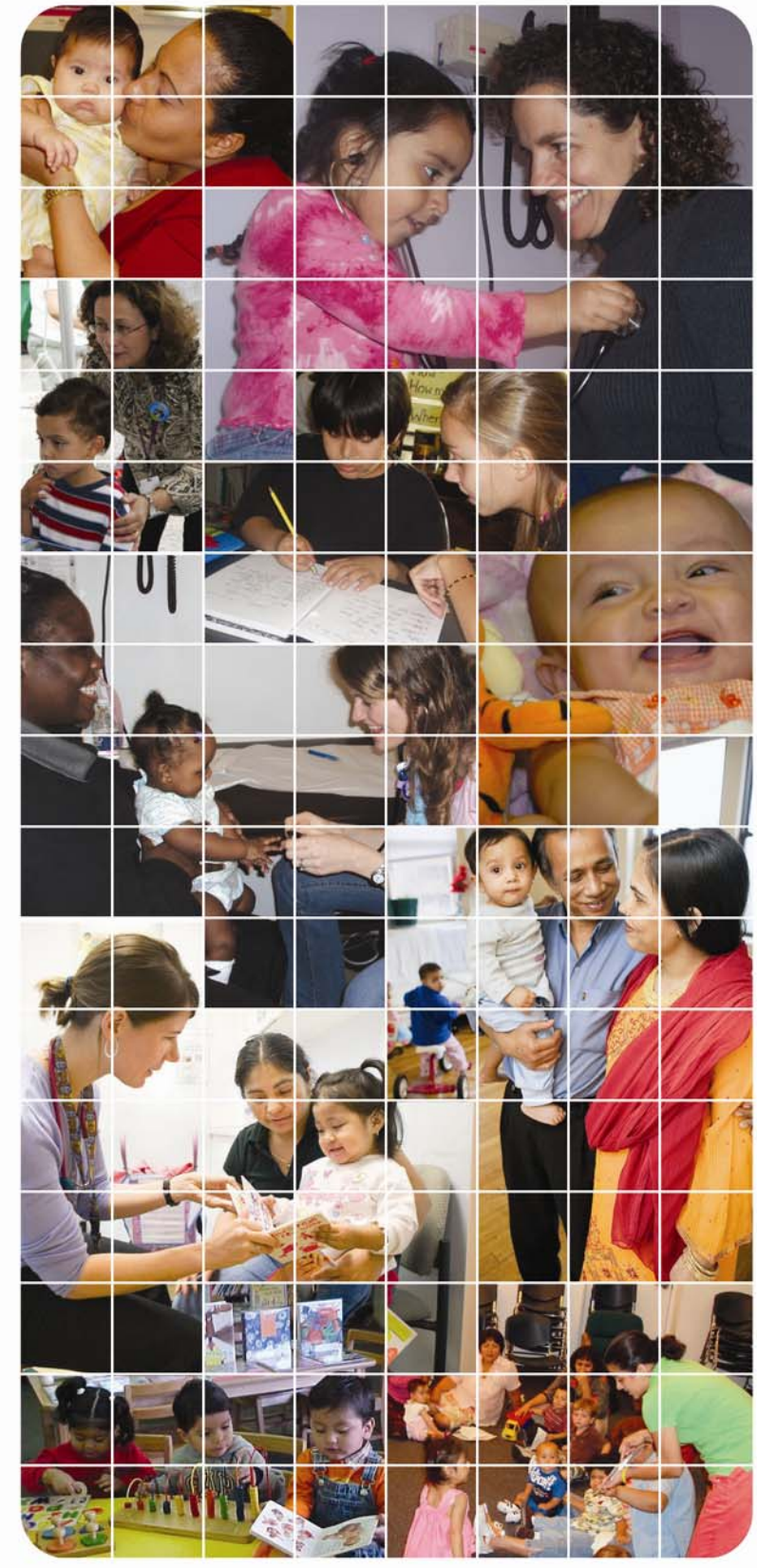


IMMIGRANT HEALTH CARE

LEGISLATIVE TOOLKIT

CONTENTS

MISSION

Mary's Center for Maternal and Child Care builds better futures through the delivery of health care, education and social services. We embrace our culturally diverse community and provide the highest quality care regardless of ability to pay.

