

Immigrants and Health Care: A National Perspective

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At the Intersection of Two Troubled Systems

- Health care and immigration: two of the most controversial and complicated domestic policy issues.
- Immigrant status a major reason for health care disparities for Hispanics and Asians.
- Should we be concerned about lack of access to health care or insurance?
- For **all**? What about legal immigrants? Refugees? Undocumented immigrants? Immigrant children?
- Can we ensure equal quality of care?
- Should we worry if patients and doctors can't speak the same language?

Three Attitudes About Immigrants

- Anti-Immigrant. Immigrants are hurting America.
 - Illegal is illegal.
- Mixed views. Shouldn't everyone be judged on their individual merits?
 - Don't almost all of us have immigrant roots?
- Pro-immigrant. All people have rights.
 - Cultural, religious and medical norms to help all, including the “stranger.”

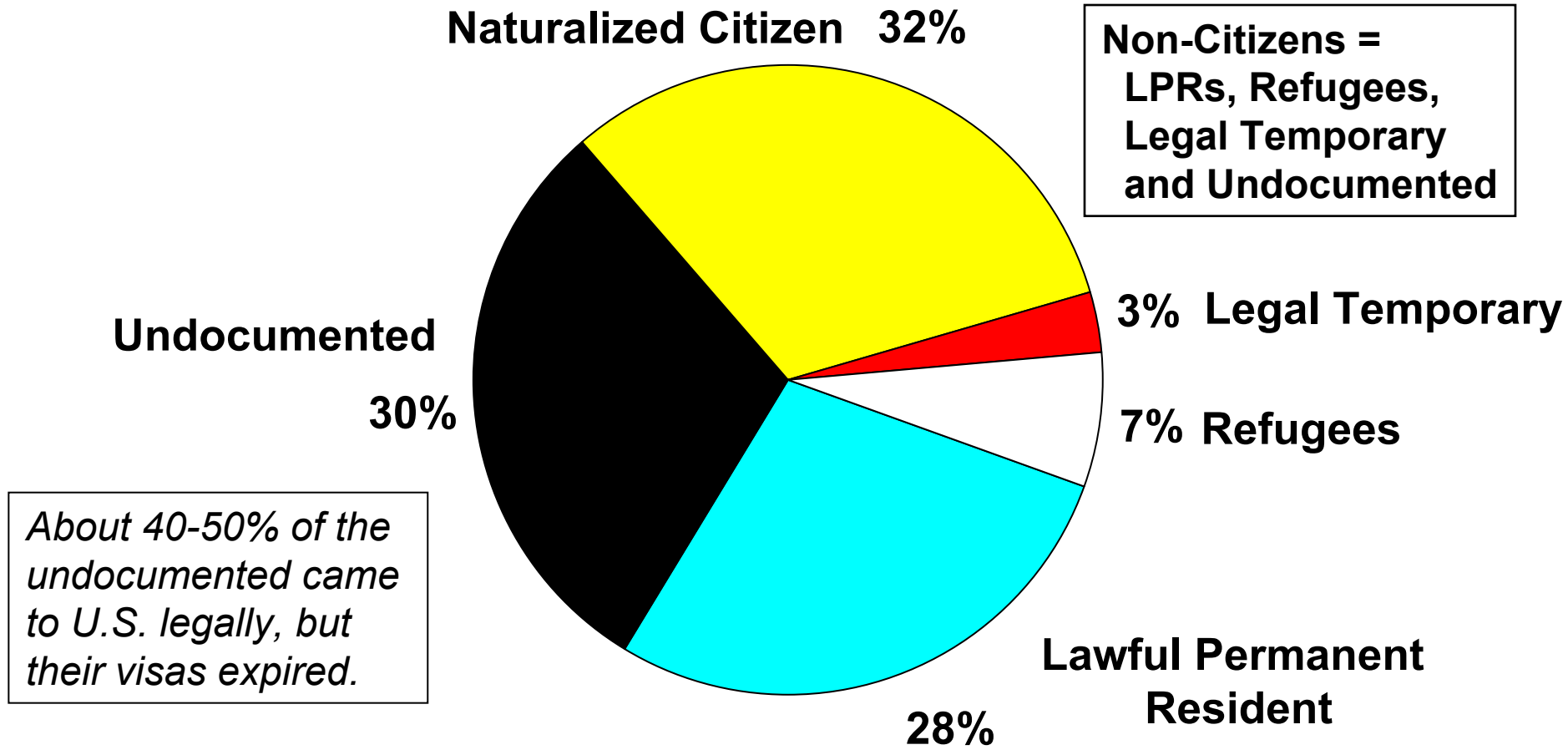
State Immigrant Legislation

- States active, in part due to frustration over lack of clear federal policies.
- According to NCSL, over 1,500 immigrant-related bills filed in 2007, 244 became law.
- Key topics: IDs/drivers' licenses, employment, public benefits, education.
- Both restrictive and supportive laws passed.
- Likely to continue to be major topic in 2008.

The U.S. Is — and Will Continue to Be — a Nation of Immigrants

- Three-fifths of U.S. population growth since 1990 came from new immigrants and their children.
- Half of the job growth in the 1990s was from recent immigrant workers.
- Because of the aging of the baby boomers and low birth rates, the US will need an influx of immigrants to meet future labor supply needs.
- Immigrants also important as health care providers. About 25% of physicians and 15% of nurses are foreign-born.

Legal Status of the Foreign Born, 2005 (Total = 37 million or 13% of popn.)



Source: Estimates by Jeff Passel, Pew Hispanic Center, 2006

English Proficiency

- About 24 million people in US speak English less than “very well” or are limited English proficient (LEP).
- About 46% of LEP are citizens (including naturalized and native-born).
- Most Latino immigrants believe learning English is necessary to be part of American society. Almost all say it is very important that children in immigrant families learn English.

