Addressing the Needs of Immigrant Patients with Experiences of Homelessness – Tools for Best Practice

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2023 NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE & POLICY SYMPOSIUM

Land Acknowledgement

We would like to acknowledge that the land on which we meet in Baltimore is the original homelands of of the Piscataway and Susquehannock peoples who have been stewards of this land for hundreds of generations. We recognize the more than 7,000 indigenous peoples in Baltimore City, including the Piscataway, Lumbee, and Eastern Band of Cherokee peoples. We also affirm that this acknowledgement is insufficient and does not undo the harms that have been, and continue to be, done.

Upstander Project: We Are On Indigenous Land

BOSTON HEALTH CARE *for the* HOMELESS PROGRAM

Learning Objectives

1. Recognize immigration as a social driver of health
2. Discuss approaches to ensure immigrant patients feel safe and welcome
3. Learn to empower immigrant patients with resources and legal options

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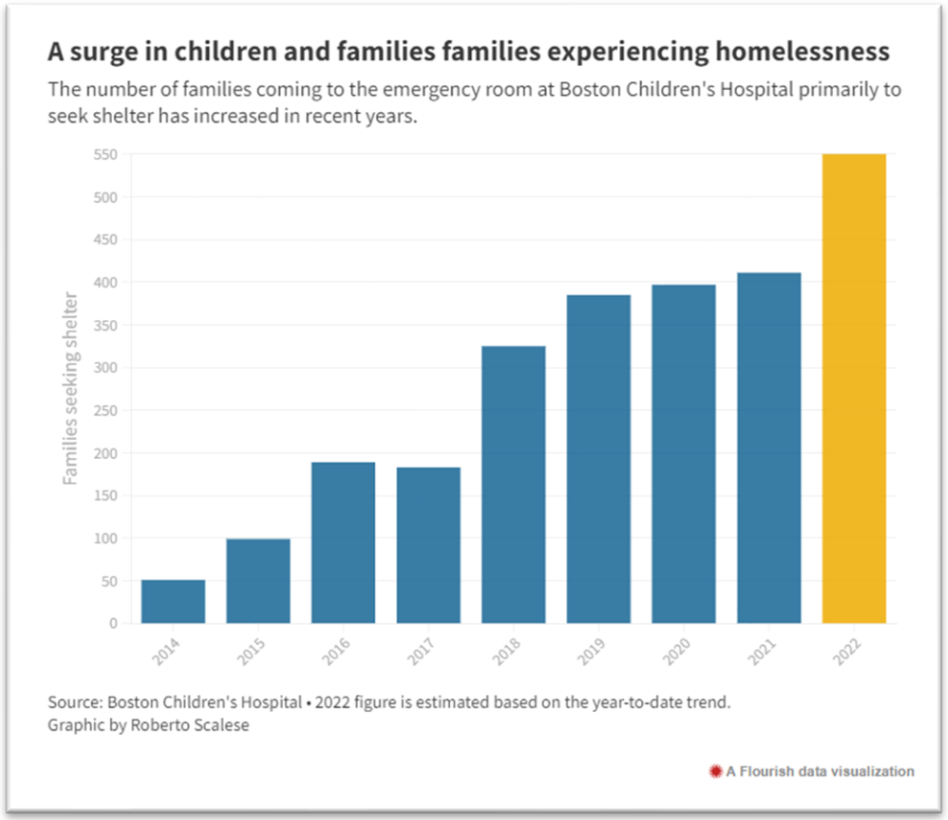
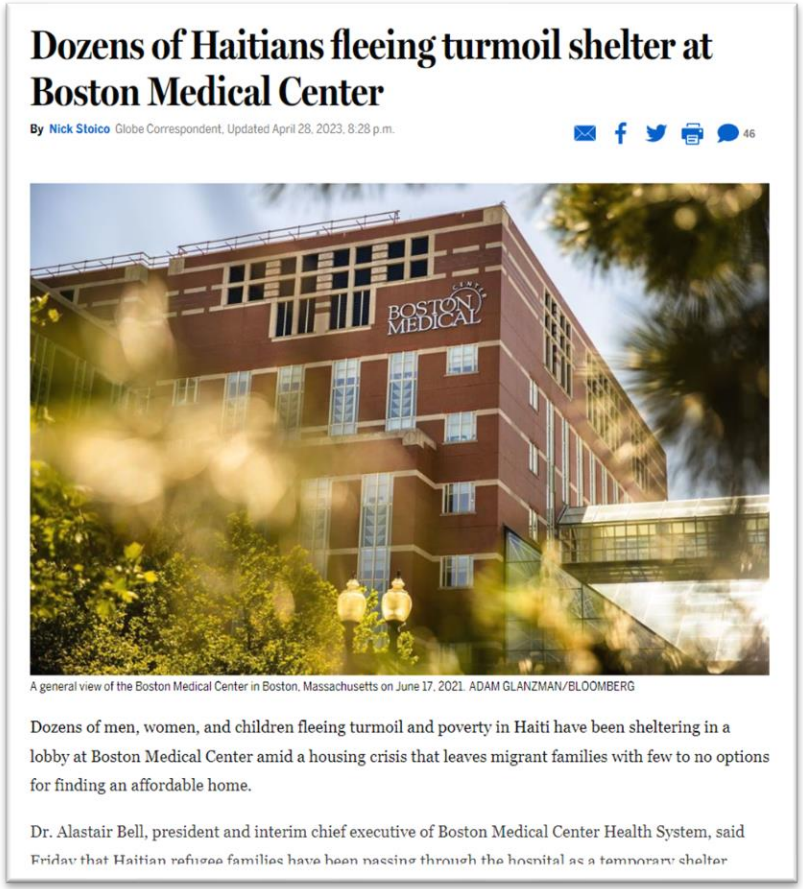
Introduction

OUR CURRENT ENVIRONMENT

BOSTON HEALTH CARE *for the* HOMELESS PROGRAM

EDs, Migrants and Homelessness





Dozens of Haitians fleeing turmoil shelter at Boston Medical Center

By Nick Stoico Globe Correspondent, Updated April 28, 2023, 8:28 p.m.

A general view of the Boston Medical Center in Boston, Massachusetts on June 17, 2021. ADAM GLANZMAN/BLOOMBERG

Dozens of men, women, and children fleeing turmoil and poverty in Haiti have been sheltering in a lobby at Boston Medical Center amid a housing crisis that leaves migrant families with few to no options for finding an affordable home.

Dr. Alastair Bell, president and interim chief executive of Boston Medical Center Health System, said Friday that Haitian refugee families have been passing through the hospital as a temporary shelter

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URBAN INSTITUTE

Amid Confusion over the Public Charge Rule, Immigrant Families Continued Avoiding Public Benefits in 2019

Hamutal Bernstein, Dulce Gonzalez, Michael Karpman, and Stephen Zuckerman

May 2020

The current administration's new "public charge" rule took effect in February 2020, significantly expanding the criteria for determining whether applicants for permanent residency, or green cards, may be denied based on past or potential use of government benefit programs. Even before the rule took effect, evidence shows the proposed rule produced widespread chilling effects nationally, meaning eligible immigrant families—including those who would not be subject to the rule—avoided enrolling in public benefit programs for fear of immigration consequences (Bernstein et al. 2019; Bernstein, McTarnaghan, and Gonzalez 2019; Straut-Eppsteiner 2020; Tolbert, Artiga, and Pham 2019).

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Title 42

US public health law: March 2020 - **May 2023**

- Rapid expulsion of unauthorized migrations because of the COVID-19 pandemic
- Essentially eliminated asylum at the border
- Resulted in more than 750,000 expulsions
- Humanitarian consequences
- “There is no public health rationale to categorically exclude asylum seekers while millions of other travelers cross the order without testing or contact tracing.” – Physicians for Human Rights

What is Title 42?

Title 42 comes from a 1944 public health law to prevent the spread of communicable disease. It was implemented in March 2020 by the U.S. Centers for Disease Control and Prevention. The CDC order empowered border enforcement agencies to remove migrants crossing into the United States, including those hoping to apply for asylum, which is their right under U.S. law and international treaty.

FILE – Migrants sent back to Mexico pass their time at an encampment yards away from the border, while many hope to be allowed into the U.S. when Title 42 is lifted, in Reynosa, Mexico, April 1, 2022.

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Immigration as a social driver of health

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Case #1: Raul

Raul is a 23 yo Spanish-speaking man from Mexico. He previously worked in a crowded, poorly-ventilated factory in Mexico. He traveled to the US without status to support his parents and siblings in Mexico. He rode the train “La Bestia” north through Mexico during the winter months and was exposed to the elements. After crossing the border, he was unable to walk, and police took him to a hospital where he was admitted for treatment of frostbite and active TB. He was then discharged to a homeless shelter where he presented to a shelter-based clinic.