SOCIAL CHANGE MODEL

For the past two decades, Mary's Center for Maternal and Child Care has actively listened to the needs of under-served populations throughout the Washington, D.C. metropolitan area. The center first began its work with immigrant women from Central America, but recognizing the need for services by everyone, Mary's Center now serves women, men and children from around the world.

At the heart of Mary's Center is its *social change model*, which demonstrates the center's commitment to understanding the challenges that face immigrant families, and to provide heath services and solutions to under-served and immigrant communities to stabilize and revitalize those families most at risk.

Mary's Center offers a variety of primary care and maternal health services in addition to educational opportunities, job training skills, mental health services, access to housing services and transportation. By providing such a comprehensive set of services, Mary's Center seeks to create solutions to complex problems.

Mary's Center is recognized locally and nationally for demonstrating how improved access to culturally appropriate health services and other "wraparound" social services, coupled with sensitivity to culture and language lead to healthy individuals, stronger families and safer communities.

"Mary's Center inspires us with their determination to ensure all families can succeed in the economy, their communities and with their children. Our continuing challenge as a nation is less about know-how than it is about will – the willingness to care enough and do enough so that all families can realize their dreams for their children."

Ralph Smith, Senior Vice President
Annie E. Casey Foundation

EXECUTIVE SUMMARY

The information contained in this toolkit is a call to action by immigrant families and under-served communities who want to live in a safe, healthy and vibrant community. It is designed to provide the reader with tools and information related to the healthcare needs of immigrant families, including:

- Fact-based description of existing health disparity;
- Answers to frequently asked questions;
- Practical measures to support immigrant health;
- Priority areas for spending; and a
- Legislative timeline regarding immigrant access to healthcare.

Mary's Center is uniquely positioned to serve as a direct link between policymakers and the under-served and immigrant communities of Washington, D.C. With over one million immigrants living in the Washington metropolitan area, constituents are demanding legislative accountability and solutions to the healthcare problems facing the city. For the past twenty years Mary's Center for Maternal and Child Care has been providing care on the front lines, and seeks to partner with policymakers to provide resources and information to develop thoughtful and comprehensive healthcare policies, both locally and nationally.

Mary's Center asks all legislators to ensure access to quality healthcare and family services that support the development of healthy children, strong families, and cohesive communities. The key elements for a productive, economically stable and safe society are healthy and civically engaged families.

Maria Gomez
President & CEO, Mary's Center

"For Washington, this is a demographic change of historic dimension, pushing the city even more rapidly than the rest of the country into a world more complicated than black and white."

Washingtonian, October 2006[1]

- *Over 1 million immigrants live in the DC metropolitan region.*
- *1 in 5 children in DC is born into an immigrant family.*
- *Over 50% of children from immigrant families live in low-income households.*

WHY IMMIGRANT HEALTH IS IMPORTANT

Census figures released in August, 2006 revealed that the Washington metropolitan region is home to more than 1 million immigrants.[2] Immigrant health in Washington, D.C. and across the U.S. is not a marginal topic; it involves addressing issues that directly affect the well-being of our neighbors, workers and families.

The children of immigrants are the fastest growing segment of the child population.[3] According to 2006 statistics released by Kids First, 20% of the children living in the D.C. area live in immigrant families.[7] These children are our future and the productivity and prosperity of our country will depend on their preparation and motivation to serve as the next generation of workers and leaders.

The growth and development of children into productive citizens depends upon the support provided to them by parents, teachers, and communities. Healthy children need healthy families and opportunities to access services and participate in community activities. It is impossible to ensure the well-being of any child without providing access to comprehensive preventative healthcare, or paying attention to the environment in which that child is raised or the well-being of caretakers.

Data on the health status of immigrants reveals wide disparities between the native-born and foreign-born populations. Although immigrants usually arrive in the U.S. healthier than Americans, over time, their health statuses on average eventually drop below the average for the native- born population. Many factors contribute to this such as a lack of access to preventative health services, cultural and linguistic barriers, insurance restrictions, financial restraints, and the stress of living in a new country. Such barriers inevitably affect the health status of children living in immigrant families.

