

Our Panelist

Jeffrey Hoch, PhD

Professor and Chief Division of Health Policy and Management, Dept of Public Health Sciences and Associate Director, Center for Healthcare Policy and Research

UC Davis



Financial Impacts and Policy Solutions for Trauma in Immigrant Families: Cost matters

Jeffrey Hoch, PhD
Professor and Chief
Division of Health Policy and Management
Department of Public Health Sciences
Associate Director
Center for Healthcare Policy and Management
UC Davis

Main points

- Costs can make the case for
 - a problem
 - a solution
 - actual value



If your house is burning,
wouldn't you try and put
out the fire?

Imran Khan

PICTUREQUOTES.COM

**YOUR PROPERTY IS IN
DANGER WHEN YOUR
NEIGHBOUR'S HOUSE IS
ON FIRE**

HORACE

PICTUREQUOTES.COM

How can
costs be used
for attention?

PICTUREQUOTES

PICTUREQUOTES



Summarize all the “bad” in one number and call it COST

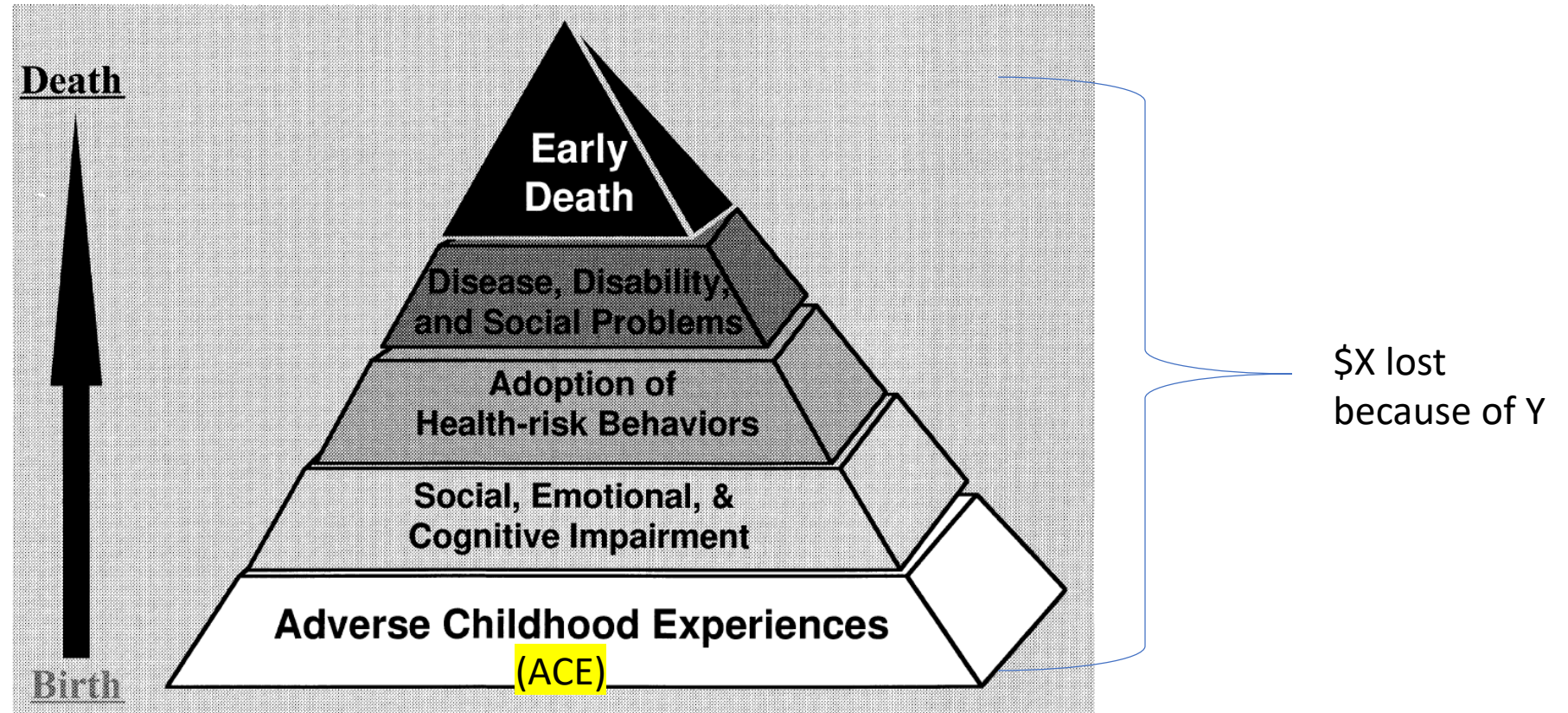


Figure 2. Potential influences throughout the lifespan of adverse childhood experiences.

10.5 billion reasons to care

Results

Among adults in California, 61% reported ACEs. Those ACEs were associated with \$10.5 billion in excess personal healthcare spending during 2013, and 434,000 DALYs valued at

RESEARCH ARTICLE

Adult health burden and costs in California during 2013 associated with prior adverse childhood experiences

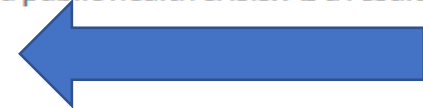
Ted R. Miller^{1,2*}, Geetha M. Waehrer¹, Debora L. Oh³, Sukhdip Purewal Boparai⁴, Sheila Ohlsson Walker⁵, Sara Silverio Marques⁶, Nadine Burke Harris⁶

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6986705/>



The use of cost to “show” a problem

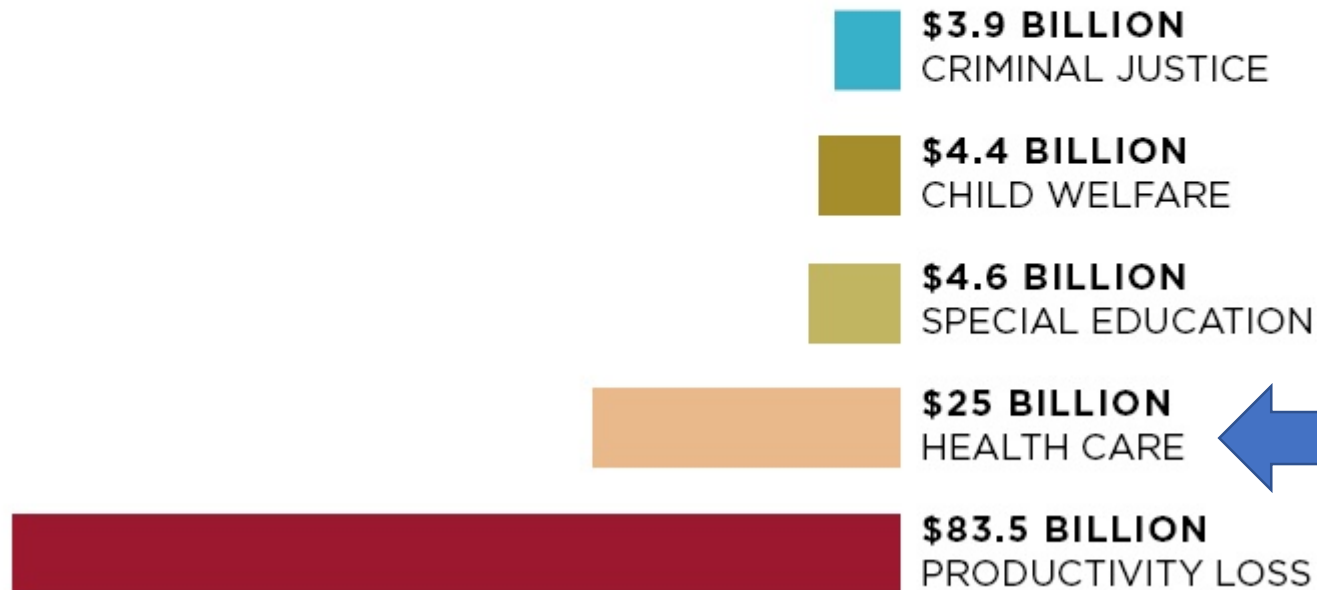
With nearly 67% of adults having faced at least one Adverse Childhood Experience, it's easy to see how trauma has become a public health crisis. As a result, this trauma not only affects individual people on mental, physical, and emotional levels— it affects everyone, and it's taking a huge toll on our society.



