Arnold Mitchem Fellows Program

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The Arnold Mitchem Fellows Program

The Arnold Mitchem Fellows Program serves first-generation, low-income, underrepresented sophomores planning to attend graduate school and pursue a research career. Participation in the program is an academic, yearlong commitment.

The program is named after Arnold L. Mitchem, Ph.D., President Emeritus of the Council for Opportunity in Education. Dr. Mitchem has been a voice for low-income, first-generation students and individuals with disabilities his entire career.

DePaul is just one of several universities to offer fellowships named after Dr. Mitchem to encourage both opportunity and achievement in higher education.

New Initiative

AMF Seminars are credit-bearing courses in collaboration with the Writing, Rhetoric, and Discourse (WRD) Department. The courses are 2-credits per quarter.

AMF instructors and students have access to WRD classroom space located in the Schmitt Academic Center at the DePaul University Lincoln Park Campus.

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FEATURED AMF PAPERS

Parental Involvement, Immigration, and Multilingualism in the US Education System

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Moving to the United States with my nuclear family, and leaving my extended family, friends, and country behind was one of the most challenging things I ever had to do. I was excited for this new journey in the "Windy City," but I also never imagined the challenges I was going to face. When I moved to Chicago, I had a basic understanding of the English language, but once high school classes began, I could not understand what my teachers were saying. Despite my struggles, the school did not place me in a learning English language program due to my good test scores in reading and math (which I answered randomly).

My parents supported me in every assignment and extracurricular activity I wanted to get involved in. They picked me up from school and brought me back home to a delicious meal, ready to hear all that had happened in my new American school. While they knew it was hard for my brothers and I, they kept their expectations high and told us the sky was the limit.

Both of my parents hold master's degrees from prestigious universities in Mexico City, and therefore assign great value to education. Due to my established parental support system, I excelled in high school. How did this happen? What factors contributed to my academic success?

In the fields of psychology and education, various factors have been identified to influence children's academic success. A key variable is parental support, particularly through the lens of socioeconomic status and multilingualism. Due to my personal experience, it seems like these were some of the factors that helped me succeed. With this focus, in this paper I explore the following question: what effect

does parental support, expectations, socioeconomic status, and multilingualism have on children's academic performance and educational aspirations?

First, children who have high parental support and high parental expectations will have higher educational aspirations, and perform better academically than those who have low parental support and low parental expectations. Second, parental support should also be viewed from the perspective of cultural barriers. Lastly, socioeconomic status can mediate these relationships.

When I think of my experience as an immigrant student, I remember struggling to understand my teachers and the material they taught. This experience has led me to believe we need to have a better understanding of the advantages of parental support for multilingual students. We must be aware of the importance of restructuring school curricula to create interventions that benefit immigrant children's academic success.

Parental Support and Expectations

To begin this inquiry, I want to first address the relation between parental support and expectations, and children's academic aspirations and achievement. As I mentioned before, my parents were supportive and had great academic expectations for me. Given my personal experience and based on what the literature says, I believe that such parental support and high parental expectations can significantly lead to improved academic aspirations and achievement.

For example, Bowen, Hopson, Rose, and Glennie (2012) study the relation between parental involvement and expectations. They found that students whose parents had higher expectations in behavior tended to have better performance on tests. Thus, there is a significant relation between parental school expectations and student academic performance. This relationship, however, can change based on socioeconomic status.

Furthermore, when accounting for socioeconomic status, parental expectation is even stronger. Previous research has found a meaningful relation between parental involvement in a school setting and children's academic achievement. Domina (2005) reports that attending PTA meetings, volunteering, and checking homework are positively associated with a child's academic achievement. In particular, he found that parental involvement among parents of low socioeconomic status may be more effective than parents of high socioeconomic status.

In addition, Davis-Kean (2005) examines how socioeconomic status (income and parent education) indirectly influences students' academic achievement through parental behaviors and beliefs. She measured parent behavior in three parts: reading, parent-child play behavior, and parental warmth. She found that reading and parental warmth are positively related to the literacy material and behavior at home. She highlights the indirect effect that income and parental education have on a child's academic achievement.

Across socioeconomic status, when children perceive parents to value academic effort, students prioritized grades and academic success (Gonzalez-DeHass, Willems, & Holbein, 2005). This demonstrates that parental involvement motivates children to seek challenging tasks, and feel satisfied by schoolwork. In addition, Gonzalez-DeHass, et al. (2005) teach that parents who read at home promote satisfaction, comprehension, and fluency in elementary school students. These findings corroborate the claim that parental school involvement can lead to higher academic performance.

While the aforementioned studies agree that high parental support and aspiration can lead to stronger academic success, this situation is not the same for all cultural backgrounds. Many White American families may have better an understanding of how the American school system works. They may also know how to communicate with school officials and know how to improve their child's learning better than other cultural groups. Wegmann and Bowen (2010) highlight that families who do not possess the dominant cultural capital will have to invest more effort in learning the school system.

