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Immigrants' Access to Health Care After Welfare Reform: Findings from Focus Groups in Four Cities

Prepared by
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for
The Kaiser Commission on
Medicaid and the Uninsured

November 2000

THE HENRY J. KAISER FAMILY FOUNDATION

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The Kaiser Commission on Medicaid and the Uninsured serves as a policy institute and forum for analyzing health care coverage and access for the low-income population and assessing options for reform. The Commission, begun in 1991, strives to bring increased public awareness and expanded analytic effort to the policy debate over health coverage and access, with a special focus on Medicaid and the uninsured. The Commission is a major initiative of the Henry J. Kaiser Family Foundation and is based at the Foundation's Washington, D.C. office.

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EXECUTIVE SUMMARY

Immigrants are an integral part of the U.S. society, contributing both to the economy and diversity of the country. Despite their important role, immigrants disproportionately lack health coverage and receive fewer health services than native-born citizens. Immigrant populations may face access and coverage disparities because of specific policy changes, including the law that fundamentally changed the U.S. welfare system, The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). Current policy now treats new legal immigrants differently from both existing immigrants and citizens when determining eligibility for Medicaid and other public benefits. Confusion over immigrants' eligibility for programs, fear of possible demands for repayment, and concern over immigration status all serve to limit immigrants' use of public programs.

These focus groups, conducted for the Kaiser Commission on Medicaid and the Uninsured, were undertaken to learn about immigrant populations' knowledge of and attitudes toward public programs such as Medicaid, CHIP, TANF and Food Stamps, and to assess understanding of recent welfare and immigration policy changes. Focus group analysis helps us understand real and perceived barriers to care and complements other types of research. These focus groups probed immigrants' health coverage, participation in programs, barriers to enrollment, and access to care. In addition, participants were asked about sources of information and types of materials and outreach strategies that would be useful to them.

Ten focus groups were conducted with immigrant populations in their native language in four cities during the fall of 1999. The groups were drawn from the immigrant populations in the following cities: Miami (Haitian and Cuban), New York City (Dominican, Haitian, Cantonese), Los Angeles/Orange County (Central American, Mexican, Vietnamese), and San Antonio (Mexican women and Mexican men). Participants were not asked about their legal status. Participants were recruited from samples of low-income families (less than 200% of the federal poverty level) in the four cities through informal contacts with city agencies, private organizations, and community-based medical providers. The participants in the focus groups varied by insurance status, length of time in the United States, and race/ethnicity in each city. In addition, a focus group of providers who serve immigrants, typically directors of community health centers, from all four sites was also held in Miami during the National Association of Community Health Centers annual meeting. This analysis was accomplished through the collaborative efforts of Global Strategy Group and Commission staff.

Many of the health care coverage and access issues raised by the immigrant participants are similar to those faced by low-income working families generally, regardless of immigration status. However, immigrants have additional barriers related to language, culture, and recent immigration policy. While immigrant groups' health care coverage, knowledge of public programs, and access to health care vary within and among cities by race/ethnicity group, the following themes emerged from the focus groups:

Findings

Participation in Medicaid and Other Public Programs

- Immigrant participants were generally familiar with the Medicaid program, and believed that Medicaid was a good program—different from other forms of government assistance like food stamps or cash assistance. Many uninsured immigrant families in the focus groups included a full-time worker, but were not offered health insurance by their employer, could not afford private coverage and did not believe they qualify for public coverage.

- Medicaid's enrollment process is often the biggest concern voiced by immigrant participants, especially how they are treated in government offices by caseworkers. Participants also discussed the difficulty and length of the process of applying for public programs. Eligibility rules often precluded participation in Medicaid—changes in life circumstances, including income and residence, affected immigrants' ability to obtain or maintain Medicaid coverage.

- Immigrants in the focus groups generally were unaware of welfare and immigrant policy changes. Among those who were aware of recent changes, many held serious misunderstandings of the impact on their access to public benefits. In fact, many were fearful that seeking government help would affect their immigration status or jeopardize their opportunity to become a citizen.

- Immigrant participants were frustrated that despite working and paying taxes they were often unable to obtain either employer or Medicaid coverage. Many believed that American citizens and some immigrant groups receive preferential treatment in obtaining public or private coverage. Immigrants in the focus groups tended to be practical about receiving assistance with health care, and saw it as necessary to survive, but expressed indignation about individuals who take advantage of the system.

- Because many recent immigrants come from countries with very different health systems, they do not always understand the role and functions of health insurance, and especially do not understand the concept of cost sharing.

"You're here standing, you don't speak English, and person behind you does. They pass you to the back, and they take care of the person that speaks English. See that all the time. Push you back, to the side."

(Cuban, Miami, FL)

"If you want to get a green card or citizenship, don't ask for that much. Don't ask for too many benefits from the government."

(Cantonese, New York, NY)

"If I earn more than $1,200 or $1,600 per month, then my coverage is canceled but I can't pay for care."

(Central American, Los Angeles, CA)

"I think now they only pay for two years. And then when you start working, you have to pay back whatever they helped you with."

(Central American, Los Angeles, CA)

Access to Health Services

- Immigrants in the focus groups recognize the importance of regular check-ups in order to stay healthy, and will go to great lengths to seek care for their children.

"If government can help us, it's very logical; it's very moving because this is a different country; in China they say give me your money and you don't feel moved at all."

(Cantonese, New York, NY)

- Many immigrants report barriers in accessing care. They frequently spoke of foregoing or postponing needed care because of the costs. After costs, the most frequently reported barrier to care was language, hindering their communication with health care providers and their understanding of the diagnosis and treatment plans. In addition, immigrant participants experience other deterrents to seeking care: long waits in clinics, transportation, finding time to leave work, discrimination, and inadequate payment on their behalf from Medicaid or other government payers.

- Cultural differences and economic circumstances affect how immigrant groups use the health care system. Some immigrant participants report deferring care until they visit their native country. Others do not automatically seek health care services when they are ill, relying on home remedies instead. Immigrants in the focus groups who have been in the country for a longer period of time find it easier to get health care than newer immigrants do because they have more experience with the system.

"If they're charging you a premium and you never use it, you lose the money."

(Cuban, Miami, FL)

- Immigrant participants report relying on clinics and private doctors to receive health care services. They tend to avoid hospitals, which they consider notorious for long waiting periods as well as high costs.

Outreach to Immigrant Populations

"I would have to leave work so I could take the kids, and I don't make money to do that. I only get three sick days a year."

(Cuban, Miami, FL)

- Although immigrants in the focus groups said they would like to be informed of Medicaid through various avenues (mail, television, radio, and telephone), receiving information through the mail seemed to be the preferred method. Many stated that "information centers" at clinics and hospitals would also be a very good way to get information.

- Immigrant participants reported that outreach efforts must address linguistic concerns and provide information on how public programs work, including eligibility criteria, enrollment procedures, benefits, and limitations of coverage.

Health Care Provider Perspective

"They didn't check me on anything, and they sent a huge bill. Therefore, we are truly afraid of going to the hospital."

(Mexican, San Antonio, TX)

- Providers who serve immigrant populations highlighted three issues when serving immigrant populations: vulnerability of immigrant populations, variation in immigrants' needs by their country of origin and how long they have resided in the U.S. and lack of and demand on resources.

Conclusions

These focus groups highlight the difficult challenges immigrants' face in obtaining health care coverage and access to care. Many participants lack awareness and understanding of public programs such as Medicaid and the Children's Health Insurance Program, creating barriers to obtaining coverage in an already fragmented insurance system. Eligibility rules that result in some immigrants qualifying for coverage while others do not compound the complexity of obtaining coverage and were clearly confusing for focus group participants. While Medicaid is a valued program to immigrant groups, barriers such as administrative hurdles, language difficulties, accessibility, and eligibility standards deter enrollment.