Societal costs

The Centers for Disease Control and Prevention (CDC) estimates that the lifetime costs associated with child maltreatment total

\$124 BILLION



~ 1/5 costs are healthcare costs

<https://www.youthranch.org/societal-cost-of-trauma>

Impacts of ACEs on the Workforce:

When compared to employees with an ACE score of 0, recent research has found that employees who have an ACE score of 4 or higher are:

- **2.3 times** more likely to report serious financial problems
- **2.5 times** more likely to be absentee
- **3.6 times** more likely to have serious job problems
- **6 times** more likely to face clinical depressions



Business is affected

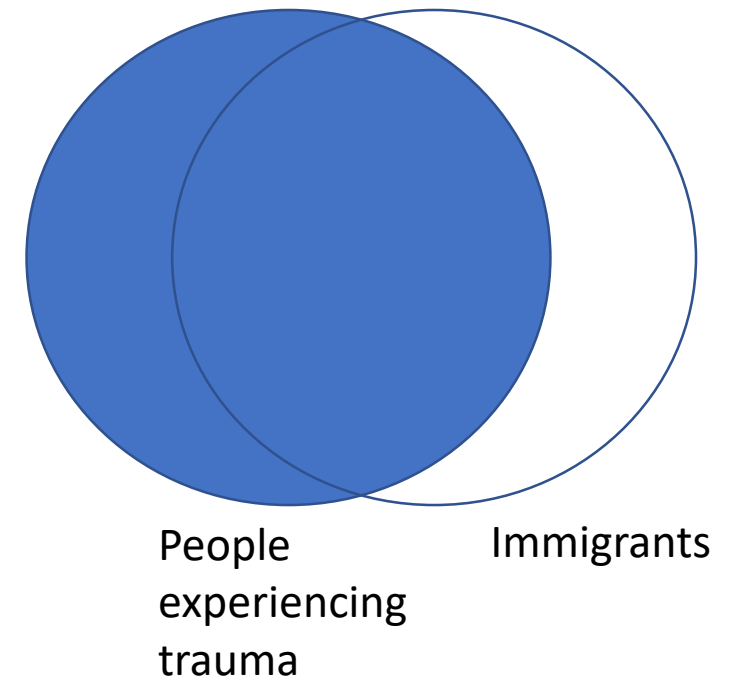
(In the Workplace Toxic Stress & Aces at a Glance, 2017).

"ADVERSE CHILDHOOD EXPERIENCES ARE THE SINGLE GREATEST UNADDRESSED PUBLIC HEALTH THREAT FACING OUR NATION TODAY."

-Dr. Robert Block, former President of the American Academy of Pediatrics.

Cost burden of trauma

- Trauma has multiple impacts with multiple costs
 - *to different “sectors” over different time periods*
- For immigrants,
 - Likely more or less trauma?
 - Likely more or less severity of trauma?
 - Likely more or less resources to cope?
- So, if you think trauma is a problem...



Among adults in California, 61% reported ACEs. Those ACEs were associated with \$10.5 billion in excess personal healthcare spending during 2013, and 434,000 DALYs valued at

Main points

- Costs can make the case for
 - ☑ a problem
 - a solution
 - actual value



ACEs Aware

466 Tweets

Reducing ACEs and toxic stress
by half in one generation



What should we do (first)?




What to do and how to choose?

What	Elderly	Adults	Kids
Prevention	Program A vs. B	Program G vs. H	Program m vs. n
Treatment	Treatment C vs. D	Treatment I vs. J	Treatment o vs. p
Maintenance	Follow-up E vs. F	Follow-up K vs. L	Follow-up q vs. r



models

 All

 Images

 Maps

 News

 Shopping

 More

Set

About 10,870,000,000 results (0.80 seconds)

