

YOUNG SCHOLARS PROGRAM RESEARCH SUMMARY
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Determinants of Health and Well-Being for Children of Immigrants: Moving From Evidence to Action

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Children of immigrants—specifically children under the age of 18 who reside with at least one foreign-born parent—are propelling the growth of the child population in the United States (Pew Research Center, 2015). As of 2017, more than 18 million children in the United States lived with at least one immigrant parent (Migration Policy Institute, 2017). However, current social conditions in the United States (e.g., an anti-immigrant climate, discriminatory social policies, and heightened immigration enforcement) create, maintain, and perpetuate unprecedented challenges for this growing youth population, resulting in short- and long-term negative developmental outcomes.

For more than 10 years, the Foundation for Child Development–Young Scholars Program (YSP) has supported policy and practice-relevant research focused on the early learning and developmental needs of children of immigrants. Names highlighted in orange throughout the paper signify YSP scholars. To date, former YSP scholars continue to carry on this important and timely line of inquiry and have generated substantial research. Through a systematic review of research sponsored by the YSP, this paper utilizes a public health framework to situate the physical and mental health and well-being of children in low-income, immigrant families into a broader sociopolitical context. Our nation’s current sociopolitical environment demands increased action and investment to protect and promote the future of vulnerable children of immigrants in our society. A social determinants of health approach requires action across multiple settings and domains. Therefore, we highlight YSP research and discuss contextual conditions that may contribute to greater resilience among children of immigrants and present recommendations for action at the familial, school, neighborhood, and public policy levels.

I. Determinants of Health for Children of Immigrants

A growing body of evidence indicates that the psychological, behavioral, and physical health of populations in general—and child and youth populations in particular—are strongly socially determined (Spencer, 2018; Turney, Lee, & Mehta, 2013). Social determinants of child health are the social, economic, and sociopolitical conditions that directly influence a child’s overall well-being, including the prevalence and severity of developmental problems. Notably, children are dependent on their caregivers for protection against the effects of social factors associated with disadvantage and social exclusion. Furthermore, social determinants are profoundly influenced by social and political decisions that directly, and indirectly, impact children and families, despite being completely outside their control (Spencer, 2018). The complex pathways in which social, economic, and political factors exert their effects on children are clearly illustrated by the case of children of immigrants growing up in mixed-status families in the United States (see Fig. 1 on page 3).

In the United States, one in four children lives with at least one immigrant parent (Zong, Batalova, & Hallock, 2018). Additionally, 5.3 million children and youth are either growing up with an unauthorized parent or are unauthorized themselves. Specifically, 4.5 million children are U.S.-born citizens with at least one unauthorized parent, and 775,000 have unauthorized status themselves (Yoshikawa, Suárez-Orozco, & Gonzales, 2017). In 2016, of the total number of children of immigrants in the United States, 25.2% were ages 0 to 5, while children ages 7 to 18 made up 26% of that population (Migration Policy Institute, 2017). Note that the number of children of immigrants varies significantly

IMPORTANT U.S. IMMIGRATION TERMINOLOGY

Mixed-Status Family Family units made up of both U.S. citizens or lawfully present immigrants and unauthorized or undocumented immigrants. The children in these families are often U.S. citizens.

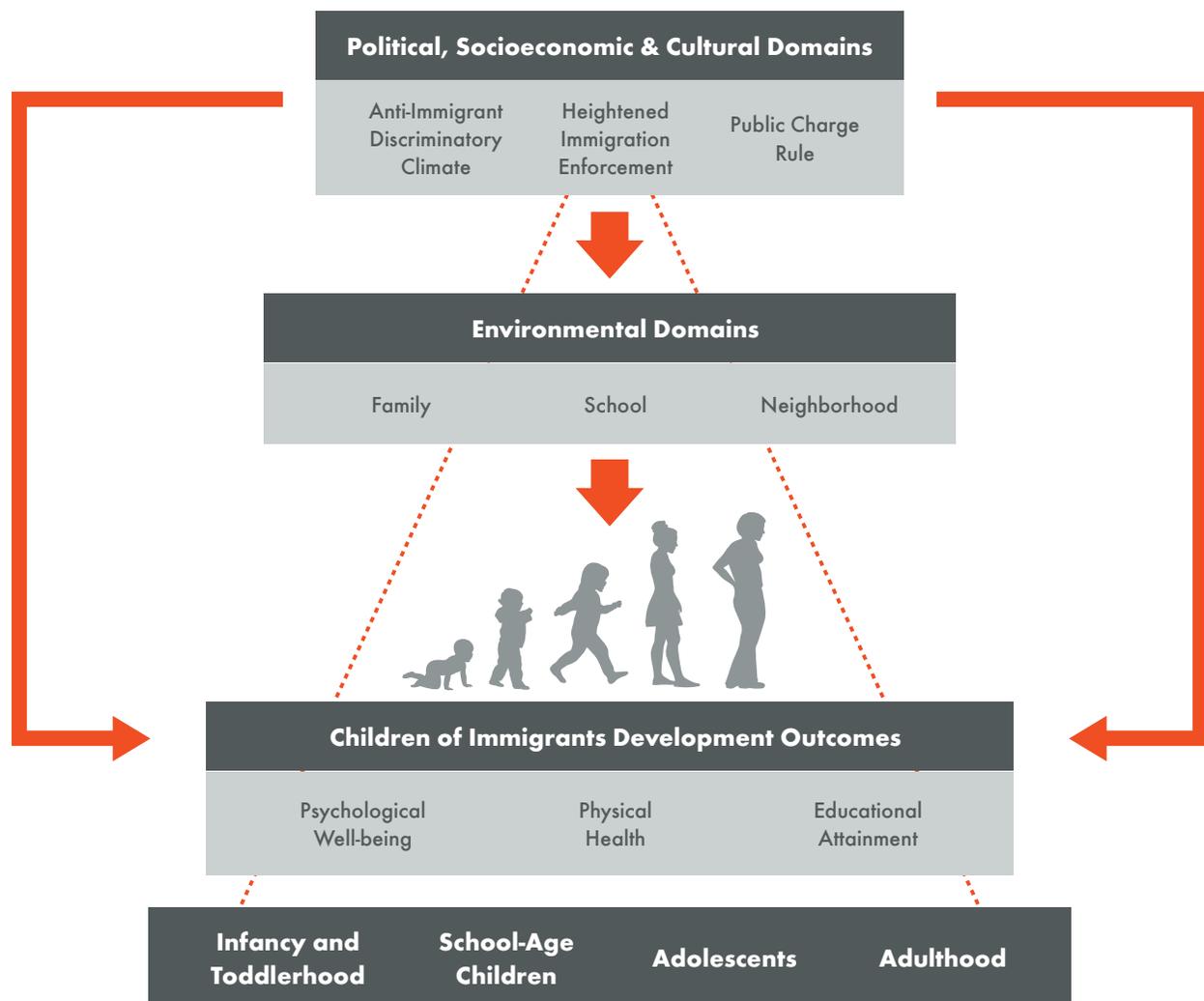
Naturalized Citizen An individual born outside of the United States who has lawfully become a U.S. citizen and has all associated rights. Note that the term “citizen” refers to individuals who are U.S. citizens from birth—born in the United States, Puerto Rico, or other U.S. territory—or children of U.S. citizens born while living abroad (Pew Research Center, 2015).

