REACH
healthcare foundation

Immigrant Health Report:

Barriers to Health Care for Immigrant and Refugee Populations

Prepared by Mary Lou Jaramillo, MPA
January 2017

BACKGROUND

The REACH Healthcare Foundation is a nonprofit charitable organization dedicated to advancing equity in health care coverage, access and quality for poor and underserved people. The foundation is beginning implementation of a new five-year strategic plan that includes attention to highly vulnerable populations, including legal and undocumented immigrants and refugee populations.

The foundation contracted with Mary Lou Jaramillo, a Kansas City area-based consultant, to design, plan and implement a series of community conversations with key leaders of organizations working to support immigrant health and well-being in the Kansas City metropolitan area and with immigrant consumer groups.

Results from these conversations with organizational leaders and immigrant consumer groups will be summarized and used to further community engagement and foundation investments in advancing programs and policies to increase access to health care services and coverage for immigrants with a focus on undocumented immigrants in the Kansas City metropolitan area.

Objectives of the Project

- Convene six to eight immigrant health practitioners and specialists to assist with this project and advise the consultant.
- Convene four immigrant consumer groups representing refugees and the undocumented.
- Identify barriers to access to health services and insurance coverage.
- Identify ways health foundations can support the undocumented immigrant health consumer with access to needed health services and coverage.
- Brainstorm ideas to be considered and explored by health foundations in terms of increasing access to care and coverage.
- Share experiences with the Affordable Care Act's provisions for coverage for "qualified immigrants."

Deliverables

- Prepare a summary report from the information gathered at the community conversations.
- Present recommendations for future investment by the REACH Foundation in alignment with the foundation's five-year strategic plan.

PROJECT PROCESS

The consultant identified a group of immigrant health advisors to assist with the project, in consultation with REACH Senior Program Officer Carla Gibson and REACH Board member Raymond Rico.

The consultant held four meetings with the immigrant health advisors on June 15, June 29, July 12, and August 9 of 2016 to review the scope of the project and to plan the conversations. The following is a list of outcomes from the advisor meetings:

- Identify immigrants' barriers to access health care and coverage
- Identify categories of immigrants
- Review and update stakeholder list
- Develop questions for stakeholders and immigrant consumers
- Develop survey questions
- Recommend immigrant input meeting
- Select World Café Process

During the start-up phase of the project the immigrant health advisors recommended two additional activities to gather additional information about barriers to health care and health insurance coverage: 1) survey the invited community organizations serving immigrant populations about their operations, and 2) convene up to four immigrant groups.

The advisors discussed the different categories of immigrants and the confusion about them among health care providers and the general community. They developed a list of immigrant categories for use during the meetings. The advisors also discussed the barriers to health care and recommendations, including barriers identified separately by Bethel Neighborhood Center.

The Rev. Mang Sonna, executive director of the Bethel Neighborhood Center in Kansas City, Kansas, and Joseph LeMaster, M.D., Department of Family Medicine, University of Kansas Medical Center, reported that their organizations were partners on a project funded by the Patient-Centered Outcome Research Institute (PCORI). The purpose of the research was to establish effective communication between newcomer patients (immigrants) with diabetes mellitus, their families and health care providers/systems around diabetes care. Four immigrant groups affiliated with the project were identified, and members were invited to attend five consumer meetings. Interpreters and translators were used throughout the process. The barriers identified in this project are similar to the findings of this project's community conversations.

The immigrant health advisors were interested in learning about organizations' operations in serving immigrants as an attempt to identify additional barriers and gaps in the health care system. The advisors developed the survey and Hilda Fuentes, advisor and CEO, Samuel U. Rodgers Health Center, offered to administer the survey and collect data. The survey was administered though SurveyMonkey and sent to the leaders of the invited health and immigrant-serving organizations. The response rate was 25%. Results of the survey are included in this report.

Dr. LeMaster and Rev. Sonna recommended using a "World Café" model for the community conversations. Both advisors successfully used World Café to gather information from four immigrant groups at Bethel Neighborhood Center in Kansas City, Kansas. World Café is a method for creating a collaborative dialogue around important questions. Participants travel from table to table or question to question to participate in the dialogue.

