



The Health of the DACA Community

On September 5, 2017, Attorney General Jeff Sessions announced the end of the Deferred Action for Childhood Arrival (DACA) program, an immigration program that provides temporary citizenship status to undocumented immigrants who were brought to the United States as children. This action was met with concern by individuals in and outside of the immigrant community because declaring the end of DACA would mean hundreds of thousands of students and emerging professionals would face the threat of being sent back to countries they have never known.

The DACA community faces several barriers related to health. Those who hold temporary DACA citizenship are prohibited from taking advantage of public insurance programs, including Medicaid and the Affordable Care Act's Marketplace plans and subsidies, and are therefore subject to greater health disparities. As a result, immigrant communities must overcome the dual barriers of bias and economic disadvantage related to access to health care.

What Does DACA Do?

The DACA program offers a two-year renewable period of deferred action that provides an avenue for participants to work, attend school, along with a temporary social security number. There are over 800,000 immigrant youth and young adults participating in the program, with approximately 3,400 living in Missouri.¹ ² Known as Dreamers, most of these individuals know of no other life outside of the United States. One online survey found that most Dreamers report arriving to the United States at the age of three.³ To receive DACA status, Dreamers undergo an extensive criminal background check and are subject to age requirements regarding birth date and what age they immigrated to the United States.

While DACA recipients are comprised of individuals from over 20 countries, a majority of Dreamers emigrate from Latin American nations.¹ Because of this connection, national conversations between the media, Congress, and Dreamers over DACA have become intertwined with the history of discrimination and oppression that accompany being Latino in the United States. With the elimination of the DACA program, it is important to explore all that is at stake, including the implications for racial and health equity.

Implicit Bias and its Effect on Mental Health

Implicit biases can be characterized as relatively subconscious thoughts that influence an individual's judgment on a certain identity, issue, or topic. This can range from something as benign as preferring Pepsi to Coke or something more significant such as a health care provider subconsciously treating patients differently based on their citizenship status, race, sex, or gender.⁴ These biases held by the public are tied to health and



immigration policy, where immigrants are viewed with distrust or as someone “different” or “other.”

The cancellation of the DACA program further increases the stigma that Latino immigrants face.⁴⁻⁷ Coupled with the daily anxieties accompanying an undocumented person in the United States, an individual’s mental health suffers when faced with constant negative sentiments about their racial or ethnic identity or citizenship status. With ensured protection from deportation, Dreamers have and will continue to pursue opportunities for higher education, employment, and a path to citizenship without fear or anxiety.⁸ Now that Dreamers are facing a greater risk of deportation, these elevated fears are having a dramatic effect on the psychological as well as physical health of the DACA status-holding population.

A longitudinal birth cohort study conducted by Torres et. al. measured the effects of self-reported worry over deportation and its connection to cardiovascular disease risk factors for mother of Mexican-origin. The study routinely assessed mothers on their worry over deportation, BMI, and systolic and diastolic blood pressures. There is a direct correlation to higher worry and poorer health outcomes, which is significant, but not shocking. Torres et. al. found that higher worry over deportation led to the highest BMI readings, hypertension, and blood pressure rates.⁵ Findings from this research and others also showed that mothers who were eligible for DACA had consistently lower rates of anxiety, depression, and adjustment disorder; this applied to their children as well.^{5,6}

In an additional study recently completed by the Stanford Immigration Policy Lab, children of mothers granted DACA status had lower rates of anxiety disorders and depressed moods than mothers who did not have access to DACA status.⁶ Acknowledging that Dreamers are beginning to have children with United States citizenship is an important factor to consider as policymakers wrestle with ideas on modifying the DACA program. The high stress that accompanies the current DACA policy decision impacts recipients who are parents as well as their children. Research has shown that early childhood exposure to high levels of stress and anxiety-inducing situations negatively affects children’s health as they age into adulthood, leading to higher rates of cardiovascular disease, hypertension, substance use, PTSD, and depression.^{4, 8}

Impact on the Health Care Economy

Dreamers and undocumented immigrants are unable to receive access to public insurance throughout most of the country. While most Dreamers have access to insurance through their school or employment, medical resource acquisition for the rest of the undocumented population is almost nonexistent.⁹ This presents an issue for emergency rooms and community health clinics receiving public assistance, since many of these services are placed into a broad category of uncompensated care.^{9,10} Through immigration waivers such as DACA, a greater number of individuals are able to afford paying their health care costs through their employment insurance, lowering the burden of debt for hospitals and community health centers that overwhelmingly see undocumented patients.¹⁰

