

# Bridging Gaps in Pediatric Care: Integrative Medicine for Underserved Communities and Immigrant Families

**Osher Center Grand Rounds**  
**May 21st, 2025**  
**Fatima Barragan, MD**



Osher Center for  
Integrative Health



**ZUCKERBERG  
SAN FRANCISCO GENERAL**  
Hospital and Trauma Center

# Disclosure

**There is no conflict of interest or personal *commercial interest* in any entity producing, marketing, re-selling, or distributing health care goods or service consumed by, or used on, patients in the last 12 months for the following speaker in relation to this activity:**

**Speakers: Fatima Barragan, MD**

*The speaker, CME planners, CME Committee Members, and faculty for this activity have no conflicts of interest nor relevant financial relationships with commercial interest.*

*No commercial support was received for this activity.*

***The views expressed are the speaker's own***

# Muwekma Ohlone Tribe Land Acknowledgement

*We would like to acknowledge the Ramaytush Ohlone people, who are the traditional custodians of this land. We pay our respects to the Ramaytush Ohlone elders, past, present, and future, who call this place, the land that UCSF sits upon, their home. We are proud to continue their tradition of coming together and growing as a community. We thank the Ramaytush Ohlone community for their stewardship and support, and we look forward to strengthening our ties as we continue our relationship of mutual respect and understanding.*



# Outline

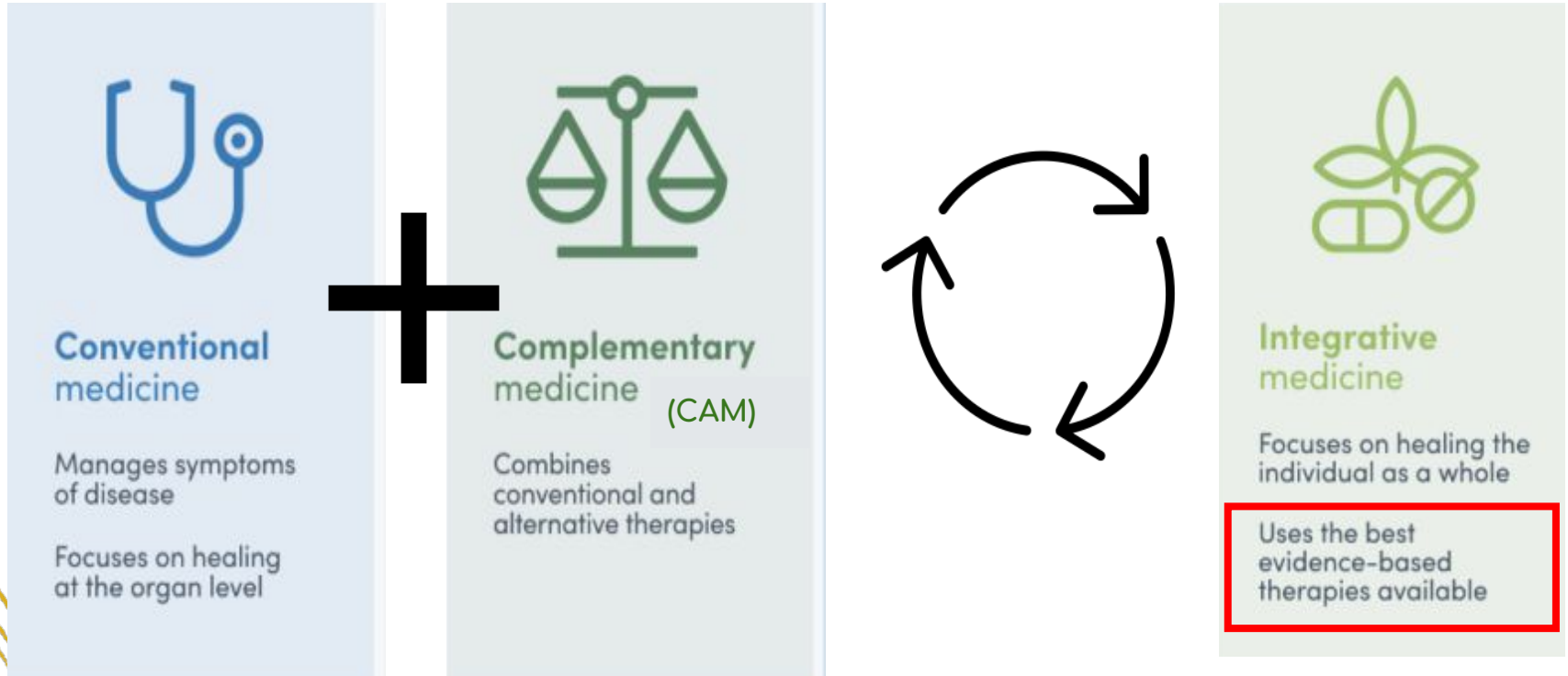
1. What is Pediatric Integrative Medicine (PIM)
2. PIM for the underserved
  - a. Use of PIM in the general population vs underserved/minorities
  - b. PIM and Social Drivers Of Health
3. PIM at an Federally Qualified Health Center
  - a. La Clinica de Bienestar & Clinica Buena Vida
4. Immigrant Health
  - a. Support and services
  - b. PIM & Immigrant Health

WHAT DO YOU CALL A  
BEAR WITH NO TEETH?



A GUMMY BEAR.

# What is Pediatric Integrative Medicine (PIM)?



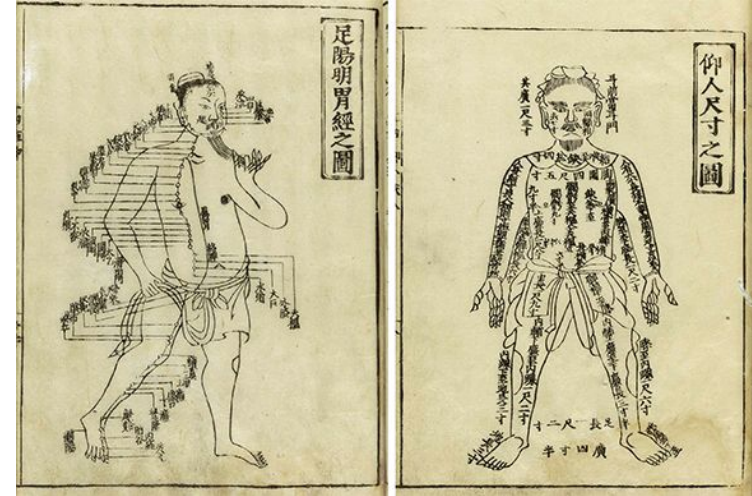


# Traditional & Cultural Medicine



**Ayurveda**  
~5000 years

[http://santushtiaayurvedicmedicalcollege.co.in/?page\\_id=79#](http://santushtiaayurvedicmedicalcollege.co.in/?page_id=79#)