In addition, these immigrant participants face barriers in navigating the health care system. Respondents frequently spoke of foregoing or postponing needed care because of the costs and language barriers. Assuring that immigrant populations know how to access care, are able to communicate with health care providers, and understand their diagnosis and treatment is critical for adequate health care.

Many immigrants arrive in the U.S. to a very different world—faced with challenges in adjusting to a new and complex society where systems of health care coverage and access to services may be very different from their native country. The complexity of the policy environment compounds the difficulties facing new arrivals to this country. Recent policies treating new immigrants differently from both existing immigrants and citizens create additional confusion and complexity for immigrants who need Medicaid and other public benefits. Additional factors such as language, poverty, country of origin, discrimination, and type of employment also contribute to immigrants faring poorly in regard to health care coverage and access. As policymakers discuss the nation's growing number of uninsured and issues of access and quality, the plight of the noncitizen U.S. population will need to be addressed.

"I went to see the doctor after I fell down … they told me to go to the emergency room, but I didn't because we would have to pay $1,500. Now, look at my hand. It was because of the money, because I couldn't afford it."

(Central American, Los Angeles, CA)

"It's much more difficult for immigrants who just arrive, compared to someone who's been here five or six years, because we know more or less what's going on."

(Central American, Los Angeles, CA)

"If you have any questions, you could ask them right at the center, if there's someone there to tell you about it."

(Dominican, New York, NY)

INTRODUCTION

Immigrants are an integral part of the U.S. society, contributing both to the economy and diversity of the country. Despite their important role, immigrants disproportionately lack health coverage and receive fewer health services than native-born citizens. Immigrants may face access and coverage disparities because of specific policy changes, including the law that fundamentally changed the U.S. welfare system, The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) [Exhibit 1]. Current policy now treats new legal immigrants differently from both existing immigrants and citizens when determining eligibility for Medicaid and other public benefits. Confusion over immigrants' eligibility for programs, and possible demands for repayment or alteration of citizenship status, all serve to limit immigrants' use of public programs.

EXHIBIT 1: WELFARE REFORM'S EFFECTS ON MEDICAID FOR IMMIGRANTS

Before PRWORA	After PRWORA
• Most persons who are legal immigrants and permanent U.S. residents are entitled to full Medicaid coverage • Coverage for undocumented persons is restricted to emergency coverage only.	• Qualified immigrants who enter the country before August 1996 may be denied Medicaid at a state option. • "Qualified immigrants" (legal permanent residents and others) who enter the country after August 22, 1996 are barred from receiving Medicaid and CHIP for five years. After the five years, the sponsor's income is "deemed" before determining eligibility. States may choose to deny Medicaid or CHIP to these immigrants after the five year ban. • Coverage for post-1996 and undocumented immigrants is limited to emergency coverage only, including childbirth, but not prenatal care. • Refugees/asylees are exempt from these provisions for seven years after receiving their status.

Note: PRWORA is the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
SOURCE: Rosenbaum, 2000 for the Kaiser Commission on Medicaid and the Uninsured.

These focus groups, conducted for the Kaiser Commission on Medicaid and the Uninsured, were undertaken to learn about immigrant populations' knowledge of and attitudes toward public programs such as Medicaid, Children's Health Insurance Program (CHIP), Temporary Assistance for Needy Families (TANF), and Food Stamps, including recent welfare and immigration policy changes. Areas probed included health coverage, participation in programs, barriers to enrollment, and access to care. In addition, participants were asked about information resources such as sources of information and types of materials and strategies that would be useful.

EXHIBIT 2: IMMIGRANT FOCUS GROUPS

Location	Date	Group	Language
New York City	September 22, 1999	Dominican Immigrants; mixed gender	Spanish
	September 22, 1999	Haitian Immigrants; mixed gender	Creole
	September 23, 1999	Cantonese Immigrants; mixed gender	Cantonese
Miami	September 27, 1999	Health Care Providers	English
	September 27, 1999	Cuban Immigrants; mixed gender	Spanish
	September 27, 1999	Haitian Immigrants; mixed gender	Creole
Los Angeles	October 20, 1999	Mexican Immigrants; mixed gender	Spanish
	October 20, 1999	Central American Immigrants; mixed gender	Spanish
Orange County	October 21, 1999	Vietnamese Immigrants; mixed gender	Vietnamese
San Antonio	October 27, 1999	Mexican Immigrants; female	Spanish
	October 27, 1999	Mexican Immigrants; male	Spanish

Ten focus groups were conducted with immigrant populations in their native language in four cities during the fall of 1999 [Exhibit 2]. The groups were drawn from the immigrant populations in the following cities: Miami (Haitian and Cuban), New York City (Dominican, Haitian, Cantonese), Los Angeles/Orange County (Central American, Mexican, Vietnamese) and San Antonio (Mexican Women and Mexican Men). Participants were not asked about their legal status. Participants were recruited from samples of low-income families (less than 200% of the federal poverty level) in the four cities through informal contacts with city agencies, private organizations, and community-based medical providers. The participants in the focus groups varied by insurance status, length of time in the United States, and race/ethnicity in each city [Exhibit 3]. In addition, a focus group of providers who serve immigrants, typically directors of community health centers, from all four sites was also held in Miami during the National Association of Community Health Centers annual meeting. This analysis was accomplished through the collaborative efforts of Global Strategy Group and Commission staff.

EXHIBIT 3: FOCUS GROUP PARTICIPANT PROFILE

Type of group	# in group	Male/ female	Average age	Average Year moved to US	# Uninsured	Average # of kids	Average # of people in household	Average Household Income	# Married
New York– Dominican	7	3-M 4-W	41	1990	1	1	3	$16,000	3
New York– Haitian	11	6-M 5-F	40	1994	7	1	4	$20,000	4
New York– Cantonese	11	5-M 6-F	37	1992	5	1	3	$13,136	8
Miami– Haitian	12	2-M 10-F	40	1993	6	N/A	3	$11,500	3
Miami– Cubans	12	5-M 7-F	38	1994	6	N/A	3	$14,750	8
Los Angeles– Mexicans	10	6-M 4-F	37	1990	4	N/A	5	$23,800	8
Los Angeles– Central Americans	9	4-M 5-F	39	1990	4	N/A	4	$23,500	4
Orange County– Vietnamese	9	4-M 5-W	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rural Texas– Mexican Men	9	All men	35	1990	4	N/A	2	$21,200	5
Rural Texas– Mexican Women	12	All female	44	1994	6	N/A	3	$19,700	8
Average Across Focus Groups	10	4-M 6-W	39	1992	5	1	3	$18,176	6

N/A = information not available

I. THE IMMIGRANT PERSPECTIVE

A. PARTICIPATION IN MEDICAID AND OTHER PUBLIC PROGRAMS

This section discusses immigrants' perceptions of and experiences in Medicaid and other publicly financed health programs, including knowledge and perceptions, reasons for participating and enrollment procedures, beliefs about eligibility limits and restrictions, and fear and misinformation about participating in these programs.

KNOWLEDGE AND PERCEPTION OF MEDICAID AND OTHER PROGRAMS

Immigrants were asked their knowledge and perceptions of available public programs. Immigrant participants are generally familiar with government programs. Many respondents have received assistance at some point, while others have heard about various programs available. The most commonly named programs include Medicaid, food stamps and Women, Infant and Children (WIC) program. Immigrants are not as familiar with the Children's Health Insurance Program (CHIP), though some mention hearing about a new program for children. They have a general awareness that Medicaid is available for pregnant women, and many immigrants have heard about other programs that help families.

"There's welfare, Medicaid, Medicare."

