WHERE DO UNDOCUMENTED IMMIGRANTS GO FOR HEALTH CARE?

Health Disparities and Social Justice Conference
August 12, 2016
DePaul University, Chicago, IL

Presenters:
Rev. Walter Coleman, Director
Miriam Perez, Health Coordinator
Jacqueline Tenorio, Program Graduate and Coordinator
Centro Sin Fronteras
Luvia Quiñones, Health Policy Director, ICIRR (Illinois Coalition for Immigrant and Refugee Rights)
Maria J. Ferrera, PhD, LCSW-MSW Department, DePaul University and PI, YHSC (Youth Health Service Corps) Impact Study
AGENDA

- Background: Undocumented Immigrants and Health Care under ACA
- YHSC (The Youth Health Service Corps), working with undocumented families;
  - barriers encountered in the community
  - results from a survey among undocumented
- Local Resources and Health Policy Update
- Q & A, Discussion
BACKGROUND

The undocumented population is the largest group explicitly excluded from the Patient Protection and Affordable Care Act (ACA).

The ACA leaves 11 million undocumented immigrants in the U.S. uninsured, in addition to new immigrants who have not had U.S. residency for at least five years.

It is estimated that between 425,000 and 625,000 undocumented immigrants in Illinois do not qualify for or have health insurance (Passel, 2011)

The lives of undocumented, mixed status and new immigrant families have been complicated by the political climate of immigration reform efforts and the new healthcare law. It is estimated that 4.5 million children are part of a family that is of “mixed status” (Yoshikawa et. Al., 2013)
About the Undocumented

- Over 80% of undocumented immigrants in the US are Latino, either from Mexico or other Latin American countries.

- Studies of Latino immigrant health in general suggest that this group has better health status and lower rates of risky health behaviors compared to the US-born.

- However, their health and wellbeing is threatened by complexities that result from poor access to health care and other adversities, including:
  - limited access to quality health care
  - increased vulnerability due to low income and occupational status
  - stressors associated with undocumented status such as fear of deportation
ACCESS TO HEALTH CARE

- Undocumented immigrants face significant barriers to health care, including low socio-economic status, difficulty negotiating time off of work, lack of transportation and language barriers.

- Fewer health services are used by undocumented immigrants than US-born citizens or other immigrant groups. Existing research consistently finds undocumented immigrants with low rates of health insurance and health services use, and a heavy reliance on safety net providers.

- Despite the popular conception that undocumented immigrants use more ED care, it is estimated that undocumented immigrants are significantly less likely than naturalized citizens and U.S.-born citizens to visit the emergency department.

  Wallace et. al., 2013
  Undocumented Immigrants and Health Care Reform
Barriers encountered in the community & results of survey

Miriam Perez and Jacqueline Tenorio, Health Coordinators
Rev. Walter Coleman, Director
Centro Sin Fronteras
HEALTH DISPARITIES SURVEY:

- We have gathered data from a small sample of 42 community members asking questions in regards to their health and their access to health care. From this poll we gathered data to show you a glance of the undocumented experience.
We asked.. “Do you have a primary care doctor or physician?”

Count of Do you have a primary care doctor or physician?

Yes
25%

No
75%
“WHERE DO YOU GO FOR HEALTHCARE?”

Count of Where do you go for healthcare?

- N/A: 40%
- Prime Care: 45%
- Don’t have a Doctor: 2.5%
- 12.5%

Count of If any, where do you receive health care or treatment?

- N/A: 25
- Prime Care: 5
- Erie Family Health: 3
- PCC, Fullerton: 2
- Kostyer by Nort: 1
- Jorge Prieto Clinic: 1
“WHAT HEALTH ISSUES OR DISABILITIES AFFECT YOUR HEALTH?”

- “Diabetes”
- “asthma”
- “drug problems”
- “insomnia”
- “Blood pressure”
- “IDK”
- “Cancer”
- Depressio n
- “heart problems”
- “vision problems”
- “bone problems”
- “obesity”
- “No money”
- “Low income”
- “Not enough money”
- “Mental health”
- “Motivation ”
- “Lack of education”
- “Cholesterol”
- “Dental problems”
- “Diabetes”
- “blood pressure”
- “obesity”
- “hypertension”
- “allergies”
- “vision problems”
- “diabetes”
- “blood pressure”
- “asthma”
“What else do you feel you need to satisfy your health care needs?”
“WHAT WORRIES DO YOU HAVE RIGHT NOW ABOUT YOUR HEALTH OR RECEIVING HEALTH CARE?”

- Having...
  - “A Stroke”
  - “Heart problems”
  - “A drug addiction”
  - “Nutrition”
  - “No money”
  - “Not having enough money to take care of my self”
  - “Not having enough money for Doctor Visits”
  - “No education regarding my health issues”
  - “Not receiving enough information regarding Depression”
  - “Stress”
  - “Stress because I cant find a job”
  - “Not enough exercise”
“What are things you feel will benefit the community in terms of health?”
The YHSC are leaders within the community creating an all year round curriculum to screen and educate students and members of the community about health and health care prevention.

