

Parental Awareness of Health and Community Resources among Immigrant Families

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Objectives: To examine the association between parental immigrant status and awareness of health and community resources to help address common family problems. *Methods:* Using the 1999 National Survey of America's Families, a survey of the health, economic, and social characteristics of children and adults, bivariate and multivariate analyses were conducted on 35,938 children to examine the relationship between parents' immigrant status (U.S.-born citizens, naturalized citizens, and noncitizens) and their responses to questions about their awareness of specific health and community resources. *Results:* Compared to U.S.-born citizens, noncitizens were at the highest risk of not being aware of health and community resources for most outcomes, followed by naturalized citizens. The services of which noncitizens were most likely to be unaware were places to get help for family discord, child care issues, and family violence. Multivariate analyses indicate that parental race/ethnicity, education level, employment status, and child age were other significant independent risk factors. *Conclusions:* Immigrant parents are at particularly high risk of alienation from systems of health care and support services that are available to low-income and other vulnerable populations in the United States. These findings clearly document disparate awareness among parents of different immigrant status. Community and health resources should reach out to immigrant populations, in linguistically and culturally appropriate ways, to alert them to the availability of their services.

KEY WORDS: immigrants; support services; children.

U.S. census data indicate that 20% of children lived with a foreign-born householder in 2002, an increase from 15% since 1994, although only 4% of these children are themselves foreign-born (1). Children living with foreign-born householders tend to be younger, and are more likely to live in poverty than those living with U.S.-born householders (2). Regardless of birth place, children in immigrant families are a special population since their well-being is very much influenced by the immigrant attributes of their

parents, including those of language and cultural barriers, health care seeking behavior, and public program access and eligibility. The United States has also experienced within the last decade a dispersal of immigrants to many states that previously did not have a large foreign-born population (3).

Among many health issues faced by immigrants, those related to health care access and insurance are the most challenging (4–9). Despite studies showing lower mortality and morbidity risks among immigrants compared to U.S.-born infants, children, and adults (10–16), other measures of well-being have been less favorable. For example, child and parental birthplace have been found to affect insurance status and access to preventive health and dental services among children and adolescents in the United States (17, 18). The joint effect of being foreign born and

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lacking health insurance among the poor has also been associated with a severe lack of a usual source of care (19). The Academy of Pediatrics, in fact, published a policy statement describing the medical and psychosocial risk faced by immigrant children and recommending that children not be denied needed services based on immigration status (20).

For immigrant children, health issues are compounded by the problem of adaptation to a new culture, particularly for children with limited English proficiency (LEP) (21, 22). Even in Canada, where health insurance is universal, new immigrants lack access to formal and informal support to help them use services effectively, and this access has been linked to linguistic isolation (23). Moreover, these children's parents are limited in their ability to act as advocates for their children in the health care setting (24, 25). Recent studies on immigrant adolescents revealed significant psychosocial deficits in the school environment, and a lack of parental support among those whose primary language at home is not English (26, 27). These psychosocial, educational, and family risk factors are important elements of child and adolescent well-being.

Because of their relatively lower income levels, many foreign-born households have a greater need for public benefits and services, including Food Stamps, health insurance through the Medicaid and State Children's Health Insurance Program (SCHIP), and housing assistance, as well as cash benefits. In 1999, 21% of households with foreign-born householders used at least one noncash benefit, compared to less than 15% of native-born households. Eight percent of foreign-born households used cash benefits (such as Temporary Assistance for Needy Families, General Assistance, or Supplemental Security Income [SSI]), compared to 5.6% of native households (28).

Nonetheless, there is still significant evidence of unmet need for health and social services among immigrant families, evidenced by the reports on lower rates of being insured (4, 8), having a usual source of care, or reporting good health, particularly among adolescents (29). Other needs are more common in immigrant families as well: children of immigrants are more likely than children of native-born parents to live in crowded housing, to have difficulty affording food, or to pay at least half their income for housing (8). Passage of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act has limited immigrants' access to many public benefits (Public Law 104-193).

Immigrants have been shown to have many unique barriers against accessing health care systems and resources. Among these are culture, language, and insurance (30-32). Studies linking the awareness and knowledge of community resources have shown a positive association with health care utilization and subsequent health outcomes (33, 34). Nevertheless, one study has shown that immigrant populations have particular difficulties accessing community resources (35). To ensure a healthy transition into their new lives, it is important to examine immigrants' awareness of the resources that are available to them.