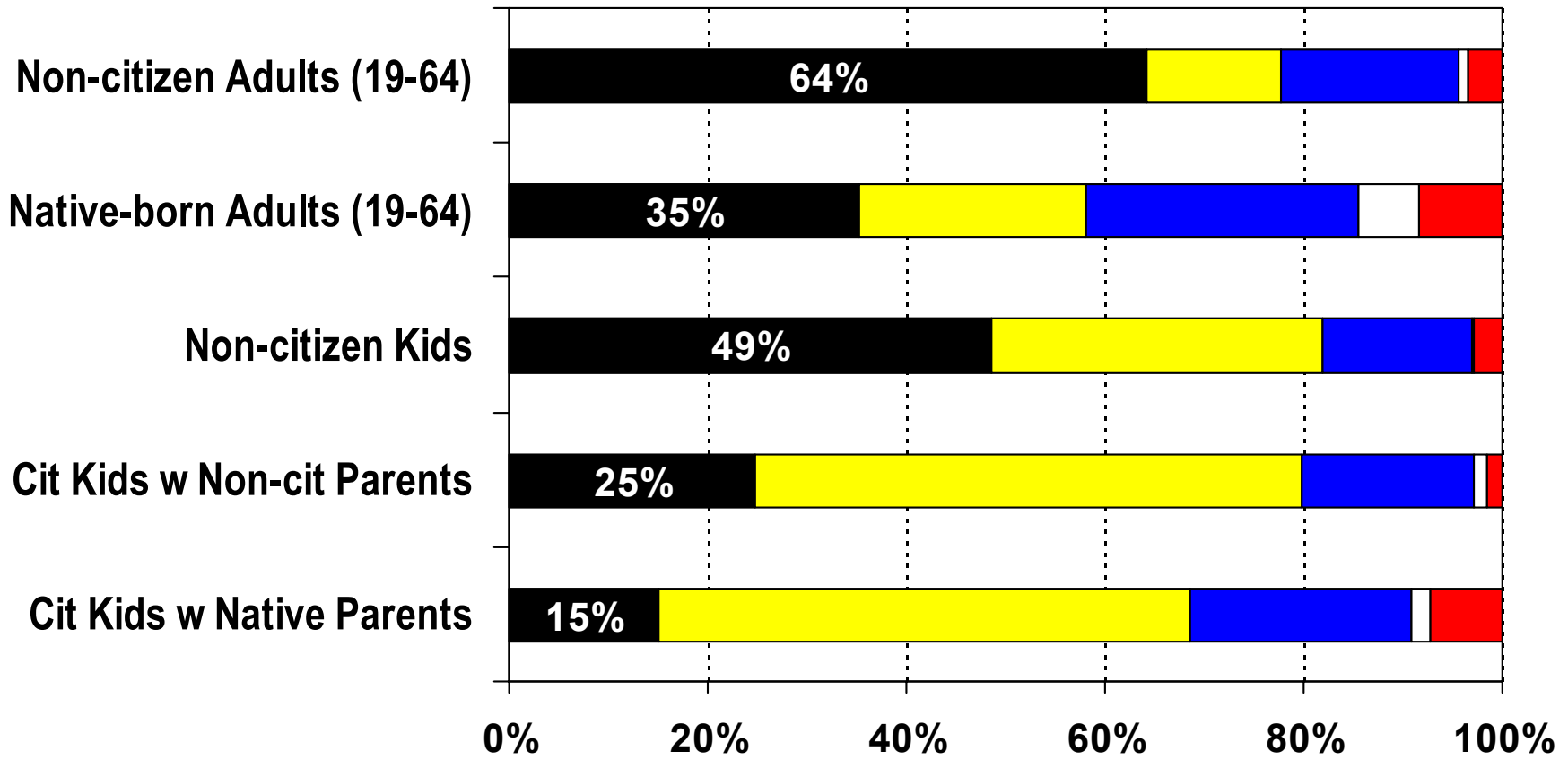
Immigrants & Health Care

- Immigrants, particularly non-citizens, face multiple barriers accessing medical care:
 - Many are uninsured
 - Language barriers and other cultural differences
 - Fear of deportation or legal consequences
 - Misunderstanding of American health system
- Immigrants have less access to health care and have low medical expenditures
- Often face other problems, such as poverty, food insecurity or crowded housing.

Why Are So Many Immigrants Uninsured?

- Many immigrants have difficulty getting private health insurance
 - Often not **offered** insurance at workplace
 - Partly due to types of jobs, partly citizenship
- Public insurance largely unavailable for immigrants
 - After 1996 welfare law, most recent **legal** immigrants barred from Medicaid & SCHIP during their 1st five years in US. Many states cover some legal immigrants using state funds.
 - Undocumented ineligible for Medicaid (except emergency care) and ineligible for Medicare.

