A Doctor When We Need One:

Access to Healthcare in Wisconsin for Immigrant Children and Families

A skateboard wipeout, a toothache, high fever, school immunizations…

All of these common situations require a trip to the clinic. Access to health care is fundamental to the healthy development of all children. But for children in immigrant families in Wisconsin, seeing the family doctor is not always easy. Lack of insurance, language and cultural barriers, and immigration status all create significant barriers for new families. And many families do not have the informal networks of extended family and neighbors available to help them navigate a new and unfamiliar health care system. Not surprisingly, health outcomes for immigrant families are often compromised by these obstacles. With the assistance of some Wisconsin immigrant families, this KidsCount brief discusses the unique challenges facing families new to the United States and its complex health care system.

Immigrants are a rapidly growing segment of the Wisconsin's population. According to the 2009 American Community Survey (ACS), there are over 247,000 foreign born men, women, and children living in Wisconsin, and that number is growing each year. Many more families have mixed immigration status. The vast majority (86 percent) of children in immigrant families are U.S.-born citizens. However, 40 percent of children in immigrant families have at least one parent who is not a citizen. These community members have unique health care access challenges. Although there are some resources available to aid immigrant families in navigating the health system, access to culturally and linguistically appropriate care and information is not universally available in Wisconsin.

Access to Resources

Health Insurance

The vast majority of Wisconsin children are covered by health insurance. The state's publicly funded insurance programs, Medicaid and BadgerCare, have succeeded in covering all but a small fraction of children in low-income families. And while health insurance is not the only factor in keeping children healthy, it plays a critical role in shielding families from potentially devastating financial risks while enabling them to access important preventive health care services.

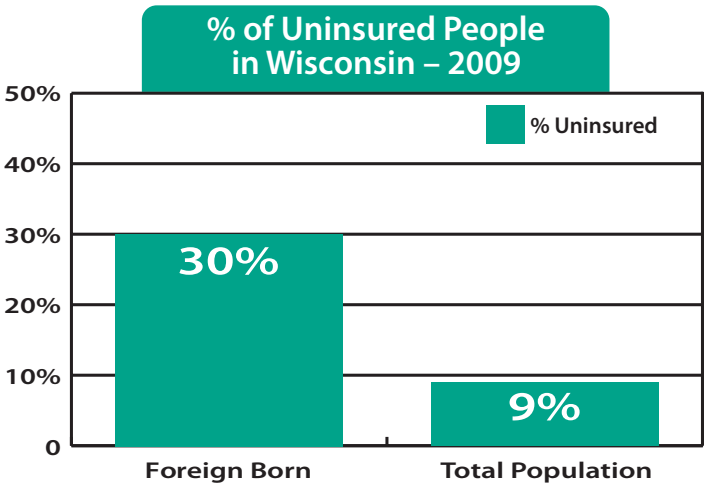
Most U.S. citizens get their coverage through an employer. While the vast majority of immigrants (81 percent) have a full-time worker in the family, many of their jobs do not offer health coverage. A disproportionate number of immigrants work in low-wage jobs; in small firms; and in labor, service, or trade occupations, all of which are less likely to offer health benefits. Thus, while two-thirds of native-born citizens get their health insurance through

their employer, nationally, between 33 and 44 percent of non-citizens have employer-based coverage.

Medicaid or BadgerCare Plus could help make up for the limited availability of private insurance for immigrant families, but eligibility restrictions imposed by the 1996 federal welfare reform law and continuing confusion about eligibility and how benefits might affect their ability to become citizens reduce the number of immigrants who receive coverage through these programs.

Lack of Health Insurance

Children who are foreign-born or have a foreign-born parent are much less likely to be covered by health insurance, due in part to the lack of availability of insurance through their employers or because they do not qualify for public programs.[1] According to the ACS, over 30 percent of foreign-born individuals in Wisconsin did not have insurance coverage in 2009, compared to only 9 percent of the total population. Individuals without insurance are less likely to seek medical care unless it is absolutely necessary. As a result, they are more likely to be seen in an emergency room, with more costly care needs. A 2009 report by the Wisconsin Department of Health Services (DHS) found that the proportion of Hispanic individuals who did not have health insurance in 2009 was more than twice that of non-Hispanic Blacks, and five times higher than non-Hispanic Whites.[2]



Source: WCCF analysis of 2005-2009 ACS data

Income Fluctuation Results in Uncertainty

Violeta's husband works in construction and pays for private medical insurance for the family while he is working full time. Unfortunately, his hours tend to fluctuate seasonally, and as a result the family does not have insurance for portions of the year.

