



Home Visiting Services for Refugee, Immigrant, Migrant, and Dual Language Learner Families

Introduction

Thousands of refugees and asylum seekersⁱ come to the United States each year to escape humanitarian crises in their home countries. Some face systemic challenges to accessing services after their arrival, including language barriers, incomplete documentation, and ineligibility for public programs. Similar barriers exist for immigrant families, many of whom fear the unintended consequences of seeking help (e.g., deportation, being labeled a [public charge](#)).ⁱⁱ As of 2022, only six states offer public healthcare insurance to children regardless of their immigration status (Kaiser Family Foundation, 2022).

Among families, caregivers and children who do not receive needed services can experience negative physical and mental health outcomes, as well as food and housing insecurity. Children who do not engage in early childhood education services, especially dual language learners (DLLs), are at an educational disadvantage compared to their peers (Ansari, 2017; Bloom & Weiland, 2015).

Home visiting programs can help address children's and caregivers' health and educational disparities by reducing their isolation, supporting them in coping with trauma, and connecting them to community resources and services.

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This briefⁱⁱⁱ spotlights five home visiting programs using innovative, strengths-based practices to better reach and support refugee, immigrant, migrant, and DLL families:

- ✔ Welcome Baby
- ✔ North Range Behavioral Health (NRBH) Family Connects Home Instruction for Parents of Preschool Youngsters (FC HIPPY)
- ✔ ParentChild+ at Jericho Road Community Health Center (ParentChild+ at Jericho Road)
- ✔ Baby TALK at RefugeeOne Wellness Program (Baby TALK at RefugeeOne)
- ✔ Baby TALK at Community Consolidated School District 146 Bridges Birth to Three Program (Bridges Program)

Defining Terms

- **Dual language learner:** A young child with at least one parent who speaks a language other than English at home and who is learning two or more languages at the same time (Nemeth, 2020).
- **Immigrant:** A person living in a new country other than their birth country and intends to remain there permanently (Bolter, 2019).
- **Migrant:** Although there is no formal legal definition of an international migrant, a migrant person is commonly described as someone who changes his or her country of residence regardless of the reason for migration or legal status. The change is often viewed as temporary (Amnesty International, 2022).
- **Refugee:** A person who moves outside of their country of origin due to feared persecution, conflict, generalized violence, or other circumstances that have disturbed public order and who requires international protection (Bolter, 2019).

Welcome Baby

About: Welcome Baby offers free, voluntary [prenatal support and postpartum check-ins](#) by nurses and parent coaches to families in Los Angeles (LA) County, CA. Enrollment is open to patients who deliver at a partner hospital, regardless of income, citizenship, or family need. Families living in 1 of 14 designated Best Start^{iv} communities can enroll prenatally.

Participating families reflect LA County's diversity and role as a gateway community and sanctuary for immigrant families. Among the 17,000+ families served by Welcome Baby in 2020, 75 percent of caregivers identified as Hispanic or Latino/Latina. Approximately 33 percent of primary caregivers served in FY 2020–21 were born outside of the United States.

Goals and Purpose: Welcome Baby staff work with families to maximize the health, safety, and security of the baby; build a strong parent-child relationship and increase reflective parenting; and facilitate access to support services (e.g., mental health, basic needs). To better support immigrant families, the program implements strategies targeting staff training, program accessibility, and trauma-informed care (First 5 LA, n.d.-c).

Who Is Involved: Welcome Baby is funded and designed by First 5 LA, a nonprofit organization that partners with the community and local organizations to support and advance children's health and development. LA Best Babies Network coordinates work among collaborators, including 14 hospitals and 5 community-based organizations that partner with Welcome Baby to enroll families in services. In some cases, hospitals subcontract local service organizations to staff the home visiting program and provide home visits.

Notable Details: Welcome Baby does not require families to report their immigration or health insurance status. Families can also opt out of having their data included in program reports. The program operates separately from government or county entities, which may help build trust among immigrant families who fear applying for government-run programs (Pillai & Artiga, 2022).

