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Adverse Childhood Experiences (ACEs): How Anti-Immigrant Policies Negatively Impact Latino Children's Health

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Executive Summary

Adverse childhood experiences (ACEs) are potentially traumatic experiences that occur before the age of 18. Research has shown that children who experience ACEs have a greater risk of developing adverse physical, mental, and social health problems not only in the short term—but over the course of their lifetime. Increased anti-immigrant policies associated with the Trump administration—including changes to the Public Charge Rule and increased worksite enforcement actions—have the potential to exacerbate the ACEs experienced by Latino children. These children make up one of the fastest growing populations in the United States making it imperative to understand how to mitigate the negative health effects of ACEs. This brief presents two possible policy solutions to prevent and reduce the occurrence of ACEs among Latino children – including strengthening of the Child Tax Credit (CTC) and enhanced treatment and screening of ACEs.

Policy Problem

There is growing evidence that Latino children are experiencing ACEs due to the anti-immigrant policies associated with the Trump administration. The lifelong negative physical, mental and social health impacts associated with ACEs highlights the urgency of implementing interventions to help ensure the health and wellbeing of Latino children in the US.

Current Policy Relevance

Recently there has been more national attention to the pervasive public health issues associated with adverse childhood experiences (ACEs). For example, nationally in 2019 the House Committee on Education and Labor hosted a hearing titled “Growing Up in Fear: How the Trump administration’s Immigration Policies Are Harming Children”¹ and the House Committee on Homeland Security also hosted a hearing titled “A Conversation on the Effects of Adverse Childhood Experiences (ACE) and Toxic Stress.”² Increased attention to issue has also resulted in more

discussions about potential policy solutions.

Background

During the 2016 presidential election, the slogan “Build the wall!” was used to gain support for the construction of a physical wall along the United States-Mexico border. However, the slogan has also come to symbolize an invisible wall constructed by anti-immigrant policies and rhetoric that targets Latinos.³ Anti-immigrant policies often conflate race, ethnicity, and immigration status often creating hostile social environments for Latinos, who make up the largest minority group in the US.⁴ For example, changes to the Public Charge Rule were implemented in early 2020 which allow immigration officials to deny lawful permanent residents adjustment to their immigration status based on the use of vital health and nutritional services.⁵ Worksite enforcement actions have also been expanded to include authorizing U.S. Immigration and Customs

A recent report found that under the Trump administration immigrant families are experiencing sudden and severe hardship, have a growing fear of using public programs, and children have increased mental health and behavior issues.⁹

Enforcement to conduct the largest workplace raid in history.⁶

Anti-immigrant policies have the potential to disproportionately impact the health and wellbeing of Latino children. Today, there are approximately 18.2 million Latino children under 18 living in the U.S. representing one of the fastest-growing segments in the U.S. population, with a 47% increase between 2000 and 2015.⁷ A growing body of research has shown that experiences with discrimination and stress, increased deportation of community members, and policies that limit health resources have negative health outcomes.⁸ A recent report found that under the Trump administration immigrant families are experiencing sudden and severe hardship, have a growing fear of using public programs, and children have increased mental health and behavior issues.⁹ Children of undocumented parents also have been shown to have increased risk for poor social functioning and academic failure¹⁰ as well as mental health problems which can lead to increased fear and anxiety.¹¹

The negative physical, mental, and social impacts of anti-immigrant policies on Latino children can best be understood through the concept of Adverse Childhood Experiences (ACEs). ACEs are potentially traumatic experience, which occur before 18 years of age, that can lead to negative health outcomes as adults.¹² Examples of ACEs include abuse

and neglect as well as parental mental illness, divorce, and incarceration.¹³ Research has shown that ACEs have a cumulative impact on health meaning that the more ACEs a child is exposed to the higher the risk for adverse health outcomes over the course of their lifetime.¹⁴ Children who experience multiple ACEs have been shown to have a higher risk of chronic disease, mental health illness, as well as poor academic achievement and/or work performance.¹⁵

The lifelong impacts of ACEs highlight the urgency of prevention activities to protect Latino children from the traumas of anti-immigrant policies. Research has shown that individuals who experienced ACEs are at greater risk for numerous health conditions, including at least five of the 10 leading causes of death in the U.S..¹⁶ Therefore, mitigating the negative health effects associated with ACEs is vital to ensuring not only the health and wellbeing of children, but most importantly, the collective success of the U.S.

Policy Alternatives

Prevention is key to avoid ACEs among Latino children during increased anti-immigrant environments. Two possible policy solutions are evaluated through political feasibility, equity and sustainability.

