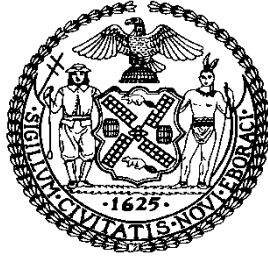


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THE COUNCIL OF THE CITY OF NEW YORK

COMMITTEE REPORT

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COMMITTEE ON IMMIGRATION

Hon. Carlos Menchaca, Chair

April 24, 2018

Oversight:

New York City Resources for Immigrant Parents of
Children, Ages 0-5 Years

I. INTRODUCTION

On April 24, 2018, the Committee on Immigration, chaired by Council Member Carlos Menchaca, will hold a public oversight hearing on existing citywide resources for immigrant parents of children ages 0 to 5 years old. These programs include the Nurse-Family Partnership, the Newborn Home Visiting Program, the Early Intervention Program, and Outreach and Education efforts including topics like the Safe Sleep and Breastfeeding information campaigns. The Committee can also learn more about how the universal pre-K and 3-K programs are serving immigrant and mixed status families. Specifically, the Committee will explore whether these initiatives' services and outreach are conducted in a linguistically and culturally appropriate manner and whether services are available in neighborhoods with high-immigrant populations.

II. BACKGROUND

Decades of child development research have informed New York City policy for the youngest New Yorkers, from public health education and outreach initiatives to universal Pre- and 3-K. At the same time, New York City is home to 3.1 million immigrants, more than at any other time in history.¹ Making up 45% of the city's workforce, and 38% of the total population, immigrants, and by extension their children, make up a critical mass of the city's economy. A recent Mayor's Office of Immigrant Affairs (MOIA) annual report found that overall, immigrant New Yorkers participate in the labor force in much the same numbers as their U.S. born counterparts, but their median earnings are significantly lower.² Children growing up in immigrant families often bear the burden of this lack of resources – and the disparities in access to health and early education, as two examples, can have lasting impacts.

¹ Mayor's Office of Immigrant Affairs, *Annual Report* (released March 2018). Last accessed: April 16, 2018 at http://www1.nyc.gov/assets/immigrants/downloads/pdf/moia_annual_report_2018_final.pdf

² *Id.*

The early years, ages 0 to 5, are critical for later life outcomes in any child's development. In fact, research has shown that:

- Disparities in vocabulary begin to appear at 18 months old and grow exponentially, so that by 3 years old, children of college educated parents or caregivers have 2 to 3 times the vocabulary of those parents who have not completed high school; and³
- There is a 90-100% chance of developmental delays when children experience 6-7 risk factors such as abuse, neglect, exposure to mental health issues (includes domestic violence and substance abuse), divorce or separation of parents/caregivers, detention or deportation of parent or caregiver.⁴ With 7-8 adverse childhood experiences, children have 3 to 1 odds of contracting adult-onset heart disease.⁵

MOIA reports that while there are persistent disparities in the health insurance coverage of non-U.S. citizens, the inequities are even worse for undocumented children: 15% uninsured compared to 3% U.S. born citizen children.⁶ Individuals with health insurance in childhood have been found to not only have more access to healthcare from prenatal to pediatric, they also have lower rates of obesity into adulthood and less hospital visits overall for issues related to the endocrine system, nutrition, heart disease, diabetes, metabolic diseases and immune-system disorders.⁷ Positive associations also exist between investments in education and health outcomes: states with expanded Medicaid and Children's Health Insurance Program (CHIP) coverage had higher reading scores and higher rates of high school and college completion.

³ Center for the Developing Child at Harvard University, *5 Numbers to Remember about Early Childhood Development*, (2009). Last Accessed on April 16, 2018 at <https://developingchild.harvard.edu/resources/five-numbers-to-remember-about-early-childhood-development/>

⁴ *Id.*

⁵ *Id.*

⁶ Mayor's Office of Immigrant Affairs, *Annual Report* (released March 2018). Last accessed: April 16, 2018 at http://www1.nyc.gov/assets/immigrants/downloads/pdf/moia_annual_report_2018_final.pdf

⁷ Murphy, David, *Health Insurance Coverage Improves Child Well-Being*, (2017). Last Accessed on April 16, 2018 at <https://www.childtrends.org/publications/health-insurance-coverage-improves-child-well/>

Further studies have found that for every dollar spent on childhood health care, the federal government recoups 32 cents in increased tax income, as these individuals have better economic outcomes overall.

