New Country, New Perils:

Immigrant Child and Family Health in NYC

April 2004

SINCE THE PUBLICATION

of Jacob Riis' 1890 treatise on immigrant life, the travails of New York City's newcomers have been well known: adjusting to a new culture, struggling to make a living, raising children in an unfamiliar environment. But only recently have academic and policy researchers begun to measure the toll this transition takes on immigrant families' health and well-being. Evidence of the health disparities between native and immigrant New Yorkers can be seen in recent data. For example:

- Foreign-born children make up just 14 percent of New York City's child population, but account for 22 percent of new lead poisoning cases in 2002. Haitians, who have the highest lead poisoning rate of all immigrant children in the city, make up less than 3 percent of foreign-born children in New York City, but account for 27 percent of foreign-born children with lead poisoning. Children from India, Pakistan and Bangladesh make up less than 9 percent of New York's foreign-born children, yet they account for almost 23 percent of all foreign-born children with lead poisoning in the city. *(see page 4)*

- Twenty-eight percent of noncitizen children in New York City lack health insurance, while only 6 percent of native-born children in native citizen families throughout New York State go without coverage. *(see page 2)*

- Facilitated enrollers, who assist applicants for Medicaid and other public health insurance programs, helped nearly 150,000 people, including almost 95,000 children, sign up for health insurance last year. But Governor Pataki's proposed 2004-2005 budget cuts all $9 million for facilitated enrollment for adults and $1 million for children. *(see page 2)*

- Hispanic children have by far the highest rate of pediatric obesity in New York City. Almost one-third of Hispanic children between ages 6 and 11 are obese, twice the rate of white children (16 percent) and significantly higher than that of African American children (23 percent). *(see page 7)*

- Illegal pesticides pose a particular danger to immigrant children. Hundreds of such products are available for sale on the streets of Chinatown, Washington Heights and other parts of New York City. Often these dangerous chemicals are sold without warning labels. *(see page 4)*

- Immigrant children are at particular risk for behavioral problems resulting from the prior exposure to violence and other traumas. *(see page 9)*

Contents

- Fighting Fear: Overcoming Obstacles to Immigrant Family Health **p.2**
  Outreach and enrollment programs make inroads, but may be cut.
- Unhealthy Exposure: Immigrant Youth Face Increased Risk of Environmental Ills **p.4**
  Poor housing and language barriers contribute to immigrant children's exposure to health hazards.
- A Weighty Problem: Hispanic Children Have City's Highest Rate of Obesity **p.7**
  Cultural attitudes toward food compound a growing city-wide tendency for children to be overweight.
- Post-Traumatic Stress: Mental Health and Immigrant Students **p.9**
  Teachers and parents tackle behavioral problems in public schools.

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Fighting Fear: Overcoming Obstacles to Immigrant Family Health

Young Choe's job is to dispel fears. A slight, young man with spiked black hair, Choe works in the Flushing office of Korean Community Services, assuring a steady stream of worried immigrants that applying for government-sponsored health insurance will not harm their dreams of opening businesses, sending children to American universities, becoming citizens or simply staying in the United States.

It's an uphill battle. Choe's organization is funded by the state to guide families through the process of signing up for subsidized health coverage, and he regularly meets newcomers from South Korea who believe they will somehow damage their status as legal immigrants if they enroll in Medicaid. "Nine out of ten families that come here have these things in the back of their minds," Choe says.

The fear of possible repercussions from receiving public benefits is mostly unjustified, according to public officials and health care advocates. Yet such misconceptions cause very real gaps in coverage and care. Forty-two percent of immigrant families in the United States lacked health insurance in 2002, up three percent from 2000, according to a November 2003 Children's Defense Fund analysis of Current Population Survey data. The United Hospital Fund estimates that 44 percent of uninsured New York City residents are non-citizens, making them more than twice as likely as citizens to lack coverage.

In a state-backed effort to lower these numbers, workers like Choe are stationed at more than 40 community-based organizations and in at least 12 government agencies throughout the city. In addition to debunking myths and rumors about the possible dangers of signing up for health insurance, these facilitated enrollers also collect the necessary forms from the applicant, and their organizations send them to Medicaid or an HMO.

