



MSUSM
DENVER

DACA/UNDOCUMENTED/MIGRANT COMMUNITY HEALTH TOOLKIT



Project Origin and Acknowledgments

This Toolkit is the collective effort of our MSU Denver Health Scholars whose wish was to underscore the importance of access to health for DACA, Undocumented and Migrant Communities. Their efforts have also been presented at the Annual MSU Denver Undergraduate Research Conference beyond their individual class presentations.

Please share widely and help us to disseminate our work. Thank you for carrying our research forward to support and sustain the health of our communities.

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MSU Denver Health Scholars
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Health Facts for DACA/ Undocumented/ Migrant Communities

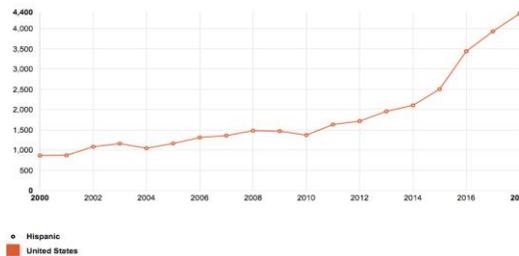
Focus: Biochemistry

In 2017, the U.S. Department of Health and Human Services declared the opioid crisis a public health emergency. It became a main health concern that led politicians to allow more funding for states to expand access to treatment. Although many research studies have portrayed this issue as solely a white problem, it is important to consider that if the opioid crisis is to be addressed, all communities and their needs should be included as well. The Latinx community, in specific, is not only overlooked, but it faces greater health disparities among minority groups. These health disparities include racial biases, immigration status, health care access, language, cultural and political barriers.

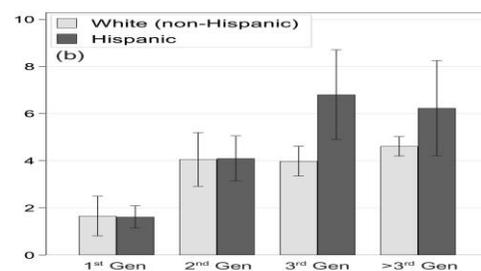
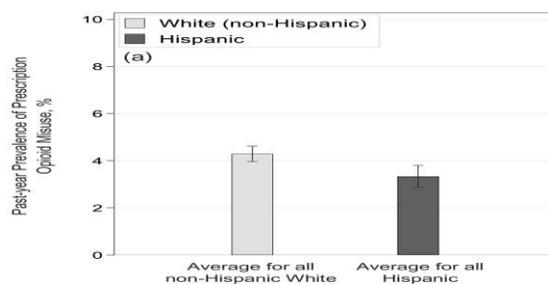
According to the U.S National Library of Medicine, an **opioid addiction** “is a long-lasting (chronic) disease that can cause major health, social, and economic problems. Opioids are a class of drugs that act in the nervous system to produce feelings of pleasure and pain relief. Commonly prescribed opioids include oxycodone, fentanyl, buprenorphine, methadone, oxymorphone, hydrocodone, codeine, and morphine. Some other opioids, such as heroin, are illegal drugs of abuse.”¹

Key Facts and Statistics: The Latinx Experience

- According to Karina Ascunce (2020), data shows that “between 2014 and 2017, the number of opioid deaths per year doubled for latinx people. With poverty rates at 19 percent in 2018, over double that of whites, the latinx community is also more prone to be underinsured or uninsured.”^{3,5}



- According to Manuel Cano (2019), his study showed that his results were consistent with past research which states that first generation immigrants are less likely to have an opioid addiction when it comes to seeing the difference between white people and first-generation immigrants. However, there was further information to take into consideration in between Hispanic generations. The prevalence of opioid misuse in second and third generation was higher than the first generation, and closer to the results from the white population.⁶



Key Issues and Next Steps

- The declaration of the opioid crisis as a public health emergency cannot be talked about without addressing the effects that Black and Latinx communities had during the War on Drugs.
- Due to the previous treatment of non-white people during and after the War on Drugs, racial issues still play a role in the ongoing opioid crisis in America. While non-white people were punished to be incarcerated because of drug use, today white people are met with public health emergencies.
- ⁴According to Gary Enos (2018), researchers found that that immigrants were less likely than U.S-born individuals to have a past-year or lifetime substance use disorder.

Healthcare access

- “Latino subjects received 30% less opioid analgesics than Caucasians” (Jimenez et al., 2010, p.1). Treatment disfavors people of color in receiving pain relief and explains why doctors are most likely to prescribe opioids to white people, which could lead to opioid addictions. ⁸
- Not access to opioids cannot be used as something that has shielded the Latinx community from the opioid crisis. This is an issue because not only are there healthcare inequities, but it can lead to people finding other ways to access opioids that are not necessarily safe.
- In 2019, HHS announced \$1.8 billion in funding to combat the current opioid epidemic by increasing focus on treatment. However, that money does not fund those organization who would provide treatment for the uninsured. ⁹

Cultural and political climate in the U.S.

According to Karina Ascunce (2020), In an interview with the HPR, Dr. Todd Schneberk, assistant professor of clinical emergency medicine at USC, he said that there is discouragement from certain policies to use insurance as Medicaid, which has pushed people further from getting treatment. ³

Immigration status and fear of deportation

Language barriers prevent 20% percent of Latinx people from seeking care in the first place

Colorado Resources

- **Office of Behavioral Health**
<https://www.colorado.gov/pacific/cdhs/opioid-crisis-colorado-office-behavioral-healths-role-research-and-resources>
- **Colorado Crisis Line**
English:
<https://coloradocrisisservices.org>
Spanish:
<https://serviciosdecrisisencolorado.com>

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Author: Karen Nunez Sifuentes



WE STAND *with*
DREAMERS



Lack of health care is seen throughout the world under various conditions and extremities. Specifically, undocumented immigrants in detention centers are being denied health care access and thus leading to various negative effects. Which could have been avoided had they received the attention and treatments necessary. Detention centers have an increased number of detainees that don't have access to health care. They are being denied the right to be seen by a physician for any health concern. Their circumstances shouldn't deny them of their rights, but because they are to be deported, authorities prevent them this right. Many of the negative effects this brings can and should be avoided. The system can provide the necessary means for both adults and children in detentions.