MOIA also found a higher prevalence of living in overcrowded conditions among immigrant New Yorkers (22%).⁸ The numbers increase sharply when expanding the analysis beyond individual immigrants and looking at overcrowding rates among immigrant and mixed-status *households*, an environmental factor that is significantly related to impaired childhood wellbeing.⁹ In 2015, the New York City Comptroller Scott M. Stringer reported that nearly 70% of overcrowded dwellings were occupied by an immigrant head of household and that four out of five overcrowded households included at least one person under 18 years old.¹⁰ Researchers have found that children living in overcrowded housing frequently lack the necessary tools to succeed in school, including access to adequate workspaces and quiet conditions to complete homework assignments.¹¹ Researchers Solari and Mare (2012) found decreased scores in math and reading, as well as increased behavioral problems and negative health outcomes when studying overcrowded households in Los Angeles County.¹² An analysis of the Panel Study of Income Dynamics, the longest running longitudinal household survey in the world,¹³ found that after controlling for family characteristics, children living in overcrowded conditions completed less

⁸ Mayor's Office of Immigrant Affairs, *Annual Report* (released March 2018). Last accessed: April 16, 2018 at http://www1.nyc.gov/assets/immigrants/downloads/pdf/moia_annual_report_2018_final.pdf

⁹ Solari, Claudia and Mare, Robert, *Housing Crowding Effects on Children's Wellbeing*, (2013). Last accessed: April 16, 2018 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3805127/>

¹⁰ New York City Comptroller Scott Stringer, *Hidden Households* (2015). Last accessed: April 16, 2018 at <https://comptroller.nyc.gov/reports/hidden-households/>

¹¹ Dworsky (2008) cited in Cunningham, Mary and MacDonald, Graham, *Housing as a Platform for Improving Education Outcomes among Low-Income Children*, (2012), page 6. Last accessed: April 16, 2018 at <https://www.urban.org/sites/default/files/publication/25331/412554-Housing-as-a-Platform-for-Improving-Education-Outcomes-among-Low-Income-Children.PDF>

¹² Solari, Claudia and Mare, Robert, *Housing Crowding Effects on Children's Wellbeing*, (2013). Last accessed: April 16, 2018 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3805127/>

¹³ Institute for Social Research at University of Michigan, "Panel Study of Income Dynamics." Last accessed: April 16, 2018 at <https://psidonline.isr.umich.edu/>

schooling than their peers, overall.¹⁴ These negative outcomes were found to have lasting impacts throughout life, affecting individuals' future socioeconomic status and wellbeing in adulthood. Expectedly, housing instability and periods of homelessness often compound these negative outcomes.¹⁵

Additionally, the Migration Policy Institute previously published findings that children of undocumented immigrants had lower preschool enrollment, experienced high rates of linguistic isolation and limited English proficiency, higher rates of poverty than their peers, and reduced socioeconomic progress overall. In light of the sharp escalation in immigration enforcement under the Trump administration, the chilling effect and pervasive fear in the immigrant community is expected to only make these realities more pronounced.¹⁶

In fact, immigrant advocates and mayoral agencies report that New York City has already felt a deep chilling effect, explaining that immigrants are more fearful than ever of sending their children to school, seeking out city services for themselves or their families, and even seeking assistance from police and the court system. Advocates stress that these fears are rooted in reality and, therefore, difficult to overcome. For example, Immigration and Custom Enforcement (ICE) conducted a raid in East Tennessee on April 5th, 2018, where ICE entered a meatpacking plant and arrested 97 employees, many of whom will remain in immigration detention until they are deported. The largest workplace raid in recent history, it sent shockwaves throughout that

¹⁴ Conley (2001) cited in Cunningham, Mary and MacDonald, Graham, *Housing as a Platform for Improving Education Outcomes among Low-Income Children*, (2012), page 7. Last accessed: April 16, 2018 at <https://www.urban.org/sites/default/files/publication/25331/412554-Housing-as-a-Platform-for-Improving-Education-Outcomes-among-Low-Income-Children.PDF>

¹⁵ Cunningham, Mary and MacDonald, Graham, *Housing as a Platform for Improving Education Outcomes among Low-Income Children*, (2012), page 8. Last accessed: April 16, 2018 at <https://www.urban.org/sites/default/files/publication/25331/412554-Housing-as-a-Platform-for-Improving-Education-Outcomes-among-Low-Income-Children.PDF>

¹⁶ Capps, Randy, Fix, Michael, Zong, Jie at Migration Policy Institute, *A Profile of U.S. Children with Unauthorized Immigrant Parents*, (2016). Last accessed: April 16, 2018 at <https://www.migrationpolicy.org/research/profile-us-children-unauthorized-immigrant-parents>

community, and led to a 666% rise in school absences from 75 to over 500 students in the following week.¹⁷ As news of the raid spread nationally, so did the extreme fear it caused immigrant and mixed-status families.