Case #1: Breakouts

Raul is a 23 yo **Spanish-speaking** man from Mexico. He previously worked in a crowded, **poorly-ventilated factory** in Mexico. He traveled to the US **without status** to support his parents and siblings in Mexico. He rode the train "La Bestia" north through Mexico during the winter months and was **exposed to the elements**. After crossing the border, he was unable to walk, and **police** took him to a hospital where he was admitted for treatment of frostbite and active TB. He was then discharged to a **homeless shelter** where he presented to a shelter-based clinic.

1. Reflect on both the opportunities and challenges Raul faced in his **country of origin**. What is he leaving behind and how could that impact him later in his life?

2. Reflect on Raul's **migration**. What kinds of challenges might he have faced along the route?

3. What sort of access to supports and services might Raul have when he arrives in the **US**?

Social Drivers of Health

Medical care alone cannot improve overall health w/o addressing where and how patients live.

Economic and social conditions that shape the health of individuals and communities:

- Housing, food insecurity, employment, transportation, education, immigration status

IOM. *Disparities in Health Care: Methods for Studying the Effects of Race, Ethnicity, and SES on Access, Use, and Quality of Health Care*, 2002.

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Immigration as a Social Driver of Health

Economic Stability	Neighborhood, Built Envirnmt	Education	Food	Community, Social Context	Healthcare System
• Employment • Income • Debt • Medical bills • Expenses • Support	• Housing • Transportation • Safety • Walkability • Parks, playgrounds • Zip code, geography	• Literacy • Language • Early childhood education • Vocational training • Higher education	• Hunger, food insecurity • Access to healthy options	• Community engagement • Support systems • Racism , discrimination • Stress • Policing and immigration policies	• Insurance coverage • Provider availability, language competency, cultural humility • Quality of care

Health Outcomes: mortality, life expectancy, morbidity, health status, functional limitations, healthcare expenditures

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Postville, Iowa Raid (2008)

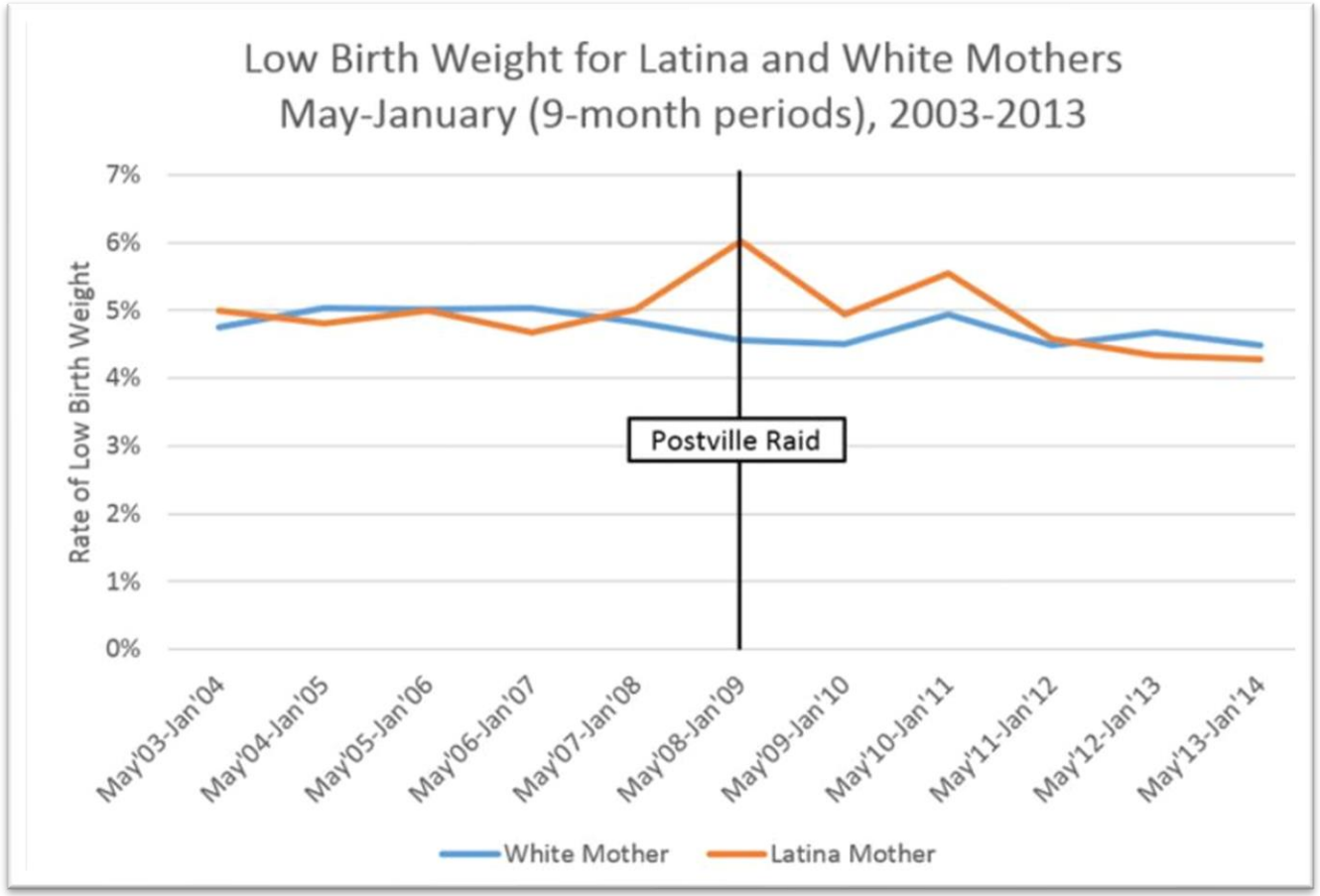

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TABLE 1

Overview of Immigrant Eligibility for Federal Programs

This table provides an overview of immigrant eligibility for the major federal public assistance programs. Some states provide assistance to immigrants who are not eligible for federally funded services. (TABLE REVISED OCT 2021*)

PROGRAM	"QUALIFIED" IMMIGRANTS WHO ENTERED THE U.S. BEFORE AUG. 22, 1996	"QUALIFIED" IMMIGRANTS WHO ENTERED THE U.S. ON OR AFTER AUG. 22, 1996	"NOT QUALIFIED" IMMIGRANTS
Supplemental Security Income (SSI)	**Eligible only if:** • Receiving SSI (or application pending) on Aug. 22, 1996 • Qualify as disabled and were lawfully residing in the U.S. on Aug. 22, 1996[1] • Lawful permanent resident with credit for 40 quarters of work[1,2] • Were granted refugee or asylum status or withholding of deportation/removal, Cuban/Haitian entrant, or Amerasian immigrant, but only *during first 7 years after status was granted* • Veteran, active duty military; spouse, unremarried surviving spouse, or child[1] • Certain American Indians born abroad	**Eligible only if:** • Lawful permanent resident with credit for 40 quarters of work[2] (but must wait until 5 years after entry before applying) • Were granted asylum or refugee status or withholding of deportation/removal, Cuban/Haitian entrant, Amerasian, victim of trafficking, or Iraqi or Afghan special immigrant status,†† but only *during first 7 years after status was granted* • Veteran, active duty military; spouse, unremarried surviving spouse, or child[1] • Certain American Indians born abroad	**Eligible only if:** • Receiving SSI (or application pending) on Aug. 22, 1996 • Certain American Indians born abroad • Victims of trafficking and their derivative beneficiaries during the first seven years after status was granted
Supplemental Nutrition Assistance Program (SNAP)	**Eligible only if:** • Were granted refugee or asylum status or withholding of deportation/removal, Cuban/Haitian entrant, or Amerasian immigrant • Have been in "qualified" immigrant status for 5 years [1] • Are receiving disability-related assistance[1, 4] • Lawful permanent resident with credit for 40 quarters of work • Were 65 years or older and were lawfully residing in the U.S. on Aug. 22, 1996[1] • Veteran, active duty military; spouse, unremarried surviving spouse, or child[1] • Member of Hmong or Laotian tribe during the Vietnam era,	**Eligible only if:** • Are under age 18[3] • Were granted asylum or refugee status or withholding of deportation/removal, Cuban/Haitian entrant, Amerasian, victim of trafficking, or Iraqi or Afghan special immigrant status†† • Have been in "qualified" immigrant status for 5 years[1] • Are receiving disability-related assistance[1, 4] • Lawful permanent resident with credit for 40 quarters of work • Veteran, active duty military; spouse, unremarried surviving spouse, or child[1] • Member of Hmong or Laotian tribe during the Vietnam era,	**Eligible only if:** • Member of Hmong or Laotian tribe during the Vietnam era, when the tribe militarily assisted the U.S., spouse, surviving spouse or child of tribe member, *who is lawfully present in the U.S.* • Certain American Indians born abroad • Victims of trafficking and their derivative beneficiaries