Qualified Noncitizen A noncitizen who is eligible to receive certain public health benefits. This includes legal or authorized immigrants. These are persons to whom the U.S. government has granted lawful permanent resident status, asylum or refugee status, or temporary protected status, either for residence or employment.

- **Lawful Permanent Resident (LPR):** A foreign-born individual who has the right to live and work legally in the United States and can apply for U.S. citizenship. Also known as a green card holder.
- **Refugee:** An individual whose claim for asylum is accepted by the government on the basis of their demonstrated inability to return to their country of nationality because of past persecution, or a “well-founded fear” of future persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. An asylum seeker is a potential refugee who is in the process of applying for refugee protections but whose application has not yet been determined by the government of the receiving country.
- **Temporary Protected Status (TPS):** A status for noncitizens who have been granted temporary residence in the United States and come from countries affected by armed conflict or natural disaster. TPS does not lead to lawful permanent residency.
- **Nonqualified noncitizen:** A noncitizen who is ineligible to receive public health benefits. This includes unauthorized immigrants—individuals who were born abroad and are not legal immigrants—and Deferred Action Childhood Arrivals (DACA) recipients—nonqualified aliens who have been granted deferral from deportation but are ineligible for Medicaid and many other public health benefits.

between states. For example, the largest share of children of immigrants is in traditional destination states that are known for high numbers of immigrants, such as California, Texas, and Arizona. Recently, though, we have seen a marked increase in the number of children of immigrants in new destination states, such as North Carolina, Georgia, and Utah. These variations in size of immigrant populations across states have important implications for child physical and mental health due to differential exposure to often unfavorable divergent state policies and social circumstances (Rodríguez, Young, & Wallace, 2015).

FIGURE 1: LINKS BETWEEN POLITICAL, SOCIOECONOMIC, AND CULTURAL DOMAINS, ENVIRONMENTAL DOMAINS, AND CHILDREN OF IMMIGRANTS’ DEVELOPMENT ACROSS THE LIFESPAN



Immigration itself is a determinant of health (Castañeda et al., 2015). Emerging evidence indicates that the precarious legal immigration status of a parent is a determinant of mental health (Hainmueller et al., 2017; Rojas-Flores, Clements, Hwang Koo, & London, 2017) and physical health (Vargas & Ybarra, 2016) for children and youth of immigrant ancestry. Based on considerable evidence, scientific consensus holds that child physical and mental health are shaped to a great extent by local, state, and federal policies and the overall sociopolitical context of a nation. The current U.S. sociopolitical and cultural climate is characterized by anti-immigrant rhetoric and discrimination, heightened immigration enforcement, and established and proposed policies that threaten immigrants' access to public safety net services and jeopardize the mental and physical health of immigrant children (see Fig. 1). Indeed, accumulating evidence indicates that our nation's current sociopolitical climate has widespread implications that extend to U.S. citizens—especially vulnerable children of immigrants—and impact development across the lifespan (Perreira & Pedroza, 2019; Rojas-Flores, 2017).

II. Political, Socioeconomic, and Cultural Domains and Their Effects on Children of Immigrants

Anti-Immigrant and Discriminatory Rhetoric and Policies

The United States was founded by immigrants and has since become home to various immigrant groups. Nonetheless, throughout history, the United States has experienced periods of heightened anti-immigrant sentiment (Meissner, Kerwin, Chishti & Bergeron, 2013) marked by strategies promoting the reduction of immigrants' access to employment prospects and benefits (Goodman, 2017). After the September 11, 2001 terrorist attacks, the policy landscape for immigrants has taken a turn for the worse. Government-sanctioned anti-immigrant, discriminatory, and derogatory rhetoric in our nation has further compounded the public perception of the immigrant threat. Discriminatory messages and policies extend beyond the United States, through negative classification of Haiti, Africa, and some Central American nations and issuance of a "Muslim Ban" designed to deter immigration from majority-Muslim countries. In January 2017, the first iteration of the "Muslim Ban" banned foreign nationals from seven predominately Muslim countries from entering the United States for 90 days, suspended the entry of all Syrian refugees, and prohibited any other refugees from entering the United States for 120 days (*Jewish Family Service of Seattle v. Trump*, 2017). Since then, there have been four additional iterations of the Muslim ban; all with significant immediate and long-term collateral consequences for children in immigrant Muslim families.

Anti-immigrant policies that directly and indirectly affect children of immigrants in the United States have been set in motion. On April 6, 2018, a "zero-tolerance" policy at the United States-Mexico border resulted in an estimated 3,000 immigrant children being separated from their parents (Congressional Research Service, 2018). The policy was rescinded only after massive outcry from public and professional associations (e.g., American Pediatrics Association, 2018; American Psychological Association, 2018; Society for Research in Child Development, 2018). Nonetheless,

a year after the current administration's family separation policy ended, the collateral consequences of this policy remain in legal disputes and etched in the psyche of many immigrant communities.

A serious humanitarian migrant crisis continues at our borders. As of November 2018, there were more than 14,000 unaccompanied migrant children in immigration detention facilities, many of whom fled to the United States intending to seek asylum from violence in their home countries (Kopan, 2018). In October 2018, a group of migrants designated the "Central American Caravan," composed of individuals and families with children seeking asylum from the incessant gang violence, poverty, and political corruption rampant in their countries (International Rescue Committee, 2019), headed to the United States. Several other caravans arrived and remain stranded at the United States-Mexico border awaiting asylum processing, while reactive measures were proposed to curtail these migrants' lawful right to apply for asylum upon arrival at the U.S. border (Trump, 2018). Most recently, in September 2019, the Supreme Court has allowed the Trump administration to bar Central Americans from seeking asylum in the U.S.

Perpetuating false perceptions that migrants are law-breakers (Abrego, Coleman, Martinez, Menjivar, & Slack, 2017), despite research indicating that our urban crime problem is not the result of immigrants (Bernat, 2017) –legal or undocumented–the nation's current sociopolitical climate is undeniably bolstering anti-immigrant rhetoric. Similarly, anti-immigrant and discriminatory policy shifts are impacting U.S.-born children of immigrants, as these policies could directly or indirectly increase and maintain health inequities among children of immigrants.

Anti-immigrant Climate Effects on Children of Immigrants' Health

Hostile environments can create vulnerabilities in children of immigrants, with insidious consequences affecting not only children's perception of themselves, but their emotional and academic health, as well (Perreira & Pedroza, 2019). Researchers have documented how anti-immigrant rhetoric, coupled with programs that deputize local police departments to act as immigration enforcement officers, appears to contribute to children's conflation of law enforcement and immigration authorities ("la migra"; Dreby, 2012; Rojas-Flores, 2017). Children of immigrants—sometimes regardless of their own legal status as U.S.-born citizens—live in fear of public service officers, the very people who are supposed to keep them safe (Dreby 2012; Roche, Vaquera, White, & Rivera, 2018; Rojas-Flores, 2017). A general distrust of government and local enforcement is concerning and associated with poor civic engagement and reduced reporting of crimes (Nichols, LeBron, & Pedraza, 2016).