Low-income Immigrants Are More Uninsured: Less Public & Less Private Coverage

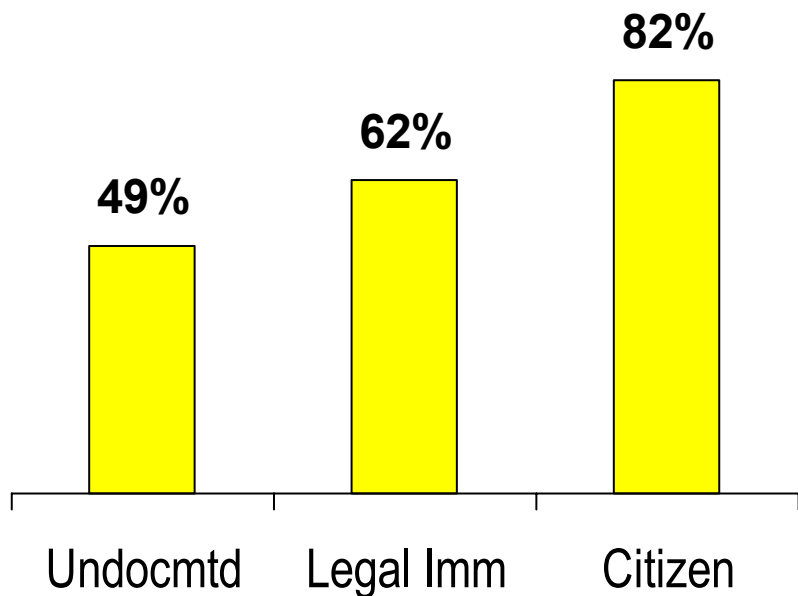


Uninsured
 Medicaid/SCHIP
 Employer-sponsored
 Other Public
 Other Private

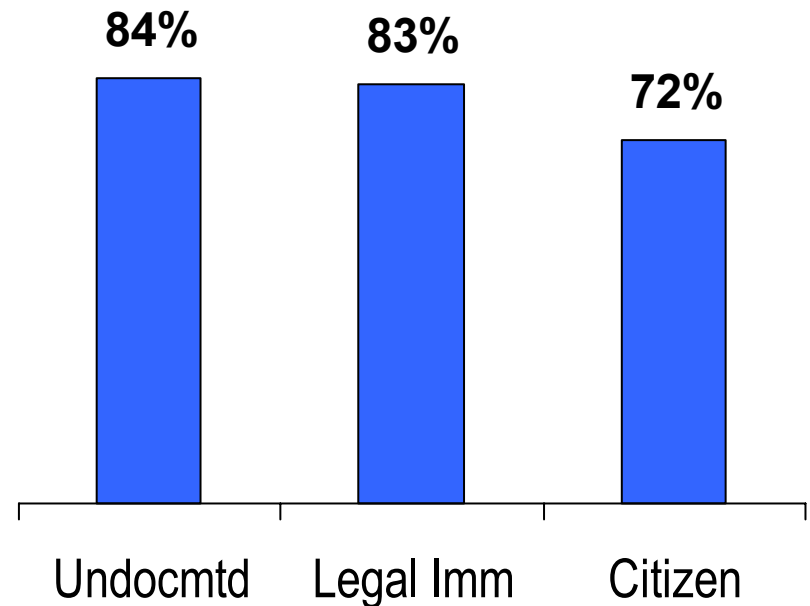
Source: Analyses of March 2007 Current Population Survey for those with incomes below 200% of poverty (\$41,000 for family of four)

