

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

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Overview

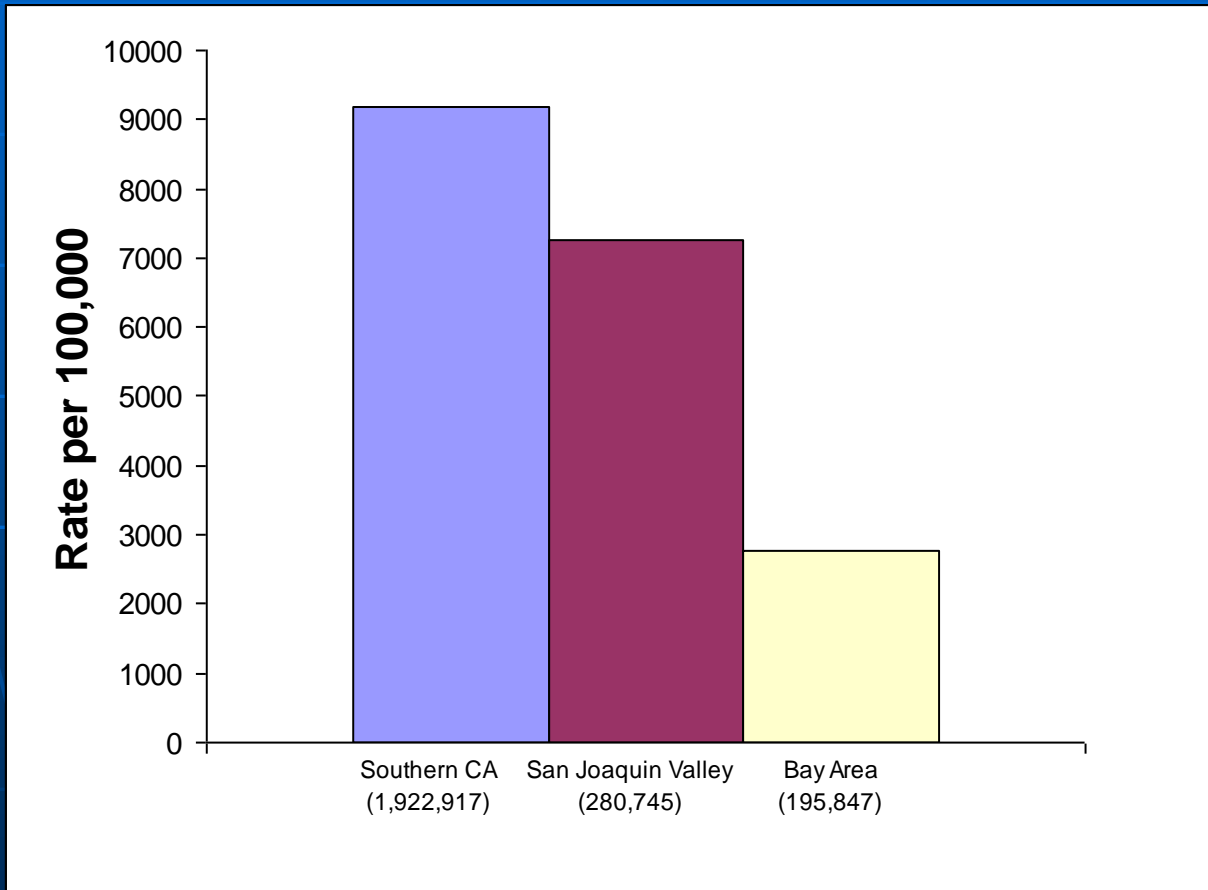
- Background
- Study methods
- Findings
- Policy recommendations