On the other hand, when schools do address families' cultural identities and integrate them into the school, it can be beneficial to form a strong school-home relationship. Wegman and Bowen (2010) provide five major points that schools should be conscious of: approach, attitudes, atmosphere, actions, and activities. They state that parent connections to their child's school with these points benefits the students, thus promoting academic achievement.

In addition, given that previous research supports that multilingual children who speak their native language at home will have higher academic performance than those who are monolingual (Bleakley & Chin, 2004; Bleakley & Chin, 2008; Martirosyan, Hwang, & Wanjohi, 2015; Green, 2015), schools should fund and support programs that aim to help parents and children acquire the English language.

Conclusion

When I moved to the U.S., my family was fortunate enough to know more or less what we were doing. Both of my parents held a high socioeconomic status in Mexico City that provided us with a good foundation here in the U.S. Of course, we faced a lot of other obstacles, such as stress from moving and culture shock, but I also recognize that I am privileged. Both of my parents are educated and have provided my brothers and me with all the support we needed to be successful.

Institutions in the United States should adjust programs and implement interventions to embrace the increasing diversity in our society. The growing globalization has united us on a much deeper level. These connections help us understand each other's cultures, languages, traditions, families, and ethnicities. We should take advantage of this opportunity to connect and implement it in our institutions to embrace our diverse world.

Children who have high parental support and high parental expectations in school are more likely to have higher educational aspirations and perform better academically than those who have low parental support and low parental expectations (Bowen et al., 2012; Gonzalez-DeHass et al., 2005; Domina, 2005). Knowing this, we need to ensure immigrant parents have a thorough understanding of the American education system and the role of parental support, so

that they feel comfortable communicating their needs with the schools and advocating for their children.

Further research should also observe the acculturation process and how this is associated with language and academic achievement. These studies could contribute to the implementation of multilingual and multicultural interventions or educational programs to benefit children's academic experience, as well as culturally-tailored mental health services.

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Parental Involvement and the Recreational Use of Mobile Technology

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In the United States, children are heavily influenced by the information presented through mobile technology (Carrington, 2008). Often, children are seen in shopping carts or restaurants with a cellphone or tablet, entertained by a screen of vast information. For adolescents, mobile technology is perceived as a necessity to maintain a connection to peers on social media platforms, and to be aware of what is occurring globally (Carrington, 2008). In educational settings, the use of mobile technology has led to the advancement and facilitation of teaching strategies with the addition of application (app)/website restrictions set by the school (Walker, Adams, Restrepo, Fialko, & Glenberg, 2017). Although access to online information is useful in educational environments (e.g. school and tutoring), it is also an open source for recreational use via social media and video games.

Despite mobile technology's positive impact on academic progression, the recreational use of technology has become an issue for youths' socioemotional well-being. During free time with caregivers, mobile technology can be used to pacify young children. This is problematic because it may prevent children from interacting with one another and developing the social skills that help them build interpersonal relationships.

If caregivers do not take the time to actively educate their children about how to use technology in a healthy manner, then it may be difficult to detach children from the online world as they grow older. This seemingly incessant use of mobile technology among youth leads to the following questions: (1) how has mobile technology affected the socioemotional well-being of youth, and (2) how has parental supervision (or lack thereof) impacted their use of it?

Based on previous research, the educational use of mobile technology has led to the facilitation of learning, yet the recreational use of technology has led to behavioral problems in some youth that may be resolved through parenting strategies (Sanders, Parent, Forehand, & Bresland, 2016).

Technology and Education

Within the last decade, more classrooms in the United States have had access to technology for educational purposes (Walker et al., 2017). Popular technological tools used in classrooms are laptops and tablets, which provide a quicker way to deliver educational materials. With these tools, teachers may deliver materials via Apps for subjects such as science, math, reading, and writing (Walker et al., 2017).

A recent study concluded that touchscreen technology is vital to the facilitation of teaching young children and enables them to learn quicker than the traditional teacher-to-student method used in classrooms (Paolo & Stefano, 2017). The haptic feedback of working through a touchscreen may enable children to feel engaged in what they are learning, rather than sitting and listening to a teacher. Many studies argue that through the process of learning with the use of technology, children become more proficient in reading and writing because they may learn at their own pace (Paolo & Stefano, 2017).

Furthermore, a recent study showed that three-year olds (n=44) who used tablets and technology-enhanced storytelling (TES), had greater vocabulary development as compared to those who did not use TES. The tablets were used to animate the way in which children began to read simple words. In a post-test assessment, researchers found that TES fostered a greater vocabulary growth in the children than those who simply read books with the guidance of their parents (Teppe, Molenaar, & Verhoeven, 2017).

Similarly, another study examined dual language learning (DLL) in Latino students' (n=93) ability to read and understand English (Walker et al., 2017). One half of the sample was given a Spanish and English learning support system, while the other half used the EMBRACE system, which guided participants using an iPad to prompt them

and engage them in learning how to read and speak English.

