culture in which the individual lives

- Recognizing and validating mixed emotions:
 - Child: happiness at rejoining parents sadness at missing grandmother
 - Mother: guilt at having left child, seeking recognition for her journey and hard work, not knowing how to support her son

- Could we pick up these family issues earlier?
- Ask children & youth about family separations
 - "have you always lived with?"
 - "Who are you close to?" (other relatives, in US & home country, connections)

Case # 2 Undocumented Early Adolescent with SHCN

- Michelle is a 12 yo immigrant from the Philippines with developmental delay. She and her mother came on a now-expired tourist visa
- She functions on a 7-year old educational/ cognitive level

Case # 2 Undocumented Early Adolescent with SHCN

What are her health needs?

 How can she get services if she is not authorized to be in the US?

Case #2 Early Adolescent w SHCN

Health care for ALL PLUS....

- Immunizations: Tdap, HPV,
 MCV4, Influenza
- Screening for anemia,
 cholesterol, HIV (age 13)
- Psychosocial screens
- BP, BMI, physical exams
- ORAL health

Health Care for new Immigrants

- Catch-up Immunizations
- Screening for TB
- Screening for parasitic infections
- Hepatitis panel, lead

Case #2 Early Adolescent w SHCN

- Use existing funding mechanisms to serve immigrant youth
 - Gateway/temporary MediCal for immunizations, checkups and dental care – may only last for 2 months!!
 - Family PACT reproductive health care for men & women is NOT dependent on residency/citizenship, can support psychosocial screening, confidential health ed

Case #2 Early Adolescent w SHCN

- What are Michelle's developmental needs?
 - Evaluation for special education
 - Referral to regional center (not dependent on authorization)
 - Socialization, education about puberty, sexuality

ACA & immigrant youth

- ACA does not cover unauthorized immigrants & "safety net" shrinking for the unauthorized as safety net institutions are rolled into ACA
- Mixed status families have fragmented access to health care
- School-based health centers, supported by ACA, may be a mechanism for reaching youth, especially young men with limited access to care

- Leonardo is 17 yo, attending HS erratically
- He migrated to rejoin his parents at age 10;
 his father was deported to Mexico 1 year ago
 after a DUI stop

- Leonardo's last checkup was at age 14
- His last health care visit was at age 16 for a sprained ankle

- Psychosocial Screen:
- Strengths I'm my own guide
- School 10th grade, GPA 1.8
- Home lives with mother, aunt, uncle, 3
 younger cousins crowded, tense, closest to deported father

- A- Hangs out with friends, played basketball, but grades too low for school team, trying to find a job to help mother out
- D MJ 3x/wk, ½ PPD, alcohol on weekend, has tried other drugs
- E Denies depression, suicidal ideation, however, says he feels hopeless several days a week, says he is "too old" to talk to his mother about his feelings

- S- sexually active with 3 lifetime female partners, 50% condom use, no currrent GF
- S uncle, older cousins in gang, declines to talk about it

- What are Leonardo's strengths?
- What are his health issues and risks?
- How could school and school-based services help him?

- Structural issues/Social Determinants
 - Deportations in the US have hit records numbers
 - almost as many 2009-2014 as from 1892-1997.
 - ¼ of deportees since 2010 are parents of children in the US

http://www.alternet.org/immigration/obama-track-deport-record-2-million-people-2014

 Strategies to provide more comprehensive care to young men

- Add a pyschosocial screen to urgent care & immunization visits
- Support CBOs that provide after school tutoring & mentoring, especially for young men

 Strategies to provide more comprehensive care to young men

- Incentives for attending a well adolescent visit & health education to parents of young men about health care needs
- Normalize behavioral health services

How can we improve health for 1.5 generation youth?

- ASK- trajectory of homes and caretakers, premigration and migration-related trauma
- ASSESS –physical and psychosocial needs
- ADVISE & ENGAGE tailoring services to needs of youth, involve youth in service design, possible peer support

Generation 1.5: How can we foster resilience?

- Structural changes in health care delivery systems :
 - Asking their story
 - Reaching out to immigrant young men
 - Funding streams for health care

Generation 1.5: How can we foster resilience?

- Structural changes in school services:
 - School health services
 - Supports within and beyond English Learner programs
 - Reaching out to families, supporting them to support their youth

Generation 1.5: How can we work together?

- Youth immigrants have courage, self-reliance, and brokering skills: natural leaders
- Youth immigrants can be part of and lead the solutions

Disclosures and Thanks

- Funders: STT Alpha Eta chapter, Programa de Investigación en Migración y Salud (PIMSA), UC MEXUS.
- Professors: Susan Kools, Sandra Weiss, Claire Brindis
- Immigrant youth who shared stories; Gerber Marquez, Amy Ranger, Amy Halio, Beatriz Coll, Joanna Acentares, Angelina Romano

Questions??