“When the county's name is attached to something, there's hesitancy of families to participate because there has been some traumatization by a system in the county. . .[The] family perception of who's funding the program is very important as well.” —Dr. Sharlene Gozaliens

Welcome Baby nurses check the health of the birth parent and baby soon after they are discharged from the hospital. Nurses conduct a medical assessment, provide breastfeeding support, and screen for depression and anxiety. They also offer reassurance and guidance about completing well-baby check-ups with the baby's pediatrician and a 6-week postpartum check-up with the birthing parent's medical provider.

Welcome Baby's design factors in the diversity of LA County, including the ethnicities of birthing patients at partner hospitals. Staff strive to deliver culturally sensitive services (see sidebar on next page), and home visitors complete 300 hours of training on a range of topics (e.g., trauma-informed care, strengths-based healing, implicit bias) before meeting with families. Home visitors also engage in reflective supervision and continuing education.

Accomplishments: Welcome Baby helps some participants achieve positive maternal and child health outcomes such as higher rates of immunization, well-child visit attendance, breastfeeding, and postpartum depression screening and lower rates of child abuse relative to county rates. Because children are assessed for child development milestones, families are linked to resources as necessary. Anecdotally, participants have shared that they chose a birth hospital partnered with Welcome Baby so they could enroll in the program.

Welcome Baby staff estimate seeing nearly 5,000 more families in FY 2020–21 than in the prior fiscal year, thanks to the flexibility of the virtual format and less time spent in traffic. About 77 percent of home visits are currently delivered virtually using video technology.

Implications: Welcome Baby demonstrates how home visiting programs can be made widely accessible to nearby children and families, especially those most isolated by the COVID-19 pandemic and their immigration status. Staff represent the communities served culturally and linguistically (77 percent of home visitors speak Spanish) and draw on lived experiences to help build trusting relationships.

Upcoming Activities: Welcome Baby plans to evaluate the program's effectiveness during its transition to virtual home visits amid the COVID-19 pandemic. In the long term, the program aims to expand to all LA County hospitals.

For More Information: Email Sharlene Gozalians (SGozalians@labestbabies.org), director of LA Best Babies Network.

Responding to the Political Climate

Welcome Baby staff have safely communicated with and served immigrant families during periods of political change, including increased raids by U.S. Immigration and Customs Enforcement and changes to the public charge rule. For example, staff created unique codes with families to help them feel comfortable opening their doors during home visits. SHIELDS for Families' Welcome Baby program partnered with an immigration law office to prepare home visitors to support families' legal needs. LA Best Babies Network created toolkits to help staff effectively communicate information to immigrant families participating in home visiting services (First 5 Center for Children's Policy, n.d.).

North Range Behavioral Health Family Connects Home Instruction for Parents of Preschool Youngsters Program

About: The NRBH FC HIPPY program serves families with children under 5 years of age in Weld County, CO, a vast agricultural region that attracts immigrant and refugee families and migrant farm workers. In its decade-plus history, FC HIPPY has served more than 1,000 families from countries such as Somalia, Burma, and Democratic Republic of the Congo. The program currently employs eight home visitors who, together, speak seven different languages.

Goals and Purpose: The HIPPY model [partners with caregivers to prepare their children for success in school](#). The model uses storybooks and a scripted curriculum to teach children school readiness skills. NRBH has adapted the curriculum to suit the needs of local immigrant, refugee, and migrant families, including differences in language and literacy.

Who Is Involved: NRBH is a behavioral health organization that focuses on addressing mental health and substance use disorders in the community. NRBH partners with local organizations and nonprofits (see sidebar) to provide resources and educational content to families. Many home visitors are former participants who now volunteer for the program.

Notable Details: Home visitors make weekly visits to families and work one-on-one with caregivers to review the adapted curriculum and role-playing activities. Home visitors often teach the curriculum in caregivers' native language with children present, then encourage them to review the activities and lessons with their children in English. They also use images when materials cannot be translated to help address language barriers. FC HIPYPY holds monthly group meetings for caregivers to access additional educational materials and resources, interact and engage in role-playing with other caregivers, and learn about local school culture and structure.

HIPPY program sites in Colorado have been heavily studied (Simhai & Richmond, 2018; Breck, Cellini, & Batayte, 2019), with evaluations finding increased—

- ✔ Confidence in participants' parenting skills
- ✔ Child development knowledge
- ✔ Number and quality of home-based learning activities
- ✔ School readiness

Accomplishments: Over time, FC HIPYPY has become a safe, reputable resource for immigrant families. Current and former participants often refer other families to the program. Staff are working to expand their efforts and guidance to other Colorado HIPPY sites as the state's [immigrant community continues to grow](#).