After a lengthy struggle with the state to verify work and personal financial information, Violeta was able to enroll her son in BadgerCare. She was relieved that he could have access to continuous healthcare. However, three months later construction work picked up, and when the copays for BadgerCare increased with their income, it became more cost effective for the family to purchase private insurance again. So Violeta removed their son from BadgerCare. When work slowed down again months later, rather than go through the frustration of re-enrolling in BadgerCare, they decided to pay out of pocket for their son's medical care, gambling that the husband's work would pick up soon, as it had in the past.

BadgerCare Plus for Immigrants

BadgerCare Plus encompasses a variety of publically-funded, subsidized, and unsubsidized insurance programs for children, pregnant women, families, and low-income individuals in Wisconsin. The program, which was expanded in 2008 to consolidate three forms of family coverage, and again in 2009 to include pared-down benefits to adults without dependent children, is administered by DHS. It currently provides health insurance to over 780,000 Wisconsinites, including over 455,000 children.[3] In 2009, however, there were still over 60,000 children 17 and younger who did not have insurance at some point during the year.[4]

Immigrants are eligible to participate in BadgerCare Plus if they are "qualified." To be qualified, an immigrant must meet requirements beyond the typical income limits. Examples of qualified immigrants are refugees, those who have been granted asylum, and legal permanent residents. However, adults who are legal permanent residents and entered the United States after August 22, 1996 are subject to a five-year waiting period. The only BadgerCare Plus service undocumented immigrants may be covered for is prenatal care and emergency services.

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BadgerCare Plus Provides Stability for Citizen Children of Non-Citizen Immigrant Parents

Elodia and her husband have been living in Wisconsin for seven years. They have three children. Elodia and her husband do not qualify for BadgerCarePlus. She says they avoid preventive care because they must pay out of pocket for the medical services they receive. The family is still paying for medical services received years ago, and is trying to keep their debt down. Elodia was able to enroll her children in BadgerCare, where they now have a medical home and can see a doctor regularly to get the necessary preventive care all children need. Elodia says that without BadgerCare she would have had to make the impossible choice between paying for major expenses like housing and food and paying for healthcare for her children.

Federally Qualified Health Centers (FQHCs)

Federally Qualified Health Centers (FQHCs) seek to fill the gaps in the state where there are shortages of primary care professionals, including pediatricians, nurse practitioners, dentists and mental health providers. In 2009, 17 percent of patients seen at FQHCs were best served in a language other than English. Community and Migrant Health Centers provide comprehensive primary health care for adults, children and families. There are currently 17 community health centers in Wisconsin. In 2009, Wisconsin's FQHCs served 243,863 individuals. More than one-third of them were children. FQHCs provide care without regard to clients' ability to pay. However, most clinic patients are covered by public or private insurance. In 2009, 56 percent had Medicaid coverage, 8 percent had Medicare, and 12 percent were covered by private health insurance. About one in four patients seen in the clinics (24 percent) did not have health insurance.[5]

As the population of uninsured and underinsured people increases, more families are accessing necessary care at FQHCs, where they can pay for the care they receive on a sliding scale. According to a 2010 Kaiser Family Foundation report on the uninsured, the rates of uninsured immigrants increased nationwide from 45 percent to 48 percent from 2007 to 2009. While this increase is not overwhelming, it is startling to note that this is three times the rate for citizens. The report also shows that among those who worked in 2009, only 34 percent of immigrants had employer-sponsored insurance coverage compared to just over 61 percent of their U.S.-born neighbors.

The Importance of FQHCs

Both Elodia and Violeta's families have used the services of a Federally Qualified Health Care Center (FQHC) in the past, and they echoed similar concerns about availability and accessibility. They each had to put in a significant amount of effort to get an appointment, and even then it was often months away. While many of the services were more affordable than from other health care providers, there is still a price for the care the family receives. Despite the difficulties, they were both grateful that the FQHC was available to their families. Without them, they would not have been able to get any medical care when they needed it.