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

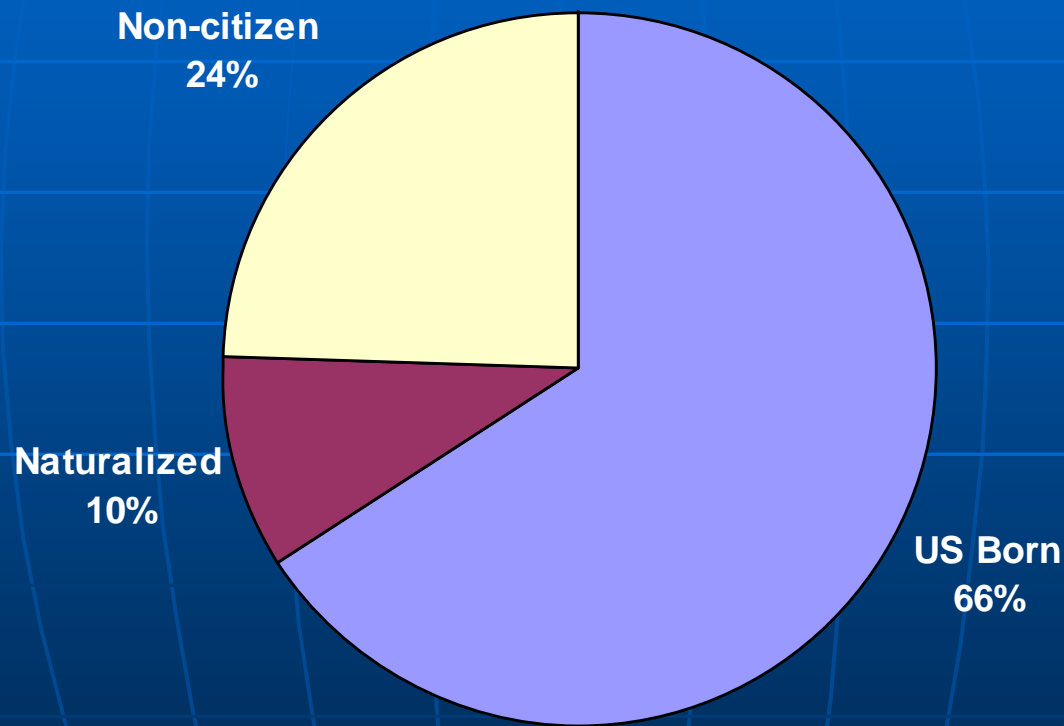
Rates of recently arrived foreign-born, 2005



