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Views from Inside a Pediatric Clinic: How Arizona's Political Climate Has Impacted Arizona's Youngest Latino Learners

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Abstract

It is critical that we examine impacts that recent immigration policies such as SB1070 are having on Arizona's youngest Latino learners. The large number of Latinos under the age of five, and the impact that this upcoming generation of Latinos will have on all aspects of life in Arizona merits a closer look. In this qualitative study, we examined the perspectives of five adults working in an Arizona pediatric clinic (i.e., "Pediatrics Plus"). The themes of fear and community tension which arose throughout the interview data demonstrate that the health of our youngest learners as well as their access and ability to attend extended learning opportunities provided by community partners such as Pediatrics Plus, is being impacted by the wider anti-immigrant policies in Arizona. By taking a comprehensive approach using Bronfenbrenner's ecological theory to examine the health and enrichment opportunities of Arizona's youngest learners and how recent policies can impact young learner's development, we can work with other stakeholders to improve their opportunities for healthier minds and bodies, for academic success, and for a brighter future.

Introduction

The first three years of life are crucial for creating a foundation for certain competencies and skills which are vital for school and life success (Shonkoff & Phillips, 2000). These early experiences can place young children on a trajectory of risk or achievement (Cálderón, 2007). Unfortunately, Latino children, the fastest-growing segment of the U.S. child population, are too often placed on the trajectory of risk (Morse, 2003; Winter et al., 2007). In Arizona, Latinos are the largest ethnic minority and account for almost 87% of the total growth in the K-12 system over the past ten years (Garcia, Ozturk, & Wood, 2009). For this reason, it is imperative that the needs or well-being of the fastest growing population of children are met because they are an important part of Arizona's future.

The earliest years of life are crucial to school readiness and future academic achievement (Cálderón, 2007). For example, preschool prepares children to read by building cognitive and verbal skills which can help close the preparation gap between students from low- and middle-class backgrounds (Mead, 2004), and between minority and White children (Lee & Burkum, 2002). Additionally to help ensure that children are able to focus on learning, regular checkups to prevent or detect medical problems are necessary (Arizona's School Readiness Action Plan, 2005). Also, young children should have regular vision and hearing screenings, immunizations against childhood diseases, and dental care services (Arizona's School Readiness Action Plan, 2005). School readiness or the lack of it is strongly correlated with factors such as access to health care and wellness services, access to early literacy, and early care experiences, maternal education, and poverty (see Rouse, Brooks-Gunn, & McLanahan, 2005).

Demographics

Within the population of children currently preparing to enter our education systems, Latino children are the fastest-growing segment across the United States. They currently constitute 22% of public school students enrolled in prekindergarten through 12th grade (Aud, Hussar, Kena, Bianco, Frohlich, & Kemp, 2011). Furthermore, Latinos constitute 24% of the child population of the United States under the age of five (Beltran, 2010). Latino children represent the overall diversity that exists within Latinos, which Hernandez (2005) reported as 73% being of Mexican descent followed by Puerto Ricans (6%) and those of South and Central American descent (14%).

The Latino population overall grew by 45% in Arizona in recent years with some counties seeing increases of over 280% (McConnell & Skeen, 2009). In 2003, there were almost as many Latino babies born in Arizona (43.1%) as non-Hispanic White babies (43.1%) (Luna, 2009). In 2007, it was reported that approximately 88.6% of Latinos in Arizona identified themselves as Mexican. However, the Latino population in Arizona also includes individuals who self-identified as Central American (primarily from El Salvador and Guatemala), Puerto Rican, South American, and “other Hispanic or Latino” (McConnell & Skeen, 2009). In Maricopa County, one of the largest counties in Arizona, children under the age of 5 years constitute 12.8% of the Latino population. According to the Census Bureau’s American Community Survey (ACS), the majority of Arizona’s Latino population (72.4%) was born in the United States.

Socio-economic diversity also exists within the Latino population. While many Latinos have achieved middle and high SES status, 67% of Latino families in the United States with children under the age of 3 years old have incomes that are 200% below the poverty threshold (Calderon, 2007; Hernandez, 2005). In Arizona, 32.7% of Hispanic children (birth-17 years old) live in poverty compared to 22.5% of White children (US Census Bureau, 2011). Furthermore, about 64% of Latino children under the age of 6 years old come from families considered low-income and 33% come from families living in poverty (NCCP, 2009).