Community Advocates and Resources

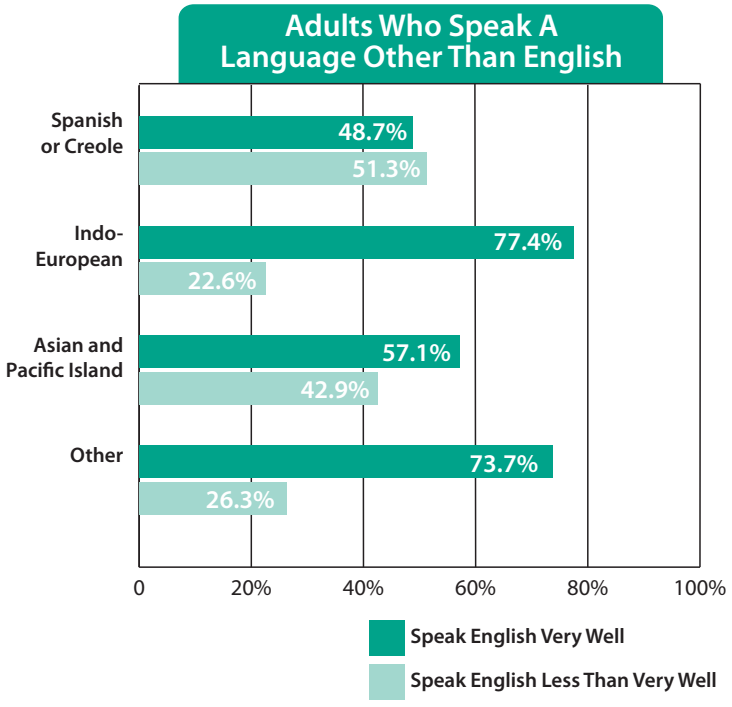
When navigating the health system, immigrant families often need a place to turn for help. Many interviewees in Dane County noted that the voluntary, community-based Joining Forces for Families program was there when they needed it. Joining Forces for Families is a project of the Dane County Department of Human Services, in partnership with local and county law enforcement agencies, school districts, local and county public health departments, the United Way, and neighborhood groups and residents. The program helps immigrant families find insurance (including signing-up for BadgerCare if they're eligible) and get the health care they need in the appropriate language.

Barriers to Care

Language

Language is one of the most significant barriers immigrants and their families face in their attempts to access and receive quality healthcare. Sixty-two percent of children in immigrant families in Wisconsin have parents who do not speak English well.[6] Communicating effectively with healthcare professionals is arguably the most important aspect of effective quality medical care. Many immigrants accessing health services for themselves or their children rely on some type of medical language interpretation.

Language barriers are frequently cited as a cause of negative or unsatisfactory patient-provider encounters.[7] These barriers also affect access to care. Non-English-speaking patients are less likely to use primary and preventive care and more likely to be seen at emergency rooms, where they receive fewer services then English-speaking patients.[8] Consequences of language barriers without proper medical interpreters can be costly, both to the patient's physical health and to the medical system financially. The combination of patients who do not understand directives regarding their care and doctors who cannot understand the needs of their patients, may lead to poor patient care and health outcomes. Consequently, non-English speaking patients have a higher risk



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of adverse medication reactions and misdiagnosis.[9]

Frustration over Language

Elodia's daughter needed emergency medical attention and the hospital had no interpreter. This meant that she was not sure what was being done by the doctors – a frightening situation for any parent. While all wanted what was best for the child, both the doctors and Elodia were frustrated by their inability to communicate.

Title VI of the Civil Rights Act directs that any medical care provider who receives federal funding must provide interpretation services to non-English-speaking patients. However, interpretation services, even in the most common non-English languages, are not available for many families. Rural areas, with fewer resources and growing non-English-speaking populations, are short on medical interpreters. In many cases, clinics will use bilingual staff or rely on a patient's English-speaking relative to provide translation. This is not an acceptable alternative to trained medical interpreters who have the knowledge and skill to help ensure that a proper diagnosis is achieved.[10]

Limited funding is a serious obstacle to implementing interpretation services, but providing these services is actually cost effective. A study in the *American Journal of Public Health* suggests that non-English-speaking patients who received effective preventive care using a qualified interpreter were significantly less likely to use emergency services and their overall health outcomes were better than those who did not have access to interpreters.[11] The same study found that that the use of trained interpreters reduced costs in pediatric office visits. Most insurers do not reimburse for interpretation services, though one interpretation professional shared that many hospitals consider it a cost of doing business. Over one quarter (27 percent) of non-English-speaking patients who needed but did not get an interpreter reported that they did not understand their medication instructions, compared with only two percent of those who either needed and received an interpreter or who did not need an interpreter. The use of untrained family members and friends to interpret has been associated with omissions, additions, substitutions, volunteered opinions, and semantic errors that can seriously distort translation.[12]