Despite a need to understand the health access disparities faced by immigrant families, most recent national surveys on children and adolescents do not collect data on detail immigrant status of children and their parents (36-38). We have also not found any studies that systematically explore immigrant families' awareness of the various support services that may be available to them to address their broad range of needs. Using the 1999 National Survey of America's Families (NSAF), this study describes the prevalence of resource awareness by immigrant status of parents, and isolates the independent risk factors that contribute to the lack of awareness of resources in their communities to help them cope with common children's health care problems.

METHODS

Data Source

The 1999 NSAF is the second in a series of biennial surveys examining the health, economic, and social characteristics of children, adults under the age of 65, and their families. The NSAF was conducted by the Urban Institute and Child Trends. It provides national estimates, as well as estimates for 13 selected states, of the civilian, noninstitutionalized population. Interviews in English or Spanish were conducted with 44,499 households through a random digit dialing survey of households with telephones and an area sample conducted in person for households without telephones. An oversample of families with incomes below 200% of the federal poverty level was obtained. Interviews were conducted between February and October 1999 (39).

Our analysis used the 1999 NSAF Child Public Use File, which includes 35,938 children younger than 18 years old. For households with children, up to two children were sampled, one child age 5 or

under and one child between the ages of 6 and 17 (selected randomly if the family had more than one child in either age group). The adult most knowledgeable about the child's health care, education, and well-being was asked to participate in the interview (92.4% of the responding adults were either the mother or father of the child and will be referred to as the parent hereafter). The national response rate for the child interviews was 81.4% (40).

Statistical Analysis

Data analyses were conducted using WesVar 4.0, a statistical analysis package developed by Westat (Rockville, MD) to accommodate data generated by complex survey designs (41). Chi-square tests and logistic regression models were used to examine the association between parent's knowledge of specific community resources and the independent variables. Independent variables significant at $p < 0.05$ in the bivariate analysis were selected for inclusion in the regression models. P values are reported for the bivariate analysis. Adjusted odds ratios (ORs) and 95% confidence intervals (CIs) were computed by using the regression (beta) coefficients and standard errors obtained from the logistic regression models.

Measures

The major independent variable is the immigrant status of the parents, which is divided into three categories: U.S.-born citizens, naturalized U.S. citizens, and noncitizens. (Noncitizens and naturalized citizens are foreign born. Noncitizens tend to be more recent immigrants compared to naturalized citizens, although information on length of time in the United States was not available in the survey. They may be legal or illegal immigrants, also known as undocumented aliens.) In addition, the analysis controls for other demographic variables, including the respondent's age, educational level, race and ethnicity, employment status, family income as a percentage of the Federal poverty guidelines, and the child's age (0–5, 6–10, and 11–17).

The dependent variables address the parent's knowledge of specific programs in the community where they or their families can go for six types of support services: for a teenager to get help to stay out of trouble with pregnancy, drugs, or crime; where a family could go for help getting housing, food, or money in an emergency; where a family could go if

the parents and children are arguing a lot; resources that step in if parents cannot or will not take care of their children; resources that can help if a family member is being violent to a child or adult in the family; and where someone could go for help to stop abusing drugs or alcohol. All were yes/no questions.

RESULTS

Table I shows the demographic distributions of the families by parents' immigrant status. There were 1579 naturalized citizens, and 2410 foreign-born noncitizens. The comparison group consisted of 31,949 U.S.-born citizens. Significant associations were found for all sociodemographic characteristics and immigrant status ($p < 0.001$), with the exception of child gender ($p = 0.50$). The largest proportion of young parents was among noncitizens, who also had the highest proportion of children less than 5 years of age. Nearly 70% of the noncitizens were Hispanic, and 14% were Asian, while a third of the naturalized citizens were Hispanic and another third Asian. The proportion of noncitizens who live in poverty was more than twice that of U.S.-born citizens. Nearly half of the noncitizens had less than a high school education, while less than 10% of the U.S.-born citizens were without a high school diploma. Noncitizens were most likely to have never been employed, while naturalized citizens had the highest level of current employment. More than ninety percent of the respondents of the households were parents across all immigrant groups.

Table II shows the results of the bivariate analysis of the relationship between immigrant status and knowledge of community resources. In general, between one-third and one-half of respondents did not know about resources to help with each type of problem, with the highest percentage reporting no awareness of where a teenager could get help to stay away from pregnancy, drugs or crime (53.8%) and the lowest percentage unaware of where to go to get help with drugs or alcohol (31.7%). Lack of awareness of resources was most common among noncitizens; at least two-thirds of this group was unaware of community resources for each of the six problems. Although naturalized citizens were more similar to noncitizens, they nevertheless reported unawareness in between the levels of U.S.-born citizens and noncitizens for each resource.