**Traditional Chinese  
Medicine**  
~3000 years

<https://www.cgu.edu/news/2014/12/health-it-traditional-chinese-medicine/>

# Traditional & Cultural Medicine



## Arnica

- Bruises and sore muscles



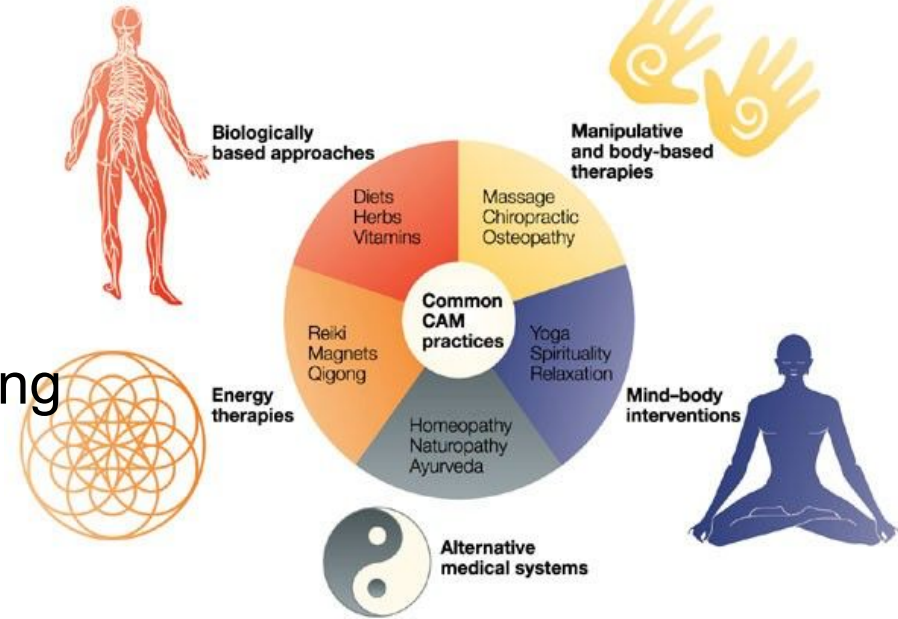
## Chamomile

- Upset stomach

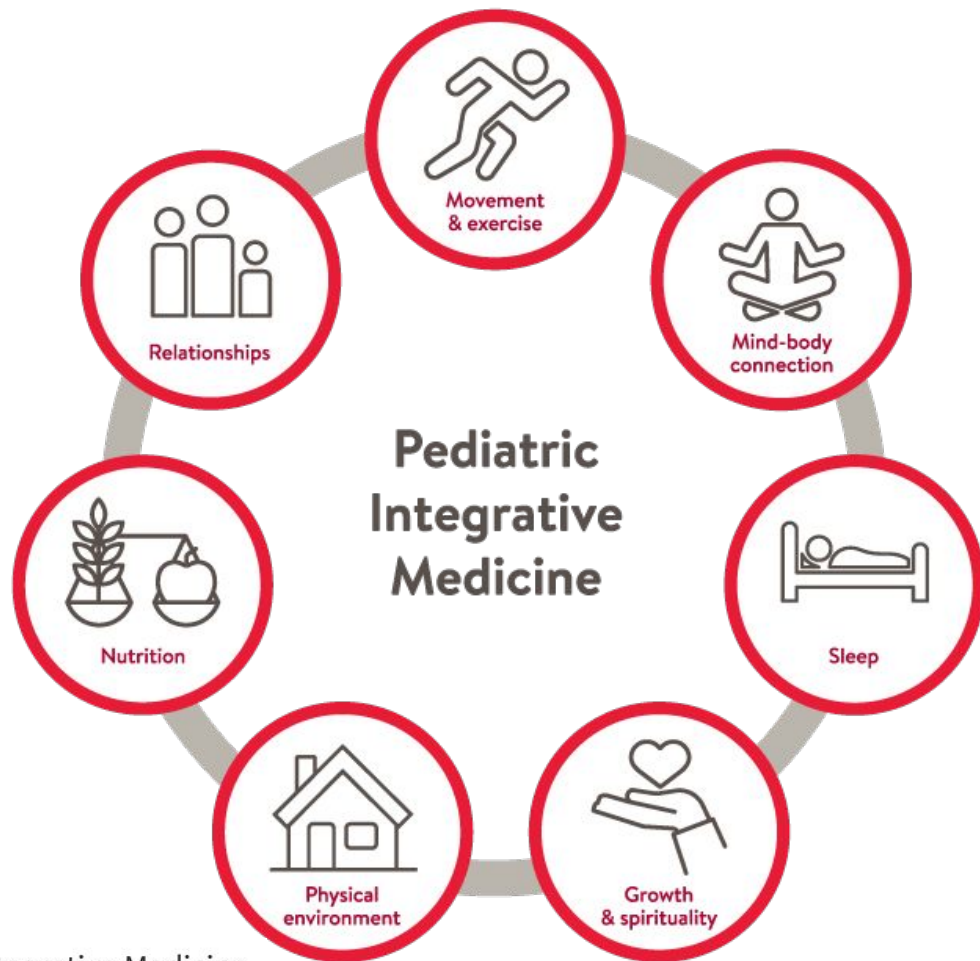
- Smith AG, Miles VN, Holmes DT, Chen X, Lei W. Clinical Trials, Potential Mechanisms, and Adverse Effects of Arnica as an Adjunct Medication for Pain Management. Medicines (Basel). 2021 Oct 9;8(10):58.
- Weizman Z, Alkrinawi S, Goldfarb D, Bitran C. Efficacy of herbal tea preparation in infantile colic. J Pediatr. 1993 Apr;122(4):650-2.
  - Prospective double-blind study. The use of tea eliminated the colic in 19 (57%) of 33 infants, whereas placebo was helpful in only 9 (26%) of 35 ( $p < 0.01$ ).

# PIM Treatment Modalities

- Whole systems healing traditions
  - *Traditional Chinese Medicine*
  - *Indigenous Medicine*
  - *Ayurveda*
- Mind body therapies
- Movement therapies
- Food is Medicine-Diet counseling
- Dietary supplements
  - Botanicals







The background features several decorative yellow elements: a large, thick, curved brushstroke on the left side; a series of thin, parallel diagonal lines in the top right corner; and two overlapping, soft-edged yellow shapes in the bottom right corner. Numerous small yellow dots and splatters are scattered across the left side of the page.

# **PIM Use in the General Population**

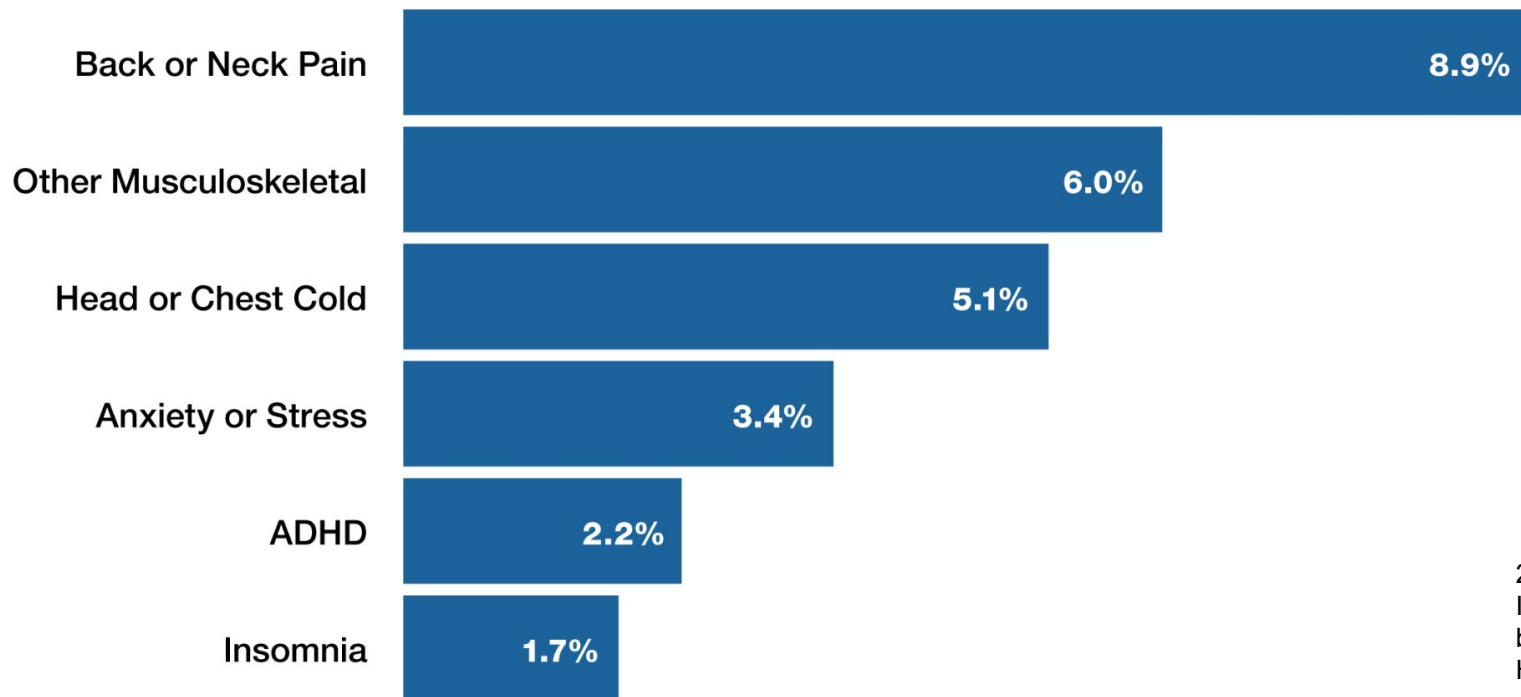
# PIM in the General Population

- National Health Interview Survey, 2012 and 2017 surveyed >10,000 children ages 4-17
  - ~12% of children use integrative medicine
- **Use increased by 50-80% in pediatric pts with chronic illness**

2012/2017 National Health Interview Survey , conducted by the National Center for Health Statistics (part of the CDC)

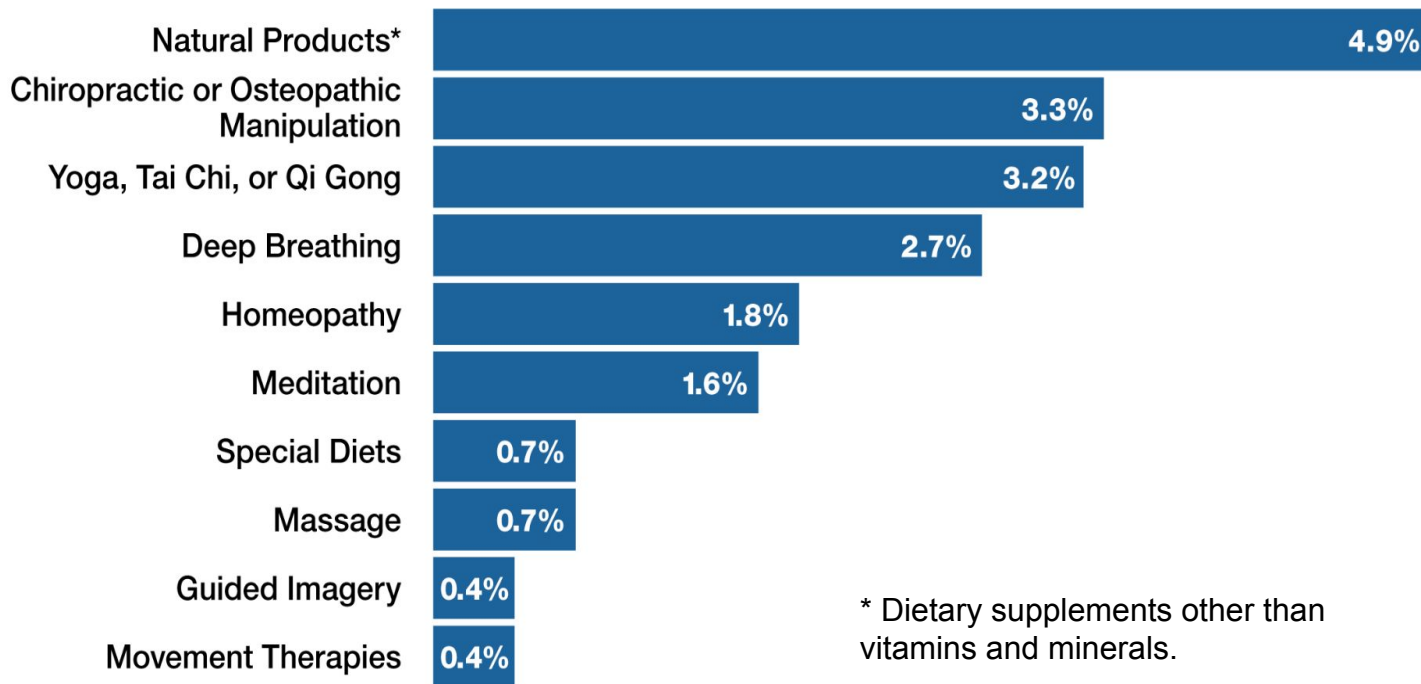


# Diseases/conditions for which complementary health approaches are most frequently used among children—2012



2012 National Health Interview Survey, conducted by the National Center for Health Statistics (CDC)

# 10 most common complementary health approaches among children—2012



\* Dietary supplements other than vitamins and minerals.

