

Responding to community priorities

Northwest Regional Convergence Partnership (2011-13)

- Collaboration between Northwest Health Foundation, Meyer Memorial Trust, Kaiser Permanente Northwest
- Applied for national matching funding to build a more cohesive and effective food movement
- Aimed to accelerate policy and systemic changes that will lead to a healthier, more equitable, sustainable and more economically vibrant food system.



Responding to community priorities

Proposals funded via NW Convergence:

- Willamette Valley Law Project (501(c)(3) arm of Pineros y Campesinos Unidos del Noroeste - PCUN)
- Cow Creek Band of Umpqua Tribe of Indians, Coquille Indian Tribe and Klamath Tribes
- Friends of Family Farmers

Need for broader convening and priority-setting:

- More than 100 people from grantees and non-funded partners invited to Convergence convening in November 2012
 - Asked to vote on top policy priorities for 2013 legislative session
-

Responding to community priorities

Top policy priorities identified:

1. **Restore access to driver's licenses for undocumented workers by repealing SB 1080.**
 2. Institute state government food procurement policies that integrate values other than price (e.g., local sourcing, health, sustainability).
 3. Expand local facilities for processing meat and produce.
 4. Incorporate local food access and production into all levels of planning (i.e., local comprehensive plans).
 5. Increase funding for OSU Extension to help small/medium-sized farmers implement sustainable practices.
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Relevant legislative outcomes in 2013

- **SB 833 *passed*** - Enabled undocumented immigrants in Oregon to access a four-year Driver's Card
- **HB 2700 *passed*** - Established the Oregon "Aggie Bonds"
- **HB 3403 *did not pass*** - Would have established a "Healthy Vending Task Force" to develop nutritional standards for food sold in public buildings.
- **HB 2649 *passed*** - Allocated nearly \$1.2 million for **Farm to School and School Garden programs** for the 2013-15 biennium, an increase from \$200,000.





Immigrant Status as a Social Determinant of Health

Kathy Ko Chin
President & CEO

APIAHF
ASIAN & PACIFIC ISLANDER
AMERICAN HEALTH FORUM

ABOUT APIAHF

ADVOCATES FOR HEALTH JUSTICE

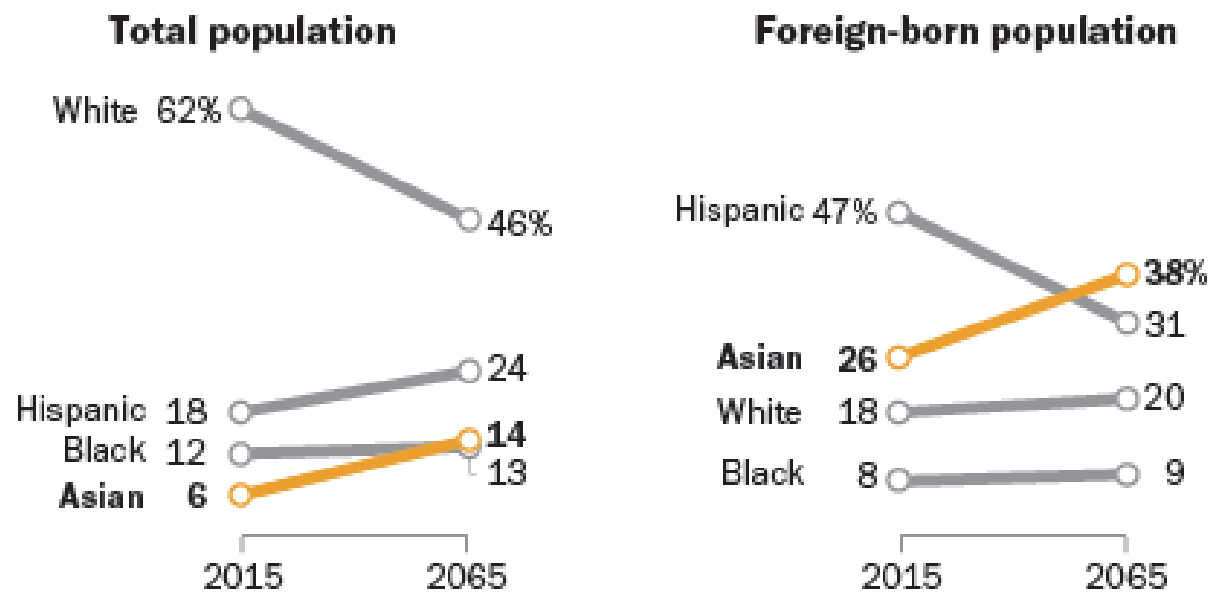
The Asian & Pacific Islander American Health Forum works with communities across the nation to influence policy, mobilize communities, and strengthen programs and organizations to improve the health of Asian Americans (AA), Native Hawaiians, and Pacific Islanders (NHPI). Founded in 1986 with headquarters in Oakland and an office in Washington DC, APIAHF is the oldest and largest health advocacy organization working with AA and NHPI communities across the nation, in the US Territories and with the US-affiliated Pacific jurisdictions.