While federal law requires health care providers to provide meaningful language access, the majority of states (including Wisconsin) do not currently draw down federal funding for these services. The federal government pays for interpreter services that are provided to people enrolled in Medicaid and CHIP (BadgerCare), but only if states choose to include this service in their Medicaid and CHIP plans. Only 13 states plus the District of Columbia currently reimburse providers for language services. A majority of these states pay for interpreters only in fee-for-service plans.[13]

The Children's Health Insurance Program (CHIP) reauthorization law included additional funding for states to cover interpretation and translation services that are provided in health care settings. The law increased the federal match available for interpretation and translation services to either (1) 75 percent; or (2) the state's usual federal medical assistance percentage (FMAP) plus five percentage points (whichever is higher) for all BadgerCare Plus enrollees and for children enrolled in Medicaid.[14]

¿Habla Usted español?

Rosa explained how the lack of interpretation makes even the most routine tasks more difficult for all involved. In a recent call to make an appointment for her son, the clinic she visits had no interpreters available to talk to her. Although this clinic has a doctor who speaks her language, she couldn't communicate with the appointment desk.

Comprehending written documentation is particularly important inside the health care system. Doctors' orders and information regarding insurance and billing need to be available in multiple languages. Even with limited English proficiency, this material is often much too technical to fully comprehend if not in a patient's first language.

Information Needed In Multiple Languages

Talina has an advanced degree from her birth country and is working toward her citizenship. She is working two part time jobs and doesn't receive health insurance from either. While she feels that she has had access to good services, she acknowledges that language is a huge barrier. Talina says that she has signed forms that she did not understand. She believes even forms in her first language of Spanish can be at a reading level too advanced for adults with an elementary school education in their home country.

In Fidel's case, his son is a U.S. citizen eligible for BadgerCare, but went for over a year with no health insurance because Fidel could not get any information about it in his native language.

Immigration Status and Documentation

Another roadblock to health care access for immigrant families is immigration status. There are over 240,000 foreign-born individuals in Wisconsin, and 58 percent of them are not U.S. citizens.[15] The eligibility of immigrants for public benefit programs is a complex topic, and any brief summary will oversimplify it. With that caveat, the following is a general overview of the subject. For most benefit programs, state and federal law limit eligibility to U.S. citizens and "qualified" immigrants. The term "qualified" immigrant is defined by federal law and encompasses a number of groups, including: lawful permanent residents (people with green cards), certain battered spouses or children, refugees, asylees, and entrants from Cuba and Haiti. Those not "qualified" include: undocumented immigrants, temporary agricultural workers, asylum applicants, and persons with temporary protected status. *(See box on page 11)*

Eligibility policies for Medicaid and BadgerCare Plus are somewhat more restrictive than most other programs. Some "qualified" adult immigrants (including lawful permanent residents and battered spouses) who entered the United States after August 22, 1996, are ineligible until they have lived in the country and have been in qualified status for five years. However, people who are ineligible solely because of their citizenship or immigration status are eligible for BadgerCare Plus emergency services, and pregnant immigrants are eligible for BadgerCare Plus Prenatal.

Low-income citizen children of immigrant parents can be eligible for benefits regardless of their parents' status. Surveys suggest, however, that immigrant parents can be reluctant to sign their children up for public programs because they do not want to draw the attention of immigration enforcement authorities. Many of those surveyed expressed concern over their own status, and were unaware that their children could have access to medical insurance and care. Many immigrants living in the United States would like to one day become naturalized citizens, and they are concerned about jeopardizing this future by using public benefits when they are not yet citizens. This concern, based on the federal "public charge rule" of the Illegal Immigration Reform and Responsibility Act of 1996, required families to repay the government for public benefits, including Medicaid. In 1999, Congress specified that Medicaid benefits would be exempt from the rule.[16]

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Participating in BadgerCare Plus or accessing health care at Federally Qualified Health Centers will not put immigrants at risk of deportation or at a disadvantage when moving forward with naturalization or legal resident status. In fact, immigration or citizenship status information from health professionals and public benefit programs is explicitly not shared with the U.S. Citizenship and Immigration Service for the purpose of enforcing immigration laws. However, the evidence suggests that this idea persists among some immigrants.