It is essential to build partnerships at the local level to address health disparities. Community centers that provide appropriate services can serve as medical homes for immigrants and places in which the immigrant community is able to become familiar with and feel comfortable in accessing all types of services. Making such medical homes available is an effective means of addressing many of the barriers that immigrants face when dealing with the healthcare system.

"Immigrant children will grow up to become a major segment of the US workforce in the coming years. Ensuring access to health services needed for proper growth and development should be a national priority."[8]

American Journal of Public Health, August 2005

Historically, the immigrant population has provided essential manpower to fuel the American economy, yet the economic contributions of this population are often overlooked and their use of social services is frequently exaggerated. Immigrants pay more in taxes than they receive in benefits, adding up to $10 billion to the U.S. economy each year. In fact immigrants pay, on average, $80,000 per capita more in taxes than they use in government services over their lifetime.[5] Over the next 50 years, new legal immigrants to the U.S. will provide a net benefit of $407 billion to the Social Security system.[6]

As one of the fastest growing segments of the country's population, the interest of the immigrant population in political decisions that affect their lives is also increasing. Access to health services and education are key concerns of this population segment. For example, in the November 2004 elections, Hispanics accounted for 6% of all votes cast, a 0.5% increase from the 2000 election.[7] It is essential that policymakers take stock of the unique needs of immigrant populations, forming partnerships that leverage their energy and entrepreneurship to pave the way for a healthier, more productive and more cohesive nation.

"The safety of this nation depends on how well we care for all of our children." - Maria Gomez, President & CEO, Mary's Center, January, 2007.

WHY IMMIGRANT HEALTH IS UNIQUE

Lack of Security and Insurance

Immigrant families share many of the same challenges as other families in the U.S., but also struggle with unique circumstances that make the need for community support and comprehensive policy critical to their success. In addition to managing the physical, emotional, and family strains of immigration, these families find themselves in a social and political environment increasingly hostile to immigrants. Although remarkably resilient, immigrant families face the difficulty of functioning in an unfamiliar society with a new language; many undocumented immigrants live in fear of discovery. Immigrants commonly work the most physical and dangerous jobs, putting themselves at a high risk for job-related injuries, often without the benefit of health insurance. Finally, many families find it necessary for both parents to work one or more low-wage, high-risk jobs to meet basic economic needs, often placing women in the new role of family breadwinner. Many families are lacking insurance and unable are to afford preventative care which would keep them healthier and less likely to need more expensive emergency services.

Loss of Traditional Support Infrastructures

In addition to facing this difficult environment, immigrant families need to find ways to cope with the loss or inability to use their traditional support infrastructures. Not only do they find themselves far from their familiar community and extended families, but they also face a lack of government supported social services due to the increased restrictions on access and the cultural insensitivity of some service providers. Some families are hesitant to participate in community activities and to access necessary services, as they are fearful of discovery and often disillusioned by the gap between their dreams for their lives in the U.S. and the reality they find.

Compared to children from native families, foreign-born non-citizen children were:

- **40-80% more likely to have not visited a doctor or dentists in the previous year;**
- **Twice as likely to lack a usual source of care.**

66% of native citizens get their health insurance through their employer, but only 33-44% of non-citizens have employer based coverage. [9]

The National Council of La Raza (NCLR) Primer, June 2004 [9]

50% of children from immigrant families live in low-income households in the DC area (below 200% of the poverty threshold).

Kids Count, 2006. [11]

U.S. born children with non-citizen parents were also at a disadvantage in many of these aspects of care.

Source: American Journal of Public Health, April, 2006. [10]

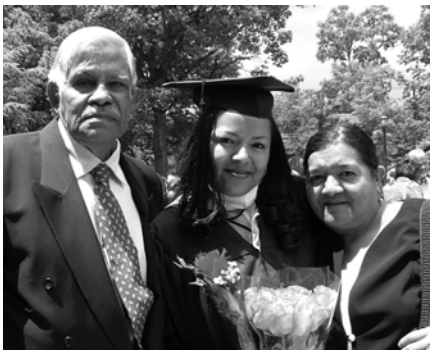
Weakened Families

This set of circumstances puts substantial strain upon typically strong family units. Economic necessity prevents parents from spending time with their children, while crowded and compromised living arrangements leave children without a home as a source of safety and comfort. Parents, under the stress from unfamiliar work situations and an inability to provide for their families, sometimes model destructive behaviors. In addition, both parents and children struggle to determine how to integrate into American society, which at times leads to conflict within the family.

