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This article briefly covers the history of immigration from the US perspective, including the demographic variation over time and the ever-changing policies. Displaced children and their families are facing increasing challenges to their health and overall wellbeing. Since enactment of the Immigration and Nationality Act of 1965, the needs of minors have been caught up in complex immigration policy. Recognition of the unique needs of minors and the Dreamers must be addressed as part of comprehensive immigration reform or in more targeted legislative proposals. The challenges posed by the magnitude and scope of the immigration problem are discussed.

International Migration and Immigration Issues Related to the United States: Defining the Size and Scope of the Problem	537
James A. Stockman III	

This article briefly examines the scope of international migration-related issues and issues related to the migration of individuals and families across the southern border of the United States. Immigration issues include designing oversight policies consistent with international treaties yet tailored to suit the unique circumstances of recipient countries; integrating refugees and asylum seekers; and dealing with undocumented foreigners who have gained entry across a border. Most importantly, ways must be found that allow accompanied and unaccompanied minors to live a full and healthy existence as they wend their way through a most difficult time in their lives.

Immigrant and Refugee Health: A Centers for Disease Control and Prevention Perspective on Protecting the Health and Health Security of Individuals and Communities During Planned Migrations	549
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Migration and forced displacement are at record levels in today's geopolitical environment; ensuring the health of migrating populations and the health security of asylum and receiving countries is critically important. Overseas screening, treatment, and vaccination during planned migration to the United States represents one successful model. These strategies

have improved tuberculosis detection and treatment, reducing rates in the United States; decreased transmission and importation of vaccine-preventable diseases; prevented morbidity and mortality from parasitic diseases among refugees; and saved health costs. We describe the work of CDC's Division of Global Migration and Quarantine and partners in developing and implementing these strategies.

The Intersection of Urban and Global Health

561

Nora L. Jones, Julia Burger, Ashleigh Hall, and Kathleen A. Reeves

Providers from high-income countries are often drawn to practicing medicine in settings identified as having greater need, whether that be in a low- or middle-income country or within an underserved area within their own high-income country. Despite sharing the goal of fostering health equity, global health and urban health are often considered in dichotomous ways. This article points a lens at the intersection of these 2 fields, highlighting what they can learn from each other.

Developing a Community Response: Collaborating Locally on Immigrant Care

575

Mary Brennan Wirshup, Sarah Poutasse, and Adriana Deverlis

As trends in immigration evolve across the United States, health care professionals must find a way to provide equal care to all patients, regardless of immigration status. This article addresses the special and unique health challenges faced by pediatric immigrant patients, and ways to address these challenges by leveraging community partnerships and a holistic approach to care. The article draws on the experience of Community Volunteers in Medicine, a nonprofit, philanthropy-funded health clinic that offers free medical, dental, and behavioral care to the uninsured of Chester County, Pennsylvania.

Clinical Tools for Working Abroad with Migrants

589

Ryan McAuley

There are an estimated 68.5 million displaced persons worldwide, about one-half of whom are under the age of 18 years. The health needs of migrants are complex and dynamic along their journey. When structuring health care services for migrants abroad, there is not a one-size-fits-all approach and programming must be adaptable, practical, relevant, sustainable, and ideally integrated into the host country's health care system. In this article, we examine the clinical and public health priorities for migrant health care abroad and practical resources for health care professionals who wish to put their ideals into practice in the field.

Clinical Tools Working at Home with Immigrants and Refugees

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Chloe Turner, Anisa Ibrahim, and Julie M. Linton

At a time of evolving demographics and turbulent policy changes, pediatric providers have a critical role in the care of all children, regardless of where the child or parent was born. Pediatric providers can facilitate access to high-quality care and critical community-based resources for immigrant children and families. In this article, we delineate the primary domains for

clinical care and offer clinical tools to achieve the provision of accessible, comprehensive, high-quality care within a family-centered medical home.

Advocating for Immigration Policies that Promote Children's Health 619

Julie M. Linton, Jennifer Nagda, and Olanrewaju O. Falusi

Immigration laws and policies, as well as related media and public discourse, have a direct and significant effect on the health and well-being of children and families. The purpose of this article is to identify the impact of family immigration status and immigration laws on children's health, to understand the legal system that immigrant children face, and to describe opportunities for health care professionals to engage in advocacy at the systems level, from the local community to Capitol Hill.

Acculturative Stress and Mental Health: Implications for Immigrant-Origin Youth 641

Selcuk R. Sirin, Esther Sin, Clare Clingain, and Lauren Rogers-Sirin

In this article, the authors provide an overview of the current global and US debates on immigration as a key developmental context for immigrant-origin youth. Relying on a conceptual framework that highlights both risk and protective factors, the authors provide evidence from their longitudinal study that empirically links acculturative stress to key mental health outcomes during adolescence. They conclude with a discussion of clinical implications of their work with an emphasis on what is needed to meet the growing mental health needs of immigrant youth.

Building on Resiliencies of Refugee Families 655

Mary Fabio, Lisa D. Parker, and Meera B. Siddharth

This article focuses on the resiliency of refugee families and the various ways that pediatric practitioners can use and strengthen those resiliencies in the course of pediatric health care delivery. It reviews common stressors experienced by refugees, information about the concept of resilience, aspects of culturally responsive health care, and clinical recommendations. In addition, 3 cases are presented that highlight both resiliencies of refugee families and successful interventions by pediatric health care providers within the pediatric refugee clinic at the Children's Hospital of Philadelphia.

Overcoming Communication Barriers in Refugee Health Care 669

Sarah K. Clarke, Janice Jaffe, and Raewyn Mutch

Research demonstrates that language and cultural barriers negatively affect care for patients with limited English proficiency, resulting in significant and costly health disparities. Legal standards emphasize working with qualified interpreters, but training for providers on communicating effectively through interpreters is inconsistent. Knowing the difference between a translator and interpreter, an interpreter's role, and who can be a qualified interpreter are key for providers. Generally accepted best practice for working with medical interpreters includes tips for before, during, and after an interpreted encounter. Potential solutions exist for ethical dilemmas and challenges commonly experienced when working with interpreters.

Building a Global Health Workforce in North America

687

Andrew P. Steenhoff and Stephen Ludwig

Globally, significant progress in health equity for children has been made, but much work remains. This article discusses why and how the pediatric community in North America is building a global health (GH) workforce, for domestic “local global” and “international global child health” settings. With a focus on children and families, training this workforce entails attaining GH competencies in medical students, residents, fellows, allied medical professionals, and upskilling current practitioners. The authors highlight currently available training approaches and resources for each group. Global child health is now within the purview of every pediatrician in North America.