Key Facts and Statistics

- The United States is home to more than 250 immigration detention centers that are designed to confine one or more alien[s] ¹
- Regardless of migration phase and context, Mexican immigrants reported low levels of health care access relative to non-migrants populations in the U.S. ²
- In 2013...ICE detained nearly 441,000 individuals, 90% of whom were nationals of Mexico, Guatemala, Honduras, or El Salvador¹
- In the US there are approximately 12 million Mexican-born immigrants. ²
- In 2010, an estimated 54% of return immigrants in Mexico lacked health insurance, compared with 35% of non-migrant Mexicans. ²
- In one study taken by providers who care for immigrants in Everret (detention center in Massachusetts) found that over 40% reported negative health effects of ICE activities on their immigrant patients. ³
- Over 40% of [study] responses referred to "stress," "fear," and "anxiety" in their patients resulting from the threat of deportation. ³
- Due to the lack of comprehensive infection controls, many immigration detainees contract contagious, preventable, treatable infections, and some die of these infections. ¹
- When examinations are conducted, detention centers frequently misdiagnose or fail to diagnose chronic and acute health conditions¹
- Indeed, ICE's own List of Deaths in ICE Custody hints at additional access problems and reveals a wide range of causes of death in detentions, including untreated staph infections, sepsis, tuberculosis, pneumonia, meningitis emphysema, aneurysm, hypertensions, diabetes complications, HIV complications, cancer, seizure disorders, liver failure, renal failure, and multiple organ failure, as well as electrocution, drowning, rabies, cardiac arrest, shock, traumatic brain injury, methamphetamine intoxication,... ¹

Key Solutions and Next Steps

Due to the lack of health care, there should be more health care access while immigrants are in detention centers.

Provide health care insurance to those in the centers, even if it means temporary and accessible.

Increase sanitation at centers to reduce the spread of various infectious diseases. Some detainees, including children, are not properly seen nor diagnosed by the staff and can easily spread diseases among the detainees.

Improve the quality of health detainees receive, whether it means physical, behavioural and mental health.

Do not deny a detainee patient the ability to be seen by a physician and have medical staff that cares about the health of those detained and diagnosing them properly.

The lack of proper health care leads detainees to anxiety, depression, and even death. Give them the medical attention they need would decrease the number of death rates.

ICE officers should properly record the number of deaths, these records are big indicators on the importance of collecting resources in order to know what truly is happening behind those bars. Many people won't speak out about them.

Colorado Resources

Cása de Paz, located in Aurora, Colorado specializes in helping the community and those who have been affected by deportations by providing housing, transportation, food and resources.

Phone: (720) 500-2272

<https://www.casadepazcolorado.org>

Mountain Family Health Centers, a non profit organization, provides access to those underrepresented individuals of all communities, including immigrants by providing health care, dental care and behavioral health.

Phone: (970) 945-2840

<https://www.mountainfamily.org/about/>

Servicios de La Raza is also a non profit organization located in the Denver Metro area and the Southern part of Colorado that focuses mostly on providing resources to the Latino/a community.

Phone: (303) 458-5851

<http://serviciosdelaraza.org>

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Author: Maria Villagrana



HIV is one of the most arduous burdens to live with, so it is crucial to receive treatment immediately in order to preserve lymphocytic cells. Undocumented immigrants are less likely to preserve CD8+ lymphocytic cells and are more likely to rely on antiretroviral therapy permanently due to late entry into HIV care, which is a consequence of inaccessibility to health insurance and fear of deportation.

“Although health care facilities are safe places...officers in Texas identified undocumented individuals at roadblocks and followed them to hospitals justifying these actions by stating that officers did not detain people at the hospital but simply took them into custody after they left the hospital” (Kerani & Kwakwa, 2018, p.1165)

Key Facts and Statistics

- Undocumented immigrants visit physicians less frequently and use fewer preventative services than other immigrants and US-born people due to fear of government agencies sharing information with ICE.
- Undocumented Latinos are more likely to enter HIV care late and with concurrent AIDS as opposed to Latinos with legal status.
- HIV patients identified and treated early preserve polyfunctional CD8+ T-cell, responsible for immune responses.
- The CD8+ T-cells retrieved from patients who started treatment early on were able to proliferate unlike those of HIV patients who entered care later on.
- CD8+ T-cells can be maintained with the use of antiretroviral therapy and are unique to patients who entered treatment early on in HIV progression.
- In a study of 1620 HIV-infected patients including: 186 undocumented Hispanic, 278 documented Hispanics, 986 black, and 170 white patients, undocumented Hispanics had the lowest median CD4 Cell count of 132 cells/mm³. (Normal range: 500- 1,500).
- HIV specific CD8+ T-cells are better preserved when sufficient CD4+ are still present.



Key Solutions and Next Steps

Fear and lack of health insurance are the greatest barriers that prevent undocumented immigrants from being diagnosed with HIV and entering treatment early in the HIV progression. To help diminish the fear evoked in undocumented immigrants know your rights workshops should take place. Because testing is the first step towards HIV treatment at home HIV testing kits should be offered at lower costs.

Even if fear is not a major factor for lack of HIV treatment and testing in some undocumented immigrants, they are still reluctant to access healthcare due to high cost of treatment as a result of no health insurance. To address this issue undocumented communities should be informed that there are AIDS service organizations designated to help find fund to cover HIV treatment. Undocumented immigrants should also be made aware that there are community health centers for low-income communities. This can be done through making this information more readily available at hospitals.

Free classes covering the options that undocumented immigrants have for receiving healthcare should be offered. It is crucial to inform undocumented communities in order for the HIV-patients to receive the treatment they require early in the viral progression. Without doing so unnecessary amount of people will develop AIDS and possibly die simply due to the lack of resources. Treatment is available and anyone with HIV should have access to it regardless of their legal status

Colorado Resources

Denver Health is one of many safe places in Colorado where immigrants can receive care without fear of that personal information will be shared with Immigration and customs enforcement. 303-436-6000

Salud family health centers has mobile units as well as many locations in Colorado that provide screenings general lab tests as well as general health education. Salud focuses on low income and medically underserved communities. 303-697-2583

Brother Jeff's Cultural Center

303-293-8879 or 303-297- 0823 2836.
Welton St, Denver, Co 80205

Colorado AIDS Project (DCAP)

303-837-0166 ext. 482 – Intake
Coordinator. 2490 W. 26th Ave.,
300A, Denver, CO, 80211.

