CHAPTER CHAT ON

WELCOMING IMMIGRANT FAMILIES IN A CLINICAL SETTING

WEDNESDAY, APRIL 21 FROM 7:00-8:30 PM

Join us for the second webinar in our series on caring for immigrant children and families. During this webinar, legal expert Clarisa Reyes-Becerra will provide an update on the public charge rule changes since March 2021 under Biden. The rest of the webinar, led by Dr. Anisa Ibrahim, will focus on providing a welcoming setting for immigrant families that helps us begin a conversation about immigration-related topics and health.

ANISA IBRAHIM, MD, FAAP

CLARISA REYES-BECERRA, ESQ.

VIRTUAL EVENT
REGISTER AT AAPCA1.ORG/EVENTS/
Our chapter territory spans from the northern border of California to the southern border of Monterey, Kings, Tulare and Inyo counties. This land was once the home for Native Americans from over 40 different tribes. Native Americans from these territories still live in California and have strong, vibrant communities and cultures. We’d like to acknowledge those tribes and respect the history of the land that we now inhabit.
Migrants subject to 'Remain in Mexico' can enter U.S. soon - Los Angeles Times
The number of migrant children seen on the US-Mexico border has risen recently too

Encounters of unaccompanied minors by US border patrols

Source: US Customs and Border Protection
Mental Health Provider Network and Advocacy

Medical Care

Medical-Legal Partnerships

Community Linkage and Integration

Provider Network and Advocacy
Clarisa Reyes-Becerra, Esq. is an immigration attorney and Equal Justice Works Fellow with the California Rural Legal Assistance Foundation (CRLAF). She focuses on how immigration status affects the ability of immigrants to access health care and public benefits, and seeks to enforce federal and state rights to access health care for immigrant communities. She has been at the forefront of CRLAF’s public charge outreach efforts, informing and advising families on how public charge may affect their potential for immigration relief. Clarisa received her J.D. from Columbia Law School and B.A. from Stanford University.

Dr. Anisa Ibrahim, MD, FAAP is a UW Clinical Assistant Professor of Pediatrics and the Medical Director at Harborview Pediatric Clinic. Dr. Ibrahim’s specific clinical interests include caring for and outreach to immigrant and refugee populations, specifically those with medical or social complexity. Dr. Ibrahim is a strong advocate for community focused work and partnerships. She is the president of the Board of Directors of the Somali Health Board, a local community organization addressing health disparities in the Somali community. Nationally, Dr. Ibrahim is an executive committee member of the American Academy of Pediatrics Council on Immigrant Child and Family Health.
PUBLIC CHARGE UPDATE

AAP-CA1
NORTHERN & CENTRAL CA

Clarisa Reyes-Becerra
CRLA Foundation
April 21, 2021
The public charge regulations during the Trump administration are no longer in effect.

DHS / USCIS now follows the 1999 public charge rule.

Under this policy, it is safe for immigrants and their families to access the health, nutrition and housing programs for which they are eligible.
BENEFITS THAT COUNTED IN USCIS’ NEW (TRUMP) RULE (NOW VACATED)

- Cash assistance (federal or state)
  - SSI, TANF, General Assistance
  - Example of CA benefits: CalWORKS, CAPI
- Long-term institutionalized care paid for by Medicaid
- Section 8 housing assistance and project-based rental assistance
- Subsidized housing

- Medicaid (federally-funded programs)
  - NOT including:
    - Emergency services
    - School-based benefits for children
    - Use by immigrant children under 21 years of age
    - Use by immigrants during pregnancy and up to 60 days after

- Food Stamps (federally-funded)
  - SNAP
  - Examples of CA benefits: CalFresh, CFAP
BENEFITS THAT COUNT IN 1999 (CURRENT) RULE

- Cash assistance (federal or state)
  - SSI, TANF, General Assistance
  - Example of CA benefits: CalWORKS, CAPI

- Long-term institutionalized care paid for by Medicaid

The majority of immigrants do not qualify for these benefits. Therefore, they are very unlikely to face negative public charge consequences.

Benefits by family members do not count against an applicant.
BENEFITS NOT INCLUDED IN NEW RULE

Most Benefits!

- Children’s Health Insurance Program (CHIP)
- Medicaid (Medi-Cal in CA)
- CalFresh/CFAP (SNAP or food stamps)
- Housing assistance (Sección 8, subsidies)
- Emergency and disaster relief
- Women, Infants, and Children (WIC)
- Public health services (vaccinations, preventative services)
- School-based nutrition services (i.e., free and reduced meals), Pandemic EBT
- Public education, Head Start, scholarships
- Earned benefits, such as unemployment, social security retirement, workers’ compensation
- Tax credits
- **ANY OTHER** federal, state, or local benefits not listed!
PUBLIC CHARGE ONLY APPLIES IN . . .

