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Impact of Anti-Immigrant Rhetoric on Latinx Families' Perceptions of Child Safety and Health Care Access

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Abstract

Background: Political rhetoric from the former U.S. president influences Latinx adults' feelings of safety and their decisions to seek care in the emergency department (ED).

Objective: Our aim was to examine the impact of political rhetoric on feelings of safety and health care access in the pediatric population.

Methods: This was a cross-sectional study of undocumented Latinx families (ULF), Latinx U.S. citizen families (LCF), and non-Latinx U.S. citizen families (NLF) conducted from November 2018 through February 2020 by means of interviewing a convenience sample of parents and guardians who brought their child to a pediatric clinic and two EDs in California.

Results: Of 705 parents approached, 449 (63.7%) agreed to participate: 138 ULF, 150 LCF, and 158 NLF. Most ULF (95%), LCF (88%), and NLF (78%) parents and guardians had heard anti-immigrant statements from the former U.S. president and most (94% ULF, 90% LCF, 86% NLF) believed these measures against immigrants were being enacted or will be enacted. More ULF (75%, 95% confidence interval [CI] 67–81%) reported that these statements made them concerned about their child's safety in the United States compared with 36% (95% CI 28–45%) and 34% (95% CI 26–43%) of LCF and NLF, respectively. More ULF 17% (95% CI 11–24%) said that these statements made them afraid to bring their child for medical care, compared with 5% (95% CI 2–10%) and 3% (95% CI 1–7%) of LCF and NLF, respectively.

Conclusions: Most parents heard statements against undocumented immigrants by the former U.S. president and most believed measures were being enacted. This rhetoric had a substantial negative impact on ULF parents in terms of safety concerns for their child and fear of accessing health care.

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Supplementary material

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.jemermed.2021.10.15.

Keywords

Latinx; immigrants; health care access; political rhetoric; emergency care; safety

Introduction

The presidential election in November 2016 marked an important transition for immigrants in the United States, characterized by forceful anti-immigrant rhetoric and policy changes, including increased immigration enforcement and raids, travel bans, threatened termination of the Deferred Action for Childhood Arrivals (DACA) program, rescission of Temporary Protected Status for several countries, and changes to the public charge rule (1,2). Although some of these policies are being litigated, and ruled against, by the U.S. Supreme Court (i.e., termination of DACA), threat of their implementation and public effort to overturn court rulings has had a resounding impact (3-10). Harsher immigration policies under the former administration triggered fear among the immigrant community that translated into higher baseline anxiety levels and decreased health-seeking behaviors (11-15).

We found that anti-immigrant statements made by President Donald Trump induced safety concerns and fear of accessing emergency care in adult undocumented Latinx immigrants (16). Considering previous evidence of the negative consequences of anti-immigrant rhetoric and policy in deterring families from enrolling in public benefit programs, the 19 million children in immigrant families in the United States may experience even greater negative consequences of political rhetoric (17). In this study, we sought to examine the impact of political statements made by the U.S. president on feelings of safety and on health care access in the pediatric population. Specifically, we sought to determine the proportion of undocumented Latinx families (ULF), Latinx U.S. citizen/resident families (LCF), and non-Latinx U.S. families (NLF) who had heard statements about deportation and denying services to undocumented immigrants from the U.S. president; whether these statements affected their feelings about their child's safety living in the United States; and whether these statements influenced their decision to bring their child in for medical services.

Methods

Study Design and Setting

From November 2018 to February 2020, we conducted this survey study at the following three sites in California: Zuckerberg San Francisco General Hospital's emergency department, Zuckerberg San Francisco General Hospital Children's Health Center (San Francisco, CA), and Community Regional Medical Center's emergency department (Fresno, CA), with annual pediatric visits of approximately 7000, 32,000, and 12,345, respectively. We obtained Institutional Review Board (IRB) approval from the University of California of San Francisco's Committee on Human Research and Community Medical Center's IRB to conduct this survey study with scripted, verbal consent.

Survey Development

With health literacy experts and consultants in survey design, we previously developed a survey instrument that assessed the impact of the U.S. president's anti-immigration statements on adult Latinx populations perceptions of safety and emergency health care access (16). We adapted this survey instrument consisting of yes or no, multiple choice, free text response, and numerical analog questions to assess the following primary outcome variables in the pediatric population: the proportions of ULF, LCF, and NLF who had heard statements about measures against immigrants from the U.S. president or during the presidential campaign; whether these statements made them worry or feel unsafe about their child living in the United States; and whether these statements made them afraid to bring their child to the emergency department (ED) or clinic for care. We pilot-tested the revised instrument on six parents of pediatric patients and found excellent understanding and consistency of responses. See Appendix.

Participants and Enrollment

We interviewed the parents or guardians of pediatric patients at the three study sites using convenience sampling according to study personnel availability (typically 4-h time blocks on weekdays). We screened ED and pediatric clinic tracking boards for eligible pediatric patients younger than 18 years, excluding patients with any of the following characteristics: critical illness, transfer from another facility, psychiatric chief symptom, suspected child abuse, and altered level of consciousness. We also excluded unaccompanied patients, parents who had neither Spanish nor English language proficiency, and patients whose parents were unable to participate in an interview.