(Cuban, Miami, FL)

"There's a new program only for children. I don't know, I don't know. I don't recall. You have to pay a certain amount for each child on a monthly basis."

(Mexican, San Antonio, TX)

Immigrants reported that they were worried about getting sick and not having health coverage. Low-income immigrants see numerous advantages in receiving Medicaid and CHIP, and few express any concerns about the quality of care. Many immigrants stressed the numerous benefits and limited cost sharing available with Medicaid.

"You can't know when you'll be sick. Coverage needs to be more available."

(Vietnamese, Orange County, CA)

"With Medicaid, you can go to the doctor whenever you want, and it covers medicine."

(Cuban, Miami, FL)

Many immigrants in the focus groups reported that they have had experiences in seeking government assistance. These immigrants tend to be practical about the aid and see it as necessary to survive. Immigrants express indignation about individuals who take advantage of the system. Many express concern that some people misuse the system while those in real need are denied help.

"Well, if I didn't need it, I would not request it. But we need it, and it's our health. And if it's within my reach, I will go take it." *(Mexican, San Antonio, TX)*

"They give it to many people, the people that are home not doing a thing. If you want to go out and fight and survive, then you don't get it." *(Dominican, New York, NY)*

"Because we come from Mexico we always say 'I don't want anything from the government.' It's an attitude, and that's fine. We make the mistake of saying that, but in fact, we pay our taxes, and why are we not getting the benefits from the government if we've been paying taxes for it." *(Mexican, Los Angeles, CA)*

ENROLLMENT PROCESS

Medicaid's enrollment process is often the biggest concern voiced by immigrants, especially how they are treated in government offices by caseworkers.

"It's awful, it's awful, because when you go to one of the centers, they treat you like you're an animal; they don't treat you like a human being." *(Dominican, New York, NY)*

"You're here standing, you don't speak English, and person behind you does. They pass you to the back, and they take care of the person that speaks English. See that all the time. Push you back, to the side." *(Cuban, Miami, FL)*

Enrollment is considered to be complicated, and often the most difficult part of the process is dealing with eligibility workers. Immigrant participants believed that they were treated more poorly because they were not from the U.S. and had difficulty with the language.

"Too many forms to fill out; a lot of times the interviewing, the process, is difficult." *(Cantonese, New York, NY)*

"And then every six months you have to renew it, and then every time you renew it, even if they have your files, they're always asking you for new documentation." *(Haitian, New York, NY)*

"I have not asked (about Medicaid) because I can pay the clinic. And when you sign up, there's many problems with that. It's more practical, more convenient to just not ask for help." *(Central American, Los Angeles, CA)*

"If you make more money, then you lose your coverage, because they keep checking up on you. Every month, you have to file a report, a monthly report, about how much you earned. So, for example, if I earn more than $1,200 or $1,600 per month, then my coverage is canceled but I can't pay for care." *(Central American, Los Angeles, CA)*

"I don't request any services, because my husband has good income, because I am in the process of being a resident alien, and it bothers me to go and request help." *(Mexican, San Antonio, TX)*

Immigrants in the focus groups stated that the process of applying for public programs was long, difficult, and time-consuming. Many believed that requests made of them were unnecessary, and these requests often deterred the likelihood of applying or reapplying for Medicaid.

ELIGIBILITY POLICIES

Immigrants in the focus groups reported that they did not seek assistance because they believe their income disqualifies them, or because they have personal reservations about asking for help. Some immigrants further noted that they earn too high an income to be eligible for assistance—but not enough to pay for their own health care.

"Today it's one thing, tomorrow it's another thing. There's constant movement, constant change. You get here and they give you a period of nine months so you can get work and do the checkups you want, get your clothes, and get shoes. You start working and they take Medicaid away. It doesn't help." *(Cuban, Miami, FL)*

"Before I was in one place, and then let's say I moved—Medicaid changes. When I moved to the other place, maybe they removed the Medicaid." *(Cuban, Miami, FL)*

Immigrant families in the focus groups, like many other low-income families, experience frequent changes in their family circumstances, and they gain and lose health coverage as their lives change. Many report that they have had health insurance in the past, and when they could afford it purchased coverage through a job or school. Still others have been on Medicaid, but lost this assistance when their earnings exceeded the limit.

FEAR AND MISINFORMATION

Concern about immigration status was reported to be a common barrier by the immigrant participants in the focus groups. Many fear that seeking government help will affect their immigration status or the opportunity to become a citizen. A few respondents fear that they will be sent out of the country if they seek help, while many are under the impression that government assistance will significantly slow down their application for citizenship or limit their ability in bringing family members to the U.S.

"No, never tried [aid]. I don't even think of getting it, because I want to become a citizen; they'll send me back if I ask for help."

(Cantonese, New York, NY)

"I heard that those services would not be available to any immigrant, that they would check on that when you make your application to be a citizen, and that will affect all people trying to apply for citizenship."

(Mexican, San Antonio, TX)

"I've heard many things that frighten me. Every time the government tries to give you something, they jot it down, they keep track of it. And sometimes you don't qualify anyway."

(Mexican, Los Angeles, CA)

Some immigrants in the focus groups reported that they were aware that there have been recent changes to the Medicaid program that affect immigrants. But many are aware of these changes only through hearsay, and not all of the information is accurate, including information received by immigration lawyers. In particular, concerns about the need to repay assistance after becoming a citizen have circulated widely in some communities, such as among Latinos in California.

Because many recent immigrants come from countries with very different health systems, they do not always understand the role and functions of health insurance, and especially do not understand the concept of cost sharing.

"I think now they only pay for two years. And then when you start working, you have to pay back whatever they helped you with."

(Central American, Los Angeles, CA)

"… Some of these people don't know the rules in this country. [We serve] mostly people from Central America, and they come as illegal immigrants, undocumented, and they are afraid of the whole system; afraid that if they apply for any benefits, they may be deported; and sometimes if they ask a lawyer, they reassure that's the situation."

(Provider)

"The best thing is to not get ill in this country. If you pay for insurance, the consultation and medicine should be free, because you're paying for the insurance."

(Cuban, Miami, FL)

B. ACCESS TO HEALTH CARE SERVICES

This section discusses immigrants' access to and use of health care services including the main barriers faced by immigrants.

ACCESS TO AND USE OF SERVICES

Many immigrant focus group participants, similar to the general population, recognize the importance of regular check-ups in order to stay healthy, and maintain their health through routine care and exams. Immigrants reported that they are generally able to manage their health care needs by drawing on a variety of sources including self-care, clinics, hospitals, and occasionally private doctors, but paying for care is more difficult.

"[Immigrants] are not much different from the general population." *(Provider)*

"I do it every year to make sure that I'm fine; I don't care if I'm ill or not; every year I do my blood, urine tests, general physical exam."

(Mexican, Los Angeles, CA)

"Sometimes to avoid pain, you call and ask how much it is, because everything's so expensive here."

(Cuban, Miami, FL)

Cultural differences and economic circumstances affect how immigrant groups use the health care system. Some immigrant participants report deferring care until they visit their native country. For example, Mexican immigrants (in both Los Angeles and San Antonio) are less likely to seek routine care in the U.S. than are other immigrants. It is common for them to defer all care until they return to Mexico for visits. Immigrants in the focus groups who have been in the country for a longer period of time find it easier to get health care than newer immigrants do, because they have more experience with the system.

"My husband has a friend that just recently arrived a month ago. It's much more difficult for immigrants who just arrive, compared to someone who's been here five or six years, because we know more or less what's going on."

(Central American, Los Angeles, CA)

"The more people come from other parts of the world, the more difficult it becomes." *(Cuban, Miami, FL)*

"Rarely do I go for an annual exam for me, because normally I've had good health; but when I go to Mexico, I usually get my checkup down there."

