

Immigrant Families Across the Life Course: Policy Impacts on Physical and Mental Health

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Recent changes to immigration policy, with a focus on enforcement and reducing immigration to the United States, have important health impacts for immigrant families across the life course.

Shifting policy back to a focus on keeping immigrant families together through family reunification, DACA, TPS, and other anti-separation policies is important to immigrant children and families' mental and physical health.

Policies such as the "travel ban" (Executive Order 13780) breed fear in certain immigrant groups, which is detrimental to the mental health of immigrant youth.

Adjusting policies and rules to challenge or contest immigrants' access to the social safety net contributes to negative physical and mental health outcomes for immigrants across the life course.

ABSTRACT

Recent immigration policies related to family separation and deportation have negative mental and physical health implications for immigrant families across the life course. In this brief, we detail mental health (e.g., stress, trauma) and physical health (e.g., nutrition, chronic conditions) impacts of policies focused on immigrants and immigration across the life course. Consequently, we recommend the dismantling of policies that are harmful to immigrant families (e.g., zero tolerance, the proposed public-charge rule, changes to Deferred Action for Childhood Arrivals and Temporary Protected Status) and the strengthening or initiation of policies to bolster health and well-being among immigrant families across the life course (e.g., DACA; TPS; access to the social safety net, including Medicare, Medicaid, and Social Security).

Recent changes in immigration policy, characterized by increased enforcement, greater restrictions on immigration into the United States, and the criminalization of immigrants, reflect a turning point in immigration in the United States. This shifting policy landscape places contemporary U.S. immigrant families in a precarious position.¹ For families these recent immigration policies are linked to uncertainties about family separation and deportation, which can have negative mental and physical health implications for immigrant families.^{1,2,3,4} Recent policy issues (Table 1) have an impact on immigrant families across the life course and negatively contribute to the mental and physical health of immigrant families. As such, we recommend the dismantling of policies that are harmful to immigrant families—zero tolerance, the proposed public-charge rule, changes to Deferred Action for Childhood Arrivals (DACA), and Temporary Protected Status (TPS)—and the (re)building of policies to bolster health and well-being among immigrant families across the life course.

Tightening Borders, Family Reunification, and Indefinite Family Detention

Immigrant families to the United States have faced many challenges in the past few years related to changes in border security and the family reunification policy. In addition, along the U.S.-Mexico border many cities and towns are home to “border lander” families, who for generations have maintained a cross-border lifestyle as they work and live in Mexico and the United States.⁸ This unencumbered travel between the United States and Mexico supports the relationships and household economies of these cross-border families. The current focus on expanding the border wall between the United States and Mexico threatens these families. From 1965 until the recent past, keeping families together was a major component of U.S. immigration policy.³ The shift away from the previous immigration policy priorities of family reunification and family-sponsored immigration—the Reforming American Immigration for Strong Employment (RAISE) Act, the ending of DACA and TPS for U.S. residents from various countries, suspension of the admission of some refugees’ families, zero tolerance, and most recently, seeking immigration policy reform that emphasizes the merit of immigrants over connections with family already living in the United States—as a priority of immigration policy has removed the protections for keeping families together.^{1,3,9}

In lieu of being separated, in September 2018 the current administration proposed detaining families until their immigration hearings conclude, which likely means longer than the

Diversity of Immigrant Families

- Over 16 million people in the United States live in mixed-status households (households in which some individuals are authorized to be in the United States and others are not).⁵
- Immigrant families, or families in which at least one parent is foreign-born,² are diverse in terms of country of origin, socioeconomic status, race, ethnicity, parent or child LGBTQ+ status, family structure, length of time in the United States, and reasons for migrating.
- Immigrant families are concerned with status, deportability, and discrimination,⁶ all of which are linked to health concerns as well.⁷

previous 20-day maximum detention.¹⁰ With this, they would seek to overturn the 1997 Flores Settlement, which protected children and families from indefinite detention.