Images for models



female



male



fashion



instagram

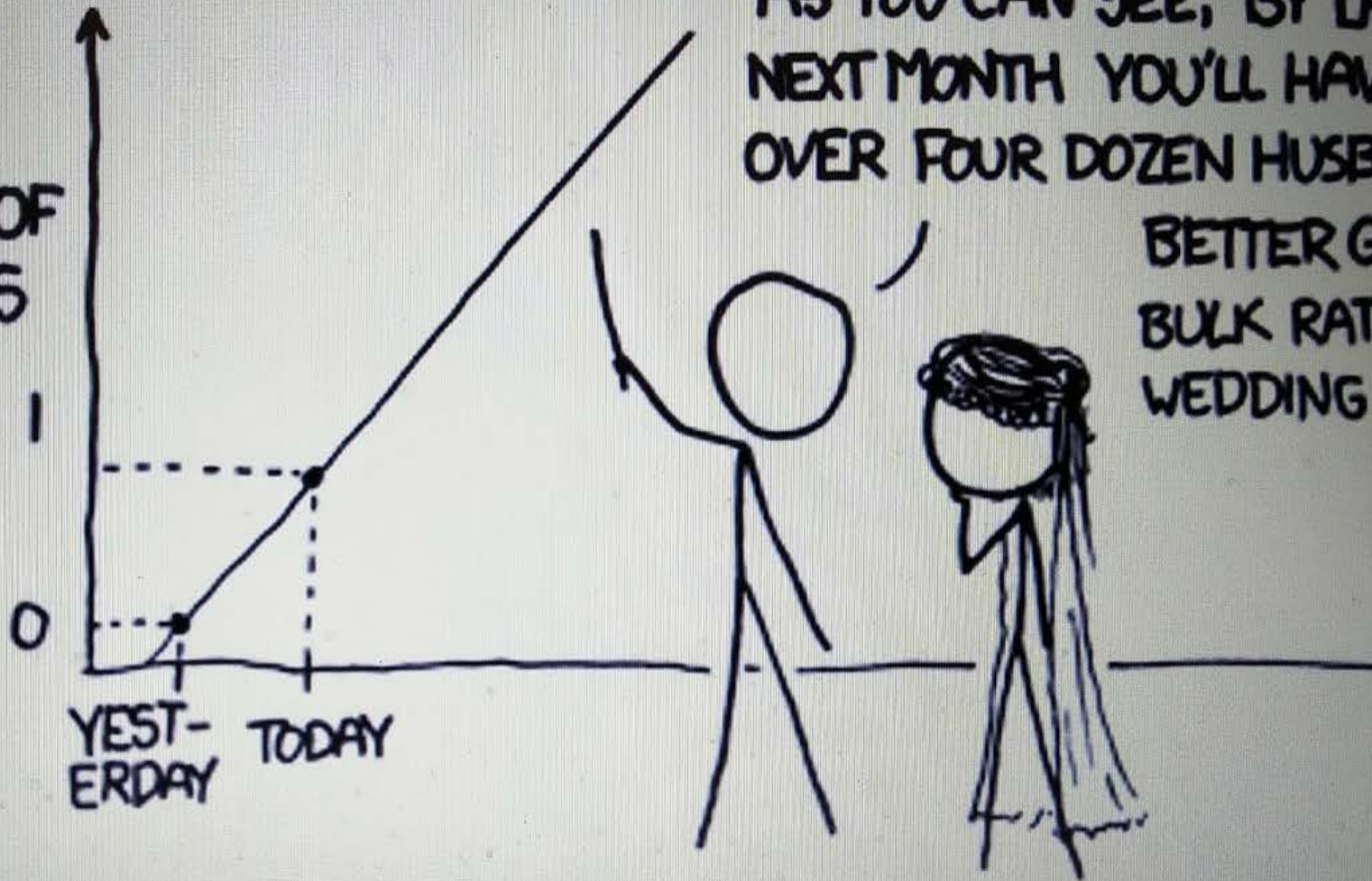


skinny



“not those kinds of models”

NUMBER OF HUSBANDS



AS YOU CAN SEE, BY LATE NEXT MONTH YOU'LL HAVE OVER FOUR DOZEN HUSBANDS.

BETTER GET A BULK RATE ON WEDDING CAKE.

Is the new thing worth it?



Looking at (for) all of the cost-effectiveness analysis done in this area...

CADTH RAPID RESPONSE REPORT:
SUMMARY WITH CRITICAL APPRAISAL

Trauma-Informed Care for Adults Involved in the Correctional System: A Review of the Clinical Effectiveness, Cost-Effectiveness, and Guidelines

Key Findings

One single centre randomized controlled trial and one prospective, nested non-randomized study were found that addressed the clinical effectiveness of trauma-informed care for adults in the correctional system. The results of these studies suggest that there was a trend toward higher program completion rate and lower incidence of recidivism with trauma-informed care relative to treatment as usual (or program as usual). Trauma-informed care appeared to have no impact on admission into community-based treatment and no clear patterns emerged regarding the impact of trauma-informed care on substance use relapse. No information was found on change in symptoms, safety, or harms associated with trauma-informed care. No relevant studies reported on cost-effectiveness of trauma-informed care for adults in the correctional system and no relevant evidence-based guidelines were found.

The limited number of studies, important methodological limitations of the available studies, and differences in the interventions, comparators, and the reported outcomes limits confidence in the findings on clinical effectiveness. Generalizability of the evidence to the Canadian context is limited given that all of the evidence came from studies that were conducted in the United States. Additional RCTs or prospective non-randomized studies that evaluate mutual TIC programs and outcomes in Canada would enhance the evidence regarding the effectiveness of TIC.

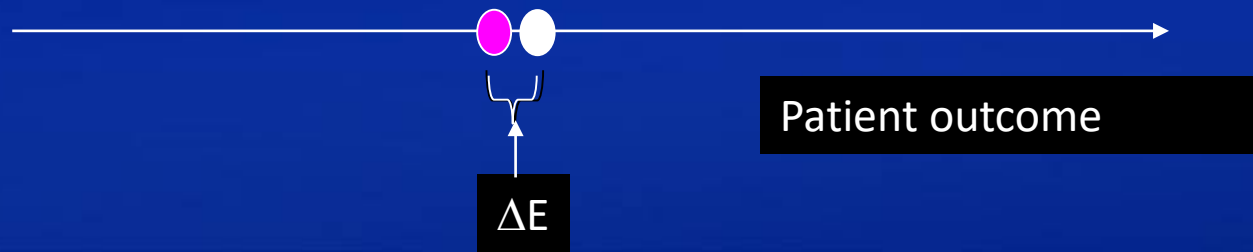
Why bother with “economic evidence?”



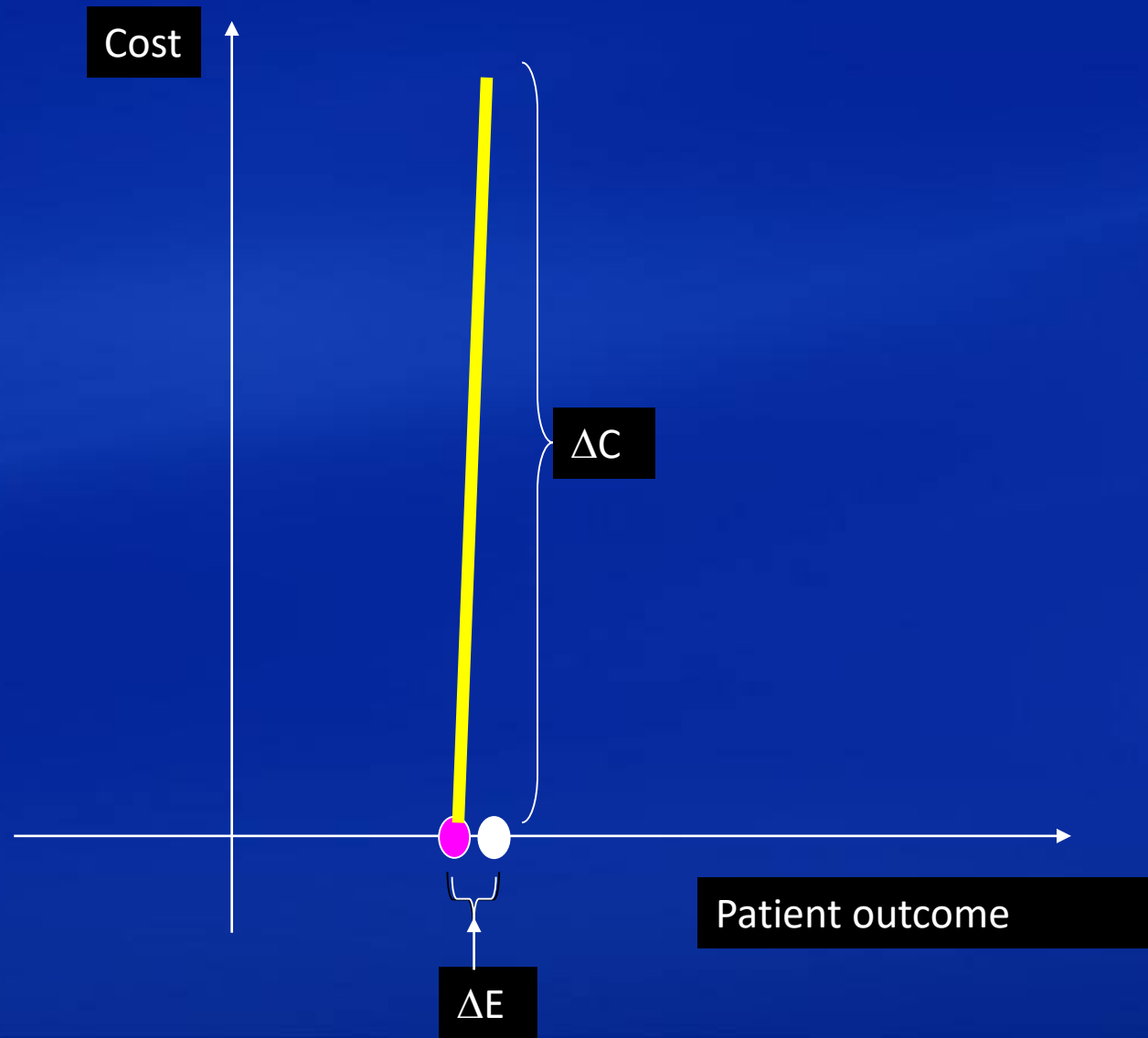
1) it helps punctuate the value proposition