Immigrants Less Likely to Be Offered Insurance at Work

% of Latinos Offered Employer-sponsored Health Insurance

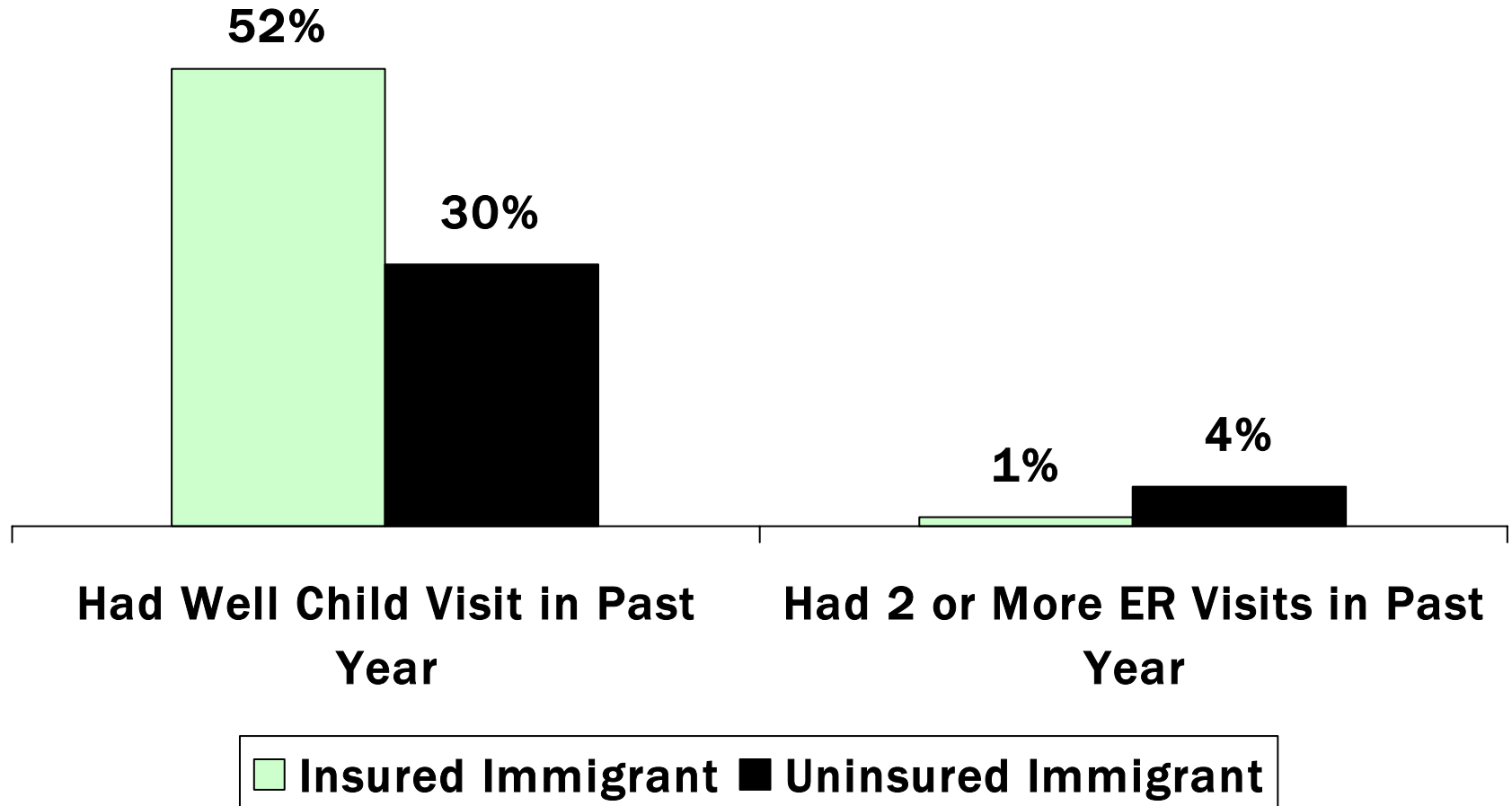


% of Latinos Who Take Up Insurance, If It Is Offered



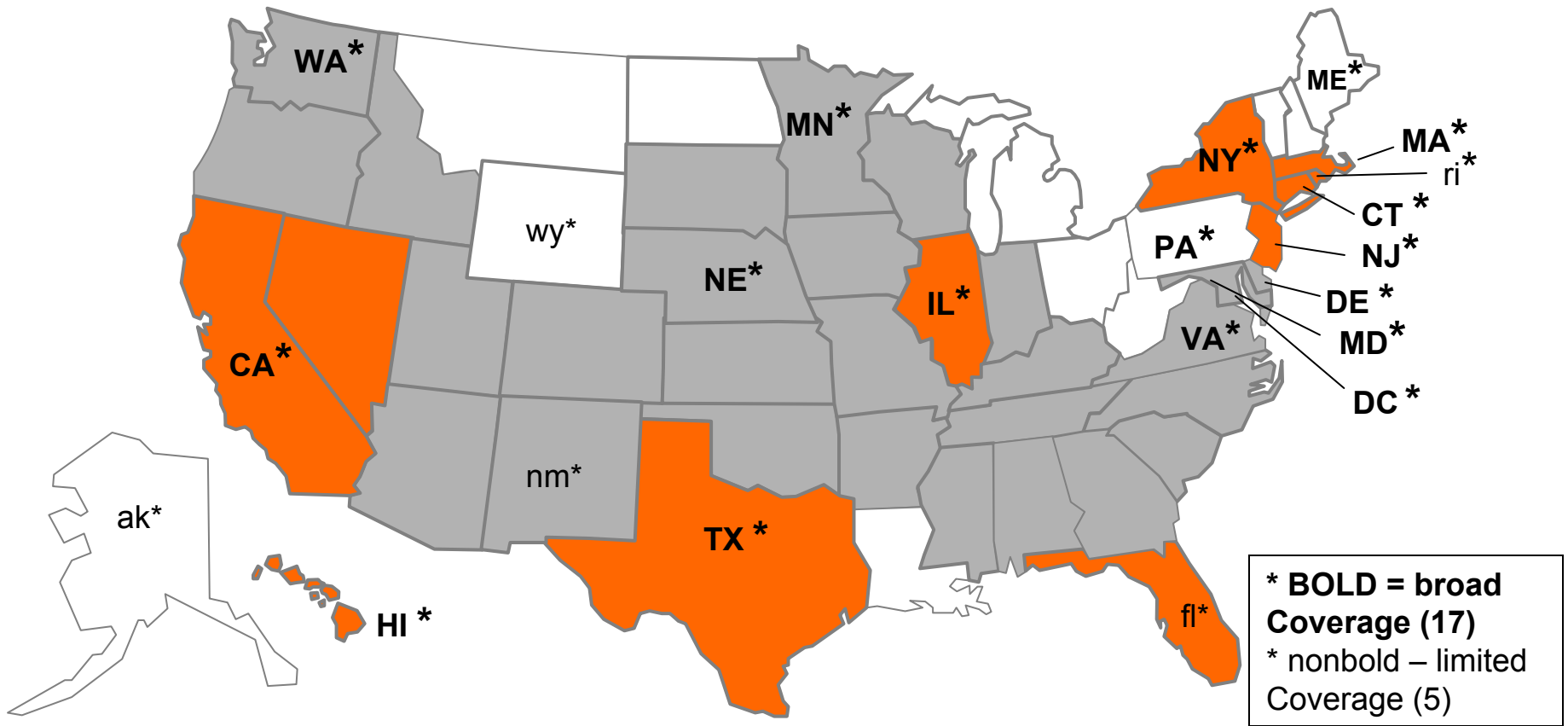
Source: Comparisons among Latinos in California, 1999-2001. Enrico Marcelli (Harvard Univ.) Migraciones Internacionales, 2(4):5-36, Jul-Dec. 2004

Insured Immigrant Children Are More Likely to Use Preventive Health Care and Less Likely to Use Emergency Rooms



Source: CBPP analyses of the Centers for Disease Control and Prevention's 2005 National Health Interview Survey for children with incomes below 200% of poverty

State Health Coverage for Legal Immigrant Children Less Common in New Growth States