fish oil,  
melatonin,  
probiotics, etc

2012 National Health  
Interview Survey ,  
conducted by the National  
Center for Health Statistics  
(CDC)



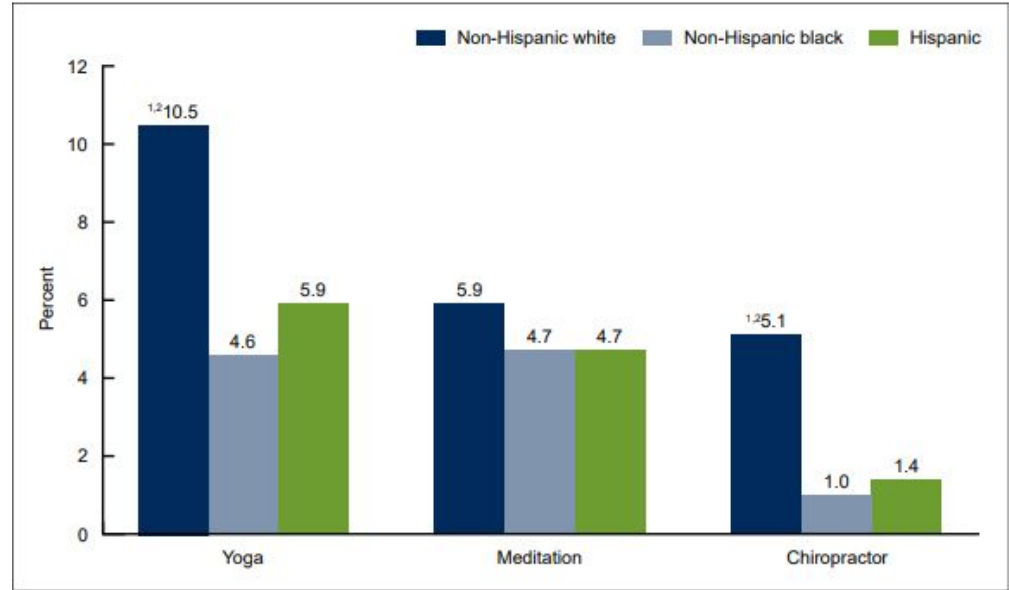
# Increased Interest & Use of Integrative Medicine

- From 2012 to 2017 the use of yoga and meditation significantly increased among U.S. children (aged 4 to 17 years).



# Integrative Medicine use in Minority Populations?

- Children aged 4–17 years who used yoga, meditation, or a chiropractor during the past 12 months, by race and Hispanic origin: United States, 2017
- Hispanic and Non-Hispanic Black children have the lowest use of complementary therapies in the United States



Black LI, Barnes PM, Clarke TC, Stussman BJ, Nahin RL. Use of yoga, meditation, and chiropractors among U.S. children aged 4–17 years. NCHS Data Brief, no 324. Hyattsville, MD: National Center for Health Statistics. 2018.

# Smaller PIM Studies in Underserved Populations

- 250 uninsured patients using a free pediatric mobile clinic in Texas
  - Complementary & Alternative Medicine (CAM) use in preceding 12 mo was 45 % among children, and 59% among parents
  - 3% of parents and 2% children discussed their CAM use with a physician
  - Limited access to care resulted in higher CAM use

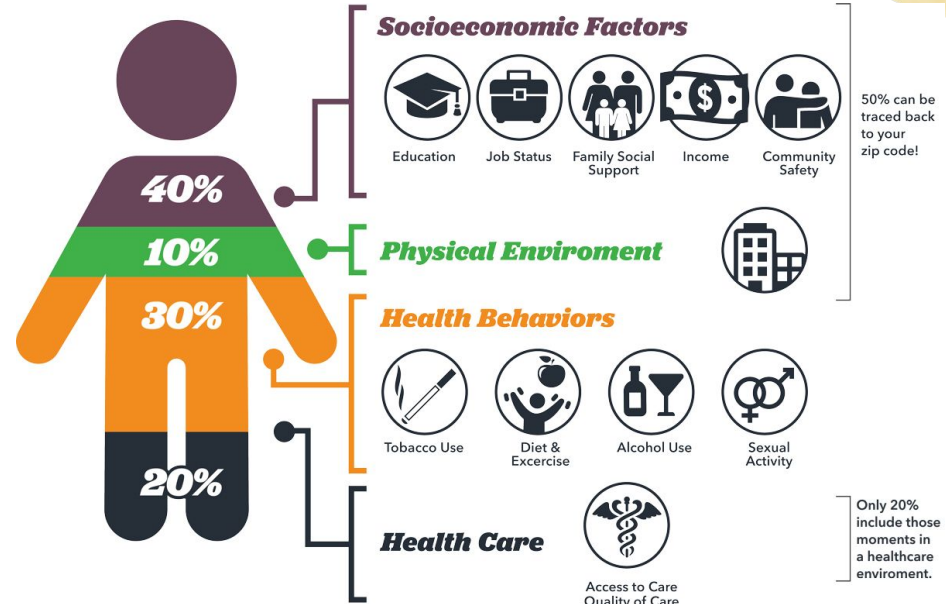


The background features several decorative yellow elements: a large, thick, irregular brushstroke on the left side; a series of thin, parallel diagonal lines in the top right corner; and two overlapping, soft-edged yellow shapes in the bottom right corner. Small yellow dots and splatters are scattered around the left brushstroke.

# **Integrative Medicine and Social Drivers of Health**

# Social Drivers of Health Largely Contribute to Health Outcomes

- Health disparities are driven by social and economic inequities
- These are not easily addressed by most health care systems



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)



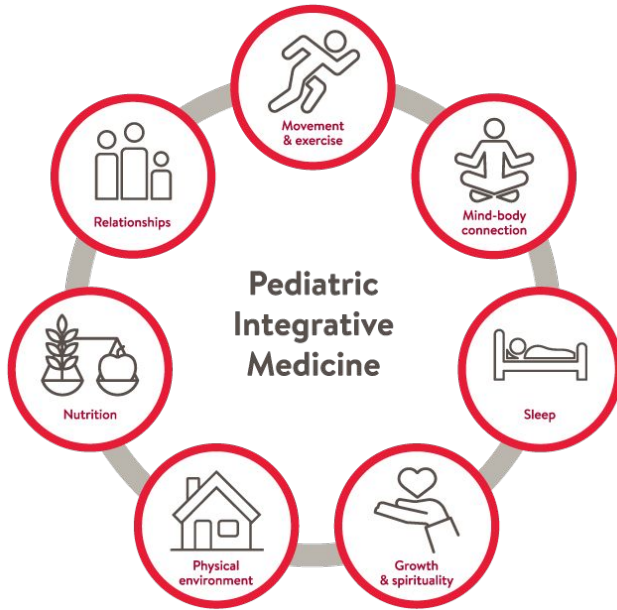
# Social Drivers of Health Largely Contribute to Health Outcomes

- Zip Code can predict:
  - Access to mental health and wellness services
  - Higher rates of chronic stress, trauma, asthma, obesity, pain, sleep disturbances
- In Mitchell 2024 study, Black identifying children had the highest odds of both PICU admission and mortality
  - Higher Poverty Rates
    - Higher rates of PICU admissions



