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Barriers for Latino Immigrants Seeking Health Care Services

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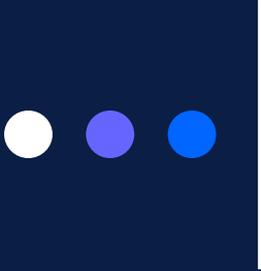
Barriers for Latino Immigrants Seeking Health Care Services

Jennifer Ng'andu

National Council of La Raza (NCLR)

Presentation at the VCU Latino Health Summit

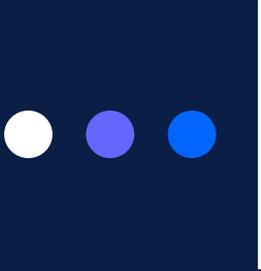
November 17, 2006



Immigrants in Virginia

- **The foreign-born population of Virginia grew 83% between 1990 and 2000. The foreign-born population represents about one in ten Virginians.**
- **While many immigrants in the state are naturalized, about one in 20 Virginians is a noncitizen.**
- **200,000-250,000 Virginians are undocumented immigrants.**

Source: Migration Policy Institute, American Community Survey Data, 2005 (NCLR Calculation), and Pew Hispanic Center

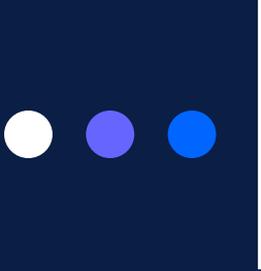


Immigrants in Virginia

Virginia has a significant immigrant presence, which continues to increase at a steady rate.

- **Size of the foreign-born population, 2000: 11 out of 51**
- **Percent of foreign born in the total U.S. population, 2000: 19 out of 51**
- **Numeric change in the foreign-born population, 1990 to 2000: 11 out of 51**
- **Percent change in the foreign-born population, 1990 to 2000: 25 out of 51**