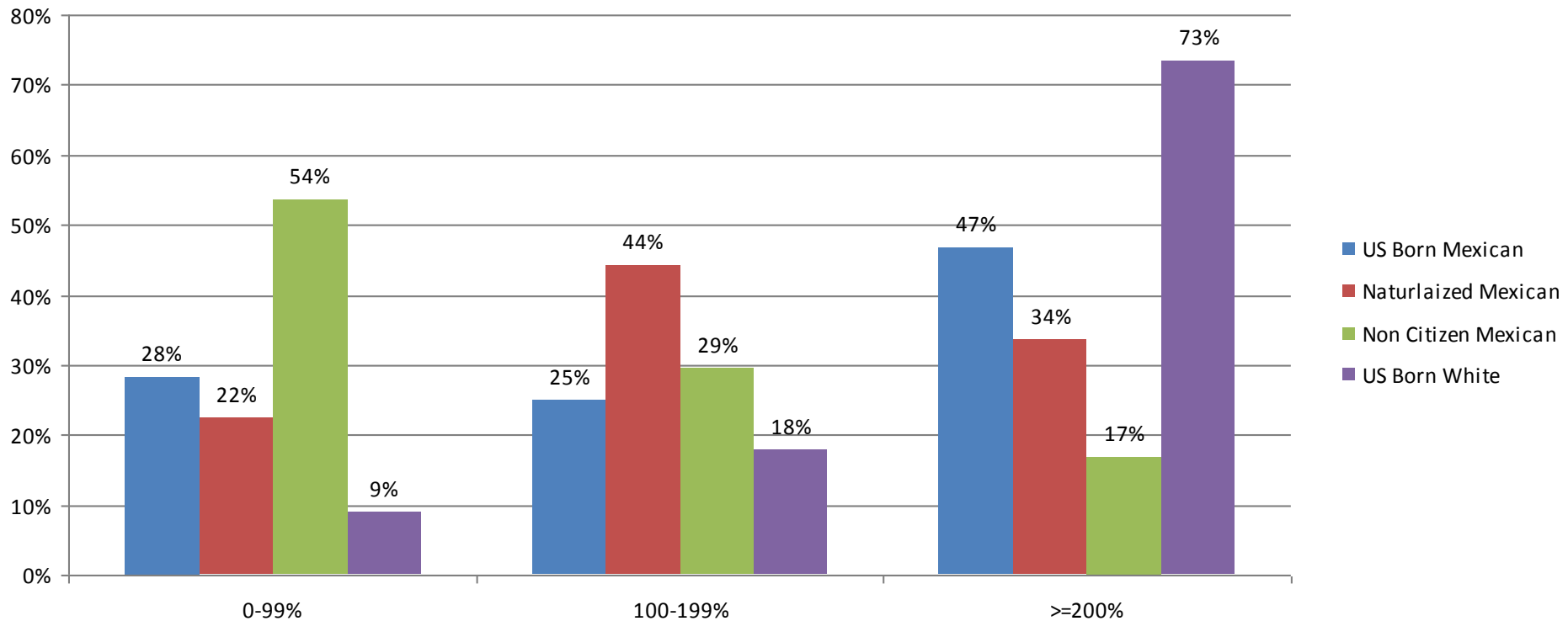
San Joaquin Valley



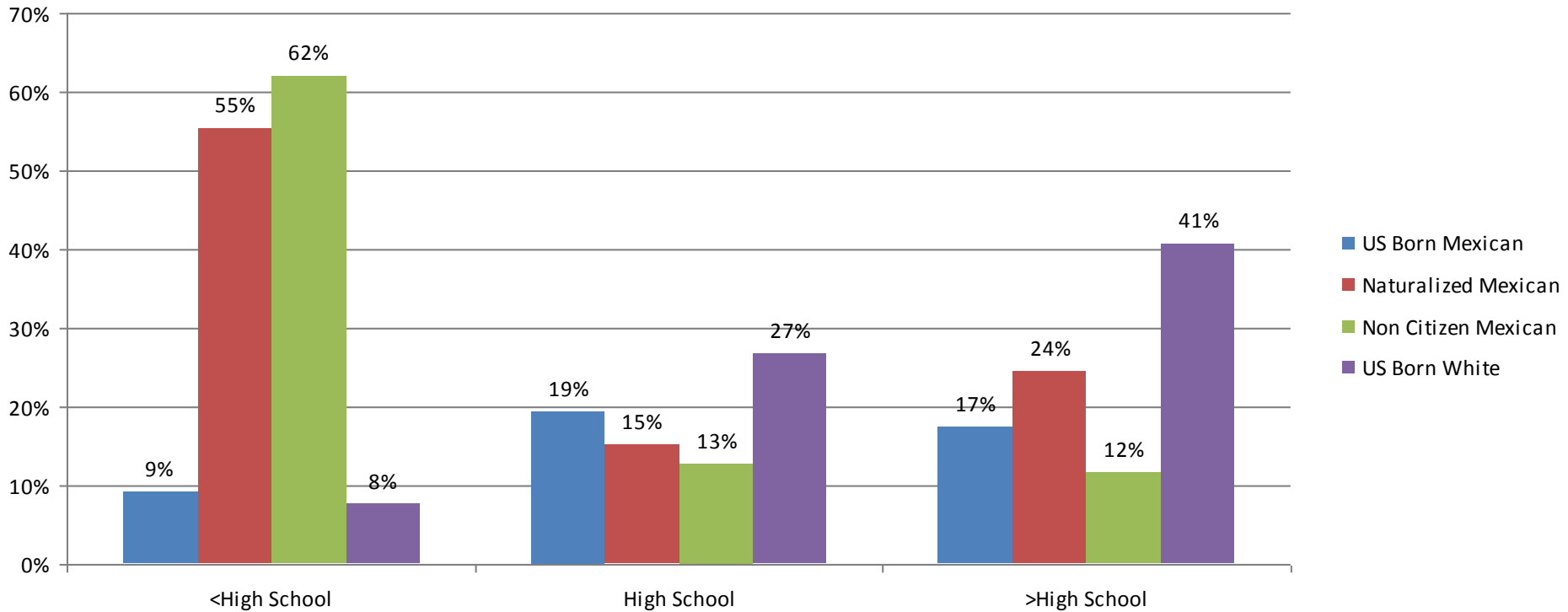
San Joaquin Valley Mexican Population



