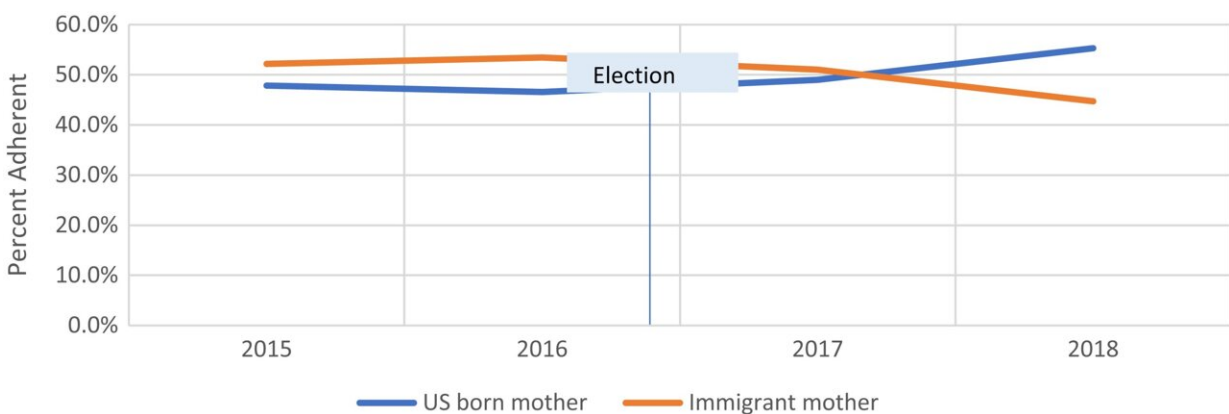


Study finds Trump's election was associated with decrease in well-child visits for children of immigrant mothers

September 18 2023



Effect of former President Trump's election on well-child visits (flexible adherence) among immigrant compared with US-born families in the post-period, 2015–2018. Source: Authors' analysis of Children's HealthWatch data, 2015–2018. Credit: *Health Affairs Scholar* (2023). DOI: 10.1093/haschl/qxad023

A new study shows that well-child visits for children with immigrant mothers in the US declined following Trump's hostile public stances on migration during his presidential campaign and presidency.

Immigration was a defining issue of Donald Trump's campaign and presidency, and his well-documented embrace of xenophobic and racist

[rhetoric](#) and [policies](#) during his administration led many immigrant families to fear for their safety and [immigration status](#) in the US.

Trump's anti-immigrant agenda also contributed to a decline in the number of immigrant parents who sought preventative health care for their [children](#), according to a new study led by a Boston University School of Public Health (BUSPH) researcher.

[Published in the journal *Health Affairs Scholar*](#), the study found that Trump's election was associated with a five-percentage-point decrease in well-child visits for children of immigrant mothers, compared to children of US-born mothers.

The study is the first to examine whether the avoidance of social services or health care as a result of immigration status-related fears—known as the "chilling effect"—affected health care utilization among very young children in the US. The new findings suggest that young children of immigrants may have missed vital routine or preventative pediatric care, such as early childhood vaccinations and health and developmental screenings, during the Trump administration.

"We found that Trump's rhetoric and election were already driving parents' decisions about seeking preventive health care for their young children, even before some of these policies were implemented," says study lead and corresponding author Dr. Stephanie Ettinger de Cuba, research associate professor of health law, policy & management and pediatrics at BUSPH and Boston University Chobanian & Avedisian School of Medicine.

"Missing well-child visits is deeply worrisome since so many vital health and development checks and referrals happen at these visits, where waiting could mean long-term harms to health or developmental delays. In addition, parents miss out on support and connections to other

resources, which could potentially compound existing inequities."

For the study, Dr. Ettinger de Cuba and colleagues from Boston Medical Center (BMC), BU Chobanian and Avedisian School of Medicine, Boston University School of Social Work (SSW), and Hennepin Health care and the University of Minnesota School of Medicine (UM) analyzed health and health care survey and electronic health record data from [Children's HealthWatch](#) (CHW) pertaining to nearly 11,000 children of immigrant and US-born parents or caregivers in three US cities (Boston, Minneapolis, and Little Rock, Ark.).

The study period took place between 2015–2018, during the Trump campaign and the early months of his presidency. During this time, the Trump administration implemented a slew of anti-immigrant policies and executive actions such as [travel bans](#) on travelers from several Muslim-majority countries, a [dramatic increase](#) in interior immigration enforcement, and [unprecedented restrictions](#) for asylum seekers at the US-Mexico border.

The team examined patterns of well-child visits, based on routine care schedules recommended for children between infancy and four years old. The number of well-child visits for children with immigrant mothers dropped from 54 percent prior to the 2016 election to nearly 49 percent by 2017—a 9-percent relative decrease—compared to no change among US-born families, after Trump assumed office.

The researchers also conducted a secondary analysis of a chilling effect on children of immigrant mothers following the well-publicized [leak](#) of the administration's plan to dramatically expand the public programs considered as part of the "public charge" rule, a rule that examines whether the person is likely to be primarily dependent on the government, which in turn can be grounds for denying a green card.

Although the administration ultimately did not adopt the specific changes in the leaked document, the study results suggest that even the possibility of the policy change likely contributed to greater decreases in immigrant parents' adherence to early childhood well-child visits.

The team also investigated whether Trump's election contributed to a decline in emergency department visits and hospitalizations among children with immigrant mothers but found no association.

The researchers hope their study calls attention to the real-life consequences of inflammatory and dangerous campaign rhetoric and government policies.

"These results underscore the need for changes to both laws and regulations that recognize the individual and societal impact of ensuring [immigrant families](#) can meet all of their basic needs, including health care, without fear," says Dr. Ettinger de Cuba. Current legislation, such as the federal [HEAL Act](#) and the [LIFT the BAR Act](#), would go a long way to reducing fear, she says, and the findings underscore why recent attempts to reinstate the [Trump-era definition](#) of public charge are so harmful, even as proposals.

"Words matter and have real-life consequences in campaigns and governance," Dr. Ettinger de Cuba says. "Much more work is needed to rebuild trust in [immigrant](#) communities."

The study's senior author is the late David Jones, professor of [health](#) law, policy & management at BUSPH.

More information: Stephanie Ettinger de Cuba et al, Reduced health care utilization among young children of immigrants after Donald Trump's election and proposed public charge rule, *Health Affairs Scholar* (2023). [DOI: 10.1093/haschl/qxad023](https://doi.org/10.1093/haschl/qxad023)

Provided by Boston University

Citation: Study finds Trump's election was associated with decrease in well-child visits for children of immigrant mothers (2023, September 18) retrieved 27 April 2024 from <https://medicalxpress.com/news/2023-09-trump-election-decrease-well-child-children.html>

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