

# Undocumented Latinos in the San Joaquin Valley: Health Care Access and the Impact on Safety Net Providers

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# Overview

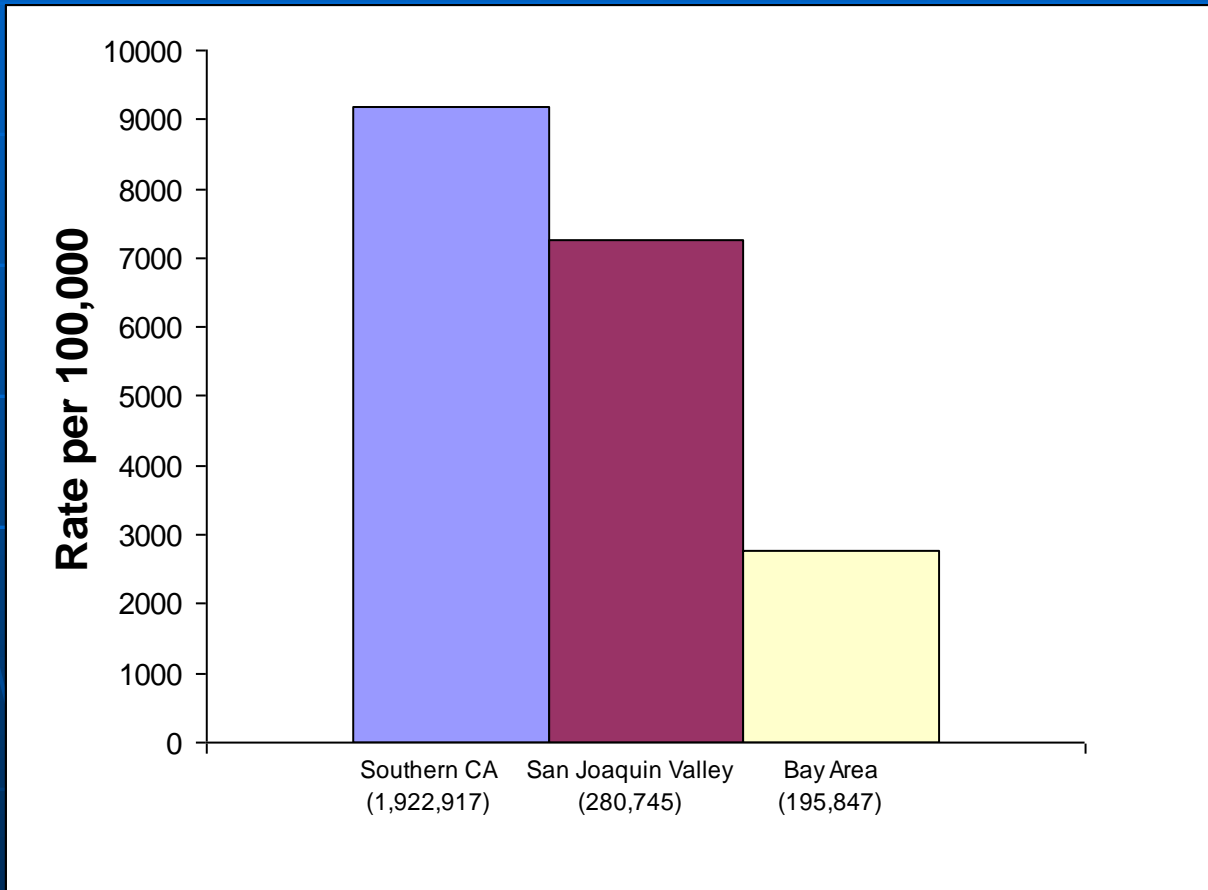
- Background
- Study methods
- Findings
- Policy recommendations

# Purpose of Study

The purpose of this study is to assess how safety net providers are impacted by serving undocumented Latinos and how immigrant populations are experiencing care access

