

# Immigrant Health in the US

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**I have no financial relationships to disclose  
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# Definitions....

- **Migrant**—often driven by economics-- seeking better opportunities for themselves and their families--
- **Refugee** is someone who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country." Refugee has no choice but to move.

## **Unaccompanied Alien Children (UAC)—**

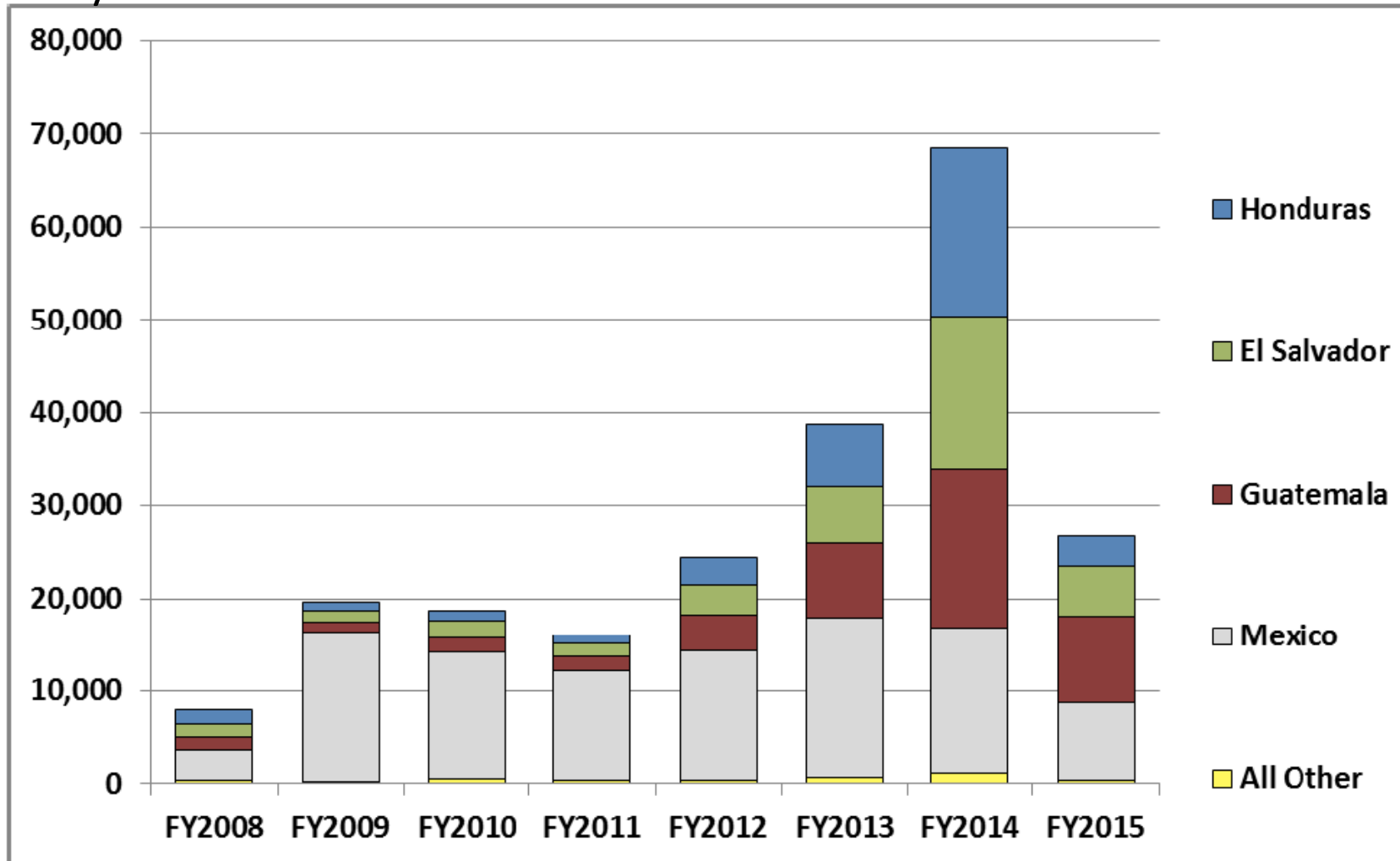
Homeland Security Act of 2002

- <18 years
- Without legal immigration status
- Without parent or guardian in US available to provide care and physical custody