2) It is done in many other areas e.g., drugs

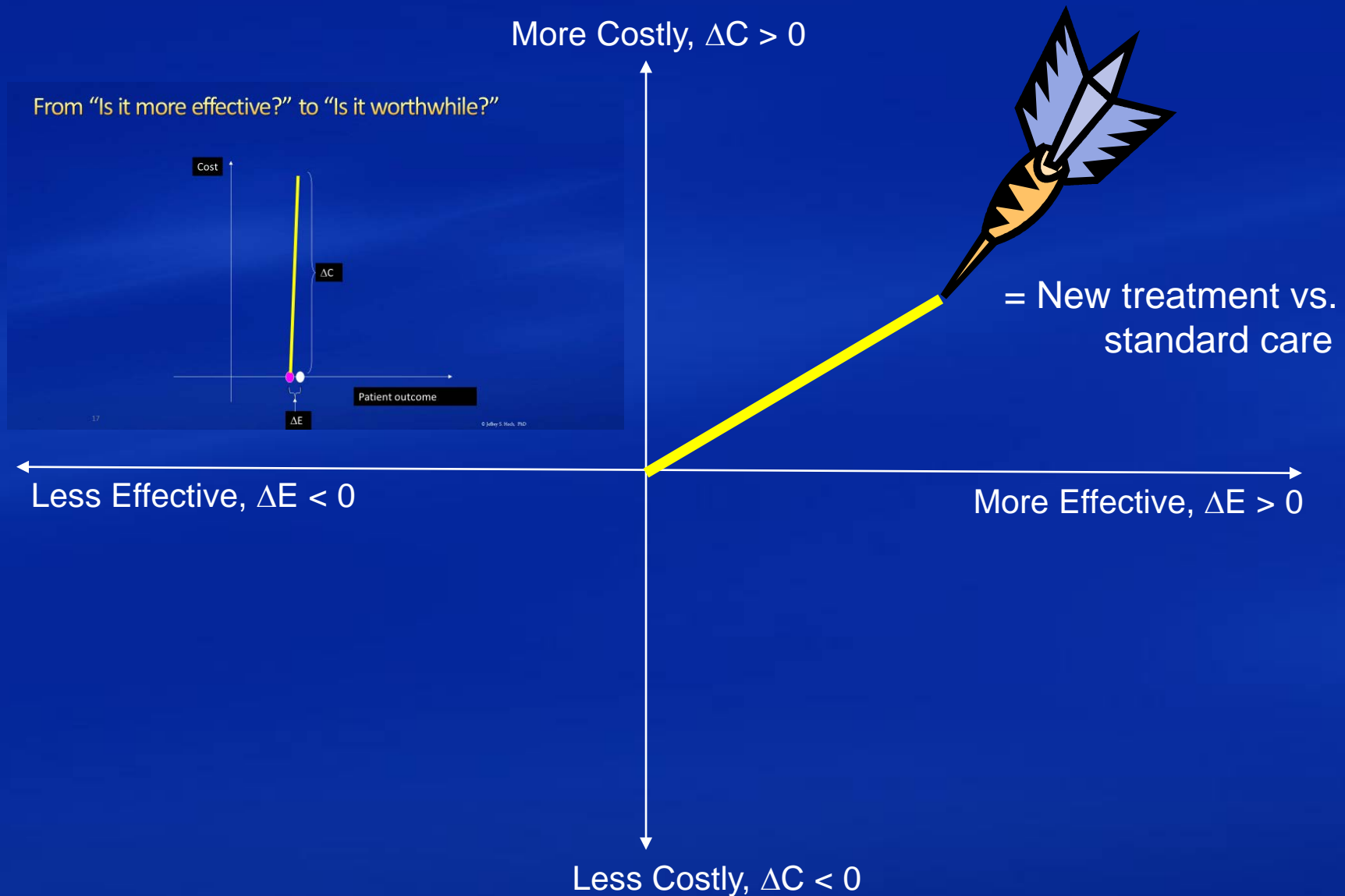
From “Is it more effective?” to “Is it worthwhile?”



