



National HIA Meeting September 24 & 25, 2013 -- Washington, D.C.

Why do an HIA on Immigration Reform?



Reasons to do the HIA

Political moment after 2012 election Senate approved S.744 in June 2013

Vulnerable populations

11 million undocumented residents Detentions and deportations at historic levels

Policy has documented but not widely considered health implications
Stakeholders interested; funding available

Could support campaigns for reform

W.S. CHILDREN AFFECTED BY DEPORTATION, 2012

88,517 Removals in FY2012 who reported at least 1 U.S.-citizen child

X 2.10 Average number of children in undocumented households

X 82% Estimated proportion of children to undocumented immigrants that are U.S.-born

152,426 Estimated number of U.S.-citizen children affected at FY2012 level

Reasons to not do the HIA

Timing uncertain Minimal data

Politically contentious/highly partisan issue Questions about ability to influence decisions

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HIA was started in December 2012 House considering what to do now Bring public health voice into the debate

Partners and Roles



Advisory Committee

Non-partisan research, child advocacy, and immigrant grassroots organizations; academics and physician

Surveys

17 immigrant grassroots organizations in 11 states

Focus Groups

CHIRLA

Communications

Rosten Woo, Spitfire Strategies, Rep. Roybal-Allard's office

Funders

The Jacob and Valeria Langeloth Foundation
The California Endowment

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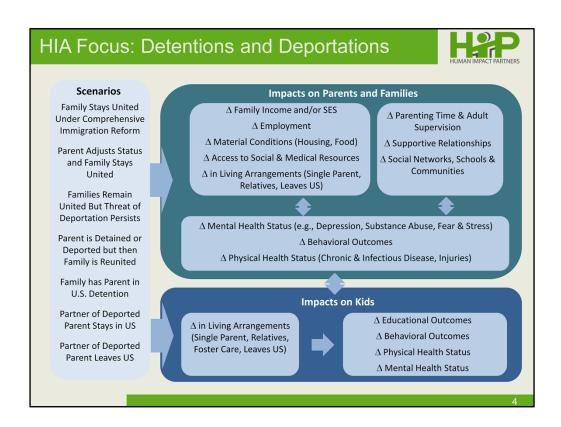
Who was not involved?

Legislators

Department of Homeland Security

Department of Health and Human Services

Anti-immigrant organizations



Many aspects of CIR we could have focused on (e.g., guest worker programs, border security, etc.).

Chose to look at deportations and detentions and their impacts on children and families. Why? 1) effects many vulnerable populations; 2) issue was focus of significant advocacy; 3) clear health implications; 4) good framing

Assessment: Methods



Literature review (n=59)

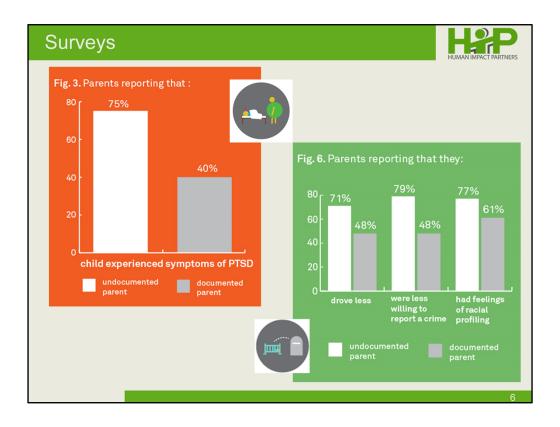
Review of existing statistics and data

Convenience survey with parents and youth living in mixed-status families (n=533)

Focus groups (n=2)

Interviews with doctors or providers serving immigrant populations (n=3)

Quantitative predictions (n=7)



2 surveys: immigrant adult (with children) and immigrant youth

2 pages each (24 questions); Spanish and English versions

Collected 657 (470 adult; 187 youth); analyzed 533 (416 adult; 127 youth)

17 partners in 10 states (AL, CA, FL, ID, NE, NV, NY, VA, TX, WA)

Collected over 2 months in early 2013

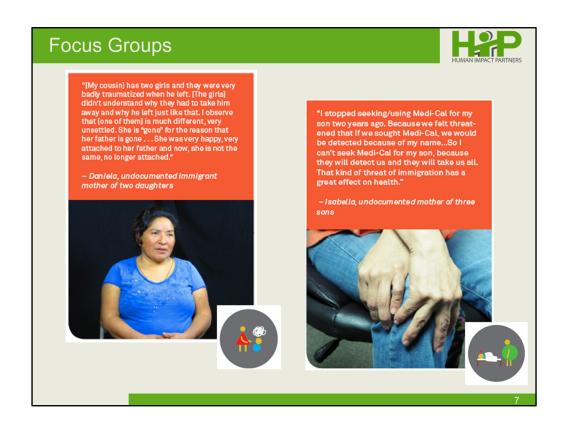
Significant feedback from AC on questions

