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## POLICIES OF EXCLUSION: IMPLICATIONS FOR THE HEALTH OF IMMIGRANTS AND THEIR CHILDREN

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### Abstract

Immigrants to the U.S. face the challenge of adapting to life in a new country with a different culture, norms, and social institutions. These social institutions include an array of federal, state, and municipal laws and administrative practices that can either facilitate or hinder immigrant integration. Guided by a structural framework for understanding social determinants of health, this review examines the literature on immigration-related policies that influence the health of immigrants. We begin with an overview of the pathways through which policies can influence health. We then discuss empirical research strategies for identifying the effects of policies on health. Next, we review evidence from federal welfare and health reforms, local immigration enforcement activities, and state and local immigrant integration policies. Our conclusion highlights the gaps in existing research and the steps that can be taken to better promote the health of immigrants and, consequently, their economic and social integration.

### Keywords

immigration enforcement; anti-immigrant; health; undocumented/unauthorized; Hispanic/Latino; structural determinants

## INTRODUCTION

Between 1990 and 2015, the number of immigrants to the United States rose from 19.8 to 43.2 million (70). Comprising 13.5% of the U.S. population in 2016, these immigrants move to the U.S. from Latin America or the Caribbean (51%), Asia (31%), Africa (5%), Europe (11%), and other world regions (2%) (76). They include voluntary migrants seeking to reunify with their families and improve their economic circumstances. They also include involuntary migrants or refugees fleeing persecution, violence, and war in their home countries.

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Upon their arrival in the U.S., immigrants face the difficult challenge of adapting to life in a new country with a different culture, social norms, and social institutions. These social institutions include an array of federal, state, and municipal laws and administrative practices (i.e. policies) that can either facilitate or hinder the adaptation of immigrants to the U.S. (21, 81). Guided by a structural framework for understanding social determinants of health (30, 139), this review examines the burgeoning literature on the policies that influence the health of immigrants to the U.S. We begin with an overview of the pathways through which policies can influence health. We then discuss empirical research strategies for identifying the effects of policies on health. Next, we review evidence from four veins of research on the effects of: (a) welfare and health reform, (b) immigration enforcement activities and raids, (c) state and local immigrant policies, and (d) immigration policies conferring or denying legal-residency status to immigrant populations residing in the U.S. We conclude with a discussion of the gaps in research and the steps that can be taken to better promote the health of immigrants and, consequently, their economic and social integration into the U.S.

## PATHWAYS OF INFLUENCE

Though the U.S. has no formal immigrant integration policies, a patchwork of federal, state, and municipal laws and administrative practices affect immigrants' access to education, employment, and health and human services (21, 80). With nearly one-quarter of children in the U.S. living with at least one immigrant parent, this patchwork not only affects the health and well-being of adult immigrants but also an estimated 15.8 million U.S.-born children of immigrants (77). Many of these children live in what are known as mixed-status families containing both U.S. citizens or lawfully-present immigrants and undocumented/ unauthorized immigrants (28).

Immigrant integration policies influence health outcomes for immigrants and their children both directly and indirectly (92, 100). Policies directly influencing the health of immigrants include those that explicitly enhance or curtail access to public and private health insurance and the provision of health care services through Federally-Qualified Community Health Centers (FQHCs) or local Departments of Public Health. Policies indirectly influencing the health of immigrants include a broader assortment of social policies that influence the availability of socio-economic resources essential to the production of health (e.g., educational attainment, employment, income, housing, and food). Policies (e.g., English-only laws) can also indirectly influence the health of immigrants and their children by influencing (or reflecting) how they are perceived by others and their own perceptions of belonging in a community (56, 138, 139).

Some of these policies are inclusive and potentially protective. They aim to blur the boundaries between foreign-born and U.S.-born Americans, recognizing foreign-born residents of the U.S. as "Americans in waiting" with the potential to become productive and loyal U.S. citizens (3, 80). Some of these policies are exclusionary and restrictive. They aim to brighten boundaries between foreign-born and U.S.-born Americans, curtailing their access to public services, education, and employment (3, 21). These policies of exclusion can legitimate discrimination, institutionalize racism, and foster fear and mistrust.

Attention to the effects of broader social policies on the health of immigrants largely began with the onset of welfare reform in 1996. The Personal Responsibility and Work Reconciliation Act of 1996 (PRWORA) created two categories of immigrants – qualified and non-qualified – and limited access to federally-funded health insurance, food assistance, and cash assistance depending on immigrants' qualified status, year of arrival to the U.S. (before/after August 22, 1996), and years of legal permanent residency in the U.S. (5 years or less vs. over 5 years) (39). Qualified immigrants include legal permanent residents (LPRs), refugees and asylees, and certain other categories of immigrants qualified for public assistance on humanitarian grounds. Non-qualified immigrants include undocumented/unauthorized immigrants, persons with Temporary Protected Status (TPS), and other lawfully-present immigrants such as those with temporary student and work visas (39). PRWORA and related legislation also made it harder for low-income, lawfully-present immigrants to qualify for all federally-funded public assistance benefits by deeming their sponsors' income as their own income until they naturalize or complete forty quarters of qualifying employment (49). States, however, had the flexibility to restore select benefits by taking up optional federal coverage for some immigrant populations and providing state-funded substitutes (19, 39).

When Congress enacted the Affordable Care Act (ACA) in 2010, these dimensions of eligibility for access to federally-funded health insurance were maintained but they were not applied to subsidized or unsubsidized insurance purchased through the Health Insurance Marketplace (66). All lawfully-present noncitizens (including those with TPS, student, or temporary work visas) are eligible to purchase health insurance through the Marketplace regardless of their years of residency in the U.S. However, undocumented/unauthorized immigrant adults and children are prohibited from purchasing insurance through the Marketplace.

During the 2000s, attention to the effects of immigrant integration policies on health shifted to include the effects of local immigrant enforcement efforts and workplace raids (26, 29, 32). Adopted in 1996, Section 287g of the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) granted state and local law enforcement jurisdictions the option to participate in enforcing federal immigration laws. Yet law enforcement jurisdictions did not begin to participate in immigration enforcement until 2002–03. Participation grew slowly, but by 2009 76 state and local jurisdictions (covering at least one-fifth of all U.S. counties) had 287g agreements with Immigration and Customs Enforcement (ICE) (140). The launch of the Secure Communities (SComm) program in 2008 further amplified the role of law enforcement in immigration enforcement by requiring that local police match fingerprints of all arrested individuals with an ICE database to screen for immigration violations. The increase in local immigration enforcement throughout the 2000s has been accompanied by an increase in the detainment and deportation of immigrants and increased attention to their effects on both the health of detainees and deportees as well as the health of family members left behind (29).

At the same time, state and local governments began to adopt both restrictive and inclusive immigrant integration policies. While states and local governments cannot regulate who can reside within their boundaries, they can enact laws or resolutions and administrative

regulations designed to affect access to state or local education, employment, health, and human services. Notable examples of such legislation include California's Proposition 187 passed in 1994 and Arizona's SB 1070 passed in 2010 (115, 119, 144). Though full implementation of these two particular laws was ultimately blocked by the U.S. Supreme Court, other state-level laws have been implemented. Between 2007 and 2017, states enacted approximately 200–500 immigration-related laws/resolutions each year (84, 85). The most well-studied of these laws include laws allowing or explicitly denying undocumented/unauthorized immigrant students access to in-state residency tuition (IRT) benefits for post-secondary education in community colleges and public universities, laws allowing or denying access to state IDs and driver's licenses, and E-verify laws requiring employers to verify the work authorization of new hires. The adoption of more restrictive state immigrant policies has been associated with anti-immigrant anxieties that reflect both economic insecurity and growing proportions of immigrants who are racialized (i.e. perceived as nonwhite) in a state (55, 146). Thus, any associations between these policies and immigrant health may reflect not only their associations with reductions in socio-economic resources but also their associations with anti-immigrant sentiment and hostility.

Finally, during 1990 to 2007, the number of undocumented/unauthorized immigrants increased from 3.5 to 12 million before stabilizing at 11 million for the past 10 years (94). As a result, research throughout this period has attempted to understand the health consequences of immigration laws conferring or denying legal residency to immigrant populations residing in the U.S. This research encompasses studies on differences in the health of immigrants by their immigration status (e.g., U.S.-born citizen, naturalized citizens, lawfully-present noncitizen, or undocumented/unauthorized immigrant) and the health of U.S. citizen children by their parents' immigration status. It also includes recent research on the health of immigrants with more liminal legal residency such as those who received Deferred Action for Childhood Arrival (DACA) or migrated to the U.S. as unaccompanied child migrants (UCM) seeking political asylum (13, 75).

