

99-02

STATEMENT OF POLICY

The Health of Documented and Undocumented Immigrants

Policy

The National Association of County and City Health Officials (NACCHO) supports the incorporation and adoption of principles of social justice into social policy, public health curricula, workforce development initiatives, and the design of program evaluation measures as strategies to eliminate health inequities. Based on those principles, NACCHO encourages local health departments to act on race, ethnicity, class, gender, and other types of oppression as the significant root causes of health inequity among documented and undocumented immigrants.

As part of that work, NACCHO supports the following:

- The reform of federal and local immigration policy that unfairly discriminates against immigrants with respect to, education, basic human rights, and social welfare, including the Affordable Care Act. These reforms should provide an accessible route to full citizenship status that leads to unified families and the protection of refugees.
- The repeal and prevention of anti-immigrant local laws that discriminate and exclude on the basis of nationality and immigration status, including laws that deny access to the courts, impose indefinite and mandatory detention, sanction methods of enforcement of immigration laws by local law enforcement that violate human rights, and bar immigrants from schools, housing, and health care.
- Federal, state and local policies and practices that restore, expand, or provide access to public benefits for all immigrants, including access to quality, affordable preventive care.
- Labor standards and work protections that guard against the exploitation of immigrants.

NACCHO opposes the following:

- Federal, state policy that would deny free education to immigrants because of their immigration status.
- Federal policies on deportation that separate families.

Justification

Immigrants are woven into the social fabric, political landscape, and economy of the United States. Research shows that documented and undocumented immigrants make significant contributions as diligent tax payers, home owners, job creators, and workers in the United States, challenging perceptions that immigrants drain the U.S. economy and disproportionately tax the local public health system.¹⁻⁷ More than 40 million foreign-born persons, including 11.1 million undocumented immigrants, reside in the United States.^{8,9} The majority of undocumented



immigrants live in mixed-status families, or households where one or more family members are of lawful status.^{9, 10}

Undocumented immigrants, who frequently lack access to basic preventive care and immunizations, enter the United States bearing a disproportionate burden of undiagnosed illnesses, including infectious diseases such as tuberculosis and HIV.¹² They are disproportionately represented in the U.S. population that lacks health insurance (17 percent), with foreign-born undocumented children bearing the highest rates of uninsurance (57 percent).^{11, 12} Latinos bear the highest rates of uninsurance; within this ethnic group, 45 percent of immigrant women and 55 percent of non-citizen women live without insurance.^{13, 14}

The health of immigrants: Moving towards structural explanations

According to a wealth of research, immigrants are more likely to become obese and develop disproportionate rates of chronic diseases the longer they live in the United States.^{15, 16} They typically enter the United States with good health status and few deficits. The dominant explanation for this finding includes “acculturation,” a process through which cultural influences shape social norms and individual behavior; the health of immigrants and their children deteriorates as they assimilate the dominant culture and lose the healthy lifestyles, social bonds and support from their origin country.^{16, 17} Relying solely on theories of acculturation in public health planning, education campaigns, and data collection is problematic. These theories overemphasize the role of individual behavior while ignoring the well-documented health effects of inequitable treatment by U.S. institutions (e.g., policies and practices that bar immigrants’ access to basic and preventive health care), poor living conditions, poor work conditions, chronic exposure to environmental hazards, hardship and exploitation, and the economic, social, and political conditions driving emigration.^{17, 18} Ignoring the root of declining health among immigrants and their children leads to interventions centered on individuals, at the expense of addressing the underlying structures that reproduce social and economic inequities.^{17, 19}

Racism and its impact on immigrants’ health

Racism is a system of institutional policies and practices that privilege one population over another based on arbitrary physical characteristics and intersects with class and gender oppression to drive the rapid decline among foreign-born immigrants of color.^{17, 20, 21} The majority of U.S. immigrants are people of color from low-resource and newly industrializing countries, noted here because of a long legacy of being devalued and disenfranchised.²¹ A legacy of racist immigration policies and practices created and privileged particular classes of immigrants according to skin color.²² These policies and practices born from systemic racism create a cascade of disadvantage that accumulates over time and shapes the health of immigrants. Further, an analysis of national survey data suggests that the strongest predictors of support for exclusionary immigration policies and controls are racial prejudice, negative attitudes towards multiculturalism, and perceptions of immigrants as social and economic burdens.^{22, 23}

Immigrants’ day-to-day experiences with discrimination and social stigmatization as “illegal aliens” are intensified by increasingly harsh deportation policies as well as immigration, employment, housing, welfare reform, and health care reform laws that limit the range of options and opportunities to structure conditions for healthy living.^{24–27} In addition, as the nation’s demand for low-wage immigrant labor grows and becomes strident, these laws reduce or

eliminate access to already meager public benefits and introduce legalized discrimination based on immigration status and language proficiency.²⁸ Stress, born of systemic exclusion, hardship, and exploitation, taxes the mental and physical health of many immigrants and their families, and is a pathway to rapidly declining health outcomes.^{29, 30, 31}

Meanwhile, many communities are experiencing the public health implications of exclusionary federal, state, and local laws in the form of rising rates of communicable disease and otherwise preventable illnesses. With the implementation of the Patient Protection and Affordable Care Act and its restrictions and exclusions targeting all immigrants, many local jurisdictions and public health partners will directly or indirectly shoulder the costs of providing preventive and emergency health care.³² Where undocumented immigrants are barred from free or discounted care by restrictive federal, state, or local policies, their children (many of whom are eligible for public benefits, having been born in the United States) also lack access to critical services designed to protect the health of entire communities. Furthermore, budget and policy decisions that eliminate access for undocumented and documented immigrants to key safety net programs put the health of communities at risk.