* Table last systematically updated in 10/11. Endnote 6 (p. 4) revised 2/14; note 10 last revised 8/15; note 8 last revised 4/21; note 7 last revised 7/21. Revisions made to the table in 1/17: "Are under age 18" deleted from SNAP row in "before Aug. 22, 1996" column (p. 1); *and* "and 'qualified' abused spouses and children" deleted from HUD row (under "Eligible except:") in "before Aug. 22, 1996" and "on or after Aug. 22, 1996" columns (p. 3). Revisions made in 1/21: "Citizens of Micronesia, the Marshall Islands, and Palau," and accompanying footnote, added to "Full-Scope Medicaid" row in "on or after Aug. 22, 1996" and "Not Qualified Immigrants" columns (p. 2); and "Individuals who lawfully reside in the U.S. pursuant to a Compact of Free Association (COFA) are considered "qualified" immigrants for purposes of Medicaid" added to definition of "'qualified' immigrants" (p. 4).

†† Iraqi and Afghan special immigrant visa holders (SIV) and special immigrant parolees (who have applied for SIV status) are eligible for federal benefits to the same extent as refugees. Other Afghans granted parole between July 31, 2021, and September 30, 2022 — and their spouses and children, and parents/guardians of unaccompanied children granted parole after that date — also are eligible for federal benefits to the same extent as refugees. Eligibility for this group continues until March 31, 2023, or the end of their parole term, whichever is later. *(This note added 10/4/21.)*

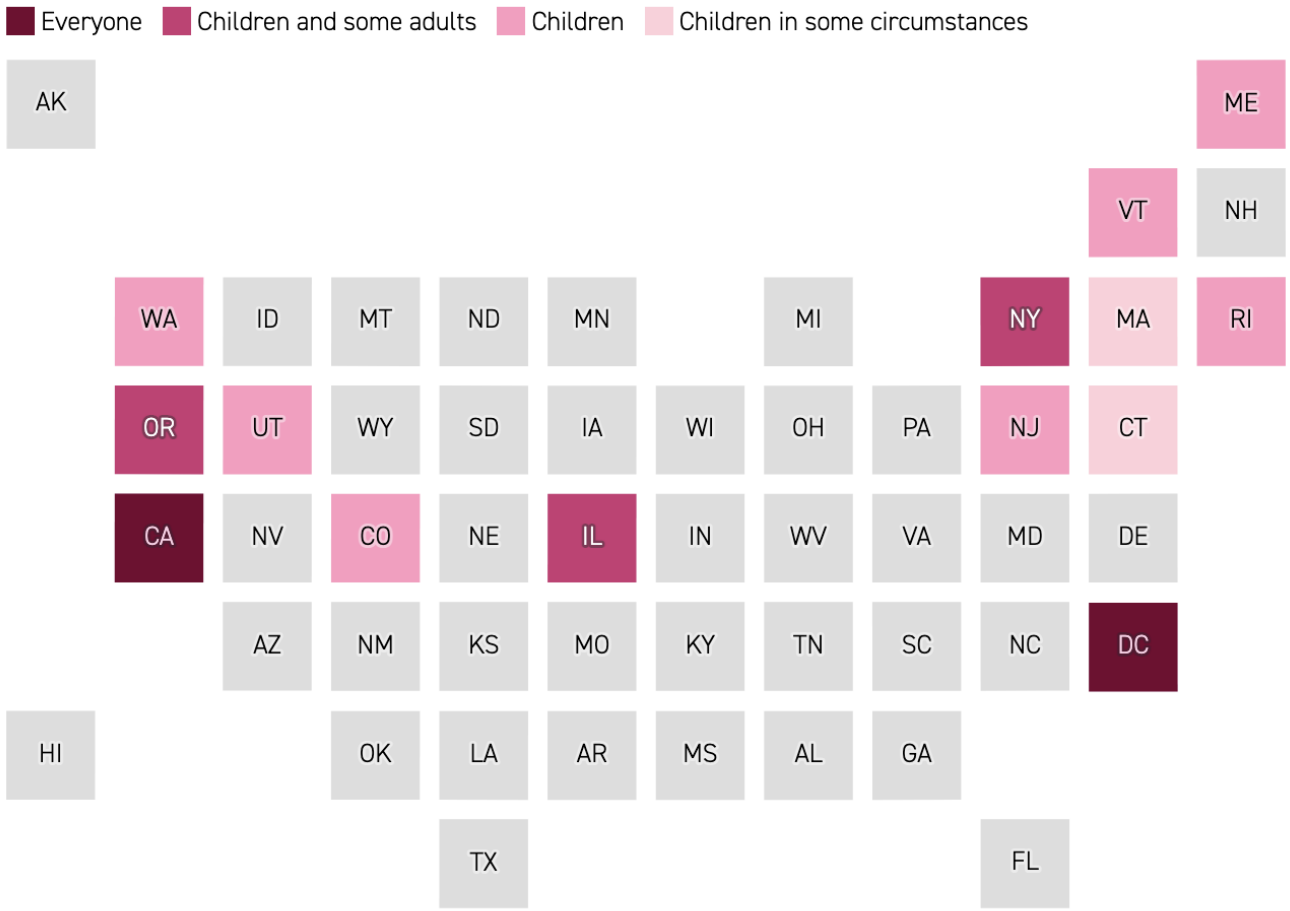
PROGRAM	"QUALIFIED" IMMIGRANTS WHO ENTERED THE U.S. BEFORE AUG. 22, 1996	"QUALIFIED" IMMIGRANTS WHO ENTERED THE U.S. ON OR AFTER AUG. 22, 1996	"NOT QUALIFIED" IMMIGRANTS
	when the tribe militarily assisted the U.S.; spouse, surviving spouse, or child of tribe member[1] • Certain American Indians born abroad	when the tribe militarily assisted the U.S.; spouse, surviving spouse, or child of tribe member[1] • Certain American Indians born abroad	
Temporary Assistance for Needy Families (TANF)	**Eligible** [1, †]	**Eligible only if:** • Were granted asylum or refugee status or withholding of deportation/removal, Cuban/Haitian entrant, Amerasian, victim of trafficking, or Iraqi or Afghan special immigrant status[5, ††] • Veteran, active duty military; spouse, unremarried surviving spouse, or child[1] • Have been in "qualified" immigrant status for 5 years or more[1, 5]	**Eligible only if:** • Victims of trafficking and their derivative beneficiaries
Emergency Medicaid (includes labor and delivery)	**Eligible**	**Eligible**	**Eligible**
Full-Scope Medicaid	**Eligible** [6, **]	**Eligible only if:** • Were granted asylum or refugee status or withholding of deportation/removal, Cuban/Haitian entrant, Amerasian, victim of trafficking, or Iraqi or Afghan special immigrant status[7, ††] • Veteran, active duty military; spouse, unremarried surviving spouse, or child[1] • Receiving federal Foster Care • Have been in "qualified" immigrant status for 5 years or more[1, 7] • Citizens of Micronesia, the Marshall Islands, and Palau** • Children under 21 (state option)[10] • Pregnant women (state option)[10]	**Eligible only if:** • Were receiving SSI on Aug. 22, 1996 (in states that link Medicaid to SSI eligibility) • Certain American Indians born abroad • Citizens of Micronesia, the Marshall Islands, and Palau** • Victims of trafficking and their derivative beneficiaries • Lawfully residing children under 21 (state option)[10] • Lawfully residing pregnant women (state option)[10]
Children's Health Insurance Program (CHIP)	**Eligible**	**Eligible only if:** • Were granted asylum or refugee status or withholding of deportation/removal, Cuban/Haitian entrant, Amerasian, victim of trafficking, or Iraqi or Afghan special immigrant status††	**Eligible only if:** • Victims of trafficking and their derivative beneficiaries • Lawfully residing children under 21 (state option)[10] • Lawfully residing pregnant women (state option)[8, 10]

† In Mississippi, TANF is available to immigrants who entered the U.S. prior to Aug. 22, 1996, only if they are: (1) LPRs credited with 40 quarters of work; or (2) veterans, active-duty military (and their spouse, unremarried surviving spouse, or child); or refugees, asylees, people granted withholding of deportation/removal, Cuban/Haitian entrants, victims of trafficking, or Amerasian immigrants during the first five years after obtaining this status. *(This note added 6/30/16.)*