But Choe's job—and indeed the entire state program—may soon be all but eliminated. While the program helped nearly 150,000 people, including almost 95,000 children, sign up for health insurance last year, Governor Pataki's proposed 2004-2005 state budget cuts all $9 million for facilitated enrollment for adults and $1 million for children, according to the state Division of the Budget. The children's program will lose an additional $3 million in federal matching funds if the budget is approved.

"It's a direct hit on immigrant communities," Kate Lawler, director of the Health Care Access Program at the Children's Aid Society, says of the proposed cuts. Lawler estimates that 90 percent of the Manhattan children her organization has helped enroll in health insurance are from immigrant families. Without help, many parents will not follow through, she says: "A lot of families will be afraid to go into a Medicaid office— just because it's a government office."

For now, New York is doing better than many other states. Yet 28 percent of noncitizen children in New York City lack insurance, according to a 2002 policy brief by the Urban Institute titled "Immigrant Well-Being in New York and Los Angeles." Only 6 percent of native-born children in native citizen families in New York State go without coverage.

In New York, any immigrant child regardless of status can enroll in Child Health Plus B, which covers many medical costs for children under 19. Another, more comprehensive program, Child Health Plus A, is available only to documented immigrants. Most low-income, legal immigrant adults can use Medicaid or Family Health Plus, a subsidized state insurance pro-

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gram for children and some parents who do not qualify for Medicaid.

The 1996 federal welfare reform legislation made most noncitizens ineligible for Medicaid and other social benefits, but New York State continued to provide coverage for pregnant women and children, including undocumented families. More recently, the state's highest court has ruled that nearly all documented, low-income immigrants are eligible for subsidized coverage.

Yet service providers who work with immigrants say many parents are afraid they will be reported to U.S. Immigration and Customs Enforcement (ICE), arrested and deported if they use public insurance.

Answers to questions about immigration status on the Child Health Plus application are completely confidential, and the application itself says this in plain language. In meetings, government officials have reassured Su Yon Yi, a health care advocate with the New York Immigration Coalition, that agencies will not call ICE to report anyone's status. "But it's really hard to say with everything after 9/11," she says. "There's a lot of sharing between government agencies."

Many immigrants worry that signing up their children for health insurance will prevent their kids from getting into college. These parents assume that enrollment in a public health program will be a permanent mark against their children, and that college admissions offices will regard it as proof that an applicant will be unable to pay. Others fear they may be turned down for bank loans or government grants to open a small business if they've used public health insurance for their kids.

Yet none of this is true. "I've gotten better at assuring people that nothing will happen to them, but I deal with these questions all the time," says Choe of Korean Community Services.

Welfare reform and subsequent state legislation have also muddied the details of immigrant sponsorship. Often, a family member in the U.S. sponsors the emigration of another relative from the family's home country. Sponsors have always had to sign affidavits of support. But to comply with federal reforms, New York State made sponsor agreements legally enforceable contracts, enabling the state to sue to recoup the cost of social services.

Though technically possible, such "sponsorship liability" cases are unlikely to be carried out in New York for now, while the state is waiting for federal guidelines to be issued. But they're not entirely without precedent. Connecticut reportedly billed one man $8,000 for home health services provided to his mother, whom he had sponsored. His case is still pending.

The enrollment process, which requires numerous documents, can also be daunting. Proof of income is typically the hardest to obtain—many parents change jobs frequently or don't work in the formal sector, and may not feel they can ask their boss to sign a job verification letter.

Medicaid and Child Health Plus require annual re-certifications, which afford fresh opportunities for consternation. "If you make the system really complicated," says Chia-Chia Wang, an organizer at Children's Defense Fund of New York, "the family will not follow up. They will lose coverage. They won't know where to go, and they don't understand why it's happening."

This summer, the mayor's office hopes to launch a pilot project that will recruit religious leaders to the health insurance enrollment effort. Worshippers at local churches, mosques and temples would be able to get accurate information about coverage and enrollment sites. But most of all, they'd get reassurance that signing their kids up for health coverage won't damage well-laid plans for the future. ❖

Many parents are afraid they will be reported to U.S. Immigration and Customs Enforcement, arrested and deported if they use public insurance.

Unhealthy Exposure: Immigrant Youth Face Increased Risk of Environmental Ills

Foreign-born renters in New York City are more likely to live in overcrowded and unsound housing than native New Yorkers, increasing their chances of developing asthma.