Emerging research documents how children of immigrants, particularly Latino citizen children, may associate their own immigrant status with illegality or criminality, negatively impacting their ethnic identity formation (Brown, 2015). Experiences of discrimination by peers, for example, may weaken a child's

ethnic identity because they no longer want to be associated with their ethnic group, or in other cases, may be associated with reduced identification as “American” (Brown, 2015). Furthermore, experiences of interpersonal discrimination (e.g., verbal and physical abuse by peers) and institutional discrimination (e.g., teachers minimizing children’s connection to the Spanish language and culture, differential treatment towards Latino children, etc.) contribute to children’s experience of emotional distress, social isolation, and internalized oppression (Ayón & Philbin, 2017). Among these discriminated children, the protective role of holding a strong ethnic identity seems to weaken. This social phenomenon, often seen in Latino children of immigrants, is also documented among Muslim children and families who experienced persecution and hate due to discriminatory rhetoric and negative media portrayals post 9/11 (Sirin, Ryce, & Mir, 2009). Many believed they were perceived as a threat to society and experienced a 17-fold increase in hate crimes that persisted years later (Cainkar, 2004).

The uncertainty and unpredictability generated by policies supporting heightened immigration enforcement, compounded by anti-immigrant messages, seem related to anticipatory anxiety symptoms described by children of immigrants (Dreby, 2012; Rojas-Flores, 2017; Brabeck & Xu, 2010, Shore & Ayón, 2018). Indeed, a survey of health care providers indicated that since the November 2016 elections, there has been an 87% increase in reports of anxiety and fear among children of immigrants associated with higher detention and deportation rates (Shore & Ayón, 2018). Anticipatory anxiety is debilitating and has been linked to anxiety disorders and Post-Traumatic Stress Disorder (PTSD; Grillon et al., 2009). Anxiety symptoms are a costly public health issue associated with increased rates of health care utilization (e.g., visits to primary care providers, medical specialty care providers, and emergency departments) and notable functional impairments for children, including school absenteeism, school refusal, and poor academic performance (Ramsawh, Chavira, & Stein, 2010). Childhood anxiety disorders also increase the likelihood of being diagnosed with a psychiatric disorder in adulthood (Pine, Cohen, Gurley, Brook, & Ma, 1998), further increasing the public health burden.

Heightened Immigration Enforcement

In 2018, Immigration and Customs Enforcement (ICE) recorded the highest number of detentions since 2014 (ICE, 2018). A Presidential executive order issued in early 2017 exacerbated already increased immigration enforcement practices set in motion by previous administrations by prioritizing the deportation of all unauthorized immigrants and expediting deportation processes (Executive Office of the President, 2017). One associated mechanism is the recent renewal and expansion of Section 287(g) of the Illegal Immigration Reform and Immigrant Responsibility Act. Also known as the delegated authority program, 287(g) allows the Department of Homeland Security (DHS) to enter formal agreements with state and local police departments and deputize them to perform the functions of ICE officers.

To date, ICE has 287(g) agreements with 78 law enforcement agencies in 20 states, including Arizona, Florida, and Georgia (ICE, 2018). Furthermore, the 2017 executive order also included a mandated hiring surge of 10,000 new ICE agents within the Enforcement and Removal Operations Department. This exponential prioritization of detention and deportation of unauthorized immigrants, associated with the detention of more than 4,143 undocumented immigrants without a criminal record each month under the previous and current administrations (ICE, 2017a; 2018), has significantly escalated the risk of family separation. Indeed, more than 27,000 parents of U.S.-citizen children were detained or deported in fiscal year 2017 alone (ICE, 2017a, 2017b).

Heightened Immigration Enforcement Effects on Children of Immigrants' Psychological Health and Academic Well-being

Heightened immigration enforcement practices and policies have been linked to a wide range of negative outcomes for children and youth living in mixed-status families. Detrimental effects on children associated with family separation risk through parental detention or deportation are documented, even among those with less direct exposure to immigration enforcement practices. Studies indicate that merely the threat of parental detention and deportation is associated with poorer physical health outcomes, academic challenges, and decreased use of social service programs among Latino children (American Psychological Association, 2017; Brabeck & Xu, 2010; Roche et al., 2018; Rojas-Flores, 2017). These detrimental impacts increase in severity based on the level of interaction a family has had with ICE. Citizen children of Latino parents with the most direct contact with ICE (e.g., detained or deported) were rated by multiple informants (e.g., parent, teacher, and clinician) as experiencing poorer behavioral health (e.g., internalizing and externalizing problems, including depression and anxiety) relative to peers whose unauthorized parents have no contact with immigration enforcement or whose parents have lawful permanent resident status (Rojas-Flores et al., 2017).

Parental detentions—whether they result in deportation or not—have unintended adverse consequences, creating potentially traumatic experiences (e.g., witnessing arrest, detention, and deportation) for children with immigrant parents (Rojas-Flores et al., 2017; Bajaras-Gonzalez, Ayón, & Torres, 2018). Potentially traumatic events may lead to a diagnosis of PTSD, which has been documented among citizen children of detained and deported parents (Rojas-Flores et al., 2017). PTSD is a serious mental health problem and costly public health issue that has debilitating and long-lasting effects on child development and overall health (U.S. Department of Health & Human Services, 2003). Several YSP researchers have demonstrated that the traumatic experience of losing a parent to detention or deportation compounds reductions in child social functioning by hampering academic achievement (Mechure, Rojas-Flores, & Clements, 2019; Brabeck, Sibley, Taubin, & Murica, 2016) and diminishing children’s overall sense of self-efficacy and self-esteem (Ayón & Becerra, 2013; Bajaras-Gonzalez et al., 2018).

Another unintended effect of parental detention and deportation on children of immigrants is increased foster care placement. More than 5,000 children of immigrants were placed into foster care in 2011, and it was estimated that tens of thousands more would enter the system over subsequent years (Wessler, 2011). When children are removed from their primary caregivers, federal, state, and local governments take on enormous financial and dependency responsibilities in an already flawed and racially inequitable system of care (Laub & Haskins, 2018). The average yearly cost to have a child in foster care is more than \$25,700 (National Council for Adoption, 2011), and the severe shortage of foster homes means these children will likely be placed in group homes, costing seven to 10 times more (AECF, 2015).

