

# CHILDREN IN IMMIGRANT FAMILIES: ADVOCACY FROM THE BEDSIDE TO THE HILL



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



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## EDUCATIONAL OBJECTIVES

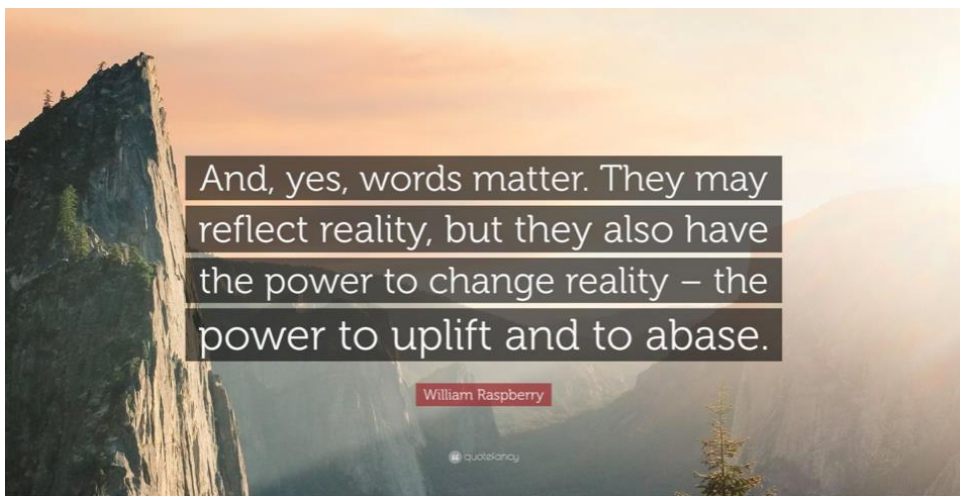
**Consider evolving demographics in South Carolina and how all pediatricians have an opportunity to support the health and well-being of children in immigrant families**

Describe current immigrant policy and the potential health impact on children in immigrant families

Identify strategies to improve the provision of comprehensive care for children in immigrant families, including newly-arrived immigrant children

Illustrate the role of pediatricians and all social service providers as advocates at multiple levels

