PRISMA HEALTH®

62nd Annual Greenville Postgraduate Seminar

Spotlight: Primary Care

Wifi: Greenville ONE Center
Login: Conference1
FAMILY IMMIGRATION STATUS:
A SOCIAL DETERMINANT OF HEALTH

Julie M. Linton, MD, FAAP
Associate Professor of Pediatrics and Assistant Dean for Admissions
UofSC School of Medicine-Greenville
Medical Director, PASOs, Prisma Health Upstate
DISCLOSURE

• In the past 12 months, I have had no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this presentation.

• I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
**EDUCATIONAL OBJECTIVES**

| Provide a framework to understand the health impact of emerging policies that impact immigrant families |
| Describe evidence regarding the potential harmful or protective health impact of immigration policy and related policies |
| Consider the intersection of family immigration status with other social determinants of health |
COMMON LANGUAGE

Children in Immigrant Families

Citizens
- Mixed-status Families
- Family members are all citizens

Non-citizens
- Lawfully present/lawfully residing immigrant children
- DACA Youth
- Immigrant children without lawful status/undocumented

Image adapted from image by Ricky Choi, MD, MPH and Julie M. Linton, MD
**PERCENT GROWTH IN IMMIGRANT POPULATIONS: THE TOP 5 STATES**

<table>
<thead>
<tr>
<th>State</th>
<th>Percent Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota</td>
<td>129%</td>
</tr>
<tr>
<td>South Carolina</td>
<td>105%</td>
</tr>
<tr>
<td>North Dakota</td>
<td>103%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>101%</td>
</tr>
<tr>
<td>Delaware</td>
<td>99%</td>
</tr>
</tbody>
</table>
CURRENT STATE OF AFFAIRS

- Increased border enforcement
- Expanded interior enforcement
- Muslim travel ban
- Drastic reductions in refugee resettlement
- Termination of DACA
- People seeking asylum wait in Mexico
- Threatened participation in public programs: “Public Charge”
- Divisive, politicized, criminalizing rhetoric
Imagine a world where all people had fair opportunities to attain their optimal health to the extent possible.
**SOCIAL DETERMINANTS OF HEALTH**

Consider and consider:
- Insurance status
- Poverty
- Housing insecurity
- Food insecurity
- Education

And consider:
- Racism
- Xenophobia
- Homophobia
- Islamophobia, Antisemitism
- Transphobia
- Disability

**DISCRIMINATION**

And how identities and characteristics may intersect.
We have created a collection of articles on toxic stress since the American Academy of Pediatrics Committee on Psychosocial Aspects of Child and Family Health, the Committee on Early Childhood, Adoption and Dependent Care, and the Section on Behavior and Developmental and Behavioral Pediatrics published their landmark policy statement, "Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science into Lifelong Health." Since this sentinel and much-cited policy

## Adverse Childhood Experiences

<table>
<thead>
<tr>
<th>ACES Definitions</th>
<th>Immigration policy considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse</strong></td>
<td>Conditions that families flee</td>
</tr>
<tr>
<td>(emotional, physical abuse, sexual)</td>
<td>(violence, armed conflict, abject poverty)</td>
</tr>
<tr>
<td><strong>Household challenges</strong></td>
<td>Conditions at the border and in detention</td>
</tr>
<tr>
<td>(mother treated violently, household substance abuse, household mental illness, parental separation or divorce, criminal household member)</td>
<td>(Customs and Border Protection processing centers, Immigrations and Customs Enforcement family detention, systematic family separation, militarization of the border)</td>
</tr>
<tr>
<td><strong>Neglect</strong></td>
<td>Conditions in communities</td>
</tr>
<tr>
<td>(emotional, neglect)</td>
<td>(threatened or actual parental deportation, discrimination, exclusion from programs that keep families healthy, immigration court without a lawyer)</td>
</tr>
</tbody>
</table>
A FRAMEWORK FOR PROTECTIVE FACTORS?

