



Chapter 4: Health Services

Access to preventive health services can make a difference in the lives of immigrant families and individuals who may not have private insurance. Municipalities can play an essential role in ensuring that the local immigrant community has access to information about health care providers and health services available to immigrants. Municipalities can work closely with local health service providers and immigrant communities to overcome health-related inequities and to help educate immigrants on health insurance programs that may be culturally unfamiliar. Making it possible for all residents to access health services can increase productivity and strengthen health outcomes for local immigrants.

This chapter offers recommendations for how municipalities can leverage resources and improve immigrant access to health services, and in doing so, create a more inclusive community that welcomes, supports, and builds up its immigrant population.

Common Challenges

The American health care industry is unique in its complexity and cost; many newcomers are surprised and overwhelmed by differences in health care provision compared to their native countries. On the one hand, immigrants may find numerous services and products available to them for the first time. On the other hand, accessing care and navigating insurance markets can prove challenging at best, financially ruinous at worst.

In terms of access and health outcomes, cultural, language, educational, and financial barriers can all play a role in marginalizing immigrant communities. Increasing enrollments in public health programs and strained local budgets are exacerbating these challenges for vulnerable communities. When considering public health and immigrant communities, municipalities should consider the following challenges:

Low rates of health insurance coverage.

Hispanics have the highest uninsured rates of any racial or ethnic group in the U.S.³⁶ Under healthcare reform, all residents can have access to affordable healthcare, except for undocumented immigrants. Over one-third of Mexican immigrants with citizenship and nearly two-thirds of non-citizen immigrants are uninsured. Compounding this is the fact that Mexican-Americans are least likely among immigrant populations of similar economic conditions to benefit from public health programs. These trends are particularly salient in Illinois, where over 40 percent of immigrants are Mexican-born.³⁷

Across all national origins, men are less likely to be insured; the gap is widest among Mexican and Central American immigrants.³⁸ Over 61 percent of non-citizen adults and 47 percent of non-citizen children lack insurance.³⁹ For naturalized citizens, 35 percent of adults and 22 percent of children are uninsured. The non-elderly adult population tends to be the most underserved, often lacking regular sources of care.

Lack of access to preventive care. In addition to lacking insurance coverage, immigrants often lack sufficient access to preventive care services. Not having adequate access to preventive care, many deal with medical problems when they become serious. Due to the high cost of treatment and lack of insurance, many may defer treatment of conditions until they can return to their countries of origin or self-medicate. Because health care services are often connected to units of government, undocumented residents are hesitant to avail themselves of programs and resources for fear of being reported to immigration authorities. For documented immigrants, community health centers, hospital emergency rooms, and charitable organizations constitute the primary means of receiving treatment. This typically consists of stabilizing care that does not account for ongoing issues, prevention, and general wellness.

There is sometimes a concern that as a community expands or advertises services, it attracts more needy people. Another way of viewing this issue is that earlier, preventive care will save public resources on costlier medical treatments and services down the road. Often, immigrants lack awareness of the availability of free, low-cost, or otherwise insured services. With respect to mental health, cultural differences across national backgrounds can lead to confusion about or reluctance to utilize services.

Lagging health outcomes. Immigrants tend to have lower rates of immunization and higher rates of workplace injuries. Those working in low-wage jobs with minimal or no benefits are more likely to face workplace injuries, including situations where the costs are entirely borne out-of-pocket.⁴⁰ “Long-stay” (10 years or longer) immigrants develop diabetes at a higher rate than “recent arrival” immigrants.⁴¹ Mexican-Americans have disproportionately high rates of diabetes.⁴²

An aging population. Similar to every demographic, immigrants also have a growing aging population. There is a need to increase services for older adults generally. As it relates to the aging immigrant community, in addition to mobility and housing challenges, immigrant seniors often experience trouble understanding the complex government system when applying for citizenship, social security, medical care, paratransit services, and accessing affordable housing.

36 Office of Minority Health: U.S. Department of Health & Human Services, “Hispanic/Latino Profile,” Last modified September 7, 2012. <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=54>.