Public Charge Rule

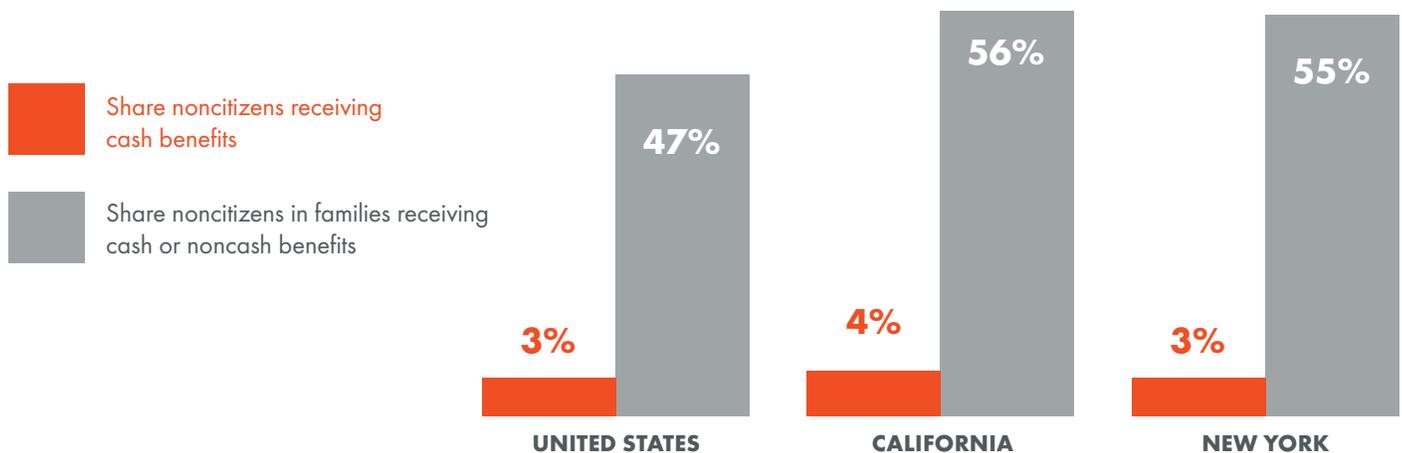
To better understand the socioeconomic causes of children of immigrants’ physical, mental, and academic health inequities, it is crucial to consider the impact of policies. Exclusionary and restrictive social policies affect all children, particularly those living in vulnerable conditions, such as children in low-income, immigrant families, as well as their parents, families, and communities. An illustrative example of such policies is the recent revision of the public charge rule. On October 10, 2018, the current administration introduced a public charge policy proposal that would impact immigrant eligibility for obtaining lawful permanent resident (LPR) status, which is required to obtain citizenship. In essence, the revised public charge rule deems certain groups of immigrants who utilize public safety net services “burdens on American taxpayers,” and therefore ineligible for LPR status (U.S. Department of Homeland Security, 2018a).

Despite much debate and public outcry due to the detrimental implications of this ruling on poor immigrants, the U.S. Department of Homeland Security officially released the final rule on August 14, 2019, (DHS, 2019) to go into effect on October 14, 2019. For the first time in U.S. history, the new changes to the public charge rule include participation in health, nutrition, and housing assistance programs as determinants of ineligibility (Orris, Lam, & Dervan, 2019).

Specific safety net programs that would be associated with ineligibility include those providing nutritional and health care assistance, such as the Supplemental Nutrition Assistance Program (SNAP or food stamps), Medicaid health coverage, the Housing Choice Voucher Program (often called “Section 8”), and federally subsidized housing assistance for rental subsidies and affordable housing (DHS, 2019).

The potential impacts of the public charge rule are far reaching, not only because it potentially restricts children of immigrants’ access to services for basic needs, but because its prospective classifications penalize their parents in multiple ways. The prospective nature of the public charge means that regardless of actual resource utilization, immigrants can be classified a public charge threat if they have one or more “negative factors” assumed to make them more likely to access benefits. Negative factors include having an income below 125% of the federal poverty level (Artiga, Garfield, & Damico, 2018), not speaking English well, not having a high school diploma, and not being employed or enrolled in school (Capps et al., 2018). An estimated 47% of noncitizen immigrants may have at least one negative factor that would classify them as a public charge under the revised rule determinations (see Fig. 2; Batalova, Fox, & Greenberg, 2019). Notably, health care systems in states with large immigrant populations, such as California and New York, would be vastly affected by this new rule (see Fig. 2; Batalova, Fox, & Greenberg, 2019), as they will likely bear the cost of uncompensated care previously provided by federally funded public programs (Orris, Lam, & Dervan, 2019).

FIGURE 2: SHARE OF NONCITIZENS WHOSE BENEFITS USE COULD BE CONSIDERED IN A PUBLIC-CHARGE DETERMINATION, UNITED STATES, CALIFORNIA, AND NEW YORK, (%), 2014-16. (Batalova, Fox, & Greenberg, 2019). Reprinted with permission from the Migration Policy Institute.



Note: Cash benefits include Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI); noncash benefits include the Supplemental Nutrition Assistance Program (SNAP) and Medicaid.

Source: Migration Policy Institute (MPI) tabulation of U.S. Census Bureau pooled 2014-16 American Community Survey (ACS) data. <https://www.migrationpolicy.org/news/chilling-effects-us-public-charge-rule-commentary>

In light of these upcoming safety net restrictions for certain groups of immigrants, it is widely expected that the public charge rule would continue to yield a chilling effect on the utilization of vital safety net programs by an estimated 23 million immigrant families (Batalova, Fox, & Greenberg, 2019). Eligible immigrants will likely choose not to enroll themselves and their eligible citizen children in essential, federally funded programs out of confusion and distrust of federal government agencies and to avoid jeopardizing their possibility of citizenship. Subsequent reductions in immigrant access to basic public safety net programs such as Medicaid will likely lead to mass Medicaid disenrollment, leaving eligible children without health coverage and preventive care services.

Although the new rule does exempt any immigrant who received benefits as a minor (under age 21), recent studies already document massive disenrollment from health, nutrition, and housing benefits by many adults in low-income, immigrant families who fear jeopardizing their immigration status (Batalova, Fox, & Greenberg, 2019; Bernstein, Gonzalez, Karpman, & Zuckerman, 2019; Capps, Greenberg, Fix, & Zong, 2018). It is estimated that between 2.1 million and 4.9 million Medicaid enrollees, including many U.S.-born citizen children of immigrants, will disenroll from these public health programs when the public charge rule takes effect (Artiga et al., 2018).

The “chilling effects” of the public charge rule would likely result in millions of children in immigrant families discontinuing access to vital public health services, potentially leading to adverse health effects.

Using the conceptual framework of the determinants of health, societal risk conditions are of special interest when attempting to elucidate contributors to maladaptive development in children of immigrants. On the basis of accumulated evidence, we identify key socioeconomic factors—chronic poverty, lack of health insurance, food insecurity, and unaffordable and substandard housing—and provide historical and evidence-based data to predict the additional negative

impact of the public charge rule on already existing health disparities for children of immigrants (Vargas & Ybarra, 2016; Vega, Rodríguez, & Gruskin, 2009).

Chronic Poverty. Growing up in poor households is well known to negatively impact child behavioral and physical health and development early in life (Brooks-Gunn & Duncan, 1997; Yoshikawa, Aber, & Beardslee, 2012) and across the lifespan (Gilman, Kawachi, Fitzmaurice, & Buca, 2003; Wadsworth, Raviv, Santiago, & Etter, 2011). Substantial evidence indicates that child poverty and chronic economic hardship are associated with poorer physical health (Shonkoff, Boyce, & McEwen, 2009), lower academic attainment (Sirin, 2005), and increased risk for serious behavioral and psychological problems in childhood, including internalizing and externalizing problems (Murdock, Zey, Cline, & Klineberg, 2010; Slopen, Fitzmaurice, Williams, & Gilman, 2010).

There are individual, relational, and institutional mechanisms through which sustained poverty adversely affects children’s development (Yoshikawa et al., 2012). At the individual level, living in impoverished conditions may activate genetic processes associated with later disease development, and childhood awareness of hardship can

psychologically impact well-being (Knudsen, Heckman, Cameron, & Shonkoff, 2006; Dashiff, DiMicco, Myers, & Sheppard, 2009). Similarly, economic hardship increases familial and parental stress and negatively impacts parental mental health, subsequently reducing the quality of parenting, parent-child relationships, and discipline practices (Conger & Elder, 1994; Dodge, Pettit, & Bates, 1994). At the institutional level, living in poverty is commonly associated with negative school climates (Brown, 2015), parental job instability and loss (Kalil, 2009), and neighborhood disadvantage (Kohen, Leventhal, Dahinten, & McIntosh, 2008), which increase childhood exposure to a gamut of physical and psychological risks (e.g., under-resourced communities, violence exposure, etc.). Exposure to an increasing number of risks and adverse experiences may have a synergistic effect that results in even greater maladaptive outcomes in children.

