



## Healthy Teen Network

# POSITION STATEMENT ON SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR IMMIGRANT YOUTH

*Adopted by the Healthy Teen Network Board of Directors on September 21, 2017*



### Position

Healthy Teen Network believes that immigrant youth (people aged 24 and younger without U.S. citizenship or lawful permanent resident status) deserve comprehensive sexuality education and optimal sexual and reproductive health (SRH) services in order to achieve whole health. Sexual and reproductive health services should be designed and delivered with consideration for immigrant youth.

Healthy Teen Network supports policies that permit immigrant youth access to comprehensive health services (which includes comprehensive sexuality education and optimal SRH services), including permitting them or their family members to purchase health insurance using their own funds.

Unaccompanied immigrant youth (youth attempting to make or making residence in the U.S. without authorization and independent of a parent or legal guardian) should be provided, without charge, comprehensive health services.

Healthy Teen Network opposes discrimination in health care on the basis of a person's immigration status or primary language.

Healthy Teen Network recognizes the central role that parents play in securing and arranging health services of their children, especially children below the age of legal majority. Therefore, we oppose removal from the U.S. people residing in the U.S. without authorization and who are parents of children who are citizens or lawful permanent residents.

## Issue

Immigrants, including immigrant youth, face steep challenges when trying to access health services. Undocumented immigrants in particular, access medical services at a lower rate than citizens and documented immigrants<sup>1</sup>. This is greatly due to lack of health insurance. They are excluded from public health insurance programs including Medicaid, Children's Health Insurance Program, and the Affordable Care Act health insurance exchanges.<sup>2,3</sup> Although some states may extend certain Medicaid benefits to unauthorized immigrants under certain circumstances, their participation in this and other federal programs was greatly restricted following the 1996 welfare reform.<sup>4, 5, 6</sup> Instead, they rely heavily on safety net health providers and bear responsibility for paying costs of care on their own, or the provider absorbs the costs of the uncompensated care.<sup>7</sup>

Having health insurance is a key determinant in immigrants' access to health services, and in particular, utilization of preventive services<sup>8,9, 10</sup> including sexual and reproductive health services. Access to and utilization of health care services by immigrants increases with years of residency. As immigrants,

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<sup>1</sup> Wagner, T. H., & Guendelman, S. (2000). Healthcare utilization among Hispanics: findings from the 1994 Minority Health Survey. *Am J Manag Care*, 6(3), 355-364.

<sup>2</sup> Coverage for lawfully present immigrants. Healthcare.gov, Retrieved from: <https://www.healthcare.gov/immigrants/lawfully-present-immigrants/>.

<sup>3</sup> Okie, S. (2007). Immigrants and health care—at the intersection of two broken systems. *New England Journal of Medicine*, 357(6), 525-529.

<sup>4</sup> Berk, M. L., Schur, C. L., Chavez, L. R., & Frankel, M. (2000). Health care use among undocumented Latino immigrants. *Health Affairs*, 19(4), 51-64.

<sup>5</sup> Okie, S. (2007). Immigrants and health care—at the intersection of two broken systems. *New England Journal of Medicine*, 357(6), 525-529.

<sup>6</sup> 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.

<sup>7</sup> American College of Physicians. (2011) "National Immigration Policy and Access to Health Care: Policy Paper. Retrieved from: [https://www.acponline.org/acp\\_policy/policies/natl\\_immigration\\_policy\\_access\\_healthcare\\_2011.pdf](https://www.acponline.org/acp_policy/policies/natl_immigration_policy_access_healthcare_2011.pdf), Retrieved on: May 12, 201.

<sup>8</sup> Nandi, A., Galea, S., Lopez, G., Nandi, V., Strongarone, S., & Ompad, D. C. (2008). Access to and use of health services among undocumented Mexican immigrants in a US urban area. *American Journal of Public Health*, 98(11), 2011-2020. **AND** Wagner, T. H., & Guendelman, S. (2000). Healthcare utilization among Hispanics: findings from the 1994 Minority Health Survey. *Am J Manag Care*, 6(3), 355-364.

<sup>9</sup> Hubbell, F. A., Waitzkin, H., Mishra, S. I., Dombrink, J., & Chavez, L. R. (1991). Access to medical care for documented and undocumented Latinos in a southern California county. *Western Journal of Medicine*, 154(4), 414.