(Mexican, Los Angeles, CA)

Of immigrant groups interviewed for this study, Cubans are the only ones to claim that the health care in their country of origin is better than the care that they receive here in the United States. In addition, these immigrants maintain that medical professionals in Cuba work to help people, not just to earn money.

"In Cuba the medical point of view is different. Political problems, but never had problems with doctors and medicine there. The professional quality in Cuba is better. They're more humane." *(Cuban, Miami, FL)*

"The quality of medical attention in Cuba is superior. Here it's money, money, money. Tell me how much you make and I'll tell you how much you're worth." *(Cuban, Miami, FL)*

Although immigrants in the focus groups generally report access to care, they suggest that they do not automatically seek traditional health care services when they are ill. Many prefer home remedies for minor ailments, because such treatment is easier and less time consuming—as well as less expensive than going to see a doctor. A large number of immigrant participants report that over-the-counter drugs and home care are the first steps they take when ill. Only if an ailment persists do they seek more professional care.

"If I don't feel well, I don't go to the doctor. I don't have time; don't have the money, no insurance. I tell my mother to make a tea or something." *(Cantonese, New York, NY)*

"Years ago, I was sent to get some tests done. The doctor told me not to come back for five years, and I haven't gone back. My whole life I've studied about what makes people ill; I know why people get ill, and so what I do is I prevent it." *(Mexican, Los Angeles, CA)*

"As my mother says, we Mexicans always have a remedy for every disease." *(Mexican, San Antonio, TX)*

When home remedies are not sufficient, immigrant participants' report visiting clinics and private doctors. Immigrants in the focus groups prefer a private doctor for their health needs when they can afford one or, at the very least, for more serious problems. Clinics are an affordable alternative for routine care and minor ailments.

"I go to the clinic and a private doctor occasionally. They do help out people that don't have insurance. They charge you $25, then send you to a pharmacy where you can get discounts to help you out." *(Mexican, Los Angeles, CA)*

"I go to a clinic that's part of a hospital. Something like a center." *(Dominican, New York, NY)*

Immigrants in the focus groups tend to avoid hospitals, which they consider notorious for long waiting periods as well as high costs. When faced with an emergency, immigrants will go to the emergency room, but few report using the hospital simply for routine appointments.

"Just once, I went to the hospital because I was vomiting and I was dizzy. I couldn't stop vomiting. I went to Martin Luther King. They took me there at 5 o'clock in the morning and they finally saw me at 4 o'clock in the afternoon."

(Central American, Los Angeles, CA)

"They didn't check me on anything, and they sent a huge bill. Therefore, we are truly afraid of going to the hospital."

(Mexican, San Antonio, TX)

Immigrant participants reported that they consider their children's health too important to risk, and treat it as a higher priority than caring for themselves. They are more willing to visit the doctor when their children fall ill than when they are sick themselves. Though many of them fail to maintain their own schedule for routine health care, these parents report children are more likely to receive regular medical care than are other family members.

"When the kids have a fever, it comes from many different kinds of infections. You can't just give them Tylenol or Motrin. A kid can't explain what's hurting them, so the best thing to do is take them to a doctor. Adults can usually take care of themselves."

(Mexican, Los Angeles, CA)

"Adults can take care of themselves pretty easily. The most important concern is your children."

(Cantonese, New York, NY)

Some parents report that children are more likely to receive routine care because of the emphasis this country places on the young, as well as the mandatory health care requirements that the educational system enforces. Likewise, providers note that immigrants who tend not to seek preventive care for themselves are attentive to the need for prenatal care or care for their young children.

"In this country, they focus a lot on the children; the children always get priority; same thing with the senior citizens."

(Mexican, Los Angeles, CA)

"I've noticed that if the child is born here, then they will do everything to give the health care to the child."

(Haitian, New York, NY)

"Prenatal patients don't miss appointments." *(Provider)*

BARRIERS TO OBTAINING HEALTH CARE

Many immigrants report barriers in accessing care. They frequently spoke of foregoing or postponing needed care because of the costs. After costs, the most frequently reported barrier to care was language, hindering immigrant respondents' communication with health care providers and their understanding of the diagnosis and treatment plans. In addition, immigrant participants experience other deterrents to seeking care: long waits in clinics, transportation, finding time to leave work, discrimination, and inadequate payment on their behalf from Medicaid or other government payers.

"I don't (get health care services) because even if you go to Chinatown, they still charge you over $100 and I don't know where to go." *(Cantonese, New York, NY)*

"I went to see the doctor after I fell down, to get an x-ray. They told me to go to the emergency room, but I didn't because we would have to pay $1,500. Now, look at my hand. It was because of the money, because I couldn't afford it." *(Central American, Los Angeles, CA)*

Immigrants in the focus groups report postponing or foregoing needed care because of the costs. In certain cases, particularly when a large expense is involved, immigrants will not seek emergency care even though it may be necessary. Another very common barrier for immigrants is the lack of bilingual care when trying to receive health care services. Participants reported that they experience ongoing frustrations when they are unable to speak with professionals and understand diagnoses, directions, or instructions.

"For people that don't speak English it is difficult, because they don't have translators. No one speaks Spanish there." *(Central American, Los Angeles, CA)*

"Language is also a serious problem. (I) had just gotten here from Cuba and had operation, biggest thing in my life. Day of operation, they told me to be there at 5:00. I made a mistake on the building, and no one could help me. If you don't know English, they discriminate a little bit." *(Cuban, Miami, FL)*

Like other low-income users of the health care system, immigrants report significant waiting periods before being seen in a clinic or at the doctor's office. These long waits occurred regardless of the severity of their health care needs.

"I was very ill, and I spent the whole night with the pain because of my appendix. They didn't have a bed for the operation. I said, 'well, why don't you just throw me on the ground, and you can operate on me there.'"

(Central American, Los Angeles, CA)

"When I become ill I go to the family doctor, but by the time they get to me, I'm already well again. If I depended on the doctor, the way they take so long, I would be dead."

(Vietnamese, Orange County, CA)

"They give you a set time for your appointment, and they should respect it. They tell you be here 15 minutes before your set time. So you arrive 15 minutes before, and they still make you wait two hours."

(Mexican, San Antonio, TX)

Finding time to leave work in order to go to a doctor's appointment is a barrier for many immigrants. Immigrants in the focus groups report that they do not get enough sick days to be able to take themselves and/or their children for appointments. In addition, focus group respondents often find it difficult to get to clinics and hospitals to receive care. While some do have cars and can drive, the majority have to find alternate means of transportation. Many ride buses, while others use trains or subways, or have to walk to a facility if they need care.

"I would have to leave work so I could take the kids, and I don't make money to do that. I only get three sick days a year."

(Cuban, Miami, FL)

"I don't have any sick days. According to my boss, you're not supposed to get sick." *(Haitian, New York, NY)*

"No, getting to the doctor is not easy, not for me. I don't know how to drive. I don't have a car. Thank the good Lord; I have not had an emergency." *(Mexican, San Antonio, TX)*

Many immigrant participants suggest that another barrier to receiving health care services is discrimination. This discrimination stems from a number of things including a sense of racism and language barriers. Furthermore, many immigrants groups expressed resentment that government assistance is less available to them than to other immigrant groups or to citizens.

"More than anything, what exists is discrimination. For example, if I take my child to see the doctor and an American comes, they're going to set me aside." *(Central American, Los Angeles, CA)*

"They want to see what insurance you have. We don't have insurance so they send us to a public hospital. We are considered a low category while the rest of society goes there." *(Cuban, Miami, FL)*

"It is true, though, that help seems to be far more available for the Hispanic community than for our community." *(Haitian, Miami, FL)*

Immigrants in the focus groups report that doctors and clinics also discriminate based on the method of payment that a person uses. Patients who pay with cash or have private insurance are perceived to be treated before those with government assistance.