# California Undocumented Population

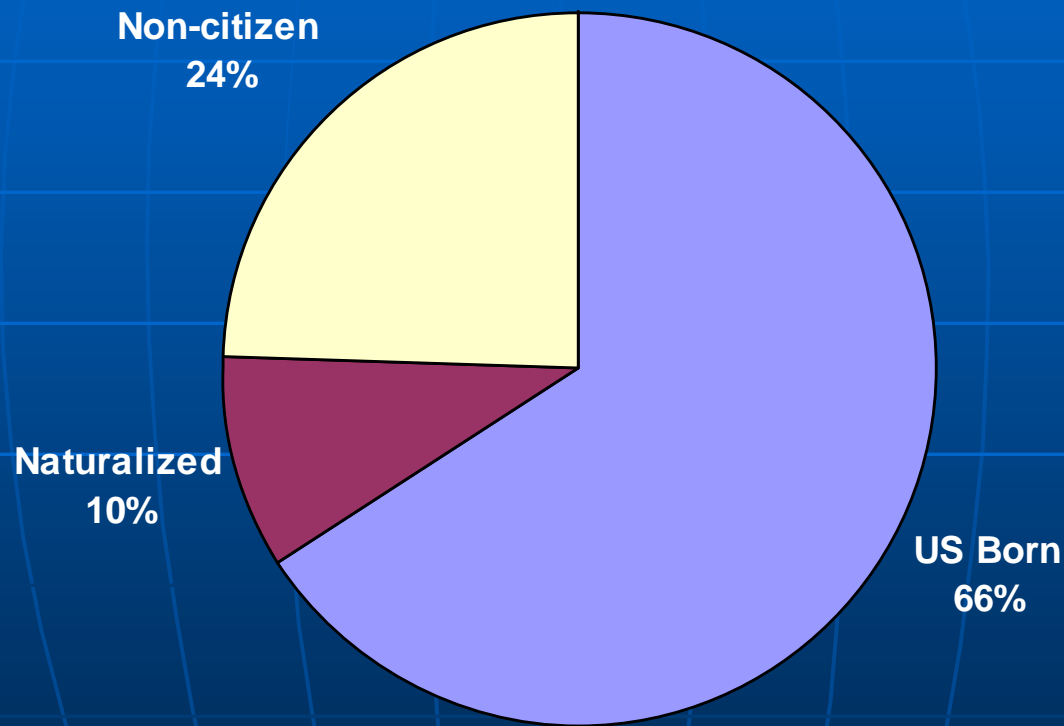
## Rates of recently arrived foreign-born, 2005