Implications: FC HIPYPY demonstrates how home visiting programs can respond to local needs and develop innovative approaches to better serve immigrant families.

Next Steps: FC HIPYPY is working with HIPPY International to inform guidance on serving immigrant families.

For More Information: Email Juanita Puga (Juanita.Puga@NorthRange.org), program coordinator at NRBH FC HIPYPY.

Forming Local Partnerships

FC HIPYPY partners with local organizations—including a nonprofit that provides diapers to families, a program that supports grandparents raising their grandchildren, and libraries that offer multilingual story times—and with family, friend, and neighbor caregivers. The nearby Immigrant Refugee Center of Northern Colorado offers classes on the English language, citizenship, and money management. FC HIPYPY also recruits multilingual home visitors from local high schools and colleges and offers AmeriCorps students a cost of living allowance in exchange for their services as home visitors.

ParentChild+ At Jericho Road Community Health Center

About: ParentChild+ at Jericho Road seeks to connect immigrant, refugee, and DLL families to resources for their young children up to age 4. The program currently employs 3 supervisors and 6 home visitors known as early learning specialists (ELs) and serves approximately 50 families from countries such as Burma, Bangladesh, Afghanistan, and Democratic Republic of the Congo. Home visitors deliver the ParentChild+ home visiting model, which [prioritizes school success](#) by increasing language and literacy skills, enhancing social-emotional development, and strengthening the parent-child relationship.

Goals and Purpose: ParentChild+ at Jericho Road aims to work alongside caregivers in play, particularly immigrant, refugee, and DLL families. Staff emphasize the importance of linguistic and cultural fit with families and prioritize hiring ELs with lived experience navigating the American health and educational systems for their children for the first time.

“One of our goals is to hire those living in the community [who] know the community and know the language. It’s amazing when you do have that language match.” –Melissa Christian

Who Is Involved: Jericho Road Community Health Center is a federally qualified health center dedicated to helping underserved families. It also serves as a chapter of the national ParentChild+ home-based childcare program.

Notable Details: To reflect its ongoing commitment to immigrant, refugee, and DLL families, ParentChild+ at Jericho Road tailors its home visiting curriculum based on families’ cultural heritage. Families teach matched ELs about their cultural norms, customs, traditions, and holidays. ELs then incorporate that information into scheduling and service delivery. ELs receive training in trauma-informed care to help address families’ mental health needs and refer them to partners for mental health services.

Home visitors aim to convey culturally relevant life lessons to families through play and books. After noticing high levels of mercury among a refugee community with an historical reliance on fishing, ELs adapted the curriculum to include a fishing game for children; they also prepared a lesson and brochure for families about safe fishing and fish consumption.

ELs encourage families to speak their home language with their children to enrich their language development. They also give each family a book in their home language. Although the program aims to connect people who speak the same language, ELs use translators as needed to communicate.

Accomplishments: ParentChild+ at Jericho Road adapted its services during the COVID-19 pandemic, in part by teaching families how to use Zoom for virtual visits and arranging toy and

book drop-offs. ELSs maintained a connection with many families despite barriers tied to language, literacy, and technology.

After noticing many children with gross motor delays, staff partnered with The Graduate School at University at Buffalo to produce a series of Zoom lessons to help caregivers strengthen their child's gross motor skills. The ParentChild+ team brought together occupational therapists, medical teams, and ELSs to share current research and skill-building strategies. Sessions were available in eight languages.

Implications: ParentChild+ at Jericho Road highlights the importance of shared cross-cultural learning and exploration among staff serving immigrant, refugee, and DLL families. It also demonstrates the benefits of co-location within a medical home, such as receiving referrals from providers, referring families to health and social services, accessing translation services, and communicating with other providers.

Upcoming Activities: ParentChild+ at Jericho Road will continue to participate in [activities sponsored by the Jericho Road Community Health Center](#).

For More Information: Email Melissa Christian (melissa.christian@jrhc.org), ParentChild+ program coordinator at the ParentChild+ Jericho Road Community Health Center.

