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Voices of Health Equity in Chicago
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CENTER FOR COMMUNITY HEALTH EQUITY

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Center for Community Health Equity
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Voices of Health Equity in Chicago
Our *Voices of Health Equity* project collects the stories of people who have made health equity a central concern in their work. We are interviewing academics, clinicians, public health advocates, community organizers, and others to better understand how different disciplines and professions could work together to eliminate avoidable, unnecessary and unfair health disparities.

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Interview by Rosio Patino

Background: Luvia Quiñones serves as the Health Policy Director at the Illinois Coalition for Immigrant and Refugee Rights (ICIRR). In this role, Luvia oversees the Immigrant Health Care Access Initiative and in collaboration with ICIRR's members develops ICIRR's health policy agenda with a special focus in access to health care and on health care reform.

Before her position at ICIRR, Luvia worked at City Colleges of Chicago (CCC) under the Community Relations Department. There she played an integral role in creating and launching the new department. Prior to working at CCC, she oversaw the first state-funded citizenship program at ICIRR, the New Americans Initiative. Luvia has a Master in Public Policy (MPP) from the University of Chicago and a BA in International Studies from DePaul University. She is the daughter of Mexican Immigrants from Durango, Mexico and is an active community member in her parish, St. Sylvester. Currently, she serves as a board member of West Suburban Action Project (P.A.S.O.) and the Illinois Association of Free and Charitable Clinics (IAFCC).

Rosio: Who are you? How did you get to be who you are?

Luvia: My name is Luvia Quiñones. I have been with the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) for a little bit over five years. I actually started in a programmatic role so I used to oversee the health and humans services program, or department I should say, called the Immigrant Family Resource Program that has been around for about fifteen to sixteen years that ICIRR the organization created in partnership with our member organizations and the Illinois Department of Human Services. In regard to my specific position, it's actually the first time the position was created back in 2013, I am the first person to have this position.

It was right around the time the Affordable Care Act (ACA) was implemented and as an immigrant rights organization we knew we needed to have a role on the implementation of the ACA.

Rosio: Thinking farther back, how did you get involved in public policy? Was there something that drew you to obtaining an MPP?

Luvia: I first thought about public policy after being at ICIRR for 1-2 years and learning about different ways you can have a voice and make a difference. Before working at ICIRR in 2005, I did not know you can make a difference through other careers besides being an attorney, a teacher, a doctor, etc. After working at ICIRR I learned about how laws are created and implemented and what I could do.

Rosio: In your report, "Affordable Care Act Implementation in Illinois: Overcoming Barriers to Immigrant Health Care Access", you made a point that when the ACA was created they didn't have immigrants in mind...

Luvia: So I would say when I first started, well first of all this is my second time with the organization I was with them before graduate school when I left in September 2009. This time around I started May 2012 so it was right before or right after the Supreme Court ruled the ACA was going to be implemented and ICIRR, or should I say the CEO at the time, knew that out of the 1.1 million immigrants in Illinois about 500,000 were uninsured, so the organization knew that it needed to have a role in it.

I was raised uninsured, even though I'm a US citizen, and came from a low-income family. We didn't have insurance, it was always personal for me being a child of immigrants and being uninsured.

Rosio: What was your goal when you wrote the report? Did you want to raise awareness? Or did you want some type of change?

Luvia: The goal with that report was to create awareness around the issues that immigrants and refugees have been facing when they tried to access health and human services. To create awareness, and to be honest with you, it was to position the organization for funding that we knew was going to be available through the implementation of the Affordable Care Act. And three, to also make people aware about the program we already had, the immigrant and family resources program, and how we could use that infrastructure to implement the Affordable Care Act in a successful way. So that was kind of the goal overall. As well, of course, to inform individuals that, yes, there's a lot of individuals who are undocumented that are not eligible for the Affordable Care Act; we also have a bunch of immigrants that are eligible for it and need a lot of help in the system with it.

A second report, "The Affordable Care Act: A Reflection on Immigrant Access in Illinois" was very different. That one was used as an advocacy policy tool, so the first year into we were part of the implementation of the Affordable Care Act we actually got the second largest grant in the whole state to implement it.

So the first report was successful in that regard and through our partnership we were working with 35-37 organizations to implement the Affordable Care Act. They kept on complaining to me that it just wasn't working so the first year the Affordable Care Act the website www.healtcare.gov, which was the one we had to use in Illinois, was very cumbersome and if you were an immigrant, especially a recent immigrant, who has gotten their green card and have arrived into this country it was nearly impossible for you to buy insurance. For an immigrant, a legal permanent resident, it will probably take them two to three hours to buy insurance, but if you are native born it took a half hour. So it was a huge issue; a bunch of organizations complained to me about the issue and I didn't want to sit still and I started telling them about gathering some stories. Before we did the report we actually in partnership with one of our national allies, the National Immigrant Law Center, we actually did a lawsuit against the U.S. Department of Health and Human Services because it was being implemented in our

opinion illegally by making a difference between native born versus immigrants around the language access issue. Which is a whole other conversation.