Immigration policies and practices at the local level

Across the United States, more than 370 local governments have proposed or implemented policies in response to undocumented immigration in their jurisdictions, recognizing that federal mandates have consequences for local experience and policy.³³ Local governments are increasingly bearing responsibility for managing immigrant integration and service provision as well as immigration control and policing. In efforts to drive undocumented immigrants away by causing and worsening hardship, certain local governments have enacted ordinances targeting immigrants based on their legal status. These local policies include mandated fines for business or landlords who employ or rent to immigrants without proof of authorized status and “backdoor” restriction strategies that amend or call for strict enforcement of housing codes aimed at overcrowding by immigrant laborers.³³ By contrast, approximately 100 counties and cities have proposed or established immigrant “sanctuary” ordinances and integrative strategies that include preventing local authorities from checking residents’ immigration status or extending local voting rights to noncitizens. Some local jurisdictions have enacted resolutions in support of the rights of undocumented immigrants.^{34, 35, 36}

References

1. Zallman, L., Woolhandler, S., Himmelstein, D., Bor, D., & McCormick, D. (2013). Immigrants contributed an estimated \$115.2 billion more to the Medicare trust fund than they took out in 2002–09. *Health Affairs*, 32(6), 1153–1160.
2. Institute on Taxation and Economic Policy. (2013). *Undocumented immigrants’ state and local tax contributions*. Retrieved Nov. 1, 2013, from <http://www.itep.org/pdf/undocumentedtaxes.pdf>.
3. *Census Bureau*. (2010). American Community Survey webpage. Retrieved Nov. 1, 2013, from <http://www.census.gov/acs/www/>.
4. Fiscal Policy Institute. (2012). *Immigrant small business owners: A significant and growing part of the economy*. Retrieved Oct. 3, 2013, from <http://www.fiscalpolicy.org/immigrant-small-business-owners-FPI-20120614.pdf>.
5. Trevelyan, E. N. (2013). *Homeownership among the foreign-born population: 2011*. Census Bureau. Retrieved Nov. 1, 2013, from <https://www.census.gov/prod/2013pubs/acsbr11-15.pdf>.
6. Passel, J. S., & Cohn, D. (2009). *Unauthorized immigrant population: National and state trends, 2010*. Pew Research Hispanic Trends Project. Retrieved Nov. 1, 2013, from <http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-brnational-and-state-trends-2010/>.