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<https://www.saludclinic.org/about-us>

Author: Ana Lopez Morales

Health Facts for DACA/ Undocumented/ Migrant Communities

Focus: Oral Health



Immigrants and marginalized communities have dealt with dental health worse than other parts of the US population. Lack of quality health insurance, education and access to care are the major reasons for this.

As a Mexican immigrant, I have seen this first-hand. Studies show that Mexican Americans have the worst overall oral health and lowest use of dental care when compared to other ethnic groups. What can be done to help combat these issues?

Healthcare is a major issue in our country. With 47 million immigrants as of 2015, 14% of the US population is non-US born. By learning to provide better healthcare services to this segment of the US population, we can create a more effective and more efficient healthcare system.

Key Facts and Statistics

- Naturalized citizens and non-citizens are significantly less likely to have had at least one dental visit annually. 35% of naturalized citizens, and 23.1% of non-citizens, compared with 43.6% of US-born citizens.
- Non-citizen visits were more likely to involve tooth extraction than US-born citizens (11.3% versus 8.8%).
- A higher level of dental diseases and underutilization of dental care have been reported among immigrants as compared to their native-born counterparts, specifically among those who have lived in their host country for less than 10 years. Additionally, native-born children see dentists for more preventative care while immigrants receive more treatment based care.
- Hispanics have less access to health care, lower educational attainment, and often lack health insurance. This makes it harder to navigate the health care system and places
- Evidence shows that Mexican-origin immigrants use dental services in Mexico instead of the United States. Another study near the border in Texas showed that nearly half of the immigrants visited a dentist in Mexico.
- In-depth interviews of Mexican immigrants reveal that use of dental care for children was partially determined by overall appearance of their teeth. Discolorations were generally viewed as stains, and thus looked at as a cosmetic issue, not an oral health problem.



Key Solutions and Next Steps

Based on the available data, it is clear that immigrants and non-citizens show major disparities in regards to oral (and general) health. Access to care and education are two major factors here. My plan is to provide dental care to immigrant communities, and more specifically Spanish-speaking populations. Because there is a lack of Spanish-speaking dental providers, it makes it much less likely that these communities will see a dentist for regular check-ups and cleanings.

By being able to relate as an immigrant myself, I plan to educate these members of the community and provide an environment where they can feel comfortable and safe. This will help to provide easier access to dental care. People will be able to feel comfortable coming in for care instead of feeling like they need to travel to their home country.

I also plan to actively engage in community outreach programs to help educate Hispanic populations on the importance of dental care. By relating to these communities, I will be able to take away some of the fear associated with dental care. I would also like to provide low-cost dental care to uninsured and underinsured clients through donations and a the setup of a community clinic where we can obtain grants and federal aid.

By taking these steps, we can help address many of the issues that have a negative impact on the dental and overall health in populations of non-US born citizens. Immigration has always been a major part of the fabric that has built the United States into the greatest country in the world; and there is no end in sight to this. By addressing health care issues in these populations, we can create a stronger, more efficient healthcare system.

Colorado Resources

Dental Health Colorado

<https://www.dentalhealthcolorado.com>

Colorado Dental Health Care Program for Low-Income Seniors

<https://www.colorado.gov/pacific/hcpf/colorado>

Free Dental clinics and centers in Colorado

<https://www.needhelppayingbills.com/html/Colorado-free-dental-clinics>.

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Author: Diana Romero

Health Facts for DACA/ Undocumented/ Migrant Communities

Focus: Psychology



“Latino immigrants face many tremors before, during, and after migration to the U.S., but there are few mental health services available to help them cope with this transition.”

Latino immigrants face a lot of stress and mental health issues on a daily basis. Due to the lack of knowledge they fail to seek treatment. The system however also fails them in not providing resources in different language and that are culturally appropriate for them.

Key Facts and Statistics

- Migration is a process that involves many stressors like learning a new language, separating from family and friends, adapting to cultural systems, etc.
- Many people bring a lot of stress with them from their countries under traumatic conditions, war, torture, domestic violence as the main reason for leaving their countries
- Recent study of 134 detained were found with high rate of psychological distress, one third reported symptoms indicative of post-traumatic stress disorder, one quarter of major depressive disorder, and 17% of both
- Lack of insurance and targeting of people who have a legal status
- Fastest growing demographic group; in the 2015 census 56.6 million people (17.6% of total population)
- Latinos are underrated for mental health conditions for various reasons; isolation, lack of knowledge about mental health disorders and treatment, and reliance on homemade remedies and religion spirituality
- Anti-immigration policies are big stressors on the latino immigrant and non-immigrant community regardless of their status
- Lack of insurance and contact with primary care providers

XENOPHOBIA
IDENTITY
LANGUAGE BARRIER
IMMIGRANT
CULTURE
FINANCES
RACISM
TRAUMA
UNCERTAINTY
DOWN-
WARD
MOBILITY

Key Solutions and Next Steps

- Educate Latinos about mental health that it exists and that there is treatment and resources for it
- Insurance programs that can be beneficial for immigrant and non-immigrant families all together
- Create material that is culturally appropriate for Latinos and their beliefs
- Create safe spaces