** Individuals who lawfully reside in the U.S. pursuant to a Compact of Free Association (COFA) are eligible for Medicaid, if otherwise eligible, and are considered "qualified" immigrants for purposes of Medicaid eligibility. *(This note added 1/5/21.)*

More states are providing state-funded Medicaid to low-income residents regardless of immigration status

States that have passed laws to offer Medicaid to undocumented residents



Note: Coverage expansions for children in Colorado and Utah, as well as for adults aged 26 to 49 in California, have yet to take effect. This map also does not show pregnancy and postpartum coverage for undocumented immigrants.
Source: KFF; POLITICO analysis of state laws
Megan Messerly/POLITICO

POLITICO, 5/9/23

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Safe and welcoming practices

CARE OF LIMITED-ENGLISH PROFICIENCY PATIENTS

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Case #2: Sara

Sara is a Spanish-speaking 38 yo woman with end-stage liver disease. She calls the clinic multiple times but the person answering the phone does not speak Spanish. Sara decides to go to the clinic in person. Sara is asked to wait until a Spanish-speaking team member can assist, at which point she is finally added to the provider schedule. Sara asks the provider about herbal remedies and mentions dietary changes she has been trying to alleviate her abdominal pain. She is unable to recall what medications she is taking and has a long med list in the EMR including immune-suppressing medications. All prescription information is written in English only.

Case #2: Breakouts

Sara is a **Spanish-speaking** 38 yo woman with end-stage liver disease. She **calls the clinic multiple times** but the person answering the phone does not speak Spanish. Sara decides to go to the **clinic in person**. Sara is **asked to wait** until a Spanish-speaking team member can assist, at which point she is finally added to the provider schedule. Sara asks the provider about herbal remedies and mentions dietary changes she has been trying to alleviate her abdominal pain. She is unable to recall what medications she is taking and has a long med list in the EMR including immune-suppressing medications. All **prescription information is written in English** only.

1. What **resources** could have made it easier for Sara to access care, and what are the costs/benefits of each?

2. Try to place yourself in Sara's position: what might have she been **thinking and feeling** as she navigated through this clinical space and interaction?

3. What are **safety considerations** for the medical team in supporting Sara?

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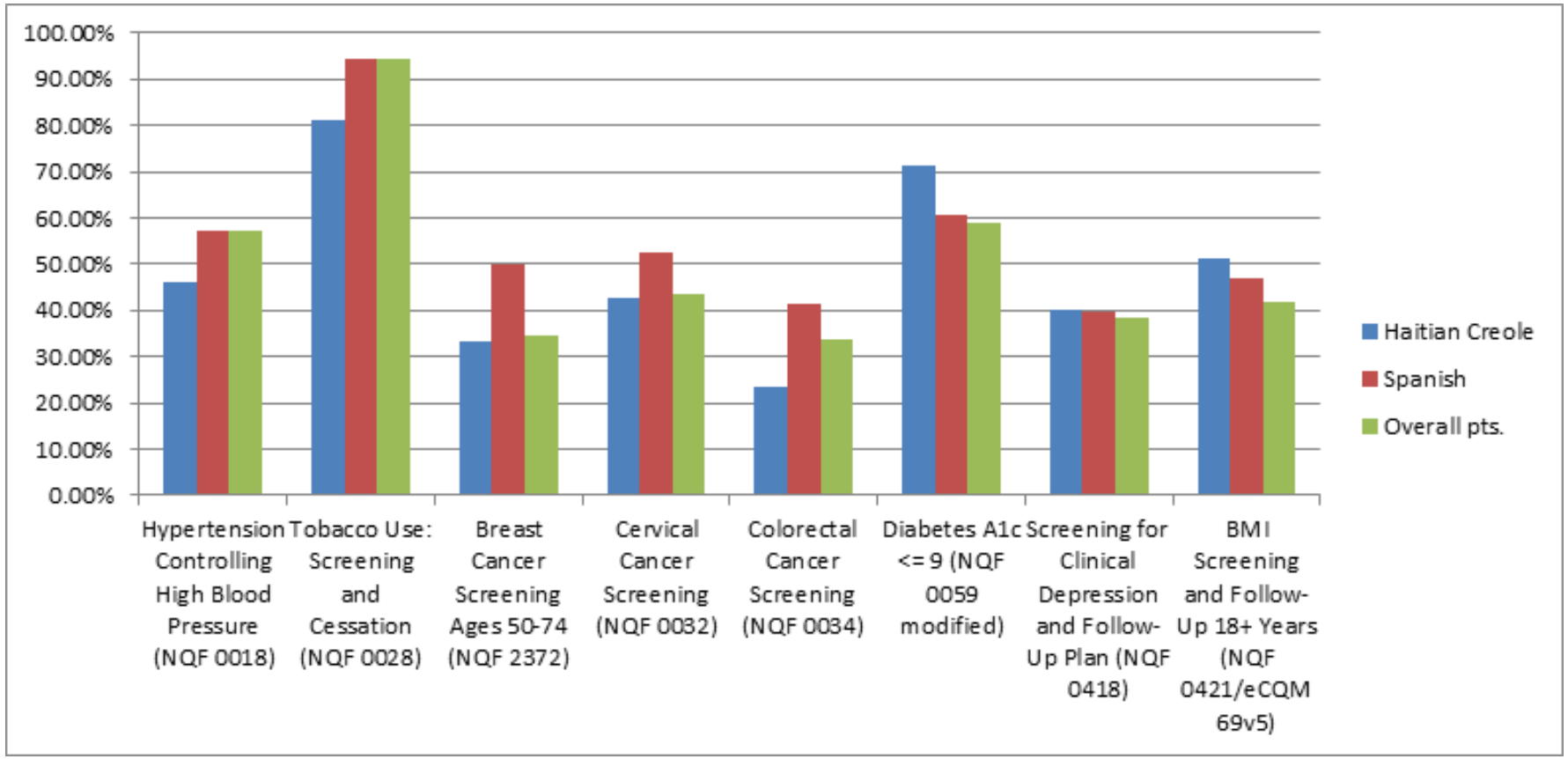
BHCHP Quality Data by Language (2017)



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Using Interpreters is a Legal Mandate

Interpreter services must be provided to patients with limited-English proficiency free of charge

- Mandated by Title VI of 1964 Civil Rights Act
- 2016 Affordable Care Act
- National Standards on Culturally and Linguistically Appropriate Services

DeCamp LR, Kuo DZ, Flores G, O'Connor K, & Minkowitz CS, *Pediatrics*, 2013

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Importance of Using Interpreters

Using ‘ad hoc’ interpreter can lead to gaps in communication and unsafe care

- More frequent miscommunications
- Higher risk clinical errors
- **Avoid using staff member for quick interpretations** –***may not be clinically trained, not insured, detracts from their assigned work***

Imperative to use professional interpreter if provider is not fluent

- Fewer clinical errors -> reduces disparities

Wilson, Chen, Grumbach, Wang, Fernandez . *J Gen Intern Med* 2005

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How to Use an Interpreter

- Make sure patient is aware of right to free interpreter
- Avoid attempting to “get by” or use bilingual staff without training
- Use triangle formation
- Introduce interpreter to the patient
- Talk directly to the patient
- Pause intermittently to allow interpreter to speak
- Avoid medical jargon, figures of speech, and acronyms
- Ask short, direct questions
- Avoid thinking out loud
- Ask patient to summarize
- Document: language, interpreter name, if patient declines or unable to obtain interpreter

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Clinical Practices

- Language
- Signage
- Policies
- EMR Documentation
- Engaging Patients

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Language Matters: Words affect thought, thoughts affect action

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Welcoming Our Patients

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At Boston Health Care for the Homeless Program we believe that **everyone has the right to health care**. We believe that anyone's ability to receive health care or to obtain medications should not be affected by skin color, language, religion, immigration status, gender identity, or sexual orientation. Know our clinics are safe spaces for everyone. We respect our patients' privacy and do not share your personal health information with immigration authorities or anyone else unless we are required by law to do so. We believe the diversity of our patients and staff is what makes our program rich and our work meaningful. We do not tolerate hate speech or acts in our clinics or in our work environment. If you feel afraid, threatened or harassed in any way while in our care please let a staff member know immediately. **Your safety and well-being is our priority.**