7. Passel, J. S., & Cohn, D. (2009). *A portrait of undocumented immigrants in the United States*. Pew Research Hispanic Trends Project. Retrieved Nov. 1, 2013, from <http://www.pewhispanic.org/2009/04/14/a-portrait-of-undocumentedimmigrants-in-the-united-states/>.
8. A Nation of Immigrants (n.d.). Pew Research Hispanic Trends Project. Retrieved Jan. 4, 2013, from <http://www.pewhispanic.org/2013/01/29/a-nation-of-immigrants/>; Census Bureau. Jan. 4, 2013. *America's Foreign Born in the Last 50 Years*. Retrieved Aug. 1, 2013, from https://www.census.gov/how/infographics/foreign_born.html
9. Hoefler, M., et al. (2012). Estimates of the undocumented immigrant population residing in the United States: January 2011. Department of Homeland Security. Retrieved Nov. 1, 2013, from http://www.dhs.gov/xlibrary/assets/statistics/publications/ois_ill_pe_2011.pdf.
10. National Council of La Raza. (n.d.). *Immigrant health*. Retrieved Oct. 3, 2013, from http://www.nclr.org/index.php/issues_and_programs/health_and_nutrition/immigrant_health/.
11. Kullgren, J. T. (2003). Restrictions on undocumented immigrants' access to health services: The public health implications of welfare reform. *American Journal of Public Health, 93*(10):1630-1633.
12. Siddiqi, A., Zuberi, D., & Nguyen, Q. C. (2009). The role of health insurance in explaining immigrant versus non-immigrant disparities in access to health care: Comparing the United States to Canada. *Social Science & Medicine, 69*:1452-1459.
13. National Council of La Raza. (n.d.). *Health care disparities*. Retrieved Oct. 3, 2013, from http://www.nclr.org/index.php/issues_and_programs/health_and_nutrition/health_care_disparities/.
14. Strauss, M., et al. (2012). *Trabajadoras: Challenges and conditions of Latina workers in the United States*. Labor Council for Latin American Advancement. Retrieved on Nov. 1, 2013, from <http://www.movimientohispano.org/images/pdfs/trabajadoras.pdf>.
15. Williams, D. R. (1999). Race, socioeconomic status, and health the added effects of racism and discrimination. *Annals of the New York Academy of Sciences, 896*(1), 173-188.
16. Sanchez-Vaznaugh, E. V., Kawachi, I., Subramanian, S. V., Sánchez, B. N., & Acevedo-Garcia, D. (2008). Differential effect of birthplace and length of residence on body mass index (BMI) by education, gender and race/ethnicity. *Social Science & Medicine, 67*: 1300-1310.
17. Malmusi, D., Borrell, C., & Benach, J. (2010). Migration-related health inequalities: showing the complex interactions between gender, social class and place of origin. *Social Science & Medicine, 71*(9), 1610-1619.
18. Kandula, N. R., Kersey, M., & Lurie, N. (2004). Assuring the health of immigrants: What the leading health indicators tell us. *Annual Review of Public Health, 25*: 357-376.
19. Viruell-Fuentes, E. A. (2007). Beyond acculturation: immigration, discrimination, and health research among Mexicans in the United States. *Social Science & Medicine, 65*(7), 1524-1535.
20. Nazroo, J. Y. (2003). The structuring of ethnic inequalities in health: economic position, racial discrimination, and racism. *American Journal of Public Health, 93* (2), 277-284.
21. J.n.G. Read, M.O. (2005). Emerson Racial context, black immigration and the U.S. black/white health disparity. *Social Forces, 84* (1):181-199.
22. Applied Research Center. (2001). *The Persistence of White Privilege and Institutional Racism in US Policy: A Report on US Government Compliance with the International Convention on the Elimination of All Forms of Racial Discrimination*. Retrieved Nov. 1, 2013, from www.arc.org/pdf/303pdf.pdf.
23. Fennelly, K., & Federico, C. (2008). Rural residence as a determinant of attitudes toward U.S. immigration policy. *International Migration, Vol. 46*, 151-190.
24. Poston, W. S., Pavlik, V. N., Hyman, D. J., et al. (2001). Genetic bottlenecks, perceived racism, and hypertension risk among African Americans and first-generation African immigrants. *Journal of Human Hypertension, 15*, 341-351.
25. Krieger, N., Smith, K., Naishadham, D., Hartman, C., & Barbeau, E. M. (2005). Experiences of discrimination: Validity and reliability of a self-report measure for population health research on racism and health. *Social Science & Medicine, 61*, 1576-1596
26. Lewis, H., & Rosenbloom, R. E. (2011). The Boston Principles on the Economic, Social, and Cultural Rights of Noncitizens. *Notre Dame Journal of International, Comparative and Human Rights Law, 1*(1), 145-156.
27. National Council of La Raza (n.d.). La Raza supports legislation that restores access to public benefits. Retrieved Oct. 3, 2013, from http://www.nclr.org/index.php/issues_and_programs/health_and_nutrition/immigrant_health/#sthash.N8qRqpyX.dpuf.
28. Viruell-Fuentes, E. A., Miranda, P. Y., & Abdulrahim, S. (2012). More than culture: Structural racism, intersectionality theory, and immigrant health. *Social Science & Medicine, 75*(12), 2099-2106.

29. Takeuchi, D.T., & Williams, D.R.(Eds.).(2001). Racial inequality and health. *Du Bois Review: Social Science Research on Race*, 8(1).
30. Krieger, N. (1999). Embodying inequality: a review of concepts, measures, and methods for studying health consequences of discrimination. *International Journal of Health Services*, 29(2), 295-352.
31. Harrell, J.P., Hall, S., & Taliaferro, J. (2003). Physiological Responses to Racism and Discrimination: An Assessment of the Evidence. *American Journal of Public Health*, 93(2), 243-248.
32. Medina, J. (2013, June 22). California pushes for immigrant health. *The New York Times*. Retrieved Oct. 3, 2013, from <http://www.nytimes.com/2013/06/22/us/in-california-a-push-for-immigrant-health.html?pagewanted=all>
33. Walker, K.E., & Leitner, H. (2011). The variegated landscape of local immigration policies in the United States. *Urban Geography*, 32(2), 156-178. Retrieved Nov. 1, 2013, from <http://www.sscnet.ucla.edu/geog/downloads/7235/494.pdf>.
34. Wells, M. J. (2004). The grassroots reconfiguration of U.S. immigration policy. *International Migration Review*, 38, 1308–1347.
35. Varsanyi, M. W. (2006). Interrogating “Urban Citizenship” vis-à-vis undocumented migration. *Citizenship Studies*, 10, 229–249.
36. Ridgley, J. (2008). Cities of Refuge: Immigration Enforcement, Police, and the Insurgent Genealogies of Citizenship in U.S. Sanctuary Cities. *Urban Geography*, 29, 53–77.

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