New York City's low-income neighborhoods are home to a large and ever-growing population of immigrants. They are also byways for commercial truck traffic and sites for bus depots and sewage treatment facilities, and have some of the worst air quality in the city.

All low-income New Yorkers deal with the consequences of environmental health hazards. Children's developing brains and bodies are especially sensitive to environmental toxins. But children of immigrants and non-English speaking New Yorkers suffer disproportionately from asthma and lead poisoning, and are also at particular risk for exposure to pesticides in the home and mercury in fish.

Among the stark recent findings are relatively high rates of lead poisoning among New York children born in South Asia and Haiti. For example, children from India, Pakistan and Bangladesh make up less than 9 percent of New York's foreign-born children, yet they account for almost 23 percent of all foreign-born children with lead poisoning in the city. Similarly, Haitians—who have the highest lead poisoning rate of all immigrant children in the city—make up less than 3 percent of foreign-born children in New York City, but account for 27 percent of foreign-born children with lead poisoning.[1]

ASTHMA

The most well-known environmentally related disease, asthma disproportionately strikes low-income and minority communities.[2] Often, these families live in neighborhoods with poor air quality and substandard housing, where they are exposed to rat and roach infestation, mold and dust mites, all of which have been closely linked to asthma.

Foreign-born renters in New York City are more likely to live in overcrowded and unsound housing than native-born New Yorkers, according to a 1999 report by Michael Schill of New York University's Center for Real Estate and Urban Policy. Puerto Ricans, Dominicans, Caribbeans, Africans and Latin Americans in particular often live in badly maintained units, the study found.[3]

Several communities with large immigrant and non-English-speaking populations have extremely high rates of asthma, including Jamaica and Flatbush, home to thousands of Haitians; Bushwick, where many Dominicans and Latin Americans live; and East Harlem, which is predominantly Spanish-speaking and has the worst asthma rate in the city.

PESTICIDE EXPOSURE

Rat and roach infestation not only trigger asthma, they also lead to pesticide use. The chemicals many New York families use to combat vermin pose health risks, especially to children.

Many commonly used household pesticides can endanger children's health and brain development, resulting in low birth weight and potential learning and behavioral problems. Because they play close to the ground and are still developing physically, children absorb more pesticides than adults.[4] A March 2004 study, conducted by the Center for Children's Environmental Health at Columbia University's Mailman School of Public Health, found that birth weight and length of children born to African American

[1] U.S. Census 2000 data tabulated by the Urban Institute; NYC Department of Health Lead Poisoning Prevention Program.
[2] NYC Department of Health. "NYC Vital Signs," August 2003.
[3] Michael H. Schill, Samantha Friedman and Emily Rosenbaum. "The Housing Conditions of Immigrants in New York City." *Journal of Housing Research*, Volume 9, Issue 2. Fannie Mae Foundation, 1998.
[4] Philip Landrigan et al. "Pesticides and Inner-City Children: Exposures, Risks, and Prevention." *Environmental Health Perspectives*, Volume 107, Supplement 3, June 1999.

and Dominican women in Harlem and Washington Heights increased significantly on the heels of a federal ban, instituted in 2000, on the indoor use of two pesticides.[5] One of the chemicals, chlorpyrifos, was the most frequently used residential insecticide in New York State in 1997, according to the state Department of Health.

Children of Immigrants and Asthma

New York City neighborhoods with high percentage of immigrants and high childhood asthma rates in 2001

NEIGHBORHOOD	FOREIGN BORN POPULATION	ASTHMA HOSPITALIZATION RATE PER 1,000 CHILDREN
East Harlem	21%	17
Fordham/Bronx Park	5%	9
East New York	33%	9
Flatbush	51%	7
Jamaica	38%	7
Citywide	**36%**	**6**

** East Harlem's population is also 32% Puerto Rican (U.S.-born).*

Source: NYC Department of Health Community Health Profiles; Asthma Facts, Second Edition, 2001

The federal ban, however, falls far short of protecting New York's children. The state Department of Health, which tracks pesticide use, reported in 1997 that across the state the heaviest use of legal pesticides by licensed applicators occurred not in upstate agricultural regions but in Manhattan and Brooklyn. The state registry does not track the store-bought chemicals many New Yorkers regularly use in their homes, a practice that is especially prevalent in minority communities, according to several recent studies.[6]

Pesticides illegal in the United States are readily available for sale on the street in some immigrant communities, and are widely used. There are literally hundreds of these products from China sold in New York City, according to the federal Environmental Protection Agency (EPA) Region 2 office. "Some look like children's candy," says EPA spokesperson Nina Habib Spencer. Two so-called street pesticides made in the Dominican Republic, *Tres Pasitos* and *Tempo*, are sold without written instructions or warning labels on the streets of Washington Heights, according to the Columbia Center for Children's Environmental Health.

