UPDATES IN IMMIGRANT HEALTH: IMPACTS AND RESOURCES FOR NJ SCHOOL HEALTH PROFESSIONALS

NJ AAP SCHOOL HEALTH CONFERENCE
OCTOBER 16, 2024

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OVERVIEW:

- Definitions and demographics
- Effects of Deportation
- Separation at the Border
- Detention of Immigrant Children
- Unaccompanied Minors
- DACA/Dream children
- Resources

BACKGROUND: THE CHANGING LANDSCAPE

nearly 40% of children in NJ lives in immigrant family
9 out of 10 are US citizens.

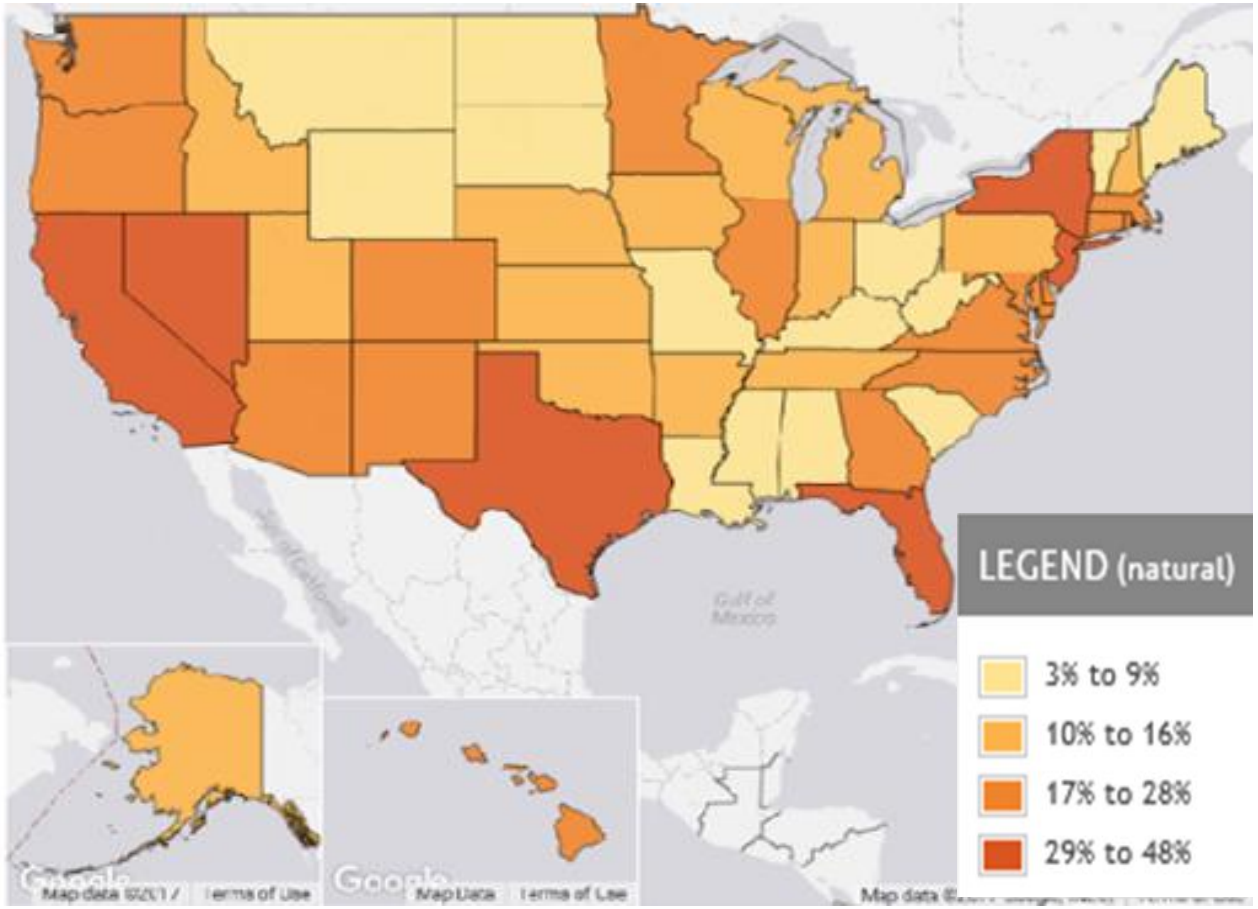


Image reproduced from: Kids Count Data Center.
http://datacenter.kidscount.org

Almost 6 million US-citizen children under the age of 18 live in mixed-status families.

- 6 million children (21%) with at least one unauthorized parent
  - *85% of these children are U.S. citizens
- Of 11 million unauthorized immigrants in U.S., ***many are parents***
- 25% children with immigrant parent has an unauthorized parent

KEY IMMIGRATION PRINCIPLES

1. reunification of families

2. admitting immigrants with skills valuable to US economy

3. protecting persons fleeing persecution and other humanitarian reasons

Lawful Permanent Residence

- 1ST possible status = **LAWFUL PERMANENT RESIDENCE**
- "LPR" or "green card holder"
- Certain categories of immigrants eligible for LPR status

U.S. Citizenship

- apply for naturalization
- must have LPR status for min 5 years (or 3 years if obtained LPR status through US citizen spouse)

Immigrants without legal status

- lost permission to remain in the U.S., or who entered the U.S. without permission

But it's much more complicated…

UNACCOMPANIED MINOR

Homeland Security Act 2002:

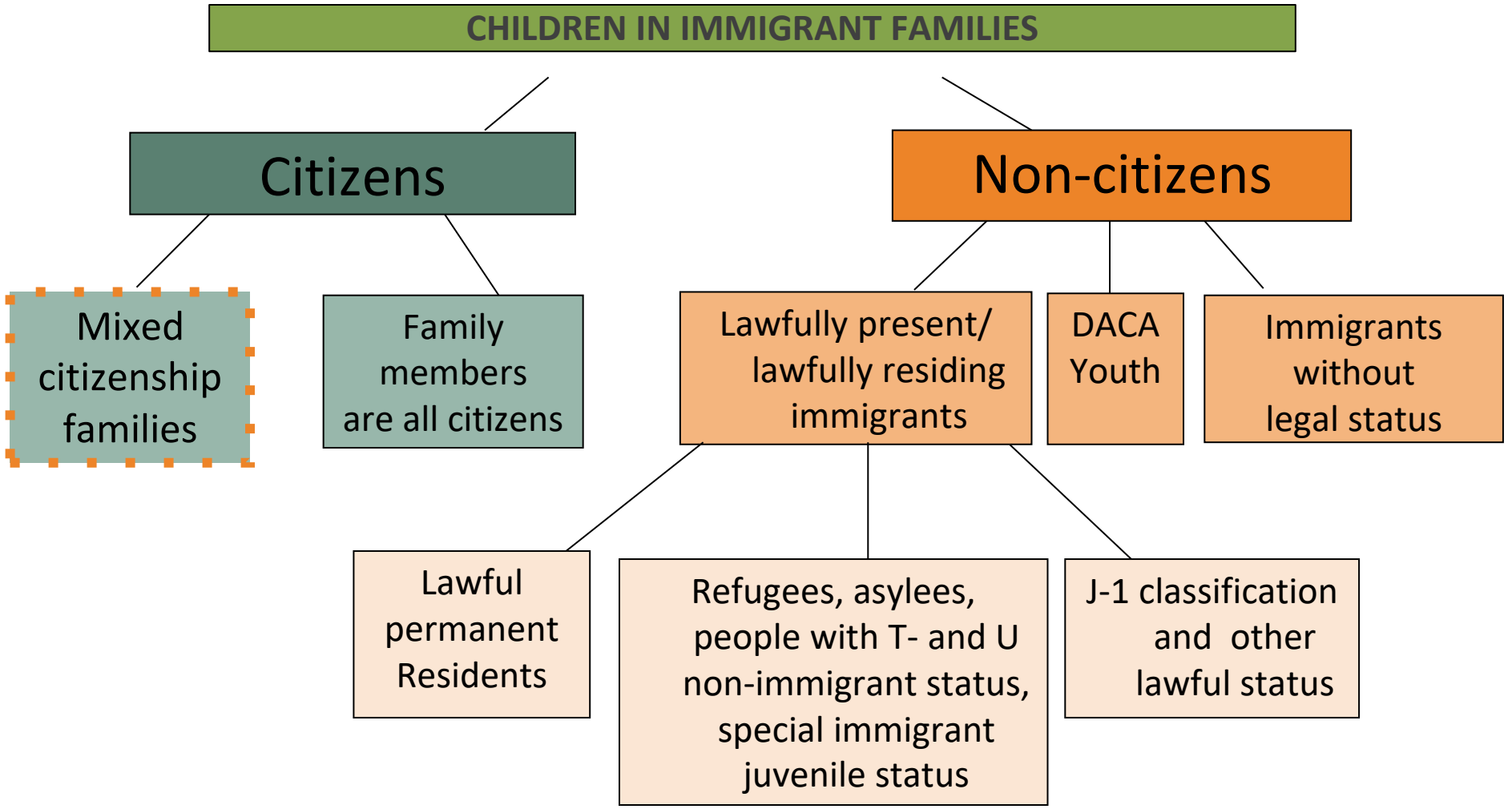
- < 18 yo
- *W/O lawful immigration status*
- *No* parent or legal guardian in U.S.
- Guardian unable/unwilling to provide care

ASYLUM SEEKERS

U.S. immigration Law (Refugee Act of 1980):

- *Unable or unwilling to return to home* country
- cannot obtain protection due to past persecution

BACKGROUND: COMMON LANGUAGE



HUMANITARIAN RELIEF

3 + years

< 1 year

Asylum

"The burden of proof is on the applicant to establish that the applicant is a **REFUGEE**…"

SIJS

Child who has been abused, abandoned, neglected

U Visa

Victim of qualifying criminal activity in U.S.

T Visa

Victims of human trafficking

Non-Status

Deferred Action

Exercise of discretion to defer removal of an individual

- DACA
- Deferred Action SIJ

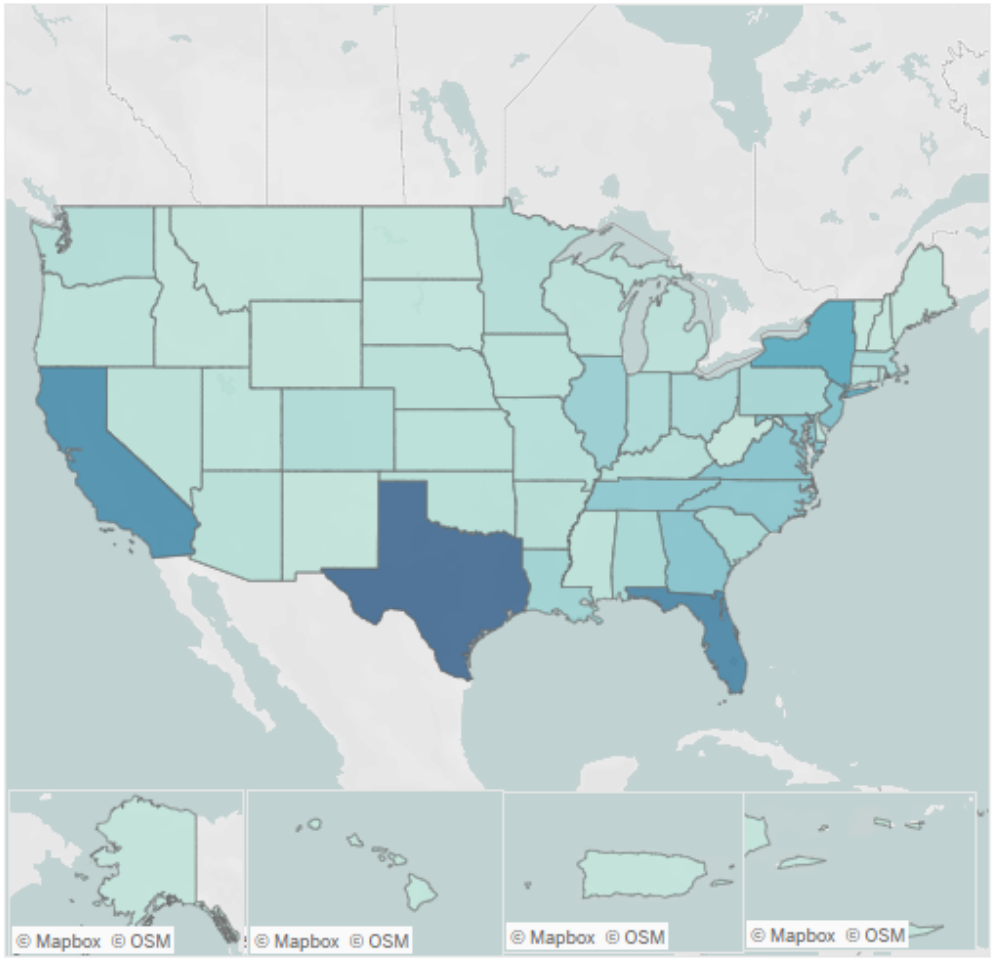
Temporary Protected Status

Attorney General granting protection from removal for certain individuals

- El Salvador
- Haiti
- Honduras

BACKGROUND:THE CHANGING LANDSCAPE

Unaccompanied Children Released to Sponsors by State and County, FY 2014 to FY 2023 YTD*



Select Fiscal Year

2023

Top Counties

Harris County, TX	2,747
Los Angeles County, CA	1,946
Dallas County, TX	1,370
Miami-Dade County, FL	1,277
Cook County, IL	897
Queens County, NY	796
Palm Beach County, FL	780
Travis County, TX	690
Davidson County, TN	653
Prince George's County, MD	638
Suffolk County, NY	599
Mecklenburg County, NC	550
Kings County, NY	548
Fairfax County, VA	499
Montgomery County, MD	485
Lee County, FL	467
Hillsborough County, FL	451
Essex County, NJ	405
Alameda County, CA	404
Gwinnett County, GA	403

Jonathan Beier and Karla Fredricks, "A Path to Meeting the Medical and Mental Health Needs of Unaccompanied Children in U.S. Communities," Migration Policy Institute, APRIL 2023

TOTAL NUMBER OF UACS RELEASED TO SPONSORS IN NJ FY 2019 (10/1/18 - 8/30/19)

COUNTY	UACs
Atlantic County	68
Bergen County	386
Camden County	135
Cumberland County	74
Essex County	548
Hudson County	463
Mercer County	561
Middlesex County	230
Monmouth County	123
Morris County	339
Ocean County	85
Passaic County	181
Somerset County	87
Union County	792

https://www.acf.hhs.gov/orr/resource/unaccompanied-alien-children-released-to-sponsors-by-county

UNACCOMPANIED CHILDREN

Why are they coming?

48% were fleeing violence from drug cartels and gangs

From the UNHCR report, "Children on the Run"

Other common reasons:

- to find family members already living in the U.S.
- to seek work to support themselves, their families, or their own children
- they were brought into the U.S. by human traffickers

WHY DO CHILDREN COME TO THE U.S.?

OPPORTUNITY

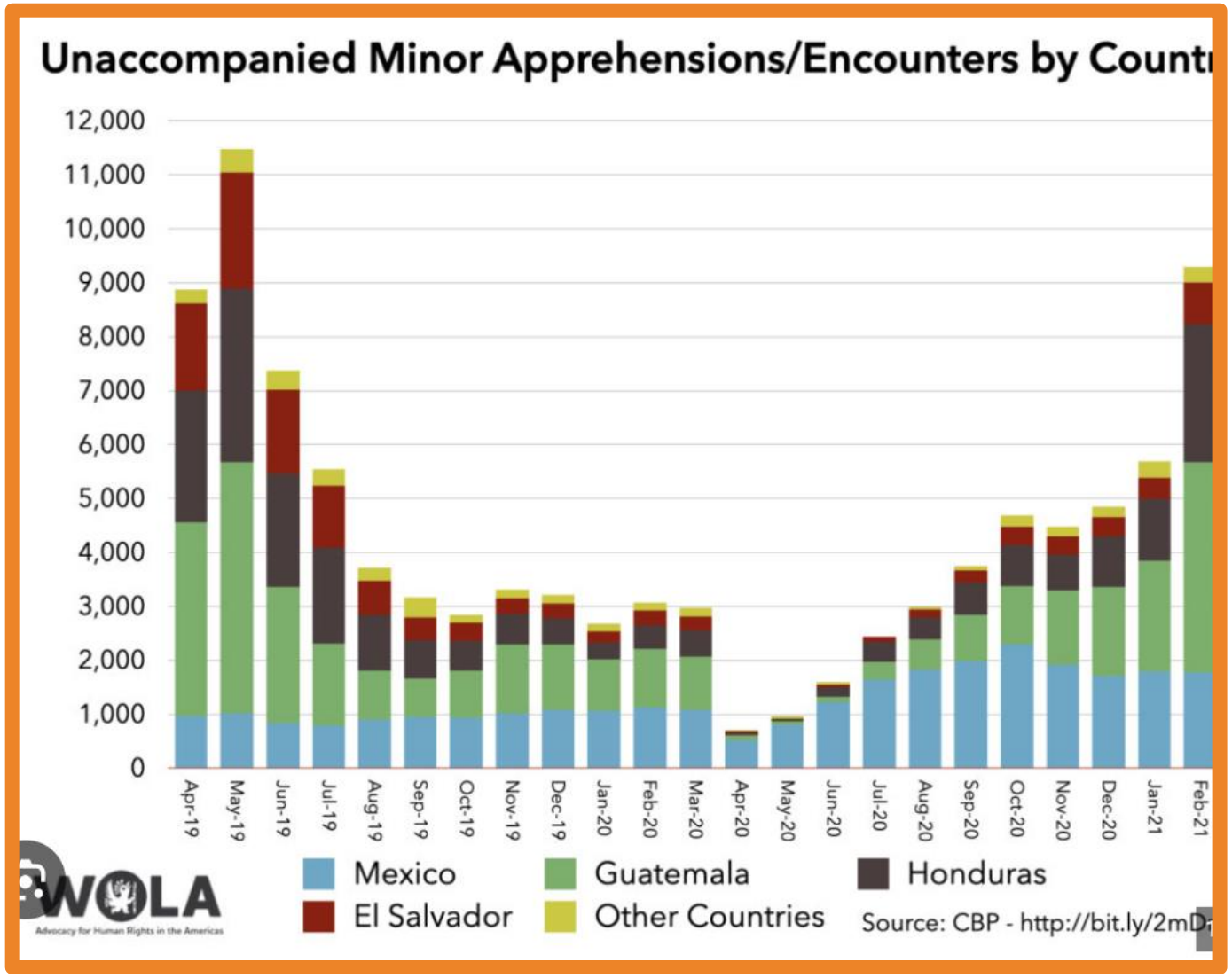
- Education
- Work
- Freedom

VIOLENCE

- Safety
- Health
- Harm

OTHER

- Trafficking
- Reunification
- Climate Change

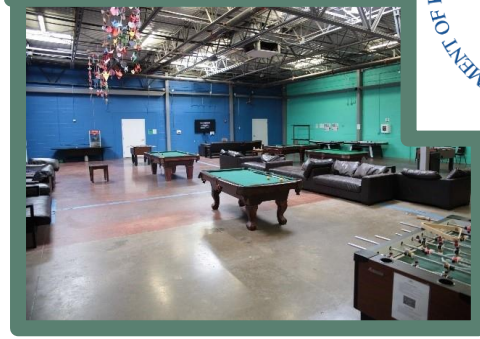

Unaccompanied Minor Apprehensions/Encounters by Countr
12,000
11,000
10,000
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
WOLA
Advocacy for Human Rights in the Americas
Mexico
El Salvador
Guatemala
Other Countries
Honduras
Source: CBP - http://bit.ly/2mD

Where do they come from?
Guatemala
Honduras
El Salvador
Most common native countries for unaccompanied children Fiscal Year 2013
Guatemala 37%
Honduras 30%
El Salvador 26%
Mexico 3%
Ecuador 2%
Other 3%

United States
Northern Triangle
Honduras
Guatemala
El Salvador

IMMIGRATION IN THE U.S.

Office of Refugee Resettlement



Executive Office for Immigration Review

Customs & Border Protection

Immigration & Customs Enforcement

US Citizenship & Immigration Services

ARRIVAL INTO US

DHS Customs & Border Patrol processing centers

- UC classification
- Can't be held >72 hours

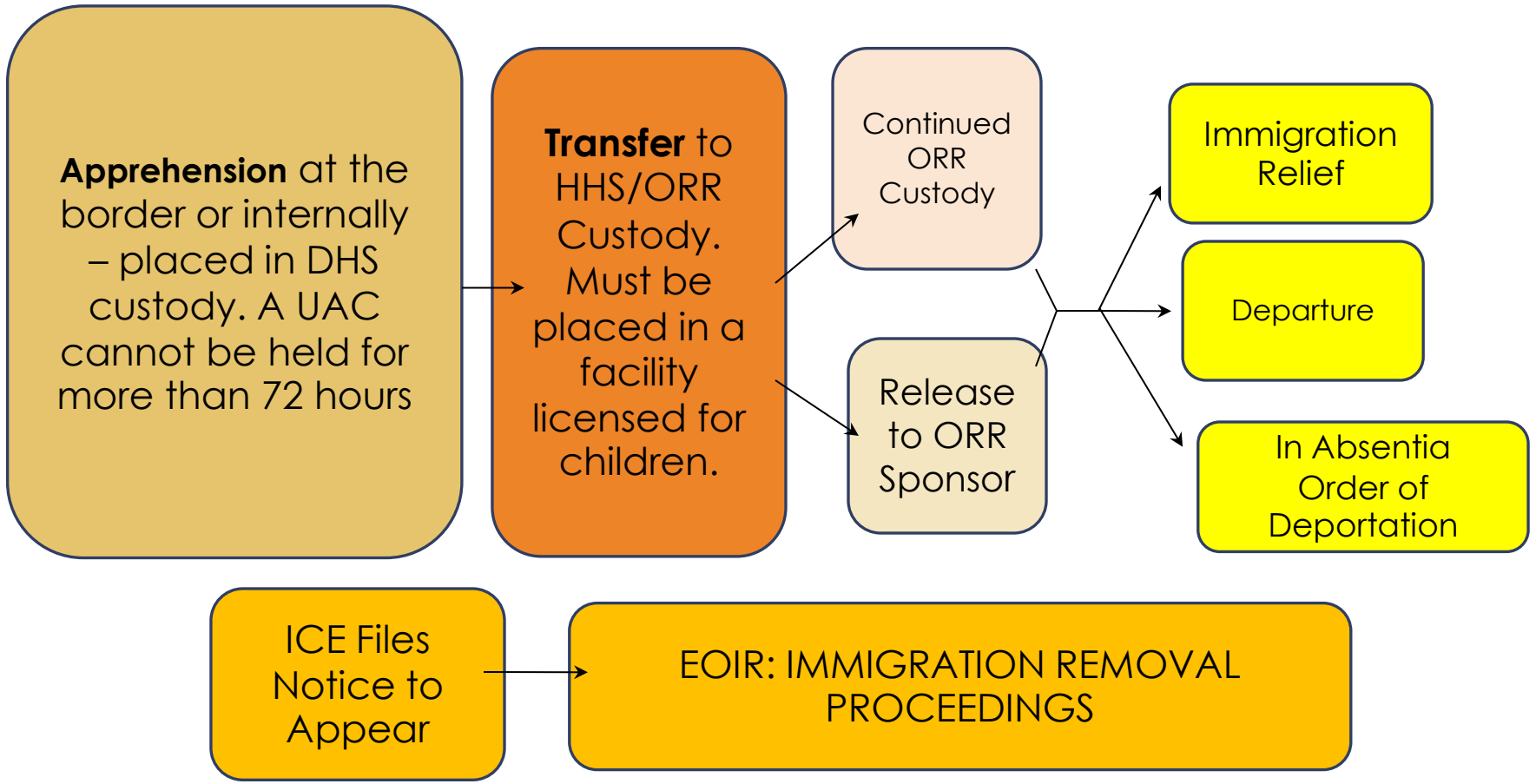
DHH -Office of Refugee Resettlement Shelter (ORR)

- Similar to foster care
- Await reunification
- 1st access to healthcare

ORR:
PREPARING FOR REUNIFICATION

- Access to food, beverage, bathroom
- Clean clothing, clean bedding, and personal hygiene
- Contacting family members or other relatives
- **COMPLETE INITIAL MEDICAL EXAM:**
  - screening for infectious diseases by licensed clinician
  - within 48 hours of admission

FLOW OF UNACCOMPANIED CHILDREN THROUGH IMMIGRATION SYSTEM



SEPARATION OF CHILDREN AND FAMILIES

Separating parents from their kids at the border contradicts everything we know about children's welfare

LA Times | By COLLEEN KRAFT MAY 03, 2018 | 4:15 AM

A Central American migrant, holding a child, looks through the border wall with the U.S. in Tijuana, Mexico on April 29. U.S. immigration lawyers are telling a caravan of asylum-seekers that they face possible separation from their children and detention for many months. (Hans-Maximo Musielik / Associated Press)

ADVERTISEMENT

TRENDING

L.A. NOW

Elon Musk unveils video of first underground L.A. tunnel, predicts rides within a few months

1h

"Studies overwhelmingly demonstrate the irreparable harm caused by breaking up families."

Dr. Colleen Craft
President, American Academy of Pediatrics

http://www.latimes.com/opinion/op-ed/la-oe-kraft-border-separation-suit-20180503-story.html

EFFECTS OF DEPORTATION AND UNDOCUMENTED STATUS

EFFECTS OF DEPORTATION

- Majority of people deported
  - lived in US > 10 years
  - no criminal record
- Children of deported parents:
  - food insecurity, housing instability
- More men deported
  - mothers must work long hours
  - Older school-aged children become primary caregivers

Eating, sleeping issues, anxiety, depression, anger, withdrawal

EFFECTS OF PARENT UNAUTHORIZED STATUS ON CHILDREN AND YOUTH: 5 Million Children Are Doing Worse, In Comparison To Other Children From Immigrant Families

Lower early cognitive skills

- Yoshikawa, 2011

middle childhood, lower levels of positive development

- Brabeck & Xu, 2010; Ortega et al., 2009

adolescence, higher anxiety and depressive symptoms

- Potochnick & Perreira, 2010

young adulthood – 1.25 to 1.50 fewer years of schooling

- Leach et al., 2011

Removal proceedings' effects on child behavior, school attendance and mental health

- Chaudry et al., 2010

EFFECTS OF PARENTAL DEPORTATION ON YOUTH

approximately 15,000 children placed in child welfare system

Children end up in foster care and some may never see their parents again

MECHANISMS OF INFLUENCE OF PARENT UNAUTHORIZED STATUS ACROSS LIFESPAN

Removal proceedings and associated family experiences

- Parent-child separation
- income loss
- parent mental health
- Chaudry et al.; Suarez-Orozco,Hernandez, 2012

Lower access to means-tested programs for U.S. citizen children

- Capps & Fortuny, 2006; Yoshikawa, 2011

Poor parental work conditions and economic hardship

- Bernhardt et al., 2009

Hardship and Parent psychological distress

- Yoshikawa, 2011

Awareness of own unauthorized status and associated barriers

- Gonzales, 2011

Blocked education and employment

- Gonzales, 2011

EXACERBATING VS. MITIGATING CONTEXTS

Chronicity of unauthorized status across family and developmental lifespan	Social service accessibility	Neighborhood networks and social capital
• Suarez-Orozco et al., 2011		• Dreby, 2012

Deferred Action for Childhood Arrivals (DACA)
Development Relief, and Education for Alien Minors (DREAM)

DACA

- In NJ, 13,000 active and 15,000 potentially eligible
- Unauthorized youth who have been in US since 2007
- under age 16 at arrival, and meet educational criteria
- Mostly from Mexico and Central America
- Peru, Brazil and Korea

DACA

- Obama Presidential memorandum
- Delayed deportation for young undocumented aliens
- Supreme court upheld DACA in 2020

DREAM ACT

Many versions since 2001, latest 2023– pathway to citizenship

Provide current, former ,future undocumented HS grads and GED recipients pathway to citizenship

Step 1: Conditional permanent resident if has DACA and not convicted of any crimes

Step 2: Lawful Permanent Residence (green card) if has higher education, military service or work for min 3 years

Step 3: Naturalization- five years after LPR

Would benefit about 2,000,000 people

2013, NJ allows undocumented students who attended NJ H.S. for 3years qualify for in-state tuition rates at all NJ public institutions of higher education

DEFERRED ACTION FOR CHILDHOOD ARRIVALS

- more than 680,000 youth with DACA, but there still is NO deal
- Court ruling forces DHS to accept new DACA renewals
- Permanent solution resides with Congress

www.futureswithoutviolence.org/stand-dreamers-will-fight/

Data on DACA:
https://www.migrationpolicy.org/programs/data-hub/deferred-action-childhood-arrivals-daca-profiles

HEALTH, MENTAL HEALTH AND ACADEMIC IMPACTS

HEALTHCARE BARRIERS FOR UAC

U.S. health care system:

- Jan 2023: Cover All Kids expanded NJ FamilyCare
- Application, approval + costs
- Lack of interpretation services

Office of Refugee Resettlement

- Lack of communication b/t ORR and community
- Minimal post-release case management

UAC

- Limited health literacy
- Public charge
- Stigma/cultural norms around mental health

Jonathan Beier and Karla Fredricks, "A Path to Meeting the Medical and Mental Health Needs of Unaccompanied Children in U.S. Communities," Migration Policy Institute, APRIL 2023

Primary enrolment rates / **Children**

91%

of children around the world attend primary school

SOURCE: UNESCO (2014)

Primary enrolment rates / **Refugee Children**

Only

50%

of refugee children attend primary school

SOURCE: UNHCR (2015)

HIGH DEGREE OF VULNERABILITY

- Disease/Illness
- Mental illness
- Isolation
- Crime
- Violence (domestic and community)
- Underemployment
- Poverty

TRAUMA EXPERIENCES

PREFLIGHT:

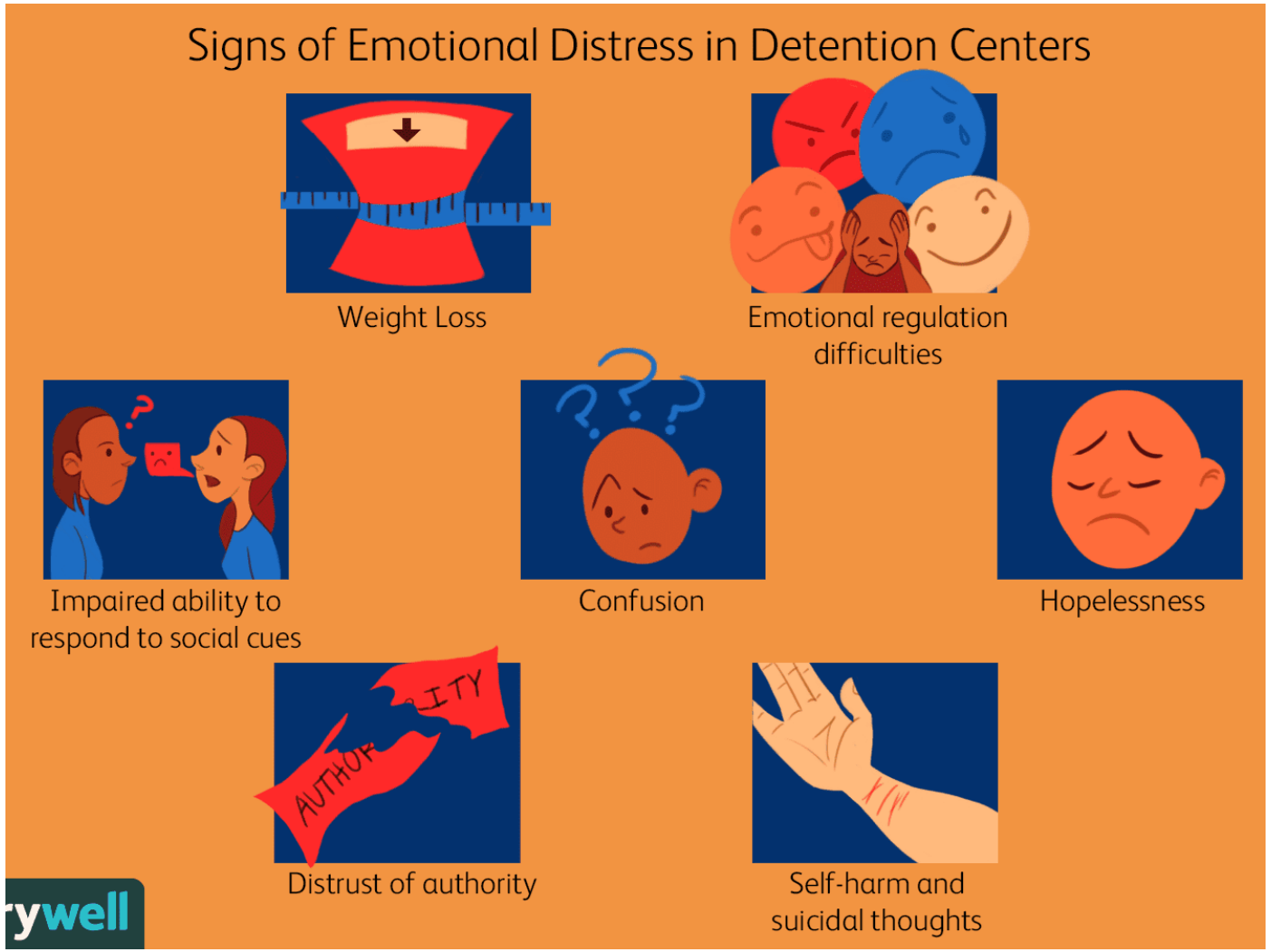
- violence, war, lack of basics, forced labor, sexual assault, loss of loved ones, lack of medical care

FLIGHT

- camps, separation, long distance travel by foot, mistreatment, loss of community, coercion and abuse

RESETTLEMENT

- community violence, financial hardship. school adjustment language, survivor's guilt, fear of deportation, disruption in attachment



SCHOOL STRESSORS

- Lack of formal schooling experience
- Placement in schools by age
- Difficulties assessing learning disabilities, etc.
- Lack of familiarity with societal norms related to school
- Language barriers with parents
- Sense of school belonging

FAMILY STRESSORS

- Acculturation differences
- Language/communication differences
- Reunification for some families
- Parent adjustment
- Family violence

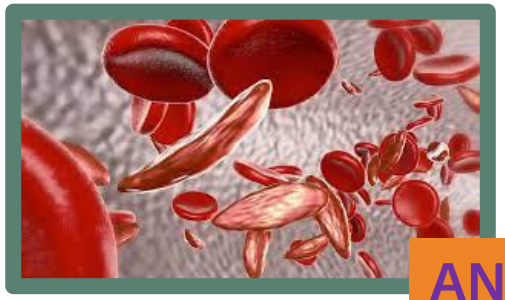
NON-COMMUNICABLE DISEASE/ILLNESS

LEAD EXPOSURE:

- home remedies, lead-glazed ceramics, industrial contamination
- study of 337 Honduran school-aged children - 19.6% lead levels (≥5 ug/dl)
- El Salvadoran city: lead acid car batteries manufactured/disposed
- Anemia/malnutrition increase lead absorption

LACK OF NEWBORN SCREENING PROGRAMS:

- follow state-specific guidelines for newborn screening
- newborn screening <6 mos.
- 6 mos - 3 yo, thyroid function testing



ANEMIA:

- Guatemala: 22% pregnant women anemic
- Lack of prenatal/peri-natal care

MENTAL HEALTH:

Stressors:

- acculturation: identity formation
- isolation
- resettlement

Unaccompanied minors

- physical/sexual abuse
- witnessing interpersonal violence
- human trafficking
- separation from parents

Traumatized children with traumatized parents

- at risk for toxic stress (in absence of buffering relationships)
- intergenerational trauma

Family Separation

- abandonment
- fear

Yozwiak, D., McGuire, T. & Aultman, J. The Mental Health of Refugees during a Pandemic: Striving toward Social Justice through Social Determinants of Health and Human Rights. *ABR* **14**, 9–23 (2022). https://doi.org/10.1007/s41649-021-00184-0

DEVELOPMENTAL/EDUCATIONAL CONSIDERATIONS

Less likely enrolled in preschools

Lag in diagnosis of developmental delays

Unaware entitled to FREE public education

Potential academic challenges

- Limited/NO schooling in home country
- Interruptions in schooling

Learning challenges

- Overrepresentation of students with limited English proficiency (LEP) in special education

Hammer CS, Hoff E, Uchikoshi Y, Gillanders C, Castro D, Sandilos LE. The Language and Literacy Development of Young Dual Language Learners: A Critical Review. Early Child Res Q. 2014 4th Quarter;29(4):715-733. doi: 10.1016/j.ecresq.2014.05.008. PMID: 25878395; PMCID: PMC4394382.

LEGAL SERVICES OF NJ

ACLU “Know Your Rights”

ICE Online Detainee Locator System (Dept Homeland Security)

Asylum – procedure for Asylum Representation

Citizenship & Naturalization

Deferred Action for Childhood Arrivals (DACA) – Filing/Renewal process

Public Charge/Public Benefits (Summer EBT)

www.lsnjlaw.org
1.888.LSNJ-LAW

NORTHEAST NEW JERSEY LEGAL SERVICES (NNJLS)

- Immigration Representation Project
- legal advice and representation to LPR
- undocumented individuals eligible for assistance - Violence Against Women Act (VAWA),"U" or "T" visas
- In-house legal clinics at NNJLS offices

NJ OFFICE OF NEW AMERICANS

- Refugee Resettlement Program
  - Partnership with community-based organizations, financial assistance, ESL
- refugees e required to have a domestic medical screening (DMS)
  - comprehensive exam of all family members' physical/ emotional health
  - Children:
    - universal well child check
    - vaccinations updated
    - enroll as soon as possible.
- other ORR-eligible populations may also seek DMS within 90 days of eligibility:
  - Asylee
  - Special Immigrant Visa Holder
  - Certified Victim of Trafficking
  - Cuban and Haitian Entrant
  - Ukrainian Humanitarian Parolee (UHP)
  - Afghan Humanitarian Parolee (AHP)

NJ Healthcare Centers

ORR-eligible Populations

Contracts - NJDHS-ONA

Eric B Chandler

- New Brunswick (732) 235-6700

Zufall Health

- Morristown 973-267-0002
- Dover – 973-328-3344
- West Orange – 973-325-2266
- Somerville – 908-526-2335
- Plainsboro – 609-853-7600

Newark Community Health Center 800-994-6242

- Newark
- Irvington
- East Orange
- City of Orange

North Hudson Community Action Corporation (201) 210-0200

- Jersey City
- Passaic
- Garfield
- Hackensack
- Union City
- West New York
- Harrison
- Englewood

Essex, Morris, Warren Counties:

- Catholic Charities, Archdiocese of Newark
- 47-71 Miller Street
  Newark NJ 07114
  (201) 407-7713
  (201) 306-1338
- refugee@ccannj.org

Hudson, Bergen, Passaic:

- Church World Service
- 591 Summit Ave
  Suite 300 Jersey City
- (201) 659-0467

Middlesex, Mercer, Monmouth, Atlantic, Burlington, Ocean, Gloucester, Salem, Cape May, Cumberland, Camden

- Interfaith RISE
- Highland Park Location: 19 S 2nd Ave
  Vineland Location: 2384 E. Landis Ave
- 732-357-0590

Camden, Gloucester, Salem, Cumberland, Atlantic, Cape May

- Catholic Charities, Diocese of Camden
- 1845 Haddon Ave
  (856) 342-4100
  (856) 342-4180

Bergen, Sussex

- **Greater Bergen Community Action**
- 235 Main Street, 3rd Floor
  Hackensack
  201-968-0200

Hunterdon, Somerset, Union

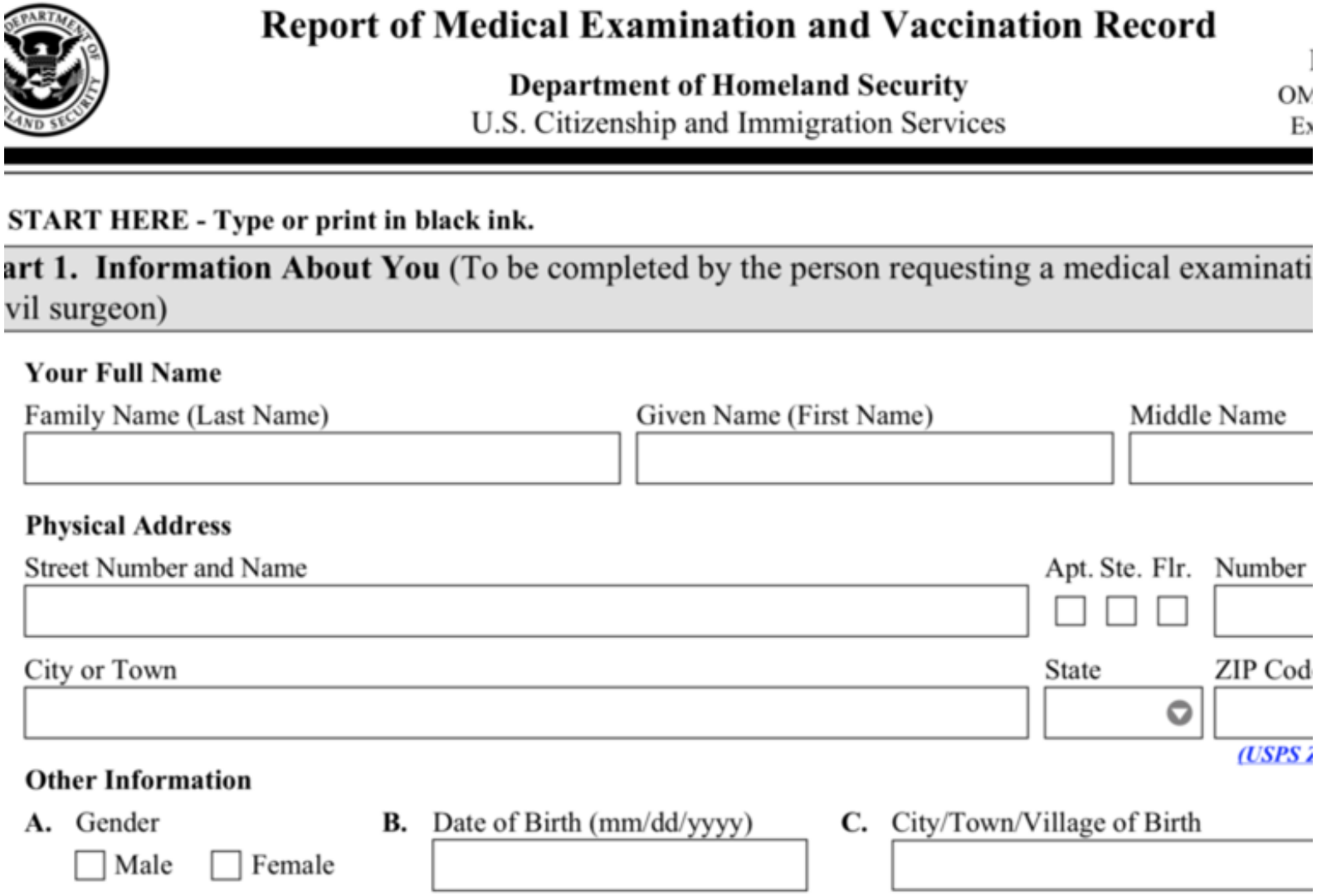
- International Rescue Committee
- 208 Commerce Place
  4th Floor, Elizabeth, NJ 07201
  (908) 290-5496

Essex, Morris, Warren, Sussex

- **Jewish Vocational Service of Metro west**
- 7 Glenwood Ave, LL
  East Orange, NJ 07017
- (862) 704-2300
  (862) 704-2290
- WhatsApp/Text: (862) 704-3607
  WhatsApp/Text: (862) 409-9633

MEDICAL EXAMINATION

- Seeking LPR status must complete and pass a “Medical Exam”
  - Communicable diseases of public health significance
  - Vaccination record (COVID 19)
  - Physical or mental disorders associated with harmful behavior
  - Drug abuse or addiction (includes alcoholism)
- Must be conducted by a federally certified civil surgeon
  - Availability
  - Price gauging



Report of Medical Examination and Vaccination Record

Department of Homeland Security
U.S. Citizenship and Immigration Services

OM
Ex

START HERE - Type or print in black ink.

art 1. Information About You (To be completed by the person requesting a medical examinati
vil surgeon)

Your Full Name

Family Name (Last Name) | Given Name (First Name) | Middle Name

Physical Address

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Cod

(USPS

Other Information

A. Gender ☐ Male ☐ Female

B. Date of Birth (mm/dd/yyyy)

C. City/Town/Village of Birth

NJ FAMILYCARE

Affordable health coverage. Quality care.

<19 - regardless of immigration status

Pregnant women (lawfully present) regardless of date entered U.S.

Immigrant adults with Legal Permanent Resident status for 5 years

“Lawfully present” adults =

- Asylee
- Cuban-Haitian entrant
- Undocumented resident whose deportation is being withheld by USCIS
- Amer-Asian immigrant
- Child of honorably discharged US military veteran
- Child of member of US military
- Certain American Indians born in Canada
- Immigrant paroled > 1 year
- Applicant under Violence Against Women Act

Families accessing NJ FamilyCare benefits will NOT be considered "Public Charge".*

AAP IMMIGRANT HEALTH TOOLKIT

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

IMMIGRANT HEALTH TOOLKIT:
Key Facts

Key Facts About Immigrant Children

From the **AAP Policy Statement:** ***Providing care for immigrant, migrant, and border Children.***
Council on Community Pediatrics. Pediatrics. 2013 Jun;131(6):e2028-34. doi: 10.1542/peds.2013-1099.

Clinical Care

What screening resources are recommended for immigrant children?
Are some diseases or conditions more prevalent among immigrant children?
How do I communicate with families that are not English proficient?

Mental, Emotional and Behavioral Care

- What considerations should be included in a mental health assessment of immigrant children?
- What risk and protective factors should be included in the mental health assessment?
- What mental health screening instruments are available for use with children of immigrants?
- How can I help children link to mental health treatment?
- What are some proven intervention and treatment strategies for children with PTSD and other mental, emotional and behavioral health problems?
- What are some high-risk circumstances that may require special attention?

Medical Screening and Treatment Recommendations for Newly Arrived Immigrant Children

The following section provides general medical screening recommendations for diverse immigrant children including unaccompanied minors, undocumented immigrants, asylees, refugees, and others.

Immigration Status and Related Concerns

What is the impact of parental separation or deportation on child health?

How do I assist families that face the deportation or removal of a child's parent or primary care giver?

What should I do if a family asks me to write a letter of support to prevent deportation or removal of a child's primary care giver?

Can immigration enforcement request information about my patient families? What do I do if this happens?

The following content is for informational purposes only and not for the purpose of providing legal advice.

Access to Health Care and Public Benefits

What health insurance options are available to immigrant children and families?

What rights do immigrant children have in schools? Can they obtain English language assistance or any other special services?

How can I help immigrant children access the benefits that they are eligible to receive?

https://www.aap.org/en/patient-care/immigrant-child-health/

Medical Screening and Treatment Recommendations for Newly Arrived Immigrant Children

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https://www.aap.org/en/patient-care/immigrant-child-health/

NJAAP Immigrant Health Committee:

- Increase competence of NJ pediatricians to address specific needs and issues facing CIF
- Partner with community organizations and other NJ stakeholders on issues affecting CIF:
  - KIND – Kids In Need of Defense
  - SPAN – Statewide Parent Advocacy Network
- policies that impede access to care for CIF
- Advocate for policies supporting needs
- Expand Specialty Care Access Network (SCAN) in NJ by identifying physician and sub-specialty care CHAMPIONS

Mental, Emotional and Behavioral Care

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Ready and Healthy for Kindergarten

A Bilingual Family Wellness Program

SPECIALTY CARE ACCESS NETWORK (SCAN) – EST 2020

- National network of champions and volunteer specialists from academic medical centers
- Coordinate specialty care for asylum-seeking children in their receiving communities
- Linked into specialty care via SCAN champion network

- Establishes medical home for child in their new community via MCN's health network
- Virtual case management program
- Finding a health center

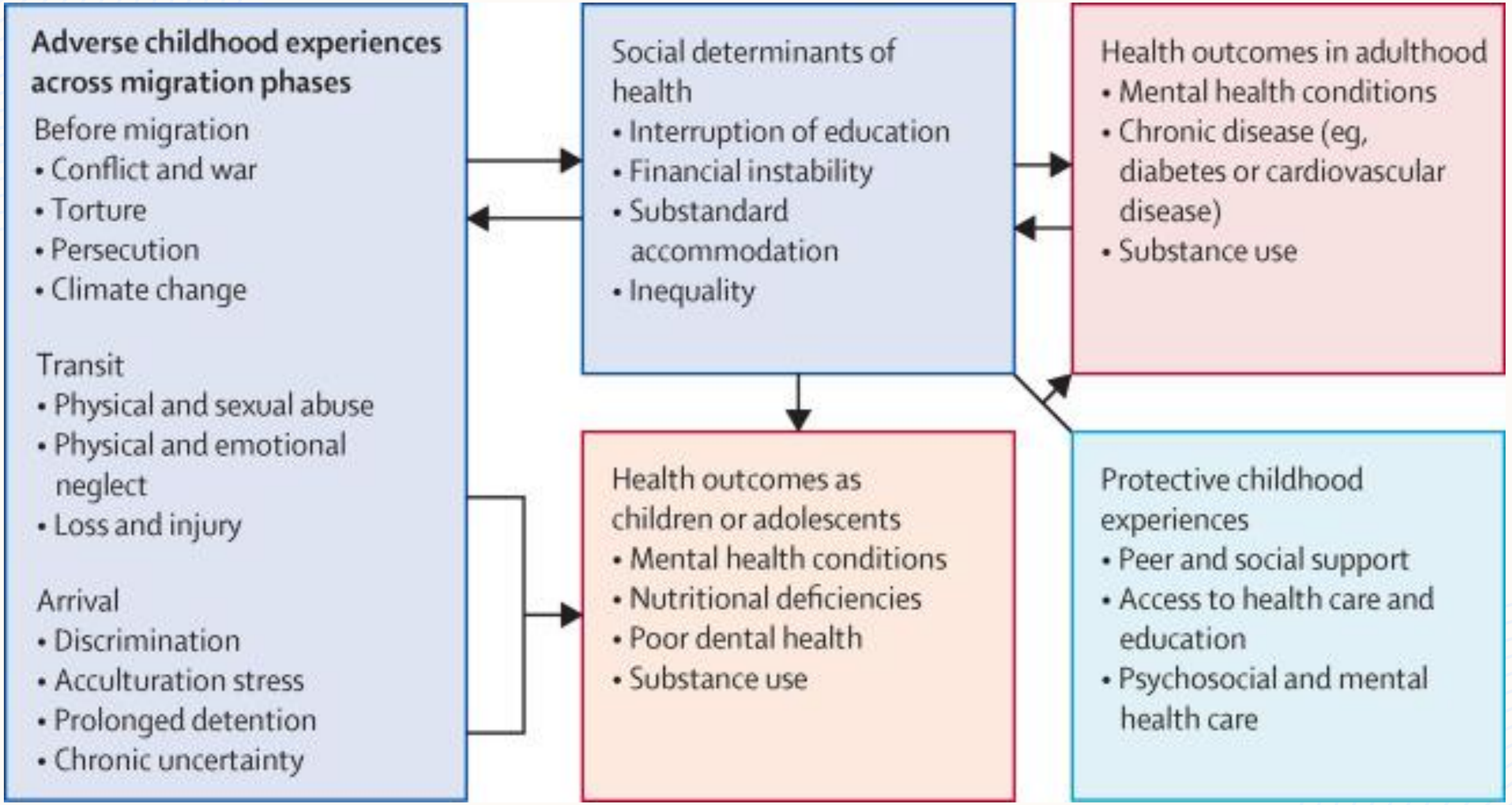
HOW DOES IMMIGRATION STATUS AFFECT HEALTH?

ACCESS TO SERVICES

- WIC - Women Infants and Children
- SNAP - Supplemental Nutrition Assistance Program
- Public Health Insurance Eligibility
- Utility (gas/electric) support through Low Income Home Energy Assistance Program

SAFETY AND SECURITY

- Fear affects ability to receive needed care
- Potential traumatic experiences in detention in US
- Challenges with employment authorization
- Ability to receive health care after needs identified



International migration of unaccompanied minors: trends, health risks, and legal protection The Lancet Child & Adolescent Health, ISSN: 2352-4642, Vol: 5, Issue: 12, Page: 882-895, 2021

RESILIENCE AND INTEGRATION

- Immigrant Paradox
- Strengths-based approach
- Understand cultural assets
- Learn from one another

CREATING A WELCOMING ENVIRONMENT

WHY DO PEDIATRICIANS NEED TO BE INFORMED ON IMMIGRATION POLICY?

ARTICLES | AUGUST 15 2023

State-Level Anti-Immigrant Sentiment and Policies and Health Risks in US Latino Children FREE

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IMMIGRATION POLICY = HEALTH POLICY

"Latino children residing in states with higher level of systemic inequity…more likely to experience mental/physical health conditions relative to those in states with lower levels of systemic inequity."

- ICE raids/fear of deportation --> anxiety
- public charge --> uninsured
- decreased WIC enrollment --> food insecurity

THANK YOU