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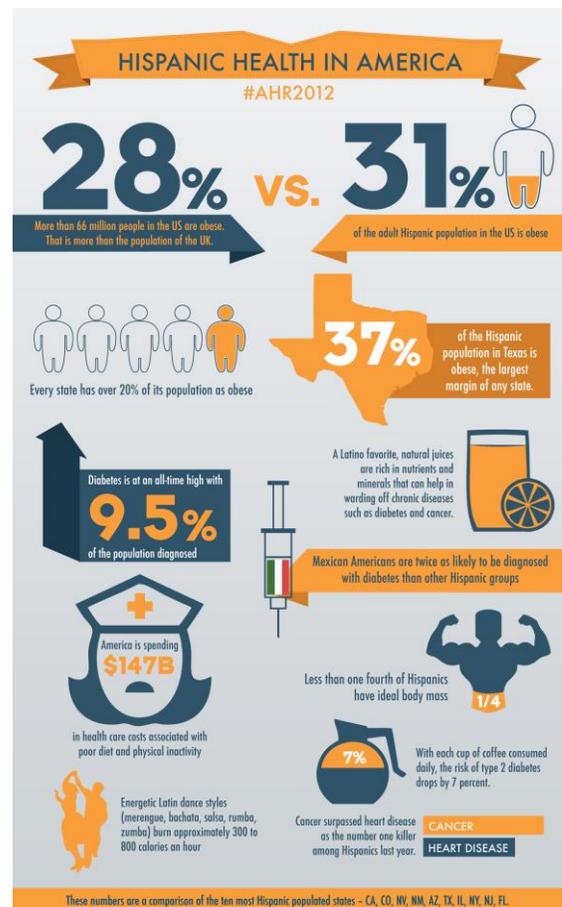
Colorado Resources

Mental Health Center of Denver

- El Centro De Familias
- Bilingual and Spanish-speaking initial assessment
- Case management
- Psychiatry, medication evaluation and management

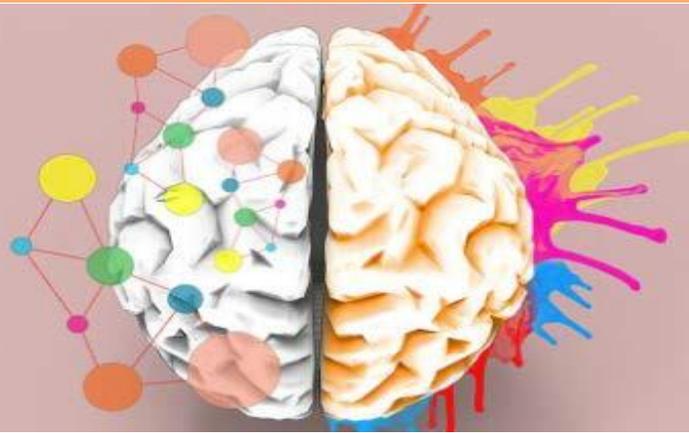
Group for Latino Immigrants

- Testimonios
- Provides a safe space for immigrants to share their experiences with other immigrants



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Author: Itzel Perez Galicia



The inability for an individual to access mental health services due to lack of "status" is detrimental to immigrants, their families and communities as a whole.

Mental health is the foundation for a healthy, balanced life. Mental health includes psychological, emotional and social well-being, this means that it impacts how we act, feel and behave each day. Our mental health is vital to our success in everyday life activities like work, school and parenting but it also determines how we handle stress, trauma and abuse. Mental health does not discriminate; all humans are susceptible to mental illness. Today in America disparities in mental health services still exist, with the immigrant/undocumented population being the most vulnerable, having equal access to mental health services regardless of 'status' is not a luxury but a necessity.

Key Facts and Statistics

- Immigrants and refugees face trauma and stressors, both prior and after their migration
- Today there is an estimated 40 million people in the US who were born in another country, 11 million are undocumented, nearly 700,000 have DACA and 437,000 have temporary protected status (TPS)
- Immigrants, especially those who are undocumented, face hardships that make it difficult to attain employment, education, housing, transportation, cultural barriers and accessing resources such as mental health
- Mental health includes emotional, psychological and social well-being. Mental health impacts how we feel, act and think making it crucial to living a healthy and balanced life
- Good mental health means healthy thriving population, it's vital to one's personal productivity, healthy stress response and contribution to their communities
- Immigrant communities face challenges such as discrimination, language barriers, lower access to overall healthcare, sense of belonging and stereotypes. These barriers add stress and anxiety which is detrimental to one's mental health.



Key Solutions and Next Steps

Improvements in our current mental health system is critical for the wellbeing of immigrants and their communities.

Some solutions can include:

Broaden the awareness of mental health providers serving immigrants in order to be sensitive and effective to the unique traumas and life stressors that migrant communities
Improve the mental health services that are already in place by prioritizing cultural competence

Increase the diversity of staff members in mental health services to ensure that language is not a barrier and allow for a deeper connection between health provider and patient

Affordable health care must be a luxury everyone can access financially and geographically, lack of 'status' should not be an obstacle in accessing mental health services

Colorado Resources

Colorado Crisis Services

<https://coloradocrisisservices.org>

Mental Health Center of Denver

<https://mhcd.org/mental-health-immigrants-refugees-faith-communities/>

The Center for Trauma & Resilience

<http://www.traumahealth.org>

Suicide Prevention Hotline

<https://suicidepreventionlifeline.org/help-yourself/en-espanol/>



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Detrimental Mental Health Effects on Children of Undocumented Parents Living in the United States

Parental immigration status has an immense impact on children's development and mental health, especially for those whose parents are undocumented living in the United States. Fear, uncertainty and immigration policies are stressors that can affect communities, families and children's well-being. The implementation of anti-immigration policies and the effects in these communities, results in higher risk of depression and anxiety symptoms experienced by immigrant children who have experienced or fear family separation.

Key Facts and Statistics

- Children who fear family separation have had noticeable impact in behavioral changes, increase in fear and anxiety, compared to those who do not experience separation
 - There is a relationship between symptoms of Post-Traumatic Stress Disorder with the fear of immigration raids
 - Exposure to toxic stress can negatively impact short and long-term health
 - Latino children tend to be emotionally impacted by the threat of deportation, consistently worrying about their family stability
- Between 1998-2007**
- More than 100,000 parents of US citizen Children were deported according to the Department of Homeland Security
 - 88,000 US citizen children lost a parent due to deportation according to the University of California B Berkley and Davis School of Law
 - 44,000 out of those 88,000 were children under the age of 5
 - At least 1 out of 5 children in the United States are growing up in immigrant homes

Key Solutions and Next Steps

- Affordable and accessible Health Care
- Better understanding and recognition of barriers children experience from Pediatricians



Colorado Resources

Mental Health Center of Denver

A multi-cultural clinic providing bilingual mental health care to Latino/Hispanic Community – Denver CO
(303) 504-1500

Rocky Mountain Immigrant Advocacy Network -Children's Program

Provides free legal representation for immigrant children and their families
Westminster CO
(303) 866-9308

Colorado Immigrant Rights Coalition

Denver CO
(303) 922-3344

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American Academy of Pediatrics

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Health Facts for DACA/ Undocumented/ Migrant Communities

Focus: Mental Health Among Hispanics



“Mental pain is less dramatic than physical pain, but also harder to bear. The frequent attempt to conceal mental pain increases the burden. “

-C.S. Lewis

Mental illness is an issue many people go through in their lives. Among males, this is no different; despite this, males are less likely to seek help and more likely to have dismissive opinions and views on mental illness. This issue is complex and involves various variables that must be addressed on a foundational level. Hispanic males are raised within a culture that often dismisses the issue of mental illness until it is unfortunately too late. We must be mindful of the impacts culture and society may be having on people's view of mental health.