2 cases:

1) Applying to enter the United States (applying for a visa)

2) Applying to become a “legal permanent resident” (LPR) (applying for a green card)
PUBLIC CHARGE DOES **NOT** APPLY TO . . .

- Citizens!

- Legal Permanent Residents (“green card holders”) when they apply for citizenship or to renew their green card
  - **EXCEPT** if they leave the country for more than 180 days (6 months)

- DACA recipients or Temporary Protected Status (TPS) when they renew their status
PUBLIC CHARGE DOES **NOT** APPLY TO . . .

- **Citizens!**

- **Legal Permanent Residents** (“green card holders”) when they apply for citizenship or to renew their green card
  - **EXCEPT** if they leave the country for more than 180 days (6 months)

- **DACA recipients** or **Temporary Protected Status (TPS)** when they renew their status

Public charge does apply to DACA and TPS recipients when they apply for a green card through a family member or employer
PUBLIC CHARGE DOES NOT APPLY TO . . .

EXEMPT Categories

- Refugees and asylees
- U and T visa applicants (survivors of serious crimes or trafficking)
- VAWA self-petitioners
- Special Immigrant Juveniles
- Applicants for a green card through cancellation of removal (3 or 10 year)
- Applicants for a green card through special statuses like asylees, SIJS, VAWA, U and T visas
- Others (Amerasians, Afghan and Iraqi military translators, certain Cuban and Haituan adjustment applicants, Nicaraguans and Central Americans under NACARA, registry applicants, Society and Southeast Asian Lautenberg parolees)
PUBLIC CHARGE DURING COVID-19

Receiving tests and treatment for coronavirus will **NOT** make you a public charge

- Why? → Medi-Cal/Medicaid and public health services are not public charge benefits

- USCIS announced that they will not consider the use of benefits in relation to the COVID-19 pandemic

Using unemployment benefits or paid leave will **NOT** make you a public charge

- Why? → worker benefits are not public charge benefits

- They are also considered benefits earned through the person’s employment and specific tax deductions
Finally, should I cancel my enrollment or not enroll in public benefits for fear of public charge? →

No, not until you speak to an immigration attorney

1) Call CRLA Foundation, 916-446-7902 or

2) look for a lawyer in the list of public charge providers from the Department of Social Services of CA
Clarisa Reyes-Becerra, Esq. is an immigration attorney and Equal Justice Works Fellow with the California Rural Legal Assistance Foundation (CRLAF). She focuses on how immigration status affects the ability of immigrants to access health care and public benefits, and seeks to enforce federal and state rights to access health care for immigrant communities. She has been at the forefront of CRLAF’s public charge outreach efforts, informing and advising families on how public charge may affect their potential for immigration relief. Clarisa received her J.D. from Columbia Law School and B.A. from Stanford University.

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Welcoming Immigrant Families into Our Clinics and Communities

Anisa Ibrahim, MD
Clinical Assistant Professor, University of Washington
Medical Director, Harborview Pediatrics
Twitter: @anisai
Overview

Recognizing immigrant children in our care

Reviewing migration- push and pull factors

Overview of trauma experience by immigrant families and its effects on health

Welcoming immigrant families into our clinics: ways to create safe spaces, foster good communication, and build relationships
Worldwide, nearly 31 million children have been forcibly displaced at the end of 2018

“These children may be refugees, internally displaced or migrants, but first and foremost, they are children: no matter where they come from, whoever they are, and without exception.”

- UNICEF
Definitions

- Foreign born parent
- Legal permanent resident
- Refugee
- Asylee
- Special immigrant visa holder
- Undocumented/Unauthorized immigrant
- Unaccompanied immigrant
- Unaccompanied refugee minor
Migration: push and pull factors
TRAUMA EXPERIENCED BY REFUGEES AND IMMIGRANTS

- Pre-Flight
- During Flight
- Resettlement
PRE-FLIGHT TRAUMA

• Violence: exposure, participation, victim
• War
• Abuse: physical, mental, sexual
• Torture
• Kidnapping
• Food and housing insecurity
• Lack of safety
• Loss of family
• Loss of home
TRAUMA DURING FLIGHT

• Journey after displacement
• Life in refugee camp
• Separation from family and community
• Violence
• Food and housing insecurity
• Lack of safety
• Illness and lack of care
• Access to education
RESETTLEMENT TRAUMA

