Food for Thought
Updates from the Safety Net Advisory Committee (SNAC)

Immigrants and Access to Care

The Dynamics of Demand for Colorado's Safety Net Services

JULY 17, 2014

Navigating the health care system is often difficult, and the health care safety net can sometimes look more like a confusing web. Different providers offer different services, maybe at different locations. Some family members might be eligible for public programs such as Medicaid or Children's Health Insurance Plus (CHP+), while others may not. And figuring out when a medical need is urgent and what can wait is a question that most patients struggle with.

It's even more difficult for noncitizens, who bring different languages, resources and cultural expectations of health. Participants in the Colorado Health Institute's Safety Net Advisory Committee (SNAC) discussed access to care for this population. About 30 people from 20 organizations attended the July 17 SNAC Lab and shared their experiences with what's working and what's not when it comes to caring for Colorado's noncitizens.

Primary Themes

- Noncitizens report worse health and fewer medical visits than citizens.
- Providers to noncitizens stress that speaking a patient's preferred language is a necessary but not sufficient way to build trust with their patients.
- Although many providers are successful in serving and building trust with noncitizen patients, the health care system as a whole remains difficult to navigate.

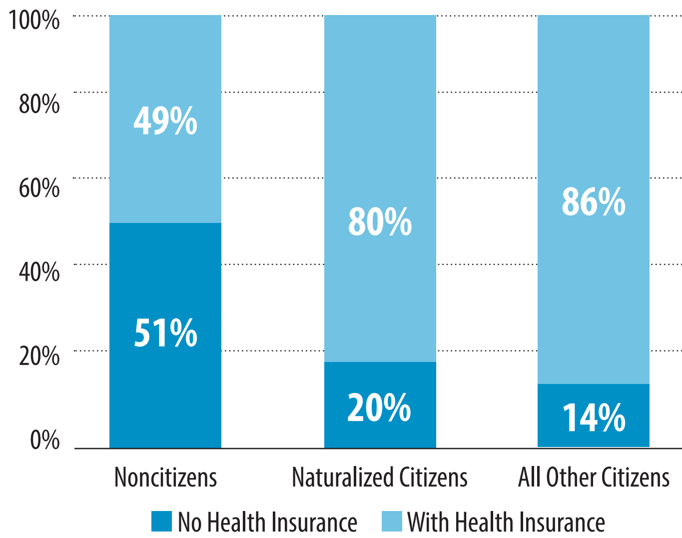
Background: Immigrants, Noncitizens and Some Puzzling Data

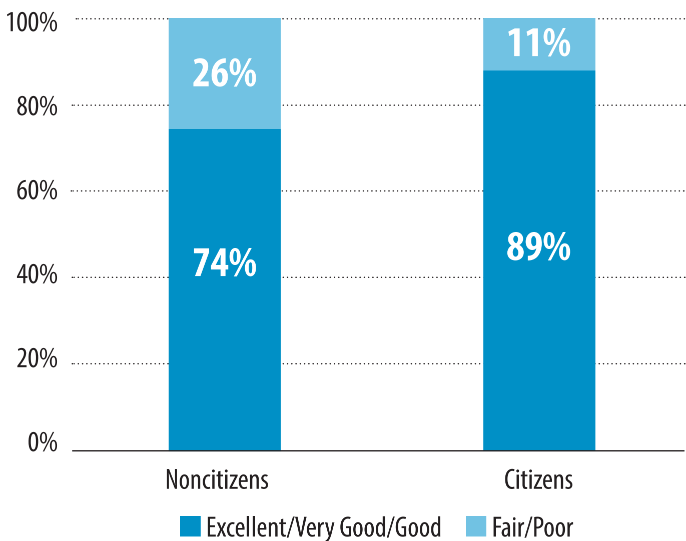
U.S. citizens – native-born and naturalized – are more likely to have health insurance than noncitizens, a category that includes people here legally and those who are undocumented. About half of all noncitizens report having health insurance — a much lower proportion than U.S. citizens — and they account for a significant number of Colorado's uninsured.