<http://www.unhcr.org/pages/49c3646c125.html>,  
Accessed 9/7/15

# UC Apprehensions at SW Border, FY 2008-6/2015

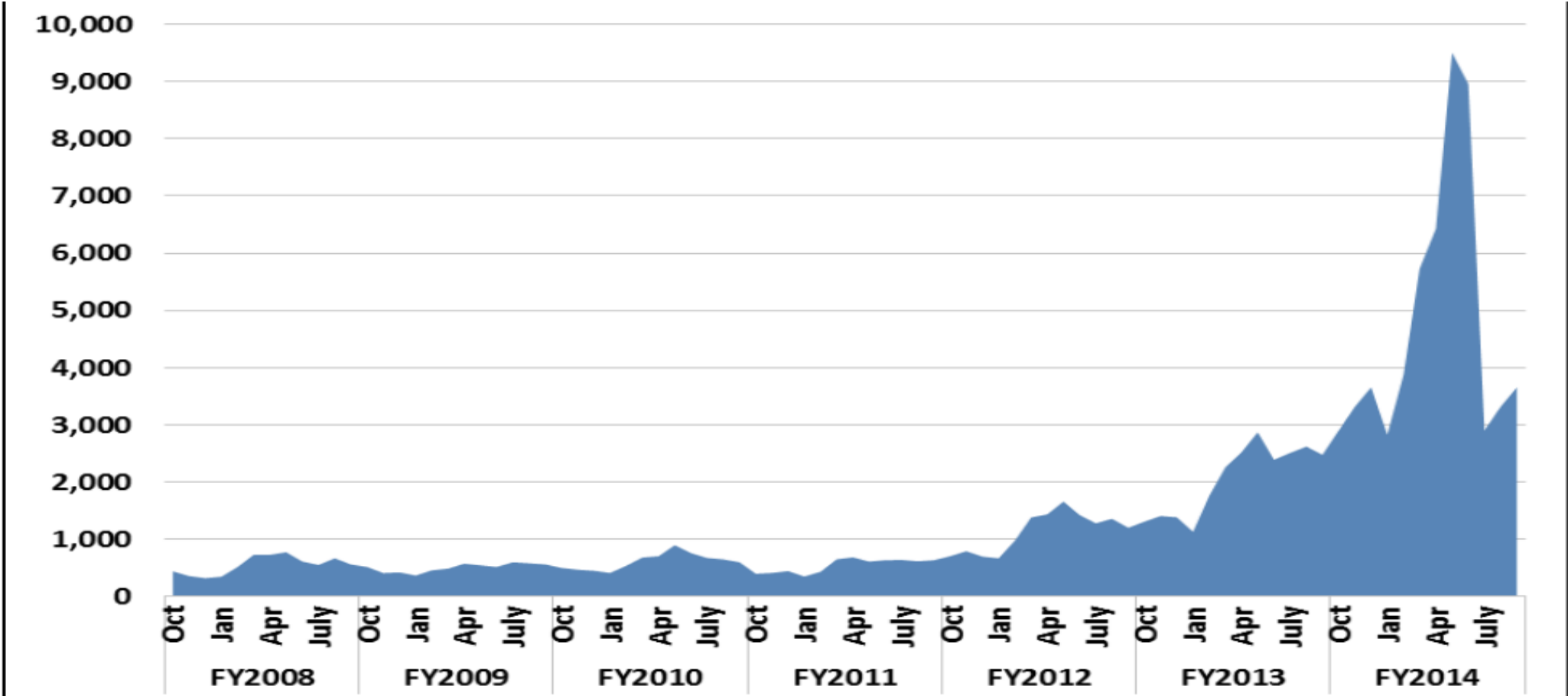
## FY2008-FY2015



FY2013-2014: 77% increase in girls  
 117% increase in children  $\leq 12$  years, Pew  
 Research Center

