

Healthcare for Immigrant Children

State of the Art Plenary Session

Sponsored jointly by the Public Policy Council,
the Public Policy Advocacy Committee of the Ambulatory
Pediatric Association and
the Pediatric Academic Societies

change the outcome®



Panelists

- **Glenn Flores, MD** Center for the Advancement of Underserved Children, Medical College of Wisconsin and Children's Research Institute, Milwaukee, WI
- **Mara Youdelman, JD, LLM** National Health Law Program, Washington, DC
- **Marie DesMeules, MSc** Public Health Agency of Canada, Center for Chronic Disease Prevention & Control, Ottawa, Ontario, Canada

change the outcome®



Content & Format

- Overview of major health needs of immigrant children and youth in the US (Simpson)
- Access, quality and safety of care for immigrant children: Focus on language (Flores)
- Overcoming Language Barriers in Children's Access to Health Care (Youdelman)
- Canada's National Immigrant Health Initiative: Focus on Children and Adolescents (DesMeules)
- Q & A – 5 min after each
- Discussion at end – 15-30 minutes

change the outcome®



Definition

- Standard definition of children in immigrant families generally includes the following criteria:
 - Under age 18, and either
 - Foreign-born (1st generation) or
 - Born in U.S., with at least one foreign-born parent (2nd generation)

change the outcome®



Size and Scope of the Population

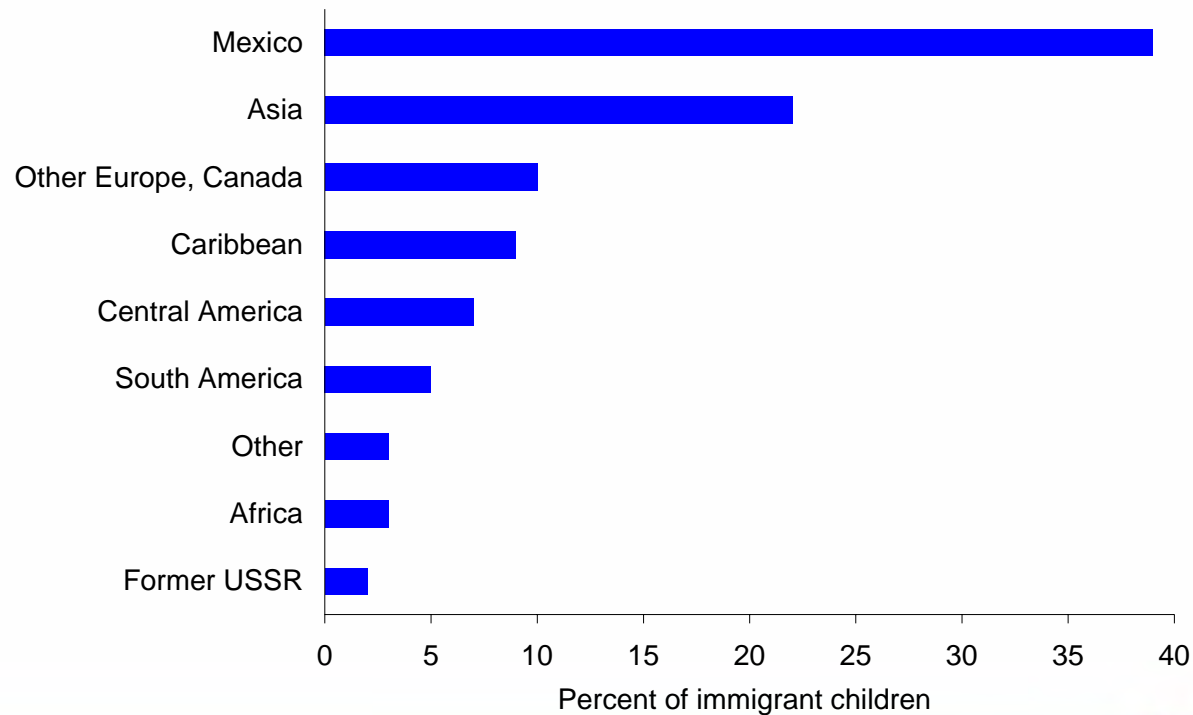
- According to Census 2000, 13.3 million children, or one in five American children, were either first- or second-generation immigrants.
- In 2003, National Survey of Children's Health weighted estimates put the total at 15.4 million.