Poverty Effects on Children of Immigrants

Children of immigrants are disproportionately represented among those living in poverty (Murphey, Guzman, & Torres, 2014), making up an estimated 30% of our nation's total share of children of low-income, immigrant families. (Children's Defense Fund, 2017). Emerging evidence, however, has proposed that precarious parental immigration status places children of immigrants at increased risk for a gamut of social, emotional, and psychological disadvantages above and beyond the ill effects of poverty and related risk factors (Rojas-Flores et al., 2017; Yoshikawa, Kholoptseva, & Suárez-Orozco, 2013).

Mixed-status families often experience a wide spectrum of stressors, including poverty, housing instability, and social isolation. Further, parents within these families often grapple with their own underemployment, low wages (Capps et al., 2005; Yoshikawa, 2011), discrimination, and social exclusion stressors (Ayón, 2015). Thus, with greater exposure to the risks of poverty, children of immigrants often fare worse than their peers in native families on a number of outcomes. In light of the heightened risk of family separation due to parental detention or deportation, the links between poverty, parent loss, and poor child health outcomes are also noteworthy. Emerging research has demonstrated that poverty, common among immigrant families, is synergistic with the loss of a parent (Putnam, Harris, & Putnam, 2013), often putting the child at high risk for some form of mental health problem.

The impact of chronic poverty among children of immigrants is evident across the lifespan similar to other poor children, and it is particularly detrimental in early childhood. Research shows that U.S.-born infants and toddlers of immigrants, all of whom are fully eligible for public assistance by citizen birthright, are more likely to experience economic hardship in their lifetime but less likely to receive the supports they are entitled to that could potentially help counteract the effects of poverty (Crosby & Hatfield, 2008; Yoshikawa, 2011). According to Yoshikawa (2011), the "policy paradox" here is that the same public service programs that legally exclude immigrant parents from benefits are the ones intended to help their underprivileged citizen children.

Lack of health insurance. Evidence indicates that having health care coverage improves overall child health (Crosby & Hatfield, 2008) and increases access to and use of preventive services (Bronchetti, 2014; Shore & Ayón, 2018). Furthermore, having health insurance and access to a usual source of care results in better child academic outcomes, including better grades, fewer missed school days, and increased rates of graduation (Cohodes, Grossman, Kleiner, & Lovenheim, 2014). Despite our nation’s progress in extending basic health coverage to children, primarily through Medicaid, the Children’s Health Insurance Program (CHIP), and, most recently, the Affordable Care Act (ACA), there remain significant disparities in child health insurance coverage. There are an estimated 4.2 million children living without health care coverage (Kaiser Family Foundation, 2016). Health insurance disparities are evident for poor children when compared to middle-income children (Soylu, Elashkar, Aloudah, Ahmed, & Kitsantas, 2018). And these health disparities are replicated among children of immigrants relative to children in native families (Vargas & Ybarra, 2016; Vega et al., 2009) with almost half of uninsured children living in immigrant families in 2010 (Seiber, 2014).

Lack of Health Insurance Effects on Children of Immigrants

Children’s well-being and maternal health are intimately connected. Immigrant women are less likely to have any prenatal care or initiate early prenatal care (Cokkinides, 2001). The negative effects of underutilizing prenatal care among immigrants is exemplified by second-generation Black children of immigrants, primarily from Africa and the Caribbean, disproportionately experiencing adverse health outcomes at birth, including premature births, higher rates of low birth weights, and high mortality during the first year of life (Green, 2012). YSP scholar Green (2012) explains that Black immigrant mothers are the least likely of any group of mothers—native or foreign-born—to seek and initiate prenatal care, possibly due to a combination of discrimination, poverty, and immigrant ancestry, which may explain their adverse birth outcomes (Green, 2012). Similarly, findings from an earlier national sample of households suggest that welfare reform was associated with increased proportions of immigrant mothers without health insurance (Kaushal & Kaestner, 2005). Foundation scholar Kaushal and colleague (2005) concluded that the effects of welfare reform on children of immigrants are highly dependent upon maternal citizenship status.

Infancy and toddlerhood are likewise considered crucial and vulnerable developmental periods, when young children can be most impacted by poor health and lack of health care coverage. In a national sample of young children (Early Childhood Longitudinal Study-Birth Cohort, ECLS-B; Flanagan & West, 2004), despite all infants and toddlers being fully eligible for health care coverage as U.S. citizens, children in immigrant families were less likely to have health care coverage than children in native families. As previously discussed, lacking health insurance is associated with poorer health outcomes. In a study sponsored by the Foundation, Crosby & Hatfield (2008) reported that uninsured children of immigrants were more likely to be rated by their parents as being in fair or poor health at 9 months and 2 years of age. According to the researchers, accessing health insurance and other public service programs for these

infants and toddlers was dependent on parental immigration status and the state's accessibility options (Crosby & Hatfield, 2008).

The detrimental effects associated with lack of health insurance were similarly documented among preschool children of immigrants who left the welfare system between 1995 and 1999. Findings by the Foundation's scholars, Kalil and Crosby (2012), indicate that compared to peers from native families who left the welfare system and peers in immigrant families who continued to receive public assistance, children of immigrants who discontinued welfare enrollment suffered substantial declines in their physical health over time. Specifically, per mother report, they were significantly more likely to be in fair or poor health and visit the emergency department, as well as somewhat more likely to have experienced frequent acute illness, such as colds, flu, sinusitis, sore throat, bronchitis, and very bad cough (Kalil & Crosby, 2012).

National samples of older second-generation immigrant children also indicate that loss of coverage is associated with poorer health ratings, including chronic illness and hospitalizations (Crosby & Hatfield, 2008). School-age children without insurance are less likely to have visited a primary care physician in the span of a year and more likely to have visited the emergency department at least once in the past year (Bronchetti, 2014). Public insurance eligibility, on the other hand, is associated with utilization of more preventative health care and decreases in costly emergency care for children in immigrant families (Bronchetti, 2014).

Children of immigrants' service utilization and access to care are negatively impacted by their parents' immigration status.

Emerging research seems to indicate that federal and state sociopolitical factors contribute to the consistent lag in health coverage for children of low-income, immigrant families. There is increased variation across states in Medicaid enrollment and covered services for potential recipients who are immigrants (Rodríguez et al. 2015). Groundbreaking research by YSP scholar Seiber (2013) indicates that in 2010, there were state-fixed Medicaid enrollment disparities between citizen children with immigrant parents compared to children with nonimmigrant parents. Specifically, state-fixed effects indicate that there are larger enrollment differences between children of immigrant parents compared to children of nonimmigrant parents in certain states. These state-fixed effects reached up to 20% in traditional destinations (e.g., Texas, New York, Nevada, and Massachusetts) and new destination states (e.g., Utah, Arkansas, North Dakota, and Georgia).