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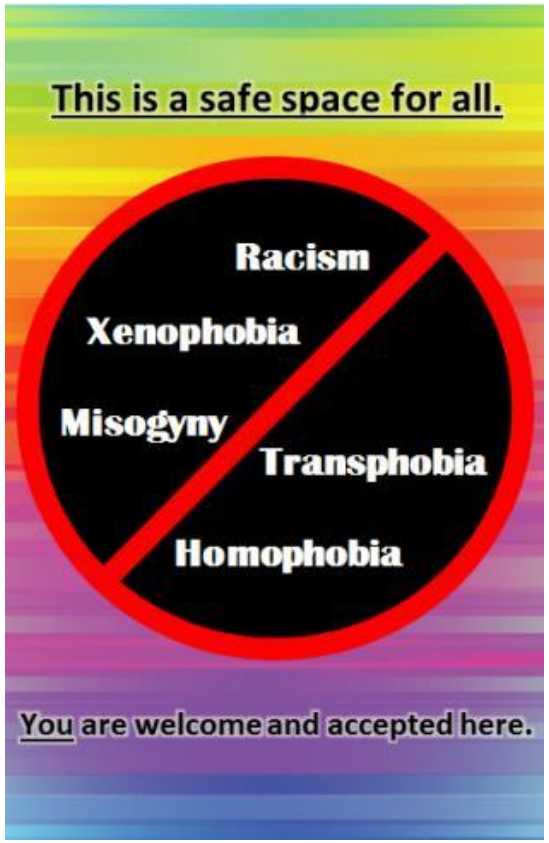
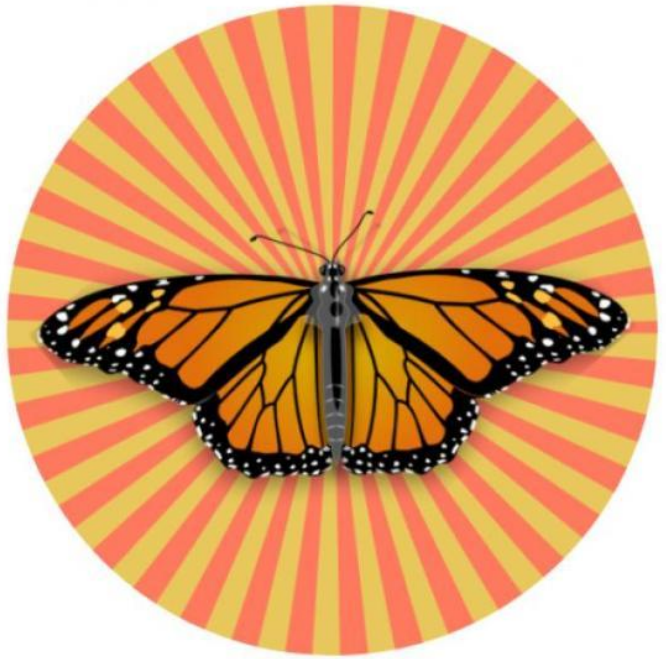
Signage





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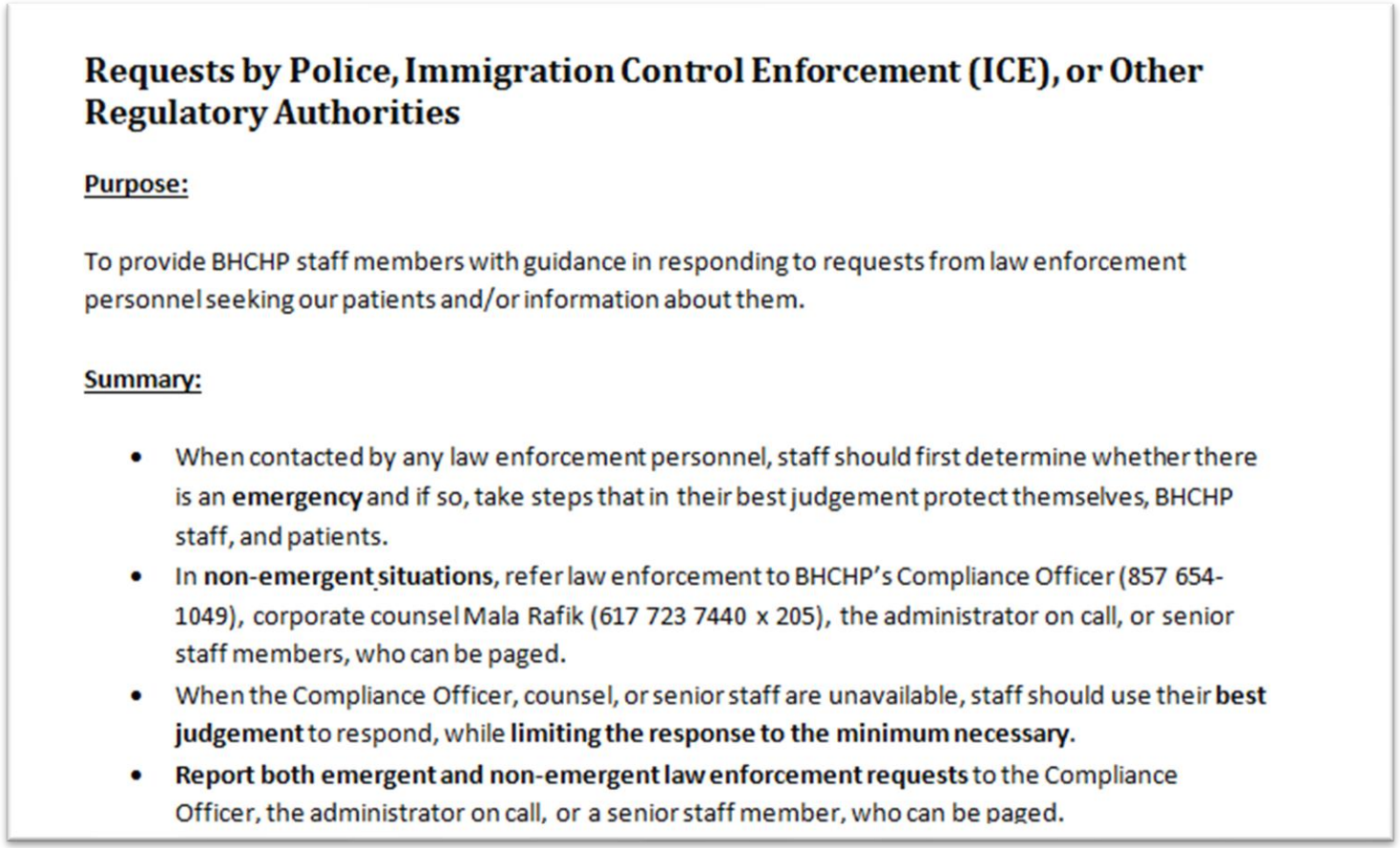
Internal Policies



Requests by Police, Immigration Control Enforcement (ICE), or Other Regulatory Authorities

Purpose:

To provide BHCHP staff members with guidance in responding to requests from law enforcement personnel seeking our patients and/or information about them.

Summary:

- When contacted by any law enforcement personnel, staff should first determine whether there is an **emergency** and if so, take steps that in their best judgement protect themselves, BHCHP staff, and patients.
- In **non-emergent situations**, refer law enforcement to BHCHP's Compliance Officer (857 654-1049), corporate counsel Mala Rafik (617 723 7440 x 205), the administrator on call, or senior staff members, who can be paged.
- When the Compliance Officer, counsel, or senior staff are unavailable, staff should use their **best judgement** to respond, while **limiting the response to the minimum necessary**.
- **Report both emergent and non-emergent law enforcement requests** to the Compliance Officer, the administrator on call, or a senior staff member, who can be paged.

- Policies clarifying protections for immigrants in health facilities promote safety in seeking services
- Public vs private spaces
- Documentation of immigration status in the EMR

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Engaging Patients

Cultural humility: Openness and respect for differences[1]

Cultural safety: Recognition of power differences and inequities in health and the clinical encounter that result from social, historical, economic, and political circumstances[2]

1. Tervalon & Murray-Garcia J, *Journal of Health Care for the Poor and Underserved*, 1998
2. Papps & Ramsden, *International Journal of Quality in Health Care,* 1996

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Conversations with Immigrant Patients

Welcome them to your clinic

- Create a **safe space**
- Sit down
- Look at the patient/family
- Speak slowly

Set the stage

- "I would like to ask you some personal questions about your health and your family's access to public benefits."
- REINFORCE CONCEPT OF CONFIDENTIALITY

"Tell me about your journey"

"If you had to go back, what would you be afraid of?"

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Documentation in the Medical Record

ASK ABOUT

- Country of origin
- Preferred language
- Migration history
- Family safety
- Physical and emotional trauma
- Mental health
- Who is in the room with you today?

