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Anti-Immigrant Policy and Children's Health: A State-Level Analysis of Exposure to Risk

Jennifer Vaughn

jennifer.m.vaughn@pepperdine.edu

Pepperdine University

Research Article

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Abstract

The US sociopolitical context, characterized by anti-immigrant rhetoric and exclusionary social policies, presents a salient stressor for immigrant families. Exposure to exclusionary policies contributes to stress among foreign-born parents (Perreira & Pedroza, 2019), which then trickles down to their children, contributing to short- and long-term health risks. Using data from the 2023 National Survey of Children's Health (CAHMI, 2024) and a state-level index of immigration-related policies (Samari et al., 2021) this study used generalized linear models to assess the relation between the immigrant policy climate and exposure to risk. Results indicated that state immigration policy climate was predictive of childhood mental, social, and relational risk exposure, with differences by parental nativity ($F(3, 13{,}155) = 1{,}277.26$, $p < .001$). In an average policy state, children of immigrants exhibited a substantially higher rate of exposure to risk compared to children of native-born parents ($B = 5.41$, $SE = 0.08$, $p < .001$). Moreover, inclusionary policy climates were associated with stronger protective effects for children of immigrants than for children of native-born parents ($B = -0.143$, $SE = 0.013$, $p < .001$). These differences were more pronounced in states with exclusionary policy contexts and attenuated in inclusionary states. Overall, these results illustrate the impact of policy context on children and suggest that inclusionary state policies may play a protective role in child well-being. Advocating for more inclusive structural policy environments may be a critical addition to family- and individual-level interventions targeting childhood risk.

Background

As of 2024, approximately 26.5% of nearly 18.3 million children in the US lived with at least one immigrant parent [1]. The majority of these children are US-born, making them entitled to all rights and privileges associated with US citizenship [2].. Nonetheless, the current sociopolitical conditions in this country create, maintain, and perpetuate challenges for immigrant parents and their children, influencing short- and long-term health outcomes.

Social Determinants of Health

The social determinants of health (SDOH) framework [3] provides a lens through which to examine the direct and indirect influence of social, economic, and sociopolitical conditions on children's well-being. SDOH are broadly defined as the interacting environments in which individuals grow and develop, which impact health outcomes. Known SDOH for immigrant families include immigration status, neighborhood conditions, and economic status [4, 5].

The mechanisms through which SDOH impact immigrant families are shaped by local, state, and federal policies. For example, an exclusionary policy designed to expand immigration enforcement will undoubtedly impact an undocumented parent's ability to go to work, access basic medical care, and engage in their community due to fear of apprehension [6]. These limitations, and the associated

anticipatory anxiety, are detrimental to parental mental health and parenting practices [7]. Even if a child is a US citizen, anti-immigrant policies affect them through impacts on their parents.

US Sociopolitical Climate

A number of executive orders and federal regulations have contributed to an exclusionary sociopolitical climate for immigrants in the US. The 2025 Interim Final Rule mandated registration by undocumented immigrants, with failure to register restricting access to safety net programs and potentially resulting in criminal charges, detention, or deportation [8]. Policies such as this have resulted in long-term chilling effects [9]. The One Big Beautiful Bill Act expanded expedited deportation procedures and drastically cut access to healthcare and similar critical services [10].. In the months following its enactment, reports from the Department of Homeland Security indicated that 2 million undocumented immigrants had self-deported or been forcibly removed in a period of less than 250 days [11]. At the local level, county and state responses to heightened immigration enforcement efforts and benefit restrictions can alleviate or perpetuate challenges for immigrants. Local sanctuary policies, for example, offer protection for unauthorized immigrants by limiting the reach of immigration enforcement agencies [12]. Alternatively, immigrants in states with exclusionary policies experience heightened levels of restriction in day-to-day life.

Scholars have documented short- and long-term impacts of exclusionary policies on immigrant families with children [13]. Detrimental effects can begin in-utero, with documented links between policy-based immigration enforcement and likelihood of low-birth weight infants [14]. Among children, experiences of racial discrimination and anti-immigrant climates contribute to emotional distress, internalized oppression, and disrupted ethnic identity formation [15]. Anticipatory anxiety symptoms, including separation anxiety and impaired self regulation, are also common consequences of heightened immigration enforcement [16, 17]. In the long-term, childhood anxiety is associated with development of Post-Traumatic Stress Disorder [18], increased rates of health care service utilization [19] and functional impairments like school absenteeism [19]. Among adolescents, interviews during Trump's previous presidency revealed consistent themes of fear, anxiety, anger, contempt, and marginalization [20].