Researchers found that Spanish to English support using the EMBRACE system fostered a better growth rate for DLL students. Most importantly, this study demonstrates the practical application of technology. The benefits are priceless for bilingual students who are able to use these systems through mobile technology.

With these educational benefits of technology, youth have greater access to using technology recreationally inside and outside of the classroom. For example, during "free time," youth may be rewarded access to games of their liking that are not as educational. In school, this recreational use of technology may interfere with the knowledge acquired during that class period. Further, recreational use of YouTube or mobile gaming apps may not be appropriate for their age. This is problematic because youth are able to absorb content from sources that parents may not want to expose their children to until a certain age.

An additional problem arises when children become engaged in the numbing rhythm of playing a game (or watching a video) on a tablet in pursuit of instant gratification. In App stores (places were media consumers with a smartphone or tablet download games, movies, music, etc.), there are few restrictions on what can be developed as an app.

If more computers and tablets are introduced to children at a young age, this could result in a limited amount of time interacting with teachers and their peers in and outside of the classroom. Although previous studies support the educational benefits of mobile technology for youth, more research needs to explore the socioemotional development of youth when technology is used recreationally.

Recreational Use of Technology – A Critique

Given the access the Western world has to online content, today's youth will develop with a different socioemotional perspective than previous generations. With the creation of social media and everyday

access to mobile devices, today's youth have grown connected to each other online via social media platforms. Previous generations relied heavily on face-to-face communication to socialize and to develop the interpersonal communication skills necessary to establish a relationship. And while social communication skills serve as a basis for future academic and professional abilities (Carrington et al., 2008), the modern use of mobile technology communication among youth has shifted towards a preference for online profiles and text messaging that may take away the opportunity to practice interpersonal communication.

Researchers recognize that understanding adolescent behavior is key in predicting how the youth of today are being affected by their social interactions online using mobile devices. In 2012, a study conducted by Columbia University tracked the online digital profiles of adolescents (n=334) on social media platforms such as Facebook, Twitter, and Instagram to understand how their real-life personalities transferred onto a digital setting.

Farber, Shafron, Hamadani, Wald, and Nitzburg (2012) found that the development of interpersonal skills such as social communication and the ability to adapt in social settings was necessary to communicate both online and in person. Most importantly, they concluded that creating an online profile echoing their true selves was linked to depression, sleep-deprivation, social anxiety, and aggression in youth. The researchers highlight that in-person contact is still necessary for socioemotional development to help youth navigate their socioemotional well-being.

Although normative socioemotional development may still take place on these social media platforms, it is necessary for current and future parents to supervise recreational use of technology, and to understand how their parenting may impact their child's relationship with technology. When children are developing their social abilities using cognitive skills such as thinking, interacting, behaving, and problem solving, it is important for parents to keep them engaged in interpersonal communication rather than fixed to a screen.

As presented by current research, depression, sleep-deprivation, social anxiety, and aggression are real threats to a child's socioemotional development when it comes to using technology recreationally.

Parental Supervision

A child's engagement with their environment is in part dependent on the parenting they receive, which is influenced by parental knowledge of technology and media consumption. Due to the ever-changing information available via mobile technology, parents of recent generations have been less aware of what content is available to their children with (or without) parental controls, and how to limit their children's media usage (Radesky, Eisenberg, & Kistin, 2016).

This lack of awareness may cause conflict between parents and children, which may affect children's socioemotional growth if left unchecked. This was expressed in a qualitative study where researchers interviewed caregivers to assess their understanding of their child's (ages 1-8) use of mobile technology (Radesky et al., 2016). Researchers tracked the caregivers' perceived benefits, concerns, and the effects on family interactions in relation to their child's use of technology.

Furthermore, the researchers found that most children that were consistently exposed to mobile technology were more likely to show signs of aggression when caregivers tried to limit their media usage. If parents are less aware of the access to information that their children have when using mobile technology and what their children are watching/playing, then they may struggle to handle sensitive topics that they do not want to expose their children to due to their age. Besides creating conflict between parent and child, the content accessible to children may not be appropriate for their age.

In hopes of dealing with potential conflict between parents and children when it comes to the use of technology, it is important to point out that in a recent study caregivers were asked in an interview how they manage the amount of time their children spent on technology (Sanders, Parent, Forehand, & Bresland, 2016).

Many caregivers reported being unaware of how to adapt their parenting to the new technology of today. As a result, the researchers categorized two types of parenting strategies: General-Adaptive Parenting and Technology-Related Parenting.

In General-Adaptive Parenting, parents adapt their parenting behaviors to the environment surrounding the child, which is typical in today's society (Sanders et al., 2016). In Technology-Related Parenting, parents model their parenting strategies around how to monitor their child's use of technology, and they acknowledge the importance of engaging with the information available to their children (Sanders et al., 2016). The latter parenting style is more advantageous because it not only acknowledges that technology is changing how children of today think, behave, and interact with others, but it offers a balance between technology and the importance of in-person interactions.