For instance, a Medicaid-eligible immigrant child in Hawaii and Massachusetts was just as likely to enroll in Medicaid as a child with native-born parents. In contrast, 32% of Medicaid-eligible immigrant children

in Utah remain uninsured, compared to 12% of Medicaid eligible children in native families. Notably, some states curtail immigrant families from securing some form of health insurance by creating increasingly complex enrollment procedures that contribute to misunderstandings of eligibility and government distrust (Johnson, Padilla, & Votruba-Drzal, 2017; Rodríguez et al., 2015).

As mentioned earlier, it is anticipated that between 2.1 million and 4.9 million noncitizens without LPR status and members of mixed-status families with U.S.-born children will disenroll from Medicaid and CHIP once the public charge rule goes into effect in October, 2019 (Artiga et al., 2018). A substantial body of research predicts worse child developmental outcomes associated with decreased participation in Medicaid and the Temporary Assistance for Needy Families (TANF) program among immigrants in mixed-status families.

Food insecurity. Food insecurity involves limited ability to acquire nutritionally adequate and safe foods in a socially acceptable manner or uncertainty about doing so (National Research Council, 2006). Over the years, YSP scholars have consistently documented that food insecurity is associated with poor cognitive and psychosocial development in children (Gee, 2018; Kimbro & Denney, 2015). Food insecurity is associated with worse performance in math, science, and reading (Alaimo, Olson, & Frongillo, 2001); loss of school days due to illness; repetition of grade levels (Murphy et al., 1998); and reduced school engagement (Ashiabi, 2005) relative to children who are food secure.

Although food insecurity rates in the United States—one of the wealthiest nations in the world—have been declining over the years, there are still more than 6.5 million children living in food insecure households at any given moment (United States Department of Agriculture, 2017). Notably, rates of food insecurity are significantly higher than the national average for Black- and Hispanic-headed households, as well as for those with incomes at or below the federal poverty line (Coleman-Jensen, Gregory, & Singh, 2014). There is also emerging evidence of pervasive disparities by nativity status of parents, indicating that foreign-born parents and possibly unauthorized-parent households are significantly more affected by food insecurity (Kalil & Chen, 2008).

Food insecurity affects development across the lifespan, with synergistic consequences accumulating over time. Experiencing food insecurity in early childhood is particularly detrimental given the sheer amount of growth and the critical cognitive development occurring at this stage. The experience of malnutrition and food insecurity in early childhood is associated with short- and long-term detrimental health and nutrition outcomes, as well as maladaptive behavioral outcomes (Gee, 2018; Kimbro & Denney, 2015; Rose-Jacobs et al., 2008). Sponsored by the Foundation, Kimbro and Denney's (2015) research with a national sample of poor school-age children also demonstrates that the ill effects of food insecurity extend beyond overall child physical and behavioral health and impact academic achievement. Among adolescents, Potochnick, Perreira, and colleagues (2018) report that food insecure Latino youth experienced greater rates of obesity, mental health challenges (depression and anxiety), and acculturative stress compared to food secure counterparts.

Food Insecurity Effects on Children of Immigrants

Many children of immigrants who come from poor homes bear the brunt of food insecurity. About a decade ago, YSP scholar **Kalil** and colleague reported that documented levels of food insecurity were twice as high for children of noncitizen mothers compared to children of native-born mothers (**Kalil & Chen, 2008**). Most recently, using a national sample of 12,800 children from the Early Childhood Longitudinal Kindergarten Class of 2010–2011 (ECLS-K), YSP scholars **Denney** and **Kimbro** and colleague **Sharp (2018)** reported that children in food insecure homes were more likely to have a foreign-born parent and identify as having Hispanic or Black ancestries. Researchers postulate that the over-representation of foreign-born parents in food insecure homes may be due to family ineligibility, precarious immigration status, and familial belief of ineligibility for public benefit programs (**Denney et al., 2018; Yoshikawa, 2011**).

“Broader food insecurity statistics often mask what is happening with important subgroups. For example, roughly one quarter of undocumented immigrant households are food insecure and rates are higher for those headed by females”
– Dr. Justin Denney (YSP scholar)

From a social determinants of health perspective, food insecurity affects children directly and indirectly. It can compromise parents’ emotional health and, in turn, influence the well-being of their children (**Gee & Asim, 2018; Gershoff, Aber, Raver, & Lennon, 2007**). Using a large nationally representative sample of kindergarten classrooms, YSP scholar **Gee** and colleague **Asim (2018)** demonstrated that a form of parental stress coined “parenting aggravation” that is associated with food insecurity negatively impacted children’s attentiveness and self-control, important executive functions for children’s behavioral development. With regard to health-related behaviors, research conducted by Foundation scholars suggests that experiences of parental food insecurity are associated with maladaptive feeding practices that are linked to unhealthy childhood diets among Chinese immigrants in the United States (**Cheah & Van Hook, 2012; Zhou, Cheah, Li, Liu, & Sun, 2017**).

YSP scholar **Denney** highlights the importance of understanding the impact of food insecurity beyond individuals and families, including neighborhoods and communities. Specifically, **Denney, Kimbro & Sharp (2018)** postulate that a mismatch between a family’s socioeconomic conditions and neighborhood socioeconomic conditions could result in a higher likelihood of food insecurity. **Denney** and colleagues (2018) provide evidence that for Latina immigrant mothers food insecurity in neighborhoods where they perceive few connections and little social cohesion was high. Conversely, the probability of food insecurity was low among Latina immigrant mothers in neighborhoods where connections and social cohesion were very high.

Unaffordable and substandard housing. According to the determinants of health model, the nature and quality of the places where children live, play, and learn can impact their health and development. Thus, it is not surprising that substandard housing and the experience of housing insecurity negatively affect children’s health, growth, and development (Kushel, Gupta, Gee, & Haas, 2006; Ma, Gee, & Kushel, 2008). Crowded housing is associated with increased child psychological distress, increased likelihood of behavioral problems at school, and decreased academic achievement (Evans, Lepore, Sheiwal, & Palsane, 1998). Similarly, substandard housing is associated with harmful physiological reactions, such as high blood pressure (Evans et al., 1998; Yoshikawa & Kalil, 2011), respiratory conditions, increased exposure to infectious disease (Cardoso, de Goes Siqueira, Alves, & D’Angelo, 2004), risk of childhood injury (Delgado et al., 2002), and exposure to lead paint and other environmental toxins (Hendryx & Luo, 2018). Furthermore, research by Foundation scholars has demonstrated that living in an impoverished neighborhood is associated with increased negative social, emotional, and behavioral outcomes among children and adolescents (Crosby & Hatfield, 2008; Kalil & Crosby, 2012; Leventhal, Dupere, & Shuey, 2015). For example, living in poor neighborhoods is associated with the increased likelihood of being exposed to violence and danger as a child (Popkin, Leventhal, & Weismann, 2010).

