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Promoting the Health and Well-Being of Children in Immigrant Families: Proceedings of a Workshop in Brief (2021)

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Proceedings of a Workshop

August 2021

IN BRIEF

Promoting the Health and Well-Being of Children in Immigrant Families Proceedings of a Workshop—in Brief

Promoting the Health and Well-Being of Children in Immigrant Families in the Post-Pandemic Economic Recovery Efforts, a workshop jointly hosted by the National Academies of Sciences, Engineering, and Medicine Forum for Children’s Well-Being and the Brandeis University Institute for Child, Youth, and Family Policy on April 21, 2021, explored the research evidence on the access immigrant families have to U.S. social programs and its effects on children’s mental, emotional, behavioral, and physical well-being. During this workshop, three speakers discussed the negative health impacts of current social policies on children, and highlighted promising public policy approaches to mitigate these impacts and promote children’s well-being. This Proceedings of a Workshop—in Brief provides a high-level summary of the topics addressed in the workshop and policy options presented by the speakers that could better support children in immigrant families. Additional details, including a recording of the workshop, can be found online.¹

¹See <https://www.nationalacademies.org/event/04-21-2021/promoting-the-health-and-well-being-of-children-in-immigrant-families-in-the-post-pandemic-economic-recovery-efforts-a-joint-workshop>.

INTRODUCTION

Dolores Acevedo-Garcia (Brandeis Institute for Child, Youth, and Family Policy) started the workshop by explaining why it is important to consider the specific needs of immigrant families in discussions about child poverty and economic well-being.² More than 1.4 million children in immigrant families live in poverty, representing 43 percent of all children living in poverty in the United States. Acevedo-Garcia also noted that Latino/Latina Americans account for about 18 percent of the total population of the United States, and Latino/Latina children have the highest poverty rates by race or ethnicity.

Having U.S. citizenship does little to protect children in immigrant families from poverty. Citizen children who are members of immigrant families generally have much higher poverty rates than children with parents who were born in the United States. Furthermore, citizen children with undocumented parents have poverty rates as high as the rates among children with undocumented parents. Thus, Acevedo-Garcia said, we cannot design effective anti-poverty policies without addressing the specific needs of children in immigrant families.

²For the purposes of this workshop, an immigrant family is defined as having at least one parent who was born outside the United States or its outlying territories and was not a U.S. citizen at birth.

CONTINUUM OF IMMIGRANT LEGALITY AND ACCESS TO THE SOCIAL SAFETY NET

After setting the stage for the importance of this workshop conversation, Acevedo-Garcia described the ways in which children in immigrant families have historically been excluded from access to the social safety net in the United States. She described two frameworks used to judge whether or not immigrants deserve access to the social safety net. The first is the legality framework, which creates a distinction between undocumented and documented immigrants in which undocumented immigrants are considered not worthy of access to the social safety net. Acevedo-Garcia explained that in public attitude surveys, undocumented immigrants often emerge as the least deserving group in society. The second framework is the racial or equity framework, which helps explain the disparate impacts of inclusion on Latino/Latina Americans.³

As the population of children in immigrant families and Latino/Latina children has increased, so have exclusions created by social policies that target these groups.⁴ Acevedo-Garcia explained that in the 1970s, when children in immigrant families made up 6 percent of all children in the United States, restrictions on undocumented immigrants started to increase.⁵ In 1996, children in immigrant families made up 13 percent of all children in the United States, and the federal government introduced new welfare reforms that affected documented immigrants through the Personal Responsibility and Work Opportunity Act and the Illegal Immigration Reform and Immigrant Responsibility Act. More recently in 2018, when children in immigrant families made up 26 percent of all children in the United States, the government announced its intent to expand the public charge⁶ rule and make the families of non-citizen children without Social Security numbers ineligible to receive the child tax credit. Maria-Elena Young (University of California, Merced) also mentioned several exclusionary policies, including the Chinese Exclusion Acts of the late 19th century.

Acevedo-Garcia described a continuum of immigration status legality in which eligibility for social safety net programs is linked to immigration status, shown in Figure 1. Legality, she explained, is not a dichotomy of undocumented and legal status. Instead, legality is a continuum along which immigrants are categorized by their access to social safety net programs as a proxy for deservingness. This continuum of immigration status legality, Acevedo Garcia explained, is a form of structural discrimination that has spillover effects on U.S. citizens, including children who have restricted access to the safety net because they live in immigrant families.