In technology's ever-changing progression and distribution of content, parenting must change to adapt to the information accessible to youth. Without the adaptation to technologically-informed parenting, youth may be exposed to content inappropriate for their age and develop socioemotional and behavioral issues.

Conclusion

Every day, we are surrounded by mobile technology and the everlasting tradeoffs that we make when deciding if and when to engage in it. Technology has endlessly affected the ways in which we build relationships and communicate with each other. For recent generations, technology has been ingrained in everyday life to solve everyday problems. Today's youth have been raised in a world full of technological innovation and access to nearly limitless information. Among these vast innovations, mobile technology provides an excellent basis for delivering learning materials and assistance to children for subjects such as reading, writing, math, and science (Walker et al., 2017).

Besides using mobile technology in educational settings, the issue

with exposing youth (~ages 8-18) to this vast source of information is when it is done recreationally (Farber et al., 2012). Some parents tend to distract youth with smartphones or tablets in public settings to pacify them. Instead of engaging their children in the environment around them and teaching them the social skills to flourish both educationally and professionally in the future, many parents struggle to manage their child's media usage (Radesky et al., 2016).

As a result, more children are at risk of exhibiting aggressive behaviors and depressive disorders as adolescents (Farber et al., 2012). To combat this disengagement from the world, technology-related parenting is important for providing a balance between a digital presence in the online world of information and real-world experiences when learning organically (Sanders et al., 2016).

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Black/African Americans, Trauma, and Mental Illness: Exploring Police Brutality

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A mental illness is defined as a health condition that affects one's thoughts, emotions, or behavior negatively (American Psychiatric Association, 2017). In 2015, the National Alliance on Mental Illness (NAMI) concluded that 16.3% of Hispanic adults, 18.6% of Black adults, and 19.3% of White adults have a mental health condition. Although the rates of mental illness only slightly differ by race, race may impact how individuals with mental illness are treated.

Black/African Americans are more likely to experience trauma-related mental illnesses. Andrews et al. (2015) examined why Black/African Americans are wrongly convicted; specifically, their study was to learn about ethnic differences in trauma-related symptoms among 3,312 adolescents, the mean age being just 14 years old. These researchers found their hypothesis to be correct: low-income adolescents are more likely to experience numerous types of trauma, victimization, and polyvictimization.

Andrews et al. (2015) also found that low-income Black/African Americans adolescents are more likely to display characteristics of a trauma-related mental health condition than their high-income adolescent counterparts. Andrews et al. (2015) conclude that Black/African and Latinx Americans (adolescents especially) are more likely to develop trauma-related illnesses. Thus, effective treatment is needed for Black/African Americans, especially for those who experience police brutality.

In examining trauma-related mental illness among Black/African Americans, one point that this literature review explores is how police brutality is a predominant traumatic event many Black/African Americans suffer within American society. To alleviate the trauma for Black/African Americans, this review also explores treatments for

trauma-related illnesses based on the experiences of Black veterans.

In 2016, the National Registry of Exonerations (2017) found that 47% of 1,900 African American defendants were wrongly convicted of all crimes. Researchers identified this racial disparity in three types of crimes: murder, sexual assault, and drug crimes.

The National Registry of Exonerations has collected valid information since 1982 by conducting empirical studies about exonerations of innocent criminals in the U.S. The National Registry website has published more details about the exonerations of every individual that was involved in the research. Overall, the data shows that Black/African Americans are the largest racial group that is wrongly convicted and that they may be experiencing higher rates of police brutality. The statistical data also shows the importance of treatment, especially for Black/African Americans who experience trauma from wrongful convictions and police brutality.

Black/African Americans and Police Brutality

In the United States, Black/African Americans are likely to be profiled, especially Black/African American males. Swine, Laughland, Lartey & McCarthy (2016) state that Black/African American males between ages 15 and 34 are nine times more likely to be lawfully or unlawfully killed by police officers than any other racial demographic. This conclusion came from "The Counted" research project in which The Guardian investigates individuals who are killed by law enforcement. This statistic is frightening, especially for the Black/African American community, because Black/African Americans are targets and this can increase their levels of anxiety and/or stress when approached by the police.

In April 2018, a video went viral over a traffic incident that took place in December 2017, where police officers violently arrested a 30-year-old former football player, Desmond Marrow. During the arrest, Marrow complied with the police officers. Yet despite his compliance, the police officers gave Marrow a concussion and broke his teeth.

Immediately prior to Marrow's arrest, he was accosted by two white males while he was driving. Marrow's response was to follow their car and record the license plate number; however, one of the white males called the police and stated that Marrow threatened to shoot them (Roberts, 2018). The white males assumed Marrow had a weapon because of how the American society views Black/African American males. Henry County police arrived and are recorded calling Marrow the N-word and throwing coffee into Marrow's vehicle. This event psychologically traumatized Marrow (Roberts, 2018). Traumatic experiences such as Marrow's can lead to flashbacks of the horrific event, giving him a higher risk of developing PTSD (Mind, 2018).