Housing Insecurity Effects on Children of Immigrants

Children of immigrants are overrepresented in disadvantaged neighborhoods (Leventhal, Xue, & Brooks-Gunn, 2006). Limited financial means and resources often force immigrant families to live in disadvantaged neighborhoods (Leventhal et al., 2015). Yet even within impoverished neighborhoods, housing prices can be unaffordable for families whose employment options are limited or whose compensation is below the minimum wage. YSP scholar Crosby and Hatfield (2008) demonstrated that immigrant parents are less likely to receive housing assistance at any time during their citizen child’s early years. Notably, even when the housing assistance is received, it is often inadequate or short term, lasting only three to four months (Chaudry et al., 2010). Most recently, at the height of a nationwide affordable housing crisis, the Department of Housing and Urban Development (HUD) proposed a rule (HUD, 2019) prohibiting mixed immigration status families from living in subsidized housing. If passed, this rule will threaten more than 55,000 U.S.-born citizen children of immigrants with eviction. Furthermore, it is worth noting that children of immigrants often live in neighborhoods impacted by marginalization and exclusionary policies, including excessive home and workplace immigration-related raids and racial profiling (Ayón, 2015).

Housing security among children of immigrants is often further compromised if their parents are unauthorized immigrants. Even when immigrant parents are able to secure housing, many children of immigrants ultimately experience housing insecurity when the working parent is detained, deported, or released but prohibited from working. In a qualitative study documenting the impact of immigration

enforcement on immigrant communities across six states in the United States, Chaudry and colleagues (2010) describe how mixed-status families often had to move in with relatives to save on housing costs after the breadwinner was detained or deported, or they were asked to move out due to landlords' fear of immigration enforcement. In this study, several heads of household who were detained for various lengths of time also lost their homes after being apprehended. Research conducted by Foundation scholars indicates that parental detention and deportation is associated with frequent housing moves, which appear to be linked to children's poor mental health outcomes (Dreby, 2012; Rojas-Flores, 2017), suggesting concerning accumulation of risks among this vulnerable group of citizen children.

III. Actionable Research and Policy Recommendations

Improving the social and economic conditions that have a direct and indirect impact on children's development—particularly vulnerable children, such as children in low-income, immigrant families—cannot be achieved by one sector of society. Complex, multidimensional social problems require multidisciplinary solutions and investment from all sectors of society. Efforts to protect the well-being of children in low-income, immigrant families must be woven into multilayered national efforts, and all members of children's ecological domains—family, neighbors, and policymakers (Bronfenbrenner, 1977; Cicchetti & Lynch, 1993)—should acknowledge their role and be given proactive guidelines that are evidence-based and developmentally minded. Our review of the Young Scholars Program past and continuing research identifies opportunities for action in public policy, family, school, and neighborhood domains. Therefore, we encourage policymakers and policy advocates to consider and implement the following policy recommendations in order to move from evidence to action.

Retain and Promote Universal Public Safety Net Policies

Our nation must replace exclusionary policies that foster child health inequities with inclusionary policies that prioritize the best interests of our young generation of children of immigrants. Emerging Young Scholar's research highlights the need to shift towards a universal public safety net and promote public policies that improve access to health care and housing and offer funding for nutritional programs for all children—regardless of their ancestry or their parents' legal immigration status (e.g., Bronchetti, 2014; Perreira & Pedroza, 2019). While child-focused interventions draw from public tax monies, it is important to keep in mind that the prosperity of the nation hinges on the successful development of all children. Innovative strategies to ensure the well-being of children of immigrants based on our knowledge of the social determinants of health may include the following:

Complex, multidimensional social problems require multidisciplinary solutions. Protecting children in low-income, immigrant families requires investment from all sectors of our society.

Promote national awareness of the impact of social determinants of health on child development, particularly among vulnerable groups of children. Children in immigrant families are more likely than children in native-born families to face a number of risk factors for poor developmental outcomes, including higher poverty rates and food and housing insecurity. There is substantial evidence indicating

that public safety net programs positively affect the social determinants of health for children in low-income, immigrant families by improving access to services that promote good health and encourage successful development. Embracing a social determinants of health perspective can guide constituents, policymakers, and the public when developing and evaluating the impact of new social policies (e.g., the public charge rule) and old public policies (e.g., welfare reform) that ultimately impact the well-being of all children. A social determinants of health approach can help anticipate and mitigate the unintended negative consequences of social policies (e.g., increased food and housing insecurity, poverty rates) among vulnerable populations, including children of immigrants.

Protect the health of children of immigrants by reducing disparities in state and local policies. Health care coverage should be consistent (e.g., programs offered, income cutoffs, enrollment procedures, etc.) across the nation in order to reduce confusion and facilitate enrollment. Although there are some states in the nation (California, Illinois, Washington, District of Columbia, New York, and Massachusetts) with near zero differences in predicted uninsured rates for citizen children with immigrant parents compared to those with nonimmigrant parents, the majority of states have significantly low enrollment of citizen children of immigrants (Seiber, 2013; Rodríguez, Young, & Wallace, 2015). A number of states, including Texas, Florida, and Georgia, elected not to take the Children's Health Insurance Program Reauthorization Act's (CHIPRA) 214 option and, accordingly, do not offer coverage to certain classes of immigrant youth (e.g., LPRs, children with pending asylum applications, children with temporary immigration status) until they have resided in the country for five years. As YSP scholar Bronchetti (2014) argues, securing coverage for the health and well-being of all children in low-income, immigrant families will likely reduce state-level emergency care costs, allow parents to divert their funds towards other goods such as nutritious foods, and yield improvements in overall health outcomes.

The following are recommendations for the immediate environments in which children live, play, and learn. These recommendations are also informed by multidisciplinary research on children of immigrants conducted by the Foundation's Young Scholars.

Support Immigrant Parents and Reduce Stress in Mixed-Status Families

Caregiving is shaped by larger social forces, including marginalization, discrimination (Ayón, 2015; Barajas-Gonzalez et al., 2018), poverty (Yoshikawa et al., 2012), and, most recently, heightened immigration enforcement (Roche et al., 2018) and anti-immigrant climates (Barajas-Gonzalez et al., 2018). Non, Leon-Perez, Glass, Kelly, & Garrison's (2017) Foundation-funded research with Mexican-born immigrant mothers suggests that maternal stress impacts balancing work and family, creates limited freedom and mobility, reduces social networks, and is associated with the transmission of anxiety and fear to children. In fact, mounting evidence indicates that caregivers' own emotional health or stress has immediate and long-term effects on children's health (Gee & Asim, 2018; Grzywacz, Arcury, Trejoy, & Quandt, 2016). Research demonstrates that providing protection from deportation has significant positive effects on the well-being of citizen children of immigrants. Children whose parents were provided protection from deportation through DACA, for example, experienced noteworthy positive physical and mental health effects (Hainmueller et al., 2017). Accordingly, as a nation that cares for its children, we must also support immigrant parents and mixed-status families who are experiencing heightened levels of stress associated with immigration enforcement and discriminatory climates. Therefore, we recommend the following:

Offer preventive and compensatory interventions aimed at reducing immigrant parents' stress. Efforts designed to curtail caregiver's stress can help reduce the associated physical and mental health consequences of chronic and toxic stress experienced not only by the primary caregiver, but also by their offspring. Creating "safe spaces" within the community for immigrant parents to share their experiences (Non et al., 2017) and fostering increased safe and open communication between immigrant parents and community/local police are strategies that could potentially defuse stress associated with immigration-related fears (Hacker et al., 2011). Furthermore, providing trauma-informed services (Rojas-Flores, 2017) and wellness preventive interventions, such as mindfulness interventions for children of immigrants (Fung, Guo, Jin, Bear, & Lau, 2016) and their parents in multiple settings such as schools, faith-based centers, and clinics, have been demonstrated to be feasible, low-cost, and effective strategies for mitigating stress.