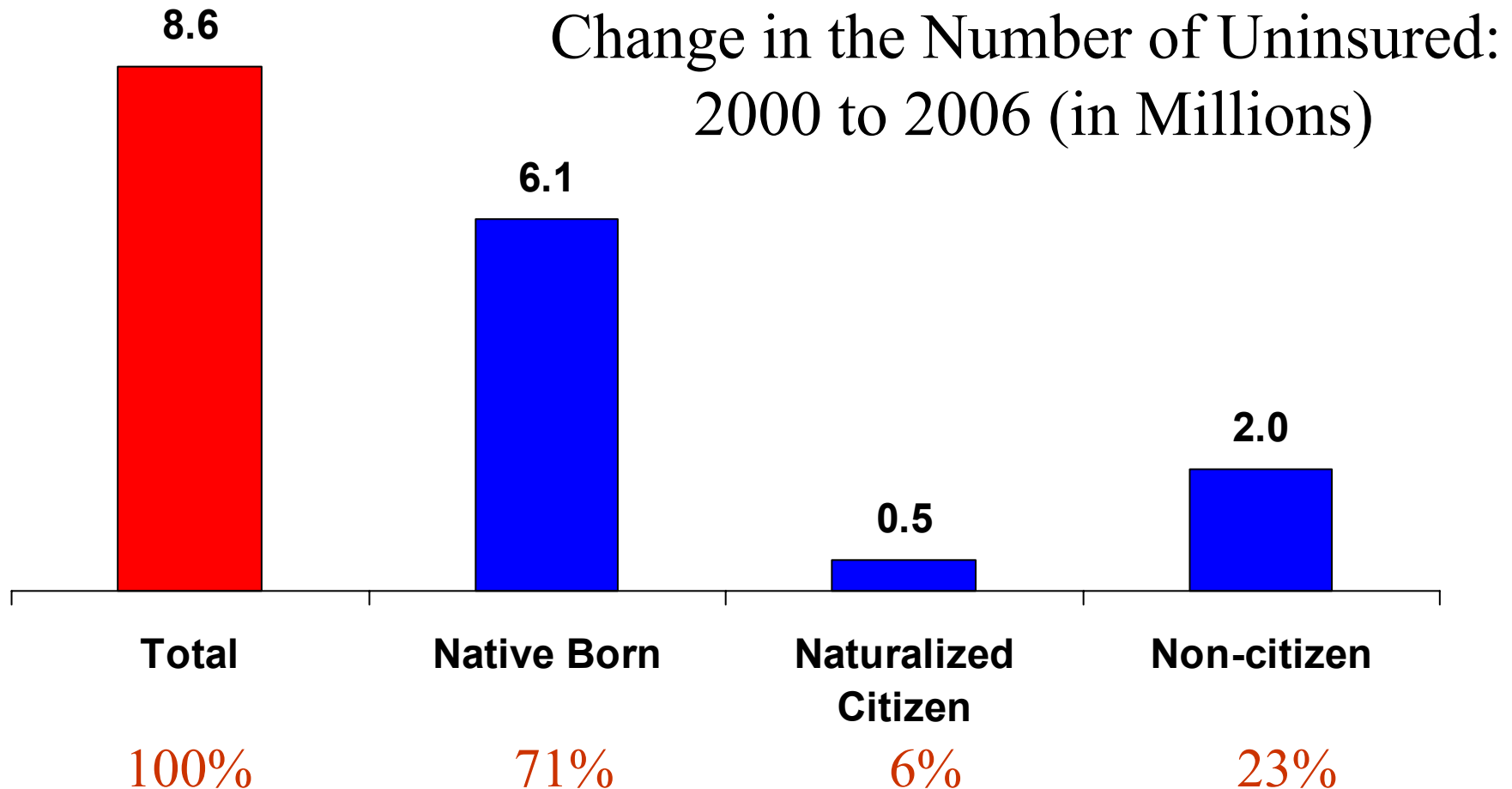


12 Traditional Immigrant States
 *Coverage (11)
 No Coverage (1)

27 New Growth States
 *Coverage (7)
 No Coverage (20)

12 Other States
 *Coverage (4)
 No Coverage (8)

Are Immigrants Responsible for Growth in the Number of Uninsured?



Source: CBPP analyses of Current Population Survey data

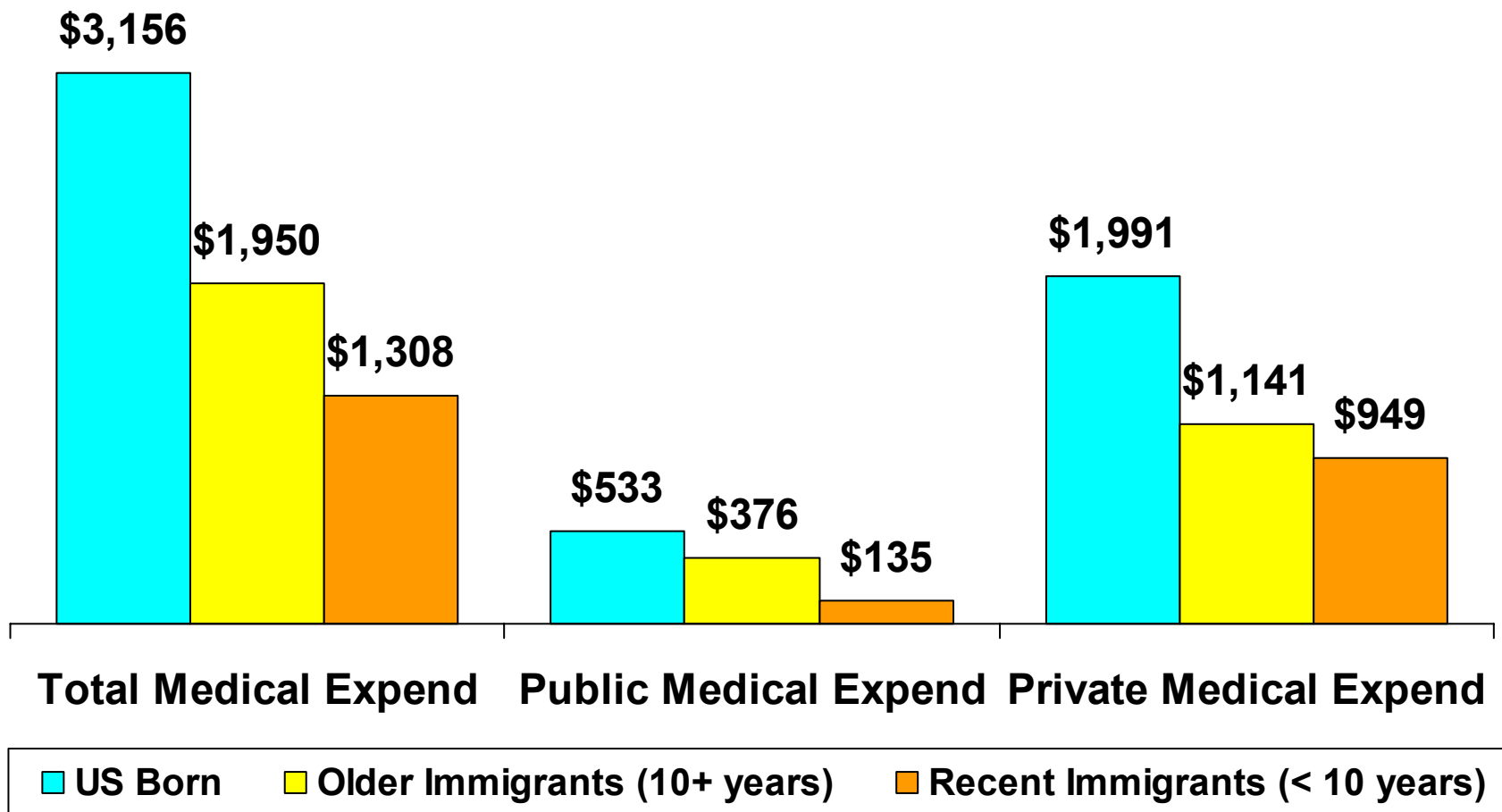
Immigrants Use Less Medical Care Use & Incur Lower Medical Costs