Desai N et al., 2017;  
Mitchell HK et al., 2024

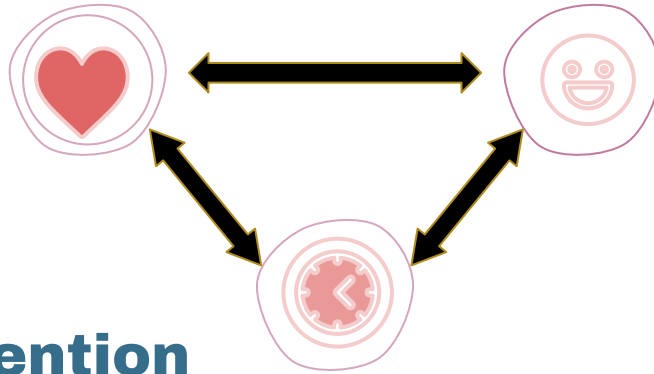
# PIM Targets Social Drivers of Health



# PIM is Essential to Federally Qualified Community Centers (FQHC)

## Cultural Context

- Whole person, culture congruent care is more effective health care

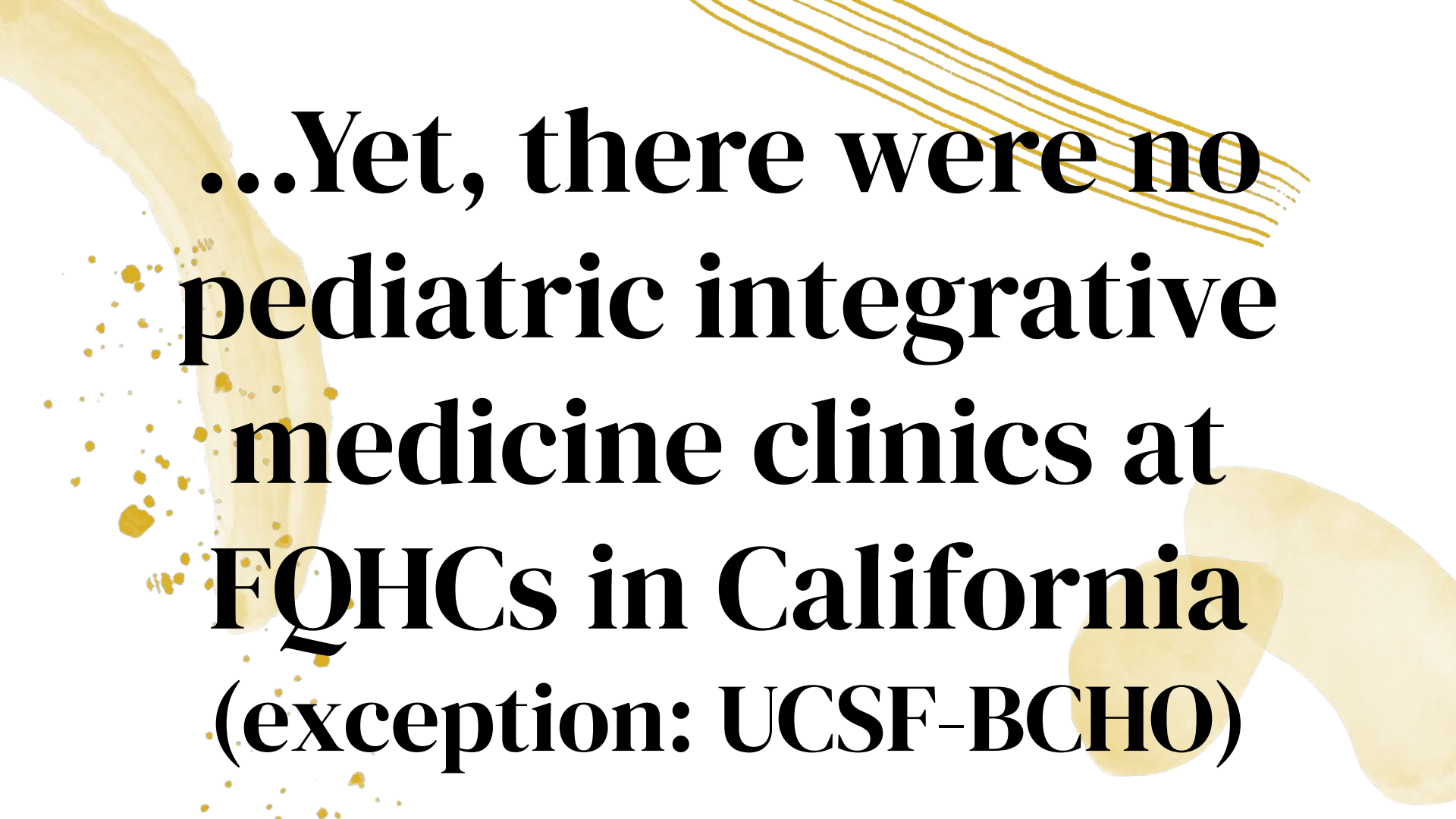


## Evidence Based

- Scientific literature supports efficacy of PIM therapies in improving patient outcomes, symptom relief and patient satisfaction

## Prevention

- By emphasizing prevention and promoting wellness, PIM allows for a lifetime of disease prevention and potential cost effectiveness/cost savings (SDOH)



**...Yet, there were no  
pediatric integrative  
medicine clinics at  
FQHCs in California  
(exception: UCSF-BCHO)**



## **... We built a bridge!**

- Decrease out of pocket expenses (Most PIM providers in California are private)
- Decreased waiting times



# Founding a Pediatric Integrative Medicine Clinic at FQHC

- PIM Consultation Clinic est 2023
- Collaboration between Stanford Pediatric Integrative Medicine Fellowship and Santa Clara Valley Med Center-Tully
- Hosted every other Thursday for a half day



Tamara Frankenberg, MD  
SCVMC Primary Care Pediatrician

# Founding a Pediatric Integrative Medicine Clinic at FQHC

- Pilot
  - Pts referred for integrative medicine or “second opinion” consultation
  - Pts referred by other Tully Clinic providers (a satellite of SCVMC)
  - Case review sessions with Dr. Ann Ming Yeh
    - Ped GI Clinical Professor and PIM Program Director



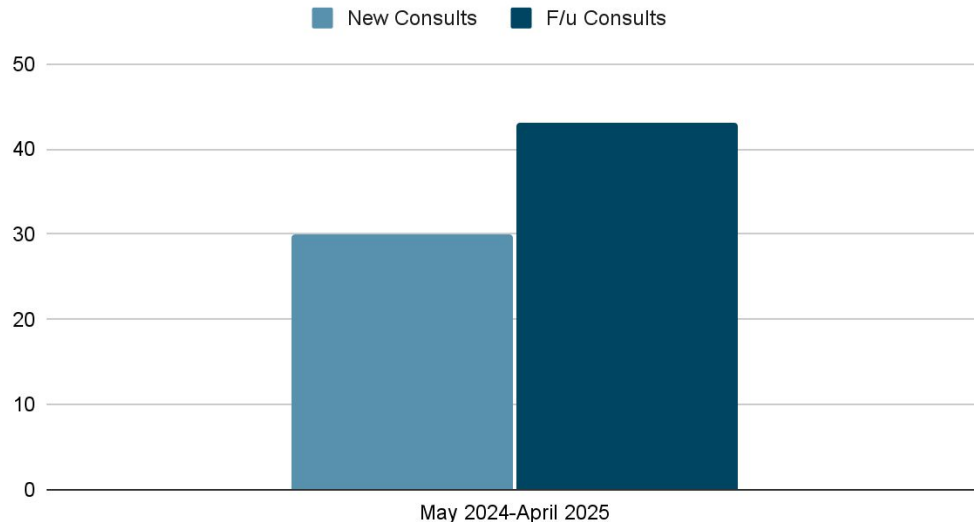
**Stanford**  
MEDICINE

Pediatric Integrative Medicine  
Fellowship Program

# Clinica de Bienestar Referral Data

- May 2024-April 2025
  - Total Encounters: 73
    - 30 New Patient Intakes (60 min)
    - 43 Follow-ups (30 min)

PIM visits at Tully



# Clinica de Bienestar Referral Data

- May 2024-April 2025
- Pts with past negative work-up and continued chronic sx's
  - Chronic Abd Pain
  - Anxiety
  - Chronic Headaches
  - Chest Pain
  - Bone pain / Fatigue

Chief Complaint

Chest Pain

9.0%

Bone pain/Fatigue

6.0%

Anxiety

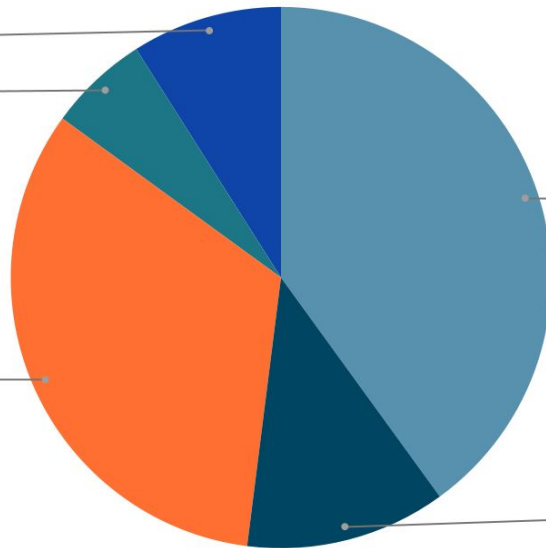
33.0%

Chronic Abdominal

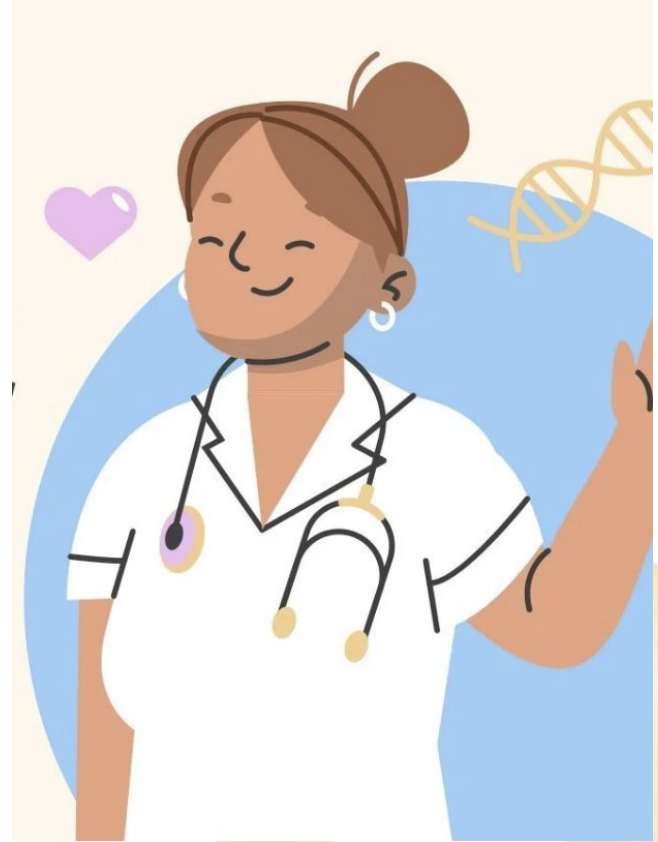
40.0%

Chronic Headaches

12.0%



# Services Offered





# PIM Services Offered

- Nutrition Counseling
  - How to improve diet given individual families access to food/Lifestyle
    - Decreasing fasting intervals
  - Food is Medicine/motivational interviewing
    - Minimal access to nutrition services
- Sleep and Rest
  - Sleep Routine
    - Effects on:
      - Anxiety, Mood, Pain, Fatigue



# PIM Services Offered

- Healthy Boundaries with Screen time/Social Media
  - Assessing total screen time
  - Counseling on social media use
    - Plan of action for social media detox for patients who spend > 4 hrs per day on screens
- Mind Body connection
  - Exercise tolerance evaluations



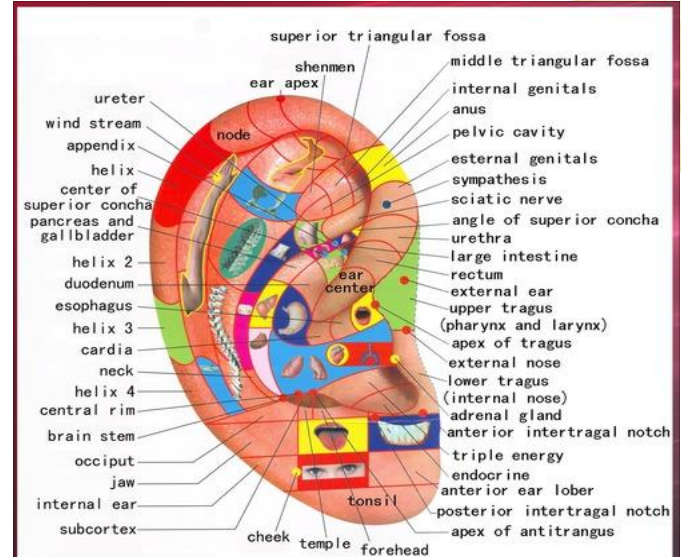
# PIM Services Offered

- Supplements/Herbal Medicine
  - Magnesium Citrate(CALM)/Oxide
    - Constipation/Anxiety/Headaches
  - Multivitamin
    - Vitamin D, especially after isolation
  - Probiotics
    - L. Reuteri
  - Omega 3- DHA, EPA
  - CoQ10
  - Ginger Chews/tea/capsules
  - Herbal Teas:
    - Lemon Balm, Chamomile, Peppermint



# PIM Services Offered

- Traditional Chinese Medicine Procedures
  - Auricular Therapy
    - Electrotherapy
    - Acupressure seeds
  - Cupping Therapy (Buena Vida Only)
  - Referrals to Acupuncture
    - Covered by Santa Clara and San Francisco Health Plan
- Mindfulness and breath work
  - Free apps/links:
    - Meditation
    - 4,7,8 breath
    - Yoga



# PIM Services Offered

- **Medical Hypnosis**

- Hypnosis allows patients to focus intently on a specific problem and its resolution, while maintaining a comfortable state of physical relaxation.
  - Helps patients notice and ultimately enhance control over their body responses
    - “Focused Daydream”
- What is **NOT** Medical Hypnosis
  - Loss of control
    - Mind and Body
  - Loss of consciousness
  - Loss of awareness





# Patient & Family Experience Feedback

"I wish this clinic was here 3 years ago when my daughter's symptoms started."