Examples of Protective Factors
- Ethnic identity
- Social support
- Coping skills
- Self-esteem
- Family cohesion

EDUCATIONAL OBJECTIVES

Provide a framework to understand the health impact of emerging policies that impact immigrant families

Describe evidence regarding the potential harmful or protective health impact of immigration policy and related policies

Consider the intersection of family immigration status with other social determinants of health
# HEALTH EQUITY AND IMMIGRATION POLICY

<table>
<thead>
<tr>
<th>Evidence-based Threats</th>
<th>Evidence-based Protections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maltreatment at our border</td>
<td>• Flores Settlement&lt;br&gt;• Trafficking Victims Protection Reauthorization Act (TVPRA)&lt;br&gt;• Safer processing conditions&lt;br&gt;• Legal representation</td>
</tr>
<tr>
<td>Deportation of youth and parents</td>
<td>• Deferred Action for Childhood Arrivals (DACA)&lt;br&gt;• Temporary Protected Status (TPS)</td>
</tr>
<tr>
<td>Discrimination</td>
<td>• Ethnic identity&lt;br&gt;• Social support</td>
</tr>
<tr>
<td>Restricted access to programs (e.g. public charge, housing)</td>
<td>• Eligibility for programs&lt;br&gt;• Encouragement to participate in programs</td>
</tr>
</tbody>
</table>
UNDERSTANDING CHILDREN’S JOURNEYS

- Pre-migration/Country of Origin
- Migration/Journey
- Apprehension/Detention
- Release into community/Reunification

Slide Adapted from Alan Shapiro, MD
“The adverse events that necessitated their flight are often only the beginning of a long period of turbulence and uncertainty” (Fazel et al., 2012)


THE JOURNEY

Photo Credit: Veronica G. Cardenas
Children’s Drawings Given to the American Academy of Pediatrics
POLICY PROTECTION: H.R. 3239

• Humanitarian Standards for Individuals in Customs and Border Protection Custody Act
• Requires minimum standards for children at CBP facilities
• All facilities with immigrant children have licensed medical professionals w/pediatric expertise
• Timely health screening and necessary treatment
• Access to water, sanitation, hygiene supplies, nutrition/hydration, and shelter

Hot off the press…
Focus on S.2135
(Senate counterpart)
IMMIGRATION COURT: CHILDREN AS ADULTS-IN-MINIATURE

• Children’s cases often separated from parents
• Children find and pay for their own lawyers
• Children must prove they shouldn’t be deported
  • Testimony and hostile cross examination
  • Confusion/mistakes can lead to designation as “not credible”
• No law requires judges or ICE to consider each child’s best interests.

Image Source: ProBAR, legal services provider, Harlingen, Texas

Slide Credit: Adapted from Jennifer Nagda, JD
FEAR/UNCERTAINTY AND HEALTH

680 undocumented workers arrested in record-setting immigration sweep on the first day of school

By Dianne Gallagher, Catherine E. Shoichet and Madeline Holcombe, CNN
📅 Updated 3:13 PM ET, Thu August 8, 2019

Studies discussed: Krieger et al., J Epidemiol Community Health 2018; Novak, Geronimus, & Martinez-Cardoso, Int J Epidemiology 2017

PUBLIC CHARGE

• Current policy: only cash assistance and government-funded long-term care are considered

• New rule (published 8/12/19):
  • Expands the benefits considered to include non-emergency Medicaid, SNAP, Medicare Part D Low Income Subsidy, and housing assistance
  • Income test - based on federal poverty level and family size

  [A family of 4 would need to earn $63,000]
Nearly all (94%) noncitizens who originally entered the U.S. without legal permanent resident (LPR) status have > 1 characteristic that DHS could potentially weigh negatively in a public charge determination.

### Figure 3
Declines in Medicaid/CHIP Enrollment among Individuals in a Household with a Noncitizen Under Different Disenrollment Scenarios

<table>
<thead>
<tr>
<th>Disenrollment Rate</th>
<th>Millions of Enrollment Declines</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>-2.1</td>
</tr>
<tr>
<td>25%</td>
<td>-3.5</td>
</tr>
<tr>
<td>35%</td>
<td>-4.9</td>
</tr>
</tbody>
</table>

Medicaid/CHIP Enrollees in Households with a Noncitizen: 14.1 million

Source: Kaiser Family Foundation Analysis of 2014 Survey of Income and Program Participation data.