Further, the persistent uncertainty of federal immigration policy, which changes abruptly, sometimes overnight, places significant and extensive emotional stress on immigrant families. Approximately 1 million New Yorkers are members of a mixed status family, with at least one undocumented member.¹⁸ With the end of the Deferred Action for Childhood Arrivals (DACA) and Temporary Protected Status (TPS) immigration relief programs, many immigrant parents with temporary immigration relief and work authorization may soon lose these protections and be at high risk of deportation. Uncertainty about the fate of their parents leaves the youngest New Yorkers living in stress and fear for extended periods which can have protracted impacts on their learning and development.¹⁹

Beyond day-to-day impacts such as fear to leave the home, participate in activities, and increased employment challenges, researchers anticipate long-term consequences for young children including poorer health outcomes into adulthood and compromised growth and development. Given that New York City is a national leader in early childhood services, the Committee will explore many of the health and early education services available to the youngest New Yorkers, with the hope of ensuring that immigrant New Yorkers and their children have full access to culturally sensitive and linguistically supportive programming.

¹⁷ Shoichet, Catherine, *More than 500 kids missed school the next day*, (April 12, 2018). Last accessed: April 16, 2018 at <https://www.cnn.com/2018/04/12/us/tennessee-immigration-raid-schools-impact/index.html>

¹⁸ Mayor's Office of Immigrant Affairs, *Annual Report* (released March 2018). Last accessed: April 16, 2018 at http://www1.nyc.gov/assets/immigrants/downloads/pdf/moia_annual_report_2018_final.pdf

¹⁹ Center on the Developing Child at Harvard University, *Toxic Stress*. Last accessed: April 16, 2018 at <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/> and Artia, Samantha, and Ubri, Petry, *Living in an Immigrant Family in America: How fear and toxic stress are affecting daily life, well-being, and health*, (2017). Last accessed: April 16, 2018 at <https://www.kff.org/disparities-policy/issue-brief/living-in-an-immigrant-family-in-america-how-fear-and-toxic-stress-are-affecting-daily-life-well-being-health/>

Pre-Natal to 3 Years of Age

The Nurse-Family Partnership. Since 2003, the City of New York’s Department of Health and Mental Hygiene (‘DOHMH’) has partnered with the nationwide nonprofit “Nurse-Family Partnership” to provide an evidence-based nurse home-visiting program for teens and women pregnant with their first baby. The program matches first-time mothers with registered nurses, who regularly visit mothers from early pregnancy through their child’s second birthday. Nurses advise on ensuring healthy pregnancies and parenting, and assist parents in meeting education and employment goals to provide the best possible environment for their child. There are six NYC Nurse-Family Partnership sites across all five boroughs. The Partnership model has been evaluated over 35 years, with positive outcomes including: 48% fewer cases of abuse and neglect, 56% fewer emergency room visits for accidents and poisonings by age two; 50% fewer language delays by 21 months of age; 67% fewer behavioral and emotional problems by age six. Specific to NYC, 92% of mothers initiated breastfeeding, 94% of children were up to date with immunizations by age two; 89% of mothers used contraception within six months of giving birth; and 84% of mothers had no subsequent pregnancy within 18 months of giving birth.²⁰ The program is available to New Yorkers in all five boroughs who meet income and program requirements, regardless of the immigration status of the new mother or any member of her family.

The Newborn Home Visiting Program (‘NHVP’). DOHMH provides newborn support to new mothers living in the South Bronx, North and Central Brooklyn, and East and Central Harlem.²¹ Regardless of age or immigration status, mothers enrolled in the NHVP program will

²⁰ Department of Health and Mental Hygiene, *NYC Nurse-Family Partnership*. Last accessed: April 16, 2018 at <http://www1.nyc.gov/assets/doh/downloads/pdf/ms/ms-nfp-bro-hcp.pdf>

²¹ Department of Health and Mental Hygiene, *Newborn Home Visiting Program*. Last accessed: April 16, 2018 at <https://www1.nyc.gov/site/doh/health/health-topics/pregnancy-newborn-visiting.page>

receive a one-time home visit from a DOHMH ‘health worker’ (public health professional) trained as a breastfeeding counselor.²² The health worker helps the mother with ensuring a safe home, accessing social services, and developing healthy habits for her newborn.²³