Fewer Positive Outcomes for Children

This weakened family unit can have a significant negative impact on immigrant children. As they acclimate and integrate into U.S. culture, they are often further isolated from their parents and turn to other communities or non-traditional groups such as gangs for support and camaraderie. Those children who observe their parents' struggle and frustration may be unable to envision opportunistic futures, and often engage in destructive behavior that leads to unintended pregnancy and high rates of school dropout and gang membership.

"If we are to close the health disparities gap in our nation, we must simultaneously close the educational gap of all children in vulnerable communities." - Maria Gomez, President & CEO, Mary's Center.



"I found support and encouragement at Mary's Center. They made me understand that I had a future with my baby, and gave me the tools to pave the road to accomplish my dreams."

Juana Pacheco
Mary's Center Client

FAQs ABOUT IMMIGRANT HEALTH

1. *Why should immigrants have access to benefits?*

Policies that improve immigrants' access to healthcare services lead to more efficient use of services, and have a positive impact on public health.

All residents here legally should have access to benefits. They work here legally and pay the same state, federal, property, and sales taxes as citizens. They have the same right to services should they become ill, disabled, or unemployed. Ensuring a safety net for legal immigrants is not only compassionate, it is fair.

Certain groups of vulnerable undocumented immigrants should have access to certain benefits. This is particularly the case for pregnant women whose children will be U.S. citizens and who have the right to healthy development, regardless of the immigration status of their mothers.

2. *Do immigrants pay their "fair share" in taxes?*

Immigrants pay more in taxes than they receive in benefits. Immigrants add up to $10 billion to the U.S. economy each year, paying on average $80,000 per capita more in taxes than they use in government services over their lifetime.[12] Over the next 50 years, new legal immigrants coming into the U.S. will provide a net benefit of $407 billion to the Social Security system.[13] This figure does not include the significant benefit to the system provided by undocumented workers.

3. *What is the health status of Latinos?*

The Latino community faces a number of significant health challenges and disparities. The 2005 National Healthcare Disparities Report, a comprehensive overview of disparities in healthcare in the U.S. among racial, ethnic, and socioeconomic groups, found that while disparities in access were becoming smaller for other racial and ethnic groups, Hispanics had worse access to care than non-Hispanic Whites for 88% of the core measures used in the report. By virtually any standard, U.S. Latinos experience severe disparities in comparison to their White counterparts.[14]

4. *What are the main causes of the health disparity?*

No medical home. Seeking medical care can be intimidating to individuals unfamiliar with the medical system or unaware of the resources available to them. Furthermore, transportation is often an issue for immigrants. If services are far away, difficult to access, or too unfamiliar, it is likely that immigrants will not feel comfortable using them.

Financial instability. Often families, both immigrant and non-immigrant alike, live in fear that an unexpected accident or illness could have substantial consequences on their financial situation. Many hardworking families avoid visits to the doctor and seeking preventative care due to the high cost of healthcare in the U.S.

Linguistic and cultural barriers. These barriers prevent many immigrants from accessing healthcare services since they are frequently unaware of the services available or not comfortable using them. In addition, lack of native speaking providers can lead to less compliance and more costly care due to improper diagnosis and treatment.

Unfamiliarity with the healthcare system. A visit to the doctor, just like a visit to the dentist, is generally not a favorite pastime. Particularly for individuals who are unfamiliar with the medical system or procedures, this unfamiliarity can be stressful and discourage individuals from asking important questions about their health or even from seeking care.

Public policy. In the last decade, policymakers have limited the health services available to immigrants, particularly Medicaid. Limiting or denying access has immediate and direct effects on the health of our children, communities, and workforce.

Fear of becoming a "public charge." Often immigrants are fearful of being considered a "public charge," which would make them ineligible for U.S. citizenship and put them at risk for deportation. Frequently a misunderstanding of policy causes immigrants not to access services for themselves or their children, to which they are legally entitled.