Baby TALK at RefugeeOne Wellness Program

About: Since 2016, Baby TALK at RefugeeOne has offered home visiting services to refugee families expecting a baby or with children under age 3 living in Chicago, IL. Staff include 5 home visitors known as Family Support Specialists (FSSs) who engage with approximately 60 families each year.

Families are referred to the program through a broader wellness program offered by resettlement agency RefugeeOne. Participants come from home countries facing ongoing political and social conflict, including Burma, Democratic Republic of the Congo, Eritrea, Iraq, Somalia, Sudan, and Syria (RefugeeOne, n.d.).

Goals and Purpose: Baby TALK at RefugeeOne aims to honor families' identities and sense of belonging and to support caregivers' mental health and well-being as they adjust to a new environment. The program was first implemented as part of a randomized controlled trial to assess the impact of the Baby TALK model on families who are refugees and English language learners. Researchers and RefugeeOne administrators selected the [Baby TALK model due to its relational approach](#), which can help engage families exposed to trauma.

Who Is Involved: Dr. Aimee Hilado, assistant professor of social work at the University of Chicago, founded the RefugeeOne Wellness Program and led the implementation and research of Baby TALK at RefugeeOne. Baby TALK model developers and the Illinois State Board of Education funded the randomized controlled study. Currently, the Chicago Department of Family Support Services funds Baby TALK at RefugeeOne.

Notable Details: As a resettlement agency, RefugeeOne hires individuals who reflect the families they serve. FSSs are all refugees and work mostly with families who have similar linguistic and cultural backgrounds to their own. FSSs provide services in five languages: Arabic, Burmese, Kinyarwanda, Rohingya, and Swahili. Because of their lived experience, FSSs understand the challenges that families face and can provide culturally sensitive services while supporting family mental health and child development goals and needs. FSSs select particular Baby TALK concepts and activities (e.g., language development) for each family and promote a culturally responsive shared learning environment. For example, an FSS may bring a children’s book about a specific culture to reveal similarities between the family’s experience and Baby TALK concepts.

RefugeeOne staff credit the Baby TALK model for successes related to family outcomes and retention, and for promoting a relational focus and collaborative spirit that allow FSSs to forge meaningful partnerships with families and engage in reflective supervision.

“We worked with model developers at Baby TALK to infuse our own trauma screeners. . .to support families with very young children, and help the parents access mental health services that were already in the resettlement program. So, it was a lot more dynamic in terms of thinking about mental health and trauma-informed practice in the context of home visiting, as one way of promoting mental health and well-being.”

–Dr. Aimee Hilado

Accomplishments: Hilado et al.’s (2018) randomized controlled trial found that children enrolled in Baby TALK at RefugeeOne had significant gains in social-emotional and language development. Families reported an increase in positive parenting skills, economic self-sufficiency, and linkages and referrals when compared to parents not receiving services. The study also found that enrolled families had improved outcomes in parental stress and trauma symptoms compared to control families (Hilado et al., 2018). The RefugeeOne team presented the study findings at the 2022 National Home Visiting Summit.

Upcoming Activities: The RefugeeOne Wellness program seeks partnerships with physical health systems (e.g., vision screening, hearing screening) and plans to hire a Dari- and/or Pashto-speaking FSS to serve an influx of Afghan refugee families.

For More Information: Email Rae Reed (RReed@refugeeone.org), RefugeeOne early childhood coordinator.

Baby TALK at Community Consolidated School District 146 Bridges Birth to Three Program

About: In 2014, Community Consolidated School District 146 implemented the Bridges Program to serve prenatal mothers and families with children up to age 3. Located in the Chicago suburb of Tinley Park, IL, the Bridges Program serves approximately 40 families via 3 FSSs using the Baby TALK model. Families predominantly speak Arabic or Spanish, and approximately one-quarter of children served receive early intervention services.

Goals and Purpose: The Bridges Program implemented the Baby TALK model to support Arabic- and Spanish-speaking immigrant, refugee, and DLL families in accessing academic and developmental resources for their children. Administrators selected the Baby TALK model because it [is play based, grounded in child development, and allows caregivers to set their own goals and drive their home visiting experience.](#)

Who Is Involved: The Bridges Program is implemented by Community Consolidated School District 146. It is funded by the state's Early Childhood Block Grant Prevention Initiative funding administered by the Illinois State Board of Education.