- On average, immigrants, particularly undocumented, use less medical care than native-born citizens. Less hospital care, physician care, emergency care, etc.
- Immigrants' medical expenditures much lower.
 - Partly because they are often uninsured.
 - Partly because immigrants often healthier.
 - Partly because of language and other barriers faced by immigrants.
- Key expenditure for immigrant women is maternity costs.

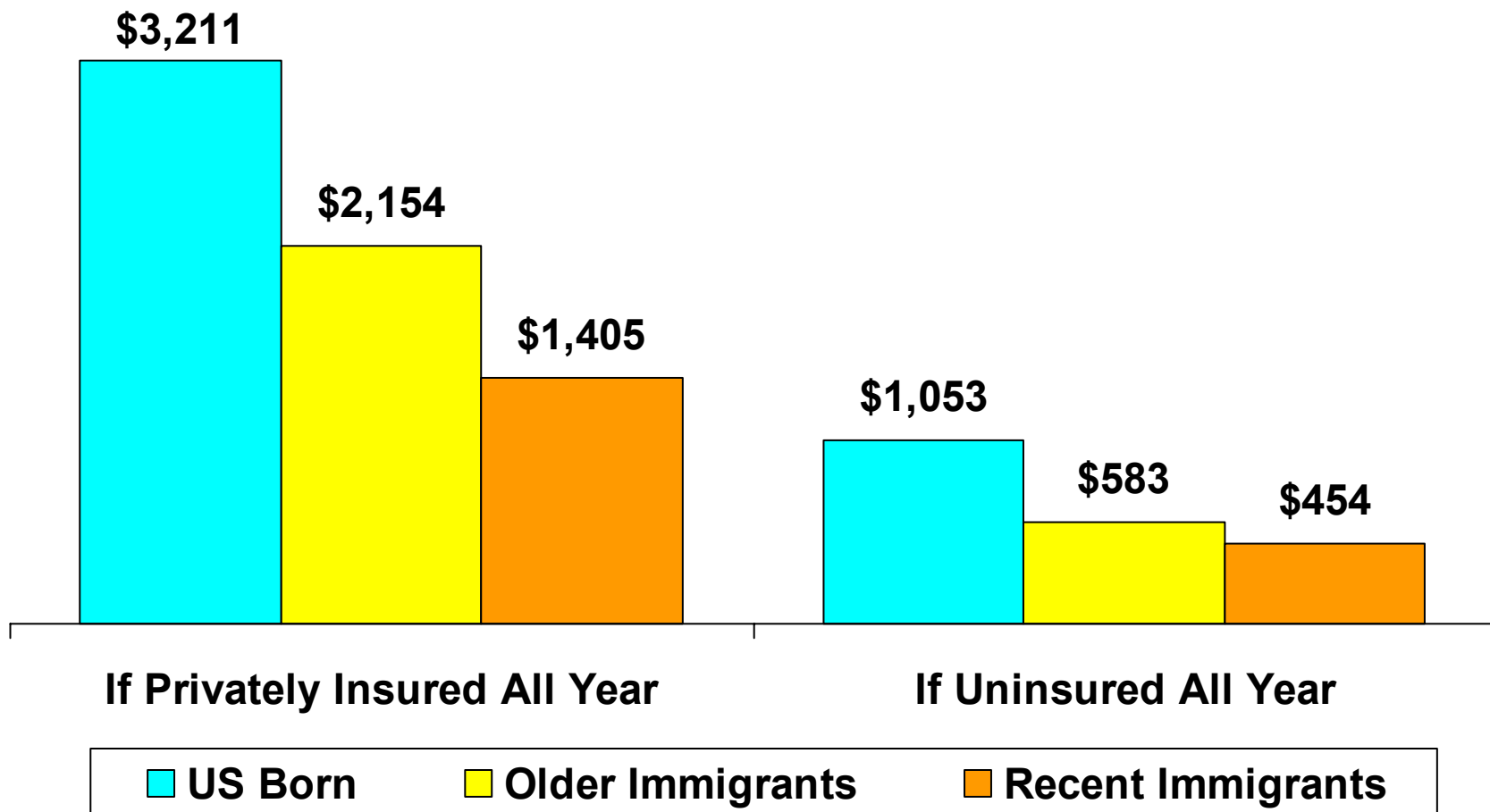
Immigrants' Health Status

- By many measures, those who come to the U.S. tend to be healthier than citizens, but lose this advantage the longer they stay in the US.
- Some public health areas of concern for immigrants:
 - Immunization of children
 - Cancer screening of adults
 - Mental health
 - Occupational injuries/illness
 - Special refugee health conditions