She explained that deservingness and access have multiple dimensions, including categorical eligibility exclusions based on immigration status, stricter income eligibility, racialized administrative burden, and the public charge rule. Immigration status is linked to eligibility for social safety net programs even for documented immigrants and citizen children in immigrant families. Income eligibility is often stricter for immigrant families. Under sponsor deeming, for example, the income of the immigrant's sponsor is considered as part of a means test that may limit access to some social safety net programs. Furthermore, participation of immigrants in these programs is often limited by factors beyond eligibility. Many immigrant families do not participate in programs because of a racialized administrative burden or choose not to participate in programs such as the Supplemental Nutrition Assistance Program

³The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race.

⁴Urban Institute tabulations from 1970, 1980, 1990, and 2000 Census Integrated Public Use Microdata Samples (IPUMS); 2005 Current Population Survey, March Demographic and Economic Supplement and 2009/10 to 2018/19 American Community Survey IPUMS data. The percentages of foreign-born and U.S.-born do not total 100 percent due to rounding. Hispanic child population estimates from the 1970 Decennial Census and U.S. Census Population Estimates, 1980–2019. Hispanic estimates reflect latter year of 2-year pairs.

⁵National Research Council. (1999). *Children of Immigrants: Health, Adjustment, and Public Assistance*. Washington, DC: National Academy Press.

⁶The former Immigration and Naturalization Service defined a “public charge” as an individual who is likely to become “primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance or institutionalization for long-term care at government expense.” From February 2020 to March 2021, the public charge rule was expanded to include receipt of in-kind benefits, from programs such as the SNAP. As of March 2021, the 1999 interim field guidance has been reinstated, which considers the likelihood of becoming a public charge under the totality of circumstances as part of eligibility for receiving a green card. Being deemed a public charge can result in grounds for inadmissibility into the United States. For more information, see <https://www.uscis.gov/archive/public-charge-fact-sheet>.

(SNAP) or Medicaid out of fear of being determined a “public charge,” which could jeopardize their ability to obtain permanent U.S. residence status in the future. Young added that welfare reform has historically resulted in drops in enrollment by eligible immigrants.⁷ She noted that immigration exclusion from the social safety net also reduces access to essential health care and political participation.⁸

On the continuum of immigrant legality, according to Acevedo-Garcia, having a more insecure legal status is also associated with increased health risks. These health risks include psychosocial stressors related to fear of deportation of one’s self or one’s family members,⁹ physical threats as a result of family separation, and a lack of access to health-promoting care. Additionally, Young added, toxic stress associated with undocumented status is linked with children of undocumented parents having higher risks of developmental delays.¹⁰ Furthermore, immigration enforcement such as workplace raids is linked with depression and post-traumatic stress disorder in children.¹¹