So locally there was some things we can do so the federal government can do something, which is the reason we did the lawsuit, and there were things we could have done locally. Locally the former governor office's, I should say the state, was only focusing on media and materials in English and in Spanish, a little bit in Polish but not that much else. Nothing in Arabic, nothing in Chinese, nothing in Korean and we were working with all those communities, long story short the report compiled not only the success so we wanted to highlight how many immigrants did take advantage of the Affordable Care Act but also how many didn't because of all the barriers and how much stuff could have been done so the goal was to try to advocate for policy recommendations specifically around language access, specifically how hard it was getting things working with the community that needed more, so more policy advocacy orientated.

Rosio: You also wrote about mixed status families. That is what comes to my mind when it comes to healthcare of immigrants. For example, someone who is born in the US and her parents don't have documentation and her parents tell her that she cannot apply for Medicaid because of that fear. Has that been a challenge for ICIRR?

Luvia: Yes, it's a challenge all around, Rosio, for all of our work. So yes, mixed status families you can define when a family that consists of different immigration status it can be undocumented, it can be legal permanent resident to a US citizen. In Illinois, there are approximately 525,000 undocumented individuals; 80% of them live in mixed status families so it is a big issue. …it requires a lot of education, a lot of outreach, and targeted messaging because you cannot say that x program is for everyone unless they have certain requirements. So what we try to do when it comes to the ACA, and I would say that in the last few months it has been a little different... So prior to the current administration, the message was there is a memo coming directly from immigration saying your information will not be shared with anyone, it is safe, only your information to prove your income is required, the person who is receiving the benefit - they're the ones that need to prove a social security number etc. With the current administration, the messaging has been different, right now we don't know how much stuff is actually safe.

Rosio: How do you feel about the health equity here in Chicago?

Luvia: In Chicago, specifically it's pretty bad but at this point the health inequities the immigrant communities are facing is very similar to the African American communities, very similar education levels, very similar incomes levels as well as other social determinants of health. I think one main difference even if you want to take out immigration status as a social determinant of health it would be impossible because by being undocumented or by your status itself is a factor because that impedes you for accessing a lot of different things that your counterparts could access. I think the other barrier is, if you're native born - whatever your race is - you don't live in fear, versus undocumented and mixed status families, especially post November election, are living in fear of everything even if their children are US citizens the

whole family are not forgoing with SNAP, not accessing Medicaid anymore, not accessing free or charitable clinics. I think that is just affecting and will further deepen the health inequities that had already existed since people are not accessing essential services that they could apply for.

Rosio: How do combat these fears? We can empower people and make them feel not afraid but at the end of the day it's different for me compared to somebody else.

Luvia: Outside of obviously passing immigration reform, outside of giving everyone a green card or some type of legal status, even if it's DACA (Deferred Action for Children Arrivals) which gives temporary status to individuals, so in this scenario when we cannot accomplish that, I think there are certain things that community, politicians, as well as public health providers can do. So, for example if we want to attack fear there are certain policies, procedures that clinics, providers, etc., can implement to make their institution more immigrant friendly or immigrant safe. Whether it be how necessary is it to ask for a social security number, how necessary is it to ask questions that are borderline related to the status that makes the family or individual afraid, as well as how necessary is it to keep certain documents that pertain to the personal information that again makes them afraid and impedes them from accessing their services that is one, you can say one bucket.

Another bucket is along the lines of providers of different levels is how accessible are they making their information in different languages. If we know that in the state of Illinois there are 1.1 million individuals that are limited English proficient therefore they don't really speak English well. How many of them are translating documents, providing signage as well have volunteers or staff that speaks other languages to target the language access let alone cultural competency. It's pretty well known that in immigrant families there is a level of hierarchy, so if doctors are not aware that immigrants consider them as the best thing on earth they're not really encouraging questions they're going to maintain that hierarchy that the doctor knows everything and patient does not, so again the cultural competency is another piece.

And I think another layer is how many health programs whether it be Medicaid or whether it be clinics in general approaching as a family services, so when you're a child of immigrants you are very much involved in your parent's health decisions so how much empowerment is there for a child to have a say in that, so I would say that there are couple of different levels.

There are certain things that can be strengthened or improved even for those immigrants that are able to access certain things. Make another thing to in regard to individuals just being uninsured is there something that we have been considering as an organization, Hospitals by law that are non-for profit are supposed to provide financial assistance (charity care), most of them provide less than 30% of their total revenue so the possibility for hospitals to look into that… The possibility of federally qualified health centers, they continue to raise their co pays, if the majority of undocumented are living below 200% or to be exact below 150% of the federal poverty level so very low income and they continue to increase their copays of $40 a visit

they're pretty much deterring them from accessing their service and these are the ones that are supposed to be part of the safety net.

Rosio: How do you feel about the whole budget crisis….