Policy shifts including federal agencies’ changes to rules and practices have profound family health impacts for immigrant families with young children.^{12,13} In the current policy context, the experiences of immigrant families with young children are characterized by fear of family separation and uncertainty regarding deportation and status.⁶ These fears and uncertainties contribute to mental health issues (e.g., toxic stress, trauma, depression, anxiety) and physical health challenges (e.g., access to affordable health care, housing, and nutrition programs) that are detrimental to children’s developmental outcomes and family functioning.^{2,3,7}

Zero-tolerance policy: Impacts on mental health. The U.S. Department of Justice rolled out its *Zero Tolerance Policy for Offenses* related to “criminal illegal entry” in April 2018, which included a “de facto policy of separating families” (p. 1).¹² Separating family members from one another, including children from their parents, may result in negative health outcomes for immigrant families, including irregular sleep patterns, which can contribute to lower academic achievement among children; toxic stress, or persistent stress, which is associated with detrimental effects on brain development and cognitive impairment; symptoms of

Immigrant Families With Young Children

- 45% of immigrants identify as of Hispanic or Latino ethnicity.¹¹
- 26% of U.S. children younger than age 18 have at least one foreign-born parent.⁵
- 94% of children of immigrants, age 5 and younger, are citizens.⁷
- Approximately 2 million children younger than age 5 live with at least one undocumented parent.⁷

post-traumatic stress disorder (PTSD), and limited access to good nutrition and health care.² This policy also criminalized families seeking asylum such that when families crossed the U.S. southern border, parents and children were separated and sent to different criminal detention centers as both parents and children awaited trial.¹² As such, in April–June 2018, approximately 2,600 children were separated from

their parents, and this policy predominantly affected families from El Salvador, Honduras, and Guatemala who were fleeing violence and poverty in their countries of origin and seeking asylum in the United States.¹² Despite an executive order and court-mandated July deadline to reunite all families, as of October 2018 approximately 120 children were still separated.¹⁴

Family separation policies and practices, including the U.S. Attorney General's zero-tolerance policy, have contributed to shifts in how immigrant families *do family*. Cervantes and colleagues (2018)⁷ found that fears of family separation contributed to the following:

- unstable housing situations of immigrant families;
- interruptions in families' daily routines as they worked to avoid deportation;
- less uptake of nutrition assistance and medical care for citizen children of immigrants due to safety concerns;
- children's worries about who would take care of them; and
- parental stress regarding talking with children about deportation planning.

In addition to these concerns, the zero-tolerance policy contributed to the "adultification" of very young children, meaning that children were forced by circumstances to take on adult roles and exposed to typically adult knowledge and responsibilities, for which they are not developmentally ready.¹⁵ For example, not only did young children have to protect themselves in federal detention centers from alleged abuse; children as young as age 3 appeared in court alone for their deportation hearings.¹⁶ Depending on the child's age, circumstances, and length of exposure, adultification has various mental health implications for young children.¹⁵

Changes to the proposed public-charge rule for immigrants: Impacts on physical health. In September 2018, the current administration proposed the addition of a new rule to long-standing public-charge policies, which could contribute to negative health outcomes, especially for mixed-status immigrant families.⁴ Public-charge policies, which date back to the 1800s, authorize immigration officials to (a) deny permanent-resident status to immigrants who are likely to become a public charge, or an individual who relies on the government for more than half of his or her income, and (b) to deport someone who, within their first five years of being admitted into the United States, becomes a public charge.⁴ Historically, public-charge determinations were made on the

basis of the use of cash assistance (e.g., Supplemental Security Income (SSI), Temporary Assistance for Needy Families). The new rule proposes additional scrutiny for immigrants who apply for visas and green cards, looking also at families' use of Medicaid; the Children's Health Insurance Program (CHIP), including for those families whose children are U.S. citizens; the Supplemental Nutrition Assistance Program (SNAP); Women, Infants, and Children (WIC); and multiple housing programs.^{4,17} If this proposed change is approved, it could have the following impacts on immigrant families' health:

- a decrease in immigrant families' children receiving nutrition assistance, making both children and families vulnerable to poor health and development outcomes;²
- a decline in access to medical care for immigrant families, meaning lower receipt of pre- and postnatal care, and the forgoing of routine wellness checkups and vaccinations;⁴ and
- a lack of access to housing support, keeping millions of children and families in poverty.⁴

Adolescence and young adulthood involve mastering important tasks, including identity development, acquiring independence and skills to cope with stress and life challenges, and establishing healthy behavioral patterns.²³ Mastery of these developmental tasks contributes to trajectories of well-being and educational and career attainment.²³