The need to improve academic outcomes among young Latinos cuts across social class lines, because even children from middle and high SES families lag behind comparable Whites in school readiness and achievement (National Task Force on Early Childhood Education for Hispanics, 2007). Nevarez and Rico (2007) reported that poverty impedes many Latino families from enrolling their children in preschool. The cost of tuition and the lack of transportation are cited by Latino parents as the major deterrents to preschool enrollment (Nevarez & Rico, 2007).

The growing population of Latino children is impacted by a number of key factors known to impact school readiness. Two-thirds of Latino infants and toddlers have mothers who have not attended or completed college and reside in low-income households (Hernandez, 2005). Latino children under the age of three years are also more likely than their White counterparts to lack health insurance (Flores, Abreu, & Tomany-Korman, 2006) and have less access than White children to reading activities and educational resources (Llagas & Snyder, 2003). Furthermore, the vast majority of Latino families with young children chose to use relatives versus childcare or preschool services and most do not enroll their children in enrichment activities outside the home (Capizzano, Adams, & Ost, 2006). In sum, there are significant challenges to the academic success of our growing Latino population.

Importance of Regular Pediatric Care

Families’ regular contact with their children’s pediatricians is important to their developmental, physical, and educational outcomes. For example, prenatal visits provide an opportunity to prevent and address disabilities and delays through early detection and counseling expectant mothers’ to support a healthy pregnancy. Moreover, family and child visits during children’s early years (e.g., well-baby checks, regular check-ups) are also important to promote health as well as both prevent and address disability and delay.

Physicians assume a primary role in systematically screening young children for both developmental risks (e.g., violence, trauma, abuse) as well as protective factors (e.g., appropriate nutrition, safe environment, nurturing relationships) (Pizur-Barnekow et al., 2010). Outcomes of physicians’ screenings may indicate the need for more in-depth evaluation to determine presence of a disability. Through comprehensive evaluation, some

disabilities can be diagnosed in very young children, for instance, autism (Woods & Weatherby, 2003). Therefore, it is imperative that families have consistent contact with their children's pediatricians to provide screenings for children. Additionally, children who have many types of disabilities benefit from early identification and intervention. To illustrate, intervention for younger children with autism spectrum disorders results in greater positive impacts (e.g., communication, behavior) than those accrued by children as they get older (Woods & Weatherby, 2003).

Finally, regular contact with a pediatrician provides opportunities for children's immunizations, which prevent diseases that may lead to health issues and developmental delays and result in great cost for children, families, communities, and society. For example, one child's case of measles can cost approximately 23 times more than the cost to vaccinate that child against measles; similarly, for every one dollar spent on diphtheria-tetanus-acellular pertussis vaccine (dTaP), the saving amounts to twenty-four dollars (Armstrong, 2007). These and other preventable diseases can have long-term impacts on children's health and education. By promoting health as well as preventing and addressing disability, we not only help children and families, but we also can avoid societal expenditures associated with children's disabilities and delays (Guralnick, 2004). The health and well-being of young Latino children is not just important to their immediate families; issues impacting Latino children can affect all children and families within the community.

Access to pediatricians is often tied to having health insurance. It is estimated that nationally, 20% of Latino children are uninsured (DeNavas-Walt, Proctor, & Smith 2008). In Arizona, Garcia-Perez and Szkupinski Quiroga (2010) examined data from the Child and Adolescent Health Measurement Initiative from 2005 and reported that approximately seven out of ten Latino uninsured children who may be eligible for health coverage through the Arizona Health Care Cost Containment System (AHCCCS) or the State Children's Health Insurance Program (S-CHIP) are not enrolled in either program. Furthermore, out of the total of uninsured children in Arizona, 35% are Latino (Garcia-Perez & Szkupinski Quiroga, 2010).

Political Climate

U.S.-born and immigrant Latino children in Arizona may not be receiving proper regular health care due to racial profiling and immigration raids targeted at Latino communities. In urban neighborhoods of Arizona with a high population of Latinos, Arizona's immigration policies can create a sub-class of women and children who live in fear of being detained, trapping many women in abusive relationships and work environments thereby rendering them unable to report crimes against themselves or their children (Ammar, Orloff, Dutton, & Aguilar-Hass, 2005). Santos, Menjivar, and Godfrey (2013) assert, because of recent immigration policies including SB1070, children feel a distrust of law enforcement agencies as well as have lower self-esteem. Immigration roundups can systematically marginalize Latinos resulting in lack of accessibility to needed services, including healthcare (Pianta, 2007). Thus, these policies can place Latinos in urban, working-class neighborhoods as second-class citizens with inferior rights (Romero, 2006).