The Early Intervention Program. Through its Early Intervention Program, DOHMH supports parents in seeking out resources for their children ages zero to three who may have impaired development. Whether the child is diagnosed with a condition that could result in a developmental delay or is exhibiting signs of delays in learning, playing, growing, walking, or talking, the child can be referred for a free evaluation conducted by a DOHMH partner agency. A DOHMH service coordinator will assist parents and children in developing an individualized plan. If after an initial evaluation, a child is found ineligible for the Early Intervention Program, he or she can be enrolled in the free Early Intervention Developmental Monitoring Program, to chart the child’s progress. Both programs are free to all families, regardless of immigration status. While health insurance is not required for program enrollment, DOHMH does benefit from some service reimbursement through Medicaid and other health insurance, if available.²⁴

Education and Outreach. In addition to these programs, DOHMH conducts educational outreach on topics such as safe sleeping practices, breastfeeding, stages of child development and general child wellness. The Committee is interested in hearing how this outreach is conducted with immigrants in mind – including whether language, immigration status, insurance coverage, or income play a role in access to this education.

²² Department of Health and Mental Hygiene, *Newborn Home Visiting Program Brochure*. Last accessed: April 16, 2018 at <https://www1.nyc.gov/assets/doh/downloads/pdf/dpho/dpho-nhvp.pdf>

²³ Department of Health and Mental Hygiene, *Health Worker Home Visit for New Mothers*. Last accessed: April 16, 2018 at <http://www1.nyc.gov/nyc-resources/service/1139/health-worker-home-visit-for-new-mothers>

²⁴ Department of Health and Mental Hygiene, *Early Intervention Eligibility and Services*. Last accessed: April 16, 2018 at <https://www1.nyc.gov/site/doh/health/health-topics/early-intervention-eligibility-and-services.page>

Universal Pre-K and 3-K

Pre-K for All. A 2013 Campaign Promise, Mayor de Blasio’s administration has championed the provision of universal pre-kindergarten to all New Yorkers regardless of income, race, location, or immigration status. Prior to “Pre-K for all,” New York City families had access to a few early childhood education options through the Administration for Children’s Services (‘ACS’), the Department of Education (‘DOE’), and private preschools. ACS provided early education to qualifying children through EarlyLearn, ACS’s system of center-based childcare serving children ages 0 to 4. For four-year-old children, EarlyLearn services were provided for half of the day, and ACS used a portion of DOE’s Universal Pre-Kindergarten (‘UPK’) funds to provide pre-K services for the other half of the day. In 2014, ACS served nearly 30,000 children in community-based organizations (‘CBOs’), and roughly 90% of EarlyLearn services were provided in high-needs neighborhoods.

Implementation of “Pre-K for All” began immediately, and the September after Mayor de Blasio was elected, more than 13,000 new Pre-K seats were added across the city to accommodate young New Yorkers.²⁵ With the help of state funds, the de Blasio administration attacked the herculean task of implementing universal Pre-K for all quickly. They orchestrated an extensive ad and media campaigns, recruited and fast-tracked the hiring of over 2,000 teachers, and found the space to host additional students in schools and community-based organizations. According to the 2017 Mayor’s Management Report, 68,510 children were enrolled in pre-kindergarten classrooms across the city by October 31, 2017. Against all odds, the roll-out was largely considered successful. Now, four years after its initial implementation,

²⁵ Mead, Rebecca, *The Lessons of Mayor Bill de Blasio’s Universal Pre-K Initiative*, (September 7, 2017). Last accessed: April 16, 2018 at <https://www.newyorker.com/news/daily-comment/the-lessons-of-mayor-bill-de-blasios-universal-pre-k-initiative>

the Committee is interested to hear how Pre-K for All is benefiting immigrant New Yorkers, and how equity in all aspects of the program's development and implementation is prioritized.

3-K for All. In his most recent 2018 State of the City Address, newly re-elected Mayor de Blasio announced an extension of his early childhood education programming: universal 3-K by 2021. Pilots of free 3-K already exist in certain areas of the city – Brownsville in Brooklyn and in the South Bronx. The Committee is hopeful that the mayoral administration is considering lessons learned from the Pre-K roll-out and implementation in its new challenge, and looks forward to hearing how thought is being applied to immigrant New Yorkers' enrollment in 3-K for all.

III. CONCLUSION

Immigrant New Yorkers make up 38% of the city's population,²⁶ and interact with all facets of city services in their daily lives. For the youngest immigrant New Yorkers, equitable access to health care and early education can have lasting impacts on their health and overall development. The City of New York's commitment to the youngest New Yorkers should necessarily extend to their immigrant parents, regardless of their immigration status or the status of their family members.

²⁶ Mayor's Office of Immigrant Affairs, *Annual Report* (released March 2018). Last accessed: April 16, 2018 at http://www1.nyc.gov/assets/immigrants/downloads/pdf/moia_annual_report_2018_final.pdf