change the outcome®



Immigrant children come from all over the globe. Mexico is the point of origin for 39% of U.S. immigrant children

Distribution of immigrant children by point of origin: 2000



change the outcome®



Immigrants to the U.S. have been concentrated in a few states

- In 2000, 2 of 3 immigrants lived in the six largest states: California, New York, Texas, Florida, Illinois, and New Jersey.
- New gateway areas are emerging. Between 1990 and 2000, 22 other states witnessed growth in the foreign-born population of 90% or more. In North Carolina, the immigrant population increased 274% in the 1990s.

change the outcome®



Socio-economic status varies by nativity, and by immigrant's point of origin

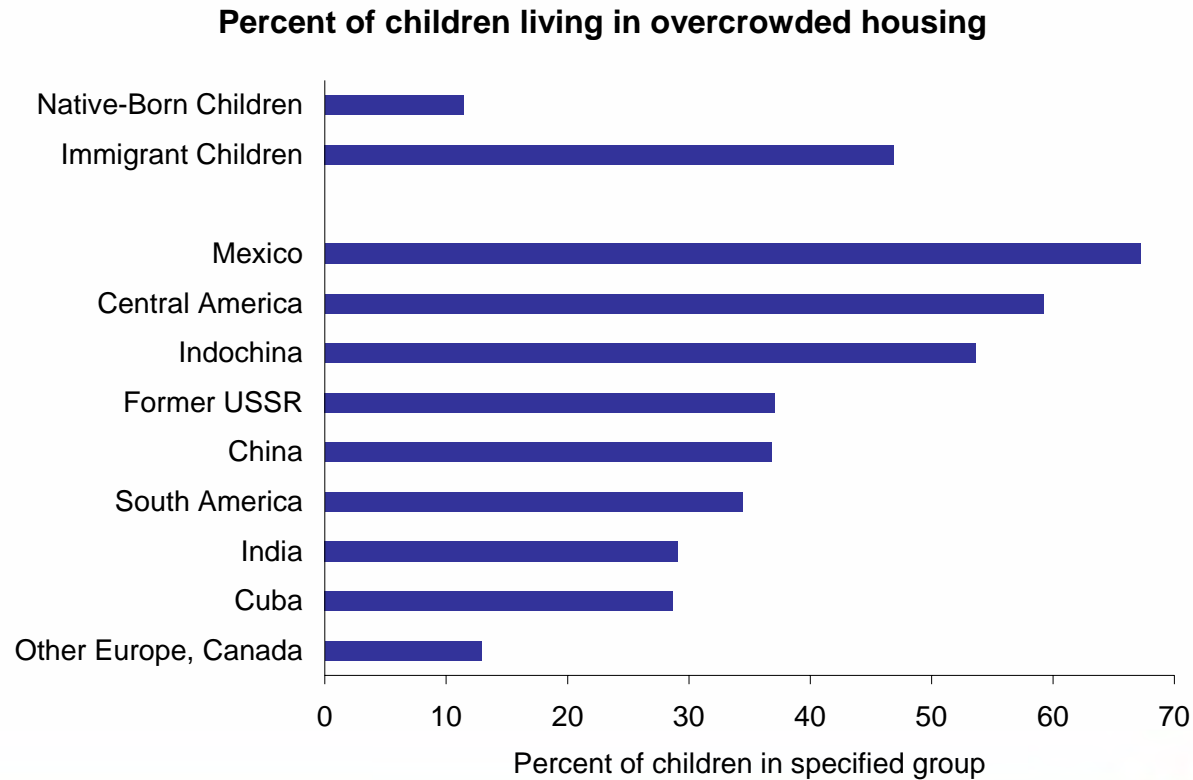
Three selected indicators that impact child health:

- Children living in overcrowded housing (more than 1 person per room)
- Children whose father did not graduate high school
- Child poverty rate

change the outcome®



Immigrant children are four times more likely than natives to live in crowded conditions

