

WHAT ABOUT THE CHILDREN

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Introduction

The issues of immigration policy cover many topics, and involve both federal and local jurisdictional issues. One general topic of interest, whether federal or local, is how to effectively address the issues of education and health care for immigrant children. In my home state of NJ, children in immigrant families are more likely to live in poverty than in native-born NJ families. These children, like all poor children are prone to illness due to poor health care, and are prone to fail in school due to limited education opportunities in their immediate communities.

Early Childhood Education

According to the National Immigration Law Center, early childhood education can address the issues of school readiness and language acquisition for children of immigrants by (1) aiding the integration of children & their families into the local educational system; and (2) enabling children of immigrants to enter elementary school with better English skills.

Participation in Pre-School

- According to Hannah Matthews & Danielle Ewen in “Reaching All Children? Understanding Early Care & education Participation Among Immigrant Families”, until the age of five, many children or immigrants are less likely than children of US-born citizens to participate in pre-school or other early child care educational programs.
- Nationally, 30 percent of children of immigrants attend preschool, compared to 38 percent of children of native born citizens.

Benefits of Early Childhood Education

- All children living in the US deserve quality child care that is affordable.
- A culturally supportive environment encourages a child's sense of security and self-concept. Also, contact with people of similar ethnic and cultural backgrounds minimizes the stress & isolation experienced by new immigrants.
- Childcare can play major role in facilitating a child's adjustment to a new country, and in general help the immigrant family integration into the community.

Barriers to Early Child Care

- Immigrant families, much like Afro-American families living in poverty, experience the same barriers to good, early child care.
- First, there is the issue of trust. Many poor people, whether or not immigrants, have major trust issues with government programs. Many fear they may be deported if they enroll their children in a government program. Head start programs report difficulty enrolling and communicating with non-English speaking families, as well as difficulty recruiting well-trained bilingual staff according to Matthews & Ewen. As in K-12, neither the Head Start Program nor any pre-school program funded through Title 1 of No Child Left Behind Act, can ask about the immigration status of the enrolling family.
- Second, many child care programs are accompanied with heavy paperwork burdens that the immigrant families find difficult to maneuver through.
- Three, many early child care providers lack the resources, including training with appropriate bi-lingual staff, to reach out to diverse immigrant communities.

How to Overcome the Barriers

- One of the primary ways to overcome the barriers is to educate immigrant parents on how to assist with their children's education success. This approach has been tested by AVANCE, a Dallas based parenting program, which provides guidance, tools and support to help parents become their child's first teacher. AVANCE is a 9-month program which encourages parents to become active participants in their child's education. The goal of advance is start the program during the child's earliest years, so that the child has a parent participating in their education and helping them to succeed. This program encourages positive mother-child interactions, playtime activities that teach developmental skills, and the mother's role as the child's first teacher. See Ana Schaller, Lisa Rocha & David Barshinger, "Maternal Attitudes & Parental Education: How Important Mothers Support Their Child's Education Despite Their Own Low Levels of Education," Early Childhood Education Journal.
- Government programs must be encouraged to reduce to paperwork necessary for admittance to early child care programs. This would not only benefit immigrant families, but all poor families who are reluctant to provide detailed information about their family.
- Communities need to act in concert through local government, faith-based institutions, and the network of early child care providers to work for the benefit of all children, particularly low income children in an effort to provide low cost or no cost, quality early child hood care.

The Other End of the Spectrum

- It is estimated that each year 65,000 undocumented students graduate from high school after having lived in the US for at least 5, years, but because of substantial barriers to accessing higher education, these students are unable to qualify for in-state tuition rates at public universities, state college