Survey Administration

Research personnel, which consisted of post-baccalaureate students, medical students, and physicians (most of whom were fluent Spanish speakers), were given protocol orientation sessions and shadowed the principal investigators during initial surveys to ensure standardization. Nonfluent Spanish speakers were always paired with fluent Spanish speakers in the event of a language discordance. Study personnel read scripted verbal consents, assuring participants of confidentiality and that participating in the survey would not alter the clinical care of their children. After consent, study personnel read survey questions to participants directly from the data collection forms in the participant's preferred language in private ED areas and clinic rooms. After completing the survey, the participants were again informed about confidentiality and reassured that participation had no impact on the care of their children. Participants were asked whether they would be interested in information sheets about local resources for medical, social, and legal services and were provided the appropriate resources. Participants were also offered "Know Your Rights" packets.

We categorized participants into three groups according to the answers to the following three questions: Do you identify as being of Latino origin? Are you a legal resident/citizen of the United States? Is your child a legal resident/citizen of the United States? Respondents who were ULF identified as Latinx and stated that either they or their child were not citizens of the United States; LCF identified as Latinx and stated that both they and their child

were citizens of the United States; and NLF did not identify as Latinx and stated that both they and their child were U.S. citizens. Seeking to enroll approximately equal numbers of ULF, LCF, and NLF patients, we examined our central database of enrollment quarterly and shifted towards approaching more patients in groups accordingly.

Data Management and Analysis

With standard data-entry, quality-control procedures, we entered data into REDCap, hosted by the University of California, San Francisco (18). We used SAS University Edition software (SAS Institute) for analyses, summarizing patient characteristics as raw counts and frequency percent and aggregate key survey responses as percentages (proportions) with 95% confidence intervals (CIs). Nonresponses to individual questions were not included in the denominators of these proportions.

To assess differences between groups, we compared 95% CIs around differences in proportions. We calculated odds ratios (ORs) to describe the association of patient characteristics (sex, child, or parent identification as Latinx, child or parent U.S. citizen or resident status, child having health insurance, child having a physician or clinic for regular care, having housing, parent having low to little English proficiency, and belief that the statements about immigrants are being or will be enacted, and hospital location and site) with the primary outcomes of feeling unsafe about their child living in the United States and being afraid to bring their child to the ED or clinic. We calculated adjusted ORs using a multivariate regression, including variables that had a $p < 0.2$ of association in the unadjusted analysis.

In our a priori sample size calculation, we determined that we would need to enroll 196 patients in each of the three groups to attain a 7% CI around point estimates of our primary outcome questions. We terminated enrollment before reaching this sample size on February 27, 2020 due to research constraints imposed by the COVID-19 pandemic.

Results

Of the 705 parents or legal guardians of patients approached, 449 (63.7%) agreed to participate. We excluded three parents or legal guardians because they were non-Latinx undocumented immigrants. Of the remaining 446 participants, 138 were ULF (31%), 150 were LCF (34%), and 158 were NLF (35%).

Most children in the study were permanent U.S. residents or citizens; ULF had lower numbers of children who were permanent resident or citizens compared with LCF children (83% vs. 100%; $p < 0.001$). Most ULF parents (93%) reported Spanish as their primary language and 34% reported no English proficiency. ULF children had slightly lower rates of being housed currently (96% vs. 99%; $p = 0.10$), having a primary care physician (88% vs. 97%; $p < 0.002$), and having health insurance (91% vs. 100%; $p < 0.001$) compared with LCF children (Table 1).

High proportions of ULF (85%, 95% CI 78–90%) believed that hospital staff do not treat U.S. citizens differently than non-U.S. citizens. Compared with ULF (18%) and LCF (38%),

a greater percentage of NLF (47%) either believed or expressed uncertainty that hospital staff report non-U.S. citizens to authorities.

Nearly all ULF (99%), LCF (98%), and NLF (99%) knew the name of the U.S. president during the study period (i.e., President Donald Trump). ULF (95%) and LCF (88%) were more likely to report hearing statements about measures against immigrants than NLFs (78%) (ULF vs. NLF: 17% difference, 95% CI 9–25%; LCF vs. NLF: 10% difference, 95% CI 3–19%). Of the participants who had heard statements about immigrants, high percentages reported hearing that the former U.S. president wants to build a wall (98–100%) deport immigrants (96–98%), deny services (80–94%), prevent immigrants from working (78–96%), and prevent immigrants from receiving health care (75–88%) (Table 2). High percentages of ULF (94%), LCF (90%), and NLF (86%) believed these measures are currently occurring or likely to occur. When asked whether these statements made them concerned about their child living in the United States, more ULF (75%, 95% CI 67–81%) than LCF (36%, 95% CI 28–45%) and NLF (34%, 95% CI 26–43%) expressed some degree of worry (ULF vs. LCF: 39% difference, 95% CI 27–49%; ULF vs. NLF: 41% difference, 95% CI 29–51%). Compared with NLF, significantly more ULF and LCF responded with, “This worries me a lot,” when asked about their level of worry about their child’s safety (ULF vs. NLF: 35% difference, 95% CI 25–44%; LCF vs. NLF: 11% difference, 95% CI 2–20%) (Figure 1). High percentages of ULF (83%), LCF (95%), and NLF (97%) responded, “No, not at all,” when asked if these statements made them afraid to bring their child for medical care. However, compared with LCF (5%, 95% CI 2–10) and NLF (3%, 95% CI 1–7), more ULF (17%, 95% CI 11–24%) responded with “Yes, a little,” “somewhat,” or “a lot” (ULF vs. LCF: 12% difference, 95% CI 2–20%; ULF vs. NLF: 14% difference, 95% CI 7–22%) (Figure 2).