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## Common Language

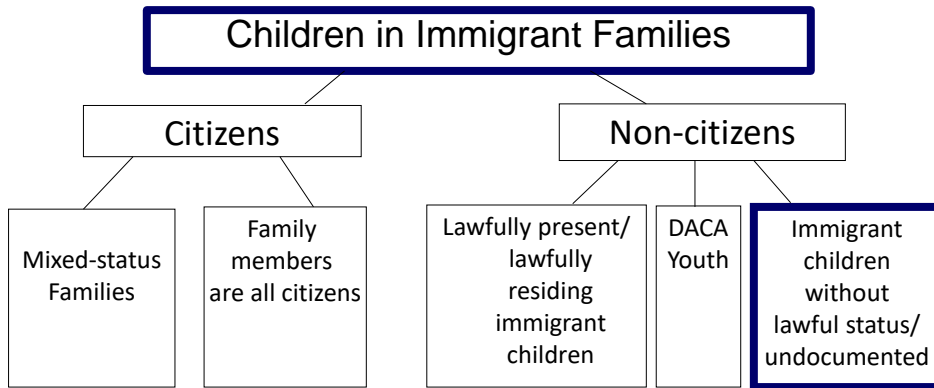


Image adapted from image by Ricky Choi, MD, MPH and Julie M. Linton, MD

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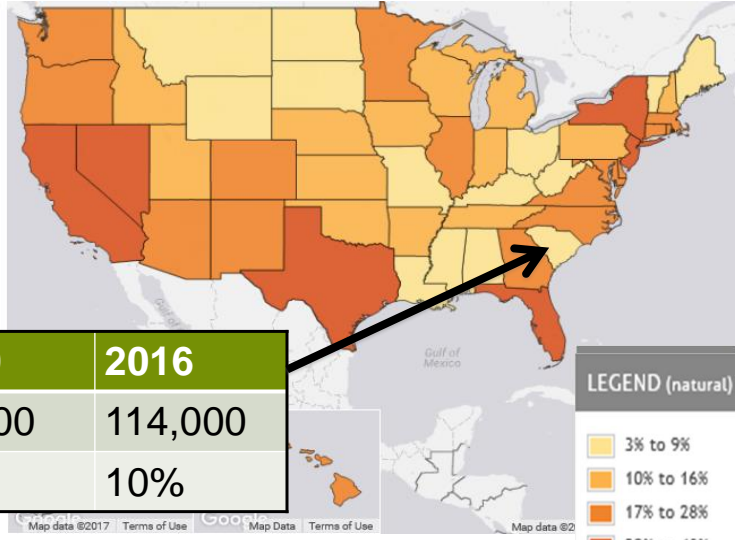
## PERCENT GROWTH IN IMMIGRANT POPULATIONS: THE TOP 5 STATES

2000 - 2016	
South Dakota	129%
South Carolina	105%
North Dakota	103%
Tennessee	101%
Delaware	99%

Available at: <https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states#Numbers>

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# CHILDREN IN IMMIGRANT FAMILIES IN SC



	2000	2016
Number	46,000	114,000
Percent	5%	10%

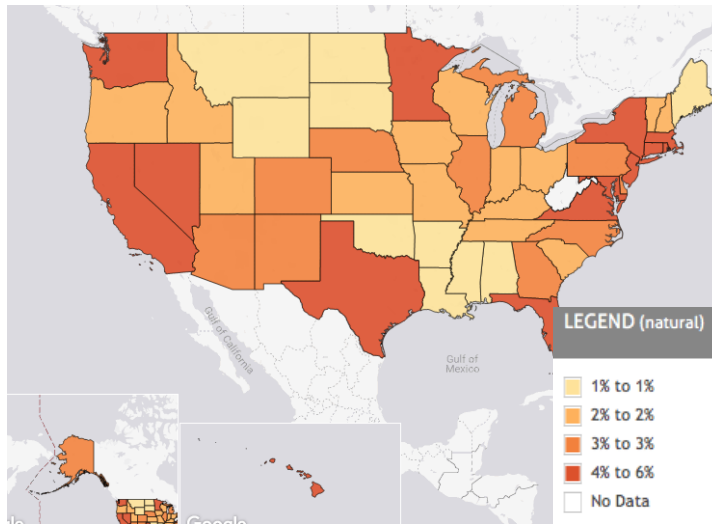
LEGEND (natural)

- 3% to 9%
- 10% to 16%
- 17% to 28%
- 29% to 48%

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# IMMIGRANT CHILDREN, 2017



LEGEND (natural)

- 1% to 1%
- 2% to 2%
- 3% to 3%
- 4% to 6%
- No Data

Kids Count Data Center. <http://datacenter.kidscount.org>

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## EDUCATIONAL OBJECTIVES

Consider evolving demographics in South Carolina and how all pediatricians have an opportunity to support the health and well-being of children in immigrant families

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## 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”
- Criminalizing rhetoric that threatens health and wellbeing



Photo Credit: Veronica G. Cardenas

# TOXIC STRESS



Toxic Stress on Children: Evidence of Consequences | Pediatric Collection



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

First LR, Kemper AR. AAP News & Journals Gateway, 2018.

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## ADVERSE CHILDHOOD EXPERIENCES

ACES Definitions	Immigration policy considerations
<b>Abuse</b> <i>(emotional, physical abuse, sexual)</i>	<b>Conditions that families flee</b> <i>(violence, armed conflict, abject poverty)</i>
<b>Household challenges</b> <i>(mother treated violently, household substance abuse, household mental illness, parental separation or divorce, criminal household member)</i>	<b>Conditions at the border and in detention</b> <i>(Customs and Border Protection processing centers, Immigrations and Customs Enforcement family detention, systematic family separation, militarization of the border)</i>
<b>Neglect</b> <i>(emotional, neglect)</i>	<b>Conditions in communities</b> <i>(threatened or actual parental deportation, discrimination, exclusion from public programs including health coverage, immigration court w/o lawyer)</i>