Andrea Boyd, one of Marrow's attorneys, stated that Marrow suffered a hate crime, and at the press conference, Marrow explained the risks Black/African Americans often face in America, especially with police officers. Marrow stated that Henry County Police claimed they were scared because they believed Marrow had a weapon, but it was just his phone. Following the assault, Marrow did not immediately release the footage because he was worried about being harassed (Roberts, 2018). Instead, Marrow released the footage four months later to mentally and emotionally rejuvenate himself, stating "this has affected me mentally and impacted my life in a way I can't even humanly describe" (Hamlin, 2018). Marrow also stated "this isn't a cry for sympathy, I just need to it to be known…my cry is for justice" (Hamlin, 2018). As you can see, he chose to release the footage for this case for two reasons: the trauma he received and for justice.

Prejudice is defined as an attitude and belief towards a person or a group. Prejudice can lead to discrimination where one treats another person differently based on their race. An extension of discrimination is racism where one favors one race over the other (Griffiths, 2015). In the *Huffington Post*, an advocate for prison reform and social justice, Alexander Reynolds stated that Blacks/African American males are mostly targeted as the "criminals" in society because of their physical appearance, especially the color of their skin. Since Black/African Americans are more likely to experience racism and other types of

trauma, there should be treatment specifically for that community.

Marrow did not disclose whether he had been diagnosed with a mental illness following the incident; however, his experience with the police increases his chances of developing post traumatic stress disorder (PTSD) and/or depression. Treatments and interventions are solutions to help with the maintenance of one's health, especially for those who experience trauma.

Intervention for Minorities Who Experience Police Brutality

Some Black/African Americans have been given the opportunity to share their voice on the best treatment for trauma-related mental illnesses. In Castro et al.'s (2015) study, the Black veterans suggested that family members, friends, and religion have an influence to help with the reduction PTSD symptoms. This will also alleviate the mental health stigma among Black/African Americans. Another treatment option is to have the same race/ethnicity as the therapist. This may help with treatment, especially with reducing the stigma because the therapist may be able to better connect with the patient. Also, the patient may be more comfortable with their therapist.

However, there are more effective treatments for low-income Black/African Americans that have been examined to provide great results for minorities. One is called Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) delivered via Telehealth Technology. This was examined by Stewart and Orengo-Aguayo (2017) who created a pilot study where they tested out a new approach for TF-CBT for minority youth who suffer from trauma. The TF-CBT delivered via telehealth technology is meant to address barriers to accessing and completing trauma-focused treatment among minority youth and non-offending caregivers. Telehealth technology is defined as video conferencing via electronic devices that delivers many healthcare services to patients. This type of approach allows patients to speak with their clinicians in more comfortable spaces, such as their home.

In addition to TF-CPT methods via Telehealth Technology, Dana Schmidt (2014) wrote a meta-analysis that discusses treatment approaches for low-income women of color who have experienced intimate partner violence (IPV) who are at risk for PTSD. Schmidt (2014) concludes that the comprehensive intervention theory should be used for women of color who experience IPV. The comprehensive intervention theory is a combination of psychotherapy, advocacy, social support, housing, and employment assistance. This has been supported in Mitchell and Hodson's study, where paraprofessionals gave women free services for 10 weeks after leaving a domestic violence shelter. Women reported experiencing less physical violence, an improved quality of life, and less depression as compared to women in a control group. Although the comprehensive intervention was research on women of color who experienced IPV, this intervention was successful in helping them cope with their trauma. This intervention should be further studied on Black/African Americans who have experienced police brutality.

Predominately poor Black/African Americans are more at risk of experiencing trauma and should be offered better treatment, such as TF-CBT and comprehensive intervention. TF-CBT and comprehensive intervention should be implemented for Black/African Americans so that they are at a lower risk of developing trauma-related mental illnesses.

Conclusion

Although the rates of mental illness only slightly differ by race, race may impact how individuals with mental illness are treated. This literature review focuses on how Black/African Americans are highly likely to experience trauma-related mental illnesses and that there is a need for effective treatment for Black/African Americans who experience police brutality.

Through various studies, researchers have stated that Black/African Americans, especially low-income Black/African American adolescents, are more likely to experience trauma-related mental illnesses.

Marrow's story, and many other stories of Black/African Americans, also increases their levels of anxiety and/or stress when approached by the police. The intervention methods stated in this literature review should be further examined on Black/African Americans who have experienced police brutality. Schmidt (2014) concludes that the comprehensive intervention theory should be used for women of color who experience IPV. The comprehensive intervention theory is a combination of psychotherapy, advocacy, social support, housing, and employment assistance.

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Healthcare Disparities: The Psychosocial Health of Undocumented Immigrants Who Are Undergoing Dialysis Treatment for End Stage Renal Disease

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Introduction

With Donald Trump's rise to power, heated discussions regarding the presence of undocumented immigrants in the United States surfaced across the country. President Trump's prejudice against Mexicans was transparent throughout his campaign. His rhetoric was unfiltered as he proposed his intentions with Mexico, a country where many immigrants cross via the U.S.-Mexico border. Trump began to enact stricter immigration policies once he took office. As a result, the atmosphere and mood set forth by his often hyperbolic characterizations of Mexicans, and subsequent actions he took, led to the proliferation in feelings of paranoia, terror, and uncertainty among the minds of undocumented immigrants.