KEY ORGANIZATIONS' CONVERSATIONS

Invitations were sent to the leadership of 70 organizations inviting them to attend one of three community conversations. The meetings were held August 23 at the REACH Healthcare Foundation in Merriam, KS; August 30 at the Children's Campus in Kansas City, KS; and September 8 at the Kansas City Public Health Department, Kansas City, MO. Seventy-two participants attended, representing social workers, interpreters, health navigators, school nurses, preschool managers, public school program directors, care coordinator supervisors, community health workers, public health administrators, executive directors of social service organizations, and leadership of two federally qualified health centers.

Participants at the meetings discussed three questions: 1) organizations and programs/services that increase access to health care among uninsured immigrants; 2) the reality for immigrant care and coverage for the uninsured; and 3) experience with insurance for immigrants through the Affordable Care Act.

Fear and mistrust, especially among undocumented immigrants, were common themes repeated by participants in all meetings. Requests for various forms of identification are major inhibitors to immigrants seeking and receiving health care. Participants described the regional health care system as being complex and foreign to immigrants. Other descriptions included unfriendly, inconsiderate and belittling service and environments. Specific input included:

- Fear and the perceived lack of safety at some clinics is an issue, causing immigrants to avoid services because if they do not feel safe, they will not return.
- Immigrants don't know what resources are available to them and where those resources are located.
- Growing number of insurance scams preying on immigrants.
- Health care for refugees and undocumented is fragmented, causing them to be sent to multiple clinics for different needs and available resources.
- Immigrants don't know their "rights" for interpreting services.
- "We traumatize our patients."
- Poor quality of interpreter services.
- Some immigrants first enter the health care system when they are pregnant, with no prior medical history or doctor.
- Clinics are not open when immigrants need services the most, such as urgent care (after hours, weekends).

- "Immigrants can't meet the proof-of-income test at hospitals and at one of the federally qualified health centers." Reports are that federally qualified health centers are becoming excessive in creating and implementing strict policies regarding proof of income and address. Some require a letter from an employer for the last 30 days of employment. Problems arise when clients are paid for work in cash, use someone else's Social Security number, or do not have their names on a lease.

Other Findings:

Cultural competency and the **quality of interpreters** were cited repeatedly. At some health centers, and especially in private practices, family members serve as interpreters. Quality of interpreters is mixed. Some have credentials and training; others are hired because they speak English and other languages but they aren't tested for competency. Many participants reported that available interpretation services are dependent on grant funding and are not a budgeted line item.

Health care workers don't understand the context of the immigrant experience and social determinants, and they don't understand how the immigration system works. At least two participants said that "our system re-traumatizes immigrants." Also, "We have unreasonably high expectations that immigrants adjust to our system and adopt our behaviors in a short amount of time. "

Access to specialists for cancer, dialysis, or major surgery is limited and access to hospitals is closed. WyJo Care and MetroCARE are good but they do not have enough physicians/surgeons to meet the need. Immigrants are often told to return to their home country for care. **Many take the risk of remaining in the Kansas City area and hope for the best and/or they die.**

Behavioral health was identified several times as a significant need for immigrants, with many traumatized by war, torture, violence, etc. Mental health is not a community priority, and foundation and grant funding has been decreasing. A disconnect between physical and mental health exists. A need exists for culturally competent professionals able to speak the languages of immigrants.

Health care coverage is an issue. The Affordable Care Act and private insurance premiums are expensive. Immigrants would rather pay $20 for a clinic visit than pay $80 per month for coverage. Immigrants who have insurance do not understand how insurance works for them and seldom use it. Deductibles are too high, and they report that they cannot afford the co-pays.

Undocumented immigrants do not qualify for many forms of coverage. Undocumented immigrants are not covered by workers compensation. Yet, they often have the most risky jobs.

Older immigrant adults covered by Medicare do not use it, do not understand it and are too proud to use it. Farm workers who qualify for insurance through their employers prefer using Rodgers Health for their health care needs. Mixed-status families fear enrolling their children and spouse in a plan even if insurance is affordable due to potential exposure.

Navigators and Certified Application Counselors are key to providing information and enrollment.

