Caring for Children in Immigrant Families

Vulnerabilities, Resilience, and Opportunities

Julie M. Linton, MD[a,*], Ricky Choi, MD, MPH[b],
Fernando Mendoza, MD, MPH[c]

KEYWORDS

- Immigrant children • Children in immigrant families • Health disparities
- Cultural and linguistic disparities • Toxic stress • Resilience • Advocacy

KEY POINTS

- Pediatricians will increasingly care for children in immigrant families (CIF) as part of routine practice.
- A large proportion of CIF are at risk for health disparities relating to socioeconomic disadvantage and cultural and/or linguistic challenges.
- CIF and their families often have strengths that can offer a positive contribution to their health (immigrant paradox).
- Changes in global communication, including cultural media, can have a particular impact on immigrant children and families that may modify acculturation process.
- Pediatricians have a professional responsibility to address the medical, mental health, and social needs of immigrant children and families to optimize the potential of this growing sector of the population.

INTRODUCTION

Children in immigrant families (CIF) represent the fastest growing segment of the US population and will soon represent 1 out of every 3 US children.[1,2] Although CIF are a heterogeneous group with respect to culture, language, social class, and residential status, there are common health-related issues related to provider-patient differences

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[a] Department of Pediatrics, Wake Forest School of Medicine, Medical Center Boulevard, Winston-Salem, NC 27157, USA; [b] Pediatrics, Asian Health Services Community Health Center, 818 Webster Street, Oakland, CA 94607, USA; [c] Department of Pediatrics, Stanford University School of Medicine, Medical School Office Building, X240, 1265 Welch Road, Stanford, CA 94305-5459, USA
* Corresponding author.
E-mail address: jlinton@wakehealth.edu

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in language and culture. This article highlights the current demographic trends of CIF and reviews the risk for health disparities relating to socioeconomic disadvantage and cultural and/or linguistic challenges, with an emphasis on those CIF who are most at risk for adversity, primarily Latino and some Asian subgroups. Health care providers have a critical role to play to address access to care, address unique health risks and needs, and cultivate resiliency in these new Americans.

DEMOGRAPHICS

CIF are defined as children who are either born outside the United States (immigrant children) or are US citizens and have at least 1 parent born outside the United States. First-generation immigrant children are defined as those born outside the United States, whereas second-generation immigrant children represent US-born children with at least 1 immigrant parent (**Table 1**). Between 1994 and 2014, the percentage of first-generation or second-generation immigrant children in the United States has risen by 45% (to 18.7 million). Currently, they represent one-quarter of the 75 million children in the US.[2,3] It is predicted that by 2050, CIF will comprise one-third of more than 100 million US children.[1,3] It is estimated that during the next 40 years, immigrants and their US-born children will generate almost all growth in the young adult population[2] and nearly all growth of the nation's labor force.[1]

Although just 10 states (Arizona, California, Florida, Georgia, Illinois, Massachusetts, New Jersey, New York, Texas, and Washington) house nearly three-fourths of these children,[3] there has been significant growth in immigrant populations in other states in recent years. Between 1990 and 2009, the number of CIF increased by more than fivefold in North Carolina, Georgia, Nevada, and Arkansas.[4] State-level data in 2013 indicate that California (48%), Nevada (37%), and New Jersey (36%) have the highest populations of CIF among children living in these states; West Virginia (3%), Montana (4%), and Mississippi (4%) have the lowest[5] (**Fig. 1**). These data underscore the need for pediatricians to realize the health needs of CIF as part of routine training, practice, and continuing education.

As pediatricians prepare to care for more CIF, demographic shift and linguistic diversity of immigrant populations must be considered. Most CIF are of Latin American origin (including 40% of CIF with parents from Mexico), followed by 20% with parents from Asia[6] (predominantly China, India, and the Philippines).[2] Besides race and Hispanic origin, major differences have been noted among first-generation and second-generation immigrant children by generation, country of origin, poverty status, and family structure.[2] A non-English language is spoken in the homes of 20.3% of the US population.[7] Among CIF, 56% of parents have difficulty speaking English, and 22% of CIF live in linguistically isolated households where no person at least 14 years old speaks English "very well,"[5] However, arrival in the United States before adolescence, living in the United States for a longer period of time, and having a higher level of education are associated with English proficiency.[7] Time in the United States affects immigrant children and their US-born siblings, particularly with respect to language and culture.

Legal status is a complex issue for many CIF. Of CIF, 88% to 89% are US citizens.[5,8] The remainder include refugees, asylees, those with temporary protected status, and unauthorized children (see **Table 1**). Unauthorized children, or those who are foreign-born without legal status, represent 4% to 6% of the CIF population.[8–10] The number of US-born children of unauthorized immigrants has been growing and represents about 8% of all US births.[9,10] It is estimated that 5.5 million children live with 1 unauthorized parent, and 4.5 million of these children are born in the United States[11] Most

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