## IDENTIFICATION AND MEASUREMENT STRATEGIES

In studying the consequences of immigrant integration policies, researchers have taken two complementary approaches. The first approach has focused on understanding the effects of these policies on immigrants through state and local case studies utilizing qualitative interviews and/or focus groups with immigrants and their families as well as service providers in community-based organizations (CBOs) and public agencies (e.g., 34, 46, 47, 98). These in-depth qualitative approaches allow researchers to understand how policies and practices shape the daily-life experience of immigrants, their families, and those who provide services to them.

The second approach utilizes quantitative data to identify statistical associations between policies, immigration or citizenship status, and outcomes. One set of quantitative studies attempts to identify the causal effects of policies. These studies often utilize variation in the timing and implementation of policies across states/counties together with variation in the populations affected by policy changes within states/counties (e.g., 63, 86, 102, 140, 146). Essentially, the difference in the effects of policies before and after implementation are

compared for the populations affected by the policy change (e.g., noncitizens) versus those not affected (or less affected) by the policy change (e.g., U.S. citizens). These difference-in-difference methods help to ensure that the effects identified are attributable to the policy change and not other changes (e.g., a recession or economic boom) that occurred contemporaneously.

Within these studies, the implementation of policies has been measured in several unique ways. For example, Kaushal and Kaestner used variation in welfare caseloads over time and across states to identify the effects of welfare reform on health insurance, healthcare utilization, and health among low-income immigrant women and their children (64). Watson and others used deportation data from the U.S. Department of Homeland Security (DHS) over time and by U.S. regions to identify the effects of immigration enforcement efforts on the Medicaid and WIC participation of children of noncitizens (132, 141). Potochnick et al. and others utilized data on whether individuals live in an area with a 287g agreement to identify the effects of these agreements on food insecurity and health (102, 140). Additionally, researchers have created scales based on the frequency and/or severity of state-level, inclusive or restrictive immigrant policies to identify the effects of these policies on economic and health outcomes among immigrants (54, 148). Because states may administer a mixture of policies which are both inclusive and restrictive, it is essential that these coding schemes allow for the full range of policies.

A second set of quantitative studies focuses on identifying immigration status and evaluating differences in outcomes by adults' and children's immigration status or the status of their parents. The methodological challenge for these studies is the identification of undocumented/unauthorized immigration status (15, 27, 88, 123, 126). Given legitimate concerns about the disclosure of undocumented/unauthorized immigration status, few state or national surveys directly ask about U.S. immigration status. In those surveys that do (e.g., the Survey of Income and Program Participation or the California Health Interview Survey), the typical approach is to ask about some combination of place of birth, U.S. citizenship, legal permanent residency (LPR or "green card") status, and other visa status (e.g. refugee/asylees, TPS, student visa). Those who report that they are foreign-born noncitizens with no green card or visa are assumed to be undocumented/unauthorized immigrants or imputed to be undocumented/unauthorized immigrants (104). Among the foreign-born, rates of missing responses on these series of questions are surprisingly low – 2% to 5% (15). In surveys lacking data on immigration status (e.g., the Current Population Survey), researchers have developed imputation strategies which involve assigning undocumented/unauthorized status based on probabilities estimated from information on country of origin, years in the U.S., state of residence, occupation, educational attainment, age, and sex (93, 126). The most highly-regarded of these methods utilizes multiple imputation to adjust for uncertainty in the measurement of undocumented/unauthorized status (126). However, even when these studies convincingly assign undocumented/unauthorized immigration status to survey participants, they still must contend with the reality that undocumented/unauthorized immigration status is not assigned randomly to individuals. Thus, without the use of more sophisticated analytical methods (e.g., propensity score matching), it is difficult to say with certainty that differences in an outcome by undocumented/unauthorized immigration status result from their status (per se) rather than differences in both observable and unobservable

characteristics of those who are undocumented/unauthorized immigrants and those who are not.

A third set of quantitative studies focuses on the degree of worry, stress, or fear associated with local immigration enforcement efforts, state-level restrictive immigrant policies, undocumented/unauthorized status, and sentiments towards immigrants (14, 79, 133). For example, the annual Pew National Survey of Latinos asks, “Regardless of your own immigration or citizenship status, how much, if at all, do you worry that you, a family member, or a close friend could be deported?” (109). Arbona et al. developed a 7-item scale to assess whether individuals avoided or did not engage with common activities (e.g., applying for a driver’s license, seeking help from public agencies, and reporting crime to the police) because of “fear or concerns of being deported “ (11). To measure state-level public sentiments about immigrants, Morey et al. and Van Hook et al. utilized 5 items from the General Social Survey (GSS) regarding attitudes towards increasing immigration, attitudes towards undocumented/unauthorized immigration, and beliefs about immigrants’ effects on job opportunities, crime, and the economy (79, 127). The stress and fear associated with undocumented/unauthorized status and the risk of deportation is not only prevalent among those without legal-residency status but also among their friends and family who experience what has been termed “vicarious illegality” and among all persons whose legal presence in the U.S. is questioned because of their race/ethnicity (12, 43, 134). Thus, studies utilizing these methods help to identify the broader, spillover effects of restrictive policies and anti-immigrant sentiments on groups and individuals not specifically targeted by such policies.

## WELFARE REFORM AND HEALTH REFORM

Historically, immigrants have participated in public assistance programs at lower rates than U.S.-born natives (16, 19). These public assistance or safety-net programs include cash assistance (i.e. Temporary Assistance for Needy Families, TANF, and Supplemental Security Income, SSI), food assistance (i.e. the Supplemental Nutritional Assistance Program, SNAP), and medical assistance (i.e. Medicaid and the Children’s Health Insurance Program, CHIP).

As intended by Congress, both immigrants’ and U.S.-born natives’ use of most public assistance benefits – TANF, SSI, SNAP, and Medicaid/CHIP – declined after welfare reform (19, 38, 51). However, in the first 2–4 years after welfare reform, public assistance participation rates declined relatively more for immigrants than for U.S.-born natives (23, 24, 63, 69, 125). Some of these declines were explained by improvements in the economy that helped to reduce the need for public assistance benefits (20, 51, 69). However, other declines were attributable to “chilling effects” – immigrants who were eligible for public assistance benefits failed to take up benefits for themselves or their children because they were either confused about their eligibility, intimidated by the application process, or feared being labeled a public charge (i.e. an individual who is likely to become reliant on public assistance and deemed ineligible to become a LPR or citizen of the U.S.) (38, 98). The evidence is mixed, suggesting few chilling effects for immigrants participating in TANF or SSI, with stronger chilling effects for immigrants participating in SNAP and Medicaid/CHIP (49, 51, 63, 65, 125).

Responses of immigrants and states weakened the effects of welfare reform on immigrants' public assistance participation rates. Immigrants responded to welfare reform by naturalizing at significantly higher rates after reform (23, 125, 128). States responded with extensive outreach efforts to encourage and facilitate the enrollment of eligible immigrants into programs, especially Medicaid/CHIP and SNAP, after the initial declines in their enrollment became apparent (1, 2, 49, 65). Additionally, some states responded to welfare reform by opting to continue coverage of qualified immigrants and even expanding coverage to some non-qualified immigrants using state-only funds (39).

Nevertheless, research evidence indicates that these declines in public assistance coverage had negative consequences for poverty and food security in households headed by immigrants. Though immigrants' employment rates increased, they tended to find employment in low-wage jobs without health insurance (59, 63). After welfare reform, increases in unemployment during the 2008–09 Great Recession led to greater increases in poverty among children in immigrant-headed households than children in households headed by U.S.-born natives (19). Declines in SNAP receipt and benefit allotments made to children of noncitizens resulted in higher levels of food insecurity among these children (127).

Moreover, declines in public assistance coverage led to reductions in health insurance coverage and health utilization among the most vulnerable populations of immigrants – women and children. The proportion of uninsured among low-educated, foreign-born unmarried women increased, resulting in delays in obtaining medical care and declines in annual physicians' visits for this population (63, 64). Most research (see Joyce et al. (57, 73) and Loue et al. (72) for exceptions) suggests that the health consequences of welfare reform were particularly severe for pregnant Hispanic/Latina women living in states that fully implemented immigrant eligibility restrictions in their Medicaid/CHIP programs rather than preserving or expanding Medicaid/CHIP coverage. In these states, noncitizen Hispanic/Latina women had significantly lower prenatal and perinatal health care use (36, 41). Some evidence also suggests that reforms reduced health insurance coverage among children of immigrants and led to poorer health among those who lost TANF and Medicaid/CHIP coverage (61, 63).