Alternative Policy One: Strengthening Economic Support to Families through the Child Tax Credit (CTC)

The most common adverse childhood experience reported in the U.S. is economic hardship with just over one in four children having experienced it.¹⁷ Efforts to strengthen families' economic security may help reduce parental stress and establish greater household stability for children. Seen as a multi-generational approach, strengthening economic support for families allows both the parents and children to succeed and achieve lifelong health and wellbeing.¹⁸

The Child Tax Credit (CTC) is a federal program which can help strengthen the economic support for families. The CTC is a partially refundable federal tax credit designed to help families offset the costs of raising children.¹⁹ It is estimated that the CTC lifted approximately 4.3 million people out of poverty in 2018, including about 2.3 million children, and lessened poverty for another 12 million people, including 5.8 million children.²⁰ It is worth up to \$2,000 per eligible child (under age 17 at the end of the tax year) and is subtracted from the total amount of federal income taxes that taxpayer would otherwise owe.²¹ For example, a couple with two children who owes \$4,600 in taxes would receive a CTC of \$4,000 and would owe \$600 in taxes.²² The CTC also has a refundable component meaning that if the CTC amount is bigger than the amount of federal income tax owed the family may receive part or all of the difference.

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The American Family Act (AFA) of 2019 is an example of a way in which this can be achieved.²³ The AFA would significantly expand the CTC for low- and moderate-income taxpayers with young children.²⁴ It would provide \$3,000 per year (or \$50 per month) per child ages 6 to 16 and \$3,600 per year (or \$300 per month) per child ages 0 to 5 with credits phasing out for high-income individuals beginning at \$130,000 a year for a single parent.²⁵

One of the benefits of the AFA is the monthly distribution of benefits in advance. This would allow families to space out their spending and avoid using the benefits to pay down debt incurred if they would have received the money earlier.²⁶ Another important benefit of the AFA is in terms of child poverty. It is estimated that childhood poverty would fall from 14.8 percent to 9.5 percent and deep poverty, the share of children living on half the poverty line or less, would be cut by half from 4.6 percent to 2.4 percent.²⁷

Alternative Policy Two: Screening and Treatment

Enhanced Screening and Treatment of Adverse Childhood Experiences (ACEs)

The screening and treatment of ACEs through primary care settings, such as pediatric visits, is an effective way to promote the health and wellbeing of children and their families.²⁸ It is important to note that the screening for ACEs is not sufficient and must be

one component of a comprehensive trauma-informed system of care.²⁹ In order to ensure an effective screening of ACEs, five practices are suggested including: 1) building broad organizational support for screening, 2) training on screening of ACEs and trauma, 3) use data to support successful implementation, 4) establishment of systems and practices to support staff and providers, and 5) investment in building relationships of trust with patients and families.³⁰

California serves as an example in which screening of ACEs can be implemented at a larger scale through a comprehensive trauma-informed system. In 2020, California became the first to screen children and adults enrolled in Medicaid for ACEs through its ACEs Aware Initiative.³¹ Medicaid primary care providers are trained to screen patients to determine the likelihood of increased health risk due to ACEs. Patients are also referred to trauma-informed care to help support to improve the health and wellbeing of children and their families. Funding for the program comes from Proposition 56 a state tobacco tax.³²

When a patient is identified as having experienced ACEs it's important to think of how to respond. Patients need to be referred to accessible, affordable, culturally, and linguistically competent mental health professionals who are qualified to provide evidence-based treat-

ments.³³ Therefore, it is important to highlight the importance of not simply screening for ACEs in primary care setting but working to build organizational capacity to address trauma and promote resilient patients, families, and communities.³⁴

Recommendation

Taking political feasibility, equity, and sustainability into consideration, both the CTC and enhanced screening and treatment of ACEs in primary care settings are recommended. Reducing ACEs at a national level requires a coordinated public health response in order to ensure children's physical, emotional, and social wellbeing.

In terms of political feasibility, the CTC is more likely to be accepted as it has bicameral support.³⁵ Political feasibility is the acceptability of the policy option to various relevant stakeholders that hold political power (voters, legislators, president's cabinet, etc.). Using the criteria of equity defined as the fair social distribution of burdens and benefits among social groups - the CTC option provides the best opportunity to avoid the ACE of poverty among children. Sustainability, or the ability of the policy option to maintain its beneficial effects in the longer term, is important to ensure the health and wellbeing of communities over the long-term. Taking sustainability into consideration, both policy options - if implemented - allow the

opportunity for children to have beneficial health improvements.

Conclusion

It is critical to the future of the U.S. to ensure that all children are able to achieve their full potential. Anti-immigrant policies, such as those associated with the 2016 presidential election have the potential to cause lifelong negative physical, mental, and social health problems. We must continue to push the narrative that health is more than health care and continue to champion legislation that focuses on the upstream social determinants of health. The prioritization of multi-sectoral collaborations, spanning both state and national policy, as well as legislative agendas that focus on the health impacts of policies must continue to be prioritized.

Endnotes

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