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## SOCIAL DETERMINANTS OF HEALTH



Consider these	Also include these
Insurance status Poverty Housing insecurity Food insecurity Education	Racism Xenophobia Family language preference Family immigration status
AND intersections between social determinants	

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## UNDERSTANDING CHILDREN'S JOURNEYS



Slide Adapted from Alan Shapiro, MD

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## PRE-MIGRATION TRAUMA



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

Studies discussed: von Werthern *et al.*, *BMC Psychiatry*, 2018; Perreira & Ornelas, *Int Migr Rev* 2013  
Image: <http://globalriskinsights.com/2015/06/the-economic-impact-of-gang-violence-in-el-salvador>

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## THE JOURNEY



IOM/Keith Dannemiller | Irregular migrants atop freight train, 'La Bestia' which takes them through Mexico towards the US. (56)



Photo Credit: Veronica G. Cardenas

- Hunger and dehydration
- Injuries from train
- Experience/witness physical violence
- Sexual assault
- Extortion by military and gangs

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## CUSTOMS AND BORDER PROTECTION (CBP) PROCESSING



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Children's Drawings Given to the American Academy of Pediatrics

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## 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 with pediatric expertise
- Timely health screening and necessary treatment
- Access to water, sanitation, hygiene supplies, nutrition/hydration, and shelter

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## POLICY PROTECTION: FLORES SETTLEMENT

- Requires government to prioritize child welfare when assuming custody of immigrant children
- Protects immigrant children from over-incarceration in unsafe and inappropriate conditions:
  - Release from custody without delay
  - Preferential release to a parent
  - If not able to be released, children must be held in the least restrictive and appropriate setting; generally, in a non-secure facility licensed by a child welfare entity



Efforts to undermine the Flores Settlement continue.

## POLICY PROTECTION: TRAFFICKING VICTIMS PROTECTION REAUTHORIZATION ACT (TVPRA)

- Passed in 2008
- Mandates screening by Customs and Border Protection (CBP) for trafficking for unaccompanied children from Mexico and Canada before repatriation or placement in immigration proceedings

Efforts to undermine TVPRA continue.

### Unaccompanied



<http://www.takepart.com/article/2015/12/10/undocumented-kids-border>

Custody of Health and Human Services (HHS)

### Family Unit



Photographer: Verónica G. Cárdenas-Vento  
<http://veronicagabriela.com/>

Custody of Immigration and Customs Enforcement (ICE)



## CHILDREN IN FAMILY UNITS: COMMUNITY RELEASE



Photo Credit: American Academy of Pediatrics



## “Release” into Communities: Critical Needs



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## 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

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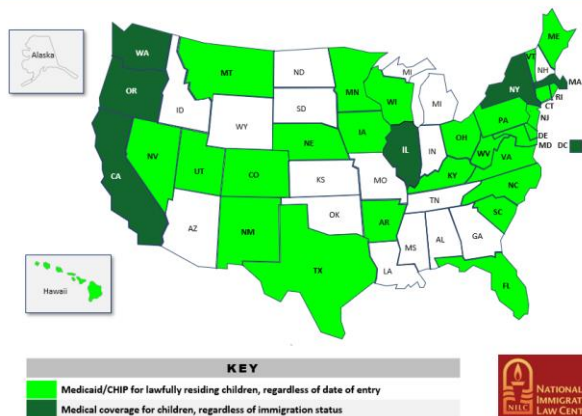
## POLICY PROTECTION: FAIR DAY IN COURT FOR KIDS ACT

- Requires that unaccompanied immigrant children be represented by government-appointed counsel during removal proceedings and any subsequent appeals.
- Children must be informed of this right and have access to a lawyer even if detained in a government facility.
- Recruitment of attorneys willing to help children on a pro bono basis
- Creates professional requirements and guidelines for legal representation of unaccompanied immigration children

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## POLICY PROTECTION: HEALTH COVERAGE