- Loss of community and isolation
- Language barrier
- Lack of work
- Discrimination and racism
- Family in home country
- Adaptation to new environment
- Unmet expectations
- Financial strain
- Generational tension
## Factors related to migration that affect mental health

<table>
<thead>
<tr>
<th>Premigration</th>
<th>Migration</th>
<th>Postmigration</th>
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<tbody>
<tr>
<td><strong>Adult</strong></td>
<td></td>
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<tr>
<td>Economic, educational and occupational status in country of origin</td>
<td>Trajectory (route, duration)</td>
<td>Uncertainty about immigration or refugee status</td>
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<tr>
<td>Disruption of social support, roles and network</td>
<td>Exposure to harsh living conditions (e.g., refugee camps)</td>
<td>Unemployment or underemployment</td>
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<tr>
<td>Trauma (type, severity, perceived level of threat, number of episodes)</td>
<td>Exposure to violence</td>
<td>Loss of social status</td>
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<tr>
<td>Political involvement (commitment to a cause)</td>
<td>Disruption of family and community networks</td>
<td>Loss of family and community social supports</td>
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<td></td>
<td>Uncertainty about outcome of migration</td>
<td>Concern about family members left behind and possibility for reunification</td>
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<tr>
<td><strong>Child</strong></td>
<td></td>
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<tr>
<td>Age and developmental stage at migration</td>
<td>Separation from caregiver</td>
<td>Stresses related to family’s adaptation</td>
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<tr>
<td>Disruption of education</td>
<td>Exposure to violence</td>
<td>Difficulties with education in new language</td>
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<tr>
<td>Separation from extended family and peer networks</td>
<td>Exposure to harsh living conditions (e.g., refugee camps)</td>
<td>Acculturation (e.g., ethnic and religious identity; sex role conflicts; intergenerational conflict within family)</td>
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<td>Poor nutrition</td>
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<td>Discrimination and social exclusion (at school or with peers)</td>
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<td>Uncertainty about future</td>
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Laurence J. Kirmayer et al. CMAJ 2011;183:E959-E967

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“Many children may have experienced a disruption in what we call the “scaffolding of childhood”—the basic experiences we expect to be in place for children to develop and thrive, such as access to schools, health care, adequate food and water, safe neighborhoods, and intact families”

-Refugee Technical Assistance Center
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<th>Health Considerations in Immigration Children</th>
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<tr>
<td>Infectious disease</td>
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<td>Nutrition: malnutrition &amp; obesity</td>
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<td>Exposure to toxins</td>
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<tr>
<td>Undiagnosed hearing and vision problems</td>
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<tr>
<td>Dental caries</td>
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<tr>
<td>Undiagnosed developmental delay</td>
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Creating Welcoming Space

- Imagery
- Signage
- Language Access
- Diversity
Celebrating Language

Preferred Language
Enhanced learning
Ability to take on the perspective of others
Overall wellbeing

Müller et al, 2020
Creating Welcoming Space

Universal Precautions for Trauma Informed Care

• Setting the Stage

• Role of the Clinician Team
Care Teams
Migration History

Location and Country of birth
Preferred Language
Path of Migration
Health care access
School attendance
Understanding Support Systems

- Refugees: have support from resettlement agency with intensive case management for first 90 days (possible extension with complex cases)
- Other immigrant communities do not have this support
  - Community Based Organizations
  - Previously resettled community groups
  - Cultural Case Mediators
  - Health Navigators
Building Trust

1. Relationship and communication will be built on trust
2. Meet families where they are at present
3. Value and celebrating lived experience is important
4. Be visible in the community
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<th>Supporting Community Integration</th>
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<tr>
<td>TRUST: families trust initial service providers (YOU and schools) → recommend other resources</td>
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<tr>
<td>Peer learning is highly effective</td>
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<td>Language and literacy access</td>
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<td>2 generation approach</td>
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Ask, Don’t Assume
Advocacy

Tips and Tricks for Effective Communication
Strategy #1

Lead with an aspirational appeal and shared values
Values for Immigration

- Shared prosperity
- Human potential
- Human dignity
Moral Argument

“We need to treat everyone with the compassion they deserve as human beings. No matter where they were born, we are all people and are all entitled to the same basic respect.”

O’Neil, M., Kendall-Taylor, N., & Bales, S.N. FrameWorks Institute, 2014
Strategy #3

Pay close attention to attribution of responsibility
QUESTIONS?
Resources

• AAP Immigrant Child Health Toolkit

• Ethnomed https://ethnomed.org/

• Community House Calls Program
  https://ethnomed.org/about/community-house-calls-program/

• Washington Chapter AAP Immigrant Health Toolkit