During periods of widespread anti-immigrant federal policy and rhetoric, state policies can amplify or buffer these impacts. In this study, a nationally representative sample of children under the age of 18 from the NSCH [21] was merged with a state-level index of immigration-related policies [22] to assess the relations between state immigrant policy climate and childhood risk exposure. Using a weighted multiple regression, this study sought to explore the role of immigration policy climate and parental nativity on childhood mental, social, and relational risk exposure. This study was exempt from review by the Institutional Review Board because all data were publicly available and deidentified.

Methods

National Survey of Children's Health

The 2023 NSCH is a cross-sectional survey of US households with at least one child between the ages of 0 and 17 [21]. Collected annually, the NSCH provides information about children's health and well-being using mail and web-based surveys. Between June 2023 and January 2024, a total of 55,162 surveys were completed. The number of responses by state ranged from 710 to 4,696. Data for the purposes of this study were obtained using the Data Resource Center interactive data query, which allows state-level comparison of findings.

Parental Nativity

Parental nativity data were gathered in the NSCH using the question, "What is the generational status of this child's parent(s)?" Respondents were given a multiple choice selection of (1) Parent(s) born in the US; (2) Any parent born outside of the US; or (3) Children live with caregiver(s) other than parents. Children who lived with caregiver(s) other than their parents were excluded from the analytic sample for this study.

Whole-Child Risk Index

The Whole Child Risk Index (WCRI) is a composite measure developed using 12 health risk items. Developers grouped the health risk measures into three domains of risk that could be experienced by children: (1) medical health risk; (2) social health risk; and (3) relational health risk. The WCRI has been found to be a robust and holistic assessment tool [23].

State Immigrant Policy Climate Index

The Immigration Policy Climate (IPC) Index is a longitudinal measure that examines state-level immigration policy across the US [22]. Updated annually, the IPC Index tracks the evolution of immigration policy across four domains: (1) access to benefits; (2) education; (3) employment and identification; and (4) immigration enforcement. individual state's policies were coded as exclusionary (-1), neutral (0), or inclusionary (+ 1) based upon whether it contributed to barriers or expanded opportunities for immigrants [22]. Once each relevant state policy was coded, values were summed to create an IPC score for the specific state, with a possible range of -12 to + 12. Permission to access and use the IPC Index and codebook for the purposes of this study was granted by the developers.

Analytic Sample and Strategy

All analyses were conducted in SPSS Version 27. Weighted estimates of the percentage of children exposed to two or more whole-child risk domains in each state (n = 13,159) were aggregated using NSCH data and stratified by parental nativity. Once complete, the state immigration policy scores were integrated into the dataset. The final analytic sample included observations from all 50 US states and the District of Columbia for both nativity groups, yielding 102 state-by-nativity estimates of children's

exposure to two or more whole-child risk domains. Data were used to estimate a weighted regression model testing whether the association between state policy climate and childhood risk exposure differed by parental nativity.

Results

Descriptives

Policy climate scores ranged from − 11 to 10, with lower scores indicating more exclusionary policy climates. The average state immigration policy climate in 2022 leaned toward exclusivity, with a mean of -0.48. There were a total of 18 states with an inclusionary IPC and 32 states with an exclusionary IPC. Within the analytic sample, an average of approximately 29% of children in each state were exposed to two or more risk domains. The highest average percentage of children exposed to two or more risks (34.2%) was among children of foreign-born parents living in exclusionary states (Table 1). Aside from the neutral setting, which was represented only by one state, the lowest average percentage of risk exposure was found in children of native-born parents living in inclusionary states. Higher exposure to risk was observed in exclusionary states for children of both native-born and foreign-born parents.