Source: Migration Policy Institute

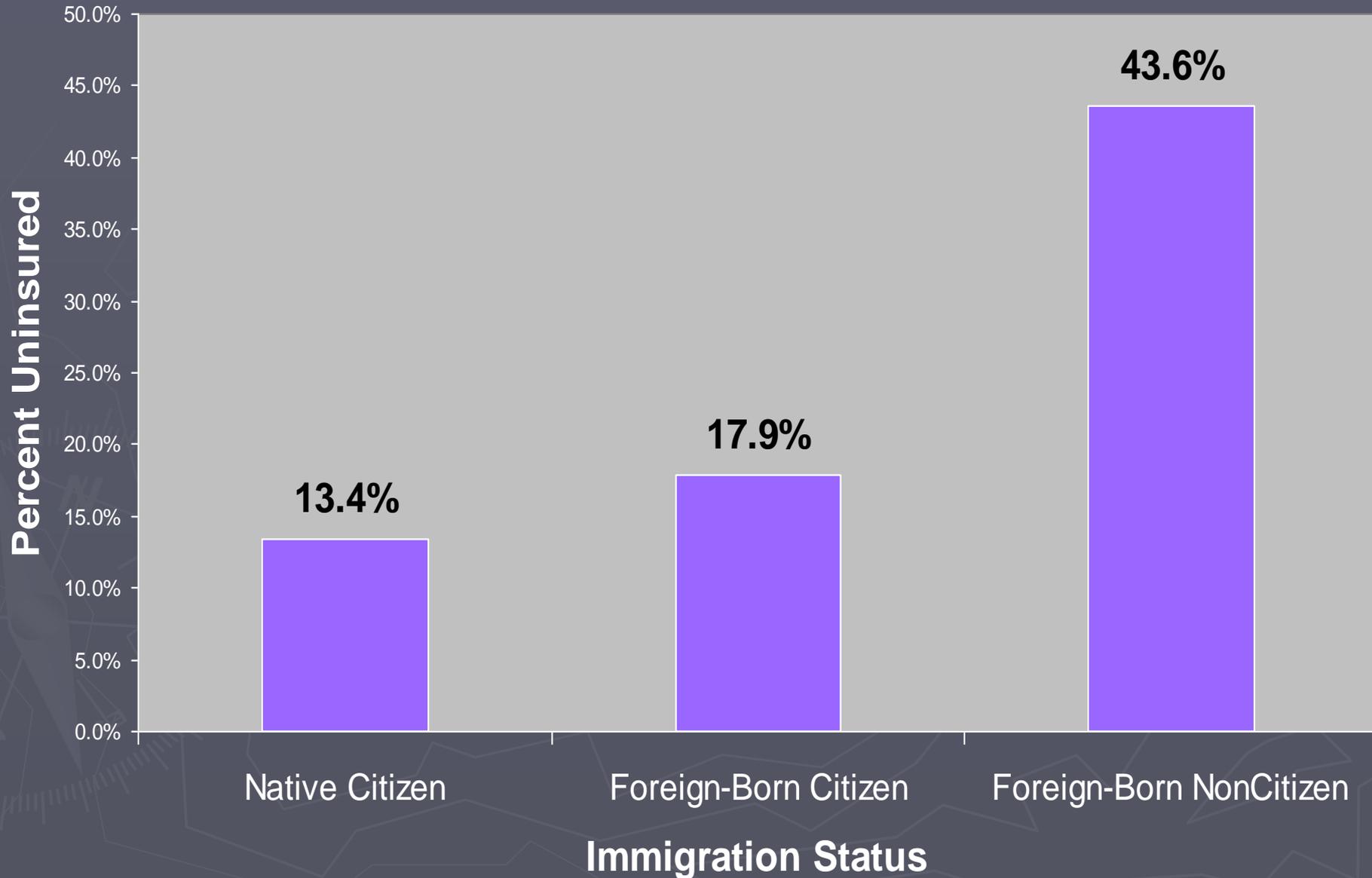


Immigrants' Access to Insurance Nationwide

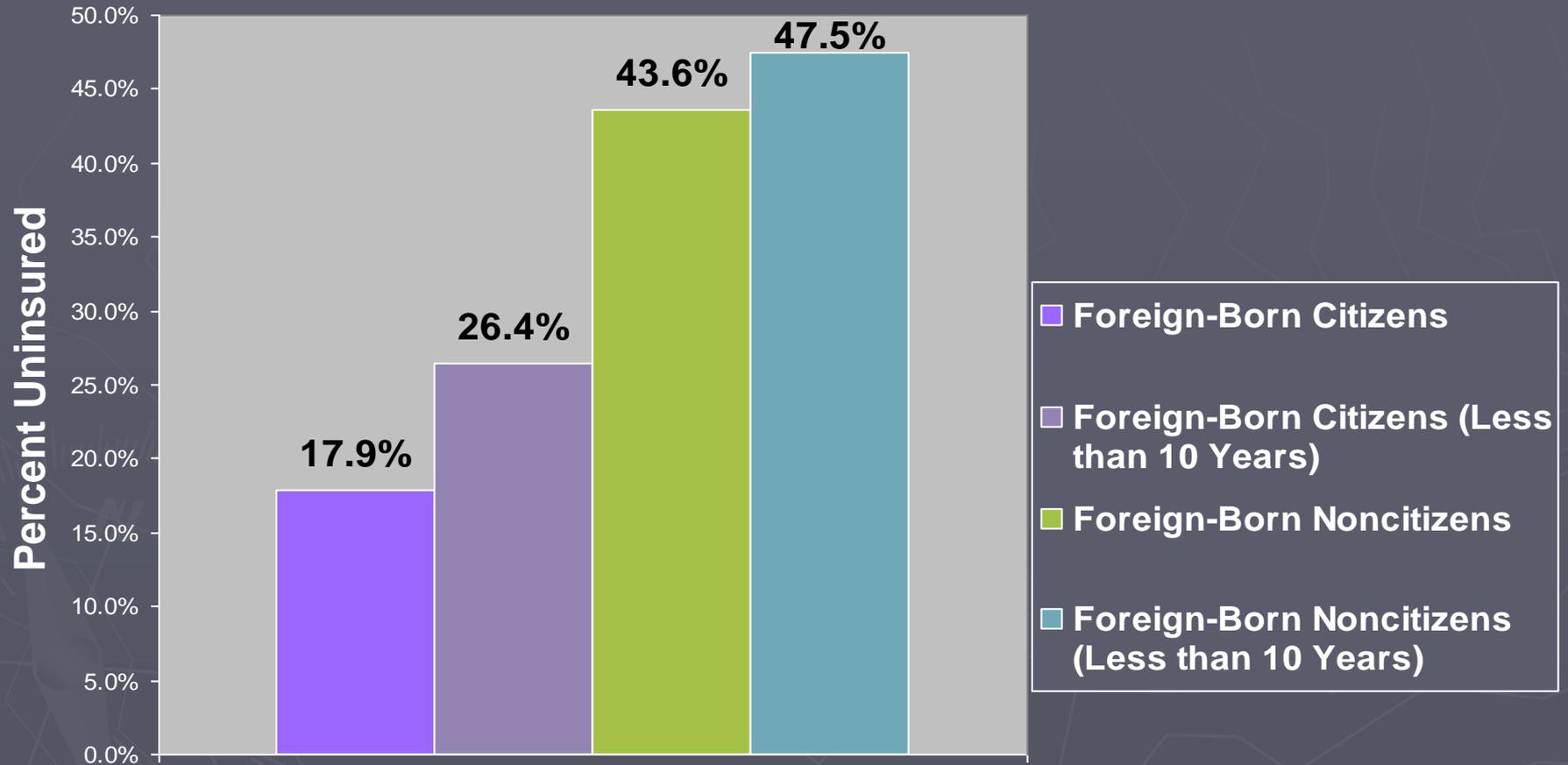
- **Immigrants represent about one-quarter (26%) of the uninsured in the U.S. and about six in ten (59%) of uninsured Latinos.**
- **Citizenship status plays a major role in coverage for immigrants.**
- **Recent immigrants are more likely to be uninsured.**