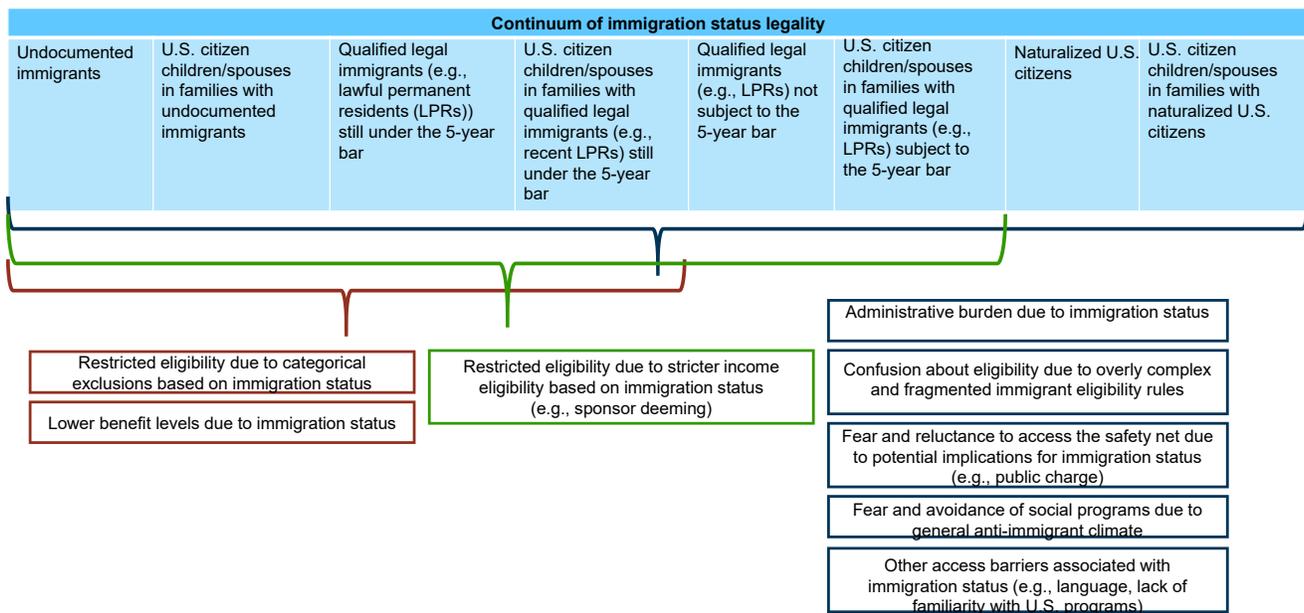


FIGURE 1. Continuum of immigration status legality.

SOURCE: Acevedo-Garcia, Joshi, Ruskin, Walters, and Sofer, 2021. Analysis based on literature review and policy analysis of immigrant restrictions in the Earned Income Tax Credit, Supplemental Nutrition Assistance Program, and Child Care & Development Block Grant.

⁷Jennifer Van Hook. (2003). Welfare reform's chilling effects on noncitizens: Changes in noncitizen welfare reciprocity or shifts in citizenship status? *Social Science Quarterly*, 84, 613–631. <https://doi.org/10.1111/1540-6237.8403008>.

⁸Marcella Alsan and Crystal Yang. (2018). *Fear and the Safety Net: Evidence from Secure Communities*. NBER Working Paper 24731. Cambridge, MA: National Bureau of Economic Research; Catalina Amuedo-Dorantes and Mary J. Lopez (2017). The hidden educational costs of intensified immigration enforcement. *Southern Economic Journal*, 84(1), 120–154. Available: <https://www.jstor.org/stable/26632749>; Russell B. Toomey, Adriana J. Umaña-Taylor, David R. Williams, Elizabeth Harvey-Mendoza, Laudan B. Jahromi, and Kimberley A. Updegraff (2014). Impact of Arizona's SB 1070 immigration law on utilization of health care and public assistance among Mexican-origin adolescent mothers and their mother figures. *American Journal of Public Health* 104(Suppl.1 Feb.), S28–S34. Available: <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2013.301655>; Edward D. Vargas, Gabriel R. Sanchez, and Melina Juárez (2017). Fear by association: Perceptions of anti-immigrant policy and health outcomes. *Journal of Health Politics, Policy, and Law*, 42(3), 459–483. Available: <https://pubmed.ncbi.nlm.nih.gov/28213396/>

⁹Kalina Brabeck and Qingwen Xu. (2010). The impact of detention and deportation on Latino immigrant children and families: A quantitative exploration. *Hispanic Journal of Behavioral Sciences*, 32(3), 341–361; Joanna Dreby (2012). The burden of deportation on children in Mexican immigrant families. *Journal of Marriage and Family*, 74(12), 829–845. Available: <https://doi.org/10.1111/j.1741-3737.2012.00989.x>; Seline Szkupinski Quiroga, Dulce M. Medina, and Jennifer Glick. (2014). In the belly of the beast: Effects of anti-immigration policy on Latino community members. *American Behavioral Scientist*, 58(13), 1723–1742.

¹⁰Alexander N. Ortega, Sarah M. Horwitz, Hai Fang, Alice A. Kuo, Steven P. Wallace, and Moira Inkelas. (2009). Documentation status and parental concerns about development in young U.S children of Mexican origin. *Academic Pediatrics*, 9(4), 278–282; Hirokazu Yoshikawa (2011). *Immigrants Raising Citizens: Undocumented Parents and Their Children*. New York: Russell Sage Foundation.