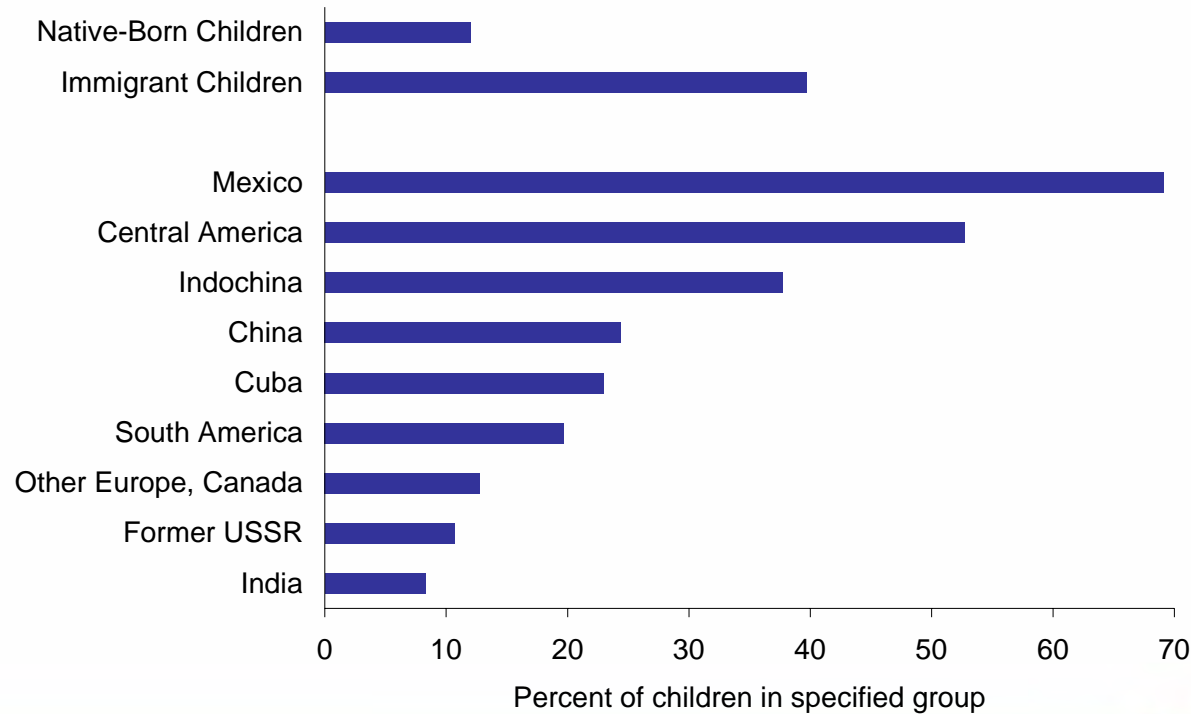


change the outcome®



7 of 10 Mexican immigrant children live with a father who did not complete high school