Table III shows the results of the multivariate analysis of the association between immigrant status and awareness of resources after controlling for

Table I. Sociodemographic Characteristics by Parent Immigrant Status: NSAF, 1999

	U.S.-born citizen		Naturalized citizen		Noncitizen	
	%	SE	%	SE	%	SE
Respondent relation to child						
Mother	74.3	0.5	66.3	2.1	71.4	1.6
Father	18.1	0.4	27.3	1.8	22.4	1.5
Relatives	3.9	0.2	4.2	0.8	3.2	0.7
Other	3.7	0.2	2.2	0.5	3.1	0.4
Parent age (year)						
<25	6.5	0.2	2.5	0.6	9.6	1.1
25-65	93.1	0.2	97.1	0.6	90.4	1.1
>65	0.4	0.1	0.5	0.2	0.1	0.1
Parent race/ethnicity						
Non-Hispanic White	74.1	0.3	17.9	1.7	11.5	1.1
Non-Hispanic Black	16.0	0.2	10.1	1.0	6.0	0.8
Hispanic	7.7	0.2	37.6	2.3	68.9	1.5
Non-Hispanic Asian	1.0	0.1	34.3	2.1	13.5	1.1
Non-Hispanic Other	1.3	0.1	0.1	0.1	0.1	0.1
Parent education						
<High school	9.7	0.5	12.5	1.7	43.8	1.9
High school graduate	31.2	0.5	22.2	2.1	19.4	1.5
>High school	59.2	0.6	65.2	2.4	36.8	1.6
Parent employment status						
Never employed	1.8	0.2	2.1	0.7	11.8	1.2
Previously employed	28.8	0.5	20.7	1.9	30.2	1.6
Currently employed	69.4	0.5	77.2	1.9	58.0	1.8
Family poverty level						
<100% FPL	16.4	0.4	12.0	1.4	37.4	1.9
100-200% FPL	21.8	0.4	24.8	1.6	32.7	1.7
200-300% FPL	19.9	0.6	21.3	1.8	13.0	1.3
>300% FPL	41.8	0.7	41.9	1.9	16.8	1.4
Child age (year)						
0-5	29.2	0.2	27.2	1.8	34.7	1.1
6-10	30.3	0.3	32.3	1.6	29.0	1.1
11-17	40.6	0.3	40.5	2.4	36.3	1.4
Child gender*						
Male	51.0	0.2	52.5	1.7	52.2	1.3
Female	49.0	0.2	47.5	1.7	47.8	1.3
Unweighted N	31949		1579		2410	

* $p = 0.50$, all other $p < 0.001$.

demographic variables. A consistent pattern can be clearly seen: across all support services, the highest risk of unawareness of resources is found among noncitizens, followed by naturalized citizens. Nonci-

tizens were four times as likely as U.S.-born citizens not to know where to get help with drugs or alcohol (OR = 4.12, 95% CI = 3.28, 5.17); who steps in if parents cannot or will not care for their children

Table II. Parents' Lack of Awareness of Community Resources by Immigrant Status, NSAF, 1999

	Total		U.S.-born citizen		Naturalized citizen		Noncitizen	
	%	SE	%	SE	%	SE	%	SE
<i>Not know a specific place or program in the community that</i>								
Teens can get help stay away from pregnancy, drugs, and crime	53.8	0.6	51.1	0.7	64.6	2.0	75.2	1.6
Family can get housing/food in emergency	43.1	0.6	39.2	0.7	64.2	2.1	71.9	1.2
Family can go if parents and children argues a lot	52.4	0.6	48.8	0.6	69.9	1.7	80.3	1.4
Steps in if parents can/will not take care of children	48.7	0.6	44.2	0.7	72.5	1.9	82.6	1.3
Helps if a family member is being violent to child or adult in the family	37.7	0.6	32.7	0.6	63.3	2.2	76.0	1.7
Someone can get help to stop abuse of drugs/alcohol	31.7	0.5	27.0	0.5	52.8	2.6	69.5	1.7

Note. All p values of chi-square test < 0.0001 .

