



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

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California has the largest number of undocumented immigrants nationwide. Out of the estimated 11.6 million undocumented immigrants living in the U.S., about one-quarter--2.7 million undocumented immigrants--live in California. Furthermore, approximately 280,745 of these immigrants live in the San Joaquin Valley, which is the center of California's fertile agricultural region.

Undocumented immigrants in the San Joaquin Valley are largely Latino and are attracted by the labor needs in agriculture, construction, and service sectors. According to the available evidence, undocumented immigrants are often uninsured, rarely able to afford private insurance, ineligible for most public programs and have limited access to health care. Their only sources for health care services are safety net providers and programs -- community clinics, emergency departments, and county indigent care.

California's recent budget cuts to safety net health programs and services will compromise the system's capacity to meet the care needs of undocumented immigrants, though the extent of damage to the safety net is still unknown. At the national level, there is ongoing debate about how emerging health reform will impact undocumented immigrants in California and across the country. Currently, undocumented immigrants are specifically excluded from subsidized health insurance by all major House and Senate reform proposals. Denying coverage to undocumented immigrants augments the problem of vulnerable populations without adequate access to care, places a disproportionate burden on the safety net system, and puts the public's health at risk.

Our study explores how San Joaquin Valley safety net providers are impacted by serving undocumented Latinos and how immigrant populations, specifically

Latinos and to a lesser extent Hmongs, are experiencing care access. There is little information about the health experiences and health care needs of these immigrant groups, and there is little information about the financial and operational consequences for safety net providers who serve these populations.

### **Methods**

To assess how safety net providers are impacted by serving undocumented Latino immigrants, we conducted telephone, in-person and electronic interviews with 16 administrators/ representatives from 12 health care provider organizations in the San Joaquin Valley. The respondent organizations included public and private hospitals, rural health clinics, federally qualified health center networks, and county clinic systems. The interview questions asked about the 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; and percentage of bad debt and/or charity write-offs directly attributable to services provided to undocumented immigrants.

To assess how undocumented Latino immigrants are experiencing health care access in the San Joaquin Valley we drew upon two studies. These studies focused on documented and undocumented Latinos and examined the effectiveness of using community health workers, known as "promotoras," to promote health care access by increasing enrollment in health insurance programs, promoting preventive care services, establishing a usual source of care, and improving self-efficacy through referrals, follow up calls, or home visits. These two studies tracked patient outcomes over time to determine the success of the promotora program. We also used a study focusing on Hmong immigrants, who are refugees from Southeast Asia. More than 40,000 Hmong refugees, who are mostly documented, are estimated to live in the San Joaquin Valley. The study we used identified Hmong health perceptions and behaviors toward Western health care. Interviews with representatives from immigrant advocacy groups provided additional information on the health care experiences of undocumented Latinos and Hmong refugees.

## Findings

### **When examining the perspectives of providers who serve San Joaquin Valley's undocumented Latino immigrants, our study found that:**

- Health care 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. Although none of the providers interviewed had a formal method of identifying undocumented patients, providers were aware of undocumented patients utilizing services because these patients did not have public or private health insurance, did not qualify for public programs, and paid out of pocket.
- Anecdotally, some providers reported a decrease in the number of undocumented Latino immigrants due to a reduction or loss of employment in agricultural and construction jobs, but this perspective was not universal.
- On a related issue, safety net providers we interviewed 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.
- Levels of uncompensated care have increased for all of the safety net 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.
- Safety net providers are working closely with programs such as Children's Health Initiatives and the Health Initiative of the Americas, and organizations like the Central Valley Health Network to address access for low-income and uninsured persons, including the undocumented

### **When examining the perspectives of Latino undocumented immigrant patients and/or their advocates, our study found that:**

- Advocates for immigrant populations stated that undocumented persons face multiple barriers when seeking health care, including: 1) fear of being reported to Homeland Security by service providers; 2) lack of understanding and ability to navigate through a complex health care system; 3) lack of access to interpreters for non-Spanish speaking

indigenous persons. While a few counties offer medically indigent services programs (MISPs) to the undocumented, stringent requirements and an intimidating enrollment process often discourage these immigrants from applying.

- Only 10% of Fresno's undocumented Latino immigrants reported having insurance coverage or having a medical home. As a result, these immigrants reported receiving little or no health care.
- Promotoras helped many undocumented immigrants find care and increase their self-efficacy in seeking care. Although undocumented immigrants could not enroll in public health insurance plans due to waiting lists and stringent income and proof of citizenship requirements, promotoras were able to help these immigrants find a medical home at nonprofit clinics and clinics offering sliding-scale fees.
- Additionally, promotoras also helped documented Latinos find care. In fact, levels of insurance coverage and primary care access were significantly higher for documented immigrants who worked with promotoras compared to documented immigrants who did not work with promotoras.

### **When examining the perspective of Hmong refugees, our study found that:**

- Hmong residents of the San Joaquin Valley reported low rates of primary care use (38%). Although Hmongs reported a high level of insurance coverage (75%), they declined to seek health care due to the perceived low value of Western health care and the perceived cultural disrespect they experienced with Western health care providers.

## **Policy Recommendations**

- **The State should insure long-term sustainability for safety-net providers.** Safety net providers rely on multiple federal, state, and local funding sources to provide comprehensive primary care and preventive services to uninsured populations, including undocumented persons. Short-term infrastructure investments through the American Recovery and Reinvestment Act will assist in stabilizing current funding for safety net providers. In order to ensure long-term stability in the safety net program, the State needs to increase Medicaid reimbursement rates, bringing them up to par with other health care program reimbursement rates.

- **The State should seek supplemental federal funding for health care services to undocumented and uninsured populations.** States like California, and regions like the San Joaquin Valley, bear a larger share of the health care costs for undocumented and uninsured persons than do other states and regions nationwide. Therefore, California's health care providers should receive supplemental federal funding for services to undocumented and uninsured populations.
- **The State should recognize the need for community health workers and provide targeted funding for these services.** Community health worker programs, also known as “promotoras de salud” programs, appear to provide a low-cost and effective means of increasing access to care for both documented and undocumented immigrants and other population groups who face barriers to health care access. These programs show that an average of 10 hours of intervention per patient significantly increases health care access to necessary services, including preventative care. Until state and federal policies recognize the need for community health workers and provide targeted funding for these services, projects utilizing promotoras will need to rely on intermittent philanthropic funding to maintain services.
- **The State should address cultural barriers to health care access.** New policies are needed to require accountable implementation of the culture and language appropriate health services (CLAS) standards. There should also be renewed focus on educational programs that assist immigrants in understanding the U.S. health care system. Providers should develop the skills necessary to deliver culturally respectful health care service.

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