"When you sign in, it says Medi-Cal or cash. The person that pays cash and the insurance company, those are the ones that get in faster. And the ones that have Medi-Cal, they're seen afterward." *(Central American, Los Angeles, CA)*

"The government pays just about $10 to the doctor and other people pay $40; so why [should they] spend that much time on the person who pays less?" *(Cantonese, New York, NY)*

C. OUTREACH TO IMMIGRANT POPULATIONS

This section discusses strategies to reach immigrant populations with information about public programs.

SOURCES OF INFORMATION

Immigrant respondents were asked how they would like to be informed of public programs, especially Medicaid. While all avenues (mail, television, radio, and telephone) were mentioned, receiving information through the mail seemed to be the preferred method. Many stated that "information centers" at clinics and hospitals would be a very good way to get information to them.

"Send us something, a brochure, so you can call in and ask, request more information."
(Central American, Los Angeles, CA)

"Television. We're all stuck to the television." *(Mexican, San Antonio, TX)*

"Sometimes you get advertising in the mail and you throw it away." *(Cuban, Miami, FL)*

"Radio broadcasts and newspaper, because you do pay attention to advertisement in radio and newspaper; but mailing, you just think it's another piece of junk mail and throw it away." *(Cantonese, New York, NY)*

Immigrant participants indicated that the most effective ways to reach them with information about health care include mailings as well as television. The mail is an important source of information for immigrants in this study. Brochures and flyers are well received in all study communities. The majority readily agree that they receive the bulk of their information from this source. While mail is seen as the easiest way to disseminate information, some immigrants warn that direct mail may be discarded as junk. Television also reaches a large number of immigrants with basic, useful information. Respondents believed that television is an ideal method of communication when coupled with other media efforts. In addition, participants widely report that they listen to the radio, and read newspapers for information on health and well being.

"1-800 number in all types of languages; should have a recording allowing you to select a language."
(Cantonese, New York, NY)

"No, an 800 number is just a recording." *(Mexican, San Antonio, TX)*

Telephone hotlines and 1-800 numbers received mixed reactions from immigrant participants. These phone lines are considered to be a useful source of information, particularly those that offer information in their own language. However, some immigrants find 1-800 numbers time-consuming and tedious. These participants prefer more traditional means of communication, such as television or mail.

"If you have any questions, you could ask them right at the center, if there's someone there to tell you about it."
(Dominican, New York, NY)

"We also read pamphlets while waiting in the doctor's office." *(Vietnamese, Orange County, CA)*

Focus group participants are also enthusiastic about using information centers in the clinics and hospitals they visit. They prefer the ability to speak with a "live" person in case they have questions and are receptive to and trust the information presented because they are at the provider's office.

CONTENT AND TYPE OF INFORMATION

The most important aspect of the outreach efforts to the immigrant respondents is whether the information is in their language. According to the immigrant participants, if a public program is going to be taken seriously, the information must be disseminated in a realistic manner that is widely available to immigrants. A large number of the immigrants in the focus groups were not proficient in English. Providers serving these communities reported using multiple communication channels to inform immigrants about how changes affect them, and how to get care under the new rules.

"Getting letters from them in Spanish is good. A lot of flyers have Spanish on one side and then on the other side they have English." *(Mexican, Los Angeles, CA)*

"It would be good to have it in Creole. News in our community goes around from mouth to ear, so once people hear about it, everybody else will know about it." *(Haitian, Miami, FL)*

Participants suggest that media efforts should include important information such as enrollment procedures, eligibility criteria, the benefits that are covered, and any changes in coverage. Information most strongly desired by the immigrants in the focus groups includes information about how to access health services and policies for obtaining coverage.

"I want to know if I qualify for the coverage that is described. The information should be clear and easy to understand."
(Vietnamese, Orange County, CA)

"Coverage offered, premiums, co-payment, and locations to use the service." *(Cuban, Miami, FL)*

"Where can we complain, in case we don't receive service?" *(Mexican, San Antonio, TX)*

II. CITY BY CITY FINDINGS

A. OVERVIEW

Differences in immigrants' experiences that are due to each state's unique demographics are difficult to separate from those stemming from their ethnic communities' own characteristics. However, important differences among cities with regard to such factors as Medicaid policy, attitudes toward immigration, the status of the general health care system, and the overall economic climate are important determinants of the ability of immigrants to receive health care coverage and services.

The most striking observation in comparing across study sites is the reported success of Los Angeles and Orange County immigrants in receiving health care. Despite cutbacks in some health programs, public controversy over the immigration issue, and the rapid conversion of Medi-Cal to managed care, most Los Angeles and Orange County immigrants we spoke with reported that they are able to obtain care, usually through clinics and other public facilities. These positive reports span all communities interviewed for this study—including Central American immigrants (who were observed by providers as having fewer community resources for learning about enrollment and navigating the public health care system), as well as the more established Mexican and Vietnamese immigrant communities.

In Miami, problems with the health care system, limits inherent in Medicaid eligibility, and skepticism among immigrants about the quality of available assistance all combine to yield a population that is not as thoroughly served by public health care as some of the other study sites. In particular, Cuban respondents compare the health system here unfavorably to the one they knew in Cuba. In addition, many have strong attitudes against accepting help from the government. Transportation also presents a barrier to care to Miami immigrants, although (as in Los Angeles/Orange County area), some assistance is available to help them get to appointments.

Immigrants in the New York City focus groups reported that they wanted health insurance, but Medicaid either had limited eligibility standards or was too difficult to enroll into. Compared with other study sites, immigrants in New York City had relatively high awareness and use of the Child Health Insurance Program. Many participants spoke about the fear when receiving any aid from the government and its potential effect on citizenship status and their ability to bring family members to the U.S. These barriers to Medicaid coverage, which were reported in all study sites, spanned across the different immigrant groups studied in New York City. Immigrant participants reported other deterrents to obtaining health insurance coverage such as being satisfied with the services they received from local clinics or feeling that they were very healthy and with limited income.

Immigrant respondents in San Antonio reported less access to coverage and health services then other immigrant respondents in the other three cities studied. Very few received Medicaid coverage or were aware of its benefits or of the new Children's Health Insurance Program. There was a higher level of dissatisfaction surrounding receiving government assistance, with many immigrants reporting that they were treated poorly in government programs and that these programs lacked quality. Many of the Mexican immigrants we spoke to received many of their health care services in Mexico because it was more economical and convenient.

B. LOS ANGELES/ORANGE COUNTY

Compared to the other cities visited for this study, immigrant participants in Los Angeles and Orange County report relatively high levels of success in getting coverage as well as services. This area's system of clinics is widely used, since immigrants generally find them easier to get to than a private doctor or a hospital. Furthermore, immigrants report high levels of satisfaction with the services provided by these clinics and the doctors they see—even though they recognize that the system is overburdened, and the transition to managed care was not welcomed. The public clinics are widely praised.

Coverage

Among immigrants in Los Angeles and Orange County, at least some experience with health insurance is common. Many have had insurance through an employer at one time, but then switched jobs and lost their coverage. Others received health coverage from their parents and lost it when they moved away or got married. A large proportion of the immigrants in the California focus groups (especially from the more settled Mexican and Vietnamese communities) manage to get care from Medi-Cal. Full medical, prescription, vision and dental coverage were important benefits cited by immigrants in Los Angeles and Orange County.

"I had (health insurance) through my mom, through her job, four to five years ago. But recently, I had insurance through my stepfather, but I no longer have it [because] I got married."

(Central American, Los Angeles, CA)

"You can't know when you'll be sick. Coverage needs to be more available."