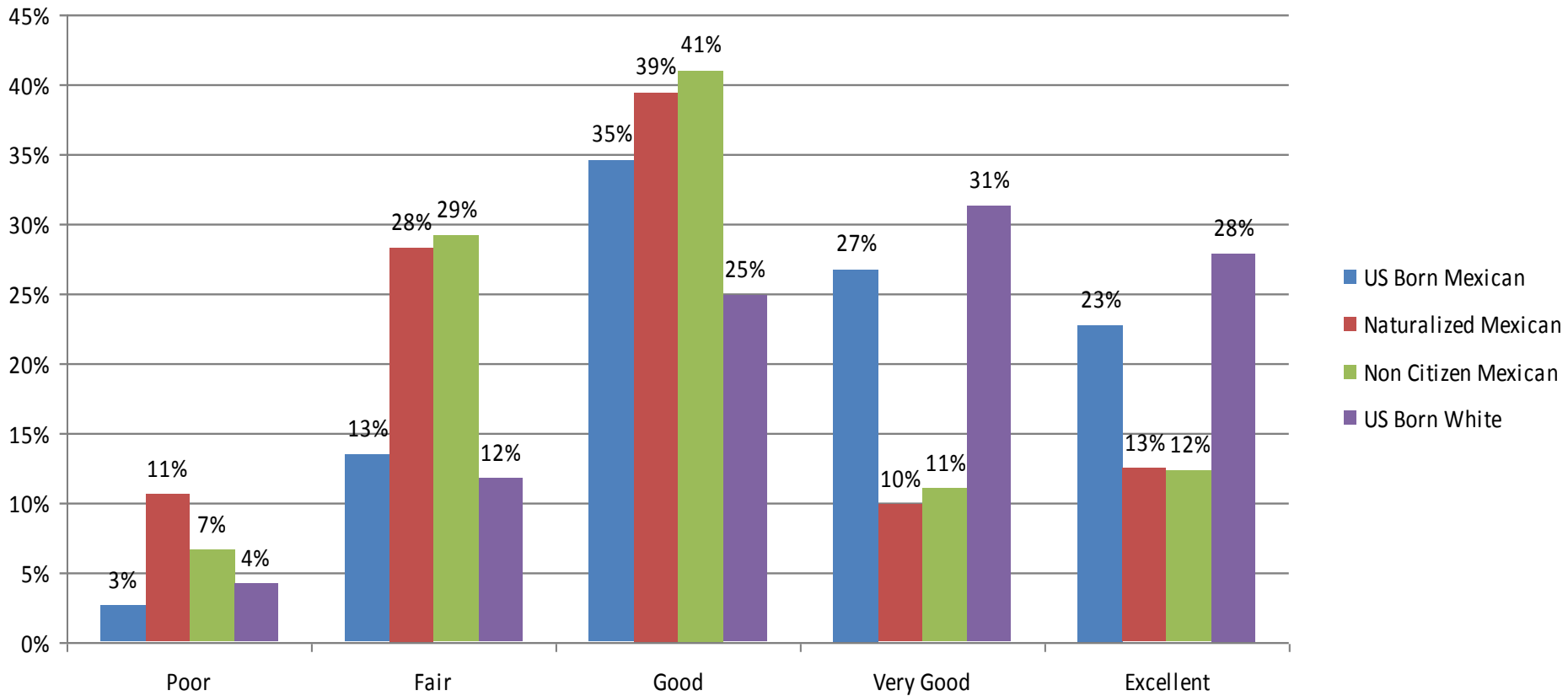
Federal Poverty Level



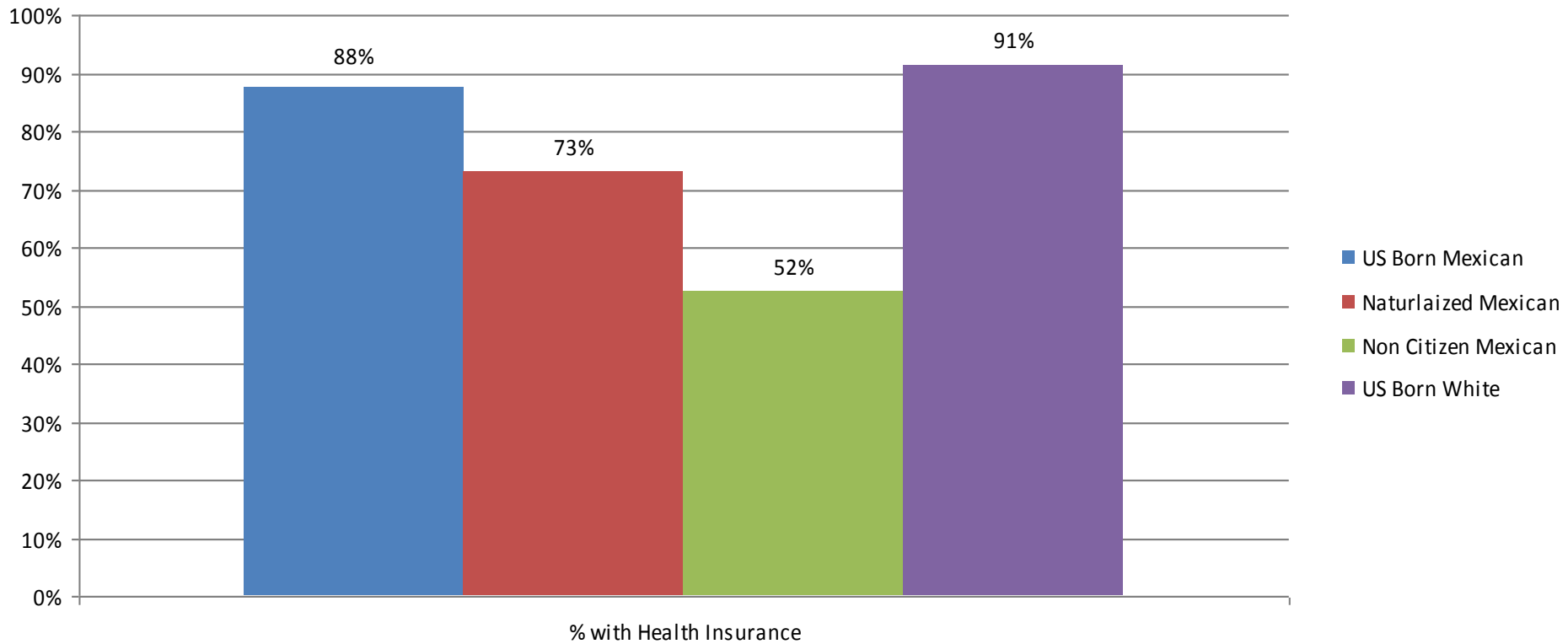
Education Level



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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 - Hmong health study

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