Table 1

Average Percentage of Children Exposed to Risk by State Policy Climate and Parental Nativity

Immigration Policy Climate	**Average Percentage of Children at ≥ 2 Risk**			**Average Percentage of Children at ≥ 2 Risk**			**States**
	Native-Born Parents			**Foreign-Born Parents**			
	n	***M***	***SD***	***n***	***M***	***SD***	
Inclusionary	3479	26.74	2.87	1613	30.92	4.35	CA, CO, CT, DC, HI, IL, MA, MD, MN, NJ, NM, NV, NY, OR, RI, VA, VT, WA
Neutral	190	31.30	0	15	23.00	0	ME
Exclusionary	6532	28.16	3.13	1330	34.20	6.90	AK, AL, AR, AZ, DE, FL, GA, IA, ID, IN, KS, KY, LA, MI, MO, MS, MT, NC, ND, NE, NH, OH, OK, PA, SC, SD, TN, TX, UT, WI, WV, WY

Note. Total n = 13,159, *M* = mean, *SD* = standard deviation

The overall model was statistically significant, (R = 0.48, $F(3, 13155) = 1277.26$, $p < .001$) accounting for 23% of the variance in the percentage of children exposed to two or more risk domains. Each predictor in the model was statistically significant, with parental nativity being the driving predictor. In an average policy climate, children of foreign-born parents had a substantially higher rate of being exposed to two or

more domains of risk than children of native-born parents (B = 5.41, SE = 0.08, t = 60.71, p < .001). Policy climate was also a significant predictor, though to a lesser degree. Among children of native-born parents, living in a more exclusionary state was associated with a higher rate of exposure to two or more risk domains (B = -0.08, SE = 0.01, t = -11.52, p < .001). As climates became more inclusive, the rate of cumulative risk went down by about 0.08% for each one-unit increase in the policy index. Finally, the policy by nativity interaction predictor was statistically significant (B = -0.14, SE = 0.01, t = -10.85, p < .001). The association between policy climate and cumulative risk exposure was stronger for children of foreign-born parents (-0.22) compared to children of native-born parents (-0.08; Fig. 1).

Discussion and Conclusion

Merging data from the NSCH with a state-level index of immigration policy climate, this study analyzed the relation between state immigration policy climate and whole-child risk exposure. Specifically, it examined how state-level immigration policy environment was associated with cumulative risk exposure, and whether this association differed by parental nativity. Findings of the weighted multiple regression revealed that parental nativity was the primary predictor of child risk, with state policy climate acting as a key moderator of the nativity-based disparity.

Consistent with literature on health disparities in immigrant families with children [13, 24], children of immigrants experienced a substantially higher rate of cumulative risk exposure compared to children of native-born parents, even under average policy conditions. Children of immigrants are exposed to greater levels of neighborhood disadvantage [5] poverty, and uninsured or underinsured rates [25]. These and other factors may contribute to the risk exposure identified in this study. Notably, risks exist independently of policy climate, contributing to disparities which can then be widened by anti-immigrant policy.

State policy climate was associated with cumulative risk exposure among children of native-born and foreign-born parents, suggesting that exclusionary policy contexts may carry developmental consequences that extend beyond immigrant families alone. Though this was a smaller effect that warrants cautious interpretation, it is supported by existing literature about the indirect impacts of policy climate. Results contribute to evidence that anti-immigrant policies have carryover effects that may impact US-citizen children, adults, and families [26].

The relation between state policy climate and cumulative risk exposure in this study was stronger for children of immigrants. Although children in exclusionary states had higher overall risk exposure regardless of parental nativity, the rate of risk increased more steeply as states became more exclusionary for children of foreign-born parents compared to children of native-born parents. This finding suggests that exclusionary policies widen a preexisting gap in risk exposure for children of immigrants.

State immigration policy climate functions as a modifiable structural determinant of child risk exposure. As such, inclusive climates have the potential to serve a protective function against both preexisting

health disparities and ongoing exposure to risk for all children. To address some of the most pressing challenges for immigrant families, advocacy efforts should prioritize ending family separation, expanding access to work permitting, and expanding pathways to legal citizenship. Advocacy efforts such as these to move states towards inclusive policy climates may help to reduce risk exposure for immigrants, their children, and communities at large.

Practitioners who work with immigrants and their families would benefit from regular and ongoing training in immigrant mental health and resources. Training should include strategies for providing trauma-informed mental health care to address immigrant-related risk exposure and potentially traumatic events, such as detention and deportation. Practitioners who work in exclusionary states should be particularly mindful. They should anticipate compounding risk exposure in their patients and be prepared with multi-domain assessment and intervention strategies.