Tres Pasitos, often dispensed in unlabeled cellophane bags, is made of aldicarb, a chemical so "extremely toxic" that "you wouldn't want it to get anywhere near your children," according to the center's co-deputy director, Dr. Robyn Whyatt.

To avoid the use of toxic chemicals altogether, some in the city are working on alternative pest management techniques. One city-run pilot project, the Lehman Village Houses Integrated Pest Management Program, successfully eliminated use of institutional pesticides in a public housing development and reduced pesticide use by residents by employing non-chemical pest control, such as sealing cracks and crevices and cleaning food residues. In East Harlem, Mount Sinai's Center for Children's Environmental Health and Disease Prevention has also successfully reduced cockroach infestation and indoor exposure to chemical pesticides in some homes.

Children of Immigrants and Lead Poisoning

New York City neighborhoods with high percentage of immigrants and high childhood lead poisoning rates in 2001

NEIGHBORHOOD	FOREIGN BORN POPULATION	LEAD POISONING RATE PER 1,000 CHILDREN TESTED
Flatbush	51%	3.1
Long Island City/Astoria	51%	2.9
Sunset Park	49%	2.8
Fordham/ Bronx Park	35%	2.5
Southwest Queens	44%	2.4
East New York	33%	2.4
Borough Park	45%	2.2
Jamaica	38%	2.1
Citywide	**36%**	**1.7**

Source: NYC Department of Health Community Health Profiles; Preventing Lead Poisoning in New York City Annual Report, 2001

Meanwhile, the EPA has produced Spanish-language poster campaigns in subways and public service announcements on Spanish-language television and radio to alert New Yorkers to the hazards of illegal pesticides. The federal agency also runs an English/Spanish pesticide hotline, conducts periodic sweeps of the Chinese- and Spanish-speaking communities to confiscate illegal products, and is distributing Chinese-language posters.

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[5] Robyn Whyatt et al. "Prenatal insecticide exposures, birth weight and length among an urban minority cohort." *Environmental Health Perspectives*, Volume 112, No. 3, March 2004.

[6] See Gertrud Berkowitz et al. "Exposure to Indoor Pesticides during Pregnancy in a Multiethnic, Urban Cohort." *Environmental Health Perspectives*, *Volume 111*, No. 1, January 2003; and Michael Surgan et al. "Pest Control in Public Housing, Schools and Parks: Urban Children at Risk." New York State Department of Law, Environmental Protection Bureau, August 2002.

Many immigrant families in New York may be unwittingly using lead-containing spices, ceramic plates and other household items brought from their home countries.

LEAD POISONING

Increased awareness and education have reduced lead poisoning in New York City in recent years, yet some communities continue to be disproportionately affected. Foreign-born children, for example, make up just 14 percent of New York City's child population, but accounted for 22 percent of new lead poisoning cases in 2002, according to previously unreleased figures from the city's Department of Health. Immigrants from South Asia and Haiti are the two groups most severely affected.

Lead Poisoning Among Immigrant Children, 2002

COUNTRY OF ORIGIN	PERCENT OF ALL FOREIGN-BORN NYC CHILDREN	PERCENT OF NEWLY IDENTIFIED, LEAD-POISONED FOREIGN-BORN CHILDREN
Haiti	2.8%	27%
South Asia	8.5%	23%
Mexico	6.8%	11%
Dominican Republic	16%	9%

Source: U.S. Census 2000; NYC Department of Health Lead Poisoning Prevention Program

While the rates of lead poisoning among African American and Asian children (both foreign- and native-born) are about double their representation in the city's general population, the vast majority of lead-poisoned Asian children were born in Pakistan, Bangladesh and India. Haitians have the highest lead poisoning rate of all immigrant children in the city.