MISSION

APIAHF influences policy, mobilizes communities, and strengthens programs and organizations to improve the health of Asian Americans, Native Hawaiians, and Pacific Islanders.

Who are Immigrants?

By 2065, No Racial or Ethnic Group Will Be a Majority

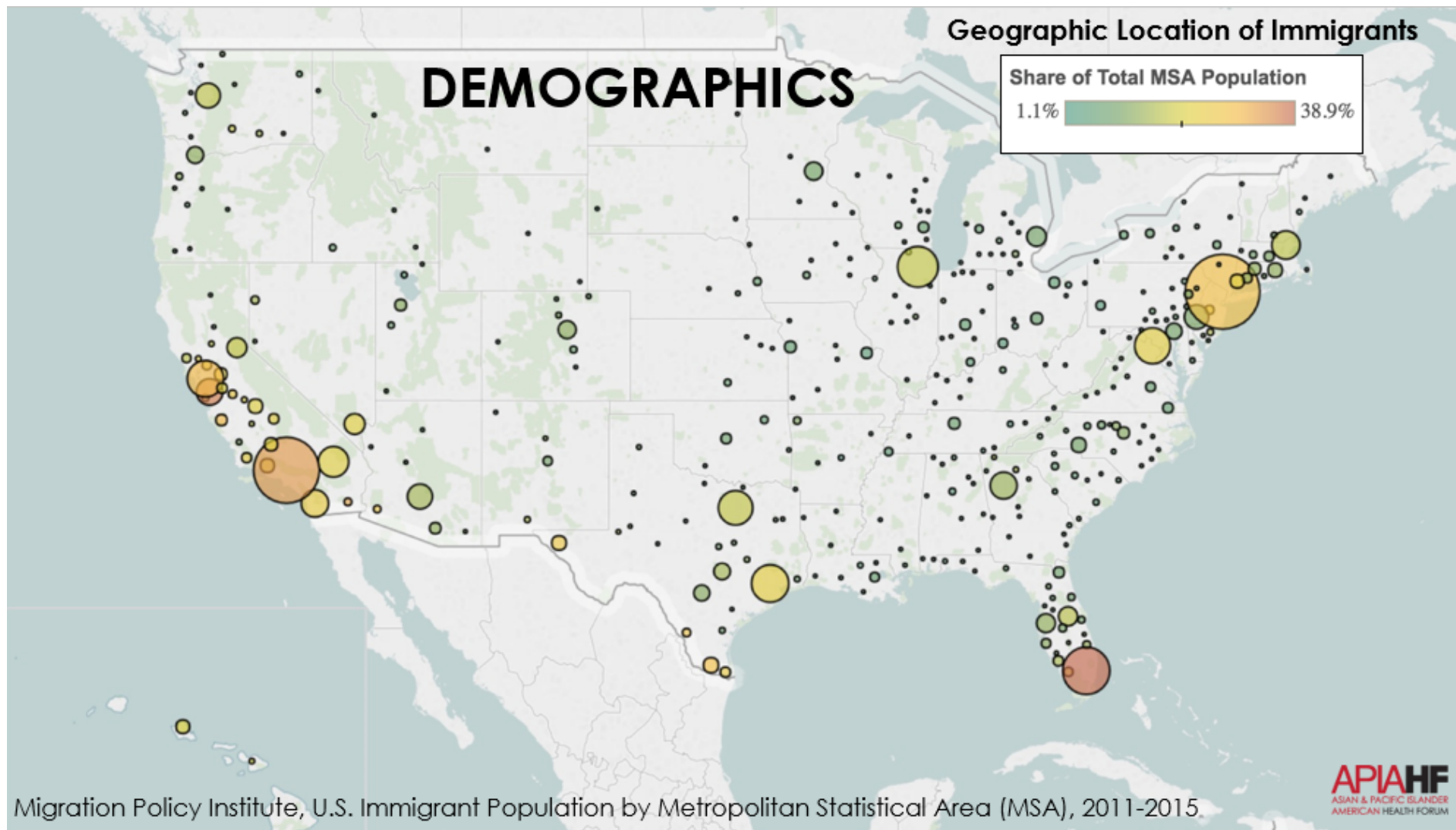


Note: Whites, blacks and Asians include only single-race non-Hispanics. Asians include Pacific Islanders. Hispanics are of any race. Other races included in totals but not shown.