Poverty Influences Child Well Being

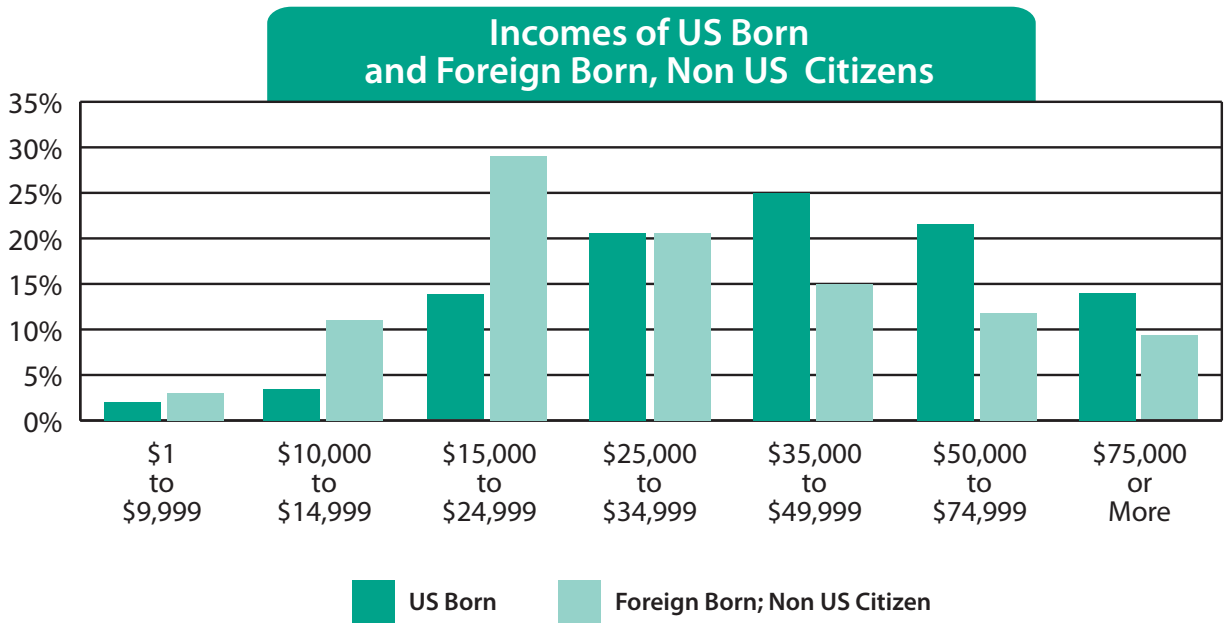
Children who grow up in poverty disproportionately experience a number of barriers, including food insecurity and poor health, exposure to environmental toxins, lower academic success, and a myriad of other hardships. According to the U.S. Census Bureau, 22 percent of children in immigrant families were living in poverty in 2009 ($22,050 annually for a family of four), and 51 percent were living in low-income families (under 200 percent of the federal poverty line).

Limited income to purchase private insurance is a significant challenge to immigrants' ability to receive quality medical care on a regular basis. Low-income employees are significantly less likely to have employer-sponsored insurance. Even when it is available, they are less likely to be able to afford the employee contribution. The chart below shows the income distributions for both foreign and U.S. born individuals from data compiled for Wisconsin between 2005 and 2009. Foreign-born individuals are far more likely than their U.S.-born neighbors to earn $25,000 or less. With the increasing costs of health insurance, whether it is employer sponsored or privately purchased, more families like Violeta's are having to decide between purchasing health insurance and paying rent or buying groceries.

Potential Fallout from State Budget

The recently enacted 2011-13 state budget made $467 million in unspecified cuts to state Medicaid programs, including BadgerCare. The bill also includes a sweeping and unprecedented shift in decision-making authority from the Legislature to unelected officials with little opportunity for legislative or public input. DHS will use this new authority to achieve the level of savings dictated by the deep cut to Medicaid and BadgerCare funding in the budget.