It's unclear why these groups have been so affected. Some children may have been exposed to lead in their native countries. And while many recent immigrants live in old and deteriorated housing, where flaking lead paint is common, a growing proportion of cases appear not to be tied to paint. Currently, in about 30 percent of all lead poisoning cases, the child's home is found not to have deteriorating paint; for foreign-born children the number is about 50 percent. City officials believe these children are exposed to multiple sources of lead. Many immigrant families in New York may be unwittingly using lead-containing spices, ceramic plates and other household items brought from their home country, according to Deborah Nagin, director of the city Department of Health's Lead Poisoning Prevention Program (LPPP).

In one recent case, an Afghan family had a young child who tested positive for toxic levels of lead, and the cause was traced back to a contaminated rug. In Afghan culture a rug is often an important gathering place for meals and conversation. "The family basically lived on the rug," says Nagin. "Everything happened there."

Meanwhile, leaders of local ethnic organizations say they have very little knowledge about lead poisoning rates in their communities. "There's no group looking at this, talking about it, raising awareness in the community about it," says Annetta Seecharran, executive director of South Asian Youth Action in Elmhurst.

The recent enactment of the city's Childhood Lead Poisoning Prevention Act of 2004 tightened lead paint regulations, and the city and advocacy groups are renewing efforts to reach out to affected communities, especially immigrants. The LPPP currently produces education materials in eight languages and its new Immigrant Lead Awareness program will start a pilot project next year targeting one immigrant community.

MERCURY

Even as federal and state officials were debating policies to enforce mercury emission standards for United States power plants, a new EPA study released in April 2004 found that fish consumption by mothers could expose at least

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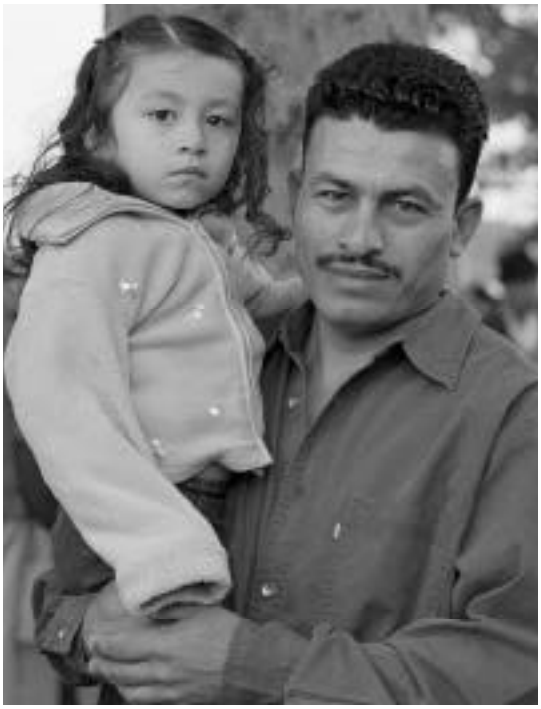
[7] Barbara Brenner et al. "Integrated Pest Management in an Urban Community: A Successful Partnership for Prevention." *Environmental Health Perspectives*, Volume 111, No. 13, October 2003.

[8] Kathryn R. Mahaffey et al. "Blood Organic Mercury and Dietary Mercury Intake: National Health and Nutrition Examination Survey, 1999 and 2000." *Environmental Health Perspectives*, Volume 112, No. 5, April 2004.

300,000 newborns per year to unacceptably high levels of mercury. The study found that Asians and Pacific Islanders were among the most likely to be affected.

Because mercury can cause severe neurological and developmental problems in unborn fetuses and very young children, mercury contamination in fish has long been a concern of environmental advocates in New York City, where some residents fish regularly to put food on the dinner table. Those who fish in New York's waterways not only consume the fish themselves, but often sell them to markets in ethnic communities.



The city and state health departments as well as the Attorney General's office have made some efforts to alert immigrant communities to the dangers of contaminated fish. The New York State Department of Health issues statewide fishing advisories and recommends that young children and pregnant women not eat fish caught in New York harbor. But because many of the city's waterways used for fishing do not fall under the state's jurisdiction, efforts to warn immigrants with bilingual posters at popular fishing spots have been voluntary and limited. ❖

Children and Obesity: Hispanic Kids in New York City

At five-feet-two-inches tall, 14-year-old Alfred P. tips the scales at 188 pounds. Born and bred in the Bronx, Alfred eats in ways his Ecuadorian immigrant parents never would have imagined when they were his age. Rather than relying on water to quench his thirst, Alfred repeatedly fills his 32-ounce stadium cup with soda and fruit punch throughout the day. He has also grown up accustomed to heaping his plate with food.