A group of:

- Volunteers
- Elementary students
- High school students
- High school Alumni
- Medical students
Some of the Youth come from: Phoenix Military Academy, Benito Juarez, and Marine Math and Science Academy

YHSC has a student base participation of approximately 1500 students
We are partnered with: RUSH, UIC, Malcolm X, Alivio Medical Center, Prime care Clinic, FEMA, Walgreens, Bellas cancer awareness, Jesse white- tumblers, Red cross, Vida Sida, Wellness Team, Diabetes environment, Chicago state
OBJECTIVE:

- To eliminate the gap between the uninsured and their access to health care by educating and promoting health care and health care prevention.
- Furthermore, by hosting health fairs that help screen over 3,800 members of the community, we plan to give FREE health care access to help those whom need it.
5+1=20: Break Down

5 +1=20

- The 5 known chronic diseases known to afflict minority groups such as Latinos, and African Americans.
  - Hypertension
  - Diabetes
  - HIV
  - Cancer
  - Asthma
5+1=20: Break down

5 + 1 = 20

- A healthy lifestyle the YHSC tries to promote based on exercise and a healthy diet plan.
Compared to those in the Suburbs the average Latino is dying 20 years sooner because of the social environments most Latino communities are exposed to. But through health prevention the YHSC expects to give those 20 years back to the members of the community.
Through teaching and instruction the YHSC trains 1000 Jr’s, and Seniors. With the help of RUSH and UIC med students those Jr’s and Seniors help pre-screen 10,000 community members.
The Youth is NOT the Problem
The Youth is the Solution
NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL, COMMITTED CITIZENS CAN CHANGE THE WORLD; INDEED, IT'S THE ONLY THING THAT EVER HAS.- MARGARET MEAD
RESOURCES AND HEALTH POLICY UPDATE

Luvia Quiñones, Health Policy Director
ICIRR (Illinois Coalition for Immigrant and Refugee Rights)
IMMIGRANT HEALTH ACCESS IN ILLINOIS

Luvia Quiñones
Health Policy Director, ICIRR
lquinones@icIRR.org
OVERVIEW

• Background: ICIRR, Illinois Perspective and HC3

• ACA: Successes and Barriers

• Healthy Communities Cook County (HC3) Coalition and Task Force
**Who is ICIRR?**

- ICIRR is dedicated to promoting the rights of immigrants and refugees to full and equal participation in the civic, cultural, social, and political life of our diverse society.

- In partnership with our member organizations, the Coalition:
  - educates and organizes immigrant and refugee communities to assert their rights;
  - promotes citizenship and civic participation; monitors, analyzes, and advocates on immigrant-related issues; and
  - informs the general public about the contributions of immigrants and refugees.
ICIRR’s Health and Human Services Programs

- The Immigrant Family Resource Program (IFRP)
  - a network of 37 ethnic community-based organizations across Illinois dedicated to providing equal access to health and human services for immigrant families. IFRP is a partnership between the Illinois Department of Human Services (IDHS) and the Illinois Coalition for Immigrant and Refugee Rights (ICIRR).

- The Immigrant Health Access Initiative (IHAI)
  - Health Access for the Uninsured
  - Easing Access to ACA Marketplace and Adult Medicaid
  - Language Access within Health Care
  - Health Literacy
IN ILLINOIS

- Undocumented: 525,000
- LPRs*: 540,000
- Eligible for Citizenship: 65% = 351,000
- Naturalized Citizens: 700,000
- Foreign-born Parents: 1,500,000
ACA YEARS 1 & 2: BARRIERS AND CHALLENGES

• Reoccurring barriers: erroneous referrals to Medicaid, case management and lack of language access
  
  ● **Erroneous Medicaid Referrals:** clients need to get a denial (i.e. for 1st enrollment, a mailed letter was required) before being able to buy insurance on the Marketplace
  
  ● **Case Management:** if an IPC has a client with incorrect eligibility based on income or immigration status now needs to complete a Federal Casework Request Form
**Barriers Continued**

- **Language Access**
  - Medicaid notices are only sent in English and sometimes Spanish
  - There are no policy or procedures for limited English proficient clients/individuals besides a language line
  - Marketplace website is only in English and Spanish (with some fact sheets in other languages)

- **Small Policy Win**
  - Outside of envelope:
    - *IMPORTANT INFORMATION ABOUT YOUR COVERAGE (in 4 languages)*
  - Language Notice included with redetermination letter:
    - *Important! This material contains information about your Health benefits. If you need help translating it, call 1-855-458-4945 (written in 15 languages).*
Most of Illinois’ Uninsured Live in Cook County
WHO ARE THE REMAINING UNINSURED IN COOK COUNTY?