<https://fas.org/sgp/crs/homsec/R43599.pdf>, Accessed 9/7/2015

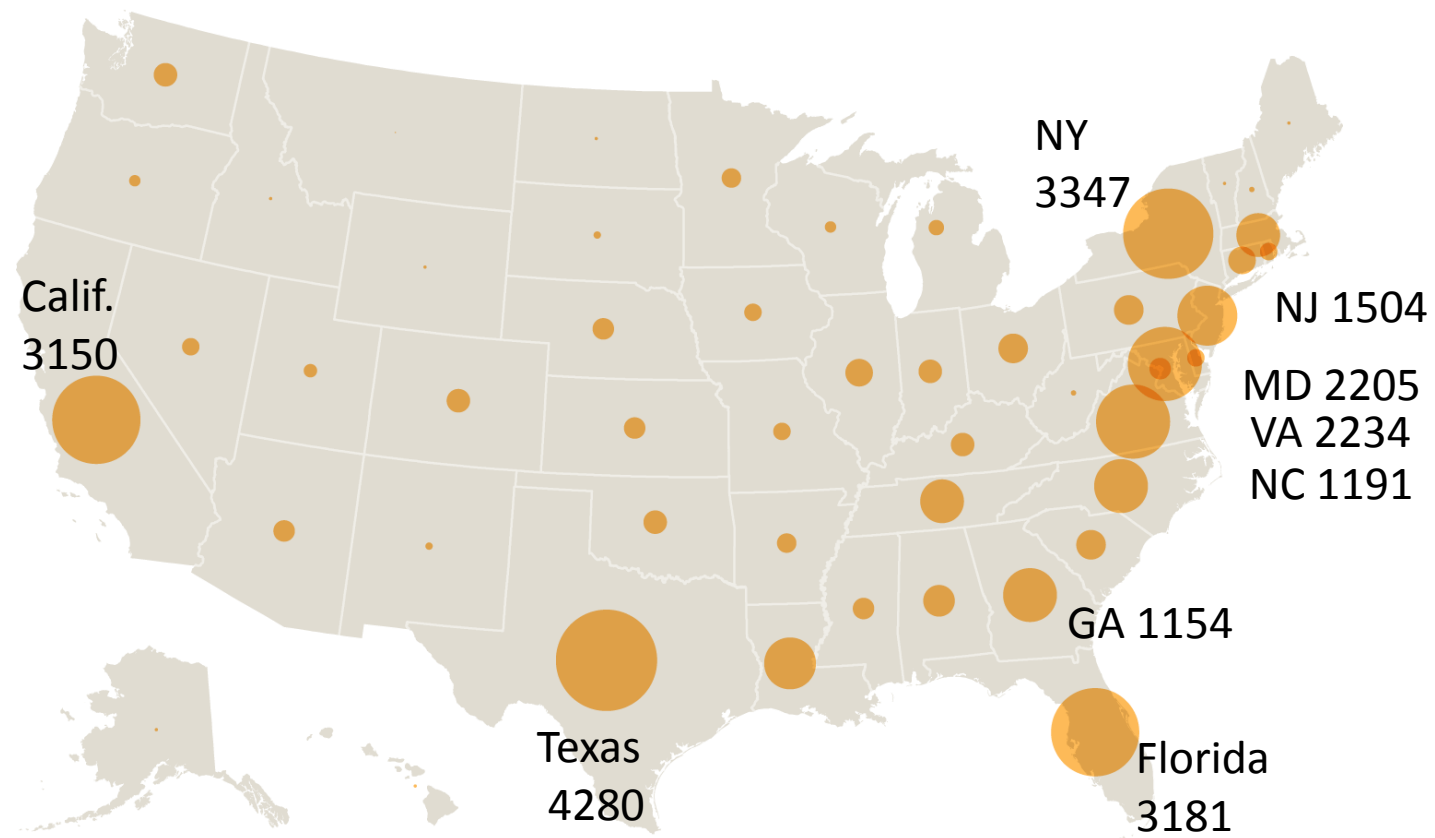
# UC in ORR Custody, FY2008-FY 7/2014



<https://fas.org/sgp/crs/homesec/R43599.pdf>,

Accessed 9/7/2015

# Distribution of 63,000 Unaccompanied Immigrant Children January 1 to July 7, 2014



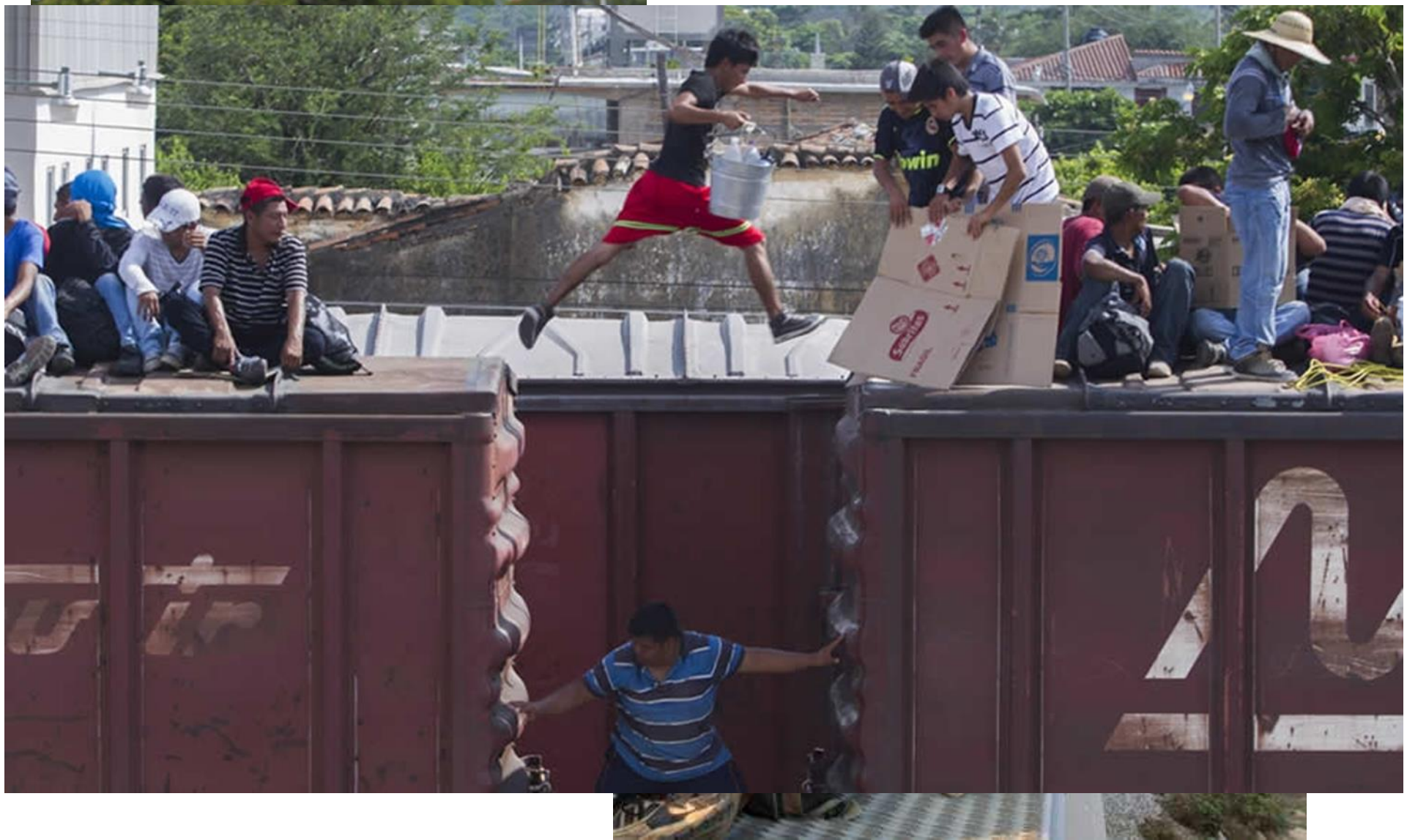
NY Times August 7, 2014; H. Park

# The Journey: The Trauma Continues

- The Route
- Transportation
  - Bus or Train “La Bestia”
- The Experience
  - Exploitation
  - Extortion
  - Violence
  - Hunger
  - Exposure
- Crossing the border
  - Smuggler “Coyote”
  - Self-crossing