Percent of children whose father did not graduate high school: 2000

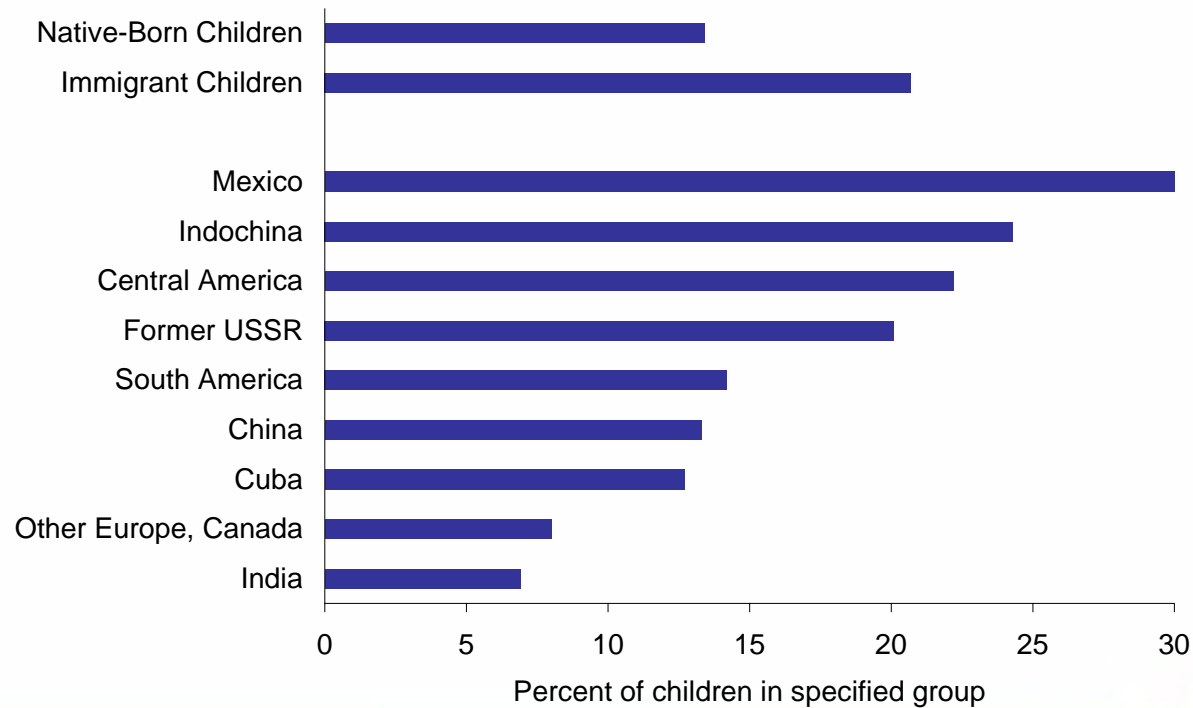


change the outcome®



Child poverty is higher for immigrants, but varies widely by point of origin

Percent of children below poverty level: 2000



change the outcome®



AAP Policy Statement: Care for Immigrant Children (2005)

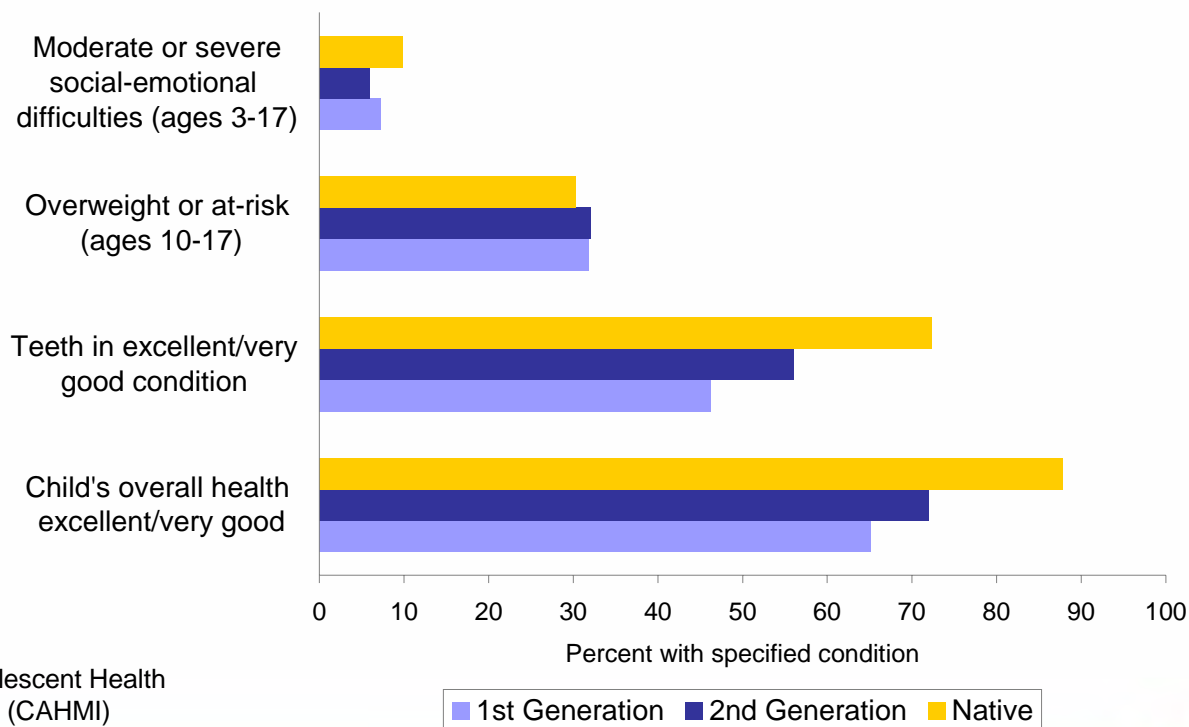
- Immigrant children in the U.S. face the following health conditions
 - Infectious diseases rarely seen in U.S. (*e.g.*, malaria, tuberculosis, hepatitis, amebiasis)
 - Under-immunized against typical childhood illnesses
 - Dental caries
 - Emotional trauma from immigration experience

