

PUBLIC BENEFIT USE AND IMMIGRATION-RELATED CONCERNS IN FAMILIES OF HOSPITALIZED CHILDREN: A CROSS SECTIONAL STUDY

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Background: Children of immigrants are a fast-growing population. 88% of children of immigrants are United States (US) citizens, and many qualify for government-issued benefits. With recent changes to immigration policy, some families fear that using public benefits will affect their immigration status. Our primary aim was to assess Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) and Medicaid utilization rates in children with one or more undocumented parent (UP) compared to children without UP. Our secondary aim was to compare income level, food security, healthcare use, and immigration-related concerns between groups.

Materials/Methods: We conducted an anonymous cross-sectional, survey-based study of patients admitted to general pediatrics services from Mar – Sept 2019 at a large quaternary children's hospital. We included English- or Spanish-speaking primary caregivers of hospitalized patients 0-18 years old. Caregivers completed an 89-item survey assessing demographics, SNAP, WIC, and Medicaid use, food security, and concerns relating to immigration status. Chi-square and Fisher's exact tests were used to assess differences between groups.

Results: 399 families were included; 105 (26%) families had UP and 275 (69%) families did not have UP. Families with UP reported a higher use of Medicaid (76% vs 56%; $p<0.001$) and WIC (65% vs 32%; $p<0.001$). SNAP use was not significantly different across groups (40% vs 30%; $p=0.05$). Compared to families without UP, families with UP reported higher levels of poverty (49% vs 22%; $p<0.001$), food insecurity (46% vs 21%) and healthcare needs, including lack of primary care provider ($p<0.001$), lack of insurance ($p<0.001$), and delays in obtaining prescribed medications ($p<0.001$). 29% of families with UP reported discontinuing public benefits because of immigration concerns, and >70% reported worrying about deportation or separation from family.

Conclusions: Families with UP have significantly higher levels of poverty, food insecurity, and healthcare needs. Despite this, their SNAP use is not significantly different. Many families with UP report immigration-related fear as a barrier to public benefit use, which may be affecting enrollment rates in SNAP. The inpatient setting may offer opportunities to identify and address social determinants of health, including stressors unique to immigrant families.