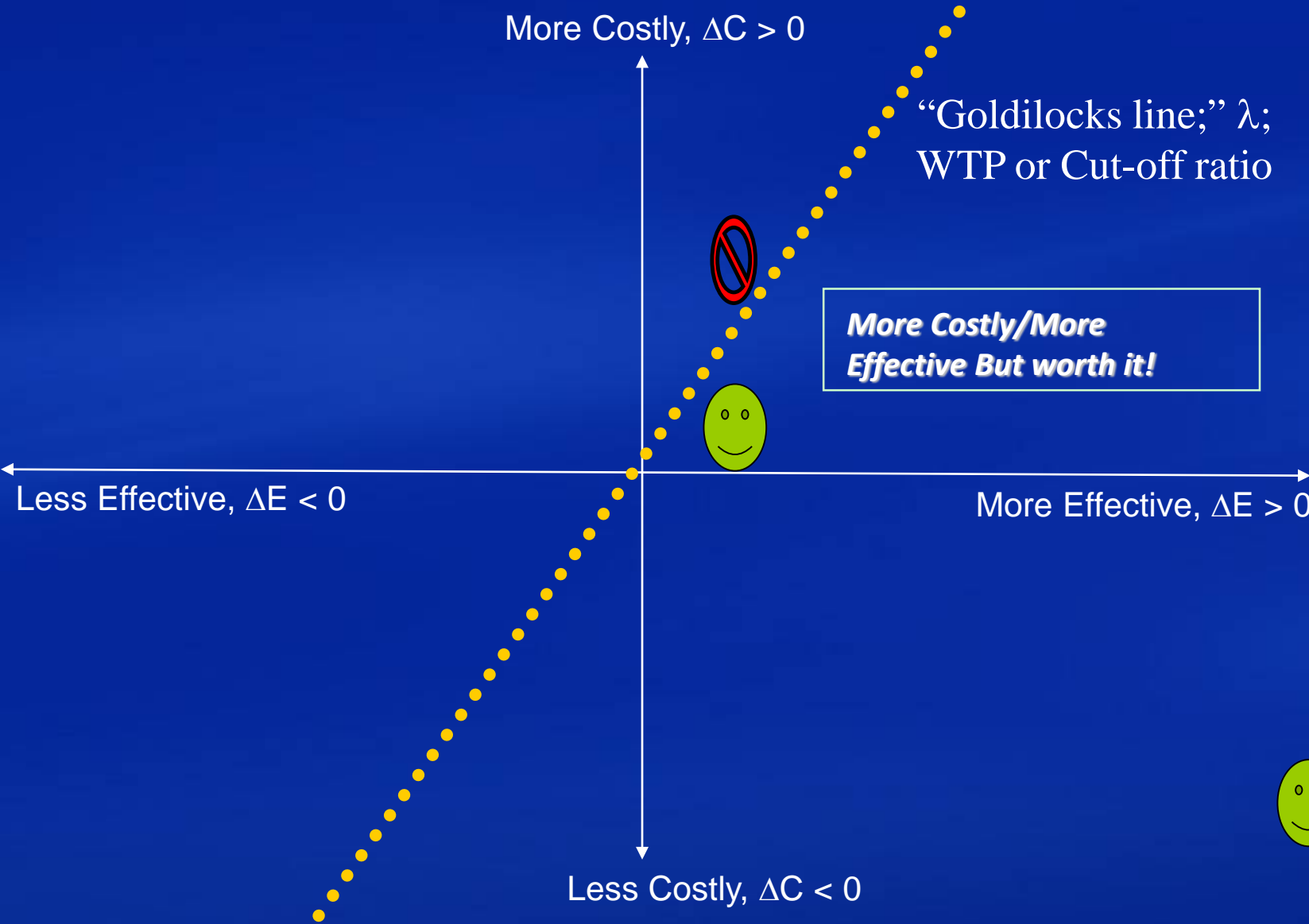
From “Is it more effective?” to “Is it worthwhile?”



Cost-effectiveness plane



Decision-making illustrated



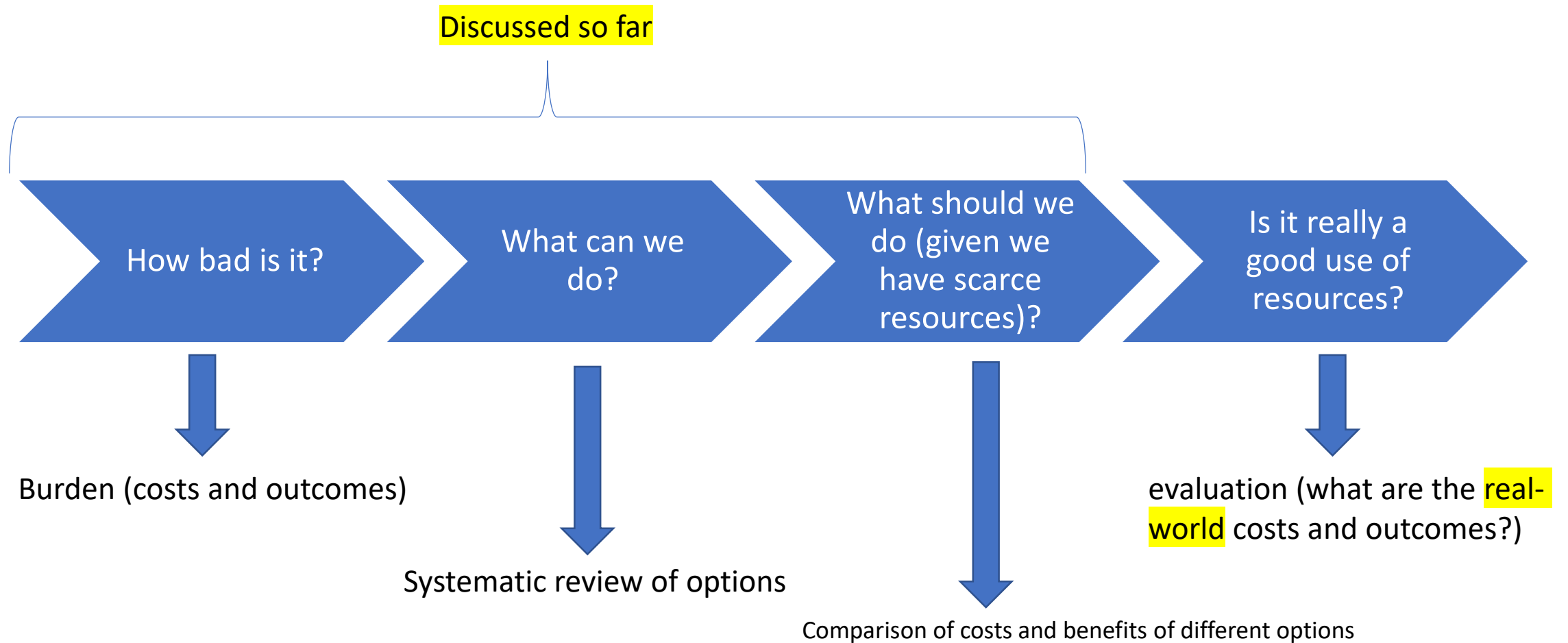
Cost-effectiveness analysis is the art of smart shopping



Main points

- Costs can make the case for
 - ☑ a problem
 - ☑ a solution
 - actual value

Last step



Real world cost-effectiveness

- “real world”
 - Happening not in a “controlled” environment
- Cost-effectiveness
 - Looking at extra cost and extra outcome
- What do we actually see when we don’t have a perfect situation?
 - What is the outcome we care about?
 - Which cost perspective?
 - Actual distribution of costs and gains?



Main points

- Costs can help make the case for
 - a problem
 - a solution
 - actual value



Contact information

- jshoch@ucdavis.edu



“What did you take away from the meeting?”