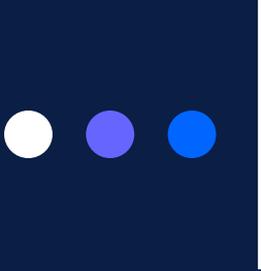
Source: Current Population Survey, 2005

Noncitizens More Likely to Be Uninsured



Uninsurance More Common Among Recent Immigrants





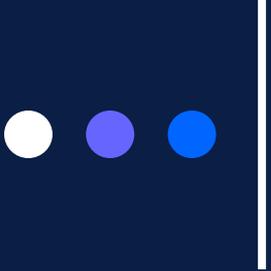
Immigrants Access to Insurance in Virginia

- **About one-third (31%) of foreign-born Virginians are uninsured.**
- **Non-citizens were more likely to be uninsured (38%) than immigrants who were naturalized (20%).**
- **Approximately 244,000 immigrants were uninsured.**

Source: Current Population Survey, 2005 (NCLR Calculation)



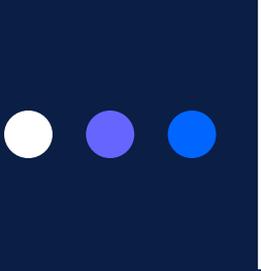
LEGAL BARRIERS



Key Laws Limiting Immigrant Access to Federal Health Care Benefits

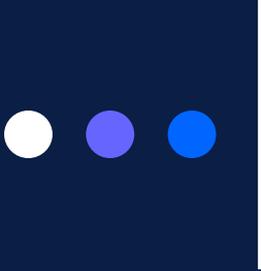
The 1996 “Welfare Reform” Law - Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193)

The 1996 Immigration Law - Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (P.L. 104-208)



Changes in Immigrant Access to Health Care After 1996

- Only “qualified” immigrants and victims of trafficking can access federal “means tested” benefits
- “Qualified” immigrants include: legal permanent residents (“green card holders”); refugees; asylees; Cuban/Haitian entrants; VAWA petitioners; persons paroled into the U.S. for at least one year; and persons granted withholding of deportation or removal.

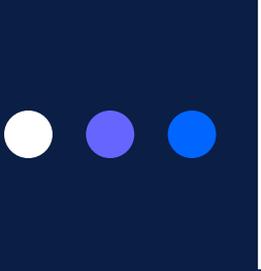


Changes in Immigrant Access to Health Care After 1996

Time Bars on Access to Public Programs – “Qualified” immigrants must wait five years to access federally-funded Medicaid and SCHIP.