IDENTIFIED COLLABORATIVE ORGANIZATIONS

Samuel U. Rodgers Health Center, Health Partnership Clinic, Jewish Vocational Services and El Centro were frequently identified by participants as having reasonable access to services for immigrants and the undocumented. The organizations were noted for being collaborative, having knowledgeable staff and trusted organizations. These and other identified organizations:

- Rodgers Health has a program called Community Center Care Initiative (C3) that provides three free visits, case management, and helps consumers identify and select a primary care physician.
- Jewish Vocational Services discussed the relationship with Rodgers Health to provide health care during the resettlement process for refugees.
- Others noted El Centro's promotoras and health navigation services that reach undocumented immigrants, build relationships with various health care providers and assist with health care costs for major health issues, transportation support and payment plans.
- Health Partnership Clinic provides on-site oral screenings at Head Start programs and provides on-site assistance at SafeHome domestic violence shelter.
- Public Health Departments (Johnson and Wyandotte) are often the first encounter immigrant women have to the health care system when pregnant and in need of prenatal care. The health departments advise patients about Medicaid.
- Olathe Fire Department launched a mobile care unit in 2015 and a nurse practitioner connects clients to Health Partnership Clinic. Fire Department is exploring how to seek payment/insurance information.
- The KC CARE Clinic and Cabot Health Center were noted as models of health homes that include care coordination.
- The Ventanilla de Salud program of the Mexican Consulate in Kansas City has a partnership with Rodgers Health for Mexican nationals.
- The JayDoc clinic in Wyandotte County is open evenings, with no questions asked regarding income or Social Security numbers, and services are free.
- Jewish Vocational Services assists new refugees by providing assistance with health care, housing, employment and education. The majority of these have limited English skills. To help them navigate the health care system, Jewish Vocational Services designed "I SPEAK" cards that refugees can carry, stating the need for interpretation services.

RECOMMENDATIONS FROM KEY ORGANIZATIONS

Participants were asked to discuss two questions: 1) Recommendations to increase or improve health care access and coverage for immigrants; and 2) What can local foundations do to improve or expand immigrants' access to health care and/or insurance coverage. Their ideas include:

Educate & Inform:

- Reach immigrants when they arrive through trusted organizations, schools and churches, immigrant-owned businesses, Mexican Consulate.
- Fund a program that mirrors refugee resettlement programs, but make it for undocumented immigrants.
- Assess health care and behavioral health needs.
- Create a mobile app for consumers for health, oral and behavioral health resources.
- Encourage hospitals to assist with information to patients about insurance for newborns, prevention and community resources.
- Fund and organize an educational symposium similar to "binational health week" in California or "Cambio de Colores" in Missouri for health care professionals and organizations serving immigrants to feature successful programs, health care best practices, research on immigrants.
- Create a centralized resource for health care professionals, organizations.

Health Care System/Safety Nets:

- Create a care coordination system for this region, with each immigrant having a unique patient number.
- Educate providers, hospitals, private providers about community resources, cultural competency.
- Educate pharmacists in managing care of immigrants.
- Standardize care at clinics as services differ greatly across health organizations.
- Provide grants to organizations to provide mental health services in schools.
- Use telemedicine.
- Expand safety net clinical hours for urgent care; after-hours services needed.

Coverage/Insurance:

- Advocate for Medicaid expansion, continue to push for expansion.
- Advocate for Immigration reform.
- Advocate for single-payer system.
- Fund full-time coverage specialist at key locations. Immigrants need trusted advisors.
- Create a "hardship pool" and accept applications, fund premiums and co-pays, prescriptions, blood tests, x-rays. Subsidize insurance.
- Create a "self-insurance" plan for undocumented immigrants.
- Create a foundation that can fund insurance for the undocumented.

Workforce:

- Support efforts towards an ethnically diverse health care workforce.
- Fund tuition for immigrant students taking college health courses and medical interpretation courses while in high school.
- Fund internships and scholarships for immigrants in health care to build the health care worker pipeline. This is critical as the metro area's immigrant population increases.
- Seek opportunities with the KC Gateways for Growth Initiative at Mid-America Regional Council.

Foundation Support:

- Be open to "atypical proposals" that include support for transportation, child care and prescription assistance.
- Be less restrictive with funding and increase the cap on administrative overhead from 10%.
- Reduce reporting burden.
- Understand the undocumented population better before making funding decisions.
- Use your network and influence to foster collaborations and technical support for organizations.
- Work on the REACH Healthcare Foundation "brand" to build credibility people can trust.