Our Panelist



Tanya Broder, JD
Senior Attorney

National Immigration Law Center



Federal Immigration Policy Changes, and State and Local Responses

UC Davis
September 2020

Tanya Broder
broder@nilc.org

Federal Immigration Policy Changes



Restricting Immigration to US

- ▶ Muslim bans; refugee admissions reduced dramatically.
- ▶ Dismantling asylum, due process at the border, quotas for judges
- ▶ “Zero tolerance” policy, family separation and detention
- ▶ Terminating Temporary Protected Status & DACA
- ▶ Attacks on Diversity Visas and Family Immigration
- ▶ Restrictions on certain employment visas
- ▶ Immigration Bans, citing pandemic



Expanding Enforcement in US



- ▶ Going after everyone - No enforcement priorities
 - ▶ Worksite and Community Raids, Detention
 - ▶ Enforcement at or near sensitive locations and courts
 - ▶ Targeting activists, sponsors of “unaccompanied” children, denaturalizing citizens
- ▶ Attempts to deny funding to localities that limit entanglement in federal immigration enforcement
- ▶ Chilling applications for status or relief (USCIS memos)

Deferred Action for Childhood Arrivals (DACA)



- ▶ **Memo Terminating DACA** (Sept. 2017)
 - ▶ Litigation filed → two-year renewals continued
 - ▶ 645,610 DACA recipients in US as of March 31, 2020
- ▶ **Supreme Court Vacated 2017 Memo** (June 2020)
- ▶ **New Memo by Acting Secretary Wolf** (July 2020)
 - ▶ No new applications, one-year renewals
 - ▶ Challenges to Wolf memo and to Wolf's appointment filed
- ▶ Challenge to initial 2012 DACA memo pending in Texas



Public Charge Ground of Inadmissibility



People deemed likely to become a public charge can be denied entry to the US or lawful permanent resident status (LPR status or a green card)

DHS and DOS Public Charge Rules make it more difficult for low- and moderate-income families to immigrate or get a green card, based on a range of factors considered in the test.


Chills access to benefits, even though most immigrants who face a public charge test are not eligible for the benefits counted in the test.

Organizing, 266,000 comments & lawsuits effectively delayed rules' implementation until 2/24/20, and

Litigation continues! DOS rules currently blocked. DHS rules allowed to resume while the litigation continues. Stay tuned for updates.



<p>PUBLIC CHARGE</p> <p>Ground of inadmissibility</p> <p>(DHS and DOS litigation ongoing)</p>	<p>PUBLIC CHARGE</p> <p>Ground of deportability</p> <p>(Anticipated DOJ proposed rule)</p>	<p>SPONSOR DEEMING SPONSOR LIABILITY</p> <p>Potential expanded use</p> <p>(White House, CMS, FNS, & ACF memos, revised forms, potential AOS regs)</p>	<p>NOTICE TO APPEAR</p> <p>Referral to Removal Proceedings</p> <p>(USCIS Guidance)</p>	<p>HEALTH CARE PROCLAMATION</p> <p>Low Income immigrants denied entry if can't show proof of certain health coverage</p> <p>(WH Proclamation litigation ongoing)</p>	<p>FEE WAIVERS and FEE INCREASES</p> <p>Reducing access to fee waivers; Increasing fees</p> <p>USCIS fee waiver rules enjoined; fee increases proposed</p>
--	---	--	---	---	---

<p>CITIZENSHIP QUESTION IN CENSUS 2020</p> <p>Chills civic participation and would limit funding for programs that depend on accurate count</p> <p>(SCOTUS decision)</p>	<p>ACCESS TO PUBLIC HOUSING</p> <p>Closes door to mixed status families</p> <p>(HUD & USDA Proposed Rules)</p>		<p>ROLLBACK OF ACA 1557</p> <p>Reversing civil rights protections in health care</p> <p>(Court ordered HHS to maintain protections re gender identity)</p>	<p>DEFERRED ACTION FOR MEDICAL EMERGENCIES</p> <p>Attempts to end protections for people seeking life saving treatment</p> <p>(DHS Resumed policy)</p>
---	---	--	---	---

COVID Pandemic Exposes Disparities and Exacerbates Harm

- ▶ **Disparities** in access to care, financial support and safe working conditions disproportionately harm Black, Indigenous, Latinx and low-income communities of color, including immigrants.
- ▶ **Immigrant families and others excluded** from federal financial relief.
- ▶ **States, localities, private donors, and non-profit** groups stepped up to offer immediate relief, but need longer term strategies for raising revenue.
- ▶ **Racial justice** and criminal justice reform conversations are also advancing.
- ▶ **Recovery** from public health and economic crises requires an investment in health care and economic support for all.



State and Local Immigrant Policy

WHAT CAN STATES, LOCALITIES AND COMMUNITIES DO?

Inclusive State Policies Promote Physical and Financial Health



- **Expand Access to Health care and Essential Services** for immigrants
- **Restore access to driver's licenses**
- **Improve access to** higher education and professional licenses
- **Strengthen** workers' rights, tenants' rights, and civil rights laws and policies
- **Limit Local Entanglement** in federal immigration enforcement
- **Protect privacy** of patients, drivers, students, workers, consumers
- **Invest in Access to Counsel** and **Protect Access to Courts**
- **Divest from Mass Incarceration**



COVID Responses: Health Care, Nutrition, Public Charge

Health Care

- ▶ **COVID Testing and Treatment:** *At least a dozen states* clarified that testing, diagnosis, vaccine and treatment of COVID-19 symptoms is covered under emergency Medicaid; testing and treatment should also be available through community clinics and public health departments.
- ▶ **Access:** ensure that care is linguistically and culturally accessible and secure.

Nutrition Assistance

- ▶ **P-EBT**– Advocate for extensions and increased funding for other nutrition programs
- ▶ **Outreach** – to ensure that all families are aware of available programs that they can use safely

Public Charge

- **Federal:** Support efforts to halt implementation of public charge rules (during pandemic and beyond)
- **Outreach** to families to ensure they have access to accurate information.

Economic Support and Housing Assistance

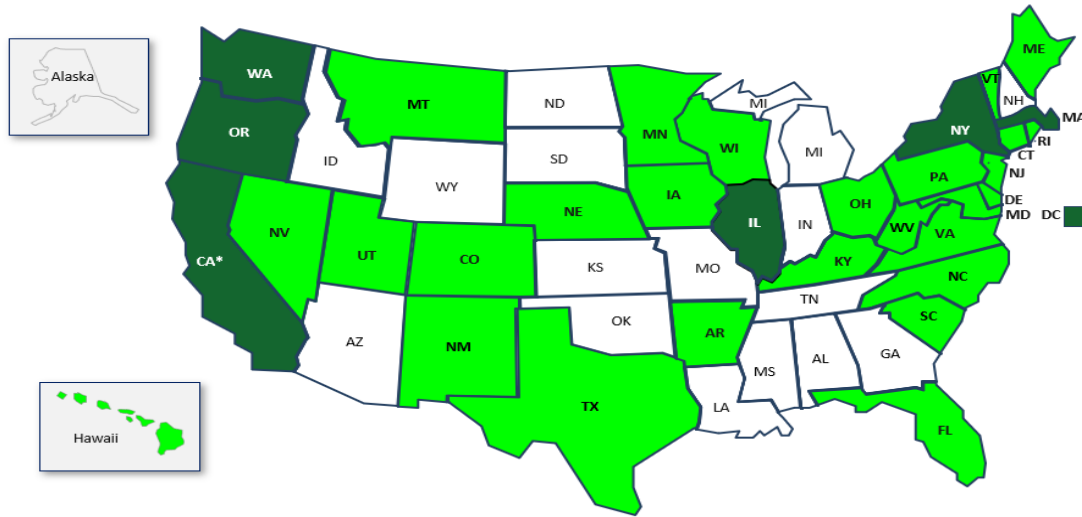
State Earned Income Tax Credit (EITC)

- ▶ **Colorado** and **California** extended to all ITIN filers!