Table III. Adjusted ORs (95% CI) for Parents' Lack of Awareness of Community Resources by Parent Immigrant Status, NSAF, 1999

	Place/program for teen pregnancy, drugs and crime	Program for housing/food in emergency for family	Place/program to go if parents and children argue a lot	Program that steps in if parent can/will not take care of children	Place/program if family member is violent	Place/program to get help for drugs/alcohol
Parent immigrant status						
U.S.-born citizen	1	1	1	1	1	1
Naturalized citizen	1.75 (1.37-2.23)	2.31 (1.87-2.85)	2.12 (1.74-2.59)	2.64 (2.1-3.31)	2.92 (2.29-3.71)	2.4 (1.84-3.13)
Noncitizen	2.36 (1.89-2.95)	3.44 (2.88-4.09)	3.33 (2.64-4.21)	3.84 (2.96-5)	4.22 (3.21-5.56)	4.12 (3.28-5.17)
Parent race/ethnicity						
Non-Hispanic White	1	1	1	1	1	1
Non-Hispanic Black	0.95 (0.82-1.11)	1.08 (0.93-1.26)	1.3 (1.11-1.51)	1.18 (1.02-1.38)	1.14 (0.98-1.33)	1.29 (1.09-1.53)
Hispanic	0.97 (0.82-1.15)	1.15 (1-1.31)	1.16 (0.99-1.38)	1.75 (1.5-2.05)	1.52 (1.29-1.81)	1.56 (1.35-1.81)
Non-Hispanic Asian	1.21 (0.88-1.68)	1.62 (1.1-2.38)	1.66 (1.19-2.32)	1.45 (0.97-2.18)	1.46 (0.98-2.19)	1.55 (1.05-2.29)
Non-Hispanic Other	0.89 (0.56-1.41)	0.89 (0.6-1.32)	1.17 (0.72-1.89)	0.99 (0.68-1.45)	0.92 (0.57-1.49)	0.7 (0.4-1.21)
Parent employment status						
Never employed	1.52 (1.08-2.16)	1.13 (0.78-1.63)	1.19 (0.77-1.85)	1.25 (0.77-2.03)	1.28 (0.86-1.9)	1.43 (0.99-2.07)
Previously employed	1.18 (1.05-1.32)	1.17 (1.05-1.32)	1.22 (1.1-1.36)	1.22 (1.1-1.35)	1.27 (1.14-1.42)	1.25 (1.11-1.41)
Currently employed	1	1	1	1	1	1
Parent education						
<High school	1.56 (1.23-1.97)	1.43 (1.17-1.75)	1.61 (1.26-2.05)	1.39 (1.11-1.74)	1.68 (1.26-2.25)	1.43 (1.14-1.79)
High school graduate	1.39 (1.25-1.53)	1.22 (1.08-1.37)	1.5 (1.34-1.67)	1.31 (1.15-1.49)	1.34 (1.17-1.53)	1.22 (1.1-1.37)
>High school	1	1	1	1	1	1
Family poverty level						
<100%FPL	1.19 (1-1.41)	0.75 (0.64-0.89)	1.08 (0.94-1.23)	0.95 (0.8-1.13)	1.02 (0.85-1.22)	1.07 (0.92-1.25)
100-200% FPL	1.13 (1.01-1.27)	0.83 (0.74-0.94)	1.02 (0.91-1.15)	1.01 (0.9-1.14)	1.04 (0.92-1.18)	1.09 (0.96-1.25)
200-300% FPL	1.11 (0.98-1.27)	0.94 (0.83-1.07)	1.06 (0.94-1.2)	1.01 (0.9-1.14)	1 (0.88-1.13)	1.03 (0.89-1.19)
>300% FPL	1	1	1	1	1	1
Child age (year)						
0-5	1.34 (1.22-1.48)	1.17 (1.07-1.28)	1.45 (1.32-1.59)	1.23 (1.11-1.35)	1.12 (1.02-1.24)	1.15 (1.04-1.27)
6-10	1.05 (0.94-1.16)	1 (0.91-1.09)	1.06 (0.96-1.17)	1.04 (0.95-1.13)	0.94 (0.84-1.06)	0.94 (0.85-1.04)
11-17	1	1	1	1	1	1