Despite being slowed down by—and uncomfortable with—his extra weight, Alfred is among the lucky ones. He's met with a nutritionist to learn how to improve his eating habits through the Starting Right program run by the Children's Health Fund and Montefiore Medical Center in the Bronx, which screens overweight children for diabetes. And he's following advice he received there, mostly by replacing sugary drinks with water. Alfred has already begun to shed pounds. And, while obese children are at risk for developing type 2 diabetes—a disease linked to overeating and lack of exercise—so far Alfred remains healthy. But not all children of immigrants are so lucky.

Hispanic children have by far the highest rate of pediatric obesity in New York City; almost one-third of Hispanic children between ages 6 and 11 are obese, according to the city's Department of Health—nearly twice the rate of white children (16 percent) and significantly higher than that of African American children (23 percent). Collectively, a startling 24 percent of New York City public school children between 6 and 11 are obese.

Twenty-four percent of New York City public school children between 6 and 11 are obese.

Hispanic children have especially high rates of type 2 diabetes, both in New York City and around the country.

Throughout the industrialized world, children are getting fatter. More than 15 percent of American children between 6 and 11 years of age are seriously overweight, according to the U.S. Centers for Disease Control. The rates for adolescents in the U.S. are triple those of thirty years ago. Upon immigrating, children in families from "thinner" countries are often catapulted into higher weight categories.

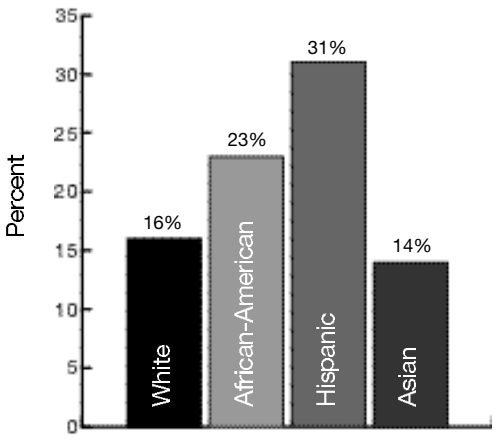
Indeed, researchers at the University of North Carolina at Chapel Hill have confirmed the widening trend of immigrants over the generations. Immigrants who move to this country tend to lose the slighter dimensions of their native lands, according to the Chapel Hill study, published in 1999. And the children and grandchildren of immigrants increasingly conform to U.S. body types. The increasing girth of second- and third-generation immigrants was most pronounced among Asians; with the exception of Chinese and Filipinos, Asian families doubled their proportion of obese children during the transition from first- to second-generation status. The numbers were almost as high for Hispanics.

Obesity can have severe and long-lasting health effects. Being overweight raises the chances of developing high blood pressure, cholesterol abnormalities and asthma, as well as symptoms of depression or other psychological problems. And obese children are more likely to grow into obese adults.

Perhaps the greatest obesity-related health threat is type 2 diabetes, which, if unchecked, can lead to blindness, kidney difficulties and even, in extreme cases, amputation. While historically a disease that strikes overweight adults, rates of type 2 diabetes are increasing in children. Both in New York City and throughout the country, Hispanic children have especially high rates of type 2 diabetes, according to Roy Grant, director of research for the Children's Health Fund. "There are very, very significant disparities," says Grant. "Even within the Hispanic population differences emerge based on country of origin, with Mexican children having the highest rates." Many cases of the disease are not identified because children aren't adequately screened.

Pediatricians, nutritionists and obesity specialists have identified several explanations for the rise in obesity and its consequences among poor children. Low-income parents often cannot afford to enroll their children in organized sports. With one in five city schools not offering physical education, and several lacking gymnasiums, children can't rely on schools for physical activity. Poor neighborhoods tend to have fewer playgrounds, so TV and video games often substitute for outdoor exercise. And because fattening foods tend to be cheaper, they can become staples for many poor families.

Obesity Rates in New York City Children



Source: New York City Department of Health, NYC Vital Signs, June 2003.

When parents work long hours, a lack of attention to what their kids eat can compound the problem. "Long work hours contribute to a lack of oversight of children's diets," says Lee Waldman, a pediatrician who sees a large volume of immigrant children at the pediatric clinic at Kings County Hospital.