<sup>10</sup> Derose, K. P., Escarce, J. J., & Lurie, N. (2007). Immigrants and health care: sources of vulnerability. *Health affairs*, 26(5), 1258-1268.

especially women, get settled in the United States, gain fluency in English, and earn higher formal income, they are more likely to have health insurance and use health care services.<sup>11</sup>

Citizenship status of both parents and children positively influences their access to health services. Research shows that noncitizens are less likely than citizens to use health care services including hospitalizations.<sup>12</sup> In fact, noncitizen children have lower rates of health care utilization than citizen children from noncitizen parents.<sup>13</sup> Having a noncitizen parent also decreases the probability of their US born children to access health care including having a usual source of care, having dental care, and accessing mental health services.<sup>14</sup>

Even among insured immigrants, insured noncitizens access health services less than their insured citizen peers.<sup>15</sup>

The third critical factor that determines prompt access of immigrant youth to medical care is fear stemming from the lack of authorization status. Research shows that a significant proportion of immigrants are afraid of approaching medical services if they are undocumented<sup>16</sup>. Fearful immigrants are more likely to report inability to secure medical and dental care, obtain prescription drugs, get eyeglasses,<sup>17</sup> and have a regular health care provider<sup>18</sup>. Another study found that fearful immigrants were less likely to participate in tuberculosis screening programs even if they had been potentially exposed to the infection<sup>19</sup>. Young immigrants without documentation are particularly vulnerable to discrimination. Research shows that youth avoid mainstream health care relying instead on family support and health information they often find online<sup>20</sup>. They feel strong mistrust of the medical system due to fears of deportation. This prevents them from obtaining primary and dental care, and seeking attention for serious medical concerns<sup>21</sup>. Moreover, their limited contact with health care providers due to lack of insurance, also prevents them from developing trusting relationships with providers.

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<sup>11</sup> Nandi, A., Galea, S., Lopez, G., Nandi, V., Strongarone, S., & Ompad, D. C. (2008). Access to and use of health services among undocumented Mexican immigrants in a US urban area. *American Journal of Public Health, 98*(11), 2011-2020.

<sup>12</sup> Ku, L., & Matani, S. (2001). Left out: immigrants' access to health care and insurance. *Health Affairs, 20*(1), 247-256.

<sup>13</sup> Ku, L., & Matani, S. (2001). Left out: immigrants' access to health care and insurance. *Health Affairs, 20*(1), 247-256.

<sup>14</sup> Huang, Z. J., Yu, S. M., & Ledsky, R. (2006). Health status and health service access and use among children in US immigrant families. *American Journal of Public Health, 96*(4), 634-640.

<sup>15</sup> Ku, L., & Matani, S. (2001). Left out: immigrants' access to health care and insurance. *Health Affairs, 20*(1), 247-256.

<sup>16</sup> Derose, K. P., Escarce, J. J., & Lurie, N. (2007). Immigrants and health care: sources of vulnerability. *Health affairs, 26*(5), 1258-1268.

<sup>17</sup> Berk, M. L., & Schur, C. L. (2001). The effect of fear on access to care among undocumented Latino immigrants. *Journal of immigrant health, 3*(3), 151-156.

<sup>18</sup> Nandi, A., Galea, S., Lopez, G., Nandi, V., Strongarone, S., & Ompad, D. C. (2008). Access to and use of health services among undocumented Mexican immigrants in a US urban area. *American Journal of Public Health, 98*(11), 2011-2020.

<sup>19</sup> Asch, S., Leake, B., & Gelberg, L. (1994). Does fear of immigration authorities deter tuberculosis patients from seeking care?. *Western Journal of Medicine, 161*(4), 373.

<sup>20</sup> Raymond-Flesch, M., Siemons, R., Pourat, N., Jacobs, K., & Brindis, C. D. (2014). There is no help out there and if there is, it's really hard to find": A qualitative study of the health concerns and health care access of Latino "DREAMers. *Journal of Adolescent Health, 55*(3), 323-328.

<sup>21</sup> Berk, M. L., & Schur, C. L. (2001). The effect of fear on access to care among undocumented Latino immigrants. *Journal of immigrant health, 3*(3), 151-156.

## Supporting Information

In 2014, there were 11.1 million people residing in the United States without authorization, according to the Pew Research Center.<sup>22</sup> Roughly, 10 percent are under 18 years of age, 73 percent are aged 18 through 44 years, and five percent are above age 55<sup>23</sup>.

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<sup>22</sup> Krogstad, Jens Manuel; Passel, Jeffrey S.; and Cohn, D’Vera. (April 27, 2017). “5 Facts about illegal immigration In the U.S.” Pew Research Center: Fact Tank. Retrieved from: <http://www.pewresearch.org/fact-tank/2017/04/27/5-facts-about-illegal-immigration-in-the-u-s/>.

<sup>23</sup> Hofer, M., Rytina, N. F., & Baker, B. (2012). *Estimates of the unauthorized immigrant population residing in the United States: January 2011*. Washington, DC: Department of Homeland Security, Office of Immigration Statistics.