Key Facts and Statistics

- In general, men are less likely than women to seek mental health services [5]
- Men are more likely to internalize their mental and emotional pain [4]
- Among US adults, approximately 18% have a diagnosable mental disorder in a given year [2]
- Among Hispanics, 15.3% report their mental illness [1]
- Among Hispanics with a mental illness, only 31% receive mental health services [4]
- Hispanic males and female are less likely to seek mental health services, mostly due to
 - Cultural barriers/stigma
 - Lack of financial resources
 - Lack of insurance
 - Distrust of healthcare system
 - Language barriers [1]
- Higher levels of machismo among Mexican American men predict higher levels of stress and depression [5]

Key Solutions and Next Steps

- **Seek help** and help others to seek help, nobody should deal with mental illness on their own
- Encourage conversations about mental illness, have a person that you can talk to about your mental health
- Contact a local mental health service facility for further access to resources and information

Colorado Resources

Colorado Crisis Services

1-844-493-8255 (24/7 crisis support), or text TALK to 38255

Community Reach Center

Westminster- (303) 853-3500
Walk-in crisis center at 2551 W 84th Ave, Ste 2, Westminster

Mental Health Partners

Boulder- (303) 443- 8500
Walk-in crisis center at 3180 Airport Road, Boulder

Mental Health Center of Aurora

Aurora- (303) 504-6500

Denver Health Behavioral Health Center

Denver- (303) 602-4851



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Author: Luis Alan Martinez

Health Facts for DACA/ Undocumented/ Migrant Communities

Focus: Integrative Health Care



Immigrants face various adversities due to their status. These adversities cause significant amounts of stress on individuals who identify as immigrants. Immigrants experience stress that results in negative health outcomes including high blood pressure, cardiovascular risk, and obesity.

These come as consequences of experiencing stress as an immigrant. It leads to an increased risk for chronic diseases that further affects the quality of life of the underserved, immigrant community.

Key Facts and Statistics

The stress related to being an immigrant has shown to affect the physiological health of the individuals with this status. Stress related specifically to discrimination has shown to increase **systolic blood pressure, body mass index, and fasting glucose**. As a result, this increases the risk for disease among immigrants.³

The chronic health diseases that immigrants are at risk for due to stress include:

- Diabetes
- Obesity
- Cardiovascular Diseases

The high levels of stress associated with fear of deportation also increases risk of cardiovascular health through an increased risk of obesity and high blood pressure.⁴

There has been a common misperception when it comes to immigrant's health, as it is seen through the "**Hispanic Paradox**" which suggests that immigrants are healthier than non-immigrants. Immigrants often experience a language barrier that can lead to significant amount of stress, which is associated with stress-related conditions such as **depression** and **anxiety**. As a result, immigrants who have a language barrier are generally more stressed and report poorer health status.¹

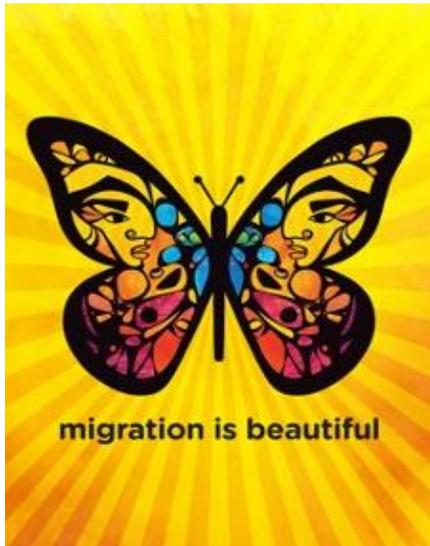


Key Solutions and Next Steps

Immigrants experience constant stress due to fear of deportation and profiling everyday of their lives. Due to their undocumented status, immigrants encounter fear not only of being deported, but also fear of having encounters with local law enforcement or the lack of documentation to apply for health insurance.²

As a result, we must improve the relationships between local law enforcement and the communities as well as advocate for rights of immigrants. This can be done on a systemic level or through the immigrant community. Communities can educate on immigrant rights and responsibilities. This will decrease the stress immigrants perceive from society.

Education and advocacy in the immigrant community is needed to lessen the discrimination/othering that is experienced among immigrants. This is especially critical in the immigrant community due to the disease risks that come from the stress from discrimination.⁵



Colorado Resources

- **Colorado Immigrant Rights Coalition:** Supports immigrants by informing the public on immigration law and helps in documenting instances where Immigration and Customs Enforcement (ICE) may overstep the law. (303) 922-3344
- **Plaza Aztlan (Denver, CO):** Provides health services such as overall wellness seminars, health counseling, diabetes management, and more to Spanish speaking individuals.
- **Clínica Tepeyac (Denver, CO):** Provides basic medical services to immigrant families who do not have access to healthcare services. They also provide chronic disease screening

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Health Facts for DACA/ Undocumented/ Migrant Communities

Focus: Integrative Health Care



Depression is a silent killer that can affect anyone, regardless of gender, age, race or legal status. In underserved populations mental health, specifically depression, often goes unnoticed and untreated. In some cases, individuals do not have access to a primary care provider or a mental health professional due to the health care disparity they face. Moreover, there is a social stigma or taboos that discredits depression and its effects on a person's life. Although access to health care and lack of education on mental health issues are prevalent amongst underserved populations, there are great resources and alternatives that a person can utilize to cope with depression. Some of the known alternatives that can assist a person battling depression are: essential oils, mindfulness-based cognitive therapy, meditation, St. John's Wort and physical exercise.