To date, approximately five million children who live in the United States are in the care of undocumented immigrant parents and three million of these children are U.S citizens (Vazquez, 2011). It is important to examine how these children are being affected by the recent roundups in Maricopa County. Parents may feel that the risk of being picked up in a roundup is too great and may stay home even if it means missing a doctors' appointment for their children's vaccinations, regular medical checkups, and subsequent educational intervention services.

Theoretical Framework

Bronfenbrenner (1979) and others (Haste, 1993; Rogoff, 1990; Vygotsky, 1962) have stated that we should acknowledge that the individual and the socio-historical environment integrally build on each other. Bronfenbrenner's (1979) ecological theory of human development provides a particularly illuminating structural framework for analyzing and understanding how various contexts interact with and influence Arizona's youngest learners. He delineated four systems of influence on an individual's development. Each system is embedded within the previous system(s).

The microsystem refers to the relationships between a person and his or her immediate setting. The example Bronfenbrenner (1979) provides is that of home and school. Second, the mesosystem is composed of the relationships among an individual's major contexts. These include interactions among family, school, and peer groups. Third, the exosystem is an extension of the mesosystem and includes both formal and informal social structures. These structures do not necessarily contain the individual, but do impact the individual's immediate settings. Examples of the exosystem include the neighborhood, the mass media, all of the various levels of agencies of government, the distribution of services and goods, and informal social networks. Last, the macrosystem differs from the previous systems in that it does not refer to particular contexts but rather to broad institutional patterns of the culture. Macrosystems carry information and ideology. Bronfenbrenner (1979) emphasizes that priorities for children in a macrosystem can impact how a child is treated in different types of settings.

Vygotsky (1962) also discussed how an individual's historical and cultural context influences his or her development. Vygotsky emphasized that human learning is always mediated through interactions with others, such as parents, peers, and other community members. These interactions, in turn, are influenced by the culture and context in which we live. Haste (1993), expanding on Vygotsky's work, stated that individuals are influenced by social interactions. Arizona's youngest Latino learners' interactions with others in their immediate communities will influence how they see themselves as learners (also see Rogoff, 1990).

Significance of Study

As other states (e.g., Alabama and Georgia) enact policies that impact Latinos and immigrants, there remains a shortage of studies that investigate how such policies impact the youngest Latino learners. Studies such as this one have the potential to inform discussions by all stakeholders, from policymakers to those who regularly interact with young Latino learners. Therefore, the current qualitative study examined and documented the perspectives of five individuals working in an Arizona pediatric clinic serving a predominantly Latino clientele in a community heavily impacted by recent immigration policies.

Methods

Research Questions

In general, what are the perceived effects of recent immigration policies on Arizona's youngest Latino learners who are serviced by one pediatric clinic? More specifically, how have recent immigration sweeps impacted Arizona's youngest Latino learners' access to the clinic?

Community Environment

We have focused on one pediatric clinic because of the scope and exploratory nature of this study. Sudman (1976) states that a small, local study is appropriate for a researcher who is just beginning an inquiry into a particular topic, as is our case. Indeed, at the time of this study, there had been very little research conducted in Arizona examining the effects of current immigration policies on our youngest Latinos. This qualitative study of five participants allowed us to develop a deeper and more contextual understanding of their perceptions about how recent immigration policies have impacted Arizona's young Latinos than might be achieved with a more superficial study of a larger group of participants (Matsumoto, 1991).

Pediatrics Plus (pseudonym) opened the doors of its first pediatric clinic in 2002 in a predominantly Latino community in a low-income area in the greater Phoenix area of Arizona. Pediatrics Plus currently operates five clinics within 40 miles of each other. According to the Pediatrics Plus's Chief Financial Officer, approximately 80% of the clients served at Pediatrics Plus are Latinos/as and about 75% are from low-income backgrounds. The Pediatrics Plus billing office reports that on average, three hundred patients are seen per day across the five clinics. The clinic focuses primarily on health services but also provides academic and literacy enrichment

opportunities for children and adults. Participants in the current study all work at the largest Pediatrics Plus clinic, situated on a major street in a city that has experienced frequent immigration raids. Furthermore, several raids took place at the supermarket directly across from the clinic two months prior to the beginning of this study.