IMMIGRANT CONSUMERS MEETINGS

Four meetings were held with immigrant consumers. With the assistance of Catholic Charities of NE Kansas, El Centro, Jewish Vocational Services, Don Bosco, and a community health worker from the KC Care Clinic, Somali and Chin refugees and Latino undocumented immigrants were invited to these meetings. Questions used for the immigrant consumer conversations are included in the Appendix.

Two Hispanic immigrant consumer groups met at El Centro in Kansas City, Kansas and at the Mattie Rhodes Center in the Northeast neighborhood, Kansas City, Missouri. El Centro and Mattie Rhodes staff provided interpreters. Hispanic, undocumented consumers reported coming from Argentina, Cuba, El Salvador and Mexico and residing In the Kansas City area from 3 weeks to 26 years. A few lived in California, Illinois and New York before arriving in Kansas City.

Refugee immigrants from Somalia and the Chin region of Burma reported residing in Kansas City from 1 to 6 years. Their time in refugee camps ranged widely from 6 months to 4 years. It was important to schedule the gatherings at times that were convenient with the Somali and Chin consumers. The Somali group was held during their English as a Second Language class. The convening with the Lutuv Chin group was immediately following a "prayer service" in a housing complex in Kansas City, Kansas. The use of interpreters was necessary.

Hispanic Immigrant Consumers

The undocumented immigrant consumers expressed positive and negative experiences accessing health care. They seek health care for major illness or injuries and rarely for preventive care. Exceptions are for their children, for immunizations and well-baby checkups. A majority of the immigrant consumers reported a high use of home remedies.

Undocumented immigrants said that they learn "where to go" for health care from work friends, friends who have lived in Kansas City a long time, neighbors and family. One woman said "there are three things I must do when I move to a new city—find work, a house and doctors."

Several examples given were serious health problems and use of the emergency room. Immigrant consumers reported getting seen quickly but expressed shock at the cost of medical services and treatment. Others described interventions by church leaders or employers that helped them to receive treatments at area hospitals, referrals for cancer treatments, and reduced medical bills and payment plans.

Several reported missed or inappropriate diagnoses. One health care worker suggested that a mother abort her fetus. The patient carried to term and had a healthy baby.

Immigrant consumers do not understand how to navigate the "safety-net" system, including hospitals, referrals, the process of paying medical bills, applying for payment plans and the role of collection agencies. Sometimes immigrants do not receive letters from collection agencies because they are sent to old addresses. They sometimes ignore collection letters written in English because they cannot understand them.

Information about the health care system from co-workers, family and friends often is not accurate because it is based only on personal experience.

One immigrant reported his surgery initially was denied because he did not have insurance. The stated procedure cost was $22,000 and had to be paid in advance. The immigrant was willing to pay $15,000 and so the surgery was done, however the hospital sent the balance to a collection agency.

"My daughter was seen at a clinic for knee pain and then we were sent to hospital for MRI and it's been two months and still haven't received a bill."

"Once we had a high bill, we paid $50 a month and that helps the doctor/hospital see we are trying to pay bill, even if a little at a time."

These consumers expressed willingness to make payments for their health care.

Barriers Cited by Consumers:

- "Truman (Medical Center) no longer offers discounts to undocumented."
- Lack of health insurance – one immigrant felt rejected.
- The wait is too long for appointments, "no respect for patient's time" and will not return to the clinic.
- Rude receptionist.
- "Bad communication between nurses and doctors."
- Providers use the telephone for interpretation services. "It's hard over the phone, they ask us to speak in short phrases."
- "We know if we say we are undocumented, we will not receive services at hospital."
- "When you file a complaint nobody gets back to you."
- "There is a lack of authentic conversations."
- Don't have information about the cost for health care services. No one explains. Some consumers rely on family for interpretation.

