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Beyond Borders

Immigration Basics for Nurses

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Abstract

The United States is known as a nation of immigrants and a land of promise that welcomes the needy, poor, and oppressed. Immigrants represent some of the most vulnerable in society. It is vital that nurses and other health care providers possess knowledge of social, economic, and political factors related to health care for immigrant populations. This article provides definitions of the various immigrant populations, addresses health needs within this group, and offers suggestions for nursing practice and advocacy.

Keywords asylum seeker, cultural competence, immigration, immigrant health, refugee

The United States has long been known as a nation of immigrants and a land of promise that welcomes the needy, poor, and oppressed. In the last 250 years, immigrants have brought energy, diversity, talent, and new ideas that shaped the country's identity and helped create the solid economic foundation that now positions the United States as one of the world's superpowers (Lind, 2012). During this history, each new wave of immigrants experienced discrimination and resentment, but ultimately American values of democracy and freedom prevailed, human rights were upheld, and the new group was eventually accepted (Lind, 2012). Due to recent increasing fear of global terrorism and the hotly debated topic of access to health care for persons without citizenship residing in the United States, immigration has become a divisive issue.

The American Nurses Association (Godfrey, 2010) passed a resolution that reaffirmed its position that all persons living in the United States should have access to health care, and that nurses should possess the knowledge of social, economic, and political ramifications if immigrants are denied access to health care. Considered a vulnerable population, immigrants need protection from derogatory or stereotypical comments or actions that create hostile health care environments and threaten the quality or safety of patient care (Fitzgerald, Myers, & Clark, 2016). It is helpful for nurses to understand basic principles of immigration and their implications for the profession of nursing and the individuals to whom they provide care.

Basic Definitions and Statistics

Immigration is a broad term often used to describe any group of people who have moved from one place to another. To gain a deeper understanding of the process and the people involved, it is important to be knowledgeable of the various terms and to use them appropriately (see Box 1).

In addition to the terms listed in Box 1, a term used to define a particular group is “DREAMers”, in reference to the Development, Relief, and Education for Alien Minors (DREAM) Act, which was first introduced in 2001 as Senate bill 1291. The authors of this legislation aimed to provide a pathway for undocumented immigrant children to attain permanent legal status (LawLogix, 2013). Although the original bill and several subsequent DREAM Act bills have failed to pass into law, the label of this group of individuals remains.

In 2015, the immigrant population in the United States totaled more than 43.3 million and comprised 13.5 % of the overall population (Zong & Batalova, 2017). In the same year, 1.38 million new foreign-born persons arrived in the United States with the leading countries of origin being India (179,800), China (143,200), Mexico (139,400), the Philippines (47,500), and Canada (46,800) (Zong & Batalova, 2017). More than 70,000 of these newcomers are legal refugees fleeing their country of origin (U.S. Department of State, n.d.). Slightly more than 1 million persons obtained lawful permanent resident status in the United States between the years of 2013 and 2015, with the majority last residing in an Asian (406,000) or Central American (439,000) country (U.S. Department of Homeland Security, 2016).

Global figures from 2015 (United Nations Refugee Agency, 2016) indicate the number of migrants to be more than 244 million worldwide, with 65 million of these individuals being women and children who were forcibly displaced. This staggering number included 21 million refugees, 40 million internally displaced persons, and 3.2 million asylum seekers (United Nations Refugee Agency, 2016). Each of these categories has implications for population and individual health as well as access to health care resources. The Centers for Disease Control and Prevention (CDC) monitors health conditions unique to this population and provides guidelines that direct appropriate screening, treatment, tracking, and reporting of disease. They take the lead

in educating and communicating with immigrant and refugee groups and partners to improve the health of the country's newest residents while assuring the health safety of established residents (CDC, 2013).

Health of Immigrants in the United States

Historically, most immigrants entering the United States have been young and healthy but go on to experience health deterioration over time largely due to dietary changes, poverty, and decreased access to health care services. Additional studies suggest that the age at the time of immigration may have a greater impact on health deterioration and mortality than the length of time in residence in a new country. When immigrants enter the United States after the age of 24, they are more likely to retain the diet and health practices of their home countries, thereby providing some degree of protection from the high rates of obesity, hypertension, and cardiovascular disease seen in the United States. When a person immigrates to a new country as a child, that individual is more likely to become immersed in the new culture and adopt eating habits, such as increased access to fast foods, and other behaviors that may be detrimental to health. This pattern seems to be apparent regardless of length of residence in the United States (Holmes, Driscoll, & Heron, 2015).

In recent years, the cohorts of persons arriving in the United States tend to have higher obesity rates with more rapid weight gain after arrival (Giuntella & Stella, 2017). Yeh and colleagues (2016) found that higher body mass index (BMI) measurements were more common in immigrants arriving in the United States with refugee or employment visas when compared to those admitted to be reunited with family members. Increased BMI in this population is associated with other cardiometabolic risk factors such as diabetes, hyperlipidemia, and hypertension (Commodore-Mensah et al., 2016). In addition to chronic illness, immigrants are

less likely to be fully immunized and more prone to infectious diseases such as hepatitis B, tuberculosis, and parasites. Because of the psychological trauma many of these individuals have endured, mental illness, especially posttraumatic stress disorder and depression, are also commonly exhibited (Bertelsen, Selden, Krass, Keatley, & Keller, 2016; Commodore-Mensah et al., 2016).

Health of Immigrant Women and Children

Immigrant women often face additional obstacles to optimal health and wellbeing due to their gender and social status if they arrived in the United States from a country where women are less valued or empowered. The role and status of women in the United States may create dissonance and strain on the family unit, especially if the woman is employed outside of the home. On the other hand, women are a source of strength and a determinant of family health. The assets immigrant women bring to the family are optimism, strong religious beliefs, motivation, and clear life objectives (Bonmatí-Tomás et al., 2016).