Participants

Five individuals were interviewed as part of this study. Pseudonyms are used to identify all participants. The first participant is sixty-two years old, male, and is the head pediatrician and owner of the practice, Dr. Ruben. He was born and raised in Mexico and immigrated to the U.S. at age eighteen years. He has led the practice for the past sixteen years. Dr. Suarez, the second participant, is second-generation Mexican and at age thirty-four years, has worked as an attending doctor at Pediatrics Plus for the past eight years. Mrs. Casillas is the Billing Office Manager and is sixty-five years old, female, and was born and raised in Mexico and immigrated to the U.S. at age nineteen years. She has worked for Pediatrics Plus for twelve years. The fourth participant is the Building Manager, Mr. Basulto, who is sixty-three years old and was born and raised in Mexico and immigrated to the U.S. also at age nineteen years. He has also worked for Pediatrics Plus for twelve years. The fifth participant, Ms. Lopez, is a twenty-seven year old female, and self-identifies as a second generation Mexican. She has worked as a medical assistant at Pediatrics Plus for the past five years.

Interviews

Community members' voices are powerful and useful tools in both practice and research, yet their voices are rarely heard (Jalongo, Isenberg & Gerbracht, 1995; Witherell & Noddings, 1991). Because of the importance and value of tapping community members' voices, participants' perceptions regarding the impact of recent immigration policies on Arizona's youngest learners were collected through in-depth individual interviews. Each participant was interviewed on two separate occasions and each of the two interviews took place over a minimum of one hour. Most of the interviews were conducted over a total of two and one-half hours. The purpose of in-depth interviews was to understand the experiences of the participants and the meanings they make of those experiences (Seidman, 1998).

The Interview Protocol that we used draws on the theoretical framework provided by Bronfenbrenner (1979), Vygotsky (1962), and Haste (1993). Participants were not constrained by the format of the interview protocol, but were encouraged to include all pertinent information that they felt influenced their perceptions. As Seidman (1998) has stated, when researchers encourage participants to tell their stories, they can hear about their experiences in illuminating and memorable ways.

With each participant's permission, interviews were conducted and audio recorded by the lead author. Each audio recording was transcribed verbatim. Two of the interviewees, Mrs. Casillas and Mr. Basulto, requested to be interviewed in Spanish. Their interviews were translated by the lead author. After the initial interview, we began analyzing the data and used that information to ask any follow-up or clarification questions during the second interview. We verified the contents of the individual interviews and observations by reviewing them with each participant either in person or via e-mail and made changes where needed (i.e., member checks).

Data Analysis and Coding

The analysis of the data focused on the participant interviews. We divided the analysis procedure into the five modes suggested by Marshall and Rossman (1999): (a) organizing the data; (b) identifying themes, patterns, and categories; (c) testing the emergent hypothesis against the data; (d) searching for alternative explanations of the data; and (e) writing the report. Each transcript was read multiple times. We analyzed and categorized the interview data, identifying emerging themes and patterns (Patton, 1987). Initial coding categories were developed. Coding categories were further developed to allow for new information to be included and to collapse some of the previous categories. Two colleagues of the lead author were asked to independently code

20% of each of the five interviews to ensure reliability. After the first reliability check, codes were modified and the colleagues were then asked to code an additional 20% of each interview using the improved codes. A minimum score on Cohen's Kappa of .82 was then reached among the three coders.

Findings

Two major themes emerged from the interview data, with several subthemes within each theme. The first theme identified in the data was that of young children's declining participation in the clinic's services. A second theme was fear in the community and its impact on the lives of Arizona's youngest learners through their families and communities. More specifically, transportation issues, access to insurance and health services issues and educational services issues arose due to fear in the community. The third theme was tension within the community; more specifically, participants discussed rising tensions between Latinos born in the U.S. and Latinos who immigrated to this country. In addition, they also discussed families' growing feelings of distrust of government representatives in their communities, including law enforcement officers. Each theme will be discussed in greater detail below.