Of the considered variables, child or parent identification as Latinx, little to no English proficiency, child or parent U.S. citizen or resident status, belief that the statements about immigrants are being or will be enacted, hospital location, and hospital site met criteria for inclusion in the regression. Only little to no English proficiency and permanent resident and citizen status of child or parent were independently associated with feeling worried or unsafe about child living the United States (adjusted OR [aOR] 2.4, 95% CI 1.02–5.7; aOR 3.9, 95% CI 1.7–8.8, respectively). Presenting to the San Francisco locations (vs. Fresno) and presenting to the ED (vs. pediatric clinic) was associated with fear of bringing child to the hospital (aOR 3.8, 95% CI 1.2–11.6 and aOR 2.9, 95% CI 1.02–10) (Table 3).

Discussion

Children in immigrant families continue to be at the cross-roads of constantly evolving immigration policy reform. In this study, we found that several parents and guardians of children presenting to the clinic and ED in two Northern California hospital sites had heard anti-immigrant statements by the U.S. president and that these statements had a substantial impact on ULF parents’ perceptions of their child’s safety living in the United States. Participants with no to limited English proficiency, in particular, were more likely to feel worried or unsafe about their child’s safety. Although many respondents do not believe that doctors and nurses report non-U.S. citizens to immigration or treat them differently, rhetoric

about immigrants has made approximately one-sixth of ULF parents at least a little afraid to get medical care for their child.

The impact of statements against immigrants and immigrant families coming from a powerful source is not surprising; this study extends the findings of our previous work documenting that these statements have made substantial portions of Latinx populations (both citizens and noncitizens) feel unsafe living in the United States and have induced fear of coming to the ED in undocumented immigrants. Notably, an identical percentage (75%) of undocumented immigrant adults and ULF parents in the two studies reported that the U.S. president's statements had induced safety concerns in the United States, suggesting that our estimate of the impact of these statements is accurate and that the fear is pervasive. Slightly fewer ULF parents (17%) were afraid to bring their child in for health care compared with the 24% of adult undocumented immigrants in our former study who were afraid to come to the ED. The low level of fear in bringing children to the hospital may be explained by several factors: most of the children in ULF families were citizens; hospitals and clinics have promoted inclusive environments; and parents may be willing to take greater risks to promote their children's well-being (19,20).

As in our previous study, the ULF parents were not a medically naïve group. Most were aware that health care workers do not report patients to immigration authorities, and most did not believe they are treated differently than U.S. citizens, suggesting a degree of trust with the medical community. Health care worker activism for immigrant justice, welcoming signage and online statements, and other hospital programs supporting the health care access of recent immigrants may build trust with immigrant communities (19,21,22).

Because of the severe direct consequences to their livelihood and family dynamics, Latinx (particularly undocumented Latinx) families, may be more conscious of the sociopolitical landscape; > 90% of our Latinx participants were aware of negative statements about immigrants from the U.S. president, and most believe that they are happening now or will happen in the future. Conversely, NLF were less aware of anti-immigrant statements made by the U.S. president and expressed more uncertainty about hospital reporting practices and treatment of non-U.S. citizens. In this context, Charles Mills' notion of epistemology of ignorance may indicate continuation of the status quo more broadly—there are no direct consequences to most NLF and therefore no need to know (23).

Most of the ULF children in this study were U.S. citizens, consistent with California data showing that approximately 90% of children in immigrant families are born in the United States (24). A high percentage of children in ULF had insurance and primary care providers, reflecting universal access to the California Medicaid program (Medi-Cal) for children regardless of immigration status. However, like other studies, our study demonstrates that the vulnerabilities associated with parents who are undocumented may be shared by their children (11,23,24). Having an undocumented family member was a negative predictor of the child having insurance, stable housing, and a primary care physician, suggesting that immigration status is a social determinant of health in its own right (25).

Although our study was limited to one region in California, deportation fear and safety concerns may be common in the 5 million U.S.-born children younger than 18 years who were living with at least one parent who was undocumented in 2016 (26). Horner et al. found that children in mixed-status families have complex and stressful lives, constantly worrying about family separation due to their immigration status (27). Enriquez argued that U.S. citizen children and their undocumented parents often share in the risks and punishments associated with undocumented immigration status, described as “multi-generational punishment” (28).