# LA BESTIA





# After Apprehension: First Placement La Hielera = The Ice-Box



ROSS D. FRANKLIN/ASSOCIATED PRESS/POOL/FILE 2014

# From DHS (ICE) to HHS (ORR) *Casa de Hogar* (Shelter)

- Average LOS (2009-2010): 61 days
- Average LOS (2014): 35 days

Sources: U.S. Department of Human Services, Administration for Children and Families, Office of Refugee Resettlement, Unaccompanied Alien Children Program



# Immigrants

- Children of immigrants are the fastest growing population of children in the United States and have contributed to the entire growth in the nation's child population over the past decade.
- Immigrant families are racially and ethnically diverse, and immigrate for variety of reasons that may include seeking economic opportunity, reuniting with family, fleeing war or violence.
- Pediatricians can play a special role in supporting the health and well-being of immigrant children in the US--recognizing the unique challenges and strengths that many immigrants experience; pediatricians can identify effective practice strategies and relevant resources that support health within the community.

# Key Facts, Immigrant children in the US

- “Immigrant children” are defined as children who are foreign-born or children born in the United States who live with at least 1 parent who is foreign-born.
- 1/4 children in the United States, approximately 18.4 million children, live in an immigrant family. Eighty-nine percent of these children are born in the United States and are US citizens.
- Although 64% of all children of immigrants live in 6 states (California, Texas, New York, Florida, Illinois, and New Jersey), immigrant children are dispersed throughout the country.

# Access to Health Care and Health Status

- Children of immigrants are nearly twice as likely to be uninsured as are children in nonimmigrant families.
- Immigrant children are less likely to have a usual source of medical care and to obtain specialty care when needed.
- Immigrant children who are foreign-born may not have received adequate screenings or immunizations in their home country.

# Unique Stressors/Family Separation

- Many immigrant children live in a family with a parent who faces the threat of deportation without notice or preparation.
- Children whose parents have been taken into custody/deported may demonstrate a number of health problems including anxiety, depression, poor school performance, sleeping and eating disruptions.
- Forced separations due to immigration enforcement can also result in the loss of family income and have been shown to result in family housing and food instability.
- Children who have crossed the border to enter the United States as well as children who are refugees may have experienced abuse, exploitation, and/serious trauma.

# Cultural Sensitivity

- What does it mean and Why is it important?
  - Being aware of cultures and traditions
  - Understanding similarities and differences within the culture
  - Developing a unique and respectful therapeutic alliance

# Why is the Luggage so Heavy?

- Language
- Core Values and Beliefs
  - Family structure
  - Religion
  - Community
  - Sense of respect and hierarchy
  - Myths about psychotherapy and about traditional medicine



# Issues are complex

- Nutritional
- Toxic and environmental exposures
- Mental health
- Language barriers
- Cultural barriers
- Access to education
  
- **Immigration Status and Related Concerns**
  - [What is the impact of parental separation/deportation on child health? How do I assist families that face the deportation/removal of a child's parent/primary care giver?](#)
  
  - [What should I do if a family asks me to write a letter of support to prevent deportation/removal of a child's primary care giver? If I write the letter, what is most helpful to include/address?](#)
  
  - [Can immigration enforcement request information about my patient families? What do I do if this happens?](#)

# Mental Health

- Mental health merits particular attention in immigrant populations. Stressful experiences may take place prior to departing from one's country of origin, during transit or upon arrival to the United States.
- Sensitive and trauma-informed approaches to care are essential. In addition, immigrant children and families may experience discrimination and fear within the United States<sup>8</sup>, and acculturation may place stress upon children, adolescents, and families.
- Immigrant children may also have mental health conditions that are prevalent among the general U.S. population, such as depression, anxiety, posttraumatic stress disorder, somatization, sleep disturbance, and substance abuse<sup>2,8</sup>.
- Mental health services should be sought for the entire family when appropriate. [See Immigrant Health Toolkit Mental Health Section for further details.](#)



# Lenguaje... no hablo español



- Language access is critical for ensuring that immigrant children and families are able to access and use health care services.
- 82 % of immigrant children are fluent English speakers, however 40% of immigrant children live with at least one parent that does not speak English fluently.
- 24 % of immigrant children live in a linguistically isolated household where no one over age 13 speaks English fluently in the home



"The doctor will see you now —  
I can't promise that he'll talk  
to you, but he'll see you."