Consumers' Recommendations to Improve Hispanic Immigrants' Access to Health Care:

- More medical clinics and better hours.
- Affordable health insurance and affordable deductibles: "We are willing to pay for quality care with reasonable payments."
- Have interpreters at all steps during the visit.
- Cultural sensitivity training for employees.
- Provide information in Spanish and other languages.
- Everyone to be seen.
- Better treatment, "we are not second class citizens" and "undocumented should not be treated worse than animals or ignored."
- More information on health conditions and treatment.
- Correct diagnosis and be specific when explaining diagnosis.
- No automated phone service.
- Spanish speakers at front lines at hospitals.
- "Undocumented should be seen no matter what."
- Sliding fee scale at clinics.
- "Doctors should be human, not robots."

Somali and Chin Refugees

The Somali and Chin refugees have resided in Kansas City 6 years or less and many spent time in refugee camps before arriving in the U.S. The refugees expressed positive experiences with the health care they receive. "So far good things, nothing bad," said one participant. There was little participants disliked and they offered few suggestions for improvement.

The resettlement process includes finding employment. The men and few women have jobs in warehouses and meat plants. Some travel from Kansas City urban core neighborhoods to Olathe, KS, and St. Joseph, MO, for work. Refugee women who do not work remain at home; most do not have transportation, relying on friends or their church community for transportation. These refugee groups have established their networks and support systems.

Although refugees receive an orientation to the health care system in Kansas City, the information is overwhelming and foreign. One individual said, "Nothing is free in Africa; we pay for everything and pay as much as you can afford. " All of the refugees reported using home remedies first before going to a clinic or hospital. These refugees are unfamiliar with the concept of "women's health" unless it's related to pregnancy. A Somali woman living in Kansas City for six years stated she does not like going to see a doctor and consults a family member first if not severe. "Every sickness is brought by God and a cure is brought by God." The same woman said that she has been to a dentist only once in the six years and that she will not return because of the pain. A few other Somali women in the group carry toothbrushes in their bags or purses, and reported they brush their teeth several times a day. A Lutuv Christian Church leader encourages members of his church to get annual checkups and to use their insurance.

Refugee Barriers to Health Care:

- Insurance does not cover eye exams and treatment.
- Co-pays for prescriptions are expensive.
- Long waits for appointment at a clinic, asked to go in and wait in case there is a cancellation.
- Lack of transportation.
- Use of interpretation services by phone.
- Automated phone systems.

Refugee Consumers Want Access To:

- Better interpreters.
- Hospital billing departments to call patients to avoid missed bills.
- Information to improve their health and way of living in Kansas City.
- Learn how to encourage their children to eat healthy foods.

APPENDICES

Immigrant Health Advisors

The Immigrant Health Advisors provided guidance throughout the project. Their knowledge of immigrant communities, first-hand experience delivering health programs to immigrants, and knowledge of immigration procedures was invaluable.

- Paula Cupertino, Ph.D., Juntos Center for Advancing Latino Health, Kansas University Medical Center
- Cielo Fernandez, MS, Director of Programs, El Centro, Inc., Kansas City, KS
- Hilda Fuentes, CEO, Samuel Rodgers Health Center, Kansas City, MO
- Suzanne Gladney, Immigration Attorney, Migrant Farmworkers Assistant Fund
- Joseph LeMaster, MD, Department of Family Medicine, Kansas University Medical Center & Medical Director Johnson County Health Department
- Rev. Mang Sonna, Executive Director, Bethel Neighborhood Center, Kansas City, KS
- Andrea Morales, LCSW, LSCSW, - Vice President, Family Services & Support, Mattie Rhodes Center
- Celia Ruiz, Bilingual Community Outreach Specialist, United Healthcare, Kansas Health Plan
- Renan Raven, Raven Global Services, licensed insurance enroller, moderator Salud Hispana KC on local Spanish radio station.
- Raymond Rico, REACH Healthcare Foundation Board Member
- Carla Gibson, Senior Program Officer

Immigrant Categories

The Immigrant Health Advisors helped to define various immigrant categories:

- **Lawful Permanent Resident** – have a "green card", permanent status, employment authorization
- **Refugee** – have I-94, Arrival and Departure Record, legal entry document, employment authorization; eligible for lawful permanent resident status at 1 year from entry date.
- **Legal entry** – Non-immigrant visas/not legal permanent resident (42 different sub-categories, e.g., foreign student)
- **DACA (Deferred Action for Childhood Arrivals)** – A US immigration policy that allows certain undocumented immigrants who entered the country as minors to receive a renewable two-year period of deferred action from deportation and eligibility for a work permit.