The process of bridging the eating habits of two different cultures—which nutritionists refer to

as "the Big Mac transition"—often translates into a diet of too many calories and too few nutrients. Attitudes toward food developed in poorer countries can leave newcomers unprepared to deal with the excess of cheap and readily available junk-food in New York City.

"If you're coming from a place where food was not as abundant, you want to make sure that the kids are always eating," says Basma Faris, Alfred's nutritionist at the South Bronx Health Center, which serves a predominantly Hispanic group of patients from Mott Haven, Hunt's Point and Morrisania. "But when you are in an environment where food is abundant, and there's a more sedentary lifestyle, that's when you run into problems."

Changing those habits is an uphill battle that has to be fought on several fronts. Take the case of another of Faris' patients, six-year-old Helda R. Like many of the children at the health center, Helda lacks a convenient and safe place to exercise and play. The Starting Right program pays the five-dollar fee so that Helda's family can have access to a local recreation center run by the Police Athletic League. Faris also tracks the child's weight. And she carefully explains the benefits of eating well to as many of Helda's family members as possible.

But, as with many of Faris' patients, cultural issues make changing Helda's diet a complicated affair. While her mother and father are concerned about her weight, both have full-time jobs. And most days, Helda is cared for, and fed, by her grandmother, who spent most of her life in the Dominican Republic. "In the Dominican Republic, where you have malnourished children and skinny kids, food is a way to show love," says Faris. "That's just what she's used to. That's what we've got to change." ❖

Post-Traumatic Stress: Mental Health and Immigrant Students

Jason Levy, assistant principal at the Bronx's MS 390, vividly recalls a student who had acquired a reputation for misbehavior. "He had a hard time controlling his temper," Levy says. "He had anger management issues, and the failure at school led to arguments at home."

The boy's parents, who have roots in the Dominican Republic, resisted working with the school at first but eventually agreed to have their son participate in counseling. After eight months of weekly sessions, the boy showed a marked difference in self-esteem and school performance. "His mom is a changed person, too," says Levy. "I ran into her at the grocery store and she said everything is much less stressful at home. The pressure was off her after the first few sessions when she realized his behavior wasn't any indication of failure on her part as a parent."

According to Levy, such individual transformations have enabled MS 390 in University Heights to evolve from a school where administrators routinely removed troublesome pupils by dialing 911 to one where staff are trained to recognize mental health symptoms, make calm referrals and involve parents in their children's discipline. "They've moved to asking 'What's a child need?' not 'What's a child doing wrong?'" says Levy.

Like other school officials, health professionals and community activists striving to meet the mental health needs of immigrant families, Levy and his colleagues must be creative in the classroom while also connecting families with scarce community resources.

Many immigrant children have experienced prior traumas, which predispose them to mental health problems.

Immigrant children have many of the same mental health challenges as other children. But they experience certain problems at higher rates and are often undiagnosed. A severe shortage of free and low-cost mental health services in poor and predominantly immigrant neighborhoods can leave them ill-equipped to deal with traumas such as domestic violence and neighborhood crime.

Many immigrant children have experienced prior traumas, either in their native country or in the course of their immigration, which predispose them to mental health problems, according to researchers. Depression and anxiety disorders can result and, if untreated, lead to learning problems, substance abuse, violence and suicide.

Part epidemiologist, part social service provider and part educational leader, Greg Greicius directs educational initiatives at the Children's Mental Health Alliance (CMHA) and seeks to address the huge unmet mental health needs in communities like the South Bronx and Washington Heights. He helped transform Levy's school by making mental health services more accessible to students and encouraging school staff to be more in tune with the children's behavior.

In Washington Heights, almost three quarters of the student population is made up of immigrants and children of immigrants, primarily from the Dominican Republic. In initial meetings with Greicius at a Washington Heights school earlier this year, teachers rattled off a list of pupils needing mental health care that included more than one in every ten members of the student body.

Parental involvement is the single most valuable factor in crafting any plan for change. Yet undocumented parents may be less likely to visit mental health clinics or attend parent conferences, fearful they will expose their immigration status. Often it's language differences and cultural assumptions that get in the way. For instance, a teacher discussing a Hispanic student's misbehavior with a non-English speaking parent might use the word *malcreada*, which translates loosely as "badly parented." But parents of children acting out need to understand exactly the opposite message—that a child with mental health problems is not their fault.