Health Coverage for Immigrant Children | January 2018



Medicaid Data: CCF 2018, [https://ccf.georgetown.edu/wp-content/uploads/2018/11/UninsuredKids2018\\_Final\\_Lasof112718.pdf](https://ccf.georgetown.edu/wp-content/uploads/2018/11/UninsuredKids2018_Final_Lasof112718.pdf)  
 Image: National Immigration Law Center 2018, <https://www.nilc.org/issues/health-care/healthcoveragemaps/>

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## FEAR/UNCERTAINTY AND HEALTH



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

Image: <https://cdn.americanprogress.org/content/uploads/2017/03/15112450/KeepFamiliesTogether-brief.pdf>

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## POLICY PROTECTION: DACA



Studies discussed: Venkataramani et al., *Lancet Public Health*, 2017; Hainmueller et al., *Science* 2017.

Image: <https://www.theatlantic.com/politics/archive/2017/10/donald-trump-daca/543519/>

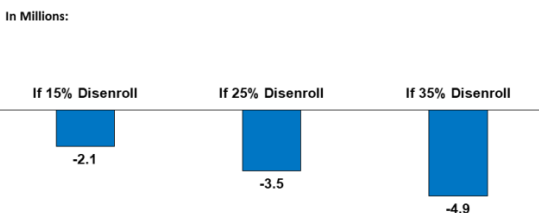
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# RESTRICTED ACCESS TO PUBLIC PROGRAMS

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



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

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/>

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

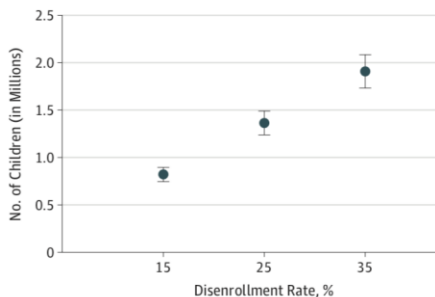


JAMA Pediatrics | Original Investigation

# 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





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Illustrate the role of pediatricians and all social service providers as advocates at multiple levels

DO THE BEST YOU CAN  
UNTIL YOU KNOW BETTER.  
THEN WHEN YOU KNOW  
BETTER, DO BETTER.

MAYA ANGELOU



## Cultural Humility and Cultural Safety

- Cultural humility: Openness and respect for differences<sup>1</sup>
- Cultural safety: Recognition of power differences and in[equities] in health and the clinical encounter that result from social, historical, economic, and political circumstances<sup>2</sup>



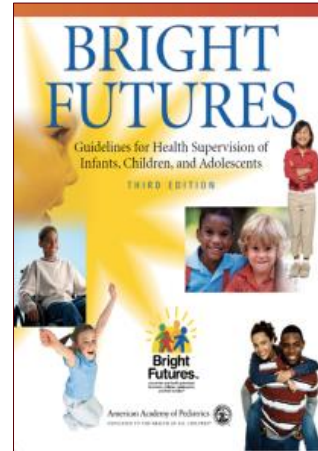
1. Tervalon & Murray-Garcia J, *Journal of Health Care for the Poor and Underserved*, 1998
2. Papps & Ramsden, *International Journal of Quality in Health Care*, 1996

## KEY CLINICAL DOMAINS

- (1) Setting the stage
- (2) Medical screening
- (3) Developmental screening
- (4) Mental health and trauma
- (5) Social determinants of health

## “NEW” PATIENT VISITS: KEY CONCEPTS

- “New patients:”
  - new to our pediatric practice
  - **new to our nation**
- Key concepts:
  - Cultural humility
  - Cultural safety
  - Health literacy
- Newly-arrived immigrant children are part of a “special population” with typical pediatric needs and unique considerations.



