

The Surge of Central American Immigrant Families: A View from the Trenches and Ideas Toward Caring for the Entire Family

RESEARCH OBJECTIVES

- Since FY13, the proportion of Central American immigrant families crossing the Southwest border relative to unaccompanied children has increased substantially (Figure 1).
- A retrospective chart review was undertaken to evaluate the need for a redesigned immigrant intake appointment with emphasis on the entire family unit given the recent (2019-20) surge in immigrants.

METHODS

- The surge of Central American immigrants to the US in 2014 brought many new minors (typically teenagers) to Zufall Health Center (ZHC).
- Based upon their experiences, ZHC clinicians adapted procedures to better serve this population.
- At that time, the EMR was modified to include questions regarding family structure, country of origin, mode of travel, and new living arrangements.
- Using this information, the cohort of newly-arrived minors who visited ZHC medical for the first time during FY2019 was then reviewed.
- The information gathered was evaluated to determine how changing immigration patterns might influence the provision of comprehensive, family-based care at ZHC.

PRINCIPAL FINDINGS

- 365 new immigrants under the age of 18 from Honduras, Guatemala, and El Salvador were seen at one ZHC site (Morristown, NJ) during FY19.
- Of these patients, 65% were accompanied by a family member or friend. This demonstrates a change from Zufall’s 2014 experience – tracking with national trends – in which a majority of new child immigrants were unaccompanied (Figure 2).
- The guarantor of 28% of these new patients was previously or became a Zufall patient during the evaluation period.
- The first appointment of all patients peaked in September 2019, in line with the calendar school year, demonstrating that most new migrant children are first brought to the clinic for their school physicals (Figure 3).