(OR = 3.84, 95% CI = 2.96, 5.00); and where to get help if a family member is violent (OR = 4.22, 95% CI = 3.21, 5.56). They were also three times as likely not to know where to get emergency help with housing, food, or money (OR = 3.44, 95% CI = 2.88, 4.09); where to go if the family is arguing a lot (OR = 3.33, 95% CI = 2.64, 4.21); and resources to contact for teens to stay away from pregnancy, drugs, and crime (OR = 2.36, 95% CI = 1.89, 2.95). Naturalized citizens were also more likely than U.S.-born citizens to not know about resources: they were at more risk of not knowing who steps in if children are not cared for (OR = 2.64, 95% CI = 2.1, 3.31); who can help if a family member is violent (OR = 2.92, 95% CI = 2.29, 3.71); and where to go to get help with drugs or alcohol (OR = 2.4, 95% CI = 1.84, 3.13); where to get emergency help with housing, food, or money (OR = 2.31, 95% CI = 2.87, 2.85); where to go if the family is arguing a lot (OR = 2.12, 95% CI = 1.74, 2.59); and resources to contact for teens to stay away from pregnancy, drugs, and crime (OR = 1.75, 95% CI = 1.37, 2.23).

In addition, parents of preschool children, Hispanics, Asians, and Blacks, those with a high-school education or less, and those not currently employed were somewhat more likely not to have knowledge of community resources to address family problems. Family poverty level was not an independent factor, with the exception that parents of poorer families knew more about the housing and food emergency resources than parents of higher income families. Parent's age was not included in the final model due to collinearity with the child's age.

DISCUSSION

Immigrant parents are at particularly high risk of alienation from systems of health care and support services that are available to low-income and other vulnerable populations in the United States. Legal restrictions on eligibility, language barriers, and acculturation issues limit immigrant families' awareness of and access to services intended for families in need.

As this analysis shows, the risk of this lack of awareness varies across parents' immigrant status. Noncitizens are the least likely to know where to turn if a family member is in need, in danger, or faces important health risks. The risk of lack of awareness is also significantly elevated for naturalized citizens. In addition to the differential eligibility for resources,

immigrant status can be a proxy for the length of residence in the United States, as well as for the degree of acculturation.

Controlling for immigrant status, our data also show that ethnic minorities such as Hispanics, Asians, and Blacks are still at a higher risk of not knowing about some available resources, which is consistent with the disadvantages these populations face across the health care system. Parents' employment status plays an important role in the families' exposure to the outside world and emerges as an independent risk factor. Those who were not employed at the time of the survey were significantly disadvantaged in their awareness of resources.

In a separate analysis of a low-income subsample, naturalized citizens and noncitizens were not significantly different from U.S.-born citizens in having knowledge about Medicaid (data not shown).

Limitations

Some limitations of this analysis should be noted. The NSAF is conducted in English or Spanish and not in any other languages. Immigrant respondents whose primary language is not English or Spanish may therefore tend to be more educated and fluent in English than their peers, thus resulting in a possible underestimate of risk for the actual immigrant populations in the United States. Undocumented immigrants who may be at the highest risk of being not aware and not able to utilize health and community resources are likely not to participate in the survey due to fear of exposing their illegal status; however, the survey contained no information about immigrant respondents' legal status. We were also limited to the series of questions asked in the survey, which may not be adequate or complete in providing answers to other areas of interest, such as awareness of specific health care resources or health insurance programs. Another such area is the level of need for each of the services analyzed: data are not available to assess whether respondents would take advantage of these services if they did know about them. In addition, estimates for Asians were not significant likely due to small numbers, although the direction of the risks in these populations is evident.

Our study clearly documents and identifies the relative lack of awareness of resources related to violence, crime, health, adolescent pregnancy, and substance abuse among immigrant families. Clinicians or

health care facilities that treat immigrant populations should be observant of their patients' awareness of health and social services in the community. Special outreach efforts should be made to target immigrant families to help improve their transition into the U.S. health care system.

These findings have important implications for outreach to immigrant communities on community services. Noncitizens are not necessarily ineligible for most of the services discussed here, such as emergency shelters, child protective services, and food banks. However, prohibitions on enrollment in Medicaid and SCHIP may deter families from seeking other services as well. Therefore, it is critical that community resources use all available means to reach immigrant communities, in their languages and with culturally acceptable messages, to alert them to the availability of the essential services that they can provide. These services should be particularly targeted to families with young children, where parents can learn about community resources while the children are young. This can strengthen the family's defense against future problems with teenage pregnancy, substance abuse, and family violence. Another vulnerable population is those not employed outside of the home; coupled with the burden of living in a new country, they may have the most need, and yet also be at particular risk of alienation within society at large.

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