This study uses state-level aggregate data rather than individual data points. This limitation precludes analysis of individual differences and characteristics that may influence the identified patterns. Nonetheless, these findings identify macro-level structural patterns and highlight an important starting point for future research. Similarly, the policy climate index captures a state's broad immigration policy climate as opposed to isolating the effects of individual policies. Finally, this study is cross-sectional and as such, is unable to evaluate the impacts of policy and associated risk exposure across time.

Notwithstanding these limitations, this study points to the importance of leveraging immigration policy as a positive social determinant of health for immigrants and their families. The observed association between exclusionary policy climate and risk exposure extended to children of native-born children, suggesting that policy changes meaningfully shape the socioecological conditions in which all children grow and develop. Therefore, policy reform to promote inclusivity for immigrants has the potential to reduce preexisting disparities and minimize risk exposure for all children.

Declarations

Author Contribution

This manuscript was fully prepared by a single author.

Data Availability

National data for this study were obtained using the National Survey of Children's Health Data Resource Center (DRC) publicly accessible interactive data query. State immigration policy climate data were obtained from the Immigration Policy Climate Index. These data are available upon request and with the permission of the index's developer, Goleen Samari.

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Figures

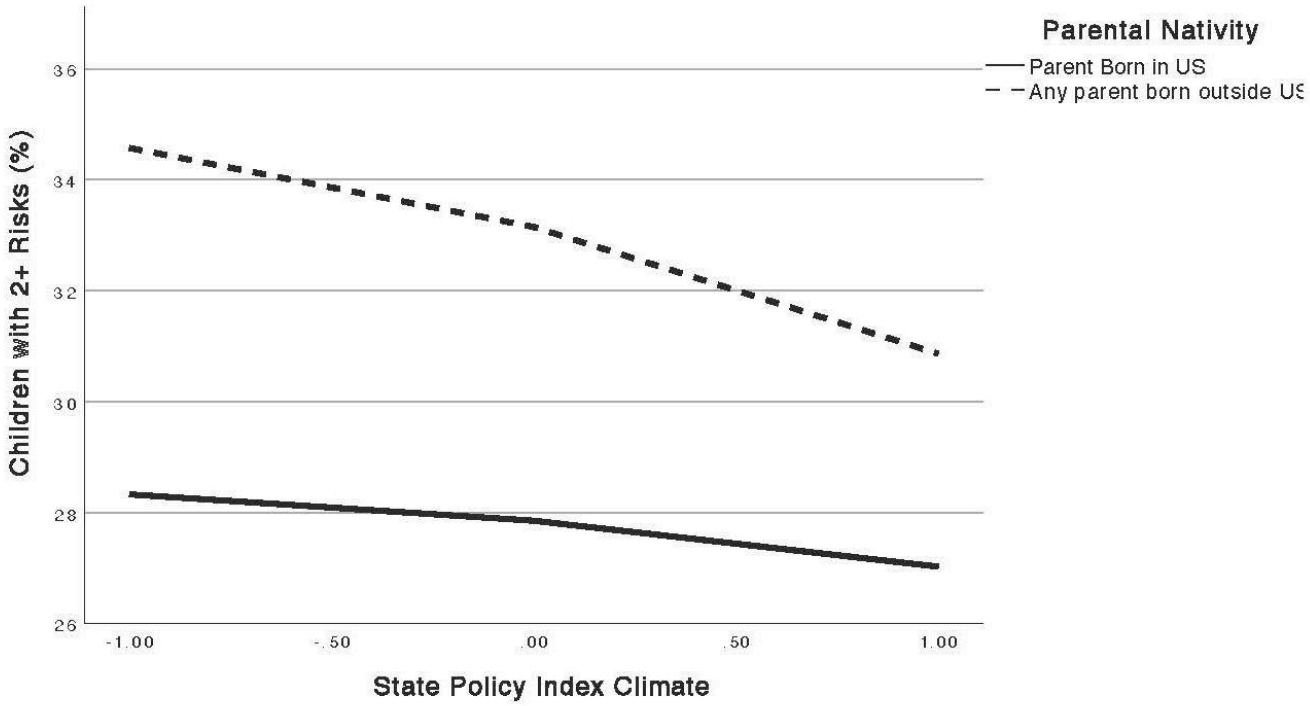


Figure 1

Predicted Percentage of Whole Child Risk by State Policy Index Climate