¹¹Ajay Chaudry, (2019). Children in the aftermath of immigration enforcement. *The Journal of the History of Childhood and Youth*, 4(1), 137–154; Jongyeo Joy Fe and Patricia Gándara (2019). Under siege: The disturbing impact of immigration enforcement on the nation's schools. *Immigration Initiative at Harvard, Issue Brief Series*, 1(2).

INTEGRATION AND CRIMINALIZATION: A FRAMEWORK

Young added to this discussion of immigrant legality and access to the social safety net by introducing a new framework of immigrant integration and criminalization policy (Figure 2). In this framework, she highlighted distinct pathways of inclusion (integration policies) and exclusion (criminalization policies) of immigrant families, and emphasized the need to address both. Young defined integration policies as those that determine immigrants' rights, protections, and eligibility for public benefits (e.g., health care policy, labor policy, education policy, language access policy). She defined criminalization policies as those that the expand surveillance, policing, and deportation of noncitizens (e.g., local law enforcement collaboration with federal enforcement, legal status checks by law enforcement, IDs and drivers licenses).

Young noted that immigrant families live in contexts of simultaneous integration and criminalization. In some states such as Georgia, there are numerous criminalization policies and few integration policies, which result in a high level of risk of surveillance policing or deportation and few rights or eligibility for social safety net programs. Other states such as Texas have both numerous criminalization and integration policies. Young said this can create a paradox in the environment with active policing and surveillance but also efforts to extend the social safety net to immigrants. Still other states such as California have few criminalization policies, and numerous integration policies, resulting in lower risk of deportation and greater access to programs in the social safety net.

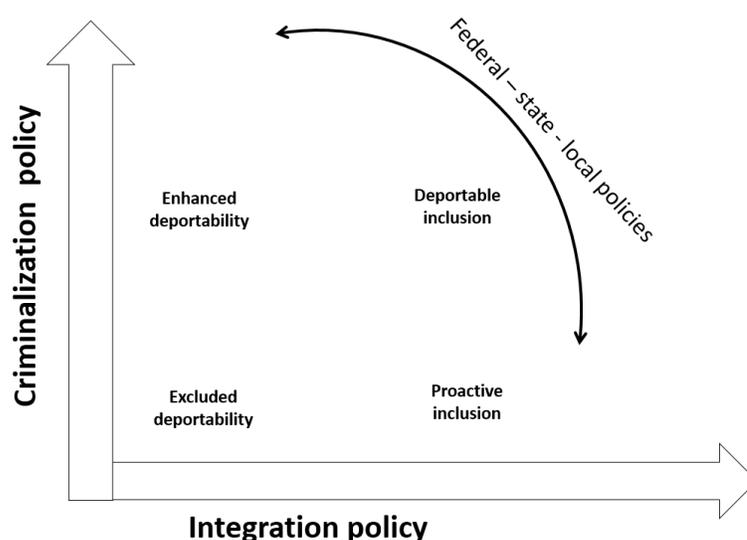


FIGURE 2. Framework of immigrant integration and criminalization policy. SOURCE: Adapted from Maria-Elena De Trinidad Young and Steven P. Wallace (2019). Included but deportable: A new public health approach that criminalize and integrate immigrants. *American Journal of Public Health*, 109, 1171–1176.

The different contexts in which immigrants live are clearly connected to health outcomes. In states with more integration policies, there are smaller health inequities between citizens and noncitizens. In states with more criminalization policies there are greater health inequities, even if the same states have numerous integration policies. In states with more integration policies, Latino/Latina noncitizens are more likely to have health insurance and better mental health outcomes.¹² In states with more criminalization policies, noncitizens are less likely to have a reliably consistent source for health care, and children of noncitizen Latina mothers are less likely to have health insurance.¹³ Young said this speaks to the importance of addressing both criminalization and integration policies.

Young used California as an example of a state that has many integration policies and few criminal-

¹²Mark L. Hatzenbuehler, Seth J. Prins, Morgan Flake, Morgan Philbin, M. Somjen Frazer, Daniel Hagen, and Jennifer Hirsch. (2017). Immigration policies and mental health morbidity among Latinos: A state-level analysis. *Social Science & Medicine*, 174 (Feb.), 169–178; Maria-Elena de Trinidad Young and D.S. Madrigal. (2017). Documenting legal status: A systematic review of measurement of undocumented status in health research. *Public Health Review*, 38(26). Available: <https://doi.org/10.1186/s40985-017-0073-4>.