Luvia: The whole budget mess has affected the community; it has affected in a variety of ways, immigrant families rely a lot on childcare assistance which we all know it has been completely screwed over, when it comes to Medicaid those who have children on Medicaid because the state has been so late; until a few days ago the Illinois Supreme Court ruled that they need to be paid on time. But before that as a result of the state paying them so late a lot of providers were actually not wanting to participate in the Medicaid program anymore. So it was creating a smaller pool of providers and therefore more challenging for families to actually access doctors. With schools the huge instability whether or not their kids were going to be in school, whether or not if they were going to have larger classes than they already have especially in Chicago where they are overcrowded. So, the budget crisis has affected the immigrant communities in a bunch of different ways those are a few.

Domestic violence services have decreased because of the fear at the national level and you localize it with what's going on at the state level, less immigrants, both women and men, participate in domestic violence related services. In regard to going to police stations as well as accessing services related to social workers, etc., the domestic violence issues when it comes to very specific immigrant related stuff the program I had mentioned to you earlier, the Immigrant Family Resource Program, we provide interpretation of over 52 languages statewide, but that has been completely defunded for next year. So, all those individuals working on services through those languages, how will they get to access those services? You have over 300,000 individuals who can become citizens in the state of Illinois, we had a program that assisted them to navigate that service for free not including the fee that needs to be paid to immigration directly.

Rosio: As in helping fill out the application...

Luvia: Correct. And other legal services making sure that the person eligible. That is completely out of the question right now. And that was a statewide program as well that we oversaw until recently, so there was a certain infrastructure around Health and Human Services that is slowly crippling to an extent because there is less and less mobility by not having a state budget. Not only are those services not provided without the funding but the organizations are having to lay off or fire individuals by not having the funds and it's just not stable.

So, we are doing a couple of different proactive things. So, in regard to the fear of individuals not wanting to access or going to the hospital or to clinics as well as in regard to individuals not going to the police and report crimes, etc., we actually have legislation we are hoping to be signed by the governor and not vetoed, it was passed by the Senate and the House called the Trust Act. It's a piece of legislation that has been implemented in California, it pretty much impedes communication between police and immigration around certain services. So if

somebody is going to report a crime the person shouldn't be afraid of being undocumented as well as not sharing information across different agencies unless it's necessary if the person has committed a crime or whatever it is. So, we are doing that again, it's supposed to be signed by the governor, once we submitted it he has 60 days to sign. So, if everything goes well that will be law in a few weeks. In regards to health care knowing that there is a high number uninsured both undocumented and low income Caucasian and African Americans, we actually passed an ordinance at the county level a year ago in September, we are creating a first ever direct access program. We created a health coalition on organizing and advocacy called Healthy Communities Cook County (HC3), we pushed the County Commissioner and the County Board President to create this program in partnership with Cook County Health and Hospital System. That got implemented in March and officially in April so we are working to enroll individuals regardless of immigration status that will have access to hospitals and 16 clinics county wide.

Rosio: Is there anything else that you would like to add?

Luvia: I think one of the things I haven't seen that much, and you can say annoying to me in public health as well as in health equity conversation, is the lack of attention immigration status has received. I think as according to my research there is not that many studies nor academic articles that really consider immigration status as a social determinant of health up. So I think with the lack of research it makes it harder for those of us who are doing advocacy like myself and policy to actually push for things and I think there should be more research and studies done on if you isolate immigration status what else can public health or politicians do to improve the health of those individuals. If they've been in this country forever and if immigrants continue to come, what else can be done either best practices in the scenario if we are not able to get immigration reform until I don't know when at this point. That is one part I think when it comes to health equity and even when health equity gets discussed, I find certain immigrant communities continue to be lumped into one. For example, the era in the Polish community are labeled under white for purposes of census so I think in academia that are studying health equity have to better categorize or better define if they do want to do work in the immigrant community. That is a bigger problem that looks into the US census on how individual are identified. But I think if academics themselves are not really going to look deeper into the date or defining then I think it will be harder to track the inequities within those communities.

Rosio: Do you think it will be hard to do that?

Luvia: Not necessarily, it's not going to be easy, but not impossible. I know it took a while to get the term Hispanic, even though I personally don't like it to get into the U.S. Census. So why not try to work on something that is more inclusive for the Asian, Arab, Eastern European community? Because if everyone continues to get lumped in it's going to get harder for funding at the state level. If you are pushing for bilingual education but you don't know what the languages they speak. Or if I'm trying to advocate for certain Medicaid related forms to be in five languages there is no accurate data in those communities.

Rosio: One more question. We are hoping that students will read this interview and others in the Voices of Health Equity archive. Do you have any general advice for someone starting their studies of public policy, public health, and related fields? Or advice for students eager to contribute to making a difference for immigrant communities?

Luvia: For anyone considering going into this field whether it be public policy or public health among others, I would recommend a few things: know that it is a career and not a job, get involved or volunteer while you are in school not when you are looking for a job, and find an issue you are passionate about. This work is emotional and also not high paid. For people that want to do this work they need to know that it's a lifestyle and not a typical job from 9am-5pm nor Monday-Friday. In most places including in Illinois, the not for profit sector is small that most of us know each other so make sure you are volunteering or getting involved early on so you build relationships.