Though the cuts aren't itemized in the budget, DHS has provided a general description of the types of program changes they intend to pursue. These changes may include increased cost sharing, limiting benefits, mandating that program benefit recipients enroll in managed care, restricting or eliminating presumptive eligibility, *imposing restrictions on benefits for non-citizens,* and reducing income eligibility ceilings. The budget requires



DHS to request a federal waiver exempting the state from current federal maintenance of eligibility requirements. If a waiver is not received by December 31, 2011, income eligibility for adults will be reduced to 133 percent of the federal poverty level, ending insurance coverage for 60,000 Wisconsin adults. Though all of these changes to BadgerCare Plus could impact immigrants on this program, it is most alarming that further reducing eligibility for non-citizen immigrants is explicitly being discussed.

Recommendations to Ensure Access and Quality Care for Immigrant Children and Families

There are a number of policy and practice changes that can help overcome the barriers immigrant families face in accessing quality and cost-effective health care, including:

1. Increasing funding for community based health "navigators" that can advocate for immigrant families.

These "navigating" services help connect immigrants to the health services they need. They advocate for the families and make the necessary connections within the healthcare system enabling many families to get the care they need, when they need it. These types of services could be expanded at the community or county level, as is the case in Dane County with Joining Forces for Families.

On a Positive Note

Maria couldn't say enough about Joining Forces for Families. Her case worker helped with filling out applications so that Maria wouldn't have to go to the Job Center on the other side of town, helped her get Emergency Mecical Assistance (MA) when she was pregnant (she knows other pregnant immigrants that haven't realized that they're eligible for Emergency MA). The family's two youngest have BadgerCare Plus and Foodshare. Maria has used health services in the schools for her older kids who are not US Citizens and sometimes visits the free clinic. She has also learned a lot from WIC clinic who sent a nurse home visitor every month that connected her to services and programs in Madison. Maria uses the free clinic to get her annual pap & pelvic and mammogram through the Well Woman Program.

In some cases there are medical services available for immigrants but they need help getting connected with the correct people. Advocates can play a large role in helping immigrants navigate the complexities of the health care system and assist them in receiving a level of care that will allow them to continue as contributing members of society. As we transition towards health insurance exchanges through national health reform, the Affordable Care Act, we need to ensure that "navigators" include community organizations already working with immigrant families, so they are able to enroll immigrants in the best coverage options available through exchanges.

2. Promoting Access to Federally Qualified Health Centers.

FQHCs provide a model for a standard level of care all people can access, including immigrants. As previously stated, all FQHCs must provide translation services, enabling quality care and communication. FQHCs allow immigrants to have a medical "home," which is critical to successful care. The current need for community health centers exceeds the supply, but with more financial support they could provide their services to more members of their respective communities. For an FQHC to be established, it must be located in an underserved area and provide comprehensive primary care. The model of the FQHC also requires that it be not-for-profit, which allows the use of a sliding fee scale. These provisions allow for increased access for many individuals, including documented and undocumented immigrants.

3. Working with Immigrant Communities to Improve Cultural Perceptions of Health Care and Health Care Providers

Misinformation about and discomfort with the health system persists in many immigrant communities. As noted above, this is often due to worry over immigration documentation status. Community based approaches to education by respected leaders in immigrant communities, are some of the best ways to shift cultural perception. Information is generally accepted best when it is delivered by informal networks of trusted friends and family. Correspondingly, the health care and provider community needs to be ready to welcome these immigrant patients with interpreter staff, trained in cultural competency, and accessible materials.

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Otherwise, people's negative experiences will be shared and cultural mistrust and misinformation will persist.

4. Implementing Policies in BadgerCare Plus to Encourage Coverage of Qualified Immigrants and Limit "Churning" of Individuals between Public and Private Coverage

In order to encourage coverage of qualified immigrants in BadgerCare Plus, cultural and language barriers must be overcome. People need to be able to sign-up for the program in their community, by people who understand and speak their language, and with language appropriate materials sensitive to and addressing unique concerns around legal status. Policy makers also need to recognize the importance of BadgerCare Plus in the Wisconsin health market. People need health care, regardless of legal status. If immigrants are discriminated against for public programs, and cannot afford private insurance, they are unlikely to receive cost-effective preventative care, shifting costs to expensive emergency room care.