Allowing Higher Educ. Benefits to Immigrant Students

- The society in general benefits when higher education benefits are made available to all students.
- By denying such benefits, qualified students are subjected to a lifelong disadvantage.
- The NJ Dept. of Labor & Workforce Development reports that households with only a high school diploma have a median income of \$51,539 annually while those with a bachelor's degree or higher earn a median income of \$106,467.
- Obtaining a bachelor's degree or above makes it easier for previously undocumented students to adjust their immigration status. Federal immigration statutes provide that a receipt of a bachelor's degree allows an applicant to be classified as a "professional," which makes the individual eligible for an E-B3 immigrant visa as well as and "H-1B" temporary work visa for specialty occupations.
- A well educated workforce may decrease unemployment rates, increase tax contributions from as many individuals as possible, and consequently contributes to the support of in-state social services. Ultimately, the social benefits include lower rates of incarceration and a more sophisticated populace that allows for greater civic participation. See "Postsecondary Education Access for Undocumented Students: Opportunities and Constraints," *American Academic* 3 (2007) at www.aft.org/pubs-reports/american_academic/issues/january07/Frum.pdf.

Immigrant Children & Health Care

- “Health is a cornerstone of immigrant integration as much as education and learning English” Laura Hogan, Program Director, Access to Health Services, the California Endowment.
- Growing ranks of the uninsured and the rising costs of health care are crises of national importance in the US. 15.7% of US residents or 45.7 million are without health insurance. Non-citizens comprise 7% of the general population but are 21% of the uninsured in the US. In 2007, approximately 8.1 million children were uninsured in the US.
- Two basic obstacles to good health care – (1) immigrant children are less likely to be covered by privately purchased employment-based insurance programs; and (2) immigrant children are less likely to be enrolled in government-sponsored public health insurance programs.
- The State Children’s Insurance Program, known as SCHIP, was “designed to provide low-income children whose family income is above the eligibility level for Medicaid in their state with health insurance coverage. SCHIP coverage to children who would otherwise be uninsured and visit the emergency room more frequently, prevents hospital visits and saves financial resources. A CA study showed that over a 6-year period, 6,324 hospitalizations were prevented, resulting in savings of approximately \$6.7 million. “Preventable Hospitalizations Among children in California Counties After Child Health Insurance Expansion Initiatives,” Medical Care (2008).

What's the Problem

- Misinformation about income levels – many immigrant parent fail to enroll their children in SCHIP because they believe they earn too much to qualify. In my home state of NJ, SCHIP programs allows enrollment for children in households earning up to 200% of the FPL.
- Many immigrants lack the basic understanding of the US health care system. This is true for a good number of native born Americans.
- Language continues to be a barrier to understanding what is available. Without adequate outreach and enrollment information in the native language, immigrants may not be able to participate.
- Confusion about immigration status and related regulations may also prevent enrollment in SCHIP. Immigrant families may assume that they do not qualify because of immigration status, or may not apply due to fear that doing so may put them or their pending application for citizen at risk.
- Some immigrants fear being considered a public charge. Public charge status can result in a refusal to admit or re-admit an immigrant to the country, or even deported even though the US government has make it clear that utilization of SCHIP will not deem an immigrant a public charge.

What's the Cure

- To increase participation in SCHIP, immigrant families need the personal touch, so communities need to develop partnership with local organizations and to market materials in native languages. One example is the “facilitated enrollment” program in NYS which focuses initially and primarily on children and teenagers. Over 100 community-based organizations serving as facilitated enrollment agencies throughout the state, in the first 5 years of program implementation enrolled 600,000 individuals. Much of the success of the program is based on the community-based organizations offering convenient locations and hours (evenings and weekends).
- “Facilitated Enrollment” is cost effective because existing community-based organizations are able to enroll individuals on a cost-effective basis.
- In Hawaii, which has a very diverse immigrant population, they use a program named “Hawaii I Covering Kids”. The program targeted the different immigrant communities of Japanese, Chinese, Filipino, Korean, Vietnamese, Tongan, Marshallese and Latinos. The center of the program were tailored advertisements used to target specific immigrant communities, in various media outlets, including TV, non-English radio programs, newspapers, and a number of televised interviews conducted in various languages. There was evidence that the media campaign was not only successful in reaching immigrant families but also in informing non-immigrant eligible families about the benefits available to them.
- The bottom line is outreach, outreach, outreach.