Immigrant Families With Adolescents and Young Adults

- 40% of immigrant youth younger than age 18 are from ethnic-racial minority backgrounds (i.e., non-white or European-origin)—18% are from Mexico.¹⁸
- 15% of immigrant youth (aged 16 to 24) in the United States have undocumented legal status.¹⁹
- As a result of policy shifts since 2016, immigrant youth in the United States—especially during critical transitions across adolescence (aged 12 to 17) and young adulthood (aged 18 to 24)—face heightened risks of poor health and educational maladjustment.^{20,21}
- The experiences of immigrant adolescents and young adults vary significantly depending on ethnicity/race and citizenship status.²²

Immigrant youth face challenges in navigating these developmental processes because of their role as cultural brokers, for their parents or non-immigrant contacts, experiences of migration, daily life stressors from enculturation (i.e., pressure to retain cultural heritage) and acculturation (i.e., pressure to assimilate to culture of host country), and marginalization (i.e., unauthorized status).^{20,22}

Research demonstrates that recent policy initiatives, including the “travel ban” and rescinding of DACA, add to the complexities of healthy development and exacerbate maladjustment among immigrant adolescent and young adults. These policies have severe implications for mental health (e.g., psychological distress, anxiety); educational and career opportunities and achievement; and economic advancement at the local, state, and federal levels.^{22,24}

The travel ban: Impacts on youths’ mental health through identity development. Beginning January 2017, Executive Order 13769 and later Presidential Proclamation 9723 (Protecting the Nation from Foreign Terrorist Entry Into the United States), often referred to as the travel ban, imposed strict travel restrictions and indefinitely suspended the issuance of immigrant and nonimmigrant visas to applicants from seven Muslim-majority countries. Empirical evidence suggests that this policy may exacerbate Islamophobia in the United States (i.e., negative attitudes and emotions directed at the Islamic religion or individuals who identify as Muslim²⁵) and increase risks of poor mental health (e.g., anxiety, depression) among Muslim populations in the United States.^{21,26}

Anti-Islamic and Islamophobic rhetoric not only forces the adultification of youth by exposing them to negative social stigma and hate crimes—as well as knowledge of hate crimes nationwide—but also impedes the healthy identity development of youth and young adults.²¹ Islamophobia imposes feelings of shame, which when internalized, provokes disidentification as a means to cope with the social stigma attached to Muslim identity.²⁶ Although limited work has investigated the adjustment of Muslim youth, in-school intervention research suggests that programming that encourages or endorses positive identity development, through an understanding of socially determined stigma, may buffer against maladjustment and disidentification.²⁷ By providing support for Muslim immigrant youth to develop a healthy sense of identity, focusing on strengths and resilience, allies and

affected youth can learn effective coping strategies to navigate undue burdens and psychosocial risks attached to the travel ban policy. A critical next step is to educate the American public about valuing religious freedom and dissociate Islamic religion and Muslim populations from terrorist threats.

Rescinding DACA: Jeopardizing immigrant youths’ career trajectories and impeding U.S. economic growth. Effective June 15, 2012, DACA provided recipients with supportive measures (e.g., work authorization, in-state tuition, access to driver’s license) and temporary relief from deportation. The September 2017 termination of the DACA program radically altered the educational and career trajectories of an estimated 1.49 million youth and young adults (i.e., 13% of 11 million immigrants with undocumented status) who were previously eligible to apply for the expanded DACA program.²⁰ In a 2018 national survey with 1,050 DACA recipients in 41 states and the District of Columbia, Wong and colleagues (2018) found evidence demonstrating the benefits of DACA for recipients and the U.S. economy.²⁸ Study results revealed that 96% of DACA recipients were employed or enrolled in school. After receiving DACA, recipients earned higher wages (54%) and moved to jobs with better working conditions and health insurance benefits (47%), which resulted in greater financial independence (e.g., 62% of recipients purchased their first car after DACA). Furthermore, 75% of DACA recipients reported having earned a bachelor’s degree or higher. The impact of DACA on educational attainment and employment earnings indeed facilitates recipients’ educational and career trajectories, which in turn contributes to state tax revenues, social security, Medicare, and national economic growth.²⁸