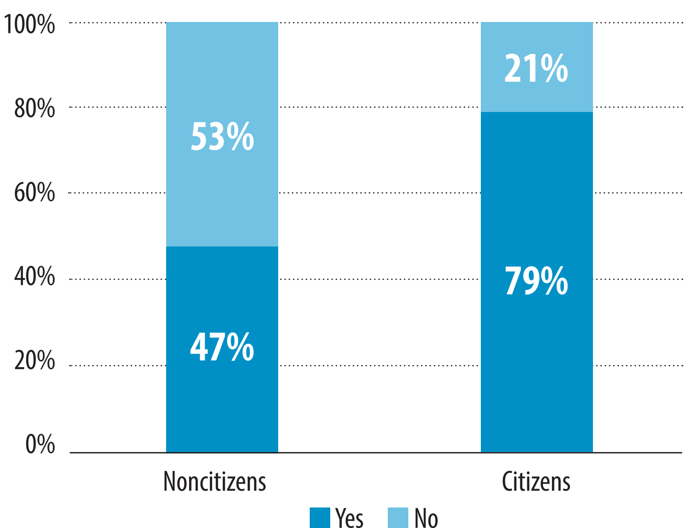
Immigrants and Noncitizens

About one of every 10 Coloradans is an immigrant — someone who lives in the United States but was not born a U.S. citizen. Immigrants can be either noncitizens or naturalized citizens – meaning they have become U.S. citizens. Nearly 40 percent of Colorado's immigrants are naturalized citizens. Of the 60 percent of immigrants who are not citizens, approximately half are in the country legally and the other half are undocumented.

In Colorado, naturalized citizens and native-born citizens are very similar in terms of median income and the proportion who have health insurance — two factors strongly associated with access to care. The SNAC Lab discussion centered on noncitizens, a term that includes both people with and without documents. As a group, noncitizens have lower income, are less likely to have health insurance, and access fewer health care services than citizens.







Mexicans and Central Americans make up nearly two-thirds of Colorado's noncitizen population. The next largest group of, at 15 percent, comes from Asia.

The 2013 Colorado Health Access Survey (CHAS) shows significant health differences between noncitizens and citizens. Noncitizens report being in worse health, with one in four saying their health is fair or poor. Just 11 percent of citizens say the same. Less than half of noncitizens visited a medical provider within the past year, compared with four of five citizens.

Surprisingly, both groups report similar barriers to care, according to the CHAS. For example, noncitizens were not significantly more likely than citizens to say they couldn't get care due to cost, or because they were unable to get an appointment.

Several factors might explain this. Noncitizens might have differing expectations of access to care and health. They could be using an informal safety net, or perhaps traditional, at-home remedies. It's possible this group underreported problems or the survey questions were worded in a way that didn't elicit accurate responses. Whatever the reasons, one thing is clear: noncitizens approach the health care system in different ways, and people interested in these communities need to work to understand the differences in cultural expectations.

The SNAC Lab Discussion

SNAC Lab participants talked about the importance of building trust with noncitizen patients and noted the systemic challenges of linking patients to care providers. They also noted the emergence of a parallel safety net system for noncitizens.

Trust and Language: Crucial Components

Trust is a necessary component for providing care and building a relationship with patients. This is especially important and challenging when patients might have to reveal their undocumented status to providers who are trying to figure out their eligibility for public programs. The key first step in building trust, some SNAC Lab participants said, is speaking to patients in their preferred language. For Colorado safety net providers, this most often means Spanish. For example, almost all of Salud Family Health Centers' primary care staff is bilingual, and if not, translators are on hand.

Salud Family Health Centers is a Federally Qualified Health Center, and FQHCs are required to provide culturally competent care in the language the majority of their clients speak. Center directors prefer to have staff who speak their patients' languages. However, clinic staff can be surprised by new immigrants and refugees speaking different languages. Even clinics that serve a majority Spanish-speaking population can face challenges, since culture and vocabulary vary between Spanish-speaking communities.

However, language is merely the first step in building trust. Culture also plays a big role. For example, immigrant cultures can vary widely in their ideas of which family members should be present during a visit to the doctor. Also, providers and patients may have different perceptions of what care is needed. Providers usually come from the dominant culture, and they can enter the exam room with an entirely different conception of health and the use of the health care system than their patients. Cultural differences can be even more pronounced in specific populations, including refugee communities. Many SNAC Lab participants thought that public health education is needed to encourage patients — particularly noncitizens — to use preventive care, medical home services and oral health services.