## SETTING THE STAGE

- **Welcome** the family to your space
- Confirm and communicate using the family's **preferred language**
- Create a “**safer**” **space**
  - Sit down
  - Speak slowly, calmly
  - Maintain eye contact
  - Avoid jargon
  - Attend to nonverbal cues and body language
- **Verbally set the stage**
  - “I would like to ask you a lot of personal questions that all relate to helping to keep your family as healthy as possible.”
  - DESCRIBE CONCEPT OF CONFIDENTIALITY
- “**Tell me about your journey**”

## Key Clinical Resources

- CDC Refugee Health Guidelines
- Office of Refugee Resettlement
- AAP RedBook
- AAP Immigrant Health Toolkit

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AAP Council on Community Pediatrics. <http://bit.ly/1y6HR1D>.

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## HISTORY AND PHYSICAL EXAMINATION

- Primary Care Naïve
- Migration journey
- Prior surgical procedures, blood transfusions, tattoos, female genital cutting
- Undiagnosed, under-treated, or chronic conditions
- Vision/hearing screening



Photo credit: Stacene Maroushek



Image: Lauer & Spector, *Pediatrics in Review*, 2012



Image from: dentaid.org

AAP Council on Community Pediatrics Immigrant Health Toolkit, <http://bit.ly/1y6HR1D>.

CDC Domestic Refugee Screening Guidelines

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## TIERED APPROACH TO LABORATORY SCREENING

Tiered\* laboratory screening/parasite treatment options for most immigrant children originating from resource-limited settings or from low socioeconomic circumstances

1. Tuberculosis testing: IGRA (TST if <5 years old)<sup>h,1,9</sup>
2. Cbc/Diff
3. Lead<sup>d,6</sup>;—Children 6mo–16 years
4. Hep B sAg<sup>e,10,11</sup>
5. Intestinal Parasite Evaluation (NB: for refugees, may omit if received pre-departure treatment per CDC guidelines)
  - Stool O & P >24 hours apart x 3<sup>f</sup> OR presumptive treatment with **Albendazole**
  - AND
  - Strongyloides IgG OR presumptive treatment with **Ivermectin<sup>g</sup>**
6. HIV<sup>i</sup>
7. Syphilis EIA, reflex RPR if positive<sup>5</sup>

Consider child's  
insurance status  
when ordering costly  
tests

AAP Council on Community Pediatrics Immigrant Health Toolkit, <http://bit.ly/1y6HR1D>.  
CDC Domestic Refugee Screening Guidelines

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## CBC WITH DIFFERENTIAL

CBC:

WBC 10.8 (6-17 x 1000)  
HGB 13.6 (11.5-13.5 G/DL)  
HCT 41.7 (34-40%)  
PLT 365 (160-360)

Differential:

57% Neutrophils  
21% Lymphocytes  
5% Monocytes  
0% Basophils  
17% Eosinophils

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## CBC WITH DIFFERENTIAL

### CBC:

WBC 10.8 (6-17 x 1000)  
 HGB 13.6 (11.5-13.5 G/DL)  
 HCT 41.7 (34-40%)  
 PLT 365 (160-360)

### Differential:

57% Neutrophils  
 21% Lymphocytes  
 5% Monocytes  
 0% Basophils  
 17% Eosinophils

Absolute Eosinophil Count 1836 (Eosinophilia if  $\geq 450$ )

### Optional laboratory screening/presumptive treatment for children of specific ages, with specific exposures or risk factors

- Urine B HCG<sup>a</sup>
- Urine GC/Chlamydia<sup>k</sup>
- Hep C Ab<sup>l</sup>
- Newborn screen, per state guidelines<sup>m</sup>
- TSH<sup>n</sup>
- Giardia stool antigen
- Hemoglobin electrophoresis<sup>o</sup>
- G6PD activity<sup>p</sup>
- Vitamin deficiency screening based on clinical presentation,<sup>q</sup>
- Schistosoma IgG<sup>r</sup> OR Presumptive treatment for schistosomiasis
- Praziquantel
- Malaria thin and thick blood smears x 3<sup>s</sup> OR Malaria Rapid Diagnostic Test<sup>t,u</sup> OR Presumptive treatment for *P falciparum*<sup>v</sup>
- Atovoquone-proguanil<sup>w</sup> OR
- Artemether-lumafantrine<sup>x</sup>



Image from:  
<http://data.baltimoresun.com/news/unsettled-journeys/part-1/>

AAP Council on Community Pediatrics Immigrant Health Toolkit, <http://bit.ly/1y6HR1D>.