The 2010 Affordable Care Act had the potential to restore and improve coverage for many lawfully-present immigrants (66). All U.S. residents (including immigrants) benefited from provisions in the ACA to (a) expand dependent coverage up to age 26, (b) eliminate pre-existing condition clauses from private coverage, (c) provide states with the option (and enhanced federal funding) to expand Medicaid eligibility, (d) provide premium and cost-sharing subsidies to lower-income populations, (e) expand funding for community health centers, and (f) require the provision of culturally/linguistically appropriate materials by insurers and increase funding for translation services for Medicaid/CHIP. However, despite these reforms, health insurance coverage for undocumented/unauthorized immigrants was still limited to Emergency Medicaid; they were ineligible for the Medicaid expansion and prohibited from buying coverage through the ACA's insurance Marketplaces even if they used their own funds.

Because most of the ACA's coverage provisions were not implemented until 2014, little data on the ACA's effects on immigrants' insurance status and health are currently available. For many U.S. residents, preliminary evidence shows higher health insurance rates, especially among states adopting the Medicaid expansion option; increases in outpatient utilization and preventive care; reductions in emergency department use; and improved self-reported health after the ACA's implementation (40, 58, 114). As of 2016, undocumented/unauthorized immigrants left out of health reform and lawfully-present immigrants had the highest uninsured rates among the nonelderly (39% and 17% respectively) compared to 9% of U.S. citizens (60).

## IMMIGRATION ENFORCEMENT: WORKPLACE RAIDS AND DEPORTATIONS

After the passage of IIRIRA in 1996, formal deportations (i.e. compulsory removals) of immigrants steadily increased from 114,432 per year in 1997 to a peak of 433,034 per year in 2013 (122). Although there have been modest declines since 2013, deportations have remained high with 340,056 reported in 2016 (122). Many more immigrants (352,882 in 2016) are detained in prison-like facilities while awaiting a review of their deportation cases (124, 137). While the majority of these detentions and deportations occur at the border, an increasing percentage involve Immigration and Customs Enforcement (ICE) activities within the interior of the U.S. (111, 124). During the early 2000s, these interior enforcement (IE) activities often involved highly visible raids (26, 32). As 287g and SComm programs were implemented, these IE activities became embedded in local law enforcement efforts (29). As a result, arrests for traffic violations such as driving without a license or driving under the influence (DUI) could lead to detainment and subsequent deportations (29, 111). In contrast to popular beliefs, detentions and deportations of immigrants are also not limited to undocumented/unauthorized immigrants. They include detentions and deportations of lawfully present immigrants with legal permanent residency.

These local IE activities have had well-documented effects on health care access, health and their determinants (i.e. income, employment, and education). First, IE activities have had broad community effects. They have been associated with a heightened sense of fear in immigrant communities, leading individuals to avoid common activities that involve interactions with public officials (11, 48, 72, 96, 109). Consequently, increasing deportation rates have been associated with reductions in enrollment in both the Medicaid and the Women, Infant, and Children (WIC) program among noncitizens (130, 132, 141). Reflecting the negative health consequences of increased psychosocial stress, workplace raids, increasing deportation rates, and the fear of deportation have also been significantly associated with: (1) increased poor general health, (2) poor cardiovascular health, (3) self-reported mental health problems, (4) food insecurity, (5) delays in receiving prenatal care, and (6) increases in low birthweight babies among Hispanics/Latinos, especially among those who are foreign-born Hispanic/Latino noncitizens (31, 34, 72, 86, 102, 106, 120, 133, 140). Finally, IE activities have also been associated with reduced K-12 school completion, reduced employment, increased childhood poverty, and an increased reticence to trust the judicial system and report crimes (7, 8, 67, 90).



Second, IE activities have had effects on the many U.S. citizen spouses/partners, children, and extended family of detainees and deportees. Some estimates suggest that at least one-fifth of deportations involve a parent with an average of two U.S.-born children (29). In large part through qualitative and mixed-methods studies, researchers showed that family (mostly mothers and children) left behind after parental detainments and deportations experience increased economic hardship, psychological distress, externalizing behavioral problems such as aggression, internalizing behavioral problems such as anxiety and depression, and loss of educational aspirations (35, 42, 45, 50, 74). Moreover, the forced family separation initiated by detainments and deportations leads to changes in family dynamics and family functioning that has detrimental consequences for child development (18, 25). Studies evaluating statistical differences between individuals/families with and without a deported friend/parent find unequivocal results – deportations harm the socio-emotional well-being of the friends, parents, and children left behind (4, 25, 34, 110, 131, 150).

Third, IE activities have had their most direct effects on the health and well-being of detainees and deportees themselves and the children who leave the U.S. to live with deported parents in a foreign country. Few systematic studies of adults and children held in detention are available. However, case studies and reports from multiple government agencies have identified high rates of suicidality and depression and documented serious deficiencies in medical evaluation and treatment within detention centers (82, 137). After deportation, both qualitative interview and survey data show that adult deportees and the U.S.-born children who sometimes leave the U.S. to join their deported parents experience significant symptoms of psychological distress and material deprivation, feel socially isolated, and have difficulties integrating into schools or workplaces (10, 22, 97, 143). Ten to twenty percent have experienced sustained physical or verbal abuse during the deportation process (9).

## STATE AND LOCAL IMMIGRANT POLICIES

In addition to local immigration enforcement efforts, state and local immigrant policies shape immigrant families' health as well as the health of U.S.-born citizens perceived to be immigrants (100, 118). State-level studies in Alabama, Arizona, and California have found that state laws restricting immigrants' rights and stigmatizing undocumented/unauthorized immigrants had chilling effects on utilization of preventive health care services among immigrants, especially Hispanic/Latino immigrants (115, 119, 144). National studies also show that perceptions of restrictive immigrant policies and anti-immigrant sentiments in a state are associated with higher mortality, poorer self-reported health, and poorer mental health among Hispanic/Latino adults and children, especially those in mixed-status families (54, 79, 133, 135). These changes in utilization and health occurred despite limited and inconclusive evidence from national studies that restrictive state immigrant policies reduce health insurance coverage or that inclusive state immigrant policies improve health insurance coverage (5, 147).

These effects on health and utilization potentially stem from the effects of state-level restrictive policies and anti-immigrant sentiments on perceived discrimination and stress as well as other social determinants of health such as poverty, income, and education (78, 100). Multiple studies show that Asian and Hispanic/Latino communities feel threatened by anti-

immigrant sentiment in the states in which they reside and experience lower quality of life as well as high rates of discrimination, acculturative stress, and psychological distress regardless of their legal-residency status (6, 11, 17, 71, 107, 113, 118). Moreover, state-level restrictive policies (e.g., E-verify) have been associated with greater unemployment among Mexican noncitizen men and higher poverty rates, whereas more inclusive policies (e.g., IRT benefits) have been associated with increased high school graduation rates and college enrollment (62, 91, 101, 148).

## LEGAL RESIDENCY AND DACA STATUS

Even in the absence of workplace raids, deportations, and restrictive state/local immigrant integration policies, the persistent vulnerability of undocumented/unauthorized status has been linked to low health care utilization and poor health (44, 46). Legal residency status stratifies immigrant populations in the U.S. by creating a permanent class of U.S. residents with reduced access to the institutional resources that promote health and with greater exposure to acute and chronic stressors that can undermine health for themselves and their children across the life course (121).

Ineligible for public health insurance benefits and excluded from purchasing health insurance in the Marketplaces, undocumented/unauthorized immigrants have the lowest rates of health insurance coverage in the U.S. (60). Compared to those with legal-residency status, undocumented/unauthorized Hispanic/Latino immigrant adults also are less likely to have a usual source of care, annual doctor visits, and preventive health screenings (33, 104, 108, 129). These differences in utilization by legal-residency status can mostly be explained by differences in health insurance coverage and other observable characteristics (104, 129). Though there are no difference in emergency department use by immigration status (129), the lack of insurance coverage for undocumented/unauthorized immigrants does leave many dependent on Emergency Medicaid for childbirth and life-sustaining medical care such as dialysis. In at least one state, North Carolina, the lack of health insurance coverage was associated with an increase in Emergency Medicaid expenditures from 2001–2004 (37).