Birth outcomes for immigrant women in the United States improved following the expansion of health coverage to both documented and undocumented pregnant immigrant women. Increased access to care and utilization of services for pregnancy-related conditions has the potential to improve both maternal and infant outcomes (Wherry, Fabi, Schickedanz, & Saloner, 2017). It has been noted that the prevalence of prematurity and low birth weight of infants born to immigrant women varies greatly based on country of origin (Villalonga-Olives, Kawachi, & von Steinbüchel, 2016). Even with expanded health coverage, immigrant women continue to face barriers to accessing culturally sensitive care due to lack of information about services or support to access those services, language differences, discordant expectations

between the woman and her provider, and the woman's perceptions of discrimination (Higginbottom et al., 2015; Small et al., 2014).

Overall, health care disparities experienced by immigrant children tend to decrease with each generation a family resides in the United States. However, disparities vary widely by racial and ethnic groups. Calvo and Hawkins (2015) found that Black and Hispanic children who are third generation of immigrant heritage still have not achieved health parity with White and Asian children whose families have resided in the United States for the same length of time. Immigrant children are also less likely to have a medical home and lack necessary health care coordination, especially if the child has special health care needs (Kan, Choi, & Davis, 2016).

Schools can play a major role in meeting the needs of immigrant and refugee children and adolescents as they strive, and often struggle, to become members of new society. Educational programs that evaluate family stressors and link them to child functioning in school have been shown to be helpful in assimilating the child into a new culture. School districts that incorporate organized efforts to address language barriers, cultural differences, academic success, and mental health of newly-arrived immigrants achieve higher graduation rates. These programs may also include a component to minimize teacher stress and find ways to engage refugee and immigrant families in the US education system (McNeely et al., 2017).

Economic and Social Issues

There has been much debate over the effect of immigration on the U.S. economy. While some worry that immigrants will fill positions that could employ Americans, research indicates the opposite is true. Economists generally agree that the effects of immigration on the U.S. economy are broadly positive (University of Pennsylvania, 2016). Regardless of the degree of skill the employment position requires or documentation status of the individual, there is little evidence

that immigrant presence in the workforce displaces U.S. native-born workers or reduces wages. According to the University of Pennsylvania (2016), the tracking of employment trends over time suggests that there are long-term benefits to inclusion of immigrants in the workforce through stimulation of innovation and increased productivity.

Social policies and the policing of immigrants has a direct and negative impact on their health. Fear of deportation or other legal action impedes health-seeking behaviors and increases vulnerability to poor health and social isolation. This, in turn, generates an unequal but parallel system of health care that reflects the broader social inequality experienced by immigrants and other vulnerable populations (Kline, 2017)

Implications for Nurses

The health of the immigrant population in any country is dependent upon the societal characteristics of the nation where they reside. It is important to note that the United States Constitution guarantees certain basic human rights to everyone, including documented and undocumented immigrants. Becoming knowledgeable of the legal protections afforded to these individuals, investigating the role of local societal institutions such as churches and schools in offering support, and developing culturally appropriate health care models are just a few ways that nurses can be engaged in promoting the health of these vulnerable members of society. To assure that all persons receive optimal care, nurses are challenged to remove barriers related to language, stigma or stereotyping, discrimination, and lack of information about the U.S. health care system (Small et al., 2014).

Nurses can research resources in the communities in which they live and identify the largest groups of immigrants in their cities and towns and become familiar with their language, culture, and health care needs. Community centers, religious institutions, language schools, and

law centers may be able to offer assistance to immigrants and their families, as well as serve as sources of information for nurses and other health professionals.

As part of their routine provision of health care, nurses and other clinicians can ask immigrant patients about their home countries, their path to the United States, and what barriers they have encountered, especially barriers to accessing health care. It is important to understand how different groups of immigrants and refugees perceive the care that they are receiving (Calvo & Hawkins, 2015) so that communication and interventions can be tailored to meet individual needs. Clinicians can identify and build on personal strengths such as optimism, self-initiative, religious beliefs, or tenacity to aid in the development of better health promotion programs, public policies, and legislation intended to decrease health inequities experienced by immigrants and refugees in this country (Bonmatí-Tomás et al., 2016).

Conclusion

Migration of people from one country to another is not a new phenomenon, and it is important for nurses and other health care providers to be informed of the issues surrounding immigration, particularly as they relate to health care. With this knowledge comes the ability to promote the health of some of the most vulnerable people in society.

Box 1. Definitions

Immigrant - person who comes to a country to take up permanent residence.

Emigrant – person who leaves their place of residence or country to live elsewhere.

Refugee - person who flees to a foreign country or power to escape danger or persecution.

Asylum seeker - person who flees their home country (often for political reasons) and applies for the right to international protection; those granted refugee status are protected from arrest and extradition; if asylum is denied the person is deemed an illegal immigrant subject to deportation.

Asylee – a person who has been granted asylum, after receiving this protection, asylees are eligible for lawful permanent resident status after one year of continuous residence in the United States.

Internally displaced person – person forced to flee their home but remains within home country's borders.

Illegal immigrant, illegal alien, or undocumented individual - person who is residing on a non-temporary basis in a country where they have no legal right to reside.

Migrant – a broader term referring to any person who moves within a country (e.g., a migrant farm worker) or across an international border, regardless of (a) the individual's legal status; (b) whether the movement is voluntary or involuntary (forced); (c) the reason for migrating; or (d) duration of stay in the new location.

Sources: Merriam-Webster online dictionary (n.d.); International Organization for Migration (n.d.)

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