Confusion about health insurance options. In the U.S., the primary reason that immigrants use the healthcare system less than the native-born population is their lack of health insurance.[15] While D.C. residents have access to healthcare, understanding insurance programs can be confusing, particularly

for immigrants fearful of making mistakes and putting themselves or families at risk for deportation.

5. *What percentage of the Latino population is covered by health insurance?*

Across all age groups, Latinos are substantially more likely than non-Hispanic Whites or African Americans to lack health insurance. Recent data from the U.S. Census Bureau show that the uninsured rate for Latinos was 32.7% in 2004, compared to 11.3% for non-Hispanic Whites and 19.7% for African Americans.[16] This means that Latinos are less likely to seek preventative care and when illnesses are detected, they become a substantial financial burden for working families. Early diagnosis and treatment are delayed and the economic and health consequences are severe.

6. *Are immigrants dependent on expensive emergency room services?*

While immigrants and the under-insured often resort to emergency rooms for care because they are less likely to receive preventative care, their use of emergency room services is often over emphasized. For example, recent immigrants from Mexico were found to be half as likely to use emergency rooms as native born whites and Mexican Americans.[17]

7. *How can expanding and improving immigrant access to health care services save tax dollars?*

Investments in preventative treatment and early diagnosis reduce the need for more expensive last-minute care. Providing immunizations, testing, and services for a large segment of the population is cost-efficient because of its positive impact on overall public health. In addition, reaching out to families to inform them of the options available will empower them to make educated health choices that will benefit entire families and communities.

TEN WAYS THAT YOU CAN SUPPORT THE HEALTH OF IMMIGRANTS

1. Formulate a clear vision of what comprehensive healthcare for immigrants at the community level should include and encourage the use of state appropriated dollars to enhance healthcare services to all immigrants, as modeled by the District of Columbia.

2. Create a task force to assess language and cultural preferences of the immigrant population and the existing capacity of healthcare providers to provide appropriate care.

3. Fund programs that reach out to immigrants and educate them on the availability of services and their eligibility to access them.

4. Develop clinical guidelines for services to immigrants and refugees.

5. Enforce existing mandates and guidelines about linguistic access for patients who speak limited English.

6. Support the training and use of community health workers through certification programs and funding programs that use them.

7. Ensure that the children of immigrants have the support and services they need to be competitive in academics and encourage them to enter the healthcare field.

8. Maintain dialogues with leaders in the immigrant community to ensure that their voices, and those of their advocates, are heard.

9. Support legislation that provides a broad social safety net for immigrants including the passing of the "Dream Act," so that bright, successful young adults graduating from U.S. high schools can be legalized and attend affordable centers of higher education.

10. Take the lead on immigrant health issues. Educate your colleagues on the importance of prioritizing the well-being of over 1 million residents in the D.C. metropolitan area.

PRIORITY AREAS FOR SPENDING

1. *Community-Level Resources: A Word-of-Mouth Strategy.*

Providing comprehensive health, social services and education at the community level is proven and effective. It raises awareness of the availability of health services; provides quality, culturally and linguistically appropriate services; and tailors family support services and programming to strengthen families and engage them in civic responsibility.

2. *Medical Homes: Safe and Comfortable Places to Access Care.*

Immigrant families are more likely to access healthcare services when: (1) they are referred to services by their neighbors and others perceived to have similar needs; (2) they are located close to home; and (3) when they have an established relationship with the healthcare providers. The term "medical home" is increasingly seen as an end goal; all District families would have access to one and this would lead to increased availability of preventative care while decreasing the disparities in healthcare and reducing the overall costs to the public.

According to the American Academy of Pediatrics, a medical home consists of the following elements:

1. **A partnership between the family and child's/youth's primary healthcare professional;**
2. **Relationships based on mutual trust and respect;**
3. **Connections to support and services to meet the non-medical and medical needs of the child/youth and their family;**
4. **Respect for a family's cultural and religious beliefs;**
5. **After hours and weekend access to medical consultation;**
6. **Families who feel supported in caring for their child;**
7. **Primary healthcare professionals coordinating care with a team of other care providers.** [18]

"Repealing statutory bans alone will not link immigrants with the care they must receive to protect themselves and the populations among whom they live. States and the federal government will need to identify resources to fund these services. Active outreach, culturally competent services, and a better-informed practitioner community will be necessary to overcome the accumulated effects of the barriers to necessary healthcare."