- **Deferred Action (not DACA)** – Deferred action is a discretionary, limited immigration benefit that allows individuals to apply for employment authorization (usually 1 year increment).
- **Undocumented** – This category also encompasses those who had legal entry and now are "out of status" as well as those who had no legal entry.

World Café Meeting Questions

QUESTION 1

Name successful programs/services that increase access to health care among uninsured immigrants in the Kansas City area.

- Describe the key elements of the program/services.
- Describe the impact of these program/services for the target populations.
- What organizations are involved?
- What are the lessons learned from these organizations that can be leveraged across the health care community in the Kansas City region?

QUESTION 2

What are your recommendations to increase/improve health access and coverage for immigrants in the Kansas City area?

QUESTION 3

What is the reality for immigrant care and coverage for the uninsured in our region, formal and informal?

- Be explicit and provide the real picture.
- What trends are you seeing in the immigrant community specifically around health care?

QUESTION 4

Discuss your experience with health care insurance for immigrants, private insurance or ACA.

QUESTION 5

What can local Foundations do to provide immigrants improved/expanded access to health care and/or insurance coverage?

Immigrant Consumer Group Questions

How long have you been living in the Kansas City area?

What country did you come from?

Tell us about your best experience with the health system (doctors, clinics, hospitals or any other organization) in this city.

- Why did you go?
- What made it good?
- What mattered?

Tell us about a bad experience with the Health System (doctors, clinics, hospitals or any other organization) in this city.

- Why did you go?
- What made it bad?
- What mattered the most?
- What changes do you recommend to make it less negative (doctors, clinics, hospitals or any other organization)?

Probe for:

- Easy access/ appointment at the clinic/ qualify for discounts
- Interpreters /telephone/ family
- Payments/ down payments
- Treatment/ medications follow-up visits

Who do you trust the most for medical advice or where do you go for medical advice?

Survey Questions

Your organization has been identified to participate in a survey about immigrants' access to health care services in the Kansas City region. Either your organization is a health care provider or provides programs/services to immigrant populations. For the purpose of this survey, "health care" includes physical, behavioral, and oral health services.

The REACH Healthcare Foundation is supporting this survey to better understand the challenges that get in the way of immigrant families securing the health care they need. Information from the surveys will be shared with the Foundation.

Type of organization - check one:

Health Care Provider ___, Education ___, Social Service ___, Immigration ___, Other ____

1. In your opinion, what are three (3) major barriers documented and undocumented immigrants face in obtaining health care?
2. Are the barriers different for undocumented immigrants? ___yes ___no.
   If yes, explain why briefly.
3. How often do you refer immigrant patients/clients to other organizations to access health care?
   _____ Frequently (10 or more/mo) ____ Occasionally (between 5-9 times/mo)
   _____Seldom (3 or fewer/mo) _____ Never
4. What organizations in our bi-state area have you found to be particularly helpful and responsive to the health care needs of immigrants? _____
5. What system do you use for interpretation? Describe_____
6. Is price/cost of interpretation services an issue for your organization? ___yes ___no.
7. Does this cost for interpretation affect your decision of which system to use?
   ____yes _____no.
8. Do you offer health care services on a sliding scale?
   ___ yes ___no.
9. Do you offer payment plans for people without documents or credit history?
   ____yes ___no.
10. Do you accept health insurance? _____yes _____no. Type of insurance _____
11. Are you aware of self-pay insurance options for immigrants that are non-U.S. citizens?
    ____yes ____no.
    If yes what has been your experience with those plans, benefits and costs?

    Thank you for your time completing this survey.