¹³Cynthia K. Alberto, Jessie Kemmick Pintor, Brent Langellier, Loni Philip Tabb, Ana P. Martinez-Donate, Jim P. Stimpson. (2020). Association of maternal characteristics with Latino youth health insurance disparities in the United States: A generalized structural equation modeling approach. *BMC Public Health*, 20(1), 1088. Available: <https://doi.org/10.1186/s12889-020-09188-1>; Iris Guzman-Ruiz, Maria-Elena De Trinidad Young, Reyna Campos, Lei Chen, Ana Reynoso, May Sudhinaraset, Deborah Wu, Steven P. Wallace, and Hin Wing Tse, (2019). *Structural Inequities That Impact Latinx Health Across the Lifespan*. American Public Health Association's Annual Meeting and Expo (Nov.). Available: https://apha.confex.com/apha/2019/meetingapi.cgi/Session/58777?filename=201_Session58777.pdf&template=Word.

ization policies, but this has not yet achieved the full integration and inclusion of noncitizens. While immigrants have relatively high inclusion in California, there is still a significant level of interaction and surveillance by immigration and law enforcement.¹⁴ Both Latino/Latina and Asian immigrants report being stopped by the police at relatively high rates of frequency. Furthermore, 45 percent of Latino/Latina immigrants reported knowing someone who has been deported, and 10 percent of Asian immigrants report the same. Young concluded that these data show how criminalization policy can directly affect individual lives even when inclusion is relatively high.

EFFECTS OF RECENT ANTI-POVERTY EFFORTS

Next, Acevedo-Garcia explored some of the current efforts to address child poverty and the ways in which these might affect immigrant families. She referred to the National Academies consensus report, *A Roadmap to Reducing Child Poverty*, which found that it is possible to reduce child poverty by as much as 50 percent through existing anti-poverty policies.¹⁵ The report concluded, however, that “[t]he 20 program and policy options generate disparate impacts across population subgroups in our simulations. Although virtually all of them would reduce poverty across all of the subgroups we considered . . . Hispanic children and immigrant children would benefit relatively less.”

Acevedo-Garcia noted that while recent programs such as the Coronavirus Aid, Relieve, and Economic Security (CARES) Act of 2020 and the American Rescue Plan Act of 2021 make progress towards reducing child poverty, they do not address the inequities and exclusion experienced by children in immigrant families. The CARES Act, for example, excluded 3.7 million citizen children and 1.4 million citizen spouses from pandemic relief in the form of stimulus payments because they live in families where not all family members have a Social Security number. Acevedo-Garcia provided a comparative example to illustrate the policy exclusion. Assuming that the family had a household income of \$25,000 per year and was otherwise eligible, they would have received \$3,400 in stimulus payments under the CARES Act if both parents had a Social Security number. If one or both of the parents did not have a Social Security number however, the family would have received no stimulus payment at all.

Another anti-poverty program that is especially effective in reducing child poverty is the Earned Income Tax Credit (EITC). Similar to stimulus payments under the CARES Act, the EITC excludes families in which one or both parents do not have a Social Security number. This program eligibility rule currently excludes 17 percent of all children living in poverty from receiving the EITC. As of changes enacted in 2017, the child tax credit (CTC) excludes an estimated 1.2 million children who do not have a Social Security number from the program. In the case of a two-parent, two-child household, a family in which both children have Social Security numbers could receive up to \$6,600 in refundable credits under the American Rescue Plan version of the CTC. If neither child has a Social Security number, though, that family would receive no tax credits at all. While an expansion of these programs would reduce child poverty overall, such an expansion would not help many children in immigrant families, most of whom are Latino/Latina. Unless these exclusions are addressed, said Acevedo-Garcia, children in immigrant families and Latino/Latina children will not experience the same reductions in poverty as other groups of children.

Young added that many families in California feared seeking help from state-level COVID-19 relief programs because of the public charge rule. She shared a comment from one immigrant service provider in Merced County who said, “Public charge corroborated what everybody in the immigrant community was already thinking and saying. It was no surprise because everything is building up when you’re in that community. It’s just layers upon layers of information and acts and examples [of exclusion]. It’s very clear.” Young noted that this exclusion had not only an economic impact on immigrant families, but a psychosocial impact as well.