Short-Term Disaster Assistance

- ▶ **States:** **AL, CA, CO, CT, IL, MA, NJ, OR, WA** and others established short-term cash or rental assistance, with some combination of federal, state, private funds.
- ▶ **Cities/Counties:** Alameda County, Austin, Baltimore, Boston, Chicago, Denver, District of Columbia, Fort Bend County, Houston, Los Angeles, Louisville, Minneapolis, Montgomery County, New Orleans, New York City, Philadelphia, San Antonio, Santa Clara County, Tulsa and other localities created similar programs

Health Coverage for Immigrant Children | January 2020

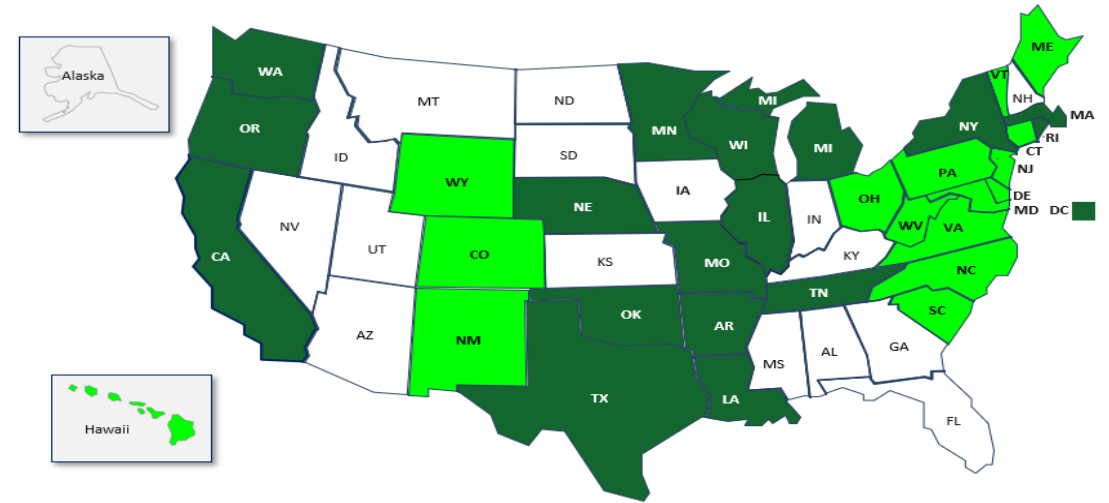


KEY

- Medicaid/CHIP for lawfully residing children, regardless of date of entry
- Medical coverage for children, regardless of immigration status.
*California covers children and youth up to age 26, regardless of immigration status.



Health Coverage for Pregnant Women | January 2018

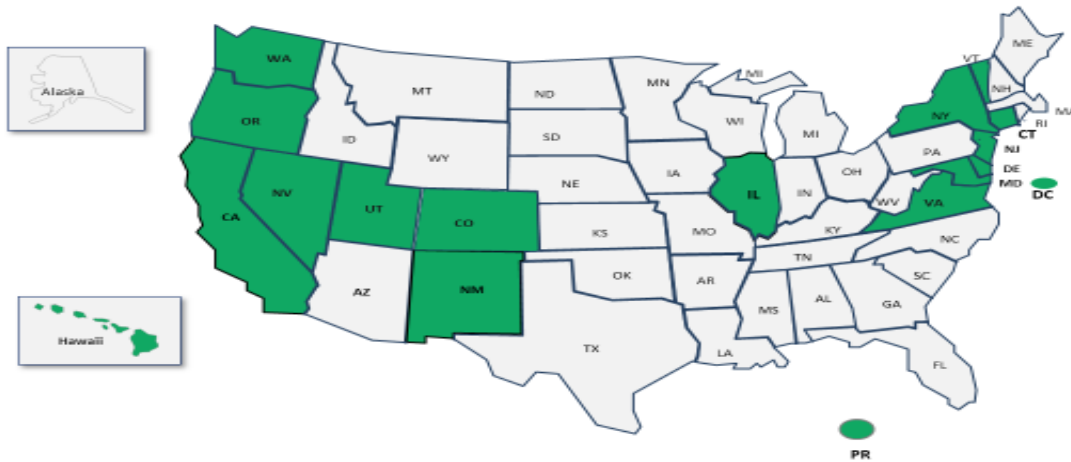


KEY

- Medicaid for lawfully residing pregnant women, regardless of date of entry
- CHIP or other medical coverage for pregnant women, regardless of immigration status



State Laws on Driver's Licenses for Immigrants | April 2020

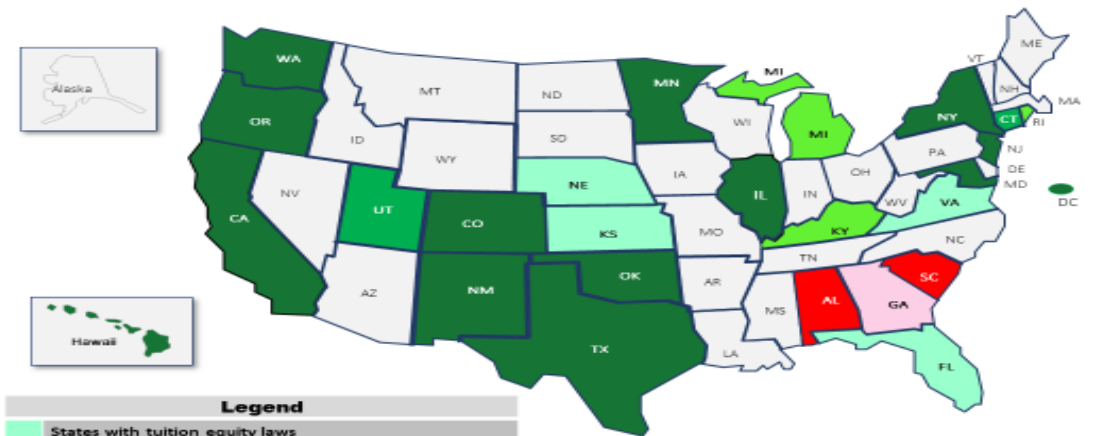


KEY

- State law offers access to state driver's licenses, regardless of immigration status.