DOCUMENTATION

- **Don't document** immigration status
- **Do document:**
  - The clinical-relevant implications of the patient's immigration status
  - Who accompanies patients to their visits
  - If interpreter was used

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Resources & Advocacy Opportunities

INDIVIDUAL, INSTITUTIONAL, POLICY

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Case #3: Julia

Julia is a 36-year-old Spanish-speaking mother of two small children in a mixed-status family (she is undocumented, her children were born in the U.S.) Julia presents to your shelter-based clinic for headache and trouble sleeping. She shares her past experiences of domestic violence, including scars from the abuse and that she has a restraining order in US against the perpetrator. She is fearful of ongoing violence and shows symptoms of PTSD. Julia also shares that she has been threatened with gang violence if she returns to home country of El Salvador.

Case #3: Breakouts

Julia is a 36-year-old **Spanish-speaking** mother of two small children in a **mixed-status family** (she is undocumented, her children were born in the U.S.) Julia presents to your shelter-based clinic for headache. She shares her past experiences of domestic violence, including **scars** from the abuse and that she has a **restraining order in US against the perpetrator**. She is fearful of ongoing violence and shows symptoms of PTSD. Julia also shares that she has been **threatened** with gang violence if she returns to home country of El Salvador.

1. What are important **interventions** you could offer Julia, clinical or non-clinical?

2. What are potential **institutional interventions** or practices that could support patients like Julia?

3. Are there **advocacy opportunities** at the state or federal level that you could participate in to improve access to care for patients like Julia?

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On Behalf of Individuals

- Know Your Rights cards
- Referrals to immigration attorneys
- Referrals to immigrant/refugee clinics
- Access to mental health services for trauma
- Screening for infectious diseases
- Funds to offset cost of medications (340B)

BOSTON HEALTH CARE *for the* HOMELESS PROGRAM

Be Ready & Identify Local Resources

TREATMENT REGARDLESS OF STATUS

Recovery Resources

Immigrants are more likely to be uninsured than people born in the U.S. Individuals who prefer receiving healthcare in a language other than English often have fewer options for treatment in their own language. This is an effort to improve access to resources for immigrants, the uninsured and non-English-speakers in Boston.

PROGRAMS...

Andrew House
Arbour Hospital
Dimock Detox
Casa Esperanza
Gavin House (Quincy)

...PROGRAMS

High Point (Plymouth)
Spectrum (Westborough)
SSTAR (Fall River)
Passages/Thayer TSS (Worcester)
NEBH TSS (Tewksbury)

NARCAN

Training presentation in Spanish (NY State Dept of Health)
Instructions in Spanish (Community Care North Carolina)

MAT

Information about Medication Assisted Therapy (methadone, suboxone and Vivitrol) in Spanish (Holyoke Health Center, MA)

BH PROGRAMS IN SPANISH

Casa Esperanza
Casa Primavera
Concilio Hispano
Entre Familia
Latino Health Institute

MENTAL HEALTH

Multicultural Mental Health Resource Directory (Department of Mental Health, MA)

PRIMARY CARE

Federally Qualified Health Centers (FQHCs) provide comprehensive primary care regardless of insurance status, immigration, or ability to pay. Many of them offer MAT and behavioral health services. All can prescribe and dispense Narcan.

Questions? Contact ymejija@bhchp.org or msullivan@bhchp.org

IS THIS SERVICE COVERED?

	MassHealth					Other		
	Standard	Care Plus	Common Health	Family Assistance	Limited	Connector Care	Health Safety Net (HSN)	Children's Medical Security Plan (CMSP)
Adult day health								
Adult foster care	✓		✓					
Adult foster care (Group)	✓		✓					
Audiology / hearing services	✓	✓	✓	✓				
Audiology: hearing aids, dispensing services	✓	✓	✓	✓				
COVID-19 related	✓	✓	✓	✓	✓	✓	✓	✓
Dental	✓	✓	✓	✓				
Durable Medical Equipment (DME)	✓	✓	✓	✓				
Dialysis	✓	✓	✓	✓	✓			
Home Health (not PCA)				✓				
Personal Care Assistant (PCA)	✓		✓					
Podiatrist	✓	✓	✓	✓				
Prenatal care (outpatient)	✓	✓	✓	✓				
Prosthetics	✓	✓	✓	✓				
Skilled Nursing Facility	✓	✓	✓	✓				
Therapy (physical, OT, speech/language)	✓	✓	✓	✓				
Transportation, non-emergency medical	✓	✓	✓	✓				
Transportation, emergency	✓	✓	✓	✓				
Transplant				✓				
Vision care and materials	✓	✓	✓	✓				

Grid: https://www.mass.gov/service-details/chart-of-masshealth-covered-services

BOSTON HEALTH CARE *for the* HOMELESS PROGRAM

Institutional

- Language access: hiring, interpreters, signage
- Immigrant Health Committee and local resources list
- Know Your Rights Trainings
- Immigration Case conferences
- Immigrant Health Care Coordinator (AmeriCorps)
- Create organizational policies specific to your immigrant patients
- Create safe space (i.e. OASIS Clinic)
- Create an MLP
- Create an asylum clinic

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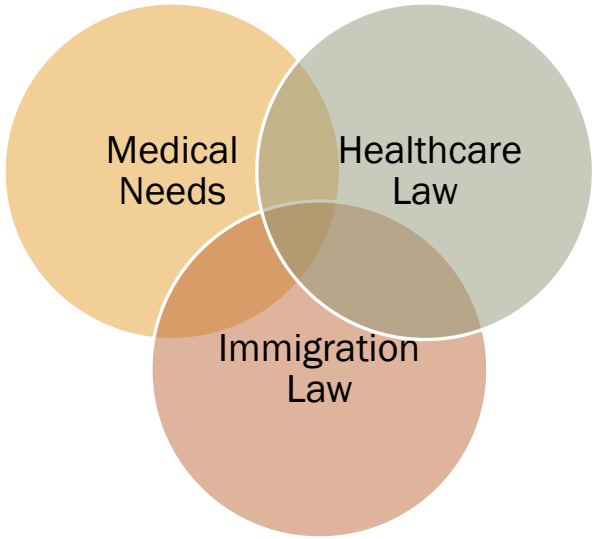
What is an MLP for Immigrants?



The Medical-Legal Partnership for Immigrants at BHCHP:

- Provides legal advocacy related to public benefits and immigration status
- Addresses the overlapping health and immigration legal needs of patients
- Ensures that patients are enrolled in the correct health insurance plan and/or when possible, securing a change in immigration status
- Leads to healthier outcomes and reduced health disparities

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BHCHP Asylum Clinic

What	Medical and psychological forensic evaluations for asylum-seekers with legal representation
Why	Including a medical and/or psychological forensic exam with an asylum application improves the chances for approval
By Whom	Evaluations are completed by volunteer clinicians trained by Physicians for Human Rights or comparable organization

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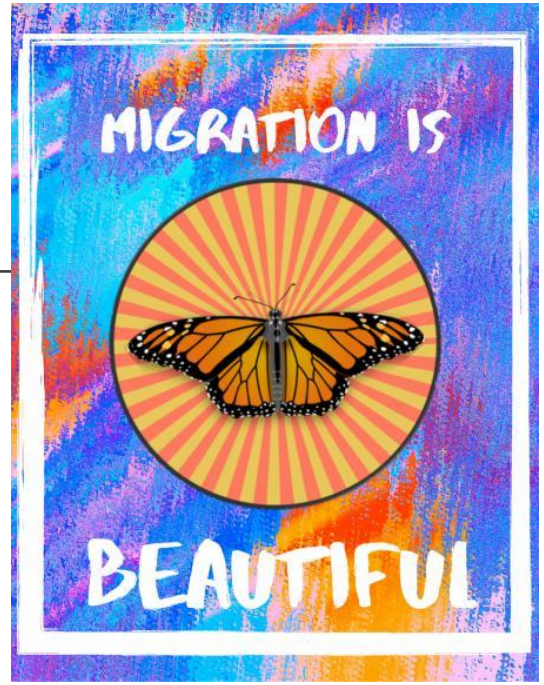
State/National



- Local health/law advocacy networks
- National Health Center Immigration Workgroup: CPCA & AAPCHO
- Partnerships around housing access with NLIHC
- Medical societies (AAP)
- Follow newsletters from the Protecting Immigrant Families or National Immigration Law Center

Resources

- National Immigration Law Center-Health Care: https://www.nilc.org/issues/health-care/
- American Immigration Lawyers Association: https://www.aila.org/
- Medical Assistance Programs for Immigrants in Various States (2023): https://www.nilc.org/wp-content/uploads/2023/03/med-services-for-imms-in-states-2023-3-23.pdf
- Know Your Rights cards: https://www.ilrc.org/red-cards
- National Center for Medical Legal Partnership: https://medical-legalpartnership.org/
- The Missing Link: Connecting Eligible Asylees and Asylum Seekers with Benefits and Services https://www.migrationpolicy.org/research/asylees-asylum-seekers-benefits
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care: https://thinkculturalhealth.hhs.gov/clas
- Welcoming and Protecting Immigrants in Healthcare Settings: https://doctorsforimmigrants.com/wp-content/uploads/2020/01/WelcomingProtectingImmigrants-toolkit-3.pdf

Wrap-up

Please share one change you plan to make to your practice based on what we have discussed today

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Questions?

