SPOTLIGHT on

HEALTH POLICY

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Loma Linda University Health
Institute for Health Policy and Leadership

Immigration Policy and Social Determinants of Health

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