Unexpectedly, we found that participants enrolled from the San Francisco sites were more likely to endorse fear in accessing health care for their child than participants at the Fresno site. One possible explanation is that our study was conducted during a period in which San Francisco received media attention for a surge in Immigrations and Customs Enforcement raids (29). Participants who presented to the ED were more likely to endorse fear in seeking care for their children than those presenting to the pediatric clinic. Parents with emergent child health care needs may be more compelled to seek care, potentially leading to greater sampling of parents with fear in the ED (30). Structural differences between the ED and pediatric clinic environments, including the visibility of police and security in EDs, may also make families feel more at risk of deportation (31-33). Lastly, families may feel safer in the pediatric clinic due to the cultivation of trust through longitudinal provider–family relationships.

Overall, we have documented a baseline level of ULF fear for child safety induced by political rhetoric, suggesting a need for consideration of the welfare of children in political speech. In addition, we recommend future research on the mitigation of fear and safety concerns of immigrant families and assurance of trust in accessing the health care system. Assurance of safety in medical care settings may not translate into comfort outside of hospital and clinic walls. Whole child care should address barriers outside of the hospital in this vulnerable group, especially the threat of deportation (34).

Lastly, we recognize that the change in presidents and administrations since the inception and completion of this study may render our findings less relevant. Nevertheless, certain prominent features of the former administration’s policies toward undocumented immigrants, such as attempts to end DACA and the Migrant Protection Protocols (informally known as the “Remain in Mexico” policy), are being actively adjudicated in courts and continue to be at the forefront of news stories regarding immigration (35,36). To this end, we suspect that immigrants’ health care decisions regarding their children will continue to be governed by fears related to documentation status during the current administration.

Limitations

Although we developed our instruments with health literacy content experts and conducted standard survey piloting measures, there are no formally validated instruments to gauge the specific domains and outcomes we sought to assess in this research. To ensure confidentiality, we relied on self-reported citizenship status and did not formally verify answers. To this end, undocumented Latinx families may have been misclassified if they were too afraid to respond candidly.

Our methods and settings may introduce spectrum bias affecting the generalization of our findings to broader populations. Convenience sampling during weekday daytime hours and exclusion of critically ill children may have precluded inclusion of children who required truly emergent care. We only surveyed families who actually presented to the clinic or ED for their children's health care and did not capture families who chose to forgo care because of fear. We surveyed patients in a state that is generally considered to be "safe" for immigrants. The California Values Act went into effect in January 2018, ensuring that state or local resources cannot be diverted to assist the federal government sanctions with mass deportation efforts and calling schools, hospitals, and courthouses safe spaces (37). In addition, in 2016 California enacted health care expansion, "Health for All Kids," which allowed enrollment in Medi-Cal for children regardless of immigration status (38). As such, ULF in other states or communities without similar measures may have higher levels of safety concerns and fear of accessing health care. Because we only examined those who identified as Latinx, our findings may not generalize to other immigrant populations. Similarly, our study only included children younger than 18 years.

Finally, the sensitive nature of the topic of our survey may have introduced elements of response bias; the mere act of asking questions may have induced fear. Respondents may have felt obligated to respond in ways they believed we wanted them to, or they thought would benefit their child. We sought to address this social desirability bias by training interviewers to first ensure an understanding of confidentiality and that participation would not impact their child's care. We also instructed interviewers to read the questions directly off the scripted survey template in a standardized fashion with neutral tones, avoiding the insertion of leading statements. Lastly, the COVID-19 pandemic induced early termination of this study and led to wider CIs in our point estimates and possibly insufficient power to identify differences in our primary outcomes.

Conclusions

At two hospital sites in Northern California, anti-immigrant rhetoric had a significant negative impact on ULF parents' perceptions of their children's safety living in the United States and has made some of them afraid to seek medical care. We recommend further investigation in broader populations, as well as in-depth qualitative analyses, to better characterize these fears and understand motives behind seeking child medical care in spite of these concerns. Most importantly, in terms of practical interventions, we recommend exploration of measures to assure parent and child safety in accessing health care.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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References