Source: Pew Research Center projections

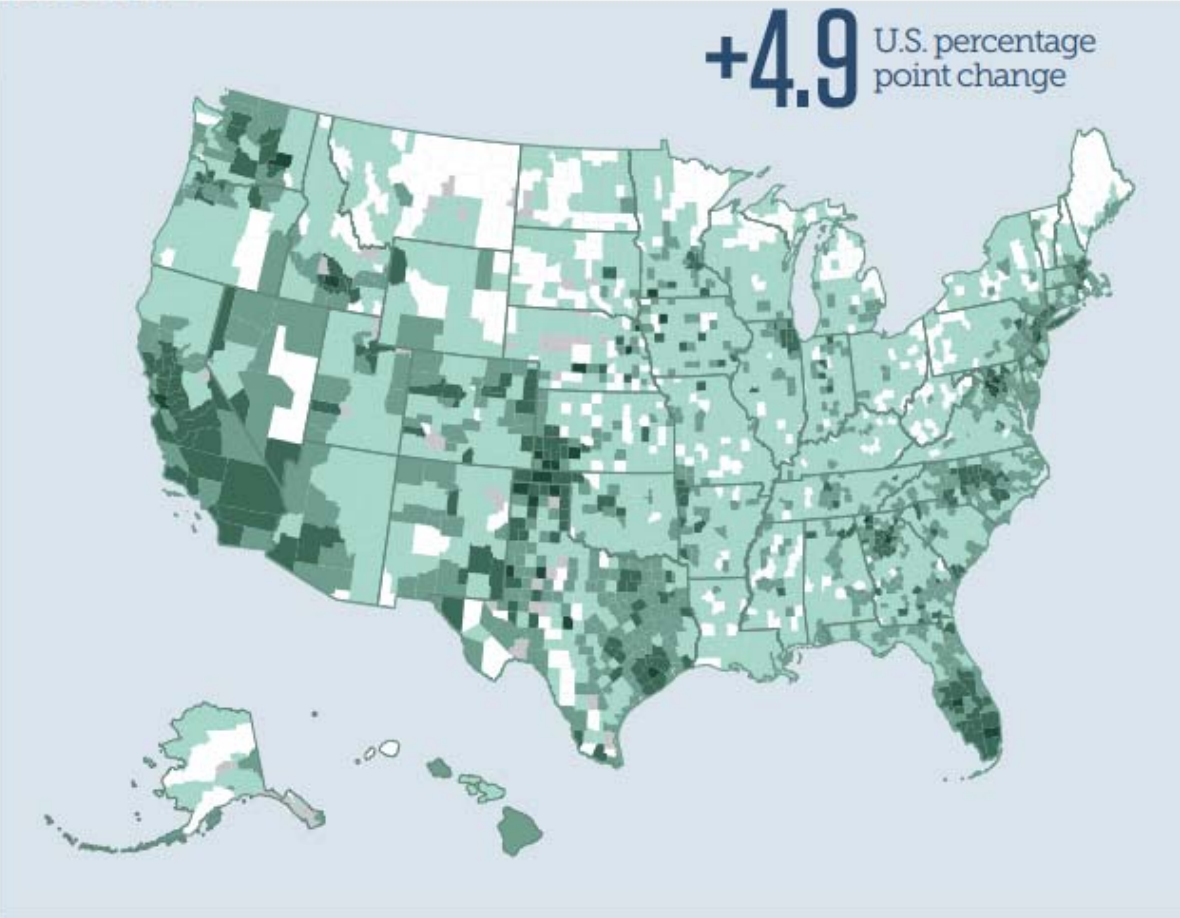
PEW RESEARCH CENTER

Where Do Immigrants Live?



Immigration Status as a Social Determinant of Coverage

Change in foreign-born adults as a share of total adult county population from 1990 to 2012



- 17-43 percentage point increase
- 7-16.9 percentage point increase
- 3-6.9 percentage point increase
- <3 percentage point increase
- Decline in foreign-born population

Immigration Status as a Social Determinant of Coverage

HEALTH CARE IS A
HUMAN RIGHT AND
PROVIDING HEALTH
COVERAGE TO
EVERYONE —
REGARDLESS OF
IMMIGRATION
STATUS — IS THE
RIGHT THING TO DO.



Photo credit: Health4All, The CA Endowment
<http://www.health4allca.org/>

Immigration Status as a Social Determinant of Coverage

- 20 years of restricting access...
 - 1996 Personal Responsibility and Work Opportunity Act
 - 2010 Affordable Care Act (expansion for lawfully present + restrictions on undocumented)
 - 2013 Comprehensive Immigration Reform proposals
 - 2017 ACA repeal bills

Immigration Status as a Social Determinant of Coverage

Sample of Immigration Statuses

Lawful Permanent Residents (Green Card Holders)

Humanitarian Visas (Asylees, Refugees, Temporary Protection Status, and Deferred Action and others)

Survivors of crimes, including Domestic Violence and Trafficking

Nonimmigrant Visas (Tourists, Workers, others)

Citizens of Compact of Free Association (COFA) nations

Undocumented

Immigration Status as a Social Determinant of Coverage

Health Insurance Restrictions For Some Immigrant Populations

Bar from Medicaid and CHIP for Immigrants who have held lawful status for less than five years

Restriction on Medicaid for Immigrants Who Are Not “Qualified”

Restriction on Those Not Considered Lawfully Present for ACA and Non-Emergency Medicaid

CONTACT

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Visit APIAHF's Health Care For Me Website:
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Immigrant Access to Care

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ASIAN & PACIFIC ISLANDER
AMERICAN HEALTH FORUM
AMERICAN HEALTH FORUM

Immigrant Access to Care

Culturally and Linguistically Appropriate Healthcare

“compelling evidence exists that patients with limited English-language proficiency encounter... decreased likelihood of having a usual source of care, increased probability of receiving unnecessary diagnostic tests, more serious adverse outcomes from medical errors, and drug complications”

-Institute of Medicine, Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement

Section 1557

Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities.

