

Perspectives on Providing Services for Undocumented Immigrant Children, Identifying Barriers and Advocating for Best Care

Case:

Background:

- Carlos was born at 30 weeks gestational age unexpectedly at home in Honduras. Mom was alone during his birth. He did not have any NICU care.
- At age 6 months family noted he was not moving as much as he should be and he was diagnosed with right hemiparetic Cerebral Palsy.
- Family has been in U.S. for 2 years. They moved here to find better healthcare for Carlos. Mom has some family in Ohio but majority of family still lives in Honduras.
- He was independent with mobility however had limited communication.
- Carlos is now 6 years old, he is in kindergarten and receives OT/PT/Speech with IEP, he is independent with mobility but has limited communication at his baseline.

Social/environmental:

- Family lives in a neighboring state without access to transportation in an apartment with stairs to enter. Carlos has a 4 year-old brother and 2 year-old sister. Mother is pregnant. Father works in construction in NYC, mother is full-time homemaker. Family speaks only Spanish. They are undocumented immigrants without health insurance. History of receiving charity care at local hospitals and regional Hospitals where he was receiving outpatient therapy.
- Financially, the family struggles. They receive food stamps for their youngest child who was born in the U.S. Father's work fluctuates so their ability to manage monthly obligations varies. Mom had connected with a local social service agency which was able to provide some funding for orthotics prior to his change in status.

History of Present Illness:

- Carlos experienced new onset of emesis and altered mental status. He was admitted to the hospital and found to have obstructive hydrocephalus which was treated with a shunt.
- Hospital course complicated by cardiac arrest requiring intubation for 15 days. He was discharged home without respiratory support.
- Returned to the emergency room 4 days later, found to have aspiration pneumonia. Doctors recommended tracheostomy. Carlos came to a major academic hospital for a second opinion, where he was found to have subglottic stenosis and left vocal fold paresis.
- Admitted to rehab service with deconditioning and increased spasticity. Upon admission, he was unable to transfer, stand, or walk without significant assistance.
- Carlos was no longer verbalizing and motor planning deficits were noted. Using primarily nasogastric tube for nutrition.

Notes/Thoughts/Doodles/Questions for presenters:

Developmental pediatrics perspective:

Physical therapy perspective:

Speech and language perspective:

Social work, education and parent outreach perspective:

Policy/law perspective:

Resources:

- National Immigration Law Center: <https://www.nilc.org/issues/health-care/>
- National Child Traumatic Stress Network: <https://www.nctsn.org>
- Supporting Young Children Experiencing Trauma:
<https://www.zerotothree.org/resources/2384-supporting-young-children-experiencing-separation-and-trauma>
- State Legal Resources for Immigrant Children and Families Toolkit, American Academy of Pediatrics:
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Immigrant-Child-Health-Toolkit/Pages/State-Legal-Resources-for-Immigrant-Children-and-Families.aspx>

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