

For the Benefit OF All:

Ensuring Immigrant Health and Well-Being

There is a long history of individuals immigrating to the United States in search of freedom, economic opportunity, and a better life. Today the nation is experiencing the largest wave of immigration since the turn of the 20th century. Nearly 35 million immigrants currently reside in the U.S. – 12 percent of the total population (Capps et al. 2003).

Immigrants and their families contribute to the diversity and economy of the nation, contributing to vibrant, productive, and healthy communities. Yet, immigrants face several barriers to health and well-being. Some result from being disproportionately low income and uninsured; others are unique, such as cultural and linguistic barriers; limited eligibility for public benefits; and bearing the brunt of unwelcoming public views, attitudes, and policies. Addressing these barriers benefits immigrant populations and strengthens entire communities, and the nation as a whole.

A PROFILE OF TODAY'S IMMIGRANT POPULATION

Seventy-four percent of immigrants in this country are here legally. This includes both naturalized citizens and noncitizens (including legal permanent residents, refugees and asylees, and temporary residents). About one-quarter are estimated to be undocumented immigrants.

Six states – California, New York, Texas, Florida, New Jersey, and Illinois – historically known as major immigrant gateways, were home to over two-thirds of the nation's total foreign-born population in 2000. But the dispersal of immigrants to these states has declined recently, while more than doubling in states in the Southeast, Midwest, and Rocky Mountain regions (Urban Institute 2002). This rapid increase in new immigrants to these regions has created new challenges for these states, many of which have not received significant numbers of new immigrants for over a century. A common misperception is that immigrants migrate to states with the most generous public benefits. In fact, the search for jobs appears to drive the majority of migration choices (The Urban Institute 2002).

THE EVOLVING VIEW OF IMMIGRATION IN THE U.S.

A recent public survey found that many Americans are uneasy about the cultural impact of immigration, contending that immigrants are changing American culture and values when they ought

to be adopting them. These findings illustrate a longstanding conflict in America's attitude about immigration: whether immigrants should assimilate or increase the diversity of American culture. Ironically, the children of immigrants and immigrants who arrive in the U.S. as children hold views that are in many ways similar to those of nonimmigrants, raising questions about whether second-generation immigrants can help bridge the gap between immigrants and nonimmigrants (KFF 2004a).

HEALTH STATUS OF IMMIGRANTS

Recent immigrants tend to arrive healthier than their counterparts who have resided in the U.S. longer. But as newcomers begin to acculturate to the American way of life, their health status begins to converge with that of the general population. Health behaviors, such as eating habits, change and often lead to negative health outcomes. On top of this, immigrants and their families face unique challenges to health and well-being, including the following:

- **Lack of health care coverage** – Concentration in industries that frequently do not provide private health insurance coverage, coupled with eligibility restrictions on public health insurance coverage, contributes to the high rate of uninsurance. Over half (52 percent) of recent immigrants were uninsured in 2003, compared to 15 percent of native citizens (KFF 2004b).
- **Cultural and linguistic barriers to health care** – New immigrants are often accustomed to different health care systems and may have diverse health beliefs or limited English proficiency. These barriers have been shown to impede access to quality health care at several entry points, from having health insurance to receiving basic and preventive care to accessing specialty services.
- **Cultural adjustment and changing family dynamics** – In addition to the stressors that relocation involves (such as securing a job, finding a place to live, enrolling children in school, and obtaining basic needs), immigrants also face a period of cultural adjustment. For example, parents often end up relying on their children for help with interpretation and navigating community systems. This change in power dynamics can be detrimental, eroding the respect children typically have for their parents (Downs-Karkos 2004).

OPPORTUNITIES FOR GRANTMAKERS

Foundations play an important role in ensuring the health and well-being of immigrant populations and are engaged in myriad activities, including the following:

► **Promoting immigrant integration** – Immigrant integration is defined as the weaving of newcomers into the social, economic, cultural, and political fabric of the receiving community. It is a two-way process that places responsibilities on both the immigrant and receiving communities, ideally transforming both. Several grantmakers are supporting activities that promote immigrant integration, by increasing the capacity of immigrant-led organizations, as well as by ensuring that receiving communities recognize the important roles they play in ensuring immigrant health and well-being.

The Colorado Trust first began providing support for immigrants and refugees in 2000 through capacity building grants to immigrant-serving organizations. As the initiative unfolded, the foundation learned that this approach only addressed part of the problem. To be fully responsive to immigrant and refugee needs, significant work was also needed at the broader community level, particularly with large, mainstream institutions such as schools, hospitals, and local governments. A comprehensive approach involving various stakeholders was the clear next step. In 2004, the foundation embarked on a \$6.4 million initiative focusing on immigrant integration. Ten communities have formed broad coalitions, including representatives from health care, education, business, law enforcement, libraries, local government, faith-based organizations, immigrant-serving organizations, and the immigrant community. Following a four- to six-month planning process, the 10 communities will submit proposals for grants of up to \$75,000 per year for four years to implement portions of their plans.

► **Expanding access and coverage for immigrants and their families** – The philanthropic community has examined access to care from many angles, seeking ways to break down barriers created by costs, culture, miscommunication, and system structure. Efforts have focused on vulnerable populations, including immigrants and their families. Grantmakers are working to expand coverage for these individuals, many of whom are not eligible for public insurance.

The Oakland site of the W.K. Kellogg Foundation's *Community Voices* project is focused on increasing coverage and access to care for the county's large immigrant population. Partnering with two local community health centers, Asian Health Services and La Clínica, the *Community Voices for Immigrant Health Project* worked with the Alameda Alliance for Health, the local nonprofit managed care plan, to develop *Family Care*, a comprehensive, subsidized health insurance product designed for low-income families who do not qualify for government health programs. *Family Care* includes medical coverage, dental coverage, prescriptions,

maternity care, mental health services, acupuncture, chiropractic services, and family planning. Immigration status is not considered for program eligibility, and uninsured immigrant families are the primary market.

► **Increasing public awareness and understanding of recent immigrants** – The incorrect belief that the majority of immigrants are in the country illegally may help fuel negative perceptions of immigration as a whole. In an effort to build public understanding of recent immigrants, The Minneapolis Foundation embarked on a public information campaign in 1999, *Minnesota, Nice or Not?*, to educate Minnesotans on the growing numbers of Somalis, Russian Jews, Mexicans, and Hmong who were entering the community and dispel common myths about immigration. The campaign included a brochure, a Web site, radio ads, bus shelter posters, and other dissemination vehicles. The next stage, *Discovering Common Ground*, focuses on creating a statewide immigration agenda. To guide this effort, the foundation developed a report to lay out the facts and raise discussion points for a series of three day-long meetings on immigration in Minnesota. More than 500 community leaders participated in these meetings, including representatives from immigrant-serving organizations, government, business, and philanthropy.

This *Issue Focus* was based on Grantmakers In Health's Issue Dialogue held on June 14, 2005 in Charlotte, North Carolina. A more detailed *Issue Brief* will be released in fall 2005.

SOURCES

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