Alternative Methods to Cope with Depression

- **Essential oils:** Essential oils, such as lavender and almond oil have been found to have therapeutic benefits in the management of some cases of depression (mild to moderate). Essential oils can be accessed at many local supermarkets, making it easy for the public to obtain it.^{1,2,5}
- **Mindfulness-based cognitive therapy and Mindfulness Meditation:** A combination of these two techniques can aid people with depression deal with their symptoms.^{3,7}
- **St. John's Wort:** The use of St John's wort has been shown to help individuals cope with depression and its side effects in conjunction with mental therapy. A person can consume St John's wort in the form of tea or pill. This herb is cost effective and easy to access.⁴
- **Physical Exercise:** Exercise can play a crucial role in a person's life, including those who are deeply affected by depression. With a daily minimum of 30 minutes of exercise, a person can start to feel better and be on the right path to living a depression free life. Outdoor activities have also been found to have a positive impact on people's overall wellbeing.⁶



Key Solutions and Next Steps

Though there are many obstacles when it comes to taking care of one's mental health and overall health, there are a multitude of holistic approaches that a person can practice to better take care of their own health and combat health issues, such as depression. Perhaps taking ten minutes every day to practice mindfulness meditation techniques, going on a walk, or even just experiment with different pleasant aromas. The path towards a wholesome mental health and overall quality of life starts with small actions that one has the power to do to make a difference in their own life.

Colorado Resources

The following Mental Health resources are available for anyone, including undocumented immigrants, at low cost, or no cost at all.

- **University of Denver Counseling Services Clinic.** Visit their online website to schedule an intake appointment. The sessions are provided by graduate student counselors under direct supervision of licensed psychologists and a peer consultation group. Prices range from \$5 - \$30 per session.
<https://morgridge.du.edu/counseling-educational-services-clinic/>
- **Colorado Wellness Recovery.** Free online screenings, treatment plans and other resources. Visit their website: <https://cowellnessrecovery.org/>
- **Denver Parks and Recreation.** Find a number of free parks, trails and recreation activities in the Denver-metro area to unwind your mind and release stress. Visit their website:
<https://www.denvergov.org/content/denvergov/en/denver-parks-and-recreation/parks.html>
- **Colorado Crisis Services**
 - Over text message (text the word "TALK" to 38255). (available 24/7)
 - Via phone at 1-844-493-825 and Via online chat: <https://coloradocrisisservices.org/>.(available 24/7).
 - Walk-in centers throughout metro Denver, northern, the southeast region and the western slope

Disclaimer

The content is not intended to be a substitute for professional advice, diagnosis, or treatment. Always seek the advice of your mental health professional or other qualified health provider with any questions you may have regarding your condition. If you are in crisis or you think you may have an emergency, call your doctor or 911 immediately. If you're having suicidal thoughts, call 1-800-273-TALK (8255) to talk to a skilled, trained counselor at a crisis center in your area at any time (National Suicide Prevention Lifeline).

- **Calm Meditation YouTube Channel.** Meditation YouTube videos that can be accessed 24/7 for free. Online link: <https://www.youtube.com/channel/UChSpME3QaSFAWK8Hpmsg-Dyw>
- **The Mindful Movement YouTube Channel.** Free online meditation videos, exercise regimes and other videos series to help cope with depression. Online link: https://www.youtube.com/channel/UCu_mPIZbomAgNzfAUERL7w

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Health Facts for DACA/ Undocumented/ Migrant Communities

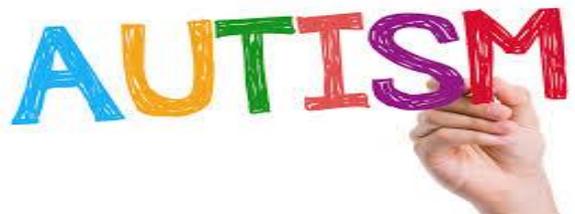
Focus: Speech Language Pathology



Autism spectrum disorders (ASDs) affects 1 out of 68 US children older than 3 years, and early ASD detection is essential to improving long-term developmental and cognitive outcomes. Realizing the importance of early diagnosis, studies have indicated that children from Latino families that meet ASD diagnostic criteria are diagnosed years after symptoms appear or are never diagnosed. When it comes to undocumented Latino families the statistics are more problematic. Therefore, the goal of this fact sheet is to shed light on these disparities, and provide possible solutions and recommendations for families, speech therapies and health care policy makers.

Key Facts and Statistics

- Latino children are diagnosed with ASD 2.5 years later than white non-Latino children
- Majority of monolingual Spanish-speaking Latino families are from a lower socio-economic status, undocumented, and don't have accessible healthcare access
- Majority of research of ASD focuses on Caucasian middle-class families
- Lack of awareness from health profession when assessing ASD individuals from multicultural backgrounds
- Early signs of ASD recognition is beneficial for early intervention which in turn improves outcomes
- Practitioners tend to dismiss concerns from Latino parents due to lack of communication
- Disparities: Lack of awareness of symptoms of ASD by Latino families, language barriers, financial implications, faith in holistic medicine
- Lack of bilingual Speech language pathologies (SLPs)
- Difficult in finding appropriate healthcare, educational and related services
- Mental disability stigma and disinformation in the community
- Sense of embarrassment and shame towards having a child with ASD



Key Solutions and Next Steps

Strategies to reduce disparities among Latino undocumented families with ASD children:

- Create more awareness of ASD among Latino families via instructional videos, brochures, and reach out programs in their native language
- Encourage families to seek support early
- Get familiarized with assessment procedures
- Involve churches, schools and community centers in the dissemination of information
- Diagnostic process should be simplified, accelerated, convenient and comfortable for the child
- Fund research studies focused on the undocumented Latino demographic
- Doctors should regularly review the early signs of autism with parents
- Increase cultural and linguistic competence as a service provider
- Understand that cultural beliefs and perceptions are important; they influence when and how parents report concerns regarding their children
- 1 in 5 students served by SLPs in schools are bilingual, but out of 170,692 only 4.41% or 7,443 are Spanish-English bilingual SLPs; therefore, graduate schools should prioritize bilingual candidates
- Providers could connect families of newly diagnosed children with other families of children with ASD (support network)
- SLPs should involve all family members in discussion about ASD