Survey Responses
Respondents: 20 Answered

Type of organization
5 Health Care Provider 4 Education 6 Social Service 5 Other

Three major barriers documented and undocumented immigrants face.
Language-(11) Cost of health care-(8) Health Literacy-(8) Insurance Coverage-(6)

Frequency referring immigrant patients/clients to other organizations to access health care.
6 - Frequently (10 or more times/mo) 8 - Occasionally (between 5-9 times/mo)
3 - Seldom (3 or fewer times/mo) 3 - Never

Organizations found to be helpful and responsive to the health care needs of immigrants.
Samuel Rodgers Health Center was named 6 times, followed by Resettlement agencies 3 times

Is price/cost for interpretation services an issue for your organization?
13 - YES 5 - NO

Does the cost affect your decision of which system to use?
9 - YES 9 - NO

Do you offer health care services on a sliding scale?
8 - YES 9 - NO

Do you offer payment plans for people without documents or credit history?
7 - YES 9 - NO

Do you accept health insurance?
9 - YES 8 - NO Types: Blue Cross Blue Shield, Medicaid (Kancare) and others

Are you aware of self-pay insurance options for immigrants who are non-US citizens?
4 - YES 15 - NO

Organizations Represented at Community Conversations:

- Bethel Neighborhood Center
- Bishop Sullivan Center
- Caritas Clinics – Duchesne Clinic
- Children's Mercy Hospital
- Cristo Rey High School
- Donnelly College
- El Centro, Inc.
- Family Conservancy
- Guadalupe Centers, Inc.
- Health Partnership Clinic
- Healthy Communities Wyandotte
- Hispanic Chamber of Commerce
- Jewish Vocational Services
- Johnson County Dept. of Health & Environment
- Juntos Center at Kansas University Medical Center
- Kansas City Health Department
- KC Care Clinic
- Kansas City Public Schools Office of Student Interventions & Nursing Services
- Legal Aid of Western Missouri
- Live Well Community Health Centers
- Mattie Rhodes Center
- Migrant Farmworker Assistance Fund
- Olathe Fire Department
- Planned Parenthood of Great Plains
- Riverview Health Services
- SafeHome
- Samuel Rodgers Health Center
- Sumar Negocios, Hispanic Business Consulting
- Swope Health Center
- Truman Medical Center
- Turner House Children's Clinic
- Ventanilla de Salud, Mexican Consulate
- Wyandotte County Public Health Department
- Wyandotte Health Council

The majority of the participants were staff with direct connection to immigrant consumers, such as community health workers, health navigators, interpreters, social workers, mental health counselors, program directors at city and county health departments, nursing supervisors, Hispanic business consultants.

Barriers to Health Care Discussed by Health Advisors:

- Consumers from different countries and health care systems don't know the metropolitan area (community). System is foreign to them.
- Safety-nets are fragmented.
- Quality - health care without competency.
- No consistency in standards.
- Automated Phone Systems & telephonic language lines.
- Multiple immigration categories are confusing for front-line staff.
- Clinic Hours.
- Transportation.
- Lack of information.
- Length of health history forms; keeping track of health documents.
- Written information often presented in too high of an education level.
- Broken health system also impacts education system, i.e. Head Start.
- Consumers using "artistic" (false) names create issues, i.e. at times of death, birth.
- Immigrants live stressful lives.
- Shortage of behavioral health professionals.
- Mental health and associated shame.

Bethel Neighborhood Center Consumer Responses:

- No health insurance, expensive without insurance.
- Communication with healthcare personnel is difficult.
- Lack of understanding of disease (diabetes) and treatment. Family members do not understand treatment.
- Lack of education. Good food not easy to obtain. No family support.
- Lack self-discipline.
- Getting appointment for urgent matters – too far away.
- Not treated well by some clinic staff when trying to get refills/appointments.
- Language barrier, not understanding doctor's instructions and which medicines treat disease.
- Paying for medication and navigating system to get doctor visits paid for.

Affordable Care Act Insurance/Coverage:

- Cost/Price.
- Eligibility and how to use.
- Deductibles.
- Income limitations.
- Blended families – blended statuses within families.
- Don't know the system.
- Access to health care remains low even with health insurance.
- Delivery of information is inadequate. Don't know when to renew (Medicaid.)
- Language barriers.
- Fear.

About the Project Consultant

Mary Lou Jaramillo has a long history of working for many years on immigrant health, education and justice issues. Since 2014, Jaramillo has been project director/consultant for the Olathe Latino Coalition. Jaramillo is the former CEO of El Centro, Inc., in Kansas City, KS, and the former executive director of the Mattie Rhodes Center in Kansas City, MO. In 2003, Jaramillo was appointed by then-Missouri Attorney General Jay Nixon to the founding board of the Health Care Foundation of Greater Kansas City until the completion of her term in 2010.


REACH
healthcare foundation