First, all five participants commented on the loss of clientele at Pediatrics Plus over the past several years, and most recently since the passage of SBI070 in Arizona. In fact Dr. Ruben, the owner of Pediatrics Plus, began the interview by commenting on the significant decreases in the number of children who are presently seen in the clinics. He estimated a forty percent loss of clientele over the past three years. Although Dr. Ruben perceived that much of that loss was due to fear of those still living in the community (as discussed in the next section of this article), he also indicated that he was aware that many families have self-deported back to their home countries. Dr. Suarez, an attending physician at the clinic, additionally commented that when he first joined the clinic five years ago, "there were hardly any gaps between patients; the schedule was always full." In recent months, he stated that he had days in which he went an hour without seeing a patient.

Mrs. Casillas, who manages the billing office, also noted that the clinics overall, but especially the clinic which was the focus of this study, has seen steady decreases in clients in recent years. She noted that the loss of revenue resulted in laying off about thirty percent of the clinic employees. In her words, "We have had to let go of people at all levels, from doctors to janitors." Mr. Basulto, whose duties as building manager included monitoring the parking lot, also noted the drop in patients at the clinic. He reported that while the parking lot at times had not seemed adequate for the number of patients seen at the clinic, more recently there were more than enough open spaces and patient parking was no longer problematic. Ms. Lopez expressed worry about losing her job as the numbers of patients seen daily has dropped significantly since she first began working at Pediatrics Plus six years ago.

The second major theme to emerge from the interview data was that of fear. Although Dr. Ruben has been practicing pediatric medicine in Phoenix, Arizona, for the past fifteen years, he stated that the climate of fear over deportation for those who are undocumented or fear of being profiled by law enforcement has impacted parents' abilities and willingness to attend to regular medical checkups and immunizations for their children. Mr. Basulto repeatedly discussed how parents of children being brought to the clinic seemed to be constantly looking over their shoulders. "The moms are always peeking around the corner onto the main street to make sure police cars are not around. They ask me if it is safe to go." Mrs. Casillas also spoke to this idea of fear commenting on when they have to call homes to verify information on their medical records; clinic staff encountered parents' growing fear about how information they give may be used to determine their legal status. Dr. Suarez and Ms. Lopez also addressed this theme of fear stating that patients appeared fearful of the return trip home after visiting the pediatric clinic.

In regard to the theme of fear, one subtheme that arose was that of transportation. Four of the five participants, not Ms. Lopez, reported that recent immigration policies and raids in the community caused parents to be concerned about making unnecessary trips for fear of being racially profiled and stopped by police for minor infractions. According to Mrs. Casillas, when parents do bring in their children the clinic, they often report taking routes that avoid busy intersections preferring to travel by side streets. These alternate routes often add significant time to their commute to the clinics. As mentioned before, the clinic is adjacent to a local supermarket,

which caters to Latino communities and was recently subject to two immigration raids. Regardless of families' mode of transportation, visits to the medical clinic significantly dropped in weeks immediately following the raids as parents sought to avoid the area. Mr. Basulto, who became a naturalized U.S. citizen in 2000, shared this story:

I can understand why parents want to avoid any unnecessary trips. Right after SB1070 passed, I started changing out of my work clothes and into my Sunday clothes before driving home from the clinic. I cannot avoid major streets going home and I drive a beat-up car. I was scared to get pulled over just because I'm Mexican. I started carrying around my U.S. passport all the time – just in case.

Mrs. Casillas shared this story about one of the female custodians, who has legal documentation to be in the United States, at the office building:

Cindy changed her whole schedule to avoid times when there is lots of traffic getting to and from the clinic. She has two small children at home. She had printed out all these maps and figured out how to avoid any major streets. Of course, this added at least 30 minutes to her commute. She shared that she knew several other people who were doing the same thing to avoid running into any police officers or other law enforcement agents. I'm sure some of the parents who come to the clinic are also figuring out the safest routes. We all know what major streets to avoid.

Ms. Lopez communicated the story of a parent who was more than ninety minutes late for an appointment because instead of driving her car to the appointment, she rode the bus due to fear of being racially profiled and stopped in her car. Ms. Lopez commented that “she was pretty shaken up when she arrived with her two-year old and three other older children.”