President Trump did not hesitate to label Mexicans as rapists, murderers, and criminals. He created an intense sense of hostility. He fueled the growing disapproval that many of his supporters held against the presence of immigrants in "their country." He fueled fire to a hatred that burned within them, regardless of the reasons for such feelings. An uptick of racial slurs were heard throughout the country; white supremacist rallies resurfaced, and progress toward equality suffered during his campaign. Now, undocumented immigrants are systemically targeted, as though they are uninvited guests in one's home. Discrimination and injustice continues to persist in the lives of these brave families who just want a chance at a better life for themselves and their loved ones.

Not only does Trump instill fear within undocumented immigrants with the threat of deportation, he has imposed systemic barriers to make physical survival in this country arduous and near impossible.

Federal, state, and local governments across the country have reinforced certain disadvantages and injustices that an undocumented immigrant will inherit once they enter the U.S. The disadvantages include a disparity in U.S. healthcare that make it difficult for undocumented immigrants to receive the benefits this country has been known to offer its hard-working citizens—the "American Dream."

In this literature review, I will discuss some disparities that undocumented immigrants face in the U.S. healthcare system—both as general patients, and more specifically, those that are suffering from end stage renal disease (ESRD) (i.e., kidney failure). Along with the present healthcare disparities, I will also discuss some of the financial disparities undocumented immigrants experience, given the overall injustices they face. U.S. citizenship status is a constant factor in health disparities, as seen through differences in medical treatment for undocumented immigrants.

Fundamentals of Dialysis

Dialysis is a treatment that is used when a patient's kidneys (organs that act as the body's filtration system) malfunction. Dialysis takes on the job of the kidneys, removing toxins and waste from the blood, as well as balancing the concentration of internal fluids. This treatment must be done consistently or the body will accumulate waste, which is extremely harmful and potentially deadly. Effective and consistent treatments are critical for those with ESRD. Undocumented immigrants who need dialysis are treated unfairly in the United States, which negatively impacts their psychosocial health.

The following sections will discuss how financial and cultural disparities exist in the healthcare system as a detriment to the psychosocial health of undocumented immigrants as compared to their U.S. citizen counterparts (excluding homeless people). After that, the argument will shift towards the disparities regarding different forms of medical treatments available for undocumented immigrants in comparison to their U.S. citizen counterparts. Finally, these two considerations will be synthesized in a concluding discussion of the potential implications for future research.

Medical Treatment Disparities

It is interesting to consider the perspective of the physician providing the dialysis treatment, specifically the nephrologists who specialize in kidney care. As the system stands now, it is not benefiting the undocumented patient or the healthcare provider. Uninsured undocumented immigrants suffer from higher healthcare costs than do their documented counterparts, and physicians are not being properly compensated.

About 5% of nephrologists believe the reimbursement they receive for treating undocumented patients is adequate compared to the compensation that is normally received from patients that are citizens with health coverage (Hurley, 2009). The health disparities that affect undocumented immigrants also have a negative impact on those that provide the care.

Unfortunately, this perpetuation of unequal worth also manifests itself in the United States healthcare system. For example, undocumented Latinx patients who rely on an interpreters were more likely to use emergency-only hemodialysis, which results in higher costs as compared to that of their U.S. citizen counterparts (Madden, 2017). Due to their need for an interpreter and inability to receive help from Medicare (or other government-based healthcare), out of pocket payments to the emergency room are an undocumented immigrant's only resort for treatment. The higher costs for treatment were also due to frequent visitation to the emergency room instead of a primary care doctor once symptoms had manifested and accumulated.

Given ESRD's need for considerable resources (i.e., time and money) patients with ESRD must constantly receive treatment in order to control the disease and relieve symptoms. The issue is that undocumented immigrants often lack the necessary benefits to treat the disease. These benefits include resources like health insurance that could reduce the cost of hospital bills. Undocumented Latinx immigrants were found to be 1.47 times more likely to have higher costs from the emergency room than their U.S. citizen counterparts (Lora et al., 2009).

Although the probability for higher costs may not seem a pressing issue to most, it is imperative to consider the side effects that result from this reality, specifically, how high medical costs affect other aspects of the undocumented immigrant's life when they have other bills to pay, families to feed, and responsibilities to manage. It is difficult for them to maintain any sort of savings in moments of emergency when they are more likely to have to spend their savings on their healthcare. As a result, this may negatively affect the amount of money available for things like rent, childcare, food, etc. Once the basic necessities are difficult to manage, the quality of one's life quickly deteriorates. Unfortunately, this is what tends to occur to the victims of an unjust system that perpetuates a divide between those who are U.S. citizens and those who are undocumented.