Support and Train Teachers and Schools on How to Best Support Children of Immigrants

Schools are important institutions where children spend a significant amount of their time. They have the potential of offering children in low-income, immigrant families access to additional caring adult support and preventive interventions that foster resilience and a sense of belonging. In light of the complex social factors that are impacting children of immigrants, we recommend breaking down barriers to engagement and integration of immigrants' children in school by:

Investing in teachers. In addition to promoting academic development in the classroom, teachers frequently play an integral and multifaceted role in mitigating the effects of social exclusion in their communities by acting as educators, mentors, counselors, advocates, and role models for the next generation of citizens. Therefore, we recommend these actions:

In pre-service and in-service training programs for early childhood educators, give more emphasis to immigration, bilingual and English as a second language (ESL) certification, and strategies designed to increase teacher-parent connections. Foundation scholar Adair (2015) recommends that teachers be provided with rigorous training in early childhood pedagogy and the opportunity to pursue specialization to tailor these methodologies, specifically for working with dual language and ESL learners and their caregivers.

In most states, both general teaching certifications and optional bilingual/ESL certification lack emphasis and adequate training on early childhood education (Adair, 2015; Johnson, Padilla, & Votruba-Drzal, 2017). As a result, teachers have minimal knowledge of the most effective strategies for teaching at earlier developmental stages when working with immigrant families (Tobin, Arzubiaga, & Adair, 2013). Similarly, teachers are often poorly equipped to support children's language development and communicate with immigrant families in their native tongue during particularly pivotal early elementary school years (Tang, Dearing, & Weiss, 2012). Thus, it is important to enhance multicultural teacher preparation programs and prioritize the hiring and retention of bilingual and minority educators and administrators. YSP scholars argue that the availability of non-English speaking and diverse early childhood care providers improves the likelihood that parents will enroll their children in early childhood education (Johnson, Padilla, & Votruba-Drzal, 2017), which has been associated with improved developmental outcomes. Research has also demonstrated that family involvement is greater for children who have bilingual teachers, which subsequently predicts improvements in literacy outcomes (Tang et al., 2012) and parent engagement (Lasky, 2000).

Promoting inclusionary school strategies and policies. Children’s health is associated with educational attainment (Basch, 2010; Bradley & Green, 2013; Center for Disease Control and Prevention, 2014). Therefore, we recommend doing the following:

Institute campaigns and interventions designed to prevent discrimination of immigrants within schools. In order to capitalize on the strengths children in low-income, immigrant families and their families bring to schools, Foundation-funded researchers provide compelling evidence suggesting that schools must be more intentional about interrupting institutional discrimination through inclusionary and culturally sensitive assessment procedures, policies, and classroom procedures (Adair, 2014; Brown, 2015). YSP scholars Ayón (2015) and Brown (2015) argue that schools must carefully monitor student interactions to deter and address peer-level discrimination. Furthermore, school staff would benefit from receiving training about the processes that contribute to discrimination, its associated consequences, and how best to support immigrant families in a nondiscriminatory fashion (Ayón, 2015). Forthcoming research by Foundation-funded scholar Barajas-Gonzalez (2019) highlights key strategies for teachers striving to foster welcoming schools and classrooms for children of immigrants in the current sociopolitical climate.

Investing in parent-school partnerships. Immigrant parents value family-school partnerships and view themselves as integral to the education of their children (Crosnoe & Ansari, 2015). However, while they tend to actively participate in their children’s education outside of school, immigrant parents are often less present in school-based activities due to a history of opposition from schools and feelings of discomfort (Crosnoe & Kalil, 2010). To position immigrant parents as resources in their children’s academic success, we recommend these actions:

Invest in and establish innovative strategies to foster family-school connection and parent-teacher investment using a multitargeted and multipronged approach that includes children, parents, and teachers. Familiarizing immigrant parents with the education system and supporting positive parenting and involvement are important in promoting immigrant integration and supporting children of immigrants’ well-being.

YSP scholar Knotek and colleague’s (Knotek & Sánchez, 2017) Madres para Niños program is a good illustration of how communication between immigrant parents and school administrations allows for collaborative, student-driven problem-solving and empowerment of mothers as equal partners and valued experts. The involvement of fathers is equally important and necessary, as demonstrated by a home-visiting and father-focused video-coaching program with low-income Mexican-American fathers of young children (Schindler, 2019). Other examples of effective interventions include the multipronged interventions in schools with relatively large populations of first-generation immigrant students designed

by YSP scholar *Dearing* and colleagues (*Dearing et al.* 2016), and the evidence-based, preventive intervention “Incredible Years Series” for parents, teachers, and children in community and school settings (*Webster-Stratton and Herman, 2009*).

Invest in Neighborhoods and Immigrant Communities

As mentioned previously, a growing body of evidence indicates that community contexts are social determinants of child health. Many children in low-income, immigrant families live in segregated, disadvantaged neighborhoods marked by an array of social problems, including community violence, poverty, and resource deficiency. Research has demonstrated that structural conditions within the neighborhood might provide a stronger influence than child or parent characteristics. For example, utilizing a nationally representative sample of children, researchers found that living in an impoverished neighborhood was associated with increased risk of obesity (*Kimbro & Denney, 2015*). However, researchers found that when neighborhood factors (e.g., availability of resources) are taken into account, rates of obesity for ethnic minority children were closer to those of Caucasian children. Accordingly, we recommend taking these steps:

Mobilize community resources and improve accessibility to culturally competent and linguistically appropriate health resources. Researchers suggest that increased accessibility to center-based child care (*Johnson et al., 2017*), nutrition programs, community food centers (*Denney et al., 2018*), and after-school programs for children (*Non et al., 2017*) can provide opportunities for positive social interaction and physical activity that may counteract neighborhood risks and associated poor health outcomes. Accordingly, communities and local governments should educate immigrant parents about available resources within their community and promote their engagement in preventative child health care through the use of community partners. Primary school programs, including Early Childhood Education and Care (ECEC) settings and Head Start programs, can become key community partners in providing health information to parents and their children. For example, ECEC settings can become one-stop shops, providing resources and referrals to services that support not just the children’s education, but also their health (e.g., health screenings, nutritional programs, lead paint exposure protection, and vaccinations). Community-based child health promotion efforts such as these are highly effective for disseminating information about preventative health resources and community resources via informal social networks (*Rothpletz-Puglia, Jones, Storm, Parrott, & O’Brien, 2013*). Studies on the resilience of children of immigrants should systematically include analyses of these informal care networks and other support systems and how they impact the health and well-being of young immigrant populations.

In conclusion, the social determinants of health framework highlights not only the impact of federal and state policies and the social and political climate as a whole on the health and well-being of children of immigrants, but also the critical role proximal ecologies—family, school, and neighborhood—play in protecting children of immigrants and migrant youth from their ill effects. In turbulent sociopolitical times, all sectors of our nation must seek to protect future generations through research, advocacy, and actions that focus on and prioritize a rising and promising segment of our society—children of immigrants.

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The **FOUNDATION FOR CHILD DEVELOPMENT** identifies needs, fills gaps and integrates knowledge for successful implementation and continuous improvement. We connect research, policy and practice to help build early childhood systems that enable children to reach their full potential.

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