Colorado Resources

Autism Society of Colorado

Information and support for families/providers
720-214-0794

www.autismcolorado.org

Colorado Sites of Autism Treatment Network

Services for children with ASD

www.jfkpartners.org

www.childrenscolorado.org

Department of Education's Office of Special Education

Special education services for school-aged children with disabilities

www.cde.state.co.us/cdesped

Brooke Carson, Autism Specialist

303-866-6691

carson_b@cde.state.co.us

Early Intervention Colorado

Services for children under the age of 3 years with developmental delays or disabilities

1-888-777-4041

www.eicolorado.org

[external icon](#)

Family Voices Colorado

Support for parents of children with special needs

800-881-8272

www.familyvoicesco.org

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Although healthcare is afforded to anyone who is eligible or can afford it, those who are undocumented are unable to receive health insurance and this can negatively affect the healthcare workers who treat these patients. Being witness to the negative outcomes undocumented people suffer from due to the lack of resources they can access, or that healthcare workers are able to offer, as well as seeing the determinants that exist in healthcare and being unable to change them negatively affect the healthcare workers who treat these patients.

“Concern about jeopardizing patient trust and emotional exhaustion from witnessing needless suffering and high mortality” were just one of the concerns that medical professionals shared (Cervantes, 2020).

Key Facts and Statistics

- Only through the Emergency Medical Treatment and Active Labor Act (EMTALA) are undocumented immigrants eligible for emergency-only services, but to qualify for emergency-only dialysis for example, undocumented immigrants must have signs and symptoms of worsening end-stage kidney failure such as metabolic acidosis, uremia, and hyperkalemia, all of which can cause heart dysrhythmias and death if not treated immediately (Cervantes, et al, 2018).
- Private health insurance for undocumented immigrants was done in Dallas, Texas and resulted in reduced mortality rates, emergency room visits and hospital stays, as well as reduced costs. (Cervantes, et al, 2018).
- Clinicians describe themes of detaching from patients as a means of numbing themselves against feeling too much empathy because they feel powerless to change the situation, frustration regarding perceived lack of control over emergency only hemodialysis (EoHD) criteria [for treatment] which seemed to be inconsistent and vague, and physical exhaustion from overextending to bridge care” (Cervantes, et al, 2018)
- “To be honest with you, I feel like the patient is like, “Okay, they're not on my side. They're making me leave”. – Internal Medicine Physician



Key Solutions and Next Steps

- One study, conducted over a seven-year time frame, showed that immigrants consistently contributed a net surplus of 11.1 to 17.2 billion dollars per year to Medicare from 2002-2009, resulting in a total sum of 115.2 billion dollars over this seven-year time frame.
- Moreover, the majority of this was contributed by immigrants who do not have US citizenship. In comparison, US citizens created a 30.9-billion-dollar deficit in the year 2009 alone.
- Likewise, the Social Security Administration's Office of the Chief Actuary estimated that undocumented immigrants contributed a total of 12 billion dollars to the Social Security Retirement Trust Fund in 2007" (Cervantes, et al, 2018)
- Treating these patients who cannot receive health care outside of emergency only treatment takes a toll on the healthcare professionals that see these patients near death constantly.
- According to Cervantes (2020), healthcare workers experience moral distress when providing what they feel is substandard care leading to professional burnout.
- Healthcare access for Undocumented Folks: <https://freeclinicdirectory.org/>
- Offering comprehensive medical care to undocumented immigrants is not a far off or absurd idea. Considering that immigrants pay into taxes, of which they are not eligible for in a majority of cases, means that funds exist to create programs designed for these patients. Offering health insurance at the state level is an option that could cover overall healthcare needs leading to reduced mortality rates, emergency room visits and hospital stays, as well as reduced costs. The better care that can be offered before medical problems become complications ensures that patients aren't being put at risk from being rejected from life-saving services. This also reduces the workload and ethical strain that healthcare professionals suffer from when treating patients in dire need, and not being able to offer them the care they know they require and are capable of offering.

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Author: Alejandra Merjil

Disparities in Access of Healthcare for Undocumented Individuals

Focus: Health Insurance Coverage



The United States (U.S.) is classified as an industrialized country, but compared to others, there is a disparity in the healthcare (HC) system that has created a political drive to introduce a National Health Insurance (NHI) system.³ However, the closest that this country has gotten to accomplishing an NHI system, is by the introduction of the Affordable Care Act (ACA) of 2010 under former President Barack Obama.² This provides access to health insurance coverage for more uninsured individuals at an affordable cost and expands Medicaid programs; however, undocumented individuals are excluded from participating in ACA marketplaces.⁴ If every individual in the U.S.—including the undocumented—had the right to access health insurance coverage, more people would gain agency to address their medical conditions by acquiring preventive, primary, and specialty care instead of postponing their health concerns.

Key Facts and Statistics

- ACA was introduced in order to make health insurance affordable and available to more people, however, many remain uninsured⁴
- Medicaid and Medicare—including most insurance programs—are funded jointly by the states and federal government⁸
- Undocumented individuals are not eligible to enroll in Medicare, Medicaid, or ACA Marketplaces-Federal Programs¹
- Less likely for employer-sponsored coverage due to low-wage jobs¹
- In 2017, 28.5 million people in the U.S. did not have any type of insurance at any point of the year⁷
- In 2017, the Hispanic population had the highest percentage of uninsured at 16.1; non-Hispanic Whites had the lowest percentage at 6.3⁷
- It is stated that 45,000 people die every year for the lack of health insurance⁴
- Many undocumented migrants restrain themselves from obtaining care, have limited access, or delay care¹
- This results to more severe symptoms which requires more intensive interventions; this can lead to an increase use of emergency department (ED) services⁶
- Immigrants utilize ED services less than U.S. - born citizens, albeit, they do not have health insurance and ED can be used as an alternative to primary care⁶