Nationally, undocumented/unauthorized immigrant children also have the lowest rates of health insurance coverage in the U.S. (60). Additionally, state-level data from California suggest U.S.-born children of undocumented/unauthorized parents are less likely to be insured than U.S.-born children with U.S.-born parents (89, 116, 145). California is also the only state to have sufficient data to evaluate differences in health care utilization by children's or parental legal-residency status. Results are equivocal. One study suggests no significant difference in annual physician visits by either children's or parents' legal-residency status and two studies suggest that children who are undocumented/unauthorized immigrants and/or have a parent who is undocumented/unauthorized have fewer annual physician visits than U.S.-born children with a U.S.-born parent (89, 116, 145).

Nevertheless, these differences in health insurance coverage and access to care are not uniformly associated with poor health. Although subject to substantial criticism, research on the immigrant paradox has typically found that immigrants have better health status than U.S.-born natives (30). Reduced access to insurance coverage and health care among

undocumented/unauthorized immigrants may diminish the foreign-born advantage but may not entirely erode it. Moreover, as discussed above, restrictive policies and anti-immigrant biases can affect the well-being of all foreign-born persons regardless of their legal residency as well as the well-being of their U.S.-born family members.

Focusing on pregnant women, one set of studies finds that, compared to all other women, undocumented/unauthorized pregnant women are less likely to have adequate prenatal care visits and more likely to experience complications during delivery, to have preterm births, and to have low-birthweight babies (83, 105). When Medicaid coverage is expanded to include undocumented/unauthorized pregnant women, prenatal care visits increase, rates of extremely low birthweight decline, and infant mortality declines (117). By the same token, when Medicaid coverage is rescinded, adverse birth outcomes and their associated costs rise (83).

In research devoted to mental health, another set of studies finds that undocumented/unauthorized Hispanic/Latino immigrant adults (compared to legally-residing immigrants) experience greater acculturative stress, traumatic events, and depressive symptoms (11, 44, 87, 99). However, at least one study finds no difference in mental health by legal residency status (149). Regarding the mental health of Hispanic/Latino immigrants' children, studies also find that undocumented/unauthorized immigrant children and U.S.-born children with undocumented/unauthorized parents are more likely to experience both internalizing (e.g., depression and anxiety) and externalizing (e.g., aggression) behavioral problems (68, 103). Moreover, studies find that the receipt of DACA can lower an undocumented/unauthorized immigrants' risk of mental health problems and also promote the psychological well-being of their children (52, 95, 136).

Only two studies compare the physical health of undocumented/unauthorized immigrants with the physical health of legally-residing immigrants. They find no differences in self-reported health or blood pressure by legal residency until after stratifying by gender or years in the U.S. (142, 149). As compared to legally-residing immigrants, these results suggest that among Hispanics/Latinos more recent undocumented/unauthorized immigrants and those who are female may have poorer health as measured by self-reported health, high blood pressure, and Body Mass Index (BMI).

## **NEXT STEPS: IMPROVING THE HEALTH OF IMMIGRANTS**

Immigrants can be viewed as “Americans in waiting” who have the potential to become productive and loyal U.S. citizens (80). From this perspective, immigration is a transition and the U.S. should structure federal, state, and local policies to facilitate this transition. Policies of inclusion welcome immigrants with community-based resource centers and individuals to help them navigate their new environments. Policies of inclusion provide resources to assist immigrants with learning English while maintaining proficiency in other languages. Policies of inclusion provide immigrants with the same access to health and human services provided to U.S. citizens. Ultimately, policies of inclusion establish a foundation for mutual understanding, learning, and trust.

Yet over the past two decades, the U.S. federal government and many state governments have increasingly adopted policies of exclusion. These policies have restricted access to public assistance benefits, post-secondary public education, and employment opportunities. They have increased detentions and deportations of both lawfully present and undocumented/unauthorized immigrants and made it increasingly difficult for immigrants to obtain legal permanent residency even when they have U.S.-born citizen spouses and children.

Although these policies target immigrants, they have widespread consequences for all U.S. citizens, especially those from racial/ethnic or religious minority populations. They stigmatize immigrant workers and those who employ them. They perpetuate fear and create a sense of threat for anyone whose skin color is not white, who speaks with an accent, or who fails to conform to the dominant behavioral and phenotypical expectations of “American.” They force separation between spouses with mixed-status, between grandparents, parents, and their U.S.-born citizen children, and between brothers and sisters born with differing citizenships.

This review has summarized the many health consequences of U.S. federal and state policy choices. The negative health consequences of our current policies begin during pregnancy with inadequate prenatal care and increased risk of adverse pregnancy outcomes, especially among foreign-born noncitizen Hispanic/Latino women. The negative health consequences continue into early childhood and adolescence with increased risk of internalizing and externalizing behavioral problems, especially among children forcibly separated from a detained or deported parent. They also continue into adulthood with increased psychosocial stress, prevalence of self-reported mental health problems, poor general health, and poor cardiovascular health among racialized immigrants threatened by deportation. Overall, though previous cohorts of immigrants have arrived in the U.S. with an immigrant health advantage, this advantage may decline across future arrival cohorts (53). Moreover, our current policies appear to lead to the rapid erosion of any health advantage as immigrants and their U.S.-born children find their place in an America segmented by racial/ethnic and socio-economic backgrounds.

In the coming decade, continued monitoring and evaluation of the health consequences of U.S. immigrant integration policy choices will be needed. Within the past year, policies of exclusion have been expanded and more are currently under consideration. Although it was rescinded on June 20, 2018, the U.S. DHS adopted a policy on May 4, 2018 requiring the federal prosecution of all immigrants crossing the U.S. border without legal authorization and forcing the separation of parents from children as they await federal prosecution for entry without authorization and review of their asylum cases. The policy resulted in nearly 3000 children being separated from parents and placed in detention. In late 2017 and early 2018, the U.S. DHS also announced decisions to terminate TPS for El Salvadorians, Haitians, Hondurans, Nicaraguans, Nepalese and Sudanese. These populations have at most 18 months to voluntarily leave the U.S. (with or without their U.S.-born citizen spouses and children) or remain in the U.S. as undocumented/unauthorized immigrants and face deportation. Finally, the DHS has proposed expanding the definition of a public charge to include persons who receive publicly-funded health insurance coverage including Medicaid/

CHIP or federal subsidies for private health insurance. Given the current research evidence, each of these new policies has the potential to further harm the health of immigrants and their children.

As monitoring and evaluation of the health consequences of these policies continues, researchers need to expand their consideration of different dimensions of health outcomes and determinants with longitudinal data that better reflect the diversity of immigrants in the U.S. Most current research focuses on short-term consequences of policies for access to care and mental health, especially among pregnant women and children. More attention is needed on the long-term health effects of these policies, especially on physical health and men's health. Additionally, research on public policies and immigrant health has focused on Hispanic/Latino populations. Greater attention is needed to the health of African, Asian and Middle Eastern immigrant populations, especially those with Muslim religious backgrounds. For all these population groups, research requires greater country-of-origin precision with an understanding of the socio-political histories of each immigrant population.

As monitoring and evaluation continues, researchers also need to evaluate the emergence of "welcoming-city" initiatives (55). These initiatives reflect the proactive efforts of immigrants and community-based partners to respond to exclusionary policies. Within welcoming cities, a myriad of institutions including schools, health providers, other social service providers, faith-based organizations, and community networks support the integration of immigrants and help them navigate an increasingly complex environment. These institutions should be supported with information about how to address health issues among immigrants and their families, maintain their access to healthcare, and develop interventions that address specific concerns such as mental health associated with fear of deportation. Moreover, efforts to integrate immigrants can coexist with restrictive initiatives. Thus, future research should analyze whether inclusive policies promote health outcomes or mitigate the possible harm of restrictive policies.

While essential, efforts to monitor and evaluate the health consequences of current policy choices need to be undertaken with considerable care and caution. For example, the modification and addition of questions to national, state, and local surveys regarding politically charged and sensitive topics such as citizenship and visa status must be implemented only after rigorous evaluation of misreporting and their potential effects on response rates. Furthermore, these efforts should only happen in conjunction with well-evaluated strategies to protect the anonymity and confidentiality of respondents. Finally, these efforts should be combined with outreach and education to study participants regarding the rationale for these questions and their rights to refuse to answer.