Julia Field Costich
Kentucky Law Journal, 2002[19]

3. *Prenatal Care and Birthing Care Services: Preventing Future Costs.*

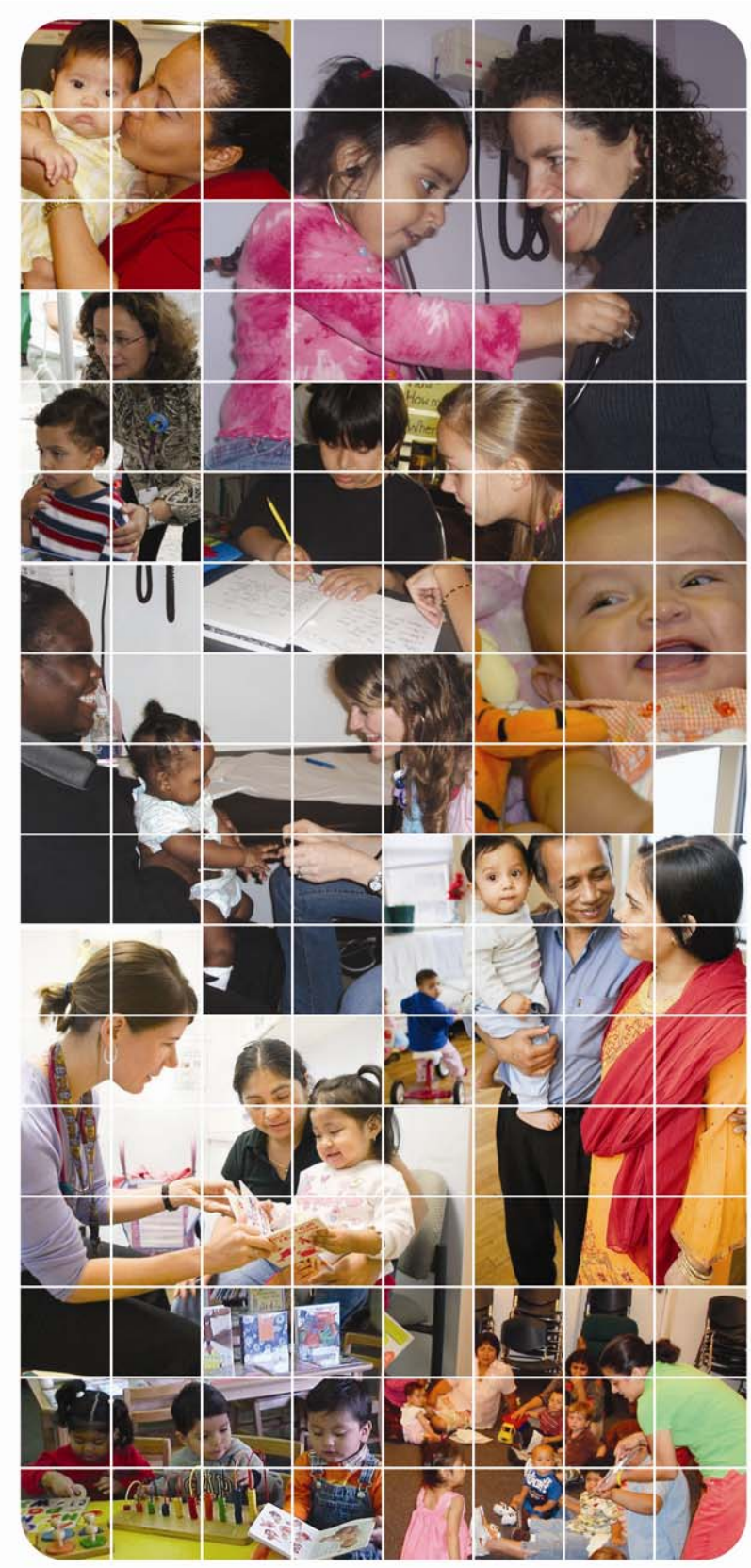
Ensuring prenatal services to all women, regardless of immigration status, is crucial and benefits mothers, their babies and the community at large. Prenatal care reduces complications during and after child birth which require costly interventions. For every $1 spent on prenatal care, the government saves $3 on post-birth complications.[20]

4. *Education and Outreach Activities: Engaging Children to Make Change.*

Investing in the health of children and educating them about preventative health and wellness care fosters the development of a healthier generation of Americans. Children in immigrant families often serve as the link between parents and the community. Educating immigrant children on the importance of preventative care and how to access services, preventing and reducing chronic illness directly impacts the entire families and strain on the communities.