Within the theme of fear, the second subtheme identified was that of fear preventing patients from applying for the Arizona Health Care Cost Containment System (AHCCCS), the State Children's Health Insurance Program (S-CHIP), or other government support available for children who are US citizens. This was mentioned by three of the five participants –Dr. Suarez, Dr. Ruben, and Mrs. Casillas. All three shared stories in which parents reported not feeling safe applying for AHCCCS or in one case, food stamps, because parents worried that they would be required to show some documentation of their legal status. Dr. Suarez stated, “No matter how many times I reassure them that they have nothing to fear, some parents refuse to believe that it will be okay.” Dr. Ruben also commented how some parents have offered to pay cash for services instead of applying for help for fear of having to provide information as simple as their address. According to Dr. Ruben, “one parent says that his apartment building is known to have lots of undocumented families” and that is why that parent did not want to provide his address. Mrs. Casillas reported that she daily explained to families that as long as the child or children were born within the U.S., they could apply for AHCCCS. Parents' immigration status was not relevant for the children to access government services.

In addition to medical services, Pediatrics Plus was actively involved in bringing educational opportunities to the community by offering Saturday literacy classes for parents and their children and providing parents with opportunities to learn ways in which they can better support their children's academics. Similarly, there were monthly support group meetings, one for families of children with developmental delays and one for families of children with Down syndrome. However, the number of parents who participated in Saturday morning classes significantly dropped as well. Dr. Ruben reported that many of the parents remarked that they were unsure about how long they would remain living in Arizona due to the negative political climate; consequently, they did not want to commit to participating in a class or educational group. The literacy classes and support groups were running with very low numbers of participants at the completion of this study. Currently, the classes and support groups are completely closed due to lack of family participation.

The third major theme, was that of tension in the community. Specifically, participants discussed the growing divide between Mexicans who have emigrated from Mexico and those who identify themselves as Mexican but were born in the United States. Several of the parents, according to Mrs. Casillas, reported being harassed by U.S.-born Latinos while in the clinic waiting room. Returning to the issues of applying for AHCCCS,

Mrs. Casillas retold the story of a parent who commented that she was afraid to go back and talk to someone about AHCCS coverage for her toddler because the last time she was there and needed a translator, “the Mexican-American translator was ruder to her than the White women – like the translator wanted to prove she was better than her.”

In response to incidents like this, Mrs. Casillas stated that they have held two staff development sessions to discuss the importance of treating all parents who come to the clinic with respect and stepping in when tensions may arise in the waiting room. Dr. Ruben reported that he wants immigrant families to feel welcome and as such, has launched a series of local advertisements sharing his own story as an immigrant to the United States. He expressed concern that if immigrant families do not feel welcome in clinics like Pediatrics Plus, they will not attend regularly to their children’s medical needs.

The second subtheme to emerge under the major theme of community tension was family’s sense of mistrust of government agencies or officials. Several examples of this have already been shared as they pertained to other themes and subthemes (see above). All five participants shared the existence of a general sense of mistrust that extends past Immigration and Customs Enforcement (ICE) to law enforcement and even to schools. Ms. Lopez stated, “I hear a lot of parents in the waiting room saying [to other parents] not to share any information such as who they live with or where they were born if anyone in the [school] office asks.” Some parents even reported an unwillingness to tell school officials that they speak Spanish at home with their children. She added, “I wonder what that is teaching the kids about who it is safe to trust.” Families’ reticence to share may also prevent educational professionals from providing children with supports necessary for academic success.

Discussion

The interview themes can be examined through the lens of Bronfenbrenner’s ecological theory (1979) as well as Vygotsky’s (1962) understanding of how historical and cultural contexts influence a child’s development. As young Latino learners in Arizona, parents’ and other family members’ fears and worries regarding safety as well as their access to medical care and educational enrichment will likely impact their overall development. Impacts may include their challenges to their identity development as learners as they interact with various members of their school communities.

Applying Bronfenbrenner’s ecological theory (1979), Brendtro (2006) discussed the importance of circles of influence (i.e. microsystem, mesosystem, exosystem, and macrosystem) and emphasized that healthy ecologies help young learners have a sense of balance in their lives whereas high risk ecologies create stress and tension in learners’ lives. Fear and tension in the community (identified as themes within the data of the current study) appear to negatively impact young Latino learners’ ecologies.

All of the participants in the current study noted that the number of children being seen at the clinic had dropped significantly. One possible explanation is that the children are simply going to other clinics. To further explore this possibility in a follow up discussion with the participants, they were asked whether this was the case. Unfortunately, the four participants who work directly in the Pediatrics Plus office stated that children’s immunization were sometimes incomplete and that during informal conversations, some parents stated that they only came to the office when absolutely necessary because it entails taking risks and potentially exposing themselves to being “picked up.” Thus, a worrisome consequence of Arizona’s immigration policies appears to be that some children are missing important developmental check-ups and immunizations; some parents may not be taking their children to see a physician until the child is seriously ill.

