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February 6, 2015

Cecilia Munoz

Director of the White House Domestic Policy Council

Leon Rodriguez

Director of U.S. Citizenship and Immigration Services

White House Task Force on New Americans

1600 Pennsylvania Avenue NW

Washington, DC 20500

Dear Ms. Munoz and Mr. Rodriguez:

On behalf of the American Academy of Pediatrics (AAP), a non-profit organization of 62,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, we welcome this opportunity to make recommendations to promote the integration of new Americans. The mission of the AAP is to protect the health and well-being of *all* children, new Americans included.

One in every four children in the US, approximately 18.4 million children, live in an immigrant family and represent the fastest growing segment of the US population. Eighty-nine percent of these children are born in the United States and are US citizens.<sup>1</sup> Because children in immigrant families represent a considerable part of the economic and social future of the nation, pediatricians believe that it is in the national interest to ensure that these children grow up physically and developmentally healthy.

**Every individual, including and especially every child, living in the United States should have health insurance coverage.**

A lack of health insurance coverage for any family member can have negative impacts on the health of the entire family, so ensuring individual coverage will protect the health of our nation's children. The AAP strongly opposes policies or procedures that directly or indirectly serve as a barrier to enrollment in federal programs such as Medicaid, Children's Health Insurance Program (CHIP), and subsidized private health insurance under the Affordable Care Act, and we urge the Administration to revise its current policy of denying lawfully present children and youth under the Deferred Action for Childhood Arrivals (DACA) program access to affordable health care programs.

For a host of reasons including fear of deportation, language barriers, and confusion about eligibility, children in immigrant families are often unable to access federal programs including Medicaid, CHIP, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) that they may be entitled to. In order to ensure that children and families are better able to

<sup>1</sup> AAP Council on Community Pediatrics. Policy Statement: Providing Care for Immigrant, Migrant, and Border Children. *Pediatrics*, 2013, 131(6): e2028-34.

access these programs, AAP recommends increased access to interpreter services as part of outreach and enrollment as well as simplified enrollment processes.

**All children deserve access to comprehensive, coordinated, culturally and linguistically effective care, and continuous health services provided in a quality medical home.**

Immigrant children face a variety of challenges to their health and well-being including low educational attainment, substandard housing as well as poverty, lack of health insurance and language barriers at a rate greater than their non-immigrant peers.<sup>2</sup>

Language and communication barriers may impede medical care for new Americans. Providing care to families with limited English proficiency without appropriate medical interpretation services can ultimately lead to a higher incidence of medical errors when delivering care.<sup>3</sup> In the health care setting, qualified interpretation services should be universally available and covered by health insurance in order to ensure that families receive the interpretation services required by law. Existing technology should be expanded and new technology should be explored in order to meet the needs and preferences of a given community. This is especially important for children with chronic health care needs and emotional or behavioral problems.

Recognizing that many immigrant families may be reluctant or unable to travel to health care facilities in order to access care, efforts to bring health care to immigrant communities should be enhanced. Bringing health care to settings where immigrant families may feel more comfortable accessing it such as in churches or schools, may increase access to prevention and treatment and provides an opportunity to enroll families in programs for which they are eligible.

In order to best care for immigrant children and families, collaboration between health care providers, local agencies, and community-based resources should be encouraged. Additionally, medical-legal partnerships should be supported to help immigrant families navigate social, economic and legal challenges. Funding should enable the development and maintenance of updated referral mechanisms from medical homes to community resources.

**Children may face fear and discrimination and children whose parents are taken into custody and/or deported experience mental and emotional health problems.**

Many immigrant populations are at risk for trauma and stress prior to immigration, during transit, and in the United States. In addition, children, teens and young adults are vulnerable to gang participation and have high rates of post-traumatic stress disorder (PTSD), depression, and anxiety. This is especially true of the unaccompanied minor children in the U.S. who have fled violence and poverty in their home countries. To ensure that the mental health needs of new Americans are adequately met, mental health services for this population should be enhanced. The current workforce for children's mental health is inadequate so thought should be given to increasing opportunities and reducing barriers for integration of mental health in pediatric primary care settings as well as growing the number of trained bilingual social workers, psychologists, and therapists.

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<sup>2</sup> AAP Council on Community Pediatrics. Policy Statement: Providing Care for Immigrant, Migrant, and Border Children. *Pediatrics*, 2013, 131(6): e2028-34.

<sup>3</sup> Ibid.

**Every child living in the United States should have access to optimal public education and an array of culturally effective early intervention services.**

Children from immigrant families have less access to quality early education programs and, as they advance in their schooling, children in immigrant families are less likely to graduate from high school than their nonimmigrant classmates.<sup>4</sup> In order to improve academic opportunities for new Americans, the Task Force should foster enrollment of young children into evidence-based educational programs such as Head Start and Pre-K programs. Culturally- and linguistically-sensitive counselors, linked to pediatric medical homes, can effectively promote early education of young children.

New Americans may face linguistic barriers when trying to integrate into our society and schools. Expanding local literacy programs and supporting integration of literacy programs with health care, including evidence-based programs like Reach Out and Read, may improve family literacy and help children from immigrant families overcome linguistic barriers in school. New Americans may also experience unique obstacles that hinder their academic progress. Supporting mentoring programs for children who experience academic difficulty or who desire pursuit of higher education and funding programs that work to decrease stigma around New Americans, including programming at schools and community events, can ensure that every child living in the United States has access to optimal educational opportunities.

To improve the state of children in this country, three of their most basic needs must be met: sound nutrition, nurturing relationships, and safe environments. High quality health care, optimal public education, and protection through the safety-net are essential for all children and for building strong, prosperous communities. Immigrant children are the future of this country, as they've always been. Let's develop a supportive system to help make their future and therefore our future, prosperous.

The AAP commends the Task Force for undertaking this effort to help ensure the need of immigrant families are being met. If you have any questions about our recommendations, please feel free to contact Tamar Haro in our Washington, DC office at (202) 347-8600.

Sincerely,



Sandra G. Hassink, MD, FAAP  
President

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<sup>4</sup> AAP Council on Community Pediatrics. Policy Statement: Providing Care for Immigrant, Migrant, and Border Children. *Pediatrics*, 2013, 131(6): e2028-34.