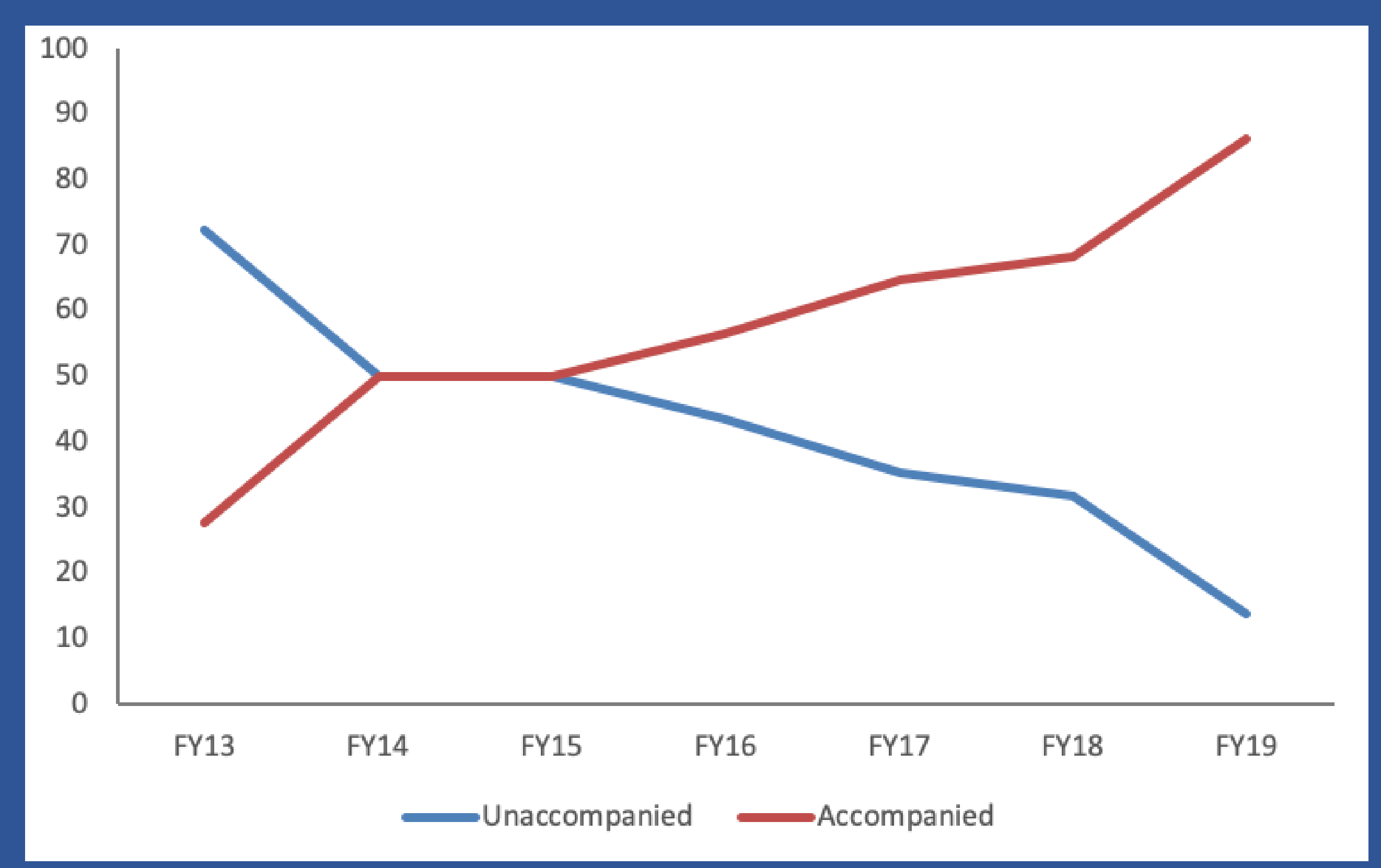


Figure 1. Proportion of child apprehensions by US Customs and Border Protection Southwest Border that were unaccompanied vs. accompanied, FY13-FY19

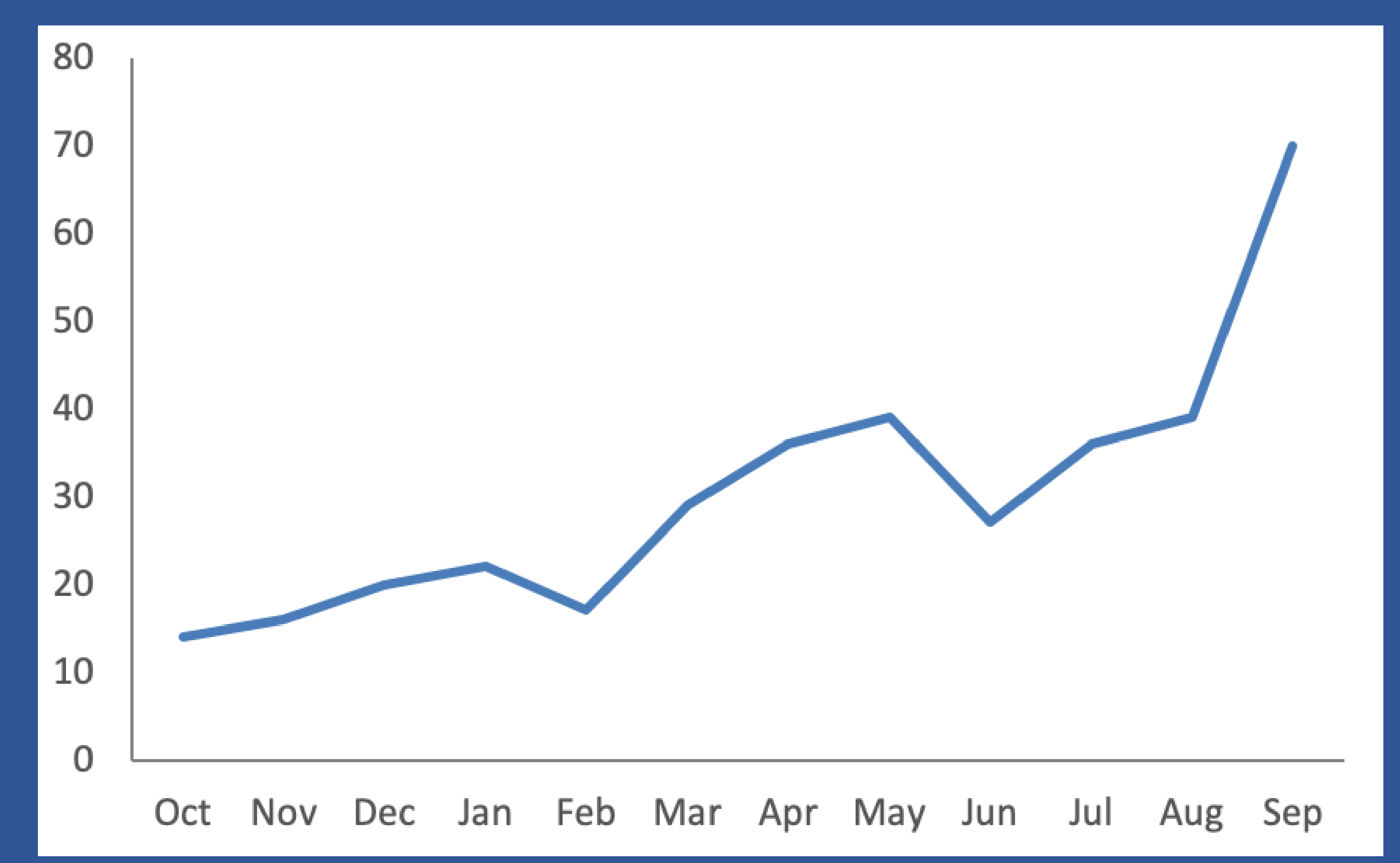


Figure 3. Number of new immigrant child intake appointments by month in FY19.