(Vietnamese, Orange County, CA)

"I had insurance through my husband because he was working at the airport. But he left that job, and then I was left without insurance."

(Mexican, Los Angeles, CA)

"Right now I have Medi-Cal just for emergencies, but with the kids, they have complete Medi-Cal. Then since I got in the accident, I haven't been able to work, so I qualify for Medi-Cal, and the kids."

(Mexican, Los Angeles, CA)

"Essentially, I think that's what stopped me, it's been the cost of the insurance, because the one I wanted to continue with, I believe, it was $375 a month."

(Mexican, Los Angeles, CA)

Access

Immigrant participants in Los Angeles and Orange County are fairly comfortable going for routine exams. With the access to clinics, and either Medi-Cal coverage or a payment plan with the provider, these immigrants are more likely than those in other study areas of the country to get regular check-ups. In addition, the nearby Mexican border provides Californian immigrants the option for seeking care outside this country.

"I'm always getting checkups, because I have diabetes; something that I have to take care of. That's why I'm always going to see the doctor." *(Central American, Los Angeles, CA)*

"I go when I get my physical exam every year, my routine exam." *(Central American, Los Angeles, CA)*

When I go to Mexico, I usually get my checkup down there (in Mexico). *(Mexican, Los Angeles, CA)*

Immigrants in the focus groups reported that they prefer clinics to other health care options because of cost factors. The prices are viewed as affordable, encouraging these immigrants to seek needed care. These groups do not see the low cost of services as compromising the quality of care they receive.

"I go to the clinic and they treat me well there. I go with a private doctor also; when one is not available I go to the other. I haven't had problems when they see me at the clinic." *(Mexican, Los Angeles, CA)*

"I go to the clinic because it's a clinic that I believe in—the doctors that are there, they're good. They just charge you $30 for the visit. Then they practically give away medicine." *(Central American, Los Angeles, CA)*

The California focus group immigrants appreciate the doctors and staff, however, they report the clinics are understaffed, leading to long waiting periods for appointments. Though transportation is a common problem for these immigrants, many are aware of transportation services available to them. Immigrants reported that they also wish it were easier to obtain fast and thorough service.

"Yes, because the majority of low-income people go [to clinics]. They always look for a clinic, and there are many people there. The rooms are full. Sometimes they'll give you an appointment, and they'll have 20 persons there." *(Central American, Los Angeles, CA)*

"There's a lot of people at the clinics, and they tell you that you won't be seen quickly, so you'd rather go somewhere else; you want to be seen quickly; depending on the kind of illness you have." *(Mexican, Los Angeles, CA)*

"When I become ill I go to the family doctor, but by the time they get to me, I'm already well again. If I depended on the doctor, the way they take so long, I would be dead." *(Vietnamese, Orange County, CA)*

When asked what they think could improve the health care system, some immigrants focused their suggestions on lowering the high costs of health care for improving access to health care. Others are more concerned about simplifying the enrollment process to make it more manageable.

"For people that are working here and are not residents, have a plan for them. Have insurance that they can pay for at a low cost. That would be a marvelous thing. They're working, and they're paying taxes. I feel that it's unfair that you have undocumented people that are being rejected, and they're the ones that end up paying the highest bills." *(Mexican, Los Angeles, CA)*

"Also, so you don't have to keep coming back, they should indicate what you need to bring when you go see the social worker." *(Central American, Los Angeles, CA)*

"I want to know if I qualify for the coverage that is described. The information should be clear and easy to understand." *(Vietnamese, Orange County, CA)*

C. MIAMI

In Miami, problems with the health care system, limits inherent in Medicaid eligibility, and skepticism among immigrants about the quality of available assistance all combine to yield a population that is not as thoroughly served by public health care as other study sites. In particular, Cuban respondents compare the health system here unfavorably to the one they knew in Cuba. However, many have strong attitudes against accepting help from the government.

Coverage

Although some participants declared that they would not participate in any government-sponsored programs, immigrants interviewed in Miami report that they are able to obtain various forms of government assistance for their children, but this help is limited in duration. Many discussed the problems with trying to obtain Medicaid coverage or private health insurance. For example, some immigrants avoid seeking coverage because they believe it would threaten their ability to sponsor family members.

"I would never like to get assistance. I like to be able to make my own money and do things for myself." *(Cuban, Miami, FL)*

"[We get] WIC also, eggs, cheese, baby food, etc., for the kids. Then after the child is 5 years old, they remove it." *(Cuban, Miami, FL)*

"Even if you're not working, you better forget about getting help if you have people back there that you want to bring in." *(Haitian, Miami, FL)*

"The best thing is to not get ill in this country. If you pay for insurance, the consultation and medicine should be free, because you're paying for the insurance." *(Cuban, Miami, FL)*

Enrollment problems, such as long waits and numerous requirements, are a key factor in the inability of immigrants to enroll in programs. In particular, many immigrants in the Miami focus groups find the Medicaid eligibility limits too low to do them any good.

"I applied for some service, I was given the assistance for 6 months, and at the end of the 6 months, I was sent to the welfare office. There was such a line that I went home. When I called, they said I have to go back and wait in line. And the thing is, you're not even going to get anything done after you go through the line."

(Haitian, Miami, FL)

"When I got here, they never gave me Medicaid, I never got insurance. Tried to. They told me I didn't qualify. I don't know why, because I wasn't working or studying or anything. I had just gotten here."

(Cuban, Miami, FL)

"Once you have something valued over $5,000, you cannot get government assistance. If you have a car, forget it. A car is a necessity; it's not a luxury. Why is it a problem with receiving assistance?"

(Haitian, Miami, FL)

Access

Immigrant participants stated that a lack of coverage impedes their ability to obtain health care services. Miami immigrants find that Medicaid coverage poses two issues: not only is it difficult for them to qualify, but since the program is known to pay doctors very little, fewer doctors are willing to see Medicaid patients. Transportation also presents a barrier to care, although (as in Los Angeles/Orange County area), some assistance is available to help them get to appointments.

"My experience is that here there's a problem when you don't have insurance, because if you don't have insurance, you don't get care. People without insurance are not well treated. For the most part, people don't have the opportunity to have insurance and not everybody qualifies for Medicaid." *(Haitian, Miami, FL)*

"My wife was a doctor in Cuba. She's trying to revalidate here. She said that it's not worth getting Medicaid because Medicaid doesn't pay. They don't accept Medicaid. If things continue like that, people are not going to take Medicaid and it will not exist anymore." *(Cuban, Miami, FL)*

Cuban immigrants in Miami hold a low opinion of the medical professionals in U.S. with which they have experience, and compare local doctors and hospitals unfavorably to those in Cuba. They rate the quality and the motivations of Florida doctors—or at least those who accept Medicaid patients—fairly low. In particular, the managed care aspects of Medicaid are distasteful to some Cuban immigrants in the focus groups, who implicitly compare this lack of choice to the system of government they fled.

"Sometimes a person will say a doctor is very good, but you say, look, I would like that doctor, and then they tell you no, you have to go where I tell you. It's like a dictatorship. [You] need to be able to choose your doctor."

(Cuban, Miami, FL)

"The medical field is a real problem here. I thought people were knowledgeable here, like magicians. My wife and I went to a doctor; we had Medicaid, and didn't know anything. They said we had 20 things wrong, cholesterol, this and that. I thought, 'gee, I came fine from Cuba, never been ill.' It's that Medicaid. They steal your money. Send you to all these places everyday, here and there."