**-Pt Mother**

"I didn't know I could feel that way"

**-Pt after hypnosis therapy**

"I forgot I used to have belly pain"

**-Pt seen at follow-up for chronic abdominal pain**

"Headaches have decreased from daily to at most once or twice a week after starting acupuncture weekly, it is so relaxing it puts me to sleep!"

**-Pt seen at follow-up for chronic headaches**



# **Zuckerberg San Francisco General Hospital (ZSFG) Buena Vida Clinic**



**ZUCKERBERG  
SAN FRANCISCO GENERAL**  
Hospital and Trauma Center

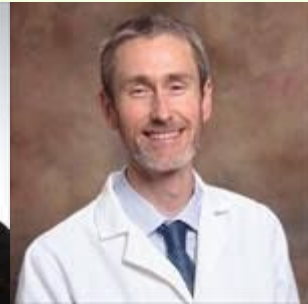
# Clinica Buena Vida at ZSFG

- Established in November 2023 by Dr. Barragan with support from Dr. Shonul Jain and Dr. Dave Gordon
- Hosted for a half-day twice a month at ZSFG
- Modeled after Clinica de Bienestar
  - 1 new pt visit & 6 follow-up slots per clinic half-day

CLINICA

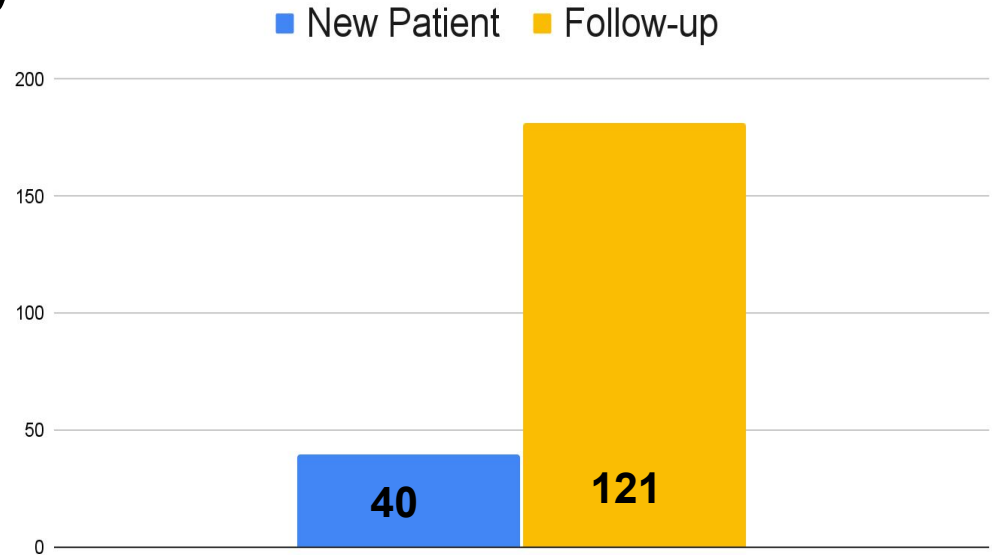
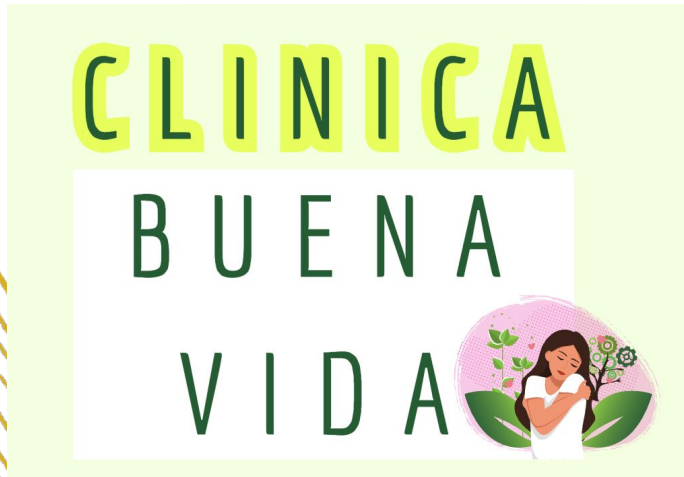
BUENA

VIDA



# Total Clinica Buena Vida Visits

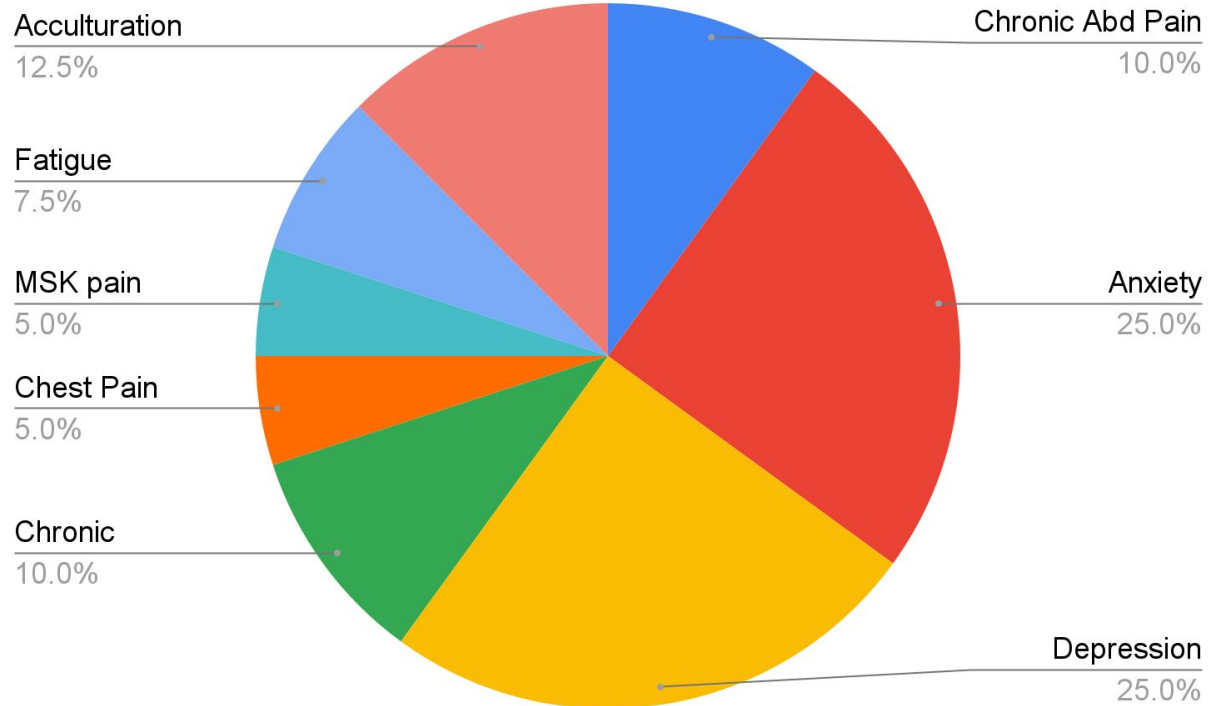
- Referrals accepted for mostly past work-up and continued chronic sx's



# Clinica Buena Vida Referral Data

## ● Common Referral Diagnosis

- Chronic Abd Pain
- Anxiety
- Depression
- Chronic Headaches
- Chest Pain
- MSK pain
- Fatigue
- Acculturation Difficulty



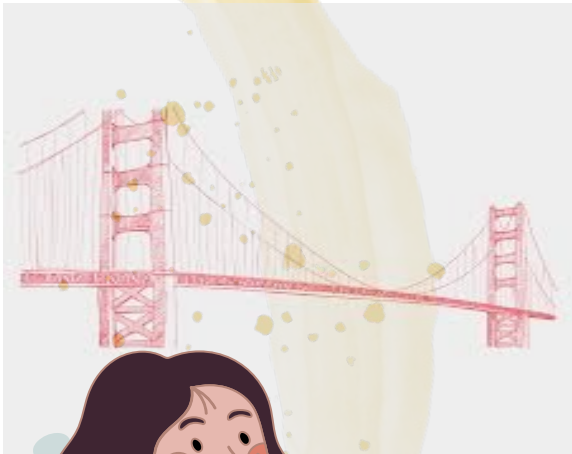


# Increase in Referrals of New Immigrants

- California has more immigrants than any other state
- In 2023, 27% of California's population was foreign born
- Almost 45% of California children have at least one immigrant parent