Source: Center for Tax and Budget Accountability Analysis of data from the 2014 American Community Survey, using IPUMS USA, Department of Homeland's 2013 Yearbook of Immigration Statistics, and Center for Migration Studies’ “Estimates of the Unauthorized Population for States.” Note: estimates for U.S. citizens are restricted to adults aged 18-64, but not for undocumented and legal residents.
47% of Cook County residents are uninsured
Healthy Communities Cook County (HC3) campaign

- Over 40 community organizations, labor unions, providers and worker rights organizations
- Need support of at least the support of at least 9 county commissioners (total 17)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Americans Advancing Justice</td>
<td>Hanul Family Alliance</td>
</tr>
<tr>
<td>Access Living Cambiando Vidas</td>
<td>Health &amp; Medicine Policy Research Group</td>
</tr>
<tr>
<td>Access to Care</td>
<td>Heartland Alliance</td>
</tr>
<tr>
<td>AFRFRE</td>
<td>ICIRR</td>
</tr>
<tr>
<td>AFSCME</td>
<td>Illinois Primary Care Association</td>
</tr>
<tr>
<td>Apsa Ghar</td>
<td>Korean American Community Services</td>
</tr>
<tr>
<td>ARINE Chicago</td>
<td>Mujeres Latinas en Accion</td>
</tr>
<tr>
<td>Brighton Park Neighborhood Council</td>
<td>NAMI Chicago</td>
</tr>
<tr>
<td>Centro Autonomo</td>
<td>Northside Community Resources</td>
</tr>
<tr>
<td>Centro de Trabajadores Unidos</td>
<td>P.A.S.O. West Suburban Action Project</td>
</tr>
<tr>
<td>Chicago Coalition for the Homeless</td>
<td>Salud sin Papeles</td>
</tr>
<tr>
<td>Chicago Irish Immigrant Support</td>
<td>SEIU Healthcare</td>
</tr>
<tr>
<td>Communities United</td>
<td>Shriver Center</td>
</tr>
<tr>
<td>St. Anthony Hospital/Comm Wellness Program</td>
<td>Mount Sinai/Holy Cross Hospital</td>
</tr>
<tr>
<td>ENLACE</td>
<td>South West Organizing Project</td>
</tr>
<tr>
<td>Fight for 15</td>
<td>Target Area Development Corporation</td>
</tr>
</tbody>
</table>
HC3 TASK FORCE

• Created by HC3 in partnership with Commissioner Garcia and Gainer

• Over 16 appointed members

• Goal: produce policy and programmatic recommendations for President Preckwinkle
Direct Health Access Program
OUR PROPOSED SOLUTION: HC3 DIRECT HEALTH ACCESS PROGRAM

- a care coordination program (sometimes also called a direct access program) similar to the ones in Los Angeles, San Francisco and New York City

- The main objective of the program is to better coordinate resident’s access to the services and resources already available
ELEMENTS OF THE HC3 PROGRAM

- Proactive outreach and enrollment assistance
- An integrated computer system to manage enrollment information and some basic health information
- A referral management system to track the available appointments in Cook County for various services
- Care coordination staff
HOW DOES CARE COORDINATION ENHANCE ACCESS TO HEALTH CARE?

• Professional support in accessing community health services such as:
  • Scheduling appointments
  • Communication with the different health care providers
  • Applying for benefits and other programs
  • Accessing all available financial assistance
  • Providing basic health education and support managing health conditions
HOW DOES CARE COORDINATION IMPROVE HEALTH CARE SERVICE DELIVERY?

- Creates a medical home and a usual source of care
- Creates opportunities to screen for other state/federal benefits
- Creates a reimbursement structure for safety net providers currently serving the uninsured
- Reduces disparities in coverage, access, and health status
- Reduces long-term health care costs
RESOURCES

- www.icirr.org
- https://www.facebook.com/healthycommunitiescookcounty/
- www.getcoveredillinois.gov
- http://www.povertylaw.org/
- http://www.everthriveil.org/
THANK YOU!
QUESTIONS AND DISCUSSION

- What barriers have you and/others experienced because of undocumented status?
- What specific services are needed?
- What changes in policy are needed to assist undocumented families?
- Where do we go from here?
CONTACT INFORMATION

Presenters:
Miriam Perez, YHSC Coordinator, Centro Sin Fronteras
  2009 W. 22nd Place; Chicago, IL 312-774-8880
  miriambarrera01@gmail.com
Reverand Walter C. (Slim) Coleman, Director, Centro Sin Fronteras
  2009 W. 22nd Place; Chicago, IL  773.847.7282
  wrevcoleman@aol.com
Luvia Quinones, Health Policy Director, ICIRR (Illinois Coalition for Immigrant and Refugee Rights)
  55 East Jackson Blvd.; Chicago, IL 60604; (312)-332-7360 ext 221
  lquinones@icirr.org
Maria J. Ferrera, PhD, LCSW, Faculty, DePaul MSW Department
  & Primary Investigator of the YHSC Impact Study
  14 East Jackson Blvd., Suite 905; Chicago, IL 60604; 312.362.7382
  mferrera@depaul.edu