Though this review is focused on the U.S., the U.S. is not alone in its move towards adopting policies of exclusion. The European Union (EU), Australia, and other high-income countries continue to struggle with how best to select and incorporate immigrant populations. Anti-immigrant and nationalist sentiments have increased in many of these high-income countries, leading them to adopt policies of exclusion and to set aside the potential for inclusion and integration (112). Thus, research on the health consequences of policies of exclusion could benefit from the adoption of a more cross-national comparative framework.

Cross-national comparisons can improve understanding of how different socio-political and institutional structures influence the adaptation and health of immigrants.

In keeping with a structural perspective, public health research on the consequences of immigrant integration policies must also continue to consider the broader economic and social consequences of these policies. The literature summarized within this review demonstrated that more restrictive (less inclusive) policies cannot only lead to poorer health but can also lead to poorer education and employment outcomes among immigrants and their children. By creating structural barriers to integration and opportunity for some but not for others, these policies determine who is ultimately defined as educated, middle-class, poor, or a criminal. They define who is deserving and who is not, who is welcome and who is not, and ultimately who is American and who is not. As we consider the evidence and make policy choices, we must do so with the recognition that these choices define our future.

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### REFERENCES

1. Aizer A 2003 Low take-up in Medicaid: does outreach matter and for whom? *Am. Econ. Rev* 93(2): 238–41
2. Aizer A 2007 Public health insurance, program take-up, and child health. *Rev. Econ. Stat* 89(3): 400–415
3. Alba R 2005 Bright vs. blurred boundaries: second-generation assimilation and exclusion in France, Germany, and the United States. *Ethn. Racial Stud* 28(1):20–49
4. Allen B, Cisneros EM, Tellez A. 2015 The children left behind: the impact of parental deportation on mental health. *J. Child Fam. Stud* 24(2):386–92
5. Allen CD, McNeely CA. 2017 Do restrictive omnibus immigration laws reduce enrollment in public health insurance by Latino citizen children? a comparative interrupted time series study. *Soc. Sci. Med* 191(October):19–29 [PubMed: 28886573]
6. Almeida J, Biello KB, Pedraza FI, Wintner S, Viruell-Fuentes E. 2016 The association between anti-immigrant policies and perceived discrimination among Latinos in the US: a multilevel analysis. *SSM - Popul. Heal* 2(December):897–903
7. Amuedo-Dorantes C, Arenas-Arroyo E, Sevilla A. 2018 Immigration enforcement and economic resources of children with likely unauthorized parents. *J. Public Econ* 158(February):63–78
8. Amuedo-Dorantes C, Lopez MJ. 2015 Falling through the cracks? grade retention and school dropout among children of likely unauthorized immigrants. *Am. Econ. Rev* 105(5):598–603
9. Amuedo-Dorantes C, Pozo S. 2014 On the intended and unintended consequences of enhanced U.S. border and interior immigration enforcement: evidence from Mexican deportees. *Demography* 51(6):2255–79 [PubMed: 25361892]
10. Anderson J 2015 “Tagged as a criminal”: narratives of deportation and return migration in a Mexico City call center. *Lat. Stud* 13(1):8–27
11. Arbona C, Olvera N, Rodríguez N, Hagan J, Linares A, Wiesner M. 2010 Acculturative stress among documented and undocumented Latino immigrants in the United States. *Hisp. J. Behav. Sci* 32(3):362–84 [PubMed: 25484488]
12. Asad AL, Clair M. 2017 Racialized legal status as a social determinant of health. *Soc. Sci. Med* 199(February):19–28 [PubMed: 28359580]

13. Ashar S, Burciaga E, Chacón J, Coutin SB, Garza A, Lee S. 2016 Navigating liminal legalities along pathways to citizenship: immigrant vulnerability and the role of mediating institutions New York, NY: Russell Sage Foundation
14. Ayón C 2017 Perceived immigration policy effects scale: development and validation of a scale on the impact of state-level immigration policies on Latino immigrant families. *Hisp. J. Behav. Sci* 39(1):19–33
15. Bachmeier JD, Van Hook J, Bean FD. 2014 Can we measure immigrants' legal status? lessons from two US surveys. *Int. Migr. Rev* 48(2):538–66 [PubMed: 25525285]
16. Bean FD, Van Hook J, Glick JE. 1997 Country of origin, type of public assistance, and patterns of welfare reciprocity among U.S. immigrants and natives. *Soc. Sci. Q* 78(2):432–51
17. Becerra D, Androff D, Cimino A, Wagaman MA, Blanchard KN. 2013 The impact of perceived discrimination and immigration policies upon perceptions of quality of life among Latinos in the United States. *Race Soc. Probl* 5(1):65–78
18. Berger Cardoso J, Scott JL, Faulkner M, Barros Lane L. 2018 Parenting in the context of deportation risk. *J. Marriage Fam* 80(2):301–16
19. Bitler M, Hoynes HW. 2013 Immigrants, welfare reform, and the US safety net. In *Immigration, Poverty, and Socioeconomic Inequality*, ed Card D, Raphael S, pp. 315–80. New York, NY: Russell Sage Foundation
20. Blank RM. 2001 Declining caseloads/increased work: what can we conclude about the effects of welfare reform? *Fed. Reserv. Bank New York Econ. Policy Rev* 7(2):25–36
21. Bloemraad I, de Graauw E. 2012 Immigrant integration and policy in the United States: a loosely stitched patchwork. In *International Perspectives: Integration and Inclusion*, ed Frideres J, Biles J, pp. 205–32. Montreal, Canada: McGill-Queen's University Press
22. Bojorquez I, Aguilera RM, Ramírez J, Cerecero D, Mejía S. 2015 Common mental disorders at the time of deportation: a survey at the Mexico–United States border. *J. Immigr. Minor. Heal* 17(6): 1732–38
23. Borjas GJ. 2002 Welfare reform and immigrant participation in welfare programs. *Int. Migr. Rev* 36(4):1093–1123
24. Borjas GJ. 2003 Welfare reform, labor supply, and health insurance in the immigrant population. *J. Health Econ* 22(6):933–58 [PubMed: 14604554]
25. Brabeck K, Xu Q. 2010 The impact of detention and deportation on Latino immigrant children and families: a quantitative exploration. *Hisp. J. Behav. Sci* 32(3):341–61
26. Capps R, Castañeda RM, Chaudry A, Santos R. 2007 *Paying The Price: The Impact of Immigration Raids on America's Children* Washington, DC: Urban Institute
27. Capps R, Fix M. 2013 Sensitive subjects: research choices and presentational challenges in studying immigrant children and families. *New Dir. Child Adolesc. Dev* 2013(141):79–97 [PubMed: 24038808]
28. Capps R, Fix M, Zong J. 2016 *A Profile of US Children with Unauthorized Immigrant Parents* Washington, DC: Migration Policy Institute
29. Capps R, Koball H, Campetella A, Perreira KM, Hooker S, Pedroza JM. 2015 *Implications of Immigration Enforcement Activities for The Well-Being Of Children In Immigrant Families* Washington, DC: Migration Policy Institute
30. Castañeda H, Holmes SM, Madrigal DS, Young M-E de T, Beyeler N, Quesada J. 2015 Immigration as a social determinant of health. *Annu. Rev. Public Health* 36:375–92 [PubMed: 25494053]
31. Cavazos-Rehg PA, Zayas LH, Spitznagel EL. 2007 Legal status, emotional well-being and subjective health status of Latino immigrants. *J. Natl. Med. Assoc* 99(10):1126–31 [PubMed: 17987916]
32. Chaudry A, Capps R, Pedroza JM, Castañeda RM, Santos R, Scott M. 2010 *Facing Our Future: Children in the Aftermath of Immigration Enforcement* Washington, DC: Urban Institute
33. Chavez LR. 2012 Undocumented immigrants and their use of medical services in Orange County, California. *Soc. Sci. Med* 74(6):887–93 [PubMed: 21684055]
34. Cruz Nichols V, LeBrón AMW, Pedraza FI. 2018 Policing us sick: the health of Latinos in an era of heightened deportations and racialized policing. *PS. Polit. Sci. Polit* 51(2):293–97