Key Solutions and Next Steps

California will soon extend their Medi-Cal benefits for undocumented immigrants. In 2016, Medi-Cal was expanded to undocumented children.⁶ Currently, California is a great advocate for the access of HC for undocumented immigrants; Colorado could also introduce similar legislative efforts and executive decisions.⁵

Although the biggest key solution and the next step to address this disparity in HC should be the implementation of an NHI or a National Health Coverage (NHC) system, there are alternatives available for undocumented immigrants.⁵

Under EMTALA, EDs are required to provide care no matter the immigration status.⁹ Providing health education to inform this population of the alternatives is important. Safety net clinics or providers, Federally Qualified Health Centers (FQHCs), low-cost care through community health centers, discount programs, and indigent care programs.^{1 & 5}

Colorado Resources

Clinica Tepeyac | 303) 458-5302

Denver Health Main Campus | 303) 436-6000

Denver Health's School-based Health Centers like
Kepner 720)424-0126 & Lincoln HS 720) 423-5020

Colorado Coalition for the Homeless | 303) 422-5938

Bernard F. Gipson Eastside Family Health Center |
303) 602-6333

Center for Hearing, Speech and Language- Denver |
303) 322-1871

Champa Dental Office | 303) 312-9703

Federico F. Peña Southwest Family Health Center and
Urgent Care | 303) 602-0000

Inner City Health Center | 303) 296-1767

Women's Mobile Clinic | 303) 436-4949

Refer to United We Dream & Immigrants Rising



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Impact of Language Barriers on non-English Speaking Populations

Focus: Health Care and Insurance Literacy



There are endless number of barriers that make the struggle of accessing health care for many individuals seem like an impossible task. One barrier that is not talked about often is language. There are thousands of individuals in the United States whose primary language is not English. We have begun to adapt more to these populations but literacy pertaining to health care and health insurance is also an issue. Health care is a right for all individuals regardless of their legal status or the language they speak. Even though health care is a right for everyone regardless of language spoken and legal status, we are still seeing barriers around these issues. Our health care system should provide adequate translation services to all non-English speaking individuals because it is important that everyone is able to understand the health care system, their own health care, and their health coverage benefits.

Key Facts and Statistics

Data on limited literacy skills amongst three racial/ethnic populations. ¹

Race/Ethnicity (adults)	% with limited literacy skills (out of total population)
African Americans	66%
Hispanic	74%
Whites	32%

Data derived from 6,100 parents surveyed on their health literacy proficiency. ¹

Health Literacy, %	%
Below basic	11.2%
Basic	17.5%
Intermediate	56.3%

Health Literacy

“The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”¹

Limited Health insurance literacy

Not being able to properly understand what our health insurance covers can have an impact on the amount of health care that we seek. Fear of not being able to afford health care services is a big reason why many don't visit the doctor regularly. Not knowing who qualifies, where or how to apply for health insurance, leaves people without coverage. When language is a barrier, this adds more to their accessibility of obtaining health care coverage. Health insurance language is a barrier on its own.

How DACA & Undocumented individuals are being affected

DACA and Undocumented individuals are not the only ones being affected by this health literacy and language barrier. There are many individuals of all backgrounds and legal statuses whose health care is being impacted due to their ability to properly understand and interpret their health care needs and possible health insurance coverage. Immigrants are a population that are impacted a bit more from this barrier though because of the many other barriers that are already in the way of their access to health care. On top of language and health literacy, DACA and undocumented individuals might also deal with the lack of health insurance, access to health care, knowledge of their health care needs, etc. Addressing language and health literacy, is a step in the right direction to providing the proper and appropriate health care to all individuals. ²

Areas we need to work on

Proper and well-trained translators available to all

- Include all languages spoken in the US
- Training on basic medical terminology
- Training on basic health insurance terminology.

Educating both patients and providers

- Inform providers about disparities that they might witness and
- Inform patients about possible disparities that they might be dealing with.
- Educate patients on their health care and basic health care literacy.
- Be open about addressing these health care literacy issues by having flyers that encourage patients to ask questions and
- Avoid leaving doctors' visits with doubts and concerns.
- Remind doctors that not everyone speaks the same language as they do. Not everyone has the same level of education as them and their colleagues to be able to properly understand everything.

Colorado Resources

- Colorado Health Literacy Coalition- <https://www.healthliteracycolorado.org/> 12401 E. 17th Ave. LB Suite 10-032, Mailstop F448. Aurora, CO. 80045.
- The Colorado Health Foundation: Health Insurance Literacy grant (in progress) <https://www.coloradohealth.org/funding-opportunities/funding-opportunity-health-insurance-literacy>
Khan Nguyen- 303-953-3639
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- Colorado Association of Professional Interpreters <https://www.coloradointerpreters.org>



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Villagrana

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Martinez

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Galicia

Mental health image: Adobe stock file # [64564172](#) : Diverse Hands Holding The Words Mental Health By Rawpixel.com

Hispanic health in America: <https://visual.ly/community/Infographics/health/hispanic-health-america>

Alderete

Brain banner: Adobe stock file# [224508089](#) Brain left and right creativity functions Sketch concept / Illustration. By guguart

First head: Adobe Stock FILE #: [107509307](#): Human head isolated on white. Abstract vector illustration of face with colorful circles By Aliaksandra

Second head: <https://epic-tv.com/events/blog/music-and-health-benefits-mental-health-and-dementia/>

Calvete

Nutrition image: Adobe stock file #[207747718](#): Alternative Medicine. Herbal Therapy. By pat_hastings

Chacon

Chalkboard: https://www.123rf.com/photo_31174749_hand-describing-the-idea-creation-process-in-steps.html

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Merjil

Tree and sunset: <https://www.pexels.com/photo/flight-landscape-nature-sky-36717/>

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Castro

Green tree near tower: <https://www.pexels.com/photo/green-tree-near-tower-1492390/>

Mind graphic: <https://pngio.com/images/png-a231539.html>

Romero

Dental health terminology: <https://www.dental.umaryland.edu/media/sod/dental-public-health/Wordle-2.JPG>

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Lopez

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Hands and ribbons: <https://www.pinterest.com/pin/122160208612450218/>

“We need to help students and parents cherish and preserve the ethnic and cultural diversity that nourishes and strengthens this community - and this nation.”

-Cesar Chavez





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