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Bonus Slides

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Checklist for Health Centers Working with Immigrant Patients	
Organizational Systems	Trauma-informed: transparent, trustworthy, responsive, safe
	After-hours accessibility
	Representation of community members among staff
	Welcoming approaches: signage accompanied by actions
	Active and meaningful community engagement
	Core health services include accessible behavioral health, case management, outreach (CHWs, navigators)
	Accurately informed staff: periodic trainings and updates
	Structure for processing and debriefing among staff
	Extended appointment times
Language Access	Reliable and efficient modes of communication
	Language proficiency testing for bilingual staff
	Financial compensation for staff with demonstrated bilingual capacity
Internal Policies	Develop, review, update and make easily available to all staff
Legal Resources	Spectrum of medical-legal partnership, legal case management, legal resources
Tools	EMR quick texts and templates
	Internal links to resources

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Components of Immigration Informed Care by Health Center Staff Role	
Everyone Including administration, security officers, greeters, drivers	Can easily access and implement organizational policies and procedures (i.e. law enforcement on campus, rapid response network, documenting in the medical record)
	Can easily access reliable and accurate basic information about policy changes impacting immigrant patients (i.e. eligibility for benefits)
Leadership C-suite execs, directors and managers	Create and implement immigration-informed guidelines and processes
	Consider impacts of policy changes on health center and plan for programmatic adaptions
	Anticipate related funding needs
	Initiate collaborations with community partners to fill service gaps
Billing & Coding	Successfully submit requests to charity/free care reimbursement mechanisms
Development	Familiar with specific programming that clinical staff and patients need, identify opportunities for related funding
Clinical Staff who access EMR, case managers, nurses, clinicians, medical assistants	Document safely and effectively about the impact of immigration on health/access to services
	Navigate health coverage gaps
	Familiar with completing related paperwork (i.e. letters of support, N-648 forms, etc.)
	Safely and sensitively navigate mandated reporting requirements and interpersonal violence resources
	Know where to refer immigrant patients for services not offered at health center
	Conduct medical and psychological evaluations for asylum (or know where to refer)
Front Line & Clinical Staff who interact with patients	Familiar with trauma-informed approaches
	Competently and effectively work with interpreter services
	Ask questions sensitively, explain reasons for asking, describe data privacy policy (as well as its limitations)
	Be aware of reasons why patients might now answer phone calls or miss appointments

Documenting in the Medical Record

"At [HEALTH CENTERY], we take pride in getting to know our patients, not just their clinical issues. Sometimes this makes it hard to determine what information belongs in the medical record. Though medical records are highly protected, there are rare instances in which outside entities can obtain them through a legal process. The [COMMITTEE], in collaboration with the [OFFICE], offers these guidelines on documenting immigration-related issues:

- Avoid using the following terms in the medical record: "undocumented," "illegal," "without papers."
- When possible, rather than documenting a patient's *immigration status* (for example: "citizen," "green card holder," "not a citizen," "DACA," "TPS") instead document the *medically-relevant consequence* of such status. For example:
  - **Instead of "Patient is illegal and can't get insurance and SNFs won't accept," try "Patient is only eligible for MassHealth Limited and SNFs won't accept."**
  - **Instead of "Patient's TPS status is expiring and needs support," try "Referred to legal resources."**
  - **Instead of "Patient's sister was deported back to their home country," try "Patient's sister has moved out of Massachusetts. Patient experiencing stress."**
- When and how to document migration history – place of birth and places traveled through – is a complex topic. For some patients, this information is medically relevant (such as exposure to infectious diseases, witness to or personal trauma) and belongs in the record. For others, this information does not pertain to their care and is not recommended. If your department would like to request a training on this topic – or any related one – contact: _____."

Courtesy of Boston Medical Center

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Use Normalizing Language

- “I know a lot of people are worried about immigration enforcement now, and I want to reassure you that we care about you and your family’s health most of all. If you or others you know need legal help, please, let us know and we will try to connect you to resources the best we can.”
- If you already have a relationship with a patient, you may even directly ask them if they have any legal needs or concerns related to immigration.

Healthcare Rights for Immigrants and LEP Individuals

1964	**Title VI of the Civil rights Act** (in addition to federal program requirements and state/city provisions) includes the right to language accessibility and prohibits language discrimination.
1965	**FQHCs** (including HCH programs) are mandated to provide comprehensive primary care services regardless of immigration status, language, insurance status, race/nationality, ability to pay (became permanent in 1975).
1986	Emergency Medical Treatment and Active Labor Act (**EMTALA**)
1996	Health Insurance Portability Act (**HIPAA**) ensures the right to privacy of your personal health information (cannot be given to the government without your permission, unless extenuating circumstances).
2011	**Sensitive locations** memo, "ensure that these [immigration] enforcement actions do not occur at nor are focused on sensitive locations (schools, hospitals, places of worship, public demonstrations, funerals/weddings)," unless extenuating circumstances.

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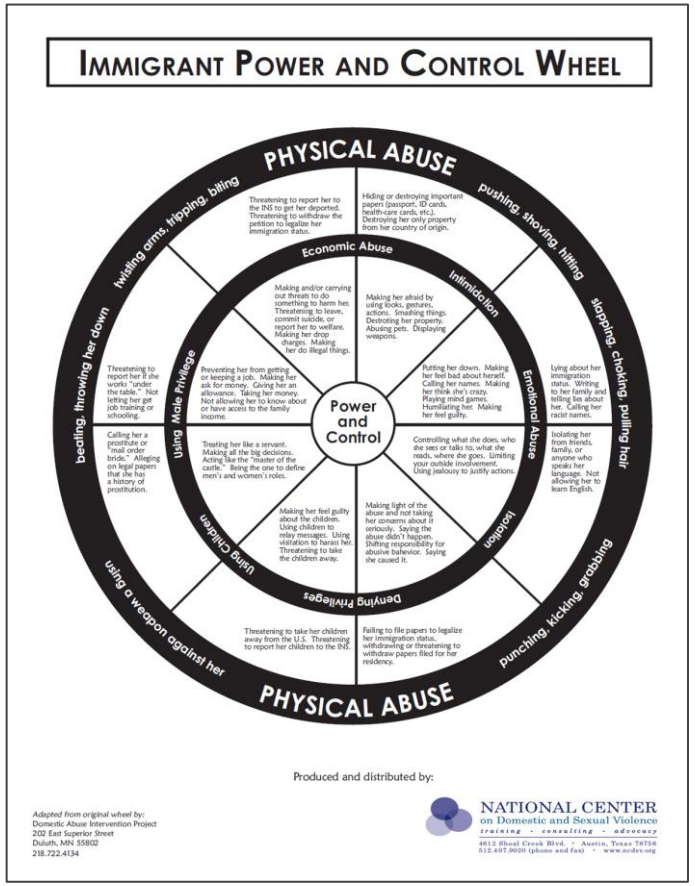
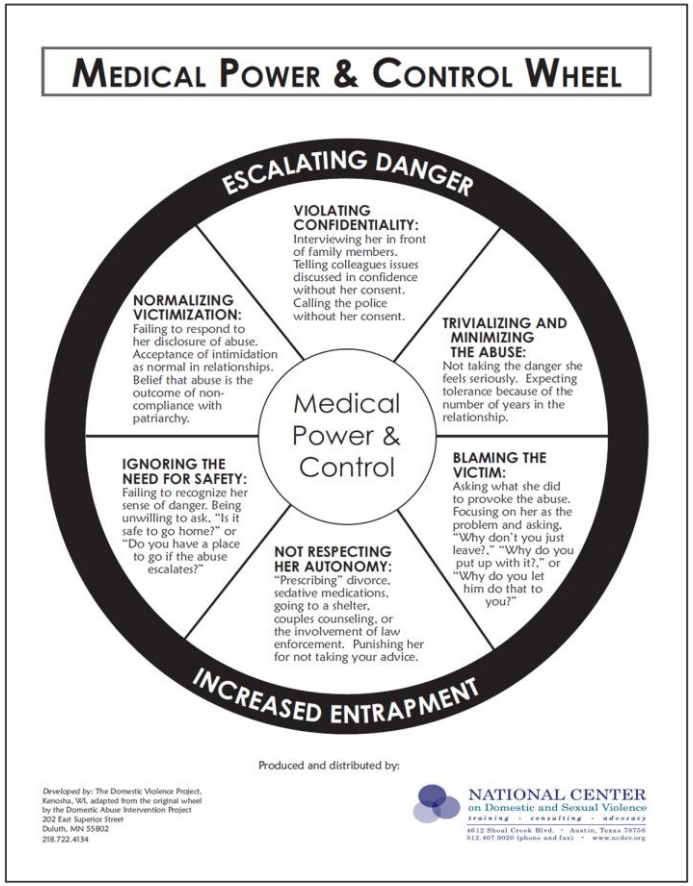
Positionality: We operate within the context of systems and values