35. Dreby J 2012 The burden of deportation on children in Mexican immigrant families. *J. Marriage Fam* 74(4):829–45
36. Drewry J, Sen B, Wingate M, Bronstein J, Foster EM, Kotelchuck M. 2015 The impact of the State Children's Health Insurance Program's unborn child ruling expansions on foreign-born Latina prenatal care and birth outcomes, 2000–2007. *Matern. Child Health J* 19(7):1464–71 [PubMed: 25476607]
37. Dubard CA, Massing MW. 2007 Trends in emergency Medicaid expenditures for recent and undocumented immigrants. *JAMA* 297(10):4–12
38. Fix M, Passel JS. 2002 *The Scope and Impact of Welfare Reform's Immigrant Provision* Washington, DC: Urban Institute
39. Fortuny K, Chaudry A. 2012 *Overview of Immigrants' Eligibility for SNAP, TANF, Medicaid, And CHIP* Washington, DC: Office of the Assistant Secretary for Planning and Evaluation
40. Frean M, Gruber J, Sommers BD. 2016 Disentangling the ACA's coverage effects - lessons for policymakers. *N. Engl. J. Med* 375(17):1605–8 [PubMed: 27653467]
41. Fuentes-Afflick E, Hessol NA, Bauer T, O'sullivan MJ, Gomez-Lobo V, et al. 2006 Use of prenatal care by Hispanic women after welfare reform. *Obstet. Gynecol* 107(1):151–60 [PubMed: 16394053]
42. Gallo S 2014 The effects of gendered immigration enforcement on middle childhood and schooling. *Am. Educ. Res. J* 51(3):473–504
43. García SJE. 2014 *An Intersectional Approach to Assimilation And Mental Health Among Mexican-Origin Women In The United States* College Station, TX: Texas A & M University
44. Garcini LM, Murray KE, Zhou A, Klonoff EA, Myers MG, Elder JP. 2016 Mental health of undocumented immigrant adults in the United States: a systematic review of methodology and findings. *J. Immigr. Refug. Stud* 14(1):1–25
45. Gulbas LE, Zayas LH, Yoon H, Szlyk H, Aguilar--Gaxiola S, Natera G. 2016 Deportation experiences and depression among U.S. citizen children with undocumented Mexican parents. *Child. Care. Health Dev* 42(2):220–30 [PubMed: 26648588]
46. Hacker K, Anies M, Folb BL, Zallman L. 2015 Barriers to health care for undocumented immigrants: a literature review. *Risk Manag. Healthc. Policy* 8:175–83 [PubMed: 26586971]
47. Hacker K, Chu J, Arsenault L, Marlin RP. 2012 Provider's perspectives on the impact of Immigration and Customs Enforcement (ICE) activity on immigrant health. *J. Health Care Poor Underserved* 23(2):651–65 [PubMed: 22643614]
48. Hacker K, Chu J, Leung C, Marra R, Pirie A, et al. 2011 The impact of immigration and customs enforcement on immigrant health: perceptions of immigrants in Everett, Massachusetts, USA. *Soc. Sci. Med* 73(4):586–94 [PubMed: 21778008]
49. Hagan J, Rodríguez N, Capps R, Kabiri N. 2003 The effects of recent welfare and immigration reforms on immigrants' access to health care. *Int. Migr. Rev* 37(2):444–63
50. Hagan J, Rodríguez N, Castro B. 2011 Social effects of mass deportations by the United States government, 2000–10. *Ethn. Racial Stud* 34(8):1374–91
51. Haider SJ, Schoeni RF, Bao Y, Danielson C. 2004 Immigrants, welfare reform, and the economy. *J. Policy Anal. Manag* 23(4):745–64
52. Hainmueller J, Lawrence D, Martín L, Black B, Figueroa L, et al. 2017 Protecting unauthorized immigrant mothers improves their children's mental health. *Science* (80-. ) 357(6355):1041–44
53. Hamilton TG, Palermo T, Green TL. 2015 Health assimilation among Hispanic immigrants in the United States: The impact of ignoring arrival-cohort effects. *J. Health Soc. Behav* 56(4):460–77 [PubMed: 26589971]
54. Hatzembuehler ML, Prins SJ, Flake M, Philbin MM, Frazer MS, et al. 2017 Immigration policies and mental health morbidity among Latinos: a state-level analysis. *Soc. Sci. Med* 174(February): 169–78 [PubMed: 28043019]
55. Huang X, Liu CY. 2016 Welcoming cities: immigration policy at the local government level. *Urban Aff. Rev* 54(1):3–32
56. Ingram HM, Schneider AL. 2005 Public policy and the social construction of deservedness. In *Deserving and Entitled: Social Constructions and Public Policy*, ed Schneider AL, Ingram HM, pp. 1–33. New York, NY: SUNY Press



57. Joyce T, Bauer T, Minkoff H, Kaestner R. 2001 Welfare reform and the perinatal health and health care use of Latino women in California, New York City, and Texas. *Am. J. Public Health* 91(11): 1857–64 [PubMed: 11684616]
58. Kaestner R, Garrett B, Chen J, Gangopadhyaya A, Fleming C. 2017 Effects of ACA Medicaid expansions on health insurance coverage and labor supply. *J. Policy Anal. Manag* 36(3):608–42
59. Kaestner R, Kaushal N. 2005 Immigrant and native responses to welfare reform. *J. Popul. Econ* 18(1):69–92
60. Kaiser Family Foundation (KFF). 2017 Health Coverage of Immigrants Washington, DC: Henry J. Kaiser Foundation
61. Kalil A, Crosby D. 2010 Welfare leaving and the health of young children in immigrant and native families. *Soc. Sci. Res* 39(2):202–14
62. Kaushal N 2008 In-state tuition for the undocumented: education effects on Mexican young adults. *J. Policy Anal. Manag* 27(4):771–92
63. Kaushal N, Kaestner R. 2005 Welfare reform and health insurance of immigrants. *Health Serv. Res* 40(3):697–722 [PubMed: 15960687]
64. Kaushal N, Kaestner R. 2007 Welfare reform and health of immigrant women and their children. *J. Immigr. Minor. Heal* 9(2):61–74
65. Kaushal N, Waldfogel J, Wight VR. 2013 Food insecurity and SNAP participation in Mexican immigrant families: the impact of the outreach initiative. *B. E. J. Econom. Anal. Policy* 14(1):203–40 [PubMed: 27570576]
66. Kenney GM, Huntress M. 2012 The Affordable Care Act: Coverage Implications and Issues for Immigrant Families Washington, DC: Office of the Assistant Secretary for Planning and Evaluation
67. Kirk DS, Papachristos AV, Fagan J, Tyler TR. 2012 The paradox of law enforcement in immigrant communities: does tough immigration enforcement undermine public safety? *Ann. Am. Acad. Pol. Soc. Sci* 641(1):79–98
68. Landale NS, Hardie JH, Oropesa RS, Hillemeier MM. 2015 Behavioral functioning among Mexican-origin children: does parental legal status matter? *J. Health Soc. Behav* 56(1):2–18 [PubMed: 25722124]
69. Lofstrom M, Bean FD. 2002 Assessing immigrant policy options: labor market conditions and postreform declines in immigrants' receipt of welfare. *Demography* 39(4):617–37 [PubMed: 12471846]
70. Radford J and Budiman A. Facts on U.S. Immigrants, 2016: Statistical portrait of the foreign-born population in the United States <http://www.pewhispanic.org/2018/09/14/facts-on-u-s-immigrants/#fb-key-charts-population>
71. Lopez MH, Paul T, Cary F, Gonzalez-Barrera A. 2013 On Immigration Policy, Deportation Relief Seen as More Important than Citizenship: A Survey of Hispanic and Asian American Washington, DC: Pew Research Center
72. Lopez WD, Kruger DJ, Delva J, Llanes M, Ledón C, et al. 2017 Health implications of an immigration raid: findings from a Latino community in the Midwestern United States. *J. Immigr. Minor. Heal* 19(3):702–8
73. Loue S, Cooper M, Lloyd LS. 2005 Welfare and immigration reform and use of prenatal care among women of Mexican ethnicity in San Diego, California. *J. Immigr. Health* 7(1):37–44 [PubMed: 15744476]
74. Macías LF, Collet BA. 2016 Separated by removal: the impact of parental deportation on Latina/o children's postsecondary educational goals. *Diaspora, Indig. Minor. Educ* 10(3):169–81
75. Menjívar C 2006 Liminal legality: Salvadoran and Guatemalan immigrants' lives in the United States. *Am. J. Sociol* 111(4):999–1037
76. Migration Policy Institute (MPI). 2018 Countries of Birth for U.S. Immigrants, 1960-Present Washington, DC: Migration Policy Institute
77. Migration Policy Institute (MPI). 2018 Children in Immigrant Families Washington, DC: Migration Policy Institute
78. Morey BN. 2018 Mechanisms by which anti-immigrant stigma exacerbates racial/ethnic health disparities. *Am. J. Public Health* 108(4):460–63 [PubMed: 29470116]