Artiga et al. KFF. Available at: https://www.kff.org/disparities-policy/issue-brief/estimated-impacts-of-the-proposed-public-charge-rule-on-immigrants-and-medicaid/
Implications of Changing Public Charge Immigration Rules for Children Who Need Medical Care

Leah Zallman, MD, MPH; Karen E. Finnegan, PhD; David U. Himmelstein, MD; Sharon Touw, MPH; Steffie Woolhandler, MD, MPH

Figure. Estimates of Children With Medical Need Who Would Lose Current Benefits Under Disenrollment Scenarios as a Result of the Proposed Public Charge Rule
POLICY PROTECTION: HEALTH COVERAGE

Health Coverage for Immigrant Children | January 2018

KEY
- Medicaid/CHIP for lawfully residing children, regardless of date of entry
- Medical coverage for children, regardless of immigration status

EDUCATIONAL OBJECTIVES

Provide a framework to understand the health impact of emerging policies that impact immigrant families

Describe evidence regarding the potential harmful or protective health impact of immigration policy and related policies

Consider the intersection of family immigration status with other social determinants of health
INTERSECTIONALITY

Interaction between gender, race, and other categories of difference in individual lives, social practices, institutional arrangements, and cultural ideologies and the outcomes of these interactions in terms of power

(Davis, 2008)
Unauthorized Population in the U.S.

More than one out of every five people facing deportation on criminal grounds before the EOIR is Black.

Facing Detention on Criminal Grounds

Nearly one in every three Black immigrants in deportation proceedings in FY 2015 had a criminal ground of removability.
Ms. L and her daughter reunited at a shelter in Chicago
Record number of African migrants coming to Mexican border
“[White children] told my son, ‘go back to the river that you came from.’ My son responded, ‘I didn’t come from any river. I was born here.’”

“They say [to my 17-year old], ‘Here comes the taco, here comes the Mexican!’ They say to him, ‘They are going to deport you and put up a wall.’”

ADVOCACY: MANY FACETS, MANY LEVELS

- High Quality Health Care
- Medical Education
- Research and Public Health
- Legislative and Policy Advocacy
- Community Engagement
- Children and Families

Individual
Clinic
Community
Regional
National
“Public Sphere”
Creating Safe(r) Spaces

We care about your health, not your immigration status.

All children and their families are welcome here.

Image from the Downtown Health Plaza,
Wake Forest School of Medicine

Image from Bellevue Hospital, courtesy of Dr. Benard Dreyer
COMMUNITY ENGAGEMENT: PASOS

HEALTHY CHILDREN. KNOWLEDGEABLE FAMILIES. STRONG COMMUNITIES.
One paso (step) at a time.

Slide Credit: Rut Rivera
PASOS

• **Mission:** to help build a stronger South Carolina by supporting Latino communities with education, advocacy, and leadership development.

• **Vision:** to have healthy Latino communities contributing to a stronger South Carolina
SC bill would allow Dreamers in-state tuition, licensure

As a child, when Sarai Bautista imagined the Chihuahuan Desert in northern Mexico, she envisioned sparse, flat outstretches of sand — but when she walked it at age 11 with her mother and two younger siblings, she felt every rocky slope they stumbled over.
CONCLUSIONS

• Our work is inspired by compassion, informed by science, and moved forward through dedication and collaboration.

• The privilege of our professional identities afford an opportunity to support the health and wellbeing of all children and families in diverse facets and at all levels.

Photo Credit: Veronica G. Cardenas


ACKNOWLEDGMENTS

• American Academy of Pediatrics (AAP) colleagues and staff
  • AAP Immigrant Health Special Interest Group (shout outs to Marsha Griffin, MD; Lanre Falusi, MD; Raul Gutierrez, MD, MPH; Alan Shapiro, MD; Benard Dreyer, MD; Ricky Choi, MD, MPH; Janine Young, MD; Kate Yun, MD; Andrea Green, MD; et al.)
  • AAP staff leaders (shout outs to Tamar Haro, Jean Davis, Judy Dolins, Jamie Poslosky, Madeline Curtis, Susan Martin, Lisa Black, Devin Miller, Camille Watson)
• NC and SC Chapters of the AAP
• Prisma Health Upstate Department of Pediatrics and USC SOM-Greenville
• PASOs Greenville team (Rut Rivera, Sebastian Villacis, Guillermo Martinez)
• RWJF Culture of Health Leaders Program
• Photographer Veronica G. Cardenas, http://veronicagabriela.com
• Community partners locally and nationally
• Children and families who offer the privilege of their trust
62rd Annual Greenville Postgraduate Seminar

Spotlight: Primary Care

Wifi: Greenville ONE Center
Login: Conference1