1. Changes to “public charge” inadmissibility rule: implications for health and health coverage. The Henry J. Kaiser Family Foundation. Published August 12, 2019 Accessed April 19, 2020. https://www.kff.org/disparities-policy/fact-sheet/public-charge-policies-for-immigrants-implications-for-health-coverage/.
2. Pierce S, Bolter J, Selee A. U.S. immigration policy under Trump: deep changes and lasting impacts. migrationpolicy.org. Migration Policy Institute. Published July 18, 2018. Accessed April 19, 2020. https://www.migrationpolicy.org/research/us-immigration-policy-trump-deep-changes-impacts.
3. Ramirez Garcia, et al. v. ICE, et al. National Immigrant Justice Center. Published December 10, 2020. Accessed July 5, 2020. https://immigrantjustice.org/court_cases/garcia-ramirez-et-al-v-ice-et-al.
4. Nava Castañon et al. v. DHS, et al. National Immigrant Justice Center. Published January 28, 2020. Accessed July 5, 2020. https://immigrantjustice.org/court_cases/castanon-nava-et-al-v-dhs-et-al.
5. Gonzalez v. ICE National Immigrant Justice Center. Accessed July 5, 2020. https://immigrantjustice.org/court_cases/gonzalez-v-ice.
6. COVID-19 Habeas Litigation. National Immigrant Justice Center. Updated June 9, 2020. Accessed July 5, 2020. https://immigrantjustice.org/court_cases/covid-19-habeas-litigation.
7. O.A. v. Trump National Immigrant Justice Center. Accessed July 5, 2020. https://immigrantjustice.org/court_cases/oa-v-trump.
8. Neidig H New York attorney general again asks court to block “public charge” rule. The Hill. Accessed May 22, 2020. https://thehill.com/regulation/court-battles/495206-new-york-attorney-general-again-asks-court-to-block-public-charge.
9. Update on Ramos v. Nielsen. U.S. Citizenship and Immigration Services. Published November 18, 2019. Accessed May 22, 2020. https://www.uscis.gov/update-ramos-v-nielsen.
10. Liptak A, Shear MD. Trump can’t immediately end DACA, Supreme Court rules. The New York Times. Published June 18, 2020. Accessed July 5, 2020. https://www.nytimes.com/2020/06/18/us/trump-daca-supreme-court.html.
11. Artigia S, Lyons B. Family consequences of detention/deportation: effects on finances, health, and well-being. The Henry J. Kaiser Family Foundation. Published September 18, 2018. Accessed April 19, 2020. https://www.kff.org/disparities-policy/issue-brief/family-consequences-of-detention-deportation-effects-on-finances-health-and-well-being/.
12. Eskenazi B, Fahey CA, Kogut K, et al. Association of perceived immigration policy vulnerability with mental and physical health among US-Born Latino adolescents in California. JAMA Pediatr 2019;173:744–53. [PubMed: 31233132]
13. Roche KM, Vaquera E, White RMB, Rivera MI. Impacts of immigration actions and news and the psychological distress of U.S. Latino parents raising adolescents. J Adolesc Health 2018;62:525–31. [PubMed: 29503033]
14. Zallman L, Finnegan KE, Himmelstein DU, Touw S, Woolhandler S. Implications of changing public charge immigration rules for children who need medical care. JAMA Pediatr 2019;173(9).
15. Roche KM, White RMB, Lambert SF. et al. Association of family member detention or deportation with Latino or Latina adolescents’ later risks of suicidal ideation, alcohol use, and externalizing problems. JAMA Pediatr 2020;174:478–86. [PubMed: 32176245]
16. Rodriguez RM, Torres JR, Sun J, et al. Declared impact of the US President’s statements and campaign statements on Latino populations’ perceptions of safety and emergency care access. PLoS One 2019;14(10).

17. Page KR, Polk S. Chilling effect? Post-election health care use by undocumented and mixed-status families. N Engl J Med 2017;376(12):e2. [PubMed: 28076713]
18. Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, Conde JG, Research electronic data capture (REDCap)—a metadata-driven methodology and workflow process for providing translational research informatics support. J Biomed Inform 2009;42:377–81. [PubMed: 18929686]
19. Saadi A, Molina US, Franco-Vasquez A, Inkelas M, Ryan GW. Assessment of Perspectives on Health Care System Efforts to Mitigate Perceived Risks Among Immigrants in the United States: A Qualitative Study. JAMA Netw Open 2020. doi:10.1001/jamanetworkopen.2020.3028.
20. Philbin SP, Ayón C. Luchamos por nuestros hijos: Latino immigrant parents strive to protect their children from the deleterious effects of anti-immigration policies. Child Youth Serv Rev 2016:128–35. doi:10.1016/j.childyouth.2016.02.019.
21. Montoya-Williams D, Fuentes-Afflick E, Wallis K. The Case for Research-Informed Immigrant Health Policies Within Health Care Systems. JAMA Netw Open 2020. doi:10.1001/jamanetworkopen.2020.3022.
22. Hospital workers protest ICE. The San Francisco Examiner. Published August 28, 2019. Accessed May 15, 2020. https://www.sfexaminer.com/news/hospital-workers-protest-ice/
23. Mills CW. The Racial Contract. Cornell University Press; 1997.
24. Children in U.S. immigrant families. Migration Policy Institute. Published November 13, 2013. Accessed July 2, 2020. https://www.migrationpolicy.org/programs/data-hub/charts/children-immigrant-families.
25. Castañeda H, Holmes SM, Madrigal DS, Young M-ED, Beyeler N, Quesada J. Immigration as a social determinant of health. Annu Rev Public Health 2015;36:375–92. [PubMed: 25494053]
26. Passel J, Cohn D. Most unauthorized immigrants live with family members. Pew Research Center's Hispanic Trends Project. Pew Research Center. Published November 27, 2018. Accessed July 5, 2020. https://www.pewresearch.org/hispanic/2018/11/27/most-unauthorized-immigrants-live-with-family-members/.
27. Horner P, Sanders L, Martinez R, Doering-White J, Lopez W, Delva J. I put a mask on" The human side of deportation effects on Latino youth. J Soc Welf Hum Rights 2014;2.
28. Enriquez LE. Multigenerational punishment: shared experiences of undocumented immigration status within mixed-status families. J Marriage Fam 2015;77:939–53.
29. Fortson J. ICE raids in 10 cities including San Francisco to begin Sunday, report says. ABC7 San Francisco. Published July 12, 2020. Accessed May 22, 2020. https://abc7news.com/5388530/.
30. Langellier BA, Chen J, Vargas-Bustamante A, Inkelas M, Ortega AN. Understanding health-care access and utilization disparities among Latino children in the United States. J Child Health Care Prof Work Child Hosp Community 2016;20:133–44.
31. Tahouni MR, Liscord E, Mowafi H. Managing law enforcement presence in the emergency department: highlighting the need for new policy recommendations. J Emerg Med 2015;49:523–9. [PubMed: 26095221]
32. Jacoby SF, Kaufman EJ, Richmond TS, Holena DN. When health care and law enforcement intersect in trauma care, what rules apply? Health Affairs. Accessed July 12, 2020 https://www.healthaffairs.org/do/10.1377/hblog20180926.69826/full/.
33. Tsai J. Get armed police out of emergency rooms. Scientific American. Accessed July 16, 2020. https://www.scientificamerican.com/article/get-armed-police-out-of-emergency-rooms/.
34. Elejalde-Ruiz AFear, anxiety, apprehension: Immigrants fear doctor visits could leave them vulnerable to deportation. Chicago Tribune. Accessed May 17, 2020. https://www.chicagotribune.com/business/ct-biz-immigration-fears-hurt-health-care-access-0225-story.html.
35. Supreme Court orders "Remain in Mexico" policy reinstated. AP News. Published August 24, 2021. Accessed September 13, 2021. https://apnews.com/article/mexico-courts-immigration-us-supreme-court-a3fe33081fa2909c17e8c08a2c37f818.
36. Jordan M Judge Rules DACA is unlawful and suspends applications. The New York Times. Published July 16, 2021. Accessed September 13, 2021. https://www.nytimes.com/2021/07/16/us/court-daca-dreamers.html.