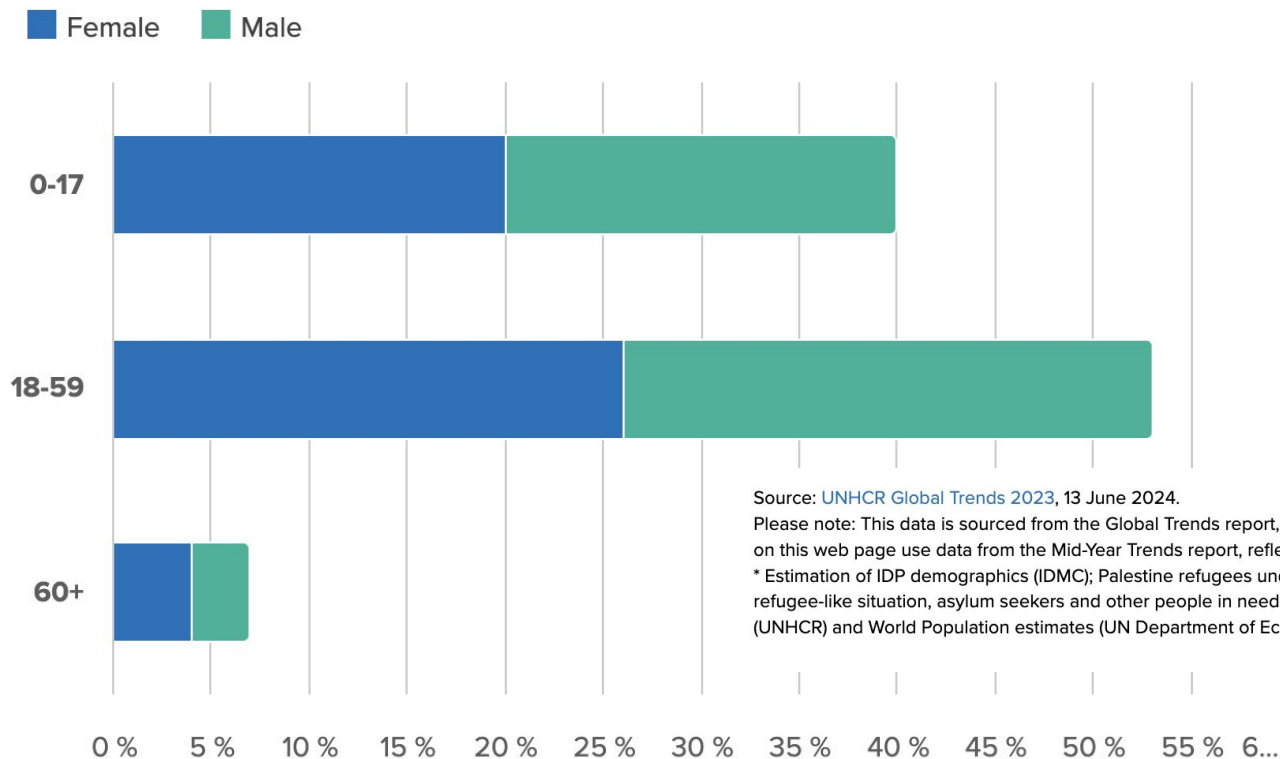
# How can PIM support new immigrant families?



# Status Definitions

- **Naturalized Citizen:** A foreign-born person who legally becomes a U.S. citizen, with full rights including voting and a U.S. passport.
- **Permanent Resident (Green Card Holder):** A non-citizen authorized to live and work in the U.S. permanently; may apply for citizenship after meeting requirements.
- **Refugee:** Granted protection abroad before entering the U.S. due to persecution or fear of it.
  - **Asylee:** Granted protection after arriving in the U.S. or at a port of entry for similar reasons as refugees.
- **Twilight (Liminal) Status:** Individuals with temporary or uncertain legal status, such as DACA or TPS holders.
- **Unauthorized / Undocumented Immigrant:** Lives in the U.S. without legal status—e.g., entered without inspection or overstayed a visa. Generally ineligible for public benefits and at risk of deportation.

# Children account for 30% of the world population, but 40% of all displaced people



Source: [UNHCR Global Trends 2023](#), 13 June 2024.

Please note: This data is sourced from the Global Trends report, reflecting the situation at the end of 2023. All other charts on this web page use data from the Mid-Year Trends report, reflecting the situation as of June 2024.

\* Estimation of IDP demographics (IDMC); Palestine refugees under UNRWA's mandate (UNRWA); Refugees, people in a refugee-like situation, asylum seekers and other people in need of international protection are based on the available data (UNHCR) and World Population estimates (UN Department of Economic and Social Affairs).

# FEAR OF DEPORTATION MAKES COMMUNITIES LESS HEALTHY

**AFRAID TO DRIVE  
TO ACCESS  
PUBLIC SERVICES**



**AFRAID TO USE  
PARKS AND  
EXERCISE OUTSIDE**



**MISSED  
MEDICAL  
APPOINTMENTS**



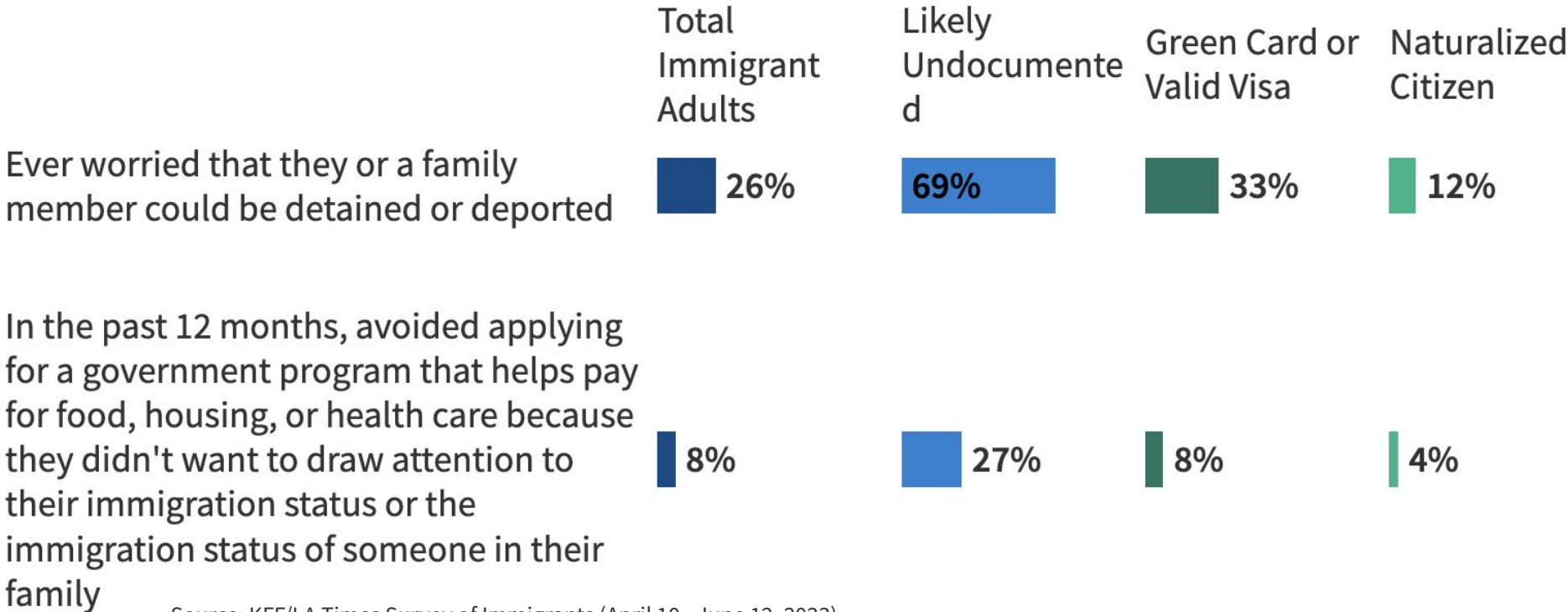
**AFRAID TO GET  
INVOLVED IN  
THEIR  
COMMUNITIES**





# Immigrants Across Statuses Worried About Deportation and Some Avoided Applying for Food, Housing, or Health Care Assistance Due to Fears

Percent of immigrant adults who say they have:



Source: KFF/LA Times Survey of Immigrants (April 10 - June 12, 2023)



# Anti-immigrant Rhetoric Affects Care

## Declared impact of the US President's statements and campaign statements on Latino populations' perceptions of safety and emergency care access

Robert M. Rodriguez ✉, Jesus R. Torres, Jennifer Sun, Harrison Alter, Carolina Ornelas, Mayra Cruz, Leah Fraimow-Wong, Alexis Aleman, Luis M. Lovato, Angela Wong, Breena Taira

Published: October 30, 2019 • <https://doi.org/10.1371/journal.pone.0222837>

## ED visits: ZSFG, Alameda Health System, & Olive View-UCLA

- 75% Undocumented latino residents reported anti-immigrant rhetoric in 2016 made them feel unsafe living in the United States
  - **55% Delayed presenting to the ED due to fear**
- 51% of legal latino residents reported that anti-immigrant rhetoric in 2016 made them feel unsafe living in the United States

# Increased Negative Health Outcomes Seen in Pediatric Immigrant Children

- **Mental Health**
  - Increased anxiety, depression, and PTSD due to separation and detention
    - Children of Asian, Pacific Island, and Latinx immigrants have significantly higher rates of depression, anxiety, and post-traumatic stress disorder
  - Fear of deportation affects daily function (school performance)
- **Physical Health**
  - Poor access to healthcare due to fears
  - Malnutrition and infection risk due to lack of hygiene in detention facilities
- **Educational Barriers**
  - Interrupted schooling
  - Fear of attending school due to deportation risks, bullying



The background features several decorative yellow elements: a large, thick, irregular brushstroke on the left side; a series of thin, parallel, slightly curved lines in the top right corner; and two overlapping, soft-edged yellow shapes in the bottom right corner. Numerous small yellow dots and splatters are scattered across the left side of the image.

# **What Can Healthcare Providers Do?**



# **THE OTHER SIDE OF FEAR IS PREPARATION**

## **PREPARE**

- **Yourself**
- **Patients**

## **PROTECT**

- **Patients**
- **Colleagues**

## **INFORM**

- **Yourself**
  - **Patients**
  - **Public**
- 

# Know Your Rights & Family Preparedness Plan

- Printable [red cards](#) in nineteen languages to distribute to community members
- A [downloadable, fillable, and printable Family Preparedness Plan](#)
- A webinar in both [English](#) and [Spanish](#) on Family Preparedness Plans in California.
- A [know-your-rights handout](#) in eight languages to help families prepare for a possible interaction with ICE
- A directory of [non-profit legal services providers](#) across the country
- [10 Things Noncitizen Protestors Need to Know](#)



<https://www.ilrc.org/resources/community/know-your-rights-toolkit>





# REVIEW POLICY WITH STAFF

SFDPH memo, rev 1.22.25:



## PROTOCOL FOR STAFF ENCOUNTERS WITH ICE (or other enforcement)

Under SF's "Sanctuary City Ordinance," City agencies (eg DPH, ZSFG) and employees are generally PROHIBITED from assisting ICE in enforcing federal immigration laws.