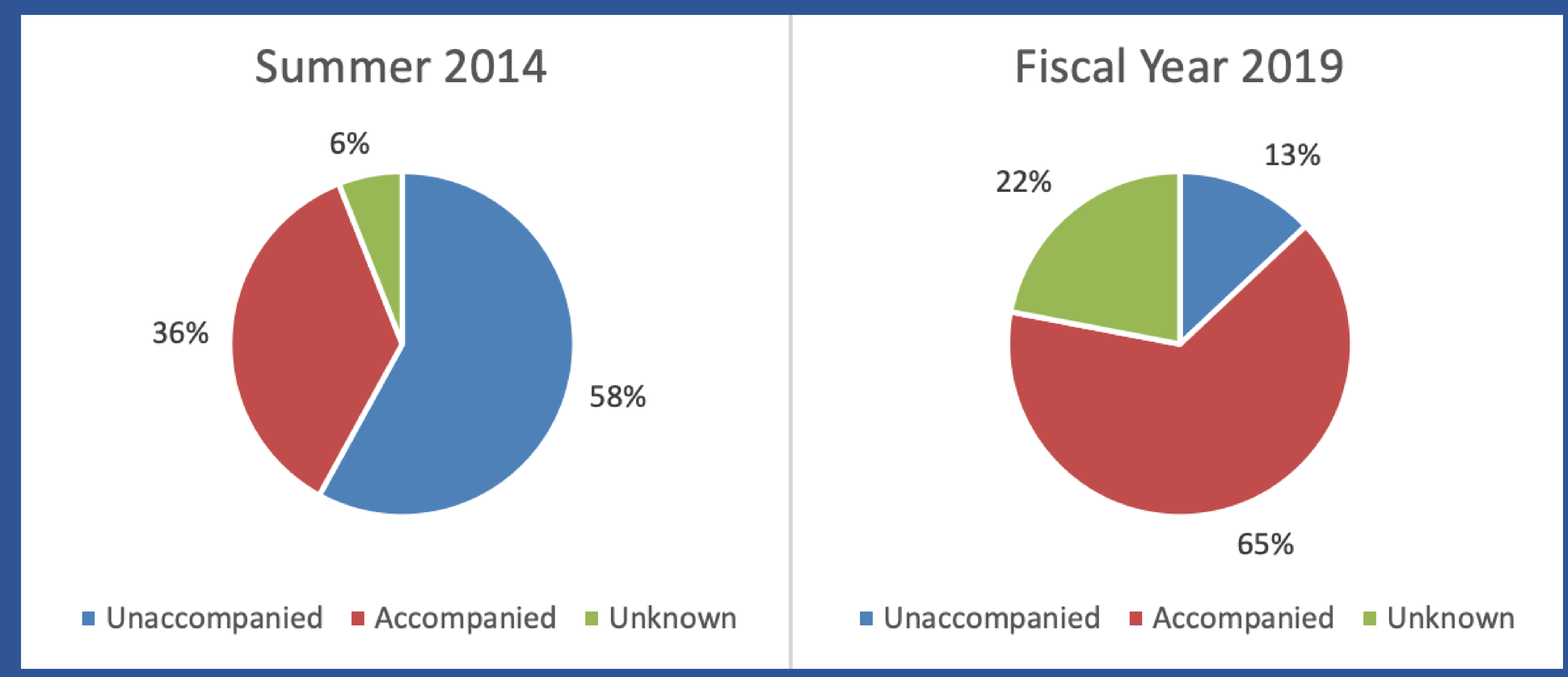


Figure 2. Accompaniment status of new immigrant minors seen at Zufall in Summer 2015 and FY19. A shift toward more family units tracks with the national trend in Figure 1.

CONCLUSIONS AND IMPLICATIONS

- Recent trends in Central American child immigration indicate a shift from unaccompanied children (typically teenagers) to family units (frequently with younger children), suggesting a need to redesign the current approach to care.
- Though recently arrived children are required to visit a healthcare provider to receive school-related physical examinations, the needs and health status – including mental health – of the entire family should be evaluated proactively to ensure the well-being of the family unit. Connections of families to case management, legal, and behavioral services could help mitigate trauma during the immigration experience and address socioeconomic determinants impacting health during the integration process.

FUNDING

- No Funding was received for this research

CITATIONS

- US Customs and Border Protection. Southwest Border Migration Stats and Summaries. <https://www.cbp.gov/newsroom/stats/sw-border-migration>
- Providing Care for Immigrant, Migrant, and Border Children, Pediatrics 2013;131:e2028; originally published online May 6, 2013.
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