In general, undocumented Latinx immigrants were also found to be less likely to report having received good medical coverage than Latinx who were U.S. citizens or permanent residents, because of the inaccessibility of health insurance for undocumented immigrants (Rodriguez, 2009). In essence, undocumented Latinx immigrants are in some ways paying more for less, and fall prey to an unsettling paradox. That is, when one is forced to pay more for medical treatment but end up receiving mediocre coverage as compared to those that do not have to pay as much. And this is not even the worst part. Even the type of treatment (in this case being emergency-only hemodialysis versus standard hemodialysis) has its instilled injustices against undocumented immigrants.

There are stark differences in the quality of treatment based on the citizenship status of a patient. The two treatments in question are emergency-only hemodialysis and standard hemodialysis. The distinction between the two treatments is the scheduling component embedded within each. In emergency-only hemodialysis, the treatment is performed once the symptoms of ESRD begin to show. The primary symptoms include extreme fatigue, inability to excrete waste, swelling in the extremities. In emergency-only, patients often wait a long time to receive treatment

to remove the waste that has accumulated in their bodies, and because there is no scheduled appointment, a patient must wait until their symptoms become unbearable in order to be admitted for care in the emergency room.

The reason many undocumented individuals do not go to the emergency room is that it is expensive. In addition, emergency rooms and free clinics around the country tend to prioritize severe cases that need immediate attention. As a result, those treated quickly are often highly symptomatic to the point where their health is at serious risk. Unless an ESRD patient has not received their hemodialysis treatment in a significant time, their symptoms may not need emergency prioritization. Therefore, a long wait time in the emergency room may result in wasted time that patients could otherwise use to work or take care of their families.

U.S. citizens that do have health insurance, or easier access to financial resources, have a better opportunity to receive funding for non-emergency hemodialysis, allowing them to avoid the accumulation of waste in their body and subsequent ESRD symptoms. This is because they have scheduled dialysis treatments multiple times a week. The discrepancy is in accessibility to non-emergency hemodialysis based on citizenship status and access to financial resources. Medicare covers non-emergency hemodialysis. Emergency hemodialysis is not covered by Medicare due to the Emergency Medical Treatment Act, a federal law requiring that healthcare officials treat everyone regardless of their citizenship status or ability to pay.

Given the dynamic of this situation, researchers conducted a study that compared the mortality risk for undocumented immigrants who received both emergency hemodialysis and non-emergency hemodialysis (Cervantes et al., 2018). What they found is that those who received emergency hemodialysis had a 14 times higher risk of mortality in 5 years than those in the non-emergency hemodialysis (Cervantes et al., 2018). As part of the study, a certain amount of undocumented immigrants were allowed the non-emergency hemodialysis treatment plan, and the researchers found that the

mortality rate did not reflect unrelated ailments/conditions that impact, or are predisposed to, one group and not the other. Regardless, this distinction is one that sheds light on the effectiveness of each treatment and furthermore shows that undocumented immigrants have a higher risk of dying from ESRD as compared to their United States citizen counterparts.

Why is emergency hemodialysis treatment so ineffective? There seem to be a variety of components that contribute to the answer of this question. It seems that it boils down to the difference in the amount of treatment sessions each form of treatment requires and subsequently is provided to the patient. In other words, "the standard of care for ESRD consists of perpetual thrice-weekly hemodialysis. In contrast, patients routinely treated in emergent fashion receive substantially fewer sessions of hemodialysis on an annual basis than do scheduled patients, and therefore do not receive treatment meeting the standard of care" (Hogan et al., 2017).

Undocumented immigrants have a higher risk of dying than their U.S. citizen counterparts. Essentially, they are not receiving the sufficient amount of care that is demanded of their disease due to their citizenship status which hinders access to medical coverage that will help them survive.

Impact on Psychosocial Health

Due to the present injustices, it is not difficult to believe that the government has purposely enacted policies and/or limited access to services for undocumented immigrants. Conservative Americans believe that undocumented immigrants should not benefit from the services the U.S. can provide. And it is unfortunate to see that politics, in some ways, is more emphasized than the life of a human being. The presence of the aforementioned financial, cultural, and medical treatment disparities not only affect the survival of an undocumented patient, but compound to perpetuate a greater deterioration of psychosocial health among undocumented patients in comparison to their U.S. citizen counterparts.

From one moment to the next, patients' lives are turned upside down. One could assume it is because we succumb to the wear and tear that occurs as our body ages. In the case of ESRD, the disease can be foreseen given its close relationship with diabetes (although there are other factors for its arrival). If we talk about the side effects of having ESRD specifically, Chiaranai (2016) listed three main observations she found when 26 Thai patients receiving hemodialysis treatment for ESRD were interviewed: facing life's limitations, living with uncertainty, and dependence on medical technology.