- Language assistance services
- Notice of right to communications assistance
- Taglines with top 15 languages in the state
- Definitions for qualified translation and interpretation services
- Develop language access plans for meaningful access

The screenshot shows the HHS.gov Office for Civil Rights website. At the top, there is a blue header with "HHS.gov" and "U.S. Department of Health & Human Services". Below the header is a search bar with the placeholder text "I'm looking for..." and a magnifying glass icon. To the right of the search bar is a link to "HHS A-Z Index". Below the search bar is a navigation menu with four buttons: "About OCR", "Filing with OCR", "Civil Rights", and "Health Information Privacy". Below the navigation menu is a section titled "I would like info on. . ." with three links: "Contact the Office for Civil Rights", "Section 1557: Nondiscrimination", and "Health Information Privacy". To the right of this section is a featured article titled "Final Rule Implementing Section 1557" with a sub-headline "Section 1557 is the nondiscrimination provision of the ACA and applies to certain health programs & activities." The article is accompanied by a collage of diverse people's faces.

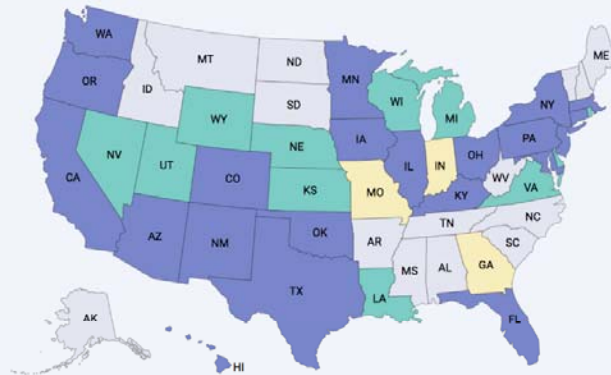
CLAS Standards

TRACKING CLAS

This map tracks efforts to promote or implement culturally and linguistically appropriate services (CLAS).

Click on the map or the links below to see specific information.

- Currently under review
- No activities
- Legislative activity for CLAS training
- Enacted CLAS training legislation
- State-sponsored implementation activities
- CLAS training legislation (activity or enacted) AND state-sponsored implementation activities



AS FM GU MH MP PR PW VI

VT	NH
MA	CT
RI	NJ
DE	MD
DC	

Commonwealths & Territories

AS	FM
GU	MH
MP	PR
PW	VI

BUILDING AN ORGANIZATIONAL RESPONSE TO HEALTH DISPARITIES



A Practical Guide to Implementing the National CLAS Standards:

For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities

DECEMBER, 2016

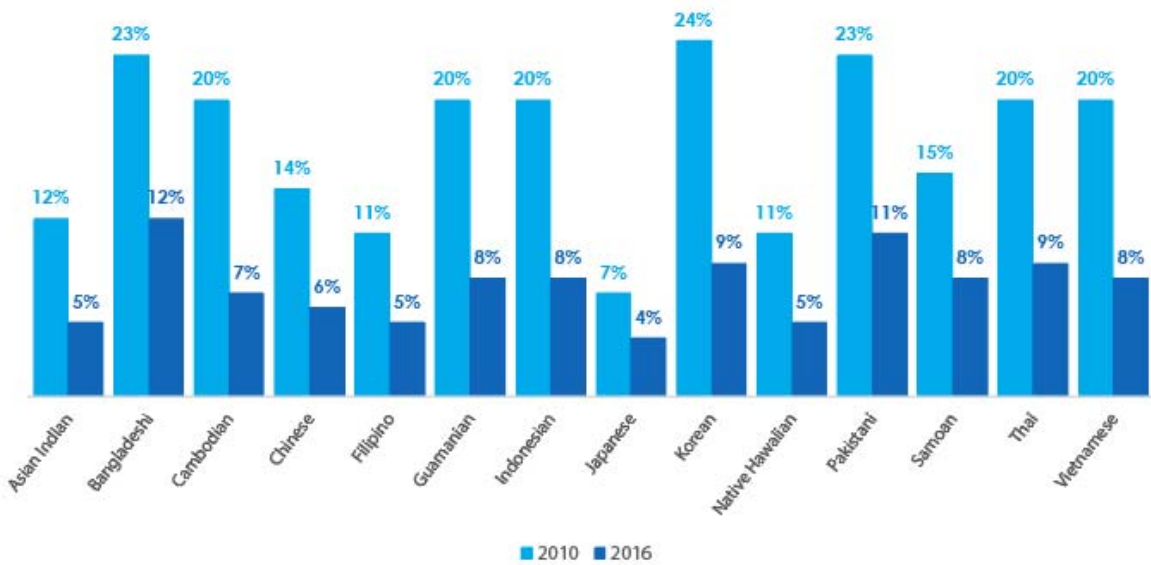
What Gets Measured Gets Done

Data Allow us to See Disparities

- Immigrants are not a racial, ethnic or geographic monolith
- Data tell us who disparities impact and what interventions are most effective
- Providers can use data to determine percentage of LEP, most common languages spoken, and who is eligible to be served in their areas

Data Allows us to See Disparities

Disparities in who is uninsured differ, but all groups have benefited from the ACA



Recommendations to Funders

How can stakeholders partner to
improve immigrant health?



Recommendations to Funders

Listen to the Community

- Community driven solutions can best address population needs
- Involving the voices of community leaders, as well as members, lead to not just, better policy outcomes, but greater buy-in and trust

Recommendations to Funders

Research and Metrics

- Data identifies disparities
- Economic impact research
- Messaging
- Measuring language and health
- Impact of anti-immigrant policies

Recommendations to Funders

Delivery System Reform

- A voice at the cost and quality table
- How are systems serving the remaining uninsured?
- Funding models that center immigrant health



Federal Immigration Policy & the Chilling Effect on Immigrant Families' Access to Health Care & Coverage

September 22, 2017

Jenny Rejeske

Senior Health Policy Analyst

National Immigration Law Center



WASH
Intelligencer

White House Considers Deporting Legal Immigrants for Being Poor

By Eric Levitz

 CaliforniaHealthline
The Daily Digest of News, Policy & Opinion

Some Immigrants, Fearful Of Political Climate, Shy Away From Medi-Cal

By Emily Bazar

February 16, 2017

attn:

The Reason Immigrants Are Now Afraid to Enroll in Health Care Plans

Undocumented and legal immigrants aren't signing up for health care plans — and, in some cases, are attempting to cancel their plans — out of fear of deportation, according to advocates and health care officials.

 Washington
MONTHLY

Why President Trump's Leaked Immigration Order Is a Threat to Us All

by Wendy Cervantes | March 8, 2017 | POLITICS

EAST BAY EXPRESS

OAKLAND, BERKELEY, AND EAST BAY NEWS, EVENTS, RESTAURANTS, MUSIC, ...

THURSDAY, FEBRUARY 16, 2017

Bay Area Immigrants Turning Down Health Care, MediCal, For Fear of Trump's Immigration Policies

By Alice Feller

 VOX
EXPLAIN THE NEWS

A leaked Trump order suggests he's planning to deport more legal immigrants for using social services

Build a wall around public benefits, and more

Updated by Dara Lind | dara@vox.com | Jan 31, 2017

 Bloomberg
BNA

LEGAL TAX & ACCOUNTING EHS HR & PAYROLL

February 27, 2017

Will Immigration Policies Build a Wall Around Health Benefits?