37 UCLA Center for Health Policy Research, “Migration and Health: Mexican Immigrants in the U.S.,” October 1, 2013. <http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1227>.

38 Ibid.

39 National Council of La Raza (NCLR), “Fast Facts: Latinos and Health Care,” January 2012. http://www.nclr.org/images/uploads/publications/FastFacts_LatinosandHealthCare2012.pdf.

40 UCLA Center for Health Policy Research, “Migration and Health: Mexican Immigrants in the U.S.,” October 1, 2013. <http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1227>.

41 Ibid.

42 U.S. Department of Health & Human Services: Office of Minority Health, “Hispanic/Latino Profile,” Last modified September 7, 2012. <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=54>.



Back to School Kermes.

Source: Mano a Mano Family Resource Center.

Strategies for Improving Health Services

With tight municipal budgets, finding opportunities to leverage resources and increase utilization of health care systems to enhance public health for immigrants specifically, and communities overall, may be the best approach.

Share information about health programs and resources

Whether it is a bulletin board or a table where community groups can leave informational flier, establish a place in village hall, park district facilities, or other public locations where people will have access to fliers or brochures about health programs and resources. The Village of Hoffman Estates sends welcome packets to new residents that explicitly highlight local health care services and programs. Another way to share information is to partner with local organizations to host health fairs for immigrants. While municipal staff may not have the resources to address health directly, often municipalities have access to space, whether it is a parking lot or a community room to hold large, community-wide events.

SPOTLIGHT

Skokie Immigrant Services Directory

Through its Immigrant Integration Initiative (funded by the Chicago Community Trust), Skokie developed an Immigrant Services Directory in 2008. The directory provides information on area services and programs to help immigrant residents find important services for themselves and their families. This is one of many programs the Village offers to assist Skokie residents who are new to this country and need assistance settling into the American way of life.

Develop partnerships and build a sharing network with social service providers. Building effective partnerships will complement responsibilities of different sectors and encourage cooperation with local authorities to build upon existing capacity, expertise, and knowledge of community-based organizations who work directly with immigrant groups. Municipalities should encourage partnerships among established organizations—many of which are in Chicago but serve Chicago-area suburbs—and the emerging organizations that are growing in suburbs with large immigrant populations. For further information about local organizations, see the Additional Resources appendix.

To do this, municipalities should identify potential partner organizations and become familiar with the services they provide. Keep an up-to-date list of organizations in your community that serve and support immigrant populations. Municipalities should work with these groups to reach out, keep informed, seek other such groups, and support efforts to develop immigrant leadership and participation. Potential organizations include:

- Business organizations or chambers
- Church clergy and congregations
- Community groups or neighborhood block groups
- Consulates
- Cultural and hometown organizations
- Ethnic media
- Health organizations or centers (county and community)
- Immigrant leadership, organizing, or advocacy groups
- Schools and libraries
- Unions

Connect with local health organizations and county health departments. Reaching immigrant populations on matters of public health does not require reinventing the wheel. The City of Chicago has a long history with immigrants and no shortage of community organizations. A simple idea could be to sample best practices from successful efforts in Chicago. County health departments are also a great resource to access for community health initiatives, clinical services, and other information related to local healthcare providers. Kane County Health Department offers information in Spanish and other languages to serve the diverse needs of its population. Other strategies include working with neighboring municipalities and community based-organizations to understand the resources other organizations have.

Ensure senior services are accessible to immigrant seniors

Older immigrants may be less likely to go to local government when they have a problem or need assistance. Partner with local faith and cultural organizations or community centers to train community volunteers to help seniors understand how they can access a variety of services such as medical care, paratransit and transit service, how to find affordable housing, or where to go with immigration questions. Armed with this information, volunteers may want to establish a monthly time at a senior center or community center when seniors can stop in and ask questions. With many seniors, social isolation can be a problem; check to see if community centers coordinate field trips and recreational activities for seniors, and find out if programmatic information is translated.