Affidavits of Support/Sponsor Liability – Sponsors of immigrants can be held liable for an immigrant’s use of benefits, unless the immigrant has a substantial work history.

Immigrant Sponsor Deeming – A sponsor’s income can be deemed as an immigrant’s own, often disqualifying them from benefits eligibility due to income levels that are “too high.”



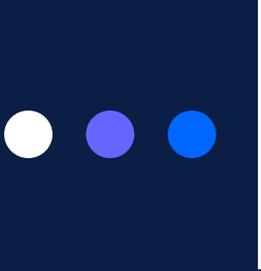
Immigrant Restrictions Affect Other Family Members

- **Three out of four children (75%) and more than nine out of ten (93%) young children of immigrants are citizens, meaning that they face no bars to Medicaid and SCHIP.**
- **Children whose parents are immigrants are twice as likely to be uninsured as children of native-born citizens.**

Source: Urban Institute



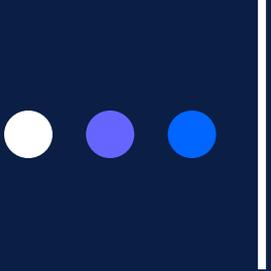
FEAR AND CONFUSION



Fear of Reporting

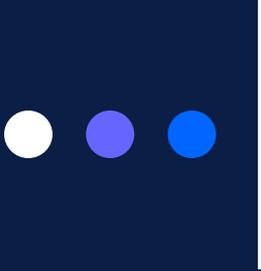
- **Immigrants may fear that use of benefits will hurt their chances of gaining permanent residency, or could cause them to be deported.**
- **Under federal law, immigrants who apply for certain public benefits, and who are unlawfully in the U.S., may be reported to the U.S. Citizenship and Immigration Service (USCIS); however, there are NO reporting requirements for Medicaid, SCHIP, or other health care programs.**

Source: Joint Guidance issued by HHS and other federal agencies.
“Responsibility of Certain Entities to Notify the INS of Any Alien Who the Entity ‘Knows’ is Not Lawfully Present in the United States” (September 28, 2000)



New Laws Deter Immigrants and Their Families from Seeking Care

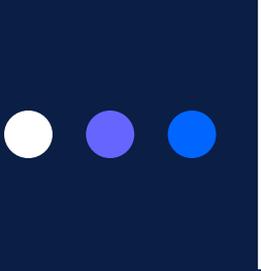
- **Section 1011 of the Medicare Modernization Act – reimbursement for uncompensated emergency care given to undocumented immigrants**
- **Section 6036 of the Deficit Reduction Act – “The Citizenship Documentation Requirement”**



Section 1011 of the MMA

- Provides \$1 billion to health care providers over four years for uncompensated emergency care provided to undocumented immigrants and several other types of immigrants
- Requires indirect questioning of patients in emergency rooms to determine immigration status in order for providers to be eligible for reimbursement
- Patients are **NOT** required to answer questions about their status and must be asked after receiving emergency care

Source: CMS Final Implementation Notice, Federal Funding of Services Furnished to Undocumented Aliens (May 9, 2005)



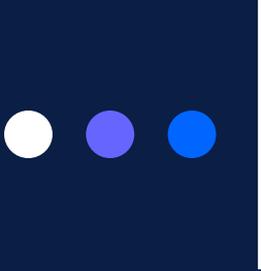
Citizen Documentation Requirement

- **Requires citizens applying or recertifying for federal non-emergency Medicaid to prove citizenship.**
- **Confusion has been created around requests for noncitizen applicants to fulfill documentation requirements (e.g., requests for birth certificates, passports) to which they are NOT subject.**
- **Guidance issued by CMS states that newborns born to “not qualified” immigrants cannot receive automatic eligibility for Medicaid. States are refusing to implement the newborn deeming rule, in order to prevent equal protection violations.**

Source: CMS “Interim Final Rule: Citizenship Documentation Requirements” (July 12, 2006)