Individual successes, systemic breakdowns

Many providers seem to provide care in culturally appropriate ways, according to the general consensus among SNAC Lab participants. But providers are operating in a highly confusing system that is often impenetrable even to born-and-raised American citizens.

The logical question, then, is how to scale up individual successes to the system level. Denver Health is trying to solve this problem by pairing new immigrant families with mentor families who have been here longer and have more experience in navigating the system.

Parallel systems emerge

Others at the SNAC Lab have noticed the gradual emergence of two systems. Several safety net clinics see few noncitizens and deal mostly with Medicaid patients. Other clinics see mostly noncitizens, provide multilingual care and don't interact as much with Medicaid. SNAC Lab participants posed the question of whether a "separate yet hopefully equal" system is taking shape by default. There was not consensus regarding if this is optimal or acceptable. Balancing specialization to meet specific community needs with a more integrated approach is an ongoing challenge.

Conclusion

Colorado's safety net providers seem to know how to build good relationships with noncitizen patients. Their successes point to the need to take the same kind of cultural savvy and sensitivity and apply it on the system level, making it easier for noncitizens to access care for their families.

Organizations Represented at the July 17, 2014, SNAC Lab

- Clinica Colorado
- Clinica Tepeyac
- ClinicNET
- Colorado Access
- Colorado Coalition for the Medically Underserved
- Colorado Community Health Network
- Colorado Consumer Health Initiative
- Colorado Department of Health Care Policy and Financing
- Colorado HealthOP
- Colorado Hospital Association
- Integrated Community Health Partners
- Jefferson Center for Mental Health
- Joint Budget Committee
- Kaiser Permanente Colorado
- North Colorado Health Alliance
- Oral Health Colorado
- Rocky Mountain Health Plans
- Salud Family Health Centers
- SET Clinic
- University of Colorado Hospital
- University of Colorado School of Medicine
- University of Denver

How to participate

If you would like to be included in the next SNAC Lab meeting, contact Jeff Bontrager (BontragerJ@coloradohealthinstitute.org) or Anna Vigran (VigranA@coloradohelathinstitute.org).

To learn more about the Colorado Health Institute's SNAC Labs, visit *http://coloradohealthinstitute.org/uploads/downloads/SNAC_Info_sheet.pdf*

Reporting from the Field

Servicios de la Raza

The importance of preventive health care might seem obvious. Actually, the term can be confusing. At a 2013 focus group about what Latino immigrants knew about preventive care, some 80 percent said it means care they are prevented from receiving.

"Talk about a huge, huge difference," said Mirna Castro, manager of the Coalition for Culturally Appropriate Response and Enrollment Services at Servicios de la Raza.

Joe Hanel/Colorado Health Institute

Mirna Castro of Servicios de la Raza stands outside her group's headquarters in the Denver's Sunnyside neighborhood. Among the dozens of services it provides, the group matches people in the Latino community to health coverage.

It's just one example of the specialized cultural knowledge that's needed to operate in immigrant communities, which Servicios de la Raza has been doing from its base in North Denver for 42 years. Among its 29 employees are seven staff members funded by grants from the Colorado Health Foundation and Connect for Health Colorado to drive enrollment in the state's health insurance exchange and spread the word about health coverage options. Coalitions with numerous other community groups broaden Servicios de la Raza's reach.

Ads from Connect for Health urging Coloradans to get themselves insured seemed to have little effect in the Latino community, said Rudy Gonzales, executive director of Servicios de la Raza. But his group found that a small tweak to the message worked very well: Get your family insured. Along with coalition partners, Servicios de la Raza operates its own call center that is separate from the main Connect for Health Colorado operation.

Often, Servicios de la Raza's coverage guides meet families with mixed eligibilities — for example, U.S. citizen children, an undocumented mother and a father who is a lawful permanent resident. It can be confusing and frustrating to families to learn that only some of them are eligible for a service, Castro said. But her staff will find ways to get everyone the services they need, whether it be through health fairs or a partnership with local clinics.

"We never leave a family member out in the cold," Castro said. "We always offer options to all of them, not just the ones who are documented."

Education about insurance programs and mandates is key Castro said. It takes time to reach people one-on-one, but in the Latino community, the investment of time pays off when people spread the word to their family and friends, she said.

Colorado Health Institute is a trusted source of independent and objective health information, data and analysis for the state's health care leaders. Colorado Health Institute is funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and the Colorado Health Foundation.

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