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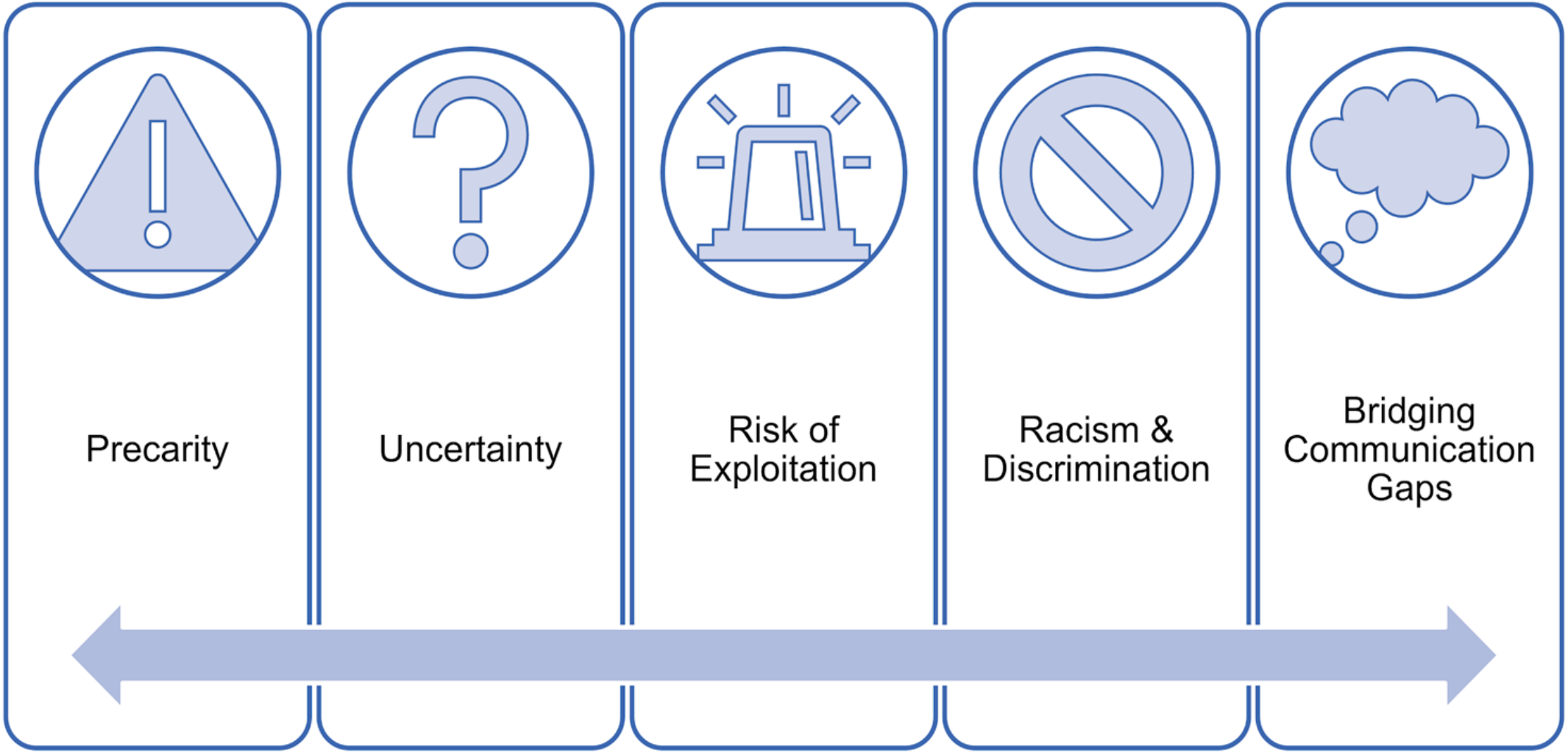
Challenges Common Among Immigrant Patients



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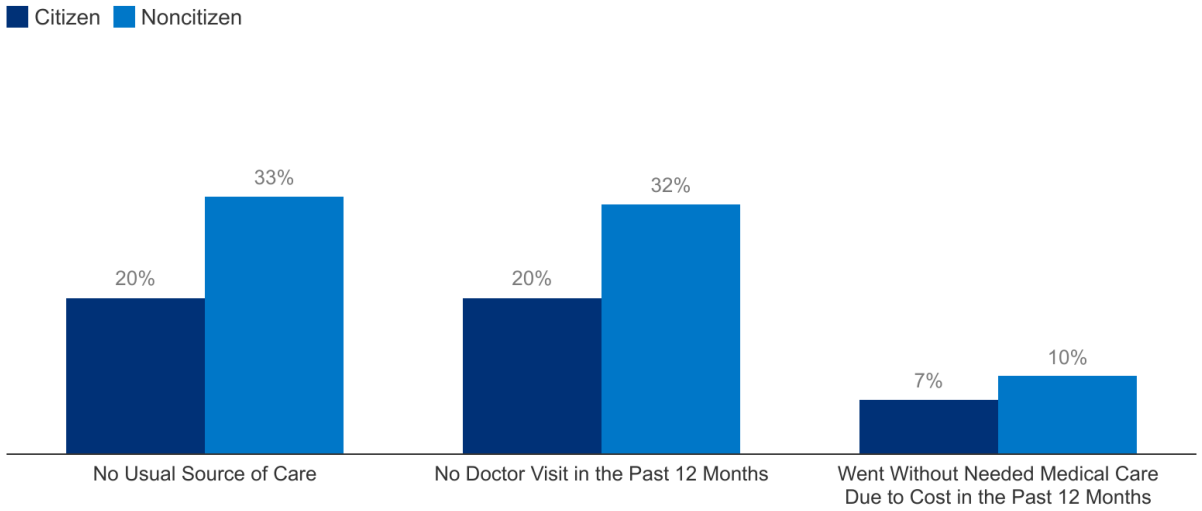
Impact of Immigration on Health Insurance

Figure 4

Health Care Access and Use among Nonelderly Adults by Citizenship Status, 2021



NOTE: Includes nonelderly adults ages 18-64. Differences between citizens and noncitizens are statistically significant at p<0.05.
SOURCE: KFF analysis of 2021 National Health Interview Survey (NHIS) sample adult interview.

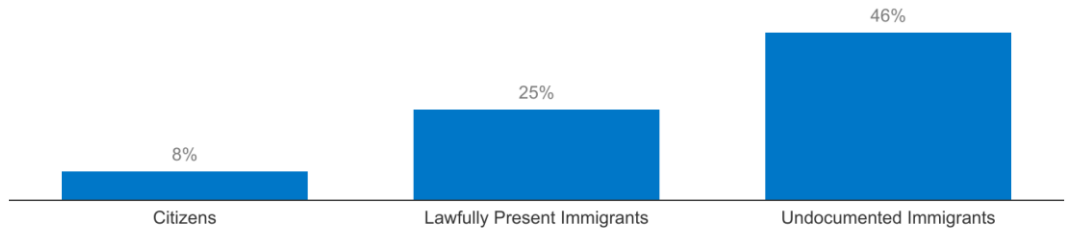
KFF

Figure 3

Uninsured Rates among Nonelderly Population by Immigration Status, 2021

Click on the buttons below to see data for different age groups

Ages 0 to 64 | Ages 0 to 18



NOTE: Differences in uninsured rates are statistically significant as compared to citizens at p<0.05.
SOURCE: KFF analysis of 2021 American Community Survey (ACS) 1-yr estimates.

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