37. Bill Text - SB-54 Law enforcement: sharing data. Accessed July 5, 2020. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=217218SB54.

38. Moreno E California governor signs “Health for All Kids” bill. Salud America. Published October 13, 2015. Accessed July 5, 2020. https://salud-america.org/california-governor-signs-health-for-all-kids-bill/.

ARTICLE SUMMARY

Why is this topic important?

Health care policies, systems, and structures cannot be viewed, created, and maintained through an apolitical lens. Patients' rights and abilities to navigate health care systems, especially children in immigrant families, are deeply tied to the current political climate and has serious implications on health outcomes.

What does this study attempt to show?

This cross-sectional study of 446 parents in two emergency departments and a pediatric clinic in Northern California showed that the vulnerabilities associated with Latinx immigrant families within anti-immigrant political climate are shared by their children, and subsequently impacts access and use of health care services.

What are the key findings?

Most families had heard anti-immigrant statements by the U.S. president and most believed that measures against immigrants are being or will be enacted. Awareness of anti-immigrant statements impacted undocumented Latinx families' perception of child safety in the United States and noted subsequent fear in bringing their child for medical care. Having an undocumented family member was found to be a negative predictor of the child having insurance, stable housing, and a primary care physician.

How is patient care impacted?

Fear and safety concerns stirred by anti-immigrant rhetoric and policy impacts undocumented Latinx families' decisions to access and use health care services for their children. Fear of deportation and family separation can result in delaying or forgoing medical care for children, as well as underutilizing social services, such as housing, food assistance, and medical benefits. Our study adds to the growing literature showing that immigration status is a social determinant of health in its own right.

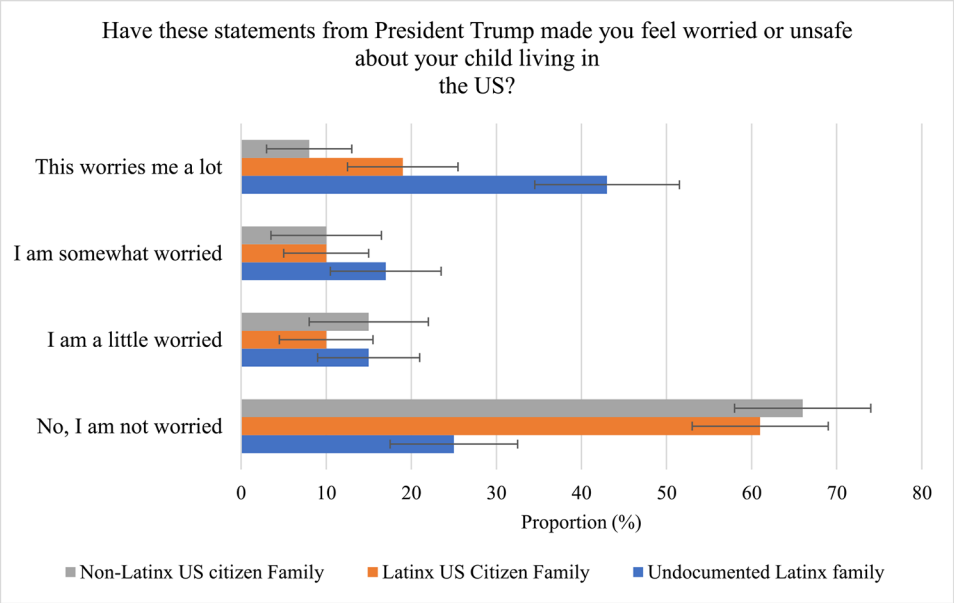

Figure 1.