change the outcome®



Health disparities are discernible on some indicators, but minimal on others

Selected Health Indicators by Immigrant Status: 2003



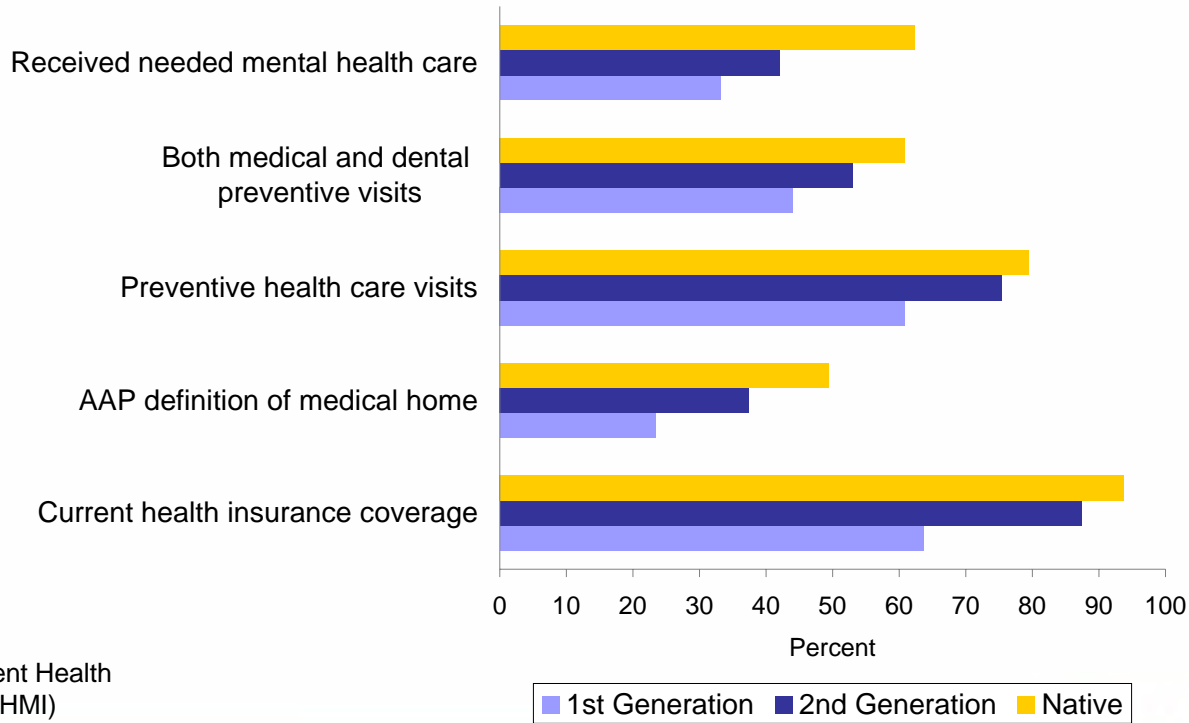
Source: Child and Adolescent Health Measurement Initiative (CAHMI)

change the outcome*



Immigrant children have consistently lower rates of health care utilization

Selected Utilization Indicators by Immigrant Status



Source: Child and Adolescent Health Measurement Initiative (CAHMI)

change the outcome*



Healthy Immigrant Effect

- Less acculturation is associated with better health, despite higher prevalence of risk factors such as poverty, lack of health insurance, and fewer visits to health care professionals.
- For Latinos, less acculturation is associated with:
 - Lower infant mortality
 - Decreased LBW rates
 - Healthier diet
 - Less sexual activity in adolescents

change the outcome®



Recommendations for Pediatricians

- Be knowledgeable about the special mental and physical health problems of immigrant children.
- Provide compassionate, and culturally and linguistically effective health care.
- Inquire respectfully about housing circumstances, traditional healing practices, and medication use.
- Advocate on behalf of underserved children, particularly related to Medicaid/SCHIP eligibility and ease of enrollment.
- Provide comprehensive, coordinated, and continuous health service within a medical home.

change the outcome®



Questions?

Lisa.simpson@cchmc.org

change the outcome®