"So even the language around mental health and bad behavior is stigmatizing," Greicius explains.

What's more, post traumatic stress disorder (PTSD) and other mental health issues don't always show up in the package parents and educators expect: the aggressive, disruptive child that soaks up all the school's resources. Kids with mental health problems are just as likely to be quiet or withdrawn, according to Dr. Christina Hoven, director of the Child Psychiatric Epidemiology Group at Columbia University.

"Some do [act out] but many don't, especially girls and young children," says Hoven, who recommends universal screening for children in heavily immigrant communities like

Washington Heights. "We found there are a large number of kids with internalizing disorders, disorders you don't notice but that become exacerbated over time."

The traumatic events of 2001 underscore immigrant children's vulnerability. The aftershocks of September 11th and the crash of Flight 587 in Queens are still being felt in Washington Heights, perhaps most acutely by immigrants struggling with multiple traumas. More than 76 elementary and middle school students and 17 school staff members in the community were directly impacted by the attack on the World Trade Center. Untold numbers of others felt the effects financially when family members lost jobs in Lower Manhattan. Then, two months later, more than 230 elementary and middle school students lost at least one family member in the crash of Flight 587 soon after take-off from Kennedy Airport, en route to Santo Domingo. Even students not directly connected to the tragedies still suffer from nightmares, anxiety, hypervigilance and seemingly unexplained sadness.

Immigrant children are at particular risk for mental health problems related to September 11th, according to Hoven, who is studying the impact of the event on children. She noted that two of the top three factors that make children vulnerable—having a parent who died in the World Trade Center, a parent who was a first responder, or prior exposure to some trauma—disproportionately affect immigrant children.

"Prior exposure is more prevalent in the outer boroughs and that's where the large minority population is," says Hoven. "Prior exposure doubles your risk of disorders such as depression, PTSD, panic, general anxiety, substance abuse and agoraphobia. These kids experience about twice the rate of psychopathology that (other) kids experience."

Yet help is often out of reach. Too often, parents resort to calling ambulances when children and adolescents threaten to harm themselves or others. But the emergency rooms to which they are delivered are ill-equipped to provide the mental health care they need.

"I would say at least 20 percent of all our clients use emergency services for mental health," says Dr. Lourdes Rigual-Lynch, who works with immigrant families as director of mental health for the New York Children's Health Project.

Sandra Reif, a California-based consultant, has been working with Greg Greicius and the CMHA, training teachers to establish school environments focused on rewarding and promoting desirable behaviors rather than punishing negative ones.

"I've worked with (educators) on individual approaches like daily report cards, and how to give more positive reinforcement on a more constant basis than most teachers think needs to be done," says Reif. "We want to make sure they understand different instructional strategies that work for diverse populations, and how to modify lessons for different students' needs."

Too often, experts say, teachers miss non-instructional opportunities to help immigrant kids achieve when they focus on only curriculum and teaching, to the exclusion of attending directly to students' behavior.

"We really try to sensitize teachers to where the behavior is coming from," Reif says. "Rather than blame the kid, or expect the kid to change or act their age or meet another of the teacher's expectations, what do they need to do as teachers to change?" ❖

The aftershocks of September 11th and the crash of Flight 587 in Queens are still being felt acutely by immigrants struggling with multiple traumas.

Children and Immigration in New York City: A Snapshot

- Nearly half of New York City's 1.9 million children have at least one foreign-born parent. *(U.S. Census 2000)*
- 53 percent of the city's children live in an immigrant-headed household. *(1999 Current Population Survey)*
- Approximately 750,000 of the city's children under 18 were born in the United States to immigrant parents. *(1999 Current Population Survey)*
- 52.5 percent of births in the city in 2000 were to immigrant mothers. *(NYC Department of City Planning)*
- More than one-third of the city's over 268,000 immigrant children are of Hispanic origin. *(U.S. Census 2000)*

Top Ten Countries of Origin of New York City's Immigrant Children

	PERCENT OF ALL IMMIGRANT CHILDREN
Dominican Republic	16.9
Mexico	6.8
Jamaica	6.6
China	5.9
Guyana	4.4
Trinidad and Tobago	4.1
Russia	3.8
Ecuador	3.7
Pakistan	2.9
Haiti	2.8

Source: U.S. Census 2000

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