Perceived impact of the U.S. president's statement about immigrants on feelings about child safety. CI = confidence interval; LCF = Latinx U.S. citizen family; NLF = non-Latinx U.S. citizen family; ULF = undocumented Latinx family.

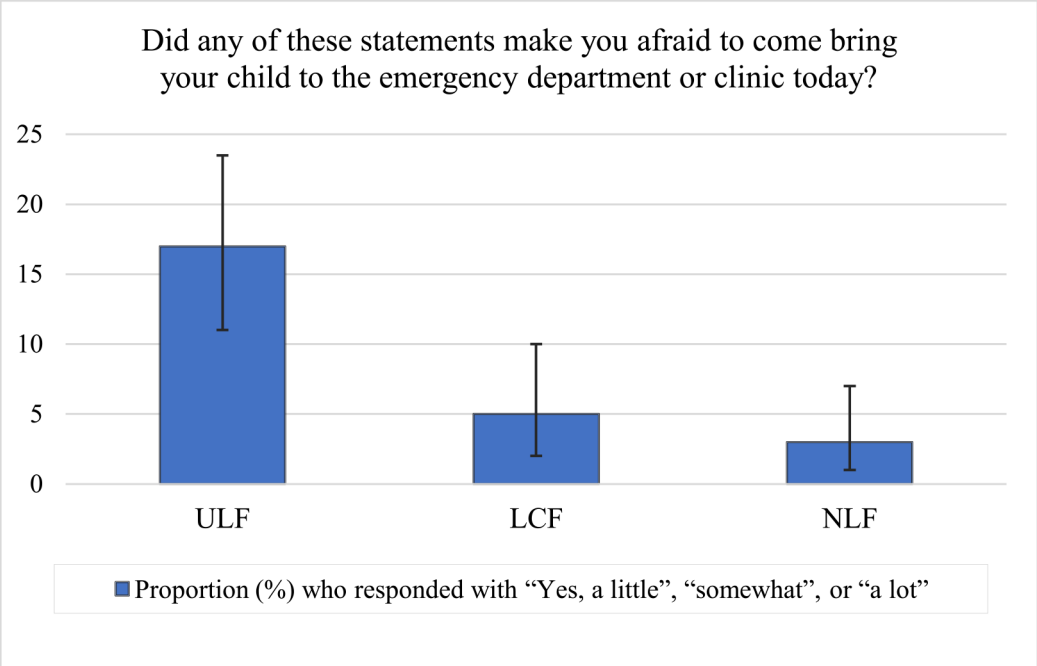

Figure 2.
Perceived impact of the U.S. president’s statements about immigration on the decision to bring child to the hospital. CI = confidence interval; LCF = Latinx U.S. citizen family; NLF = non-Latinx U.S. citizen family; ULF = undocumented Latinx family.

Table 1.

Patient Characteristics Sorted According to Study Groups (n = 446)

Characteristic	ULF, n (%)	LCF, n (%)	NLF, n (%)
Participants	138 (31)	150 (34)	158 (35)
Male children	68 (51)	77 (51)	76 (49)
Female children	70 (49)	73 (49)	81 (51)
Parent's primary language *			
English	10 (7)	108 (72)	145 (91)
Spanish	128 (93)	54 (36)	0 (0)
Other	0 (0)	0 (0)	13 (8)
Parent's English proficiency			
Not at all	47 (34)	6 (4)	0 (0)
A little	66 (48)	15 (10)	1 (1)
Most of it	9 (7)	9 (6)	5 (3)
Completely	16 (12)	120 (8)	152 (96)
Child has health insurance	125 (91)	148 (99)	154 (97)
Private	1 (1)	9 (6)	17 (11)
Medical	116 (93)	128 (86)	127 (82)
Other (Kaiser, Healthy SF, Obamacare, other insurance)	8 (6)	11 (7)	10 (7)
Parent and child have housing	133 (96)	148 (99)	158 (99)
Child has a primary care physician	121 (88)	146 (97)	146 (92)
Child is a permanent resident or citizen of United States	114 (83)	150 (100)	158 (100)

LCF = Latinx U.S. citizen family; NLF = Non-Latinx U.S. citizen family; ULF = undocumented Latinx family.

* Parent's primary language for LCF exceeded 100% because some participants considered both English and Spanish as their primary language.

Table 2.