¹⁴Research on Immigrant Health and State Policy Survey, 2018.

¹⁵See <https://www.nap.edu/catalog/25246/a-roadmap-to-reducing-child-poverty>.

EXPERIENCE OF IMMIGRANT FAMILIES IN THE CONTEXT OF COVID-19

The third workshop presenter, Rosa Julia Garcia Rivera (Gads Hill Center [GHC]), brought life to these data and research results by sharing her experiences with families living on the south and southwest sides of Chicago. Her organization, GHC, reaches an annual average of 4,000 families living in the Brighton Park, North Lawndale, Chicago Lawn, and Pilson neighborhoods of Chicago. Garcia Rivera shared the average crime rates in these neighborhoods are almost three times the national average and that six out of seven communities served constitute a food desert. Furthermore, this area of Chicago has only 63 mental health clinicians per 1,000 residents, compared to 381 per 1,000 residents in Chicago's more affluent neighborhoods. Rather than being private practitioners who are able to provide mental health services to families, most of these clinicians are located in hospital substance abuse centers, domestic violence shelters, and group home facilities.

Prior to the pandemic, 98 percent of GHC families lived below the federal poverty line, and most of the families worked in industries with low pay (e.g., manufacturing, restaurant and food services, healthcare). Furthermore, 37 percent of parents were uninsured. Garcia Rivera explained that the public charge rule made many of their families hesitant to access public services.

When the first COVID-19 lockdowns started in Chicago, GHC began conducting daily and weekly surveys of their families to determine what services were needed. From March 17, 2020 through March 19, 2021, GHC conducted 12,026 surveys of 1,140 individual families. These surveys showed that 25 percent of parents lost their job, and 53 percent had their hours at work reduced. Despite the known health risks, many parents had to continue working in high-contact, person-to-person jobs with no options for remote work. The surveys found that 24 percent of parents contracted COVID-19, making immigrant families 8 percent more likely to be infected. Of those who got sick, one in three were uninsured, 29 percent lost their job, and 59 percent had their hours reduced at work. Given that COVID-19 hospitalization costs are estimated to range from \$51,389 to \$78,569 for those without insurance or receiving out-of-network care, Garcia Rivera noted that it will take many of these families years to pay off their COVID-related medical bills.

Referring back to the presentations given by Acevedo-Garcia and Young, Garcia Rivera said that the stress that immigrant families experience on a daily basis was exacerbated during the pandemic. Many of the GHC families shifted from “barely surviving” to “crisis mode” because of the pandemic. A separate survey of students in the GHC Healthy Minds Healthy Schools program showed an increase in severity of mental health symptoms for 9 out of 10 students. If a student was suffering from mild depression prior to the pandemic, for example, they were likely to have more severe depression or experience suicidal ideations after the pandemic started. Additionally, 4 out of 5 students experienced new symptoms. Crisis calls from students doubled during the pandemic relative to the previous year, and clinicians showed an 8 percent increase in the number of services provided.

Garcia Rivera said that there really was no social safety net in place for these families. Many families were excluded or deterred from accessing social safety net programs for the reasons described by both Acevedo-Garcia and Young. The pandemic exposed the effects of decades of disinvestment in public health and education on communities of color, moving GHC to mobilize its staff to engage their families and offer a full range of support. Just a month into the pandemic, many GHC families had already exhausted their savings and needed financial assistance. Garcia Rivera explained that these financial assistance requests were for relatively small amounts just to cover basic living expenses. These requests became smaller after the stimulus checks were received, although some families did not receive their checks for several months.¹⁶ Throughout the course of the pandemic, GHC has distributed over \$110,000 to families, the overwhelming majority of those funds going to rent and utilities.

To support the psychosocial needs of its families, GHC created a whole-agency, whole-child, whole-family approach. The whole-agency element of this approach included providing all staff with mental health first aid training to equip them to help their families. The whole-child element included addressing the academic, social-emotional learning, mental health, physical well-being, and critical-thinking

¹⁶Thirty of the families surveyed were not eligible for stimulus payments.

needs of the children served. The whole-family element included an intergenerational approach in which both individual and family therapy was available. Garcia Rivera explained that because many of GHC staff come from the community they serve, it was crucial to provide mental well-being resources for staff as well. She also noted that they relied heavily on community partnerships with local hospitals and other nonprofit agencies to be able to provide this comprehensive support for families.