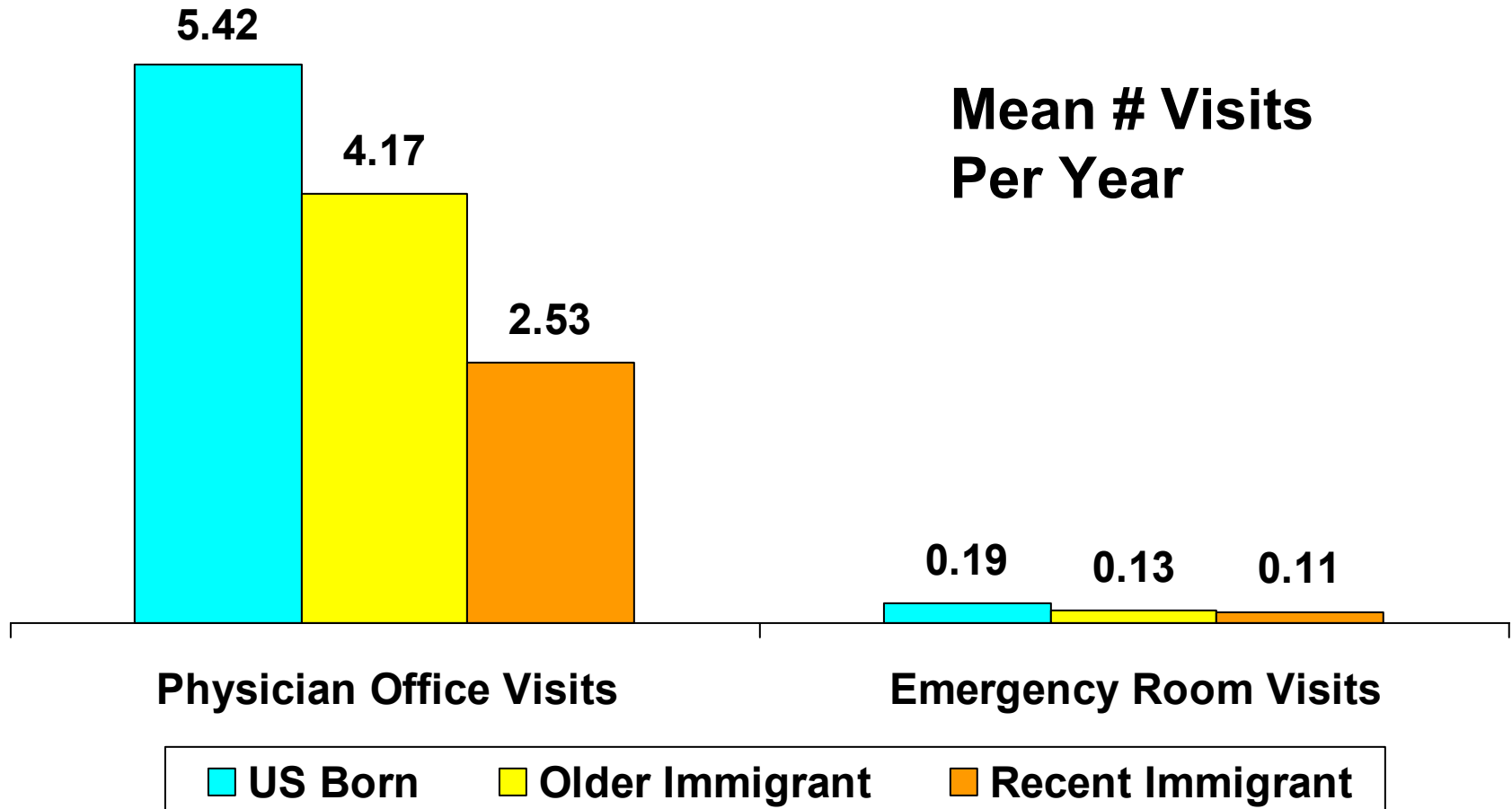
Average Annual Per Capita Medical Expenditures for Adults 19-64 by Immigration Status, 2003