Responses to Key Questions Sorted According to Study Groups

Question	ULF, % (95% CI)	LCF, % (95% CI)	NLF, % (95% CI)
Do you believe hospital staff report non-U.S. citizens to authorities?			
Yes	5 (3–10)	7 (4–13)	13 (8–19)
No	82 (74–87)	62 (54–69)	54 (46–61)
Unsure	13 (9–20)	31 (24–38)	34 (27–41)
Do you believe hospital staff treat non-U.S. citizens differently?			
Yes	8 (5–14)	18 (13–25)	8 (4–13)
No	85 (78–90)	51 (43–59)	63 (55–70)
Unsure	7 (4–13)	31 (25–39)	30 (23–37)
Did anyone ask about your citizenship?			
Yes	6 (3–11)	1 (0–4)	0 (0–2)
No	94 (89–97)	96 (92–98)	98 (94–99)
Unsure	0 (0–3)	3 (1–8)	2 (0–5)
Do you know who the U.S. president is?			
Yes	99 (96–100)	98 (94–99)	99 (96–100)
Have you heard statements about immigrants from the U.S. president?			
Yes	95 (90−98)	88 (82–93)	78 (71–84)
No	5 (3–10)	12 (7–18)	22 (16–29)
Have you heard the following statements from the U.S. president:			
Wants to build a wall	98 (95–100)	99 (96–100)	100 (97–100)
Wants to deport immigrants	98 (95–100)	96 (92–99)	98 (94–100)
Wants to deny services to immigrants	94 (88–97)	88 (81–92)	80 (72–86)
Wants to prevent immigrants from working here	96 (91–98)	87 (80−92)	78 (70−85)
Wants to prevent immigrants from receiving health care	88 (82–93)	82 (75–88)	75 (67–82)
Other	3 (1–8)	4 (2–9)	6 (3–13)
None of these	0 (0–3)	1 (0–4)	0 (0–3)
Are these statements from the U.S. president happening right now or in the future?			
No, and will never	5 (2–10)	8 (4–14)	14 (9–21)
No, but will happen	21 (5–29)	19 (14–27)	9 (5–16)

Question	ULF, % (95% CI)	LCF, % (95% CI)	NLF, % (95% CI)
Some are happening now	51 (42–59)	58 (50−66)	50 (41–58)
Everything is happening	22 (16–30)	13 (8–20)	27 (20–36)
Unsure	1 (0–4)	2 (0–5)	0 (0–3)
Have these statements by President Trump made you feel worried or unsafe about your child living in the United States?			
No, I am not worried	25 (19-34)	61 (53-70)	66 (58-74)
I am a little worried	15 (10-22)	10 (6-17)	15 (9-23)
I am somewhat worried	17 (11-24)	10 (5-16)	10 (6-17)
This worries me a lot	43 (25-52)	19 (13-26)	8 (5-15)
Did any of these statements make you afraid to bring your child to the emergency department or clinic today?			
No, not at all	83 (76-89)	95 (90-98)	97 (93-99)
Yes, a little	11 (7-17)	3 (1-8)	2 (0-6)
Yes, a moderate amount	2 (1-7)	2 (0-6)	1 (0-5)
Yes, a lot	4 (2-9)	0 (0-3)	0 (0-3)

CI = confidence interval; LCF = Latinx U.S. citizen family; NLF = Non-Latinx U.S. citizen family; ULF = undocumented Latinx family.

Table 3.

Association of Characteristics with Primary Outcomes of Child Safety and Feeling Afraid to Bring Child to the Hospital Because of the U.S. President's Anti-Immigrant Statements: Odds Ratios and Adjusted Odds Ratios

Characteristics	Feel Worried or Unsafe About Child Living in United States Because of Statements	Afraid to Bring Child to Hospital
OR (95% CI)		
Male	1.2 (0.8–1.8)	0.8 (0.4–1.6)
Child or parent identifies as Latinx	2.7 (1.7–4.3)*	7.1 (1.7–3.0)*
Currently housed	0.7 (0.2–3.3)	NE
Child has health insurance	0.2 (0.1–1.1)	0.1 (0.0–0.5)
Little to no English proficiency	5.4 (3.3–8.7)*	5.9 (2.6–13.3)*
Regular clinic or doctor for child's medical care	0.5 (0.3–1.2)	0.4 (0.1–1.2)
Believe any of these things are being done now or will happen	2.8 (1.3–6.3)*	3.1 (0.4–23.2)
Parent or child not permanent resident or citizen	5.3 (3.3–8.5)*	5.5 (2.5–12.4)*
San Francisco site (vs. Fresno)	2.7 (1.7–4.3)*	5.8 (2.5–13.6)*
Presenting to ED (vs. pediatric clinic) aOR (95% CI)	0.4 (0.2–0.6)*	0.5 (0.2–1.1)
Child or parent identifying as Latinx	1.0 (0.6–1.7)	2.4 (0.5–12.7)
Little to no English proficiency	2.4 (1.02–5.7)*	2.4 (0.6–9.0)
Believe any of these things are being done now or will happen	1.8 (0.8–1.5)	NE
Parent or child not permanent resident or citizen	3.9 (1.7–8.8)*	2.1 (0.6–7.8)
San Francisco site (vs. Fresno)	0.8 (0.4–1.8)	3.8 (1.2–11.6)*
Presenting to ED (vs. pediatric clinic)	0.8 (0.3–2)	2.9 (1.02–10)*

aOR = adjusted odds ratio; CI = confidence interval; ED = emergency department; OR = odds ratio; NE = unable to estimate odds ratio.

*Significant at $p < 0.05$.