The loss of DACA program benefits and the risk of deportation poses a constant threat to the well-being of youth and young adults in the United States with undocumented status. A majority of DACA recipients report daily stress from fear of deportation and family separation.²⁸ Other work suggests that when youth with undocumented status transition throughout adolescence to emerging adulthood, navigating the distance between aspirations and reality can pose severe consequences on mental health and potential for achievement.²⁰ Importantly, because of social stigma and privacy around immigration status, high schools and institutes of higher learning have limited information and involvement in supporting and informing youth and young adults of opportunities for education visas and financial support.²⁰ Immigrant youth (and their parents)

therefore experience low mentorship in navigating changes in education policies and receive minimal support for mental health stress.²⁴ Professional advocacy for immigrant youths' educational and career endeavors is therefore an important area for growth, as these young people represent a significant portion of the future workforce. Reinstating the benefits of the DACA program would allow for the productivity, safety, and continued growth of the U.S. economy and its inhabitants

Aging Immigrants

- Aging immigrants include individuals who entered the United States early in life as well as late-life immigrants.²⁹
- Hispanics will comprise 15% of the elderly population by 2040.³⁰
- Older immigrant adults experience greater economic disadvantage than U.S.-born elders,³⁰ particularly as they lack health insurance and have limited access to health services.³¹
- Older immigrant adults experience high levels of disability, chronic health problems, and physical limitations.³²

them to work more years in low-earning and physically demanding jobs.³³ Consequently, elderly immigrants may face higher levels of disabilities or chronic conditions later in life.³¹ Moreover, deterioration of health and disability result from limited access to health care.³² Barriers to health-care access include limited English proficiency, low health literacy, attitudes and beliefs associated with aging, and endured discrimination.³⁴ In addition, older adult immigrants also experience depressive symptoms, loneliness, and social isolation.³⁵ Linguistic and cultural barriers limit their access to transportation, which contributes to isolation.³⁵

Social Security. Older immigrant adults' access to Social Security is limited by fewer years in the U.S. workforce and less time to accumulate Social Security credits.³⁰ The situation is particularly troublesome for immigrants without legal authorization, who frequently pay into Social Security but are

who lack documentation.

Most aging immigrants who live below the poverty line are foreign-born Hispanics, who have lower wages and less wealth accumulation.³⁰ Elder immigrants who are economically disadvantaged overwhelmingly delay retirement,³⁰ which forces

not eligible for these senior benefits.³⁶ Lifelong impoverishment and lack of economic security in old age can negatively affect health and quality of life for immigrant elders and their families.³⁷

Health care. In terms of access to health care, the Affordable Care Act (ACA) offers some relief by allowing immigrants with legal status to obtain individual health insurance;³⁸ however, there are restrictions on eligibility for Medicaid and Medicare. Furthermore, individuals without legal status are not eligible for Medicare or ACA exchanges, or for federal means-tested benefits, including Medicaid, SSI, or SNAP.³⁹ Even though eligibility for health insurance programs improves access to preventive care, elder immigrants cannot access care for chronic issues or afford to pay out of pocket for care, forcing them to postpone needed treatment.³⁸ This inadequate medical safety net promotes hardship that is preventable and will ultimately increase health-care costs through emergency care.³⁸

Proposed public-charge rule changes.

The proposed public-charge determinations include programs that help older adults and their families meet basic needs. Given recent proposals, elders' immigration status would be at risk if they were to try to access services that support health and economic stability (e.g., nonemergency Medicaid, Medicare Part D, subsidized long-term care, SNAP, subsidized housing, state and local cash-assistance programs).⁴⁰

TPS: Younger Immigrants' Contribution to Elder Care in the United States

- Immigrants constitute 20% of the direct-care workforce among personal care and home health aides, occupations that are growing as a result of the increasing elderly population.⁴⁷
- Ending TPS status for immigrants will bring about a shortage in the direct-care workforce in elderly care facilities.⁴⁵
- TPS holders contribute \$4.5 billion in pretax wages annually to the gross domestic product. Their departure would constitute a \$6.9 billion reduction in Social Security and Medicare contributions over a decade.⁴⁷

Family reunification and older adults. Family-based immigration is one of the primary ways that late-life immigrants join their families in the United States.⁴¹ In immigrant families, elders perform a key supportive role for adult children and grandchildren.⁴² They help with childcare and decision making, serve as role models,⁴³ and provide a sense of “tradition and belonging.”⁴⁴ At the same time, most elderly immigrants depend on their family and social networks for financial, social, and emotional support.⁴⁵ Challenges to health and well-being can be counterbalanced by the financial, social, and emotional support from strong social networks.⁴⁶

Conclusions and Recommendations

Recently created policies (e.g., zero tolerance, the travel ban), changes to existing immigration-focused policies (e.g., public-charge rule, DACA), and immigrants’ access to general social welfare and health-care policies (e.g., Medicare, Medicaid, SSI, SNAP, TPS) are challenging immigrant families’ health and well-being across the life span. These policies and changes to existing policies challenge immigrants families’ mental and physical health, particularly in terms of stress and trauma, which can impair cognitive functioning in children and adults, as well as youth identity development, and also have physical health impacts on adults and children, including sleep deprivation, nutrition issues, and chronic illnesses and conditions. As such, recommendations include the dismantling of policies that are harmful to immigrant families’ mental and physical health, and the (re)building of policies to bolster health and well-being.