SPOTLIGHT

Mano a Mano Family Resource Center

A Lake County-based organization, Mano a Mano, has provided programming and connected immigrants to area resources since 2000. Mano a Mano's health education program, Promotoras en Salud, provides health literacy through quarterly seminars and small group sessions led by community health workers. The center promotes healthy lifestyles through physical activity initiatives and a community garden. Through comprehensive case management and follow up services, Mano a Mano connects clients to health and counseling resources, helping individuals access health care. The center also provides translation and interpretation assistance to help immigrants overcome barriers to good health.

Identify “go-to” personnel at state, county, and local agencies and make this list available to staff who interact with the public. Many health programs are administered at the county and state level. Additionally, there are numerous local and regional community-based organizations under contract from the State of Illinois to provide application assistance for health and human service programs. County health staff and local health service providers will know the ins and outs of the difference between qualified and non-qualified immigrants when it comes to eligibility for major federal and state health assistance programs. Knowing who these organizations are can help local government point immigrants to the right service providers.

SPOTLIGHT

Palatine Opportunity Center

The Palatine Opportunity Center is a “one-stop shop” for social services, including health, education, senior citizen, family, and youth programs and counseling. The center is a network of public, non-profit, and private institutions, serving primarily immigrant population. Northwest Community Hospital provides a building and leases additional space to service providers, who regularly coordinate activities with the center’s executive director.

- **Affordable Care Act**

Those not covered by an employer-provided plan will be eligible to purchase insurance through the Illinois Health Benefits Exchange.⁴³ Preventive health benefits cover childhood immunizations, well-child visits, flu shots, mammograms, autism and vision screening, and more. A federal call center offers services in 150+ languages.⁴⁴

Expanded Medicaid coverage may also be available, though only to those who have been in the country five years or more (or those with refugee status). An estimated 57 percent of uninsured non-citizens meet the new income thresholds of \$15,800 for an individual or \$33,000 for a family of four. Even those ineligible for Medicaid may be eligible for federal subsidies through the exchange marketplace. Undocumented immigrants are not eligible for Medicaid, insurance subsidies, or private coverage through the exchange.

- **Children’s Health Insurance Program (CHIP)**

The five-year waiting period was eliminated in 2009, allowing legal permanent resident children to be eligible for CHIP sooner. CHIP provides coverage to children in families unable to afford insurance but with incomes too high to qualify for Medicaid.⁴⁵

- **Illinois Women, Infants, and Children (WIC)**

The program provides food assistance, nutritional education and counseling, screenings, and referrals to health services. Households with children under five, infants under one, or a pregnant woman may be eligible for WIC, based on income.⁴⁶ Citizenship status is not a criterion, although state residency is.

- **Supplemental Nutrition Assistance Program (SNAP)**

Eligibility for SNAP benefits includes all citizens or lawfully-present individuals meeting other eligibility requirements.⁴⁷ In addition to direct assistance for food purchases, the program includes an educational component called SNAP-Ed to encourage healthy choices. In Illinois, the University of Illinois at Chicago is a SNAP-Ed implementing agency.⁴⁸

43 Illinois Department of Insurance, “Health Insurance Exchanges,” Last modified 2014. <http://insurance.illinois.gov/hirc/hie.asp>.

44 U.S. Department of Health and Human Services, “Healthcare.gov.” <https://www.healthcare.gov/>.

45 Medicaid, “Children’s Health Insurance Program (CHIP).” <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/Childrens-Health-Insurance-Program-CHIP.html>.

46 Illinois Department of Human Services, “Women, Infants, and Children (WIC).” <http://www.dhs.state.il.us/page.aspx?item=30513>.

47 United States Department of Agriculture (USDA), “Supplemental Nutrition Assistance Program,” Last modified July 25, 2013. <http://www.fns.usda.gov/snap/government/POLIMGRT.HTM>.

48 USDA, “SNAP-Ed Connection: Illinois,” Last modified February 20, 2014. <http://snap.nal.usda.gov/state-snap-ed-contacts/state-and-implementing-agencies/illinois>.