(Cuban, Miami, FL)

D. NEW YORK CITY

Immigrants in the New York City focus groups reported that they wanted health insurance, but Medicaid either had limited eligibility standards or was too difficult to enroll into. Compared with other study sites, immigrants in New York City had relatively high awareness and use of the Child Health Insurance Program. Many participants spoke about the fear when receiving any aid from the government and its potential effect on citizenship status and their ability to bring family members to the U.S. These barriers, to Medicaid coverage, which were reported in all study sites, spanned across the different immigrant groups studied in New York City. Immigrant participants reported other deterrents to obtaining health insurance coverage such as being satisfied with the services they received from local clinics or feeling that they were very healthy and with limited income.

Coverage

Insurance is considered desirable by the New York immigrants in the focus groups. However, many appear to simply accept that they will have to manage without any coverage. This situation is particularly frustrating for the respondents who have some experience with employer-provided insurance. However, many of these immigrants consider themselves too healthy to merit purchasing insurance.

"My employer won't pay for it, because I'm part-time. Now that I'm becoming full-time, maybe I'll have some coverage."
(Cantonese, New York, NY)

"I was working at a job and I had insurance at that job. And then the job closed, and the insurance was cut off. I spent about three years without insurance." *(Haitian, New York, NY)*

"At most, I get sick once a year; just go to Chinatown clinics, mostly colds and flu; never had any serious illness."
(Cantonese, New York, NY)

Compared with other study sites, immigrant participants in New York City show a relatively high awareness and use of the Child Health Insurance Program.

"When you don't have Medicaid, less than 19 years old, [Child Health Plus] always takes care of the kids."
(Dominican, New York, NY)

"From what I understand, Child Health Plus is still Medicaid. Child Health Plus is a part of Medicaid." *(Haitian, New York, NY)*

"Child Health Plus, Medicare, Medicaid are all government sponsored for the lower class." *(Cantonese, New York, NY)*

New York City respondents may not apply for assistance because they believe that they are not eligible under the state's eligibility guidelines given their income levels. In addition, some New York immigrant respondents avoid applying because of mistrust of the government. Furthermore, the Medicaid enrollment process itself poses a significant obstacle.

"I don't know if I'm eligible for that kind of service; you have to have certain level of income." *(Cantonese, New York, NY)*

"Well, I don't see myself trusting myself to the government. I don't want the government to take care of me. I want to work and be able to take care of myself. I don't want [the government] to take care of me." *(Haitian, New York, NY)*

"If you really, absolutely have no money, then it's very easy for you to get help; but if you have a little bit of money, it's very hard; they checked all my bank accounts, everything I have, and I didn't have that much, so they just gave it to me."
(Cantonese, New York, NY)

The attitude of eligibility workers, who are seen as overworked, discourages potential applicants. Some see these enrollment barriers as discriminatory.

"Too many forms to fill out; a lot of times the interviewing, the process, is difficult." *(Cantonese, New York, NY)*

"And then every six months you have to renew it, and then every time you renew it, even if they have your files, they're always asking you for new documentation." *(Haitian, New York, NY)*

"Or maybe they want to give it to you, but they don't want to make any mistakes, because there are lot of people who are not straight with them. People don't want to be straight with them, because this is something free, and they have to make sure that you're qualified. But there are the people who are not straight. There will always be people who are not straight. That is why it is free." *(Haitian, New York, NY)*

Further, worries that seeking assistance could endanger their citizenship status dissuade many New York immigrants in the focus group—from many communities—from applying for assistance. Others expect to be required to repay the cost of the assistance after they become naturalized citizens. As in Florida, many of these immigrants strive to bring family members to this country, and therefore avoid seeking assistance that might interfere with this goal.

"I think they should just increase their manpower; they don't have enough people to help the public; they just yell at you because they get so frustrated." *(Cantonese, New York, NY)*

"They don't want to give aid to immigrants. They don't want to encourage immigrants to remain in the country. For that reason, they don't give them access to health care." *(Haitian, New York, NY)*

To improve access to health care coverage, New York City respondents suggest increasing the level and types of health care assistance available to those applying for or using the system.

"If you want to get a green card or citizenship, don't ask for that much. Don't ask for too many benefits from the government so it doesn't affect your status to become a citizen. That's a problem for us because we don't want to ask for too much service or assistance from government." *(Cantonese, New York, NY)*

"Immigrants that are not citizens yet, if you receive aid and benefits, once you become a citizen, they will calculate how much benefit you had before you became citizen and ask you to give it back." *(Cantonese, New York, NY)*

"When you're going to send a petition for people in Haiti, that gives you problems. Sometimes people could have benefited from these programs, but because they know that they have to petition for people back home, for children or for a sister, they have to refrain from going on welfare." *(Haitian, New York, NY)*

Others, particularly those who are working, direct their suggestions at adjusting eligibility limits to realistically reflect their economic situation.

"There has to be someone designated to answer questions. This person must be available and knowledgeable when I call."
(Cantonese, New York, NY)

"They're asking people for too many documents. When they ask you for so many papers, then you get discouraged, and then you don't go after the Medicaid, and then you can stay there and die." *(Haitian, New York, NY)*

"[It's] unfair that they look into your last three years of bank savings. Perhaps one year I had a lot of money, but then my business failed and I lost all the money, and then I don't have the money for a serious illness. They don't take an average over the three years. They look each year. Even if you have one month over the limit, you're ineligible. Very unfair."
(Cantonese, New York, NY)

"I would say that people who work and don't have benefits, they should have one kind of health care that doesn't cost $300 to $500 a month and it should help them; they should pay a monthly payment but get health insurance."
(Dominican, New York, NY)

Access

Depending on their prior experience, immigrant participants in New York either find the health care system here difficult and expensive, or alternately, consider the level of assistance offered here to be superior to their country of origin.

"It's more economical in the Dominican Republic to get medical service than here; cheaper there for medical attention if you don't have any kind of assistance." *(Dominican, New York, NY)*

"A lot of people who are born in this country, American, do not know about the benefits that there are in this country."
(Haitian, New York, NY)

"If the government can help us, it's very logical. It's very moving because in China they say 'give me your money,' and you don't feel moved at all." *(Cantonese, New York, NY)*

Chinese respondents in New York make wide use of the system of clinics. The quality and low cost of these clinics makes them a more attractive option that purchasing insurance, and may decrease

some immigrants' motivation to overcome the barriers to enrolling in Medicaid. In New York, low-income immigrants appear to use emergency rooms for emergencies and not for minor illnesses. As a consequence of lacking insurance, many immigrant respondents do little in the way of routine care and prevention, though some do seek checkups. Use of home remedies is also common.

"I think if I'm really sick, I'll go to those private clinics in Chinatown; maybe $100–200, but still less expensive than buying insurance." ***(Cantonese, New York, NY)***

I don't have enough money to buy insurance coverage, and if I'm seriously sick, I just bite the bullet and go to the hospital and repay debt slowly. ***(Cantonese, New York, NY)***

"I don't because even if you go to Chinatown, they still charge you over $100 and I don't know where to go." ***(Cantonese, New York, NY)***

"Every six months I go to a private doctor and get a complete checkup." ***(Dominican, New York, NY)***

"I'm from Dominican, we always used orange with a type of tea [when we were sick]." ***(Dominican, New York, NY)***

E. SAN ANTONIO

Immigrant respondents in San Antonio reported less access to coverage and health services then other immigrant respondents in the three cities studied. Very few received Medicaid coverage or were aware of its benefits or of the new Children's Health Insurance Program. There was a higher level of dissatisfaction surrounding receiving government aid, with many immigrants reporting that they were treated poorly in government programs and that government programs lacked quality. Many of the Mexican immigrants we spoke to received many of their health care services in Mexico because it was more economical and convenient.