IF ANY STAFF RECEIVES ANY INQUIRY FROM  
FEDERAL AUTHORITIES, IMMEDIATELY :

▶ **CONTACT 6M RN  
manager Tonia Vega:  
650-201-0382**

▶ **SFGH AOD: x6-3519**

▶ **CALMLY DIRECT PATIENTS INTO  
PATIENT ROOMS AND CLOSE THE DOOR  
(NOT in hallways/WR).**

▶ **Do not allow agent to enter into 6M  
Clinic; direct to hallway outside 6M.  
▶ Provide Red Cards to patients.**

You may say:

- ✓ "Please wait here (in hallway OUTSIDE of 6M clinic) until our supervisor arrives."
- ✓ "While we wait, please provide me your ID/badge #, Supervisor contact, and any document/warrant\*, all of which I will photocopy."
- ✓ "I CANNOT consent to any search or answer questions or sign anything w/o my supervisor present."
- ✓ "I am not authorized to speak with you."

- ✗ ICE agent CANNOT enter City property.
- ✗ ICE agent CANNOT conduct searches, including clinic records.
- ✗ We are NOT required to disclose any information about the person named on the warrant.
- ✗ We are NOT required to help ICE search for "person of interest."
- ✗ We are NOT required to answer agents' questions or speak at all.

\*Note: only JUDICIAL warrants are valid (less common): issued by "U.S. District Court", "Magistrate" judge, typically to search property. Anything else ("Notice of Appearance," Administrative warrant, subpoena, etc) is NOT ACCEPTABLE for compliance.

▶ **ILRC RED CARDS:**  
<https://www.ilrc.org/red-cards-tarjetas-rojas>



▶ **ICE detainee locator:**  
<https://locator.ice.dhs.gov/dls/#/search>



▶ **SFILEN Rapid Response: (415) 200-1548**

Updated 1/10/25. Based on 2/2020 Memo From City Attorney. 626422 Status: Final (2/25)



San Francisco Department of Public Health  
Director of Health

## San Francisco Department of Public Health

### Policy & Procedure Detail\*

Policy & Procedure Title: Immigration Status and Interactions with Immigration Enforcement Agents Policy

Category: Compliance

Effective Date: February 1, 2017

Last Reissue/Revision Date: January 22, 2025

DPH Unit of Origin: Office of Compliance and Privacy Affairs

Policy Contact - Employee Name and Title; and/or DPH Division:  
Office of Compliance and Privacy Affairs

Contact Phone Number(s): 855-729-6040

Distribution: DPH-wide ☒ If not DPH-wide, other distribution:

\*Add sections in table required.

### 1. Purpose of Policy

DPH is dedicated to serving all those in need of care, without regard to immigration status. San Francisco is healthier when all residents, including undocumented immigrants, access services that maintain health and prevent disease.

Under S.F. Administrative Codes 12H and 12I, together commonly referred to as the "Sanctuary City Ordinance", City agencies and employees are generally prohibited from assisting ICE in enforcing federal immigration laws. The purpose of this DPH Policy & Procedure Detail is to ensure that all DPH members are providing services in alignment with DPH's mission and the Sanctuary City Ordinance, and to provide procedures for staff to use in interactions with patients and with immigration authorities who may come into a clinic, hospital, or other setting on City property.

Environment  
and safety



Access to care



## Sample warrant: **administrative** (not necessary to comply)

U.S. Department of Justice  
Immigration and Naturalization Service

### Warrant of Removal/Deportation

**NOT issued by a court**

File No. \_\_\_\_\_

Date: \_\_\_\_\_

To any officer of the United States Immigration and Naturalization Service:

\_\_\_\_\_ (full name of alien)  
who entered the United States at \_\_\_\_\_ (place of entry) on \_\_\_\_\_ (date of entry)

is subject to removal/deportation from the United States, based upon a final order by:

- ☐ an Immigration judge in exclusion, deportation, or removal proceedings
- ☐ a district director or a district director's designated official
- ☐ the Board of Immigration Appeals
- ☐ a United States District or Magistrate Court Judge

and pursuant to the following provisions of the Immigration and Nationality Act:  
Section 241(a)(5) of the Immigration and Nationality Act (Act), as amended.

If, the undersigned officer of the United States, by virtue of the power and authority vested in the Attorney General under the laws of the United States and by his or her direction, command you to take into custody and remove from the United States the above-named alien, pursuant to law, at the expense of the appropriation. "Salaries and Expenses Immigration and Naturalization Service 2002," including the expense of an attendant if necessary.

**NOT signed by a judge**

\_\_\_\_\_  
(Signature of IHS officer)

\_\_\_\_\_  
(Title of IHS officer)

\_\_\_\_\_  
(Date and office location)

## Sample warrant: **Judicial** (must comply)

AO-13 (Rev. 12/99) Search and Seizure Warrant

### UNITED STATES DISTRICT COURT

for the  
Eastern District of California

**Issued by a specific court**

In the Matter of the Search of  
(Briefly describe the property to be searched  
or identify the person by name and address)

Case No. \_\_\_\_\_

540 Oak Avenue  
Davis, California 95616

### SEARCH AND SEIZURE WARRANT

To: Any authorized law enforcement officer

211-SW-0161 EFB

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the EASTERN District of CALIFORNIA.

(Identify the person or describe the property to be searched and give its location):  
SEE ATTACHMENT A, ATTACHED HERETO AND INCORPORATED BY REFERENCE

The person or property to be searched, described above, is believed to conceal (Identify the person or describe the property to be seized):  
SEE ATTACHMENT B, ATTACHED HERETO AND INCORPORATED BY REFERENCE

I find that the affidavit(s), or any recorded testimony, establish probable cause to search and seize the person or property.

**YOU ARE COMMANDED** to execute this warrant on or before 5-9-2011 (not to exceed 14 days)

☐ in the daytime 6:00 a.m. to 10 p.m. ☐ at any time in the day or night as I find reasonable cause has been established.

Unless delayed notice is authorized below, you must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

The officer executing this warrant, or an officer present during the execution of the warrant, must prepare an inventory as required by law and promptly return this warrant and inventory to United States Magistrate Judge

(Name)

I find that immediate notification may have an adverse result listed in 18 U.S.C. § 2705 (except for delay and authorize the officer executing this warrant to delay notice to the person who, or whose property, will be searched or seized (check the appropriate box) ☐ for \_\_\_\_\_ days (not to exceed 30).

Until, the facts justifying, the later specific date of \_\_\_\_\_

**Must be signed by a judge**

and time issued 4-25-2011  
9:10:00 AM

and state: SACRAMENTO, CALIFORNIA

\_\_\_\_\_  
Judge's signature

**EDMUND F. BRENNAN, U.S. MAGISTRATE JUDGE**  
Printed name and title

Environment  
and safety



Access to care



## Notice to Appear

In removal proceedings under section 240 of the Immigration and Nationality Act:

File No: \_\_\_\_\_

In the Matter of: \_\_\_\_\_

Respondent: \_\_\_\_\_

(Printed name, city, state and ZIP code)

(Shave code and photo number)

- ☐ 1. You are an arriving alien.  
☐ 2. You are an alien present in the United States who has not been admitted or paroled.  
☐ 3. You have been admitted to the United States, but are deportable for the reasons stated below:

The Department of Homeland Security alleges that you:

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

- ☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution.  
☐ Section 235(b)(1) order was vacated pursuant to: ☐ 8 CFR 206.30(f)(2) ☐ 8 CFR 235.3(b)(7)(v)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at: \_\_\_\_\_

(Complete Address of Immigration Court, including Room Number, if any)

on \_\_\_\_\_ at \_\_\_\_\_ to show why you should not be removed from the United States based on the charge(s) set forth above.

(Signature and Title of Issuing Official)

Date: \_\_\_\_\_

(City and State)

See reverse for important information

Form I-862 (Rev. 08/01/07)

1. To (Name, Address, City, State, Zip Code)

DEPARTMENT OF HOMELAND SECURITY

IMMIGRATION ENFORCEMENT  
SUBPOENAto Appear and/or Produce Records  
8 U.S.C. § 1225(d), 8 C.F.R. § 287.4

(Title of Proceeding)

(File Number, if Applicable)

By the service of this subpoena upon you, YOU ARE HEREBY SUMMONED AND REQUIRED TO:

- (A) ☐ **APPEAR** before the U.S. Customs and Border Protection (CBP), U.S. Immigration and Customs Enforcement (ICE), or U.S. Citizenship and Immigration Services (USCIS) Official named in Block 3 at the place, date, and time specified, to testify and give information relating to the matter indicated in Block 2.  
 (B) ☒ **PRODUCE** the records (books, papers, or other documents) indicated in Block 4, to the CBP, ICE, or USCIS Official named in Block 3 at the place, date, and time specified.

Your testimony and/or production of the indicated records is required in connection with an investigation or inquiry relating to the enforcement of U.S. immigration laws. Failure to comply with this subpoena may subject you to an order of contempt by a federal District Court, as provided by 8 U.S.C. § 1225(d)(4)(B).

3. (A) CBP, ICE or USCIS Official before whom you are required to appear

(B) Date

Name

Title

Address

Telephone Number

(C) Time

☒ a.m. ☐ p.m.

4. Records required to be produced in response to:



If you have any questions regarding this subpoena, contact the CBP, ICE, or USCIS Official identified in Block 3.

5. Authorized Official

(Signature)

(Printed Name)

(Title)

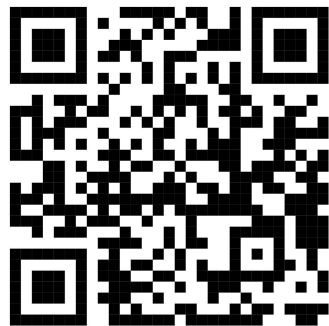
(Date)

The background features abstract blue watercolor washes in the corners and several sets of parallel blue lines. One set of lines curves from the top right towards the center, while another set curves from the bottom right towards the center. There are also small blue dots scattered in the top left corner.

Be mindful that our colleagues and trainees may be experiencing profound immigration-related stress



# Implement Change at Patient, Clinician, and Institutional Level



SAMPLE STRATEGY	SAMPLE LANGUAGE
<b>Open a dialogue</b> by placing patients' fears in context and generalizing any challenges.	"Many of my patients are currently experiencing anxiety about immigration problems"
<b>Provide reassurance</b> by contextualizing, explaining your motive for helping, and emphasize confidentiality.	"Many people are going through similar struggles right now. You are not alone."  "This kind of anxiety can impact your health. You are safe to express your concerns here."  "I will not write your immigration status in the medical record."