## OPPORTUNITIES FOR PRACTICE CHANGE

The screenshot shows an electronic medical record (EMR) interface for a patient named "DHP Ped Newly Arrived Imm or Refugee". The interface is organized into a sidebar on the left and a main content area on the right. The sidebar lists various medical categories such as "Visit Info", "Infection Control", "Vital Signs", "Peds Screening", "Allergies", "Verify Rx Benefits", "Medications", "History", "Additional Social Hx", "Progress Notes", "H & P Notes", "Problem List", "Goals", "Developmental Milestones", "5 Years", "Well Child", "Hearing/Vision", "Asthma Int HX", "Asthma Follow-Up", "Orders", "BestPractice", "SmartSets", "Visit Diagnoses", "Meds & Orders", and "MAR". The "SmartSets" category is highlighted in yellow. The main content area displays a list of medical orders and tests, including "Progress Note" (0 of 16 selected), "Diagnoses" (0 of 2 selected), "LOS" (0 of 2 selected), and "Labs" (CBC and Differential, QuantIFERON In-tube (Sendout), HIV Antibody, RPR (Syphilis Serology), Lead, State Lab, Lead, Blood (Sendout), Hep-B Surface Ag, Strongyloides Antibody, IgG (Sendout), Schistosoma Antibody (IgG) (Sendout), Hepatitis C Antibody, Newborn Screen (State Lab), TSH, Ultra Sensitive, Hb Electro Quantitative, Vitamin D 25 OH, LC Tandem MASS Spectrom, Malaria Smear). The "Labs" section is expanded, showing a list of tests with checkboxes and a "Details" link. The "Meds and Orders" section is also visible at the bottom, showing "Stool" (0 of 4 selected) and "Urine" (0 of 2 selected).

Image: Screen shot from the electronic medical record, Wake Forest Baptist Health

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**Illustrate the role of pediatricians and all social service providers as advocates at multiple levels**

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# ADVOCACY: MANY FACETS, MANY LEVELS



Individual  
Clinic  
Community  
Regional  
National  
"Public Sphere"

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# CREATING SAFER SPACES



Image from Bellevue Hospital, courtesy of Dr. Benard Dreyer



All children and their families are welcome here.

Todos los niños y sus familias son bienvenidos aquí.

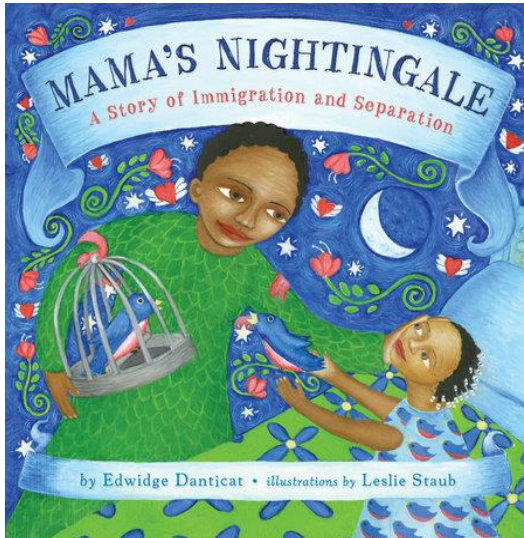
Image from the Downtown Health Plaza, Wake Forest School of Medicine

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## SUPPORTING FAMILIES



- Read, talk, sing, play
- Parental self care
- Cultural pride reinforcement
- Know Your Rights

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## LEGAL REPRESENTATION



“Does your family need a lawyer to help with your landlord, housing, immigration, or taxes?”

- Detention and deportation of parents and/or children
- Uncertainty surrounding DACA
- Threatened family separation: short-term, long-term
- Access to public benefits

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## ACCESS TO LEGAL SERVICES

No child should ever have to represent himself or herself in court.