"For a long time, in 1992 when I wasn't pregnant, I thought that Medicaid was only for alone women, a separate woman, that have been abandoned by their husband. They never told you that the other type of people would qualify."
(Mexican, San Antonio, TX)

"The system is very low; there is no quality. In other words, if you go where they take care of animals, they are treated better than you are."
(Mexican, San Antonio, TX)

"Some people are very ashamed. Even though I am handicapped, I am embarrassed to go and ask for government assistance."
(Mexican, San Antonio, TX)

Coverage

Most Mexican immigrants interviewed in this study have had some form of government aid, ranging from food stamps to WIC, but relatively few have Medicaid, and none of these immigrants were aware of the new Children's Health Insurance Program. Furthermore, many of these immigrants show little to no awareness of how the public assistance programs work. Those that did know the system are extremely unhappy with it and hold it in low regard. Most of the suggestions for improving the system offered by Mexican immigrants interviewed in San Antonio pertain to improving the Medicaid application process.

"I want to expedite, prompt service, and a system that would cover all the family, not only the worker or the mother or the children, but to the whole family."
(Mexican, San Antonio, TX)

"Not to set up so many obstacles so people don't get confused. Also, remove the fear, because we have the fear of so much paperwork, so many prerequisites and so many obstacles. Make it easier, smoother."
(Mexican, San Antonio, TX)

"I would make a list of the minimum requirements for the application and I would design a method of payment that is moderate depending on your income, and provide a list of doctors to choose from."
(Mexican, San Antonio, TX)

Access

Mexican immigrant respondents in San Antonio express satisfaction with the care available through local clinics, although some are not enthusiastic about the service. These immigrants, lacking resources and coverage, avoid routine care unless they have the option to have it done in Mexico. They consider the health care they receive in the U.S. inadequate and it is easier to rely on care south of the border. Even though San Antonio immigrants in the focus groups consider state health care to be poor, many envy the technology available through receiving health care in the U.S.

"I go to Clinical Envirio. I have never had any problem. They have a real good emergency room. And I have always taken my children there and never had any problem. And if the child is very sick, the child is sent to the hospital. I have never had a problem." ***(Mexican, San Antonio, TX)***

"They give you a set time for your appointment, and they should respect it. They tell you be here 15 minutes before your set time. So you arrive 15 minutes before, and they still make you wait two hours." ***(Mexican, San Antonio, TX)***

"We don't go for check-ups because later on they send a huge bill." ***(Mexican, San Antonio, TX)***

"I do my medical checkup, but not here. I go to Mexico to have it done there, because it's cheaper and faster." ***(Mexican, San Antonio, TX)***

"In Mexico, since they know that you're going to pay cash, they take care of you immediately. Doctors here work slowly because the longer they take, the more money they charge. In Mexico, you go in and go out, and have everything done in the same visit, and out." ***(Mexican, San Antonio, TX)***

III. THE HEALTH CARE PROVIDER PERSPECTIVE

A. SERVING A VERY VULNERABLE POPULATION

Directors of health care centers who serve immigrant populations tend to disproportionately serve those immigrants with the least resources—the newest arrivals, those with the lowest income, those with fewer English skills, and those with less-established family or community networks. Certain communities—e.g., Central Americans in Southern California—are younger in average age, though many health centers continue to serve older members of immigrant communities (such as Mexicans and Cubans) who have been in the country longer.

"[We serve] more from Guatemala and Mexico in L.A.; most of the older immigrants are from the northern states and Mexico; more indigenous people." ***(Provider)***

"More undocumented Nicaraguans, Salvadorans, more so that stretch of Central American than South America; Cubans, Haitians; most undocumented." ***(Provider)***

Some providers view their situation through a political prism, seeing their challenges as a consequence of society's attitude toward poor people. They feel their efforts to provide health care for poor people are a decreasing priority among the general public and policymakers.

"Poor people usually don't have too much to say about changes, the political system, because they don't vote. Need to try to consolidate our health care system, try to outreach those people with more education, so they know what services they can access and what their rights are." ***(Provider)***

"I don't think that the community really realizes how important the community health centers are to the health care for poor in respect to communities. When I say community, I include the politicians, the representatives, in those areas. It's true in our area. They just don't have any idea. Part of the process [is] to try to start engaging these people and making them advocates in Washington … We, as a network of community health centers, need to be more collaborative, more cooperative, need to realize that we're all doing the same things." ***(Provider)***

Providers who serve various immigrant communities notice important differences between them. Newer immigrants and their communities do not understand as much about the Medicaid enrollment process as do more established communities—and are therefore more likely to be uninsured.

B. LACK OF RESOURCES

Health care providers in the focus group reported that resources for their clinics are increasingly strained. Providers spoke of the challenges of a growing uninsured population coupled with the mission (and in many cases federal regulations) to not turn away anyone in need of services. They also reported that the number of patients coming to their clinics, including immigrants who have been able to obtain Medicaid coverage, are overwhelming and have been increasing. These health providers are concerned that they meet all of the needs of their patients, especially certain services and benefits such as prescriptions, mental health and dental care.

"Certain ethnic groups have excellent community-based organizations, wonderful resources to get entitlements. Some of the newer immigrant groups I think are having a terrible time. As a newer group comes into the society, it's a very difficult thing to form their own community-based organization, etc. It takes usually years … before they get their own organization, and to build up trust and disseminate that information. Some groups are coming in so fast, they don't have the structure." ***(Provider)***

"The law basically says you can't turn anyone away, but that's silly; we're all trying to say we're open to everybody, but we can't be, it's impossible, we've been capped for 10 years with the same money as the uninsured has grown." ***(Provider)***

"And we as community health centers need more resources, especially in these areas where we are heavy in immigration, different cultures, all kinds of changes that are taking place in the population, in NYC, Miami, L.A. Those are the focuses where many of these immigrants are going and we are completely overwhelmed. See 400–500 people a day, and we could see 300 more people that are waiting there." ***(Provider)***

When asked, these providers converge on one primary recommendation: more resources for their clinics. Typically, the providers wished to be paid more for the clients they see and to have policy changes to decrease the number of uninsured. Their clientele is growing, and changing—they serve an increasingly poor and immigrant patient base. Some express concern that recent restructuring of Medicaid and other public programs will further erode their ability to fulfill their mission. They spoke of concern over recent changes to make fewer immigrants likely to have Medicaid coverage, and thus causing them to provide care for more patients that are uninsured. In particular, they observe that reductions in the number of immigrants and other poor who have insurance (public or private) threaten the health centers' economic viability.

IV. CONCLUSIONS

These focus groups highlight the difficult challenges immigrants' face in obtaining health care coverage and access to care. Many participants lack awareness and understanding of public programs such as Medicaid and the Children's Health Insurance Program, creating barriers to obtaining coverage in an already fragmented insurance system. Eligibility rules that result in some immigrants qualifying for coverage while others do not compound the complexity of obtaining coverage and were clearly confusing for focus group participants. While Medicaid is a valued program to immigrant groups, barriers such as administrative hurdles, language difficulties, accessibility, and eligibility standards deter enrollment.

In addition, these immigrant participants face barriers in navigating the health care system. Respondents frequently spoke of foregoing or postponing needed care because of the costs and language barriers. Assuring that immigrant populations know how to access care, are able to communicate with health care providers, and understand their diagnosis and treatment is critical for adequate health care.

Many immigrants arrive in the U.S. to a very different world—faced with challenges in adjusting to a new and complex society where systems of health care coverage and access to services may be very different from their native country. The complexity of the policy environment compounds the difficulties facing new arrivals to this country. Recent policies treating new immigrants differently from both existing immigrants and citizens create additional confusion and complexity for immigrants who need Medicaid and other public benefits. Additional factors such as language, poverty, country of origin, discrimination, and type of employment also contribute to immigrants faring poorly in regard to health care coverage and access. As policymakers discuss the nation's growing number of uninsured and issues of access and quality, the plight of the non-citizen U.S. population will need to be addressed.

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