As Woods & Weatherby (2003) stated of children with autism, regular screenings are vital to identifying issues that will impact early learning. If parents are not keeping doctor appointments, young Latino learners may be more likely to have health and developmental issues overlooked at a time when it may critically impact their learning. Because parents also expressed fear that prevented them from applying for state assistance (e.g., medical insurance coverage), again, young Latino learners may be missing medical screenings that can identify issues which can negatively affect their learning in the early stages of their lives. These same issues could be addressed early resulting in more positive health and developmental outcomes for individual children and

potentially others in the community. In addition to missed physician appointments, literacy classes and support group participation rates at Pediatrics Plus appeared to be negatively impacted by immigration policies, also pointing to missed opportunities to provide young Latino learners with support that can positively impact their current and future learning. Even prior to SBI070, Latino families typically were less likely than Whites to enroll their young children in enrichment activities (Capizzano, Adams, & Ost, 2006), though community partners like Pediatrics Plus were trying to offer such services. Given this limited exposure to enrichment activities in many Latino families, the decline in participation in the literacy classes at Pediatrics Plus is especially regrettable.

Conversations about when it is safe to travel to and from the Pediatrics Plus clinic and the comments about how parents seem to always be looking over their shoulder also likely impacts young learners' health, development, and educational trajectories. Because transportation is often cited by Latino parents as a major deterrent to preschool enrollment (Nevarez & Rico, 2007), fear of being exposed to law enforcement agencies on the road may be impacting preschool attendance as well. As Santos, Menjivar and Godfrey (2013) noted, youth seem to have a distrust of law enforcement agencies and it may be that this distrust is developing in younger children as they witness their parents' fear of those agencies. In addition, the law enforcement agencies comprise young learners' exosystem (Bronfenbrenner 1979), which also includes neighborhood and mass media. The various immigration roundups and the media coverage of those roundups impact young learners' ecologies (e.g., fostering a negative perspective of Latinos regardless of age). To what extent these policies impact young learners and how aware they are of the media coverage and effect on the community merits further investigation.

The theme of tension in the community also appears to impact each system within young learners' ecology. The tensions between Mexicans born in Mexico and those born in the U.S. surely affects many families as these two groups frequently come in contact within neighborhoods, schools, and other contexts. Once young learners enter the U.S. education system, they will meet classmates who are U.S.-born as well as those who are immigrants. The impact of one group seeing the other as inferior may have consequences that cause divisions among school populations. The messages young Latino children may be getting at home or through the media about tensions between the two groups may influence their own sense of identity as well as the relationship between themselves and their peers.

Conclusion

Examining the impact that Arizona's political climate including immigration policies are having on its youngest Latino learners is important. We have a large number of Latinos under the age of five who, as a part of the upcoming generation, will significantly influence all aspects of life in Arizona. Certainly, immediate consequences of the political climate will be on our Pre-K-16 educational system and community health. In this study, we examined the perspectives of five adults working in an Arizona pediatric clinic. The small number of participants and their employment within a single clinic presents limitations to the study. However, this does not diminish the importance of fear and tension discussed throughout the interviews.

The health of our youngest learners as well as their access and ability to attend extended learning opportunities provided by community partners such as Pediatrics Plus, is being impacted by Arizona immigration policies. Furthermore, the divide between U.S.-born Latinos and foreign-born Latinos also potentially impacts young children's sense of identity and warrants further investigation. Using Bronfenbrenner's ecological theory (1979), we can see how policies at the state level can directly negatively impact a child's life in perhaps unintended ways. Beyond issues of racial profiling, immigration, and discrimination, child and family health and well-being are not restricted to a single Latino family. The political climate impacts the entire metropolitan Phoenix and Arizona community (regardless of race/ethnicity) in which all children and families are linked, for example in a system of community health and education. By comprehensively examining the health and enrichment opportunities of Arizona's youngest learners and the consequences of recent state-level policies, we can work with other stakeholders to improve their opportunities for healthier minds and bodies, for academic success, and for a brighter future for Arizona's youngest Latino learners.

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