TABLE 1

Policy	Description
Family reunification	A focus on family unity has been a hallmark of U.S. immigration policy since 1965, with family-based immigration accounting for about two-thirds of the annual total. U.S. citizens are able to sponsor spouses, children (age 21 and under), and parents. However, in 2017 the RAISE Act was introduced, which would limit family-related immigration to spouses and minor children (with minor children defined as age 18 and younger), and reduce the number of family-related green cards to 88,000 from 226,000. The changes are estimated to reduce family-based immigration by 50% and would affect immigrants from particular sending countries more than others. ²
Family detention	The 1997 Flores settlement provides protection for immigrants who are children while in U.S. immigration custody, including detentions for no longer than 20 days. A recent president-proposed regulation would keep children and families detained until the end of their immigration hearings. ¹⁰
Zero Tolerance Policy for Offenses	In April 2018 the U.S. Department of Justice announced any individuals crossing into the United States without authorization would be detained, no exception. The policy criminalized families seeking asylum in the United States and separated children from parents in detention centers. ¹²
Travel ban	Per Executive Order 13769 and the Presidential Proclamation 9723 (Protecting the Nation from Foreign Terrorist Entry Into the United States), the temporary suspension of entry applies, with limited exception, only to foreign nationals from the majority-Muslim countries Sudan, Syria, Iran, Libya, Somalia, and Yemen who were outside the United States as of June 26, 2017, and did not have a valid visa by 5 p.m. that day. Travel restrictions were in effect as of June 29, 2017.
Deferred Action for Childhood Arrivals (DACA)	Rescission of the June 15, 2012, DACA Memorandum “Exercising Prosecutorial Discretion With Respect to Individuals Who Came to the United States as Children.” Effective September 4, 2017, the established program was to be terminated. The rescission will reject all new DACA requests and associated applications for Employment Authorization Documents filed after the date of this memorandum. The Department of Homeland Security will review properly filed pending DACA renewal requests and associated applications for Employment Authorization Documents from current beneficiaries whose benefits will expire between the date of the memorandum and March 5, 2018 that have been accepted by the Department as of October 5, 2017.
Temporary Protected Status (TPS)	TPS is granted to foreign-born individuals whose home countries are designated as TPS eligible as the result of an environmental disaster, armed conflict, or other emergency or unsafe circumstances. The benefit allows individuals to retain lawful employment in the United States and live without fear of deportation on the basis of immigration status. In 2017 the secretary of the Department of Homeland Security announced it would terminate TPS status in 2019 and 2020 for over 250,000 individuals from several countries, with the largest numbers from El Salvador, Honduras, and Haiti. ^{48,49}

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continued on page 8

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RECOMMENDATIONS FOR POLICYMAKERS

- Dismantle policies that separate grandparents, parents, and children or prolong families' detention, including zero tolerance and indefinite detention. Build policies focused on keeping families together, especially as they await immigration hearings or other legal processes.
- Create policies that support immigrant children and families' critical health and care needs by ensuring that immigrants have access to and will not be penalized for using government supports necessary for children and families healthy development.
- Provide support for youth to cope with the psychosocial risks attached to the travel-ban policy.
- Reinstate the DACA program: Evidence demonstrates the economic benefits of the program for not only recipients, families, and community members but also the nation as a whole. Providing immigrant youth with safe opportunities for engagement will allow for the productivity and continued growth of the U.S. economy and its inhabitants.
- Change public-charge determinations and eligibility restrictions for health insurance and economic benefit programs so immigrants' needs—housing, food security, economic security—across the life course are addressed.
- Maintain family-based immigration, which supports elder immigrants and their families.
- Provide a permanent solution to immigrants with TPS status, who contribute greatly to the U.S. economy and elder care in particular.

continued from page 7

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