<https://doctorsforimmigrants.com/ourwork/#ourtoolkit>



# Documentation in Medical Records

**✗ Do NOT indicate documentation status – “undocumented” or “crossed border with coyote” or “crossed without detention” or “arrived without detection” or “crossed legally/illegally.”**

**✓ “3-month travel from Colombia, with several week stay in shelter at Mexican border.” “Travel in accordance with international migration protocol.”**

**✓ Arrival date and country of origin. Implications for timing of QFT testing, implications for traumas specific to journey.**

**✓ “Stress related to public charge,” “provided legal resources, KYR”, “provided family preparedness packet.”**

## ● ICD10 Codes:

- Acculturation Difficulty
- Family Disruption
- Psychosocial Stressors
- Inaccessibility of health care
- Other psychosocial problems





# MEDICAL ADVOCACY LETTERS

6MBRIDGESANKLE	Sample "medical letter" advocating for removal of ankle monitor
6MPROOFRES	Proof of patient/caregiver bringing child to clinic since YYYY.
6MPROOFMORAL	Proof of "good moral character" of an individual who will contribute positively to U.S. society.
6MIMMIGRATIONAVSALL	AVS Red Card info/Resources for immigrants (in Spanish, English, Arabic, and Chinese (simplified/traditional)).
6MIMMHEALTHLETTER	Letter template (GENERAL) - immigrant health advocacy for legal case; speak with pt's attorney
6MIMMCSHCNLETTER	Letter template (CHILD W SPECIAL HEALTH CARE NEEDS)- immigrant health advocacy for legal case; speak with pt's attorney

# TRAUMA-INFORMED SCREENING TOOLS

## Refugee Health Screener-15 (RHS-15)

- Specifically designed for refugee populations to screen for emotional distress, anxiety, depression, and PTSD.
- Useful if you serve a community with a high proportion of refugees.



**REFUGEE HEALTH SCREENER (RHS-15)**

**Instructions:** Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

☐ NOT AT ALL
 ☐ A LITTLE BIT
 ☐ MODERATELY
 ☐ QUITE A BIT
 ☐ EXTREMELY

SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Easily startled	0	1	2	3	4

10. Do any symptoms may be related to traumatic experiences during war and migration. How much do you have you?

11. Do you experience of reliving the trauma; acting or reacting as if it were happening again?

12. Do you have any PHYSICAL reactions (for example, break a sweat, heart beats fast) when reminded of the trauma?

13. Do you feel emotionally numb (for example, feel sad but can't seem to have loving feelings)?

14. Do you feel more easily startled (for example, when someone walks up behind you)?

on Mental health

# TRAUMA-INFORMED SCREENING TOOLS

## Child PTSD Symptom Scale

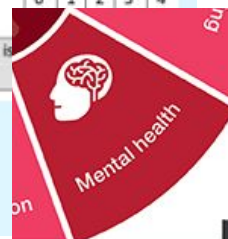
- A self-report measure for children and adolescents that helps identify PTSD symptoms.
- Includes a functional impairment rating to guide treatment planning.

These questions ask about how you feel about the upsetting thing you wrote down. Read each question carefully. Then circle the number (0-4) that best describes how often that problem has bothered you IN THE LAST MONTH.

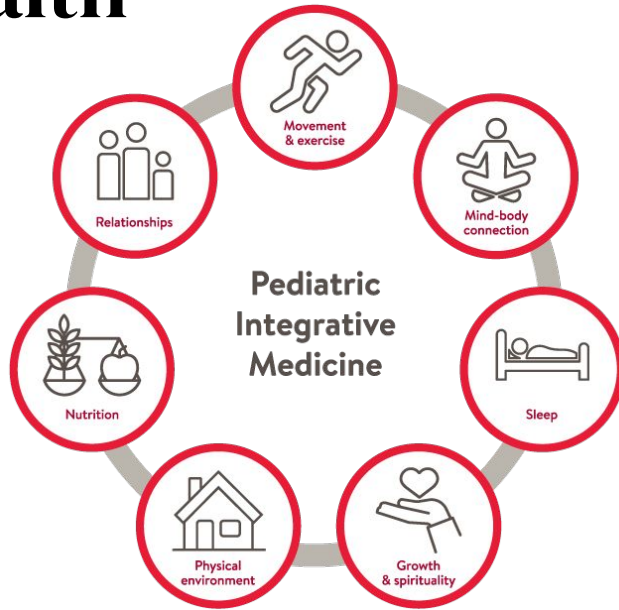
1. Having upsetting thoughts or pictures about it that came into your head when you didn't want them to	0	1	2	3	4
2. Having bad dreams or nightmares	0	1	2	3	4
3. Acting or feeling as if it was happening again (seeing or hearing something and feeling as if you are there again)	0	1	2	3	4
4. Feeling upset when you remember what happened (for example, feeling scared, angry, sad, guilty, confused)	0	1	2	3	4
5. Having feelings in your body when you remember what happened (for example, sweating, heart beating fast, stomach or head hurting)	0	1	2	3	4
6. Trying not to think about it or have feelings about it	0	1	2	3	4
7. Trying to stay away from anything that reminds you of what happened (for example, people, places, or conversations about it)	0	1	2	3	4
8. Not being able to remember an important part of what happened	0	1	2	3	4
9. Having bad thoughts about yourself, other people, or the world (for example, "I can't do anything right", "All people are bad", "The world is a scary place")	0	1	2	3	4
10. Thinking that what happened is your fault (for example, "I should have known better", "I shouldn't have done that", "I deserved it")	0	1	2	3	4
11. Having strong bad feelings (like fear, anger, guilt, or shame)	0	1	2	3	4
12. Having much less interest in doing things you used to do	0	1	2	3	4
13. Not feeling close to your friends or family or not wanting to be around them	0	1	2	3	4
14. Having trouble having any feelings at all (like happiness or love) or trouble having any feelings at all	0	1	2	3	4
15. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
16. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
17. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
18. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
19. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
20. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
21. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
22. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
23. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
24. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
25. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
26. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
27. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
28. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
29. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
30. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
31. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
32. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
33. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
34. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
35. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
36. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
37. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
38. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
39. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
40. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
41. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
42. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
43. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
44. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
45. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
46. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
47. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
48. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
49. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4
50. Having trouble doing things you used to do (like playing, studying, or working)	0	1	2	3	4



for danger (for example, checking to see who is around you and what is going on)



# PIM Targets Social Drivers of Health and Can be a Useful Tool to Improve Pediatric Immigrant Health



*Social determinants of health*



# Conclusion

- Establishing PIM at a FQHC is possible!
- PIM is an important tool to reduce health disparities
- Immigrant children and families can highly benefit from PIM treatment modalities
- Awareness of immigrant policies can help improve patient care



# Thank you for listening!



EveryoneBelongsHere.net  
Resources

Ann Ming Yeh, MD  
Tamara Frankenberg, MD  
Eleanor Chung, MD  
Raul Gutierrez, MD, MPH  
Shonul Jain, MD  
Dave Gordon, MD, MPH  
**UCSF Osher Center Family!**





# Resource List

- <https://www.ilrc.org/resources/community/know-your-rights-toolkit>
- <https://doctorsforimmigrants.com/ourwork/#ourtoolkit>
- [https://www.refugeehealthta.org/wp-content/uploads/2012/09/RHS15\\_Packet\\_PathwaysToWellness-1.pdf](https://www.refugeehealthta.org/wp-content/uploads/2012/09/RHS15_Packet_PathwaysToWellness-1.pdf)
- <https://istss.org/wp-content/uploads/2024/08/THE-CHILD-PTSD-SYMPTOM-SCALE-FOR-DSM-V.pdf>
- <https://www.everyonebelongshere.net/>

# Works Cited

- Desai N, Romano ME. Pediatric and Adolescent Issues in Underserved Populations. *Prim Care*. 2017 Mar;44(1):33-45. doi: 10.1016/j.pop.2016.09.007. Epub 2017 Jan 2. PMID: 28164818.
- Mitchell, H.K., Radack, J., Passarella, M. *et al*. A multi-state analysis on the effect of deprivation and race on PICU admission and mortality in children receiving Medicaid in United States (2007–2014). *BMC Pediatr* 24, 565 (2024). <https://doi.org/10.1186/s12887-024-05031-3>
- Black LI, Barnes PM, Clarke TC, Stussman BJ, Nahin RL. Use of yoga, meditation, and chiropractors among U.S. children aged 4–17 years. NCHS Data Brief, no 324. Hyattsville, MD: National Center for Health Statistics. 2018.
- Misra SM, Guffey D, Roth I, Giardino AP. Complementary and Alternative Medicine Use in Uninsured Children in Texas. *Clin Pediatr (Phila)*. 2017 Aug;56(9):866-869. doi: 10.1177/0009922817709556. Epub 2017 May 18. PMID: 28516798.
- Gautam Ramesh, Dana Gerstbacher, Jenna Arruda, Brenda Golianu, John Mark and Ann Ming Yeh. Pediatric Integrative Medicine in Academia: Stanford Children’s Experience. *Children*. 2018, December 12th
- UNHCR Global Trends 2023, 13 June 2024. <https://www.unhcr.org/about-unhcr/overview/figures-glance>
- <https://www.kff.org/racial-equity-and-health-policy/issue-brief/potential-impacts-of-mass-detention-and-deportation-efforts-on-the-health-and-well-being-of-immigrant-families/>
- Kim J, Nicodimos S, Kushner SE, Rhew IC, McCauley E, Vander Stoep A. Comparing Mental Health of US Children of Immigrants and Non-Immigrants in 4 Racial/Ethnic Groups. *J Sch Health*. 2018 Feb;88(2):167-175. doi: 10.1111/josh.12586. PMID: 29333640.
- Cuddy E, Currie J. Treatment of mental illness in American adolescents varies widely within and across areas. *Proc Natl Acad Sci U S A*. 2020 Sep 29;117(39):24039-24046. doi: 10.1073/pnas.2007484117. Epub 2020 Sep 21. PMID: 32958646; PMCID: PMC7533674.