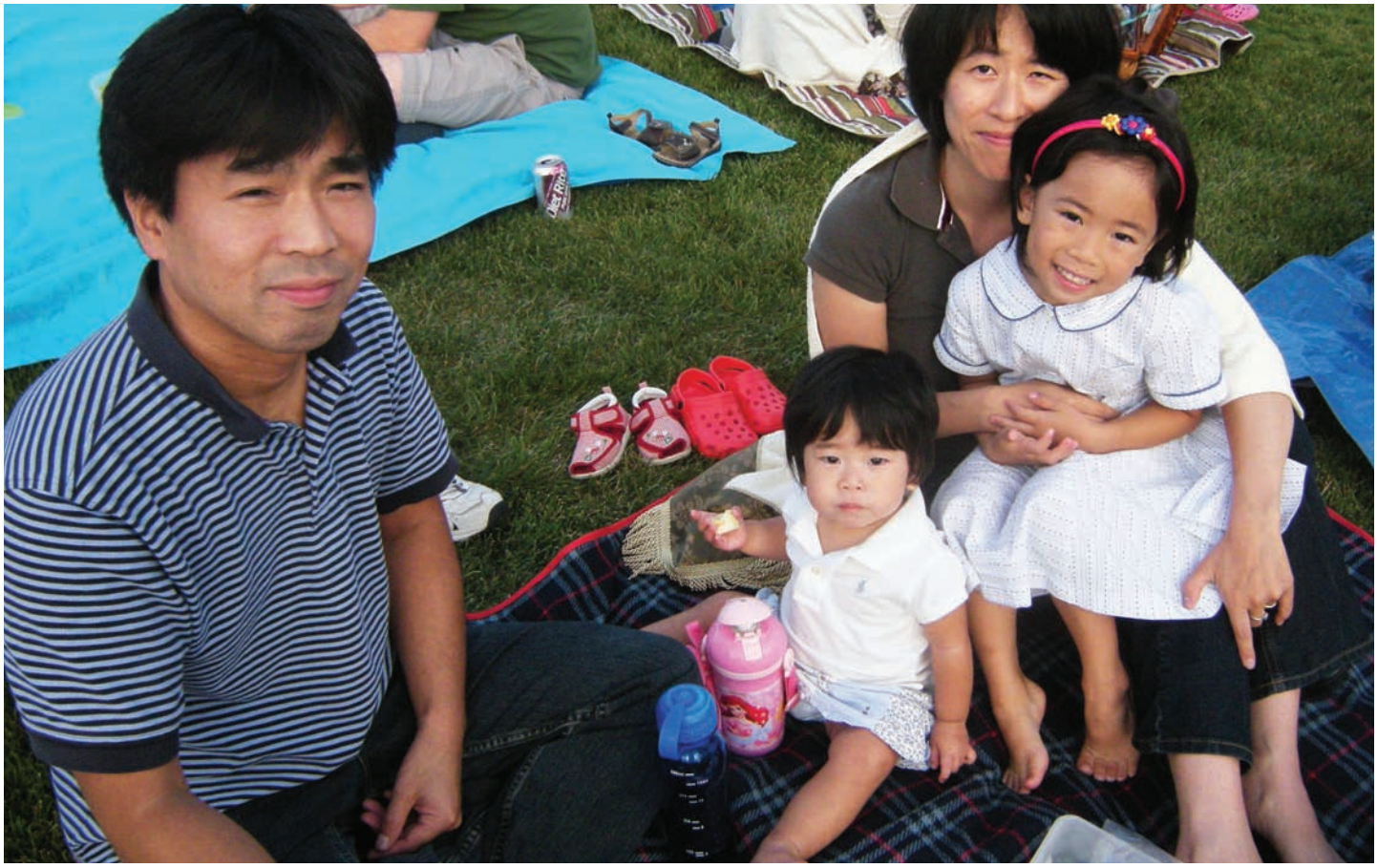
Efforts must be made to limit "churning" of individuals, who due to fluctuation in income levels, transition between private coverage and BadgerCare Plus. To help minimize changes in coverage, people should be eligible for Medicaid and CHIP (BadgerCare Plus) for 12 months at a time.

5. Providing increased reimbursement for language access services.

Professional interpreter services should be routine in situations in which language differences between the health care provider and patient pose barriers to care. For low income patients, the federal Medicaid program offers increased reimbursement for language services. Wisconsin does not currently take advantage of this increased funding. Wisconsin provides BadgerCare Plus and Medicaid services primarily through a system of managed care in which providers are paid a lump sum for a bundle of services. At a minimum, Wisconsin should explicitly require that managed care organizations pay for language services and not just pass the cost on to providers. In addition, Wisconsin should draw the higher matching rate to translate outreach documents, support bilingual workers who assist with applications or renewals, improve communications with non-English speakers when children are receiving fee-for-service care, such as emergency Medicaid services, and to provide increased federal reimbursement (to the state) for spending attributable to interpretation services provided by managed care organizations when caring for children. Finally, the state could consider an option, based on a Washington DC model, to carve out the cost of language services and allow the providers (including those in HMOs) to submit for reimbursement thereby directing the increased financing to providers.