# Key Barriers

- Bilingual and bicultural services
- Access to health insurance
- Transportation
- Unemployment
- Isolation

# Access to Health Care and Public Benefits



# A Quick Guide to Immigrant Eligibility for ACA and Key Federal Means-tested Programs

JANUARY 29, 2013

FOR MORE DETAILED INFORMATION: immigrant eligibility for federal programs, [www.nilc.org/table\\_ovrw\\_fedprogs.html](http://www.nilc.org/table_ovrw_fedprogs.html); medical assistance programs, [www.nilc.org/document.html?id=159](http://www.nilc.org/document.html?id=159); state-funded food assistance, [www.nilc.org/state\\_food.html](http://www.nilc.org/state_food.html); state-funded TANF replacements, [www.nilc.org/guide\\_tanf.html](http://www.nilc.org/guide_tanf.html); state-funded SSI replacements, [www.nilc.org/document.html?id=475](http://www.nilc.org/document.html?id=475).

PROGRAM	LAWFUL PERMANENT RESIDENTS (age 18 and over)	LAWFUL PERMANENT RESIDENTS (under age 18)	LAWFUL PERMANENT RESIDENTS (pregnant women)	REFUGEES, ASYLEES, VICTIMS OF TRAFFICKING, OTHERS <sup>1</sup>	LAWFULLY PRESENT INDIVIDUALS	UNDOCUMENTED IMMIGRANTS (including children and pregnant women)
	If entered the U.S. on or after August 22, 1996:					
ACA – Health Care Reform Subsidies (premium tax credits and cost-sharing reductions)	Eligible	Eligible	Eligible	Eligible	Eligible	Not eligible Also not eligible for full-priced health insurance in the Exchange marketplace
SNAP	Not eligible until after 5-year waiting period <i>or</i> have credit for 40 quarters of work	Eligible	Not eligible until after 5-year waiting period <i>or</i> have credit for 40 quarters of work	Eligible	Not eligible	Not eligible
MEDICAID	Not eligible until after 5-year waiting period <sup>2</sup>	State option <sup>3</sup> to provide without a 5-year waiting period <sup>2</sup>	State option to provide without a 5-year waiting period <sup>2</sup>	Eligible <sup>4</sup>	State option for children under 21 and pregnant women only	Eligible only for emergency Medicaid
CHIP	Not eligible until after 5-year waiting period	State option to provide without a 5-year waiting period	State option to provide without a 5-year waiting period	Eligible	State option for children under 21 and pregnant women	Not eligible
TANF	Not eligible until after 5-year waiting period <sup>5</sup>	Not eligible until after 5 year waiting period <sup>5</sup>	Not eligible until after 5-year waiting period <sup>5</sup>	Eligible <sup>4</sup>	Not eligible	Not eligible
SSI	Not eligible until after 5-year waiting period <i>and</i> have credit for 40 quarters of work <i>or</i> meet another exception	Not eligible until after 5-year waiting period <i>and</i> have credit for 40 quarters of work <i>or</i> meet another exception	Not eligible until after 5-year waiting period <i>and</i> have credit for 40 quarters of work	Only eligible during first 7 years after status is granted	Not eligible	Not eligible

<sup>1</sup> Also includes Cuban/Haitian entrants, Amerasian immigrants, Iraqi or Afghan special immigrants, and individuals granted withholding of deportation or removal.

<sup>2</sup> In a few states, remain ineligible after 5 years unless have credit for 40 quarters of work history or are a veteran, active duty military, or his or her spouse/child.

<sup>3</sup> Eligible if receiving federal foster care.