Garcia Rivera said that many of their families are still dealing with the effects of the pandemic. A majority of families who lost jobs have still not been able to find reliable and stable employment, and there has been no comprehensive municipal or federal initiatives that use a social equity lens to support these vulnerable families. She said that in addition to exacerbating economic disparities and widening the racial wealth gap, the recession resulting from the pandemic will have long-lasting psychosocial effects for generations to come.

CONCLUSION

Each of the three presenters shared their ideas for how to best support the health and economic well-being of immigrant families. First, each mentioned the need to address current exclusions of immigrant families from social safety net programs. Acevedo-Garcia suggested that this could be done by basing program eligibility on the immigration status of the child rather than that of the parent. If a child has a Social Security number, for example, the family would be eligible for the EITC or economic recovery funds. She also emphasized that the ban on the use of social safety net programs for lawfully present immigrants who have been in the United States for less than 5 years did not exist until 1996, and could be removed. Young agreed that these categories of deservingness along the immigration status continuum needs to be dismantled, and Garcia Rivera added that the social safety net could be expanded to include all families.

Acevedo-Garcia also highlighted several state-level efforts that include immigrant families. California and Colorado have expanded their state EITC programs to include tax filers who use an individual taxpayer identification number in place of a Social Security number. Several other states (New Jersey, New Mexico, Oregon, and Washington) are considering similar expansions. Some states such as California have also expanded state-funded public health insurance programs for undocumented immigrants to cover COVID-related expenses.

Young added that policies need to decriminalize immigrants and people of color, noting that the presence of criminalization policies has a harmful effect on noncitizens and on overall health inequities in a state and across the country. She suggested starting with ending local police collaboration with Immigration and Customs Enforcement and getting rid of mandatory detention. Garcia Rivera also suggested that police not be sent to respond to mental health calls so that immigrant families could make those calls without fear of involvement from immigration enforcement.

Garcia Rivera highlighted the need for interventions that consider the whole child, the whole family, and the whole community. These interventions need systemic support to support and sustain healthy development. She also noted that while organizations like GHC may have a unique role in connecting communities with resources, the burden cannot fall solely on these nonprofits. Local, state, and federal governments must also be held accountable for supporting immigrant families.

The presenters also each mentioned the importance of elevating the voices of immigrant families and standing with immigrant communities. Garcia Rivera noted that there seems to be a false narrative that immigrant communities do not know or are not ready to articulate their needs. She said this is inaccurate, and pointed out the need to amplify the voices of immigrant communities. Young and Acevedo-Garcia added that so much of the progress made in recent years has been a result of advocacy efforts by immigrant communities.

To conclude the workshop, Forum member Sandra Barrueco (Catholic University of America) asked participants to consider the presenter's suggestions and to think about what may be actionable in their own lives. She suggested that workshop participants have the ability to work toward policy change to help move the needle in support of immigrant families both now and in the future.

PLANNING COMMITTEE FOR THE WORKSHOP ON PROMOTING THE HEALTH AND WELL-BEING OF CHILDREN IN IMMIGRANT FAMILIES IN THE POST-PANDEMIC ECONOMIC RECOVERY EFFORTS

Dolores Acevedo-Garcia, Brandeis University; **Sandra Barrueco**, Catholic University of America; **Emily Ruskin**, UnidosUS; **Erin Kellogg**, Director; **Adam Jones**, Senior Program Assistant.

DISCLAIMER: This Proceedings of a Workshop—in Brief was prepared by Erin Kellogg, rapporteur, as a factual summary of what occurred at the workshop. The statements made are those of the rapporteur or individual meeting participants and do not necessarily represent the views of all meeting participants; the planning committee; the Forum for Children's Well-Being; the sponsors; or the National Academies of Sciences, Engineering, and Medicine. The planning committee was responsible only for organizing the public session, identifying the topics, and choosing speakers.

REVIEWERS: To ensure that it meets institutional standards for quality and objectivity, this Proceedings of a Workshop—in Brief was reviewed by Deborah Klein Walker, Global Alliance for Behavioral Health and Social Justice. We also thank staff member Ester Sztejn for reading and providing helpful comments. Kirsten Sampson Snyder, National Academies of Sciences, Engineering, and Medicine, served as review coordinator.

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