Conclusion

Amid the often times contentious debate over immigration, individual children are sometimes forgotten. Regardless of income, language, or citizenship status, kids need access to decent health care to grow up healthy and strong. Wisconsin has historically done a good job of making sure kids and families have access to insurance. Our BadgerCare program is a model for other states. A large measure of the disparities in access to insurance and health care experienced by immigrant families in Wisconsin are related to citizenship status and English proficiency. Public policies that address these problems could reduce the racial and ethnic disparities that now exist. We need to build on previous success to ensure that all kids can see a doctor when they need one.



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Foreign Born People in the United States

- ***Legal permanent residents (LPRs)*** are persons who have been granted permission to live and work permanently in the United Sates. They may apply for citizenship after five years.

- ***Refugees and asylees and other humanitarian immigrants*** are persons who sought residence in the United States in order to avoid persecution in their own country. Persons granted refugee status applied for admission while outside the United States. Persons granted asylum applied either at the port of entry or at some point after their arrival in the United States. Refugees and asylees may apply to adjust their status to LPR after 1 year.

- ***Naturalized citizens*** are persons aged 18 and over who become citizens of the United States. Most legal permanent residents are eligible to apply for naturalization within five years after obtaining legal permanent resident status. Immigrant children generally become citizens automatically when their parents become citizens.

- ***Non-immigrant admission*** refers to arrivals of persons who are authorized to stay in the United States for a limited period of time. Most non-immigrants enter the United States as tourists or business travelers, but some come to work, attend school or engage in cultural exchange programs.

- ***Unauthorized migrants*** (sometimes referred to as undocumented or illegal immigrants) refer to persons who entered the country without permission or who entered through legal channels but then violated the terms of entry by staying past his or her visa expiration date or by engaging in unauthorized work.

Endnotes

[1] Kidscount Data Center, datacenter.kidscount.org

[2] 2010 report by the Wisconsin Department of Health Services titled "2009 Wisconsin Health Insurance Coverage" available at http://www.dhs.wisconsin.gov/stats/healthinsurance.htm

[3] Data taken from the Badger Care+ report for November 2010 and can be accessed at http://www.dhs.wisconsin.gov/badgercareplus/enrollmentdata/pdf/BC+Statewidenroll201010.pdf

[4] This was calculated by taking five percent (the number of children who were uninsured for a part of 2009) of the total population of children in Wisconsin in 2009. That data was found at http://www.dhs.wisconsin.gov/stats/pdf/09healthinsurance.pdf

[5] *Wisconsin's Community Health Centers Patient Statistics*, www.wphca.org

[6] Kidscount Data Center, datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=132

[7] *"Listening to Rural Hispanic Immigrants in the Midwest: A Community Based Participatory Assessment of Major Barriers to Health Care Access and Use."* http://qhr.sagepub.com/content/18/5/633

[8] Language Access in Health Care Statement of Principles, http://www.njha.com

[9] Hablamos Juntos: Language Issue Brief, http://www.torquedesign.com/hj/HJ_Brief_April07_affordable_language_services.pdf

[10] See reference #7 "Listening to Rural Hispanic Immigrants"

[11] Data was taken from a study titled *"Overcoming the Barriers in Health Care: Costs and Benefits of Interpreter Services"* which was published in the American Journal of Public Health in May 2004, Vol. 94, No. 5

[12] Kaiser Commission on Medicaid and the Uninsured, Ensuring Linguistic access in Health Care Settings: An overview of Current Legal Rights and Responsibilitites, 2003

[13] *Improving Lanuage Access:CHIPRA Provides Increased Funding For Language Services,* Families USA, http://familiesusa2.org/assets/pdfs/chipra/improving-language-access.pdf

[14] Ibid

[15] 2009 American Community Survey Data.

[16] http://esciencenews.com/articles/2008/09/22/immigrant.children.are.increasingly.more.likely.lack.health.coverage

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