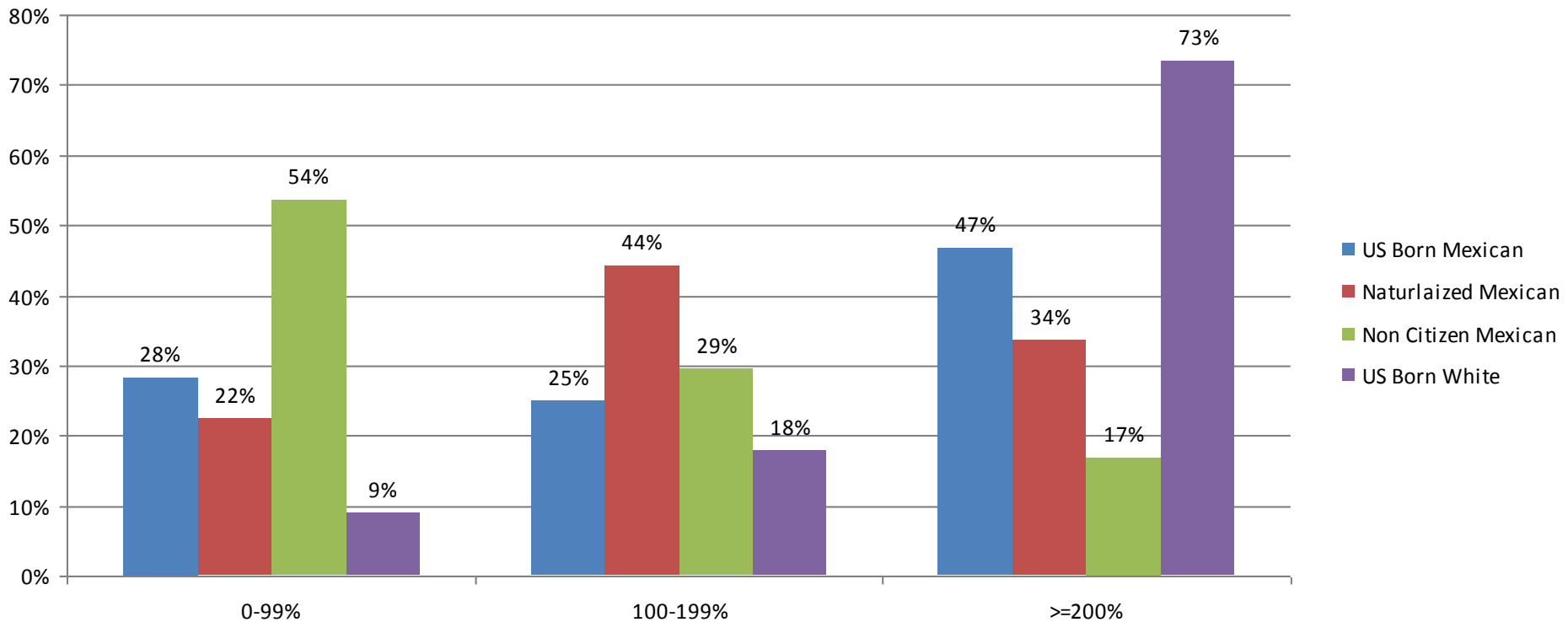
# San Joaquin Valley



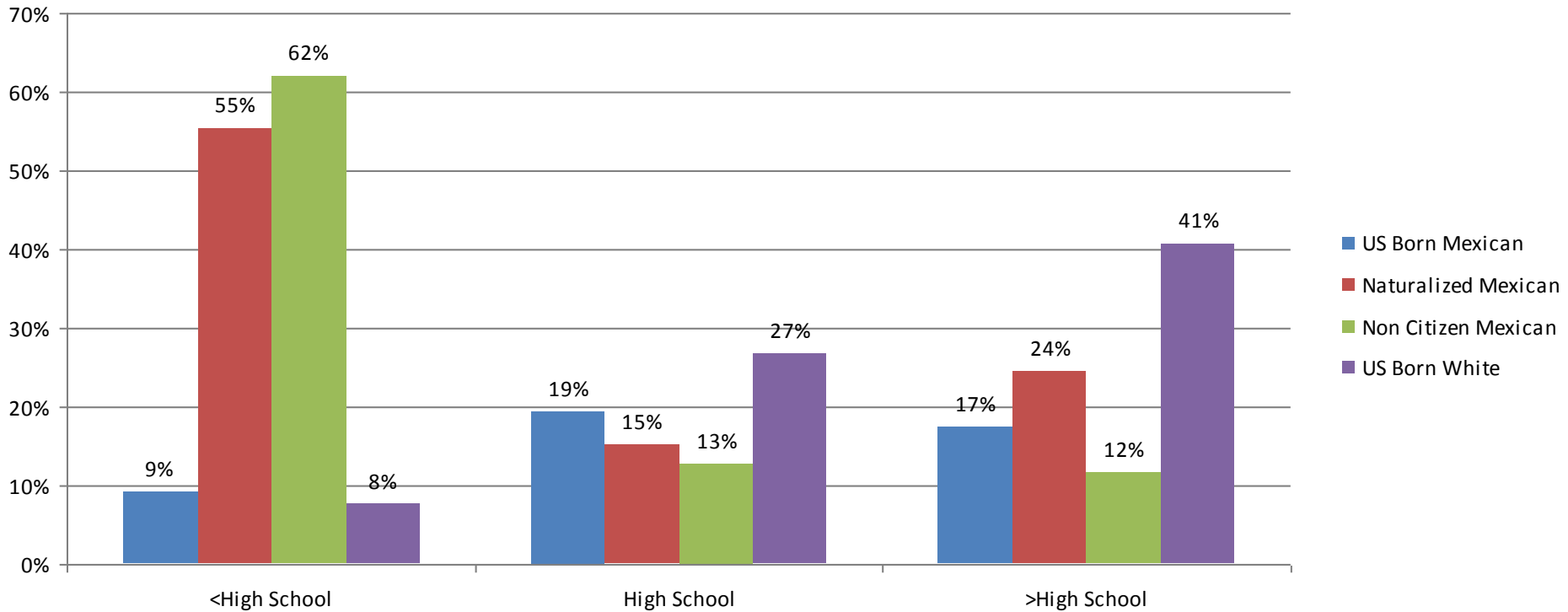
# San Joaquin Valley Mexican Population



# Federal Poverty Level

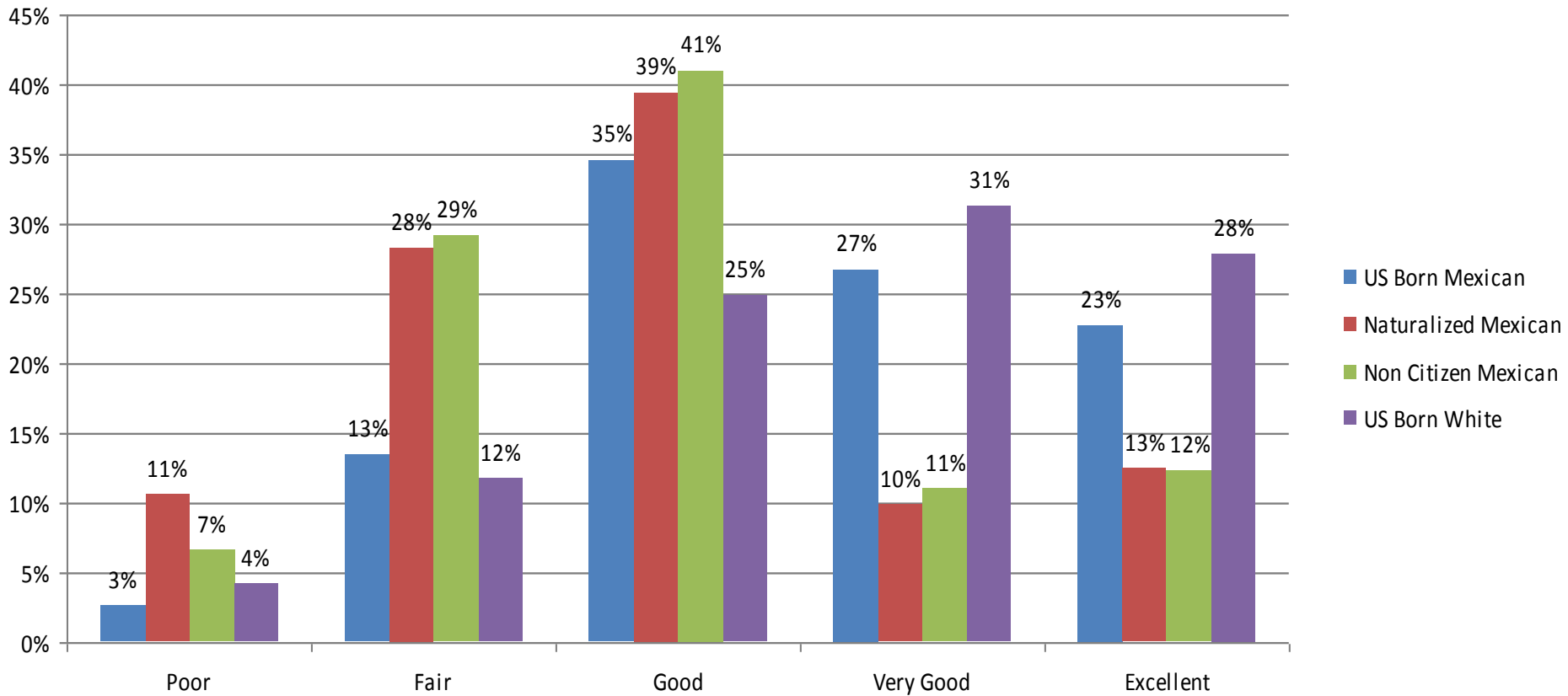


# Education Level

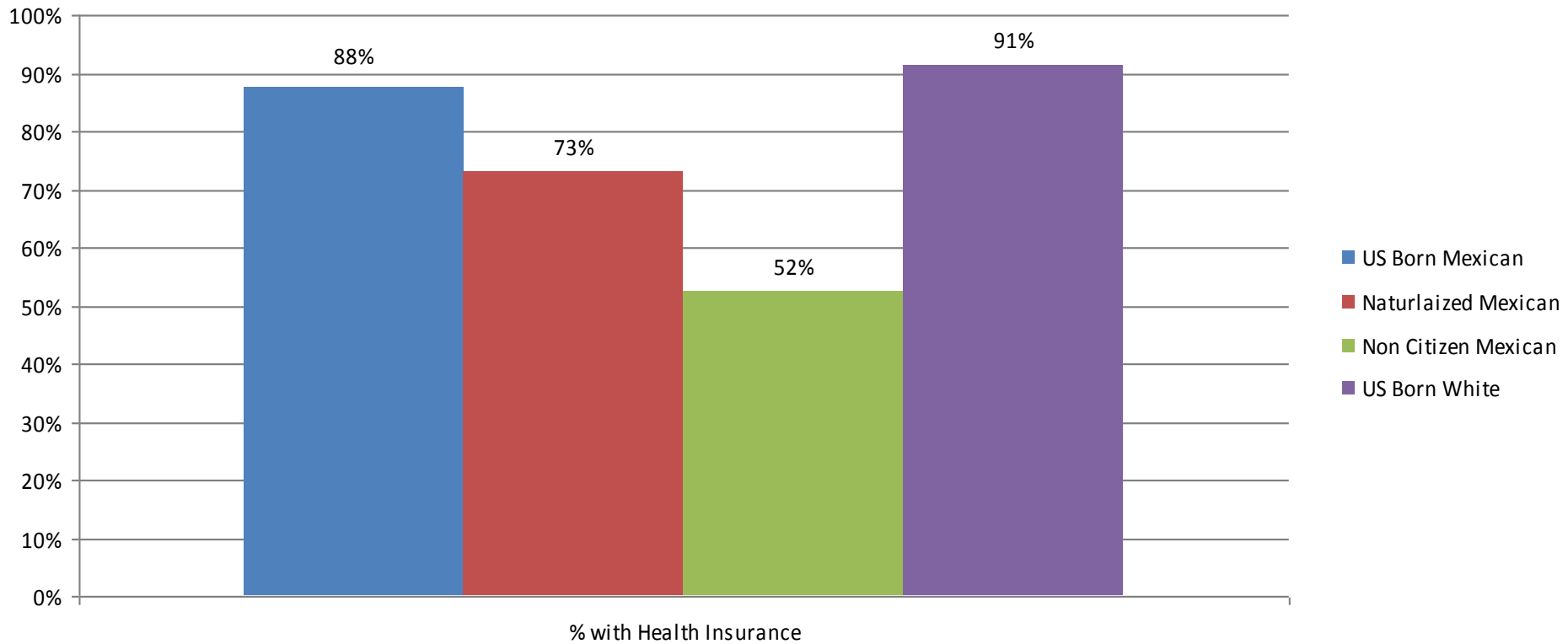




# Self-reported Health Status



# Health Insurance Coverage



# California Policy Context

- Health care coverage for the undocumented
  - County programs for medically indigent
    - Discretionary funding levels, eligibility requirements, and services provided
      - County Medical Services Program (CMSP)
      - Medically Indigent Service Programs (MISP)

# California Policy Context

- Health care coverage for the undocumented
  - Medi-Cal
    - Undocumented are not eligible for full-scope
    - Undocumented are eligible for:
      - Emergency Medi-Cal; Pregnancy only Medi-Cal
  - Emergency Medical Treatment and Labor Act
    - Medicare participating hospitals must examine or treat patients' emergency medical conditions regardless of an individual's ability to pay and citizenship
    - Hospitals are required to provide stabilizing treatment for patients

# California Policy Context

- Mixed-status families
  - While parents may not qualify for programs, their children may be eligible
    - Medi-Cal
    - Child Health and Disability Prevention program
    - California Children Services Program
    - Healthy Families Insurance
    - Healthy Kids Insurance
    - Kaiser Permanente Child Health Plan
- Recent state health care budget cuts
  - Children with mixed-status families could be shut off from Healthy Families along with other U.S.-born children due to state cuts

What is the impact of serving undocumented patients on San Joaquin Valley safety net providers and how are immigrant groups experiencing care access?