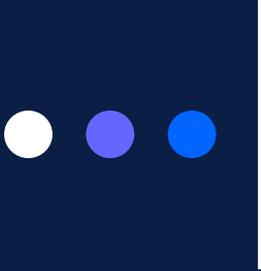
LANGUAGE and CULTURAL BARRIERS



Limited English Proficiency (LEP)

- **The percent of people five years and older who speak English less than “very well” in Virginia is approximately 5.4 %.**
- **In Virginia, of those who speak Spanish primarily in the home, about half are LEP.**
- **The majority of those who are LEP in Virginia are noncitizens. However, 15% of those persons who speak English less than very well are U.S. Citizens.**

Source: American Community Survey, 2005 (NCLR Calculation)

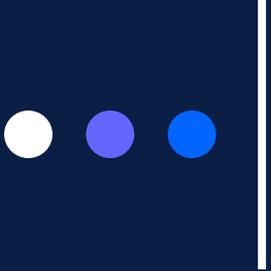


Language Barriers Prevent Access to Health Coverage

Spanish-speaking individuals are less likely to enroll in or access health care services.

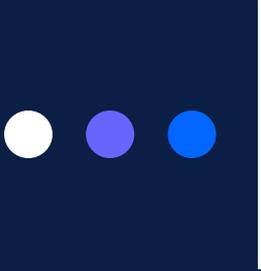
- Among Spanish-speaking noncitizen Latino adults of any status, seven out of ten lack health coverage (72%).
- Only one-third of noncitizen Spanish-speaking adults saw a doctor in the past year.
- Nearly half of parents who speak Spanish did not enroll their eligible children into Medicaid because forms and services were not available in their primary language.

Source: Kaiser Commission on Medicaid and the Uninsured



Federal Laws Require Access to Language Services

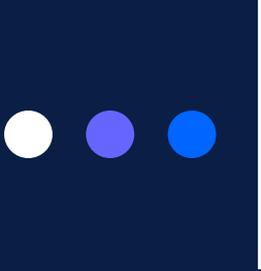
- “Civil Rights Act of 1964” – Prohibits discrimination against a person based on national origin.
- Executive Order 13166 – Entities receiving federal funding must provide language services in a meaningful way to LEP persons.



Language Services Improve Health Care Outcomes

- Patients receiving services are more likely to adhere to prescribed regimens. LEP patients receiving an interpreter were more likely to understand medical instructions.
- Medical errors are reduced for patients who receive language assistance.
- Patients receiving care in their primary language report a higher rate of patient satisfaction. Spanish-speaking patients surveyed in an ER reported 71% patient satisfaction vs. 52% for those who received treatment in English.

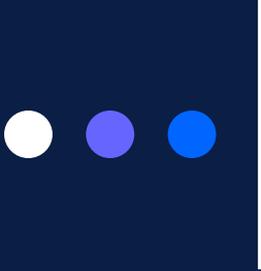
Source: Kuo, David, et al. (September 1999), Andrulis, Dennis P. et al. (April 2002)



Cultural Awareness Among Health Professionals

- **A study of third-year medical students looking at measures of cultural competence found that the students averaged a score of 55%. No student scored above 80%.**

Source: Bussey-Jones J, et al. (September 2005)

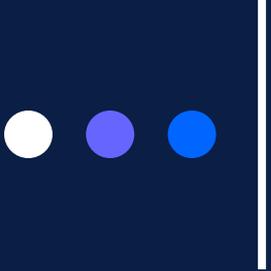


Guidelines on Cultural Competency

HHS has created national standards on Culturally- and Linguistically-Appropriate Services (CLAS), which they strongly encourage health providers to follow.
(Standards 1-3, 8-14)

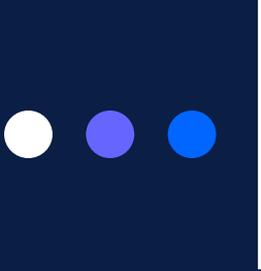
Individual states have taken steps to require cultural-competency training

- New Jersey (March 2005)
- California (October 2005)
- Washington (March 2006)



Barriers Prevent Immigrants from Using Health Care

- Immigrants are less likely to access preventive care services.
- Emergency care use among immigrants households is low, despite poorer health status, especially among children.
- Expenditures on immigrant health care are low, both public and private.



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