Chiaranai's first observation discussed the realization that one's body is not working as it once did, causing a variety of emotions ranging from frustration, hopelessness, and anger. Another big factor was the loss of energy, which made it harder for these patients to work, and thus added more stress given the impact on their finances. Chiaranai's second observation focused on living with uncertainty. In other words, many patients lived their life with worry and anxiety. They were unsure of what the future held, and thoughts of their deaths were very common. Chiaranai's third observation was the dependence on medical technology. In a quote from one of the patients interviewed in the 2016 Chiaranai study, the patient expressed that they had no freedom to travel because they had to abide by a very strict treatment schedule in which they were attached to a dialysis machine.

Let it be known that one is operating under the assumption that it would be reasonable to expect these same observations or responses from different ethnicities, even though Chiarani's study was done on patients from Thailand. It is also important to note that U.S. citizens may also experience similar effects from having and treating ESRD. However, the argument being made is that they will not experience the accumulation of stress that accompanies having to face financial, cultural, and medical treatment disparities that were mentioned before along with these shared effects.

Therefore, given the lesser amount of factors contributing to a United States citizen's psychosocial health (in comparison to a Latinx undocumented patient) one can infer that undocumented patients

are more likely to experience worse deterioration of their psychosocial health. Due to the added privileges U.S. citizens hold in this country's medical system, they will rarely have to worry about not being admitted or even surviving the process of waiting to be admitted for hemodialysis under emergency conditions like undocumented immigrants do (Cervantes et al., 2017).

It is also imperative to remember that patients' families are negatively affected by these disparities. This results in an often vicious cycle that further harms the patient's psychosocial health, because it causes them distress to witness their family members suffer (Cervantes et al., 2017). Although the effects of the diseases are solely harming the patient in a physical sense, the presence of the disease impacts the patient's family because the family is witnessing their loved one suffer.

Conclusion

End stage renal disease is a very difficult disease and has the power to break people down. It is important to note that homeless U.S. citizens are excluded from the grouping of "United States citizen" in this literature review; however, their treatment in the United States is an important topic. In some ways, homeless U.S. citizens struggle, too, with a lack of accessibility to healthcare, mirroring the struggles undocumented immigrants face. Though differences do exist, more research should be conducted on the injustices homeless U.S. citizens face. The purpose of this literature review, however, is to highlight the disparities that undocumented immigrants face constantly, and how unfair it is that they have to deal with that in addition to everything that comes along with having ESRD. And since ESRD is no anomaly, it would be reasonable to assume that these same disparities (or very similar ones) exist for undocumented patients suffering from other chronic diseases, too.

By highlighting this reality, I hope to catalyze a conversation for reform, both politically and socially. First, the argument must resonate with those who have enforced the mistreatment of undocumented immigrants, and show them how much pain and suffering they are producing in someone's life.

Only then will change occur. Once people realize the harmful effects of their unfair viewpoints and actions, my hope is that policymakers begin to prioritize accessibility to standard hemodialysis for undocumented immigrants.

There is no reason that the value placed on one's life and psychosocial health should be determined by one's citizenship status. Undocumented immigrants are humans too, and it is inhumane to hold the absence of United States citizenship over the heads of undocumented immigrants as they battle for their health, both physically and mentally. Those that have ESRD and undergo dialysis treatment should be further studied in order to gather more evidence on the issue. This will eventually garner more attention to this very important topic at a more mainstream level, and therefore can be a catalyst for combating the negative practices and heightened negative rhetoric present since President Trump took office.

Many things can happen in terms of future research projects regarding the topic discussed in this literature review. Research on the psychosocial health of undocumented immigrants, or even immigrants in general, is very limited in the field; therefore, it is critical that more light is shed on this group of people. Further, additional researchers must embark on the path to collect more data regarding the experiences of undocumented immigrants in the U.S. healthcare system.

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AMF 2018-2019
Highlights

Museum of Contemporary Art

AMF Students visited Museum of Contemporary Art Chicago on AMF Museum Day.

Second City Comedy Club

AMF students, family, and friends get together before attending Second City Comedy Club for AMF Social Night.

Vinny Fest 2018

AMF Staff participated in Vinny Fest 2018 and won the Best Prizes award.

Vincentian Day 2019

AMF students and staff volunteered at Vincentian Day 2019.

Student History Conference

Fae Robertson, AMF 18-19, presented her research at DePaul's 2019 Student History Conference.

Center for Access & Attainment

Center for Access and Attainment staff gathered to discuss results from AMF's 2019 Needs Assessment Report. The report is based on survey responses from 128 underrepresented STEM Students at DePaul.

Michigan State University

Ashlyn Royce, AMF 18-19, was accepted into a National Science Foundation (NSF) REU at Michigan State University for the 2019 Summer. Congratulations!

LOOKING FORWARD

AMF STEM, HUMANITIES, SOCIAL SCIENCE

Starting in 2019-2020, AMF students will join AMF cohorts based on their majors. There will be an AMF Social Science/ Humanities cohort and an AMF STEM cohort.

The new program model will allow students to explore their research interests within the context of their disciplines while also allowing for interdisciplinary study across cohorts throughout the academic year.

CENTER FOR Access & Attainment

Arnold Mitchem
Fellows Program