# Study Methods

## Provider Perspectives

- Telephone, in-person and electronic interviews with administrators/ representatives from 12 health care provider organizations in the San Joaquin Valley
  - Public and private hospitals, rural health clinics, federally qualified health centers, and county clinic systems
- Interview questions
  - Volume of undocumented individuals accessing care through the safety net system
  - Types of services used; impact on clinic/emergency services capacity
  - Costs of services provided
  - Percentage of bad debt and/or charity write-offs directly attributable to services provided to undocumented immigrants

# Study Methods

## Patient Perspectives

### ■ 2 Promotoras Studies

- Studies used CHWs as promoters of health care access
- Intervention through referrals, follow up calls, or home visits
- Success was measured through a three-month follow up survey and interviews with Promotoras
  - Access Indicators: 1) increasing enrollment in health insurance programs 2) receipt of preventive care services, 3) establishing a usual source of care, and 4) improve self-efficacy



# Study Methods

## Patient Perspectives

### ■ Hmong Study

- 170 interviews were conducted in Hmong and English
- Questions included: demographics, personal health and health behaviors, cultural and western health care practices, and prenatal health care

### ■ Immigrant Advocacy Groups

- Interviews with representatives from 2 immigrant advocacy groups
- Provided additional information on the health care experiences of undocumented Latinos

# Findings

## Provider Perspectives

- Providers generally do not collect information on patients' citizenship status, therefore, the number of undocumented immigrants using health services and the financial costs associated with treating them are unknown.
- Some providers reported a decrease in the number of undocumented Latino immigrants due to a reduction/ loss of employment in agricultural and construction jobs, but this perspective was not universal.

# Findings

## Provider Perspectives

- Providers reported an increase in the overall number of uninsured populations attributable to unemployment and discontinuous enrollment in public programs.
  - Providers are placing new emphasis on qualifying uninsured patients for federal, state, and county programs that offer reimbursements.
  - Since these providers serve relatively more Medi-Cal beneficiaries, low reimbursements are an ongoing concern.
- Levels of uncompensated care have increased for all of the providers interviewed. As a result, providers are focusing on operational efficiencies and improving cash flow.
  - One provider discussed stepping up collections processes. Several providers are requiring payments up front or proof that the patient is able to pay for services.

# Findings

## Provider Perspectives

- Providers working with programs to address access for low-income and uninsured
  - **Local Children's Health Initiatives-** enrolls children into health insurance programs (federal, state and local)
  - **Health Initiative of the Americas-** coordinates the availability of health resources for Mexican immigrants families through bilateral training, research, and health promotion activities
  - **Central Valley Health Network-** A consortium of 13 Federally Qualified Health Center's throughout the Central Valley
    - Provides advocacy, training, technical assistance, resource development, and program administration
    - Focuses on critical issues affecting members and their patients' access to health care

# Findings

## Patient Perspectives

- Among Hmong residents, higher rates of insurance coverage but low rates of primary care
  - Perceived value of Western health care and perceived cultural disrespect were key determinants of use

### Participant Quote

*“The doctors must have knowledge of the Hmong culture and beliefs in order to understand how to help the patient.”*

# Findings

## Patient Perspectives

- Fear of being reported, navigating a complex health system, and language barriers exist when seeking care
- Waiting lists and stringent requirements block access

Patient Quote

*“...for my people who do not know where or with whom to go with, or those of us who do not understand-we are scared of immigration agents.”*

# Findings

## Patient Perspectives

### Citizens and Residents

- 45% of our respondents were uninsured at baseline
- At follow-up, they were enrolled into Medicare, Medi-Cal, or a private insurance

### Undocumented

- Large majority (90% in our sample) **uninsured**, others rely on Medical-Emergency or buy meds at local pharmacy
- Very few can afford private insurance(2%)
- At follow-up, 20% had health insurance
- Others who could not be enrolled were referred to sliding-scale fee clinics

# Findings

## Patient Perspectives

- Promotoras improve coverage and access for Latino's
  - Undocumented parents were happy to get coverage for kids, though they could not qualify for coverage

Promotora Quote

*“[The Intervention] made them more confident, the fact that we were able to give them a sense of security in case they had a question.”*

Participant Quote

*“It's good to feel that your children have health insurance in case they get sick.”*



# Policy Recommendations

- Long-term sustainability plan for safety net providers
- Supplemental federal funding for services provided to the undocumented and uninsured
- Addressing cultural barriers to health care by holding providers accountable for meeting the CLAS standards

# Policy Recommendations

- Institutionalizing community health workers/ promotores de salud by developing certification programs and specific reimbursements
- Include undocumented in national health reform plans
- Target health care access assistance to children in mixed-status households

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  - Promotora studies
- **The California Endowment**
  - Hmong health study

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