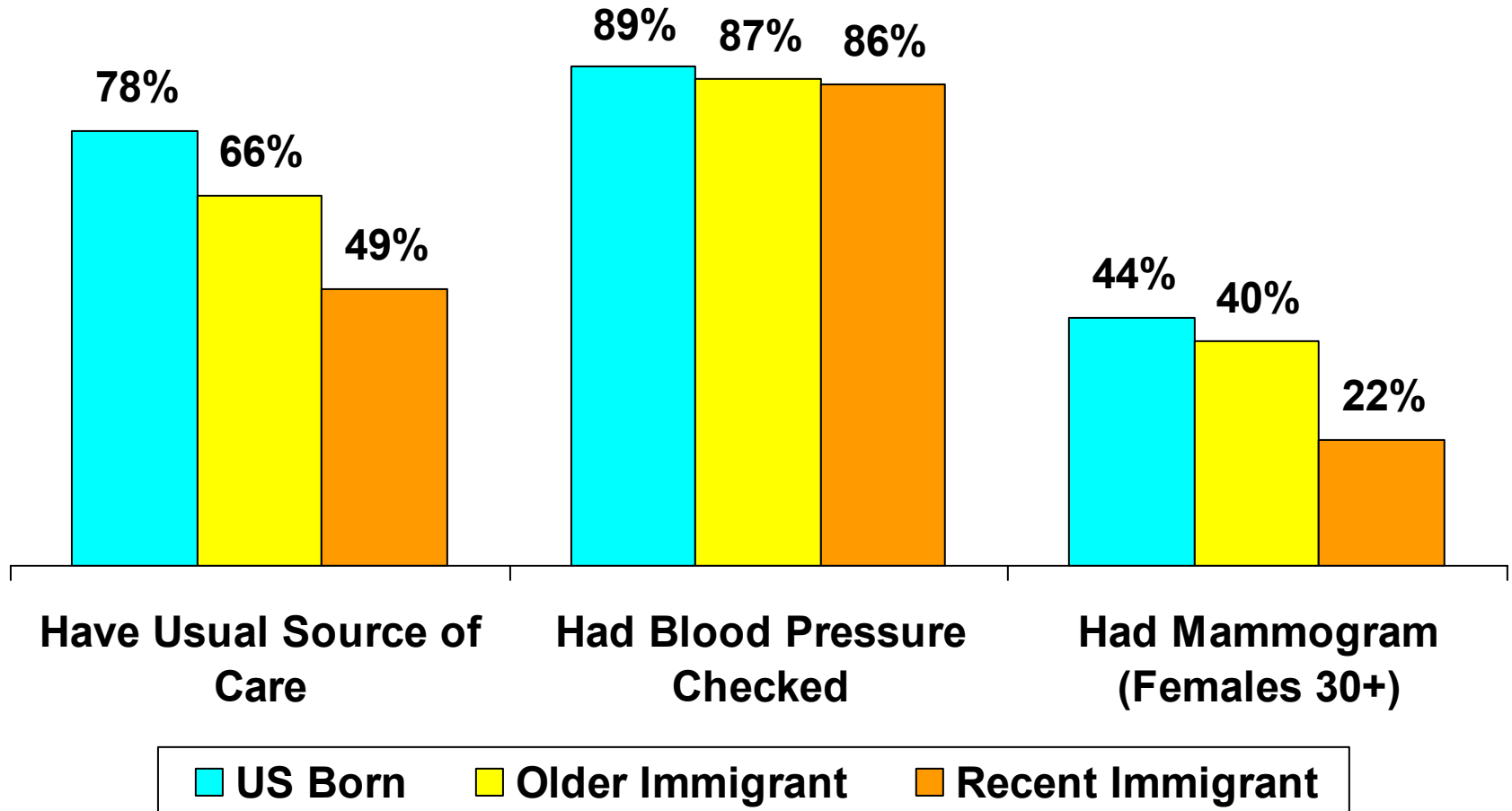
Average Annual Per Capita Medical Expenditures Based on Full-Year Insurance Status, for Adults



Immigrant Adults' Use of Physician and Emergency Room Visits



Immigrant Adults' Usual Source of Care and Preventive Care in Last 12 Months



Immigrants and the Health Care Safety Net

- Because so many are uninsured, immigrants often rely on public or charitable hospitals and clinics.
- In high-immigrant areas, immigrants may be large share of the uninsured patients in safety net facilities, though a small share of total medical costs nationwide.
- “New growth” areas often do not offer Medicaid for recent legal immigrants, nor have sufficient safety net facilities.
- Influx of immigrants can strain capacity of existing safety net providers and require new services (e.g., language assistance).

Language Barriers

- Federal civil rights policy requires that health care providers offer interpretation to limited English proficient patients to the extent feasible.
- But gaps are common and doctors, clinics, etc. often do not offer language assistance.
- Studies repeatedly show that language barriers hurt access, increase risk of medical errors and misunderstanding, lower quality of care.
- Informal interpreters more prone to errors in translation.
- Insurance rarely reimburses for language services.

MN Immigrant Health Task Force

Immigrant Health: A Call to Action, 2005

- Equal access to health care for all
- Assess language preferences
- Equitable payment for immigrants' care
- Develop clinical guidelines for immigrant health care
- Diversify health care workforce
- Use trained interpreters
- Use bilingual/bicultural community health workers
- Educate both providers and immigrant patients

Transitions in Immigrants' Health

- Newcomers often arrive in good health (exceptions for some refugees or asylees).
- Often have safer health behaviors (healthier diets, less substance use, safer sexual practices).
- But may develop less healthy behaviors over time, because of acculturation, poverty, poor environmental influences, stress and social isolation.
- Poor access to medical care can make problems worse (e.g., low vaccination rates, poor access to mental health care).

Innovative Projects - Coverage

- Child Health Initiatives. Several CA counties made **all** low-income children eligible for public insurance, using local funds. Increased access and improved health outcomes for children already eligible as well as immigrant kids. (Trenholm, et al. 2007)
- Community Enrollment Case Managers. Used community-based staff to enroll uninsured Latino children into health coverage in Massachusetts. Attained almost complete enrollment. (Flores, et al. 2005)

Innovative Projects - Services

- Mobile Medical Care (Montgomery Co., MD) Vans that provide basic care, especially for uninsured people with chronic diseases, including immigrants. Combination of county and voluntary support.
- Children's Mental Health (Minneapolis, MN) Project to provide and coordinate mental health services for multicultural mental health services, based in schools.

Innovative Projects – Language and Quality

- Speaking Together. (multiple sites) Project to improve language access in hospitals and to measure improvements in quality, such as for cardiac care.

Potential Problem Areas

- State or local rules requiring documentation of citizenship or legal status.
 - **Bar many needy citizens and legal immigrants too.**
 - Many native-born citizens and legal immigrants cannot prove their status because they lack a birth certificate, passport or photo ID.
 - Many elderly African Americans never had birth certificates.
- Other documentation requirements (e.g., drivers' licenses or SSNs) may also prevent use of services for which immigrants are eligible.

Citations

- Trenholm, C. et al. “Three Independent Evaluations of Healthy Kids Programs Find Dramatic Gains in Well Being of Children and Families,” Nov. 2007.
(www.urban.org/UploadedPDF/411572_healthy_kids.pdf)
- Flores G, et al. “A randomized, controlled trial of the effectiveness of community-based case management in insuring uninsured Latino children.” *Pediatrics*, 2005; 116:1433-41.
- www.mobilemedicalcare.org
- www.healthinschools.org/static/cac/Minneapolis%20PP.pdf
- www.speakingtogether.org