79. Morey BN, Gee GC, Muennig P, Hatzenbuehler ML. 2018 Community-level prejudice and mortality among immigrant groups. *Soc. Sci. Med* 199(February):56–66 [PubMed: 28438421]
80. Motomura H 2006 *Americans in Waiting: The Lost Story of Immigration and Citizenship in the United States* Oxford, England: Oxford University Press
81. Motomura H 2014 *Immigration Outside the Law* Oxford, England: Oxford University Press
82. Mukhopadhyay R 2008 Death in detention: medical and mental health consequences of indefinite detention of immigrants in the united states. *Seattle J. Soc. Justice* 7(2):693–736
83. Munro K, Jarvis C, Munoz M, D’Souza V, Graves L. 2013 Undocumented pregnant women: what does the literature tell us? *J. Immigr. Minor. Heal* 15(2):281–91
84. National Conference of State Legislatures (NCSL). 2011 2010 Immigration-Related Laws and Resolutions in The States Washington, DC: National Conference of State Legislatures
85. National Conference of State Legislatures (NCSL). 2018 2017 Immigration Report Washington, DC: National Conference of State Legislatures
86. Novak NL, Geronimus AT, Martinez-Cardoso AM. 2017 Change in birth outcomes among infants born to Latina mothers after a major immigration raid. *Int. J. Epidemiol* 46(3):839–49 [PubMed: 28115577]
87. Ornelas IJ, Perreira KM. 2011 The role of migration in the development of depressive symptoms among Latino immigrant parents in the USA. *Soc. Sci. Med* 73(8):1169–77 [PubMed: 21908089]
88. Oropesa RS, Landale NS, Hillemeier MM. 2015 Family legal status and health: measurement dilemmas in studies of Mexican-origin children. *Soc. Sci. Med* 138(August):57–67 [PubMed: 26056934]
89. Oropesa RS, Landale NS, Hillemeier MM. 2016 Legal status and health care: Mexican-origin children in California, 2001–2014. *Popul. Res. Policy Rev* 35(5):651–84 [PubMed: 27867239]
90. Orrenius PM, Zavodny M. 2009 The effects of tougher enforcement on the job prospects of recent Latin American immigrants. *J. Policy Anal. Manag* 28(2):239–57
91. Orrenius PM, Zavodny M. 2015 The impact of E-Verify mandates on labor market outcomes. *South. Econ. J* 81(4):947–59
92. Osypuk TL, Joshi P, Geronimo K, Acevedo-Garcia D. 2014 Do social and economic policies influence health? a review. *Curr. Epidemiol. reports* 1(3):149–64
93. Passel JS. 2016 *Measuring Illegal Immigration: How Pew Research Center Counts Unauthorized Immigrants in the U.S* Washington, DC: Pew Research Center
94. Passel JS, Cohn D. 2017 *As Mexican Share Declined, U.S. Unauthorized Immigrant Population Fell in 2015 Below Recession Level* Washington, DC: Pew Research Center
95. Patler C, Laster Pirtle W. 2018 From undocumented to lawfully present: do changes to legal status impact psychological wellbeing among latino immigrant young adults? *Soc. Sci. Med* 199(February):39–48 [PubMed: 28318760]
96. Pedraza FI, Nichols VC, LeBrón AMW. 2017 Cautious citizenship: the deterring effect of immigration issue salience on health care use and bureaucratic interactions among Latino US citizens. *J. Health Polit. Policy Law* 42(5):925–60 [PubMed: 28663179]
97. Peña JM, Garcini LM, Gutierrez AP, Ulibarri MD, Klonoff EA. 2017 Traumatic events and symptoms among Mexican deportees in a border community. *J. Immigr. Refug. Stud* 15(1):36–52
98. Perreira KM, Crosnoe R, Fortuny K, Pedroza JM, Ulvestad K, et al. 2012 *Barriers to Immigrants’ Access to Health and Human Services Programs* Washington, DC: Office of the Assistant Secretary for Planning and Evaluation.
99. Perreira KM, Ornelas IJ. 2013 Painful passages: traumatic experiences and post-traumatic stress among U.S. immigrant Latino adolescents and their primary caregivers. *Int. Migr. Rev* 47(4):976–1005
100. Philbin MM, Flake M, Hatzenbuehler ML, Hirsch JS. 2018 State-level immigration and immigrant-focused policies as drivers of Latino health disparities in the United States. *Soc. Sci. Med* 199(February):29–38 [PubMed: 28410759]
101. Potochnick SR. 2014 How states can reduce the dropout rate for undocumented immigrant youth: the effects of in-state resident tuition policies. *Soc. Sci. Res* 45(May):18–32 [PubMed: 24576624]

102. Potochnick SR, Chen JH, Perreira KM. 2017 Local-level immigration enforcement and food insecurity risk among Hispanic immigrant families with children: national-level evidence. *J. Immigr. Minor. Heal* 19(5):1042–49
103. Potochnick SR, Perreira KM. 2010 Depression and anxiety among first-generation immigrant Latino youth: key correlates and implications for future research. *J. Nerv. Ment. Dis* 198(7):470–77 [PubMed: 20611049]
104. Pourat N, Wallace SP, Hadler MW, Ponce N. 2014 Assessing health care services used by California’s undocumented immigrant population In 2010. *Health Aff* 33(5):840–47
105. Reed MM, Westfall JM, Bublitz C, Battaglia C, Fickenscher A. 2005 Birth outcomes in Colorado’s undocumented immigrant population. *BMC Public Health* 5(1):100–106 [PubMed: 16202159]
106. Rhodes SD, Mann L, Simán FM, Song E, Alonzo J, et al. 2015 The impact of local immigration enforcement policies on the health of immigrant Hispanics/Latinos in the United States. *Am. J. Public Health* 105(2):329–37 [PubMed: 25521886]
107. Roche KM, Vaquera E, White RMB, Rivera MI. 2018 Impacts of immigration actions and news and the psychological distress of U.S. Latino parents raising adolescents. *J. Adolesc. Heal* 62(5): 525–31
108. Rodríguez MA, Vargas Bustamante A, Ang A. 2009 Perceived quality of care, receipt of preventive care, and usual source of health care among undocumented and other Latinos. *J. Gen. Intern. Med* 24(3):508–13 [PubMed: 19841999]
109. Rodríguez N, Paredes CL, Hagan J. 2017 Fear of immigration enforcement among older Latino immigrants in the United States. *J. Aging Health* 29(6):986–1014 [PubMed: 28670946]
110. Rojas-Flores L, Clements ML, Hwang Koo J, London J. 2017 Trauma and psychological distress in Latino citizen children following parental detention and deportation. *Psychol. Trauma Theory, Res. Pract. Policy* 9(3):352–61
111. Rosenblum MR, McCabe K. 2014 *Deportation and Discretion: Reviewing the Record and Options for Change* Washington, DC: Migration Policy Institute
112. Semyonov M, Raijman R, Gorodzeisky A. 2006 The rise of anti-foreigner sentiment in European societies, 1988–2000. *Am. Sociol. Rev* 71(3):426–49
113. Singh S, Schulz AJ, Neighbors HW, Griffith DM. 2017 Interactive effect of immigration-related factors with legal and discrimination acculturative stress in predicting depression among Asian American immigrants. *Community Ment. Health J* 53(6):638–46 [PubMed: 27888378]
114. Sommers BD, Maylone B, Nguyen KH, Blendon RJ, Epstein AM. 2015 The impact of state policies on ACA applications and enrollment among low-income adults in Arkansas, Kentucky, and Texas. *Health Aff* 34(6):1010–18
115. Spetz J, Baker L, Phibbs C, Pedersen R, Tafoya S. 2000 The effect of passing an “anti-immigrant” ballot proposition on the use of prenatal care by foreign-born mothers in California. *J. Immigr. Health* 2(4):203–12 [PubMed: 16228741]
116. Stevens GD, West-Wright CN, Tsai KY. 2010 Health insurance and access to care for families with young children in California, 2001–2005: differences by immigration status. *J. Immigr. Minor. Heal* 12(3):273–81
117. Swartz JJ, Hainmueller J, Lawrence D, Rodriguez MI. 2017 Expanding prenatal care to unauthorized immigrant women and the effects on infant health. *Obstet. Gynecol* 130(5):938–45 [PubMed: 29016491]
118. Szkupinski Quiroga S, Medina DM, Glick J. 2014 In the belly of the beast: effects of anti-immigration policy on Latino community members. *Am. Behav. Sci* 58(13):1723–42
119. Toomey RB, Umaña-Taylor AJ, Williams DR, Harvey-Mendoza E, Jahromi LB, Updegraff KA. 2014 Impact of Arizona’s SB 1070 immigration law on utilization of health care and public assistance among Mexican-origin adolescent mothers and their mother figures. *Am. J. Public Health* 104(1):S28–34 [PubMed: 24354823]
120. Torres JM, Deardorff J, Gunier RB, Harley KG, Alkon A, et al. 2018 Worry about deportation and cardiovascular disease risk factors among adult women: The Center for the Health Assessment of Mothers and Children of Salinas Study. *Ann. Behav. Med* 52(2):186–93 [PubMed: 29538629]