Current State Laws & Policies on Access to Higher Education for Immigrants | APRIL 2020



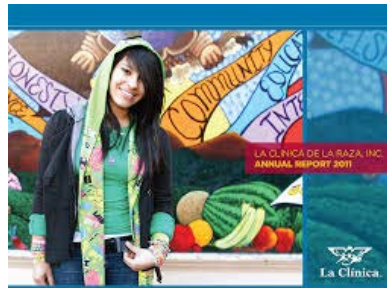
Legend

- States with tuition equity laws
- States with tuition equity policies at major institutions
- States with tuition equity laws and scholarships
- States with tuition equity laws or policies and some state financial aid
- States that ban enrollment to undocumented students
- States where some college systems deny enrollment



Health Care and Social Service Providers Can:

- **Document harm of restrictive policies and benefits of improving access**
- **Monitor policies to ensure they are implemented properly**
- Educate families about available services
- Help ensure that immigration and health policies are responsive to families and public health needs
- **Address the barriers that prevent eligible families from securing care**



Influence the National Debate



- **Support Inclusive Health Care and Economic Recovery Measures**
 - Integrate immigrants into all progressive policy platforms
- **Protect existing immigration pathways and benefit programs**
 - Comment on any new regulations
 - Participate in litigation (as experts, friends of the court, parties)
 - Share your expertise and experience in the media
- **Envision new immigration, health care and justice systems**
 - Collaborate with other states & localities, health care & social service providers, & community members to make change from the bottom up, while improving the lives of all residents
- **Send the message** that investing in the country's residents pays off economically, socially and politically.

Our Panelist



Cynthia Buiza, MA
Executive Director

California Immigrant Policy Center

Immigrant Protections in California and the Road Ahead

An Overview of Community and Policy Responses

Cynthia Buiza
Executive Director, CIPC
22 September 2020

The State of Immigrants in California

- Going through historic, unrelenting, multi-faceted crises.
- Left out of most federal relief packages.
- Disproportionately impacted by the pandemic.
- Many existing protections have been taken away at the federal level.
- Still living under a two-tier system despite CA's inroads in creating pro-immigrant policies.
- Many immigrant children and their families going through extremely traumatic experiences from family separation policies.
- Disproportionately impacted by climate related crises plaguing the state.



The California Response

- A constellation of pro-immigrant policies that has provided minimum level protections for vulnerable immigrants.
- A well-organized immigrant rights movement that is better resourced, smarter, and deeply rooted in the lives of impacted communities.
- A vision to center racial justice issues and Black lives to address root causes of inequality.
- Re-evaluation of what is possible given the lessons of the pandemic and the ongoing governance and political crisis.
#NoGoingBack



The California Response: Advocates

- Organized actions and mobilization across the state to defend CA's health equity and pro-sanctuary policies. i.e. SB 54 and ACA Defense.
- Growth and expansion of regional coalitions building advocacy infrastructure in underserved regions and winning local campaigns.
- Greater sophistication and capacity to engage in rapid response and crisis communications strategies.
- Building common cause with other sectors for greater intersectional work. i.e. Immigration and LGBTQ allies.
- Organized and mobilized philanthropic community with greater flexibility and rapid response capacity.

The CIPC Response: Safety Net For All

- Health4All
 - Health 4 All Kids
 - Health 4 All Young Adults
 - Health for All Seniors (pending)
 - Food for All
- Protecting Immigrant Families (PIF)
(Campaign against Public Charge)

2010

Affordable Care Act is signed into law, expanding healthcare access for millions of Americans and non-citizens, while excluding undocumented immigrants.

2014

Health4All legislation is introduced for the first time in California state legislature.

2015

SB 75 (Lara), aka **Health4All Kids**, is signed into law, expanding Medi-Cal eligibility for all income-eligible minors ages 18 and younger in California, regardless of immigration status.

2016

Health4All Kids is implemented, eventually leading to over 250,000 children (and counting) enrolled into Medi-Cal.

2018

SB 974 (Lara) to allow undocumented elders ages 65 and older to enroll in Medi-Cal and **AB 2965 (Arambula)** to do so for young adults ages 19-25 garner widespread support among the state legislature but ultimately do not pass due to Governor Jerry Brown's unwillingness to fund the expansions through the state budget.

2019

Health4All Young Adults passes with support from newly elected Governor Gavin Newsom, expanding Medi-Cal eligibility for undocumented immigrants age 25 and younger and making California the first state in the U.S. to extend coverage to undocumented adults.

Despite momentous grassroots mobilization in support of **SB 29 (Durazo)**, the proposal to include undocumented seniors age 65 and older did not pass this year.

2020

Health4All Young Adults is implemented on January 1st. **Health4All Elders** is included in Governor Newsom's 2020 budget - potentially expanding Medi-Cal coverage to over 20,000 undocumented people over 65.

Economic Justice

- CalEITC (CA Earned Income Tax Credit) for ITIN Filers
- Protecting Immigrant Workers
 - Combatting the use of E-Verify
 - Fighting Document Abuse and Discriminatory Audits
 - Building Equity Into Our Current and Future Economy
 - Workforce Development



Access to Justice and Fighting Mass Detention & Deportation

- The California Values Act SB54
- The TRUTH Act AB 2792
- The TRUST Act AB4
- Dignity not Detention Campaign
- Ending ICE Transfers
- LA Justice Fund and regional equivalents



Immigrant Integration

- One California: Immigrant Services Funding
- Drivers' Licenses AB 60



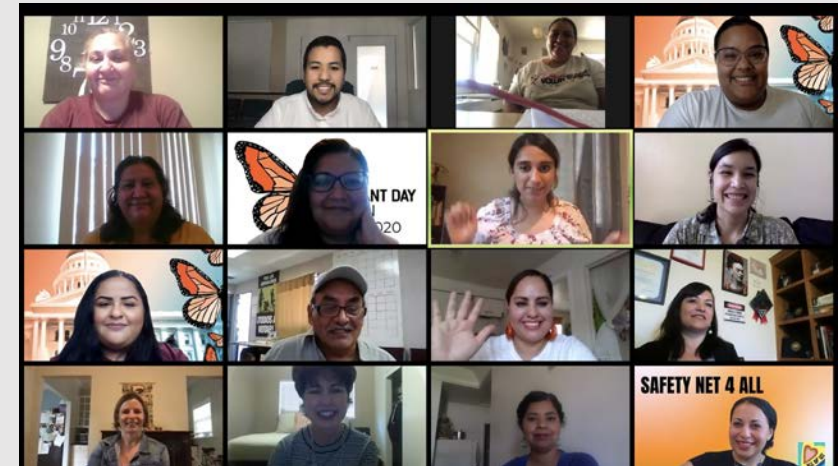
COVID-19 & Immigrant Families

- Disaster Relief Assistance for Immigrants (DRAI)
- California Immigrant Resilience Fund (CIRF)
- No Going Back: Together for an Equitable and Inclusive Los Angeles
 - A blueprint for renewal and recovery.



How are Communities Involved?

- Robust grassroots organizing centering directly affected populations
- Participation in Days of Action
- Powerful network of civic engagement organizations in CA
- Regional Capacity Building Project
- Immigrant Strategic Messaging Project



What's Next?

- Address racial inequities and anti-Blackness in all its forms.
- End the two-tier system for immigrants.
- Build an inclusive economy that prioritizes those who are historically left out and stuck at the bottom of the social strata.
- Create a better, universal health care system that works and centers communities that have suffered historical neglect, especially Latino and Black immigrant populations.
- Streamline integrated access to health and mental health services regardless of immigration status.
- Support access to education for all communities, especially those that are impacted by the current digital divide.