Notable Details: The Bridges Program serves families with the following characteristics:

- ✔ Language other than English spoken at home
- ✔ Child with developmental delays
- ✔ Low family income
- ✔ Limited support network
- ✔ Unknown immigration status

Staff believe that having a home visitor who shares a family's language and cultural background encourages enrollment. One FSS is fluent in Spanish; two are fluent in Arabic. All are trained in the [Brazelton Touchpoint Theory](#) of child development, which provides a reflective framework for providers to "touch" families at critical time points in a young child's development to best support the parent-child relationship (Brazelton Touchpoints Center, 2008).

"The importance of the home visitor having a somewhat shared experience with families they are working alongside. . .for our families, that's been a huge draw to our program. Finding Arabic-speaking individuals that have some background in child development or childhood education can be challenging, but it helps build a connection there. There is a level of trust that [someone without a shared cultural or linguistic background] couldn't forge with families as quickly." —Tiffany Hall

Accomplishments: Staff attribute the program’s family retention rate of 97 percent to consistent communication, trust, relationship building, and cultural sensitivity. Program leaders credit the adaptability and relational focus of the Baby TALK model. Research has shown the Baby TALK model to be associated with positive child and family outcomes among immigrant, refugee, and DLL families.

Implications: Baby TALK offers a promising approach to support infant early childhood mental health and child development among immigrant, refugee, and DLL families. Key features include the model’s flexibility; relationship-based approach; and trauma-informed, culturally sensitive practice. Aligning families with home visitors who have similar linguistic and cultural backgrounds can also help support program engagement and positive well-being.

Upcoming Activities: The Bridges Program team plans to continue collecting and using data to understand the longer-term impacts of the Baby TALK model on immigrant, refugee, and DLL families and children as they engage in school systems.

For More Information: Email Tiffany Hall (THall@district146.org), Bridges Birth to Three coordinator.

Conclusion

People born outside of the United States come to America for many reasons, including political conflict, climate-related disasters, and planned immigration. Communities should prepare resources and infrastructure to meet the social, health, and cultural needs of arriving families—including children born before and after arrival in the United States (American Immigration Council, 2021). Home visiting can be a critical resource to immigrant and refugee families, yet certain adaptations or considerations may be necessary to effectively build trust and strengthen family engagement and retention. Tested strategies include removing barriers to program enrollment, leveraging community partnerships, and recruiting home visitors who represent the community’s culture and language. Programs using these strategies have observed positive outcomes, including improvements in child and caregiver health and mental health, child development, and family economic well-being. These strategies may be useful to other home visiting programs seeking to better serve refugee, immigrant, migrant, and DLL families.

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Notes

ⁱ Asylum seekers leave their country and seek protection from persecution and human rights violations but have not been legally recognized as refugees (Amnesty International, 2022).

ⁱⁱ The Trump administration issued the 2019 public charge rule to indicate that enrollment in public benefits programs (e.g., Medicaid) could be used to consider whether to designate an individual as a public charge (Pillai & Artiga, 2022). For more information, visit <https://www.kff.org/racial-equity-and-health-policy/issue-brief/2022-changes-to-the-public-charge-inadmissibility-rule-and-the-implications-for-health-care/>.

ⁱⁱⁱ This publication builds on a policy brief authored by Caitlin Katsiaficas and published by the Migration Policy Institute in 2020. For more information, visit <https://www.migrationpolicy.org/research/immigrant-refugee-families-home-visiting-state-local-approaches>.

^{iv} Since 2010, First 5 LA has invested in 14 geographic areas in Los Angeles that have faced historic disenfranchisement and oppression through political, economic, social, and environmental factors. These areas are known locally as Best Start communities. First 5 LA identified Best Start communities based on demographic factors, such as poverty, racial and ethnic diversity, and geography. Communities were also identified by their infrastructure and leadership to partner with Best 5 LA (First 5 LA, n.d.-a; First 5 LA, n.d.-b). For more information, visit <http://welcomebaby.labestbabies.org/about-welcome-baby-and-home-visiting/> and <https://www.first5la.org/best-start-networks/>.

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