5. *Insurance: Cultivating a Social Safety Net.*

Expanding access to insurance for legal immigrants is both ethical and cost-effective. A social safety net is created through outreach to encourage immigrant families not covered by their employers to enroll in public insurance programs for which they are eligible. Enrolling families in insurance programs improves the access to healthcare and is more cost-efficient both for families and the government. Cultivating a social safety net helps to prevent emergency medical visits and exacerbated illness that could have been prevented.



Mary's Center

SUPPLEMENTAL

KEY LEGISLATION

1986

Emergency Medical Treatment and Active Labor Act

(EMTALA, 42 U.S.C § 1395dd)

Ensures that all individuals, regardless of insurance status, are treated and stabilized in emergencies. In 1994, the Act was updated to improve record keeping of Emergency Departments as well as regulation of procedures and documentation.

1996

The Personal Responsibility and Work Opportunity Reconciliation Act

(PRWORA, Pub Law 104-193 110 Stat 2105)

Severely restricted welfare benefits for permanent residents and other legal immigrants. The legislation restricted, regardless of need, immigrant access to most federal public benefits programs for the first five years that they live in the U.S.

1996

Illegal Immigration Reform and Immigrant Responsibility Act

(IIRIRA, Pub Law 104-208 Div C 110 Stat 3009-546)

Includes increases in criminal penalties for immigration-related offenses, authorization for increases in enforcement personnel, and enhanced enforcement authority. There are a number of measures designed to enhance Immigration and Naturalization Service (INS) presence and enforcement at the border.

1997, 1998

Due to the extreme negative consequences of the 1996 legislation, in 1997 SSI and Medicaid were restored to most elderly and disabled legal immigrants who entered the U.S. before 1996. Food Stamps were later restored for immigrants who entered before 1996.

1998

States begin to implement the State Children's Health Insurance Program

(SCHIP, Title XXI of Social Security Act)

A national program for families who earn too much money to qualify for Medicaid, yet cannot afford to buy private insurance. The program was created to address the growing problem of children in the U.S. without health insurance,

"The future economic success of the United States depends on a healthy workforce. Therefore, policies must be devised that improve rather than restrict immigrant access to quality healthcare."

Dr. Sarita Mohanty
Immigration Policy Center, Washington, DC
July 2006[24]

however most legal residents who have resided in the U.S. for less than 5 years are prevented by PROWRA from Medicaid and SCHIP coverage.

2003

Section 11-1 of the Medicare Prescription Drug, Improvement and Modernization Act

(MMA, Pub Law 108-173 117 Stat 2066)

Provides payments to eligible emergency health services providers for services delivered to undocumented immigrants for fiscal years 2005-2008.

May 2006

The Senate passes the Comprehensive Immigration Reform Act

(S. 2611)

The bill addresses immigration by: 1) creating a path to citizenship for current undocumented workers; 2) creating new legal channels for needed immigrant workers in the future; and 3) reducing family immigration backlogs. However, the bill also includes many punitive measures which criminalize immigrants, and treat them in separate categories in a legalization plan.

July 2006

Under the Deficit Reduction Act

(S 1932)

Children born in the United States to illegal immigrants with low incomes will no longer be automatically entitled to health insurance through Medicaid.

October 2006

President Bush signs the Secure Fence Act

(HR 6061)

Directs the Department of Homeland Security to construct approximately 700 miles of fence along the U.S.-Mexico border.

Pending

Immigrant Children's Health Improvement Act

(S 1104) and the Legal Immigrant Children's Health Improvement Act

(HR 1233)

Gives states the option to provide federally funded Medicaid and SCHIP to low-income legal immigrant children and pregnant women.

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