A heavy stressor on DACA individuals is the fear of discrimination or rejection that they face during clinical care stemming from citizenship status and ethnicity. This fear is validated through discriminatory interactions that undocumented individuals face within the health care field. An important note is that over a fifth of the Dreamer



population works in the health care system as social workers, home health aides, nurses, and other medical staff.¹¹ An additional 23 percent of Dreamers interviewed by The Center for Health Assessment of Mothers and Children of Salinas stated that they hope to enter the health care field within the next two-to-three years.⁴ Dreamers embody an important opportunity to meet the growing health care industry needs of the nation and advance health equity by diversifying the field. Through diversifying the field, health care professionals are better equipped to practice culturally competent care through interactions with peers who can demystify falsehoods and rumors about the DACA and undocumented Latino populations.

The Association of American Medical Colleges projects that by 2025 there will be an estimated physician shortfall between 34,600-82,600 in relation to the number of patients seeking services.¹¹ There are 65 Dreamers currently enrolled in medical school and an additional 113 who have applied.¹² With this growing number of individuals enrolled in medical programs across the nation, not only are aspiring professionals interacting with peers who are different, but barriers facing undocumented individuals and Dreamers are being removed.

The Future of DACA

As of October 5, 2017, individuals enrolled in the DACA program are no longer able to renew school or work permits and are not allowed to travel abroad.¹³ President Trump requested that Congress create a replacement comprehensive immigration package by March 5, 2018; however, this request has remained unmet. Other movement towards addressing this gap in protections has been made through standalone proposed legislation, such as Senators Thom Tillis (R-NC), Orrin Hatch (R-UT), and James Lankford (R-OK)'s SUCCEED (Solution for Undocumented Children through Careers, Employment, Education, and Defending our Nation) Act, which places greater emphasis on enforced border security and incorporates a multi-tiered, lengthy citizenship process.¹⁴

As highlighted in this fact sheet, there are many health outcomes that have improved for DACA recipients since its implementation in 2012. These include improved stress levels and overall well-being of students, mothers, and their children. However, the removal of the program in September is undoing much of the progress towards physical and mental health equity. Dreamers and their families once again are facing higher levels of toxic stress, anxiety, and other mental health diagnoses. Reauthorizing this program would enable Dreamers to stay in the nation that they consider home and maintain or increase the improvements of health access and equitable care that have been documented since the initiation of this program.



¹Department of Homeland Security, “DACA Statistics, FY2016 Q3,” Department of Homeland Security. June 20, 2016.

²Center for American Progress, “New DACA Survey 2017,” Survey results, August 2017.

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⁴Pérez, E., “Explicit Evidence on the Import of Implicit Attitudes: The IAT and Immigration Policy Judgments,” *Political Behavior* (2010), 32:517-545

⁵Torres, J., Deardorff, J., & et. al., “Worry About Deportation and Cardiovascular Disease Risk Factors Among Adult Women: The Center for the Health Assessment of Mothers and Children of Salinas Study,” *Society of Behavioral Medicine* (2018) 52:186-193

⁶Hainmueller, J., Lawrence, D., Marten, L., & et. al., “Protecting Unauthorized Immigrant Mothers Improves their Children’s Mental Health,” *Science Journal*, 357 (6355), (2017):1041-1044.

⁷Ostrov, B. & Gorman A., “Move to End DACA Leaves Some Young Immigrants Fearing for Their Health,” *Kaiser Health News*, September 6, 2017.

⁸Venkataramani, A.; Tsai, A., “Dreams Deferred – The Public Health Consequences of Rescinding DACA,” *The New England Journal of Medicine*, (2017): online.

⁹Capps, R., Bachmeier, J., Fix, M., & Van Hook, J., “A Demographic, Socioeconomic, and Health Coverage Profile of Unauthorized Immigrants in the United States,” *Migration Policy Institute* (5), May 2013.

¹⁰Wallace, S., Torres, J., Sadegh-Nobari, T., Pourat, N., & Brown, E., “Undocumented Immigrants and Health Care Reform,” *UCLA Center for Health Policy Research*, August 31, 2012.

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¹²Japsen, B., “How Trump’s Move to End DACA May Worsen the Doctor Shortage,” *Forbes*, September 5, 2017.

¹³“Five Things You Should Know About DACA,” *Here to Stay*, August 28, 2017.

¹⁴Tillis, T. & Lankford, J., “The SUCCEED Act Two Pager,” *U.S. Senate*, 2017.