121. Torres JM, Young MT. 2016 A life-course perspective on legal status stratification and health. *SSM-population Heal* 2(December):141–48
122. U.S. Department of Homeland Security (U.S. DHS). 2017 2016 Yearbook of Immigration Statistics Washington, DC: U.S. DHS <https://www.dhs.gov/immigration-statistics/yearbook/2016>
123. U.S. Government Accountability Office (U.S. GAO). 2006 Estimating- the undocumented population: a “grouped answers” approach to surveying foreign born respondents, GAO-06–775 Washington, DC: U.S. GAO <https://www.gao.gov/new.items/d06775.pdf>
124. U.S. Immigration and Customs Enforcement (U.S. ICE). 2017 Fiscal Year 2017 Enforcement and Removal Operations Report Washington, DC: U.S. ICE <https://www.ice.gov/removal-statistics/2017>
125. Van Hook J 2003 Welfare reform’s chilling effects on noncitizens: changes in noncitizen welfare reciprocity or shifts in citizenship status? *Soc. Sci. Q* 84(3):613–31
126. Van Hook J, Bachmeier JD, Coffman DL, Harel O. 2015 Can we spin straw into gold? an evaluation of immigrant legal status imputation approaches. *Demography* 52(1):329–54 [PubMed: 25511332]
127. Van Hook J, Balistreri KS. 2006 Ineligible parents, eligible children: food stamps receipt, allotments, and food insecurity among children of immigrants. *Soc. Sci. Res* 35(1):228–51
128. Van Hook J, Brown SK, Bean FD. 2006 For love or money? welfare reform and immigrant naturalization. *Soc. Forces* 85(2):643–66
129. Vargas Bustamante A, Fang H, Garza J, Carter-Pokras O, Wallace SP, et al. 2012 Variations in healthcare access and utilization among Mexican immigrants: the role of documentation status. *J. Immigr. Minor. Heal* 14(1):146–55
130. Vargas ED. 2015 Immigration enforcement and mixed-status families: the effects of risk of deportation on Medicaid use. *Child. Youth Serv. Rev* 57(October):83–89 [PubMed: 26435562]
131. Vargas ED, Juárez MD, Sanchez GR, Livaudais M. 2018 Latinos’ connections to immigrants: how knowing a deportee impacts Latino health. *J. Ethn. Migr. Stud* 10.1080/1369183X.2018.1447365
132. Vargas ED, Pirog MA. 2016 Mixed-status families and WIC uptake: the effects of risk of deportation on program use. *Soc. Sci. Q* 97(3):555–72 [PubMed: 27642194]
133. Vargas ED, Sanchez GR, Juárez MD. 2017 Fear by association: perceptions of anti-immigrant policy and health outcomes. *J. Health Polit. Policy Law* 42(3):459–83 [PubMed: 28213396]
134. Vargas ED, Sanchez GR, Juárez MD. 2017 The impact of punitive immigration laws on the health of Latina/o populations. *Polit. Policy* 45(3):312–37 [PubMed: 29200985]
135. Vargas ED, Ybarra VD. 2017 U.S. citizen children of undocumented parents: the link between state immigration policy and the health of Latino children. *J. Immigr. Minor. Heal* 19(4):913–20
136. Venkataramani AS, Shah SJ, O’Brien R, Kawachi I, Tsai AC. 2017 Health consequences of the US Deferred Action for Childhood Arrivals (DACA) immigration programme: a quasi-experimental study. *Lancet Public Heal* 2(4):e175–81
137. Venters H, Dasch-Goldberg D, Rasmussen A, Keller AS. 2009 Into the abyss: mortality and morbidity among detained immigrants. *Hum. Rights Q* 31(2):474–95
138. Viruell-Fuentes EA. 2007 Beyond acculturation: immigration, discrimination, and health research among Mexicans in the United States. *Soc. Sci. Med* 65(7):1524–35 [PubMed: 17602812]
139. Viruell-Fuentes EA, Miranda PY, Abdulrahim S. 2012 More than culture: structural racism, intersectionality theory, and immigrant health. *Soc. Sci. Med* 75(12):2099–2106 [PubMed: 22386617]
140. Wang JS, Kaushal N. 2018 Health and Mental Health Effects of Local Immigration Enforcement, No. w24487 Boston, MA: National Bureau of Economic Research
141. Watson T 2014 Inside the refrigerator: immigration enforcement and chilling effects in medicaid participation. *Am. Econ. J. Econ. Policy* 6(3):313–38
142. Wen M, Maloney TN. 2014 Neighborhood socioeconomic status and BMI differences by immigrant and legal status: evidence from Utah. *Econ. Hum. Biol* 12(January):120–31 [PubMed: 23623001]

143. Wheatley C 2011 Push back: US deportation policy and the reincorporation of involuntary return migrants in Mexico. *Lat. Am* 55(4):35–60
144. White K, Blackburn J, Manzella B, Welty E, Menachemi N. 2014 Changes in use of county public health services following implementation of Alabama’s immigration law. *J. Heal. Care Poor Underserved* 25(4):1844–52
145. Ybarra M, Ha Y, Chang J. 2017 Health insurance coverage and routine health care use among children by family immigration status. *Child. Youth Serv. Rev* 79(May):97–106
146. Ybarra VD, Sanchez LM, Sanchez GR. 2016 Anti-immigrant anxieties in state policy: the great recession and punitive immigration policy in the American states, 2005–2012. *State Polit. Policy Q* 16(3):313–39
147. Young MT, Leon-Perez G, Wells CR, Wallace SP. 2017 Inclusive state immigrant policies and health insurance among Latino, Asian/Pacific Islander, Black, and White noncitizens in the United States. *Ethn. Health*, 10.1080/13557858.2017.1390074
148. Young MT, León-Pérez G, Wells CR, Wallace SP. 2018 More inclusive states, less poverty among immigrants? an examination of poverty, citizenship stratification, and state immigrant policies. *Popul. Res. Policy Rev* 37(2):205–28
149. Young MT, Pebley AR. 2017 Legal status, time in the USA, and the well-being of Latinos in Los Angeles. *J. Urban Heal* 94(6):764–75
150. Zayas LH, Aguilar-Gaxiola S, Yoon H, Rey GN. 2015 The distress of citizen-children with detained and deported parents. *J. Child Fam. Stud* 24(11):3213–23 [PubMed: 26640358]

## RELATED RESOURCES

- Dreby J *Divided by borders: Mexican Migrants and Their Children* Oakland, CA: University of California Press; 2010.
- Gelatt J, Bernstein H, Koball H. 2017 State Immigration Policy Resource Available at: <https://www.urban.org/features/state-immigration-policy-resource>
- Gonzales RG. 2015 *Lives In Limbo: Undocumented And Coming Of Age In America* Oakland, California: University of California Press.
- National Research Center on Hispanic Children and Families. n.d. Interactive Data Tools Available at: <http://www.hispanicresearchcenter.org/resources/interactive-data-tools/>
- Suárez-Orozco C, Yoshikawa H. 2013 Undocumented status: Implications for child development, policy, and ethical research. In *New Directions for Child And Adolescent Development* no. 141, ed Hernández MG, Nguyen J, Saetermore CL, Suárez-Orozco C, pp 61–78. New York, NY: Wiley Periodicals, Inc.
- Yoshikawa H 2011 *Immigrants Raising Citizens: Undocumented Parents and Their Young Children* New York, NY: Russell Sage Foundation.
- Zayas LH. 2015 *Forgotten Citizens: Deportation, Children, and The Making Of American Exiles And Orphans* New York, NY: Oxford University Press.