By Victoria Pelham

Immigration Policy Changes/Threats in 2017



Executive orders/memos that have been filed:

- Muslim Ban – multiple courts blocked, SCOTUS allowed some implementation, SCOTUS oral arguments 10/17
- Border Security
- **Interior Enforcement** – Mostly implemented; Sanctuary Cities provision blocked by court after court
- “Buy American Hire American”
- **Deferred Action for Childhood Arrivals (DACA)** – ending 3/5/18. 57% DACA recipients have employer-sponsored insurance, eligible for state-funded Medicaid programs in CA, NY, MA, MN, not eligible for ACA

Leaked but NOT finalized or filed:

- **Public Benefits and Economic Supports** – includes changes to public charge, sponsor liability, eligibility for means-tested public benefits, Social Security, Child Tax Credit

Increase in Raids and other enforcement actions

State Legislation - TX SB 4 – blocked by court, hearing 9/22/17

Interior Enforcement Order



Makes virtually every undocumented immigrant a priority for enforcement, including anyone who: has abused a public benefit program

- = **knowingly defrauded** the government or a public benefit system
- **IMPLEMENTED**

Privacy Act: federal agencies to ensure that Privacy Act applies only to U.S. citizens and LPRs

- By its terms, already applied only to USCIs and LPRs (though some agencies applied it to systems more generally)
- **Does not affect independent federal and state laws that protect confidentiality of benefit recipients**

DHS Sensitive Locations Memos

Still in effect – were not rescinded as part of Interior Enforcement EO

Enforcement activities generally avoided at:

- **Hospitals** (and other health facilities)
- **Schools**
- **Places of Worship**
- **Public Religious Assemblies** (e.g. weddings, funerals)
- **Demonstrations**
- Have seen uptick of activity *around* sensitive locations (e.g. parking lots, grocery stores) & at courthouses



Leaked Executive Order on Public Benefits

- **As of 9/20/17, this has not been signed, but it is still very much a priority of Trump administration**
- **Public Charge** – no green cards, no visas for low-income immigrants who used means-tested benefit
- **Sponsor Liability** – make sponsors liable for virtually any means-tested benefit, pursues sponsors for reimbursement
- **PRWORA's 5-year bar** - may extend 5-year bar to benefits beyond Medicaid, CHIP, SNAP, TANF, SSI
- **Child Tax Credit** – restrict eligibility to households in which all members have an SSN (no ITINs)
- **Social Security** – denies credit for contributions made when working without authorization

Leaked Executive Order on Public Benefits



UPSHOT – primarily targets applicants for lawful permanent residence (green card), green card holders & US citizens. Would:

- decrease legal family-based immigration (makes it harder for low-income people to get green cards)
- chill immigrant families' utilization of health care and government health/safety net programs (Medicaid, ACA, immunizations, public health, SNAP, WIC, school lunch)
- have devastating financial consequences for immigrants' sponsors
- especially bad for residents of CA and NY - states with high immigrant populations and pro-health, immigrant inclusive state policies

Immigration Legislation

- History of exclusion from health programs in immigration reform bills addressing legalization
- RAISE Act – introduced 8/17 and endorsed by President Trump
 - Reduces family-based immigration by half, restricts refugees, imposes point-based immigration system
 - Applies 5-yr bar to new immigrants under point system and their family members, including US citizens
 - Parents of US citizens would no longer be allowed to immigrate; USC would have to support and provide health care to parents with temporary visas
 - Denies citizenship to immigrants based on their sponsor's response to the federal government

Anti-Immigrant Climate Has Chilled Immigrant Families' Access to Health Care

- Steady stream of stories from health care providers, Medicaid offices, food banks, schools since the election
 - Missed appointments, including prenatal visits
 - Stopped cancer treatment, in some cases leading to premature death
 - Can't get to appointments in border regions because of DHS check-points
 - Affect on health care workforce
 - Disenrolling from/not enrolling in Medicaid, SNAP, WIC
- Number of studies underway – mostly qualitative data (quantitative studies have own challenges, e.g. risk of exposure of immigration status)
- Impact on mental health and mental health resources

Recommendations to Funders

Support Policy Change

- Federal protections
- Highlighting the good and fighting the bad in states
- Working with sanctuary cities
- Funding campaign infrastructure