# Case Example

- A family from Guatemala
  - Parents and 5 children
  - Father arrived 5 years ago. Mother arrived 2 years ago with two of their children
  - Youngest child is the only one that was born in the US, 18 months ago
  - 2 other children arrived to the US in November, 2016 alone
  - Parents work full time
  - All children are in school
  - 18 month old is the only one who has access to Husky

# Case Example

Primary Language Akateko





# Case Example

- Challenges

- Language
- Illiteracy
- Low income
- Access to healthcare
- Status in the US
- Housing
- Transportation
- Isolation

- Services and Providers

- Birth to Three
- WRAP Around New Haven
- Department of Children and Families
- Pediatric Primary Care Center
- School Base Health Clinic
- Hill Health Center

# *Mental Health*

## *What risk and protective factors should be included in the mental health assessment?*

- A variety of risk factors place immigrant children at risk for emotion, behavioral or relational problems: Children of isolated, linguistically-challenged and depressed families are at high risk for emotional and behavioral problems.
- Pre-existing cognitive, emotional or physical disorder increases the likelihood of maladaptation.
- High intelligence and education level does not protect children from post-traumatic disorders.
- Unaccompanied children and young immigrant adolescents are at high risk for emotional distress and enduring relational difficulties.
- Disrupted family composition by death or other loss increases risk as do single parent families and parental mental illness.
- Persistent poverty, particularly associated with housing and food insecurity, are significant cumulative risk factors and many migrant families settle in poor neighborhoods with limited support services.
- Living in ethnic enclaves isolated from mainstream society may be detrimental for the second and third generation immigrants by slowing acculturation and by provoking intergenerational conflict.
- Perceived cultural prejudice and either overt or implicit prejudice are all associated with increased risk of poor acculturation and individual symptoms of stress.

# Access to Counsel for Immigrant Children

- *Fair Day in Court for Kids Act of 2016* legislation that provides unaccompanied children with access to counsel throughout their immigration proceedings. The bill, introduced by Sen. Harry Reid (D-NV) will help ensure that the government appoints counsel to unaccompanied children and other vulnerable individuals, such as those who are victims of abuse, torture, or violence.
- The legislation also requires the Department of Homeland Security to make legal orientation programs available at all detention centers, so families know their rights and responsibilities under immigration law.
- It is not uncommon for a child as young as four years of age or younger to represent him-or herself in front of a judge without counsel.
- Given the percentage of children who are granted lawful status when they have legal representation based on the merits of their case, more must be done to ensure all children have appropriate access to counsel.

# Additional Resources

- [The Future of Children: Immigrant Children](#). Spring 2011. 21(1). Princeton, NJ: Princeton University Press. - The special volume includes articles about immigrant family arrangements, early care and education for immigrant children, poverty among immigrant children and a variety of additional health and education topics.
- Van Hook, Jennifer, Nancy S. Landale, and Marrainne M. Hillemeier. 2013. [Is the United States Bad for Children's Health? Risk and Resilience Among Young Children of Immigrants](#). The report examines the immigrant health paradox and summarizes the research on immigrant child health outcomes and disparities, with a focus on children of Mexican immigrants.
- Crosnore, Robert, 2013. [Preparing the Children of Immigrants for Early Academic Success](#). Washington, DC: Migration Policy Institute. This report explores immigrant children's disparities in educational outcomes and provides strategies to expand immigrant access to early childhood education and promote partnerships between schools and immigrant families.
- Palfrey, Judith, Myra Rosen-Reynoso, Nerlie Ogilus, and Susan Foley. February 2013. [Reducing Health Disparities for Hispanic Children with Special Health Care Needs](#). National Center for Community-Based Services. This report, prepared for the U.S. Maternal and Child Health Bureau, documents the unique cultural and linguistic needs of problems that Hispanic immigrant families of children and youth with special health care needs.
- American Psychological Association (2010). [Resilience and recovery after war: Refugee children and families in the United States](#). Washington, DC. This report addresses the psychosocial health and mental health needs of children impacted by conflict, displacement, and resettlement in the United States.

# Thank You