Used standardized questions when possible (e.g., CHIS, abbreviated PTSD checklist)

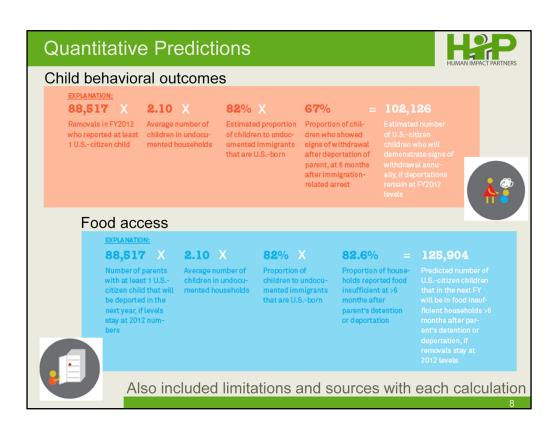
Asked about legal status indirectly (i.e., how might detention and deportation affect me?)

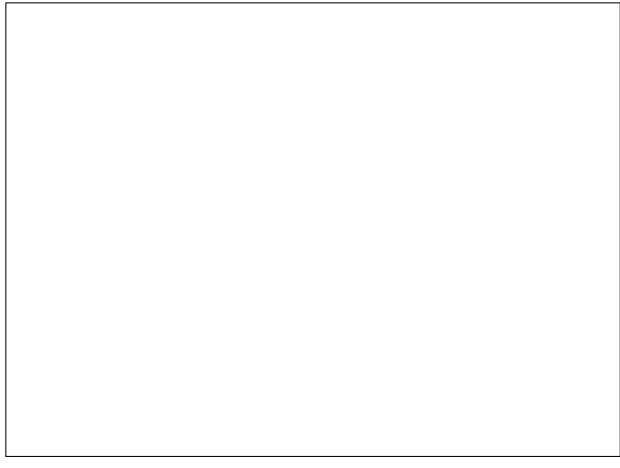
Analyzed in R

Limitations: convenience sample (not random); selection bias (e.g., participants were members of orgs, not all types of immigrants); self reporting Questionnaires and analysis available in appendices



CHIRLA recruited participants
1 for parents in Spanish, 1 for DACA youth in English
After focus groups, asked about photos and videos
Used videos on website
Focus group methods and guide in appendix





Summary of Key Findings



If deportations remain at 2012 levels, we estimate annual impacts to include:



Poorer child health 43,000 US-citizen children will experience a decline in health status



Poorer adult health and shorter lifespan 83,000 partners who remain in the U.S. will lose an average of 2.2 years of life – collectively more than 180,000 years



Poorer child behavioral outcomes 100,000 US-citizen children will show signs of withdrawal



Higher rates of poverty More than 83,000 households will be at risk of poverty



Poorer educational outcomes US-citizen children will finish fewer years of school and face challenges focusing on studies



Diminished access to food Over 125,000 children will live in a food insufficient household

Recommendations



Include in the CIR bill:

Path to citizenship; fair financial requirements; end mandatory detentions; waiver provisions recognizing importance of family unification; allow those in process to receive health insurance; allow judges discretion

Reform Department of Homeland Security policies that target immigrant families:

End Secure Communities program; continue agency discretion in deportations; use secure alternatives to detention; continue to collect and release data

Reform Department of Homeland Security policies to protect health and well-being of children:

Provide mechanism to preserve parent-child relations (e.g., phone calls to make childcare arrangements); coordinate programs so parents can fulfill child welfare requirements; training for DHS personnel to reduce trauma

Pass policies to allow for reunification of children with parents or guardians who have been detained or deported

Responsive to health findings						

Reporting & Communications ONE EVENT CAN HAVE MANY CONSEQUENCES Worked with AC, designer, and communications consultants on: Materials Report **Executive Summary** Forward Website Photos and videos Infographic Press release Toolkit for advocates **Events** National press call Local press events (NYC, NE) Legislative briefing on Capitol Hill Call for advocates

Outcomes-to-Date



Press coverage

~16 unique tv and online news hits; about half in Spanish; still continuing to be referenced

Use by advocates in 1-on-1 meetings with legislators

Focus on children resonates with some unmoved by other messages

ICE "Parental Interest Directive"

Recent policy change to: regularly identify and review cases involving parents; ensure parents can participate in family court proceedings; enable detained parents to regularly see their children; train personnel on best practices for protecting children and family unity

Stay of deportation for father who spoke at Capitol Hill briefing

Tell Wendy's story about the republican rep.	



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Thank you!!!