- **60%** of unaccompanied children in deportation proceedings do not have attorneys in immigration court.
- Children without counsel are **5 times** more likely to be deported, regardless of the merits of their case or the dangers to which they would return.
- Improved asylum grant rate (89% vs. 38% with medical evaluations)\*\*

Kids in Need of Defense Fact Sheet

<https://supportkind.org/wp-content/uploads/2017/06/Advocacy-KIND-Fact-Sheet-June-2017.pdf>

\*\*Lustig et al. "J. Immigrant Minority Health (2008) 10:7–15" (2008)

Slide Credit: Jennifer Nagda, JD



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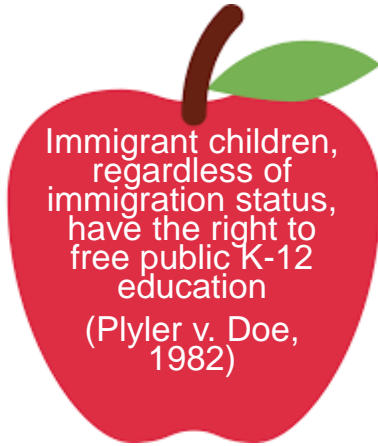
## LEGAL RELIEF: MOST COMMON

Status	Description
Asylum	Based on well-founded fear of persecution by or permitted by the government based on one of five grounds: race, religion, nationality, political opinion, or membership in a particular social group.
Special Immigrant Juvenile Status (SIJS)	Noncitizen minors who were abused, neglected, or abandoned by one or both parents.
U Visa	Victims of certain serious crimes who and have cooperated with law enforcement in the investigation or prosecution of the crime.
T visa	Victims of a severe form of trafficking and can demonstrate that he or she would suffer extreme hardship involving unusual or severe harm if removed from the United States.



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# ACCESS TO EDUCATION



AAP Immigrant Health Toolkit: Section 2: Access to Health Care and Public Benefits

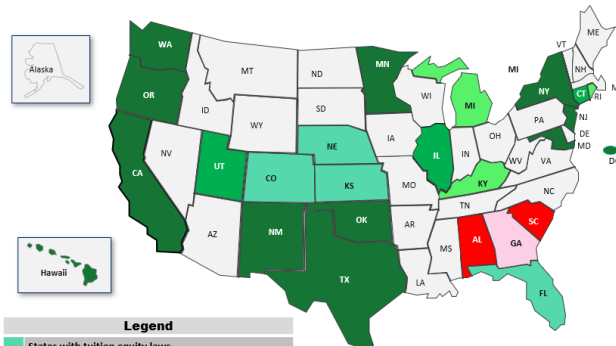
Slide Credit: Adapted from Lanre Falusi, MD, FAAP



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# HIGHER EDUCATION

Current State Laws & Policies on Access to Higher Education for Immigrants | April 2019



Legend	
[Light Green Box]	States with tuition equity laws
[Medium Green Box]	States with tuition equity policies at major institutions and scholarships
[Dark Green Box]	States with tuition equity laws and policies and some state financial aid
[Red Box]	States that ban enrollment to undocumented students
[Pink Box]	States where some college systems deny enrollment



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# COMMUNITY ENGAGEMENT: PASOS



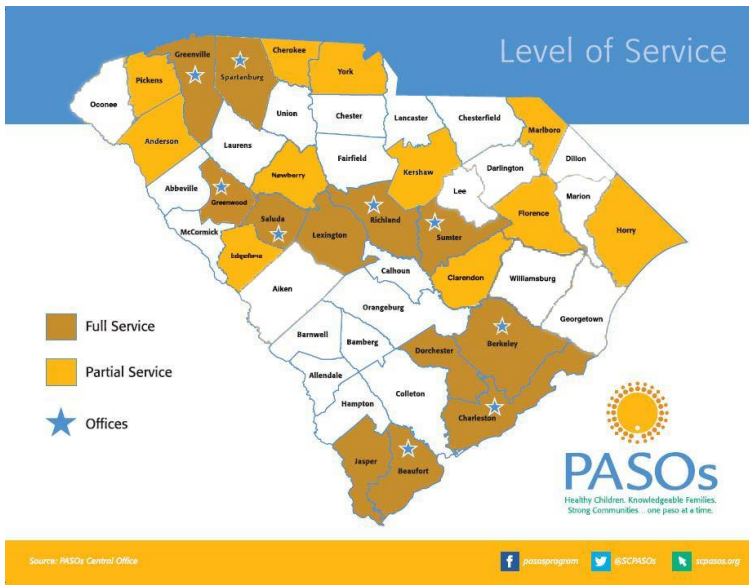
## PASOs

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

Slide Credit: Rut Rivera



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## 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



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## NATIONAL AND REGIONAL ADVOCACY

June 7, 2018

The Honorable Kirstjen M. Nielsen  
Secretary  
U.S. Department of Homeland Security  
3801 Nebraska Avenue, NW  
Washington, DC 20016

Letter on family  
separation, signed by  
540 national and state  
organizations

### South Carolina

- American Academy of Pediatrics - South Carolina Chapter
- National Association of Pediatric Nurse Practitioners – South Carolina Chapter
- South Carolina Appleseed Legal Justice Center
- South Carolina Association for the Education of Young Children (SCAEYC)
- South Carolina Infant Mental Health Association

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## TRANSLATING SCIENCE TO THE PUBLIC



ABOUT US WHAT'S NEW IMPACT RESEARCH ON ISSUES

### Immigration

Perhaps no issue presents the contradictions within Americans' thinking more strongly than immigration. Americans struggle to find the right mix of policies that would both protect our national interests and welcome newcomers accordingly.

FrameWorks research, conducted over five years, answers the following questions: How do Americans think about immigration, why do they think what they do, what consequences does that have for immigration advocates, and how might they best engage Americans in a discussion about immigration reform?



<http://www.frameworksinstitute.org/immigration1.html>

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## MESSAGING: IMMIGRATION AND CHILD HEALTH



*Shared Prosperity:*  
Children are the basis  
of our future civic and  
economic wellbeing.



*Human Potential:*  
We need children's talents  
and skills to be available  
to our communities.



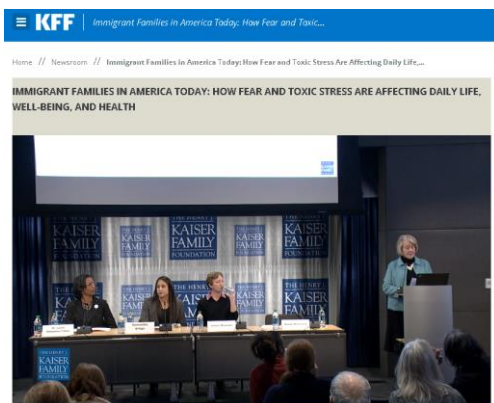
*Human Dignity:*  
We have a moral  
obligation to respect  
people as people.

Slide Credit: Moira O'Neil, PhD, Frameworks Institute

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## APPLYING THIS FRAME



Immigrant Families in America Today: How  
Fear and Toxic Stress Are Affecting Daily Life,  
Well-Being, and Health

Published: Nov 30, 2017



- Demonstrate impact of stress for both short- and long-term health
- Propose solutions

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## CONCLUSIONS

- Pediatricians have a responsibility to support all children, regardless of where they or their parents were born.
- Caring for children in immigrant families involves taking what we know about caring for all children and adapting to meet the unique needs of this special population.
- Our work is inspired by compassion, informed by science, and moved forward through dedication and collaboration.



Photo Credit: Veronica G. Cardenas

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## REFERENCES, 1

1. AAP Council on Community Pediatrics Immigrant Health Toolkit. <http://bit.ly/1v6HR1D>.
2. AAP Council on Community Pediatrics. Community pediatrics: navigating the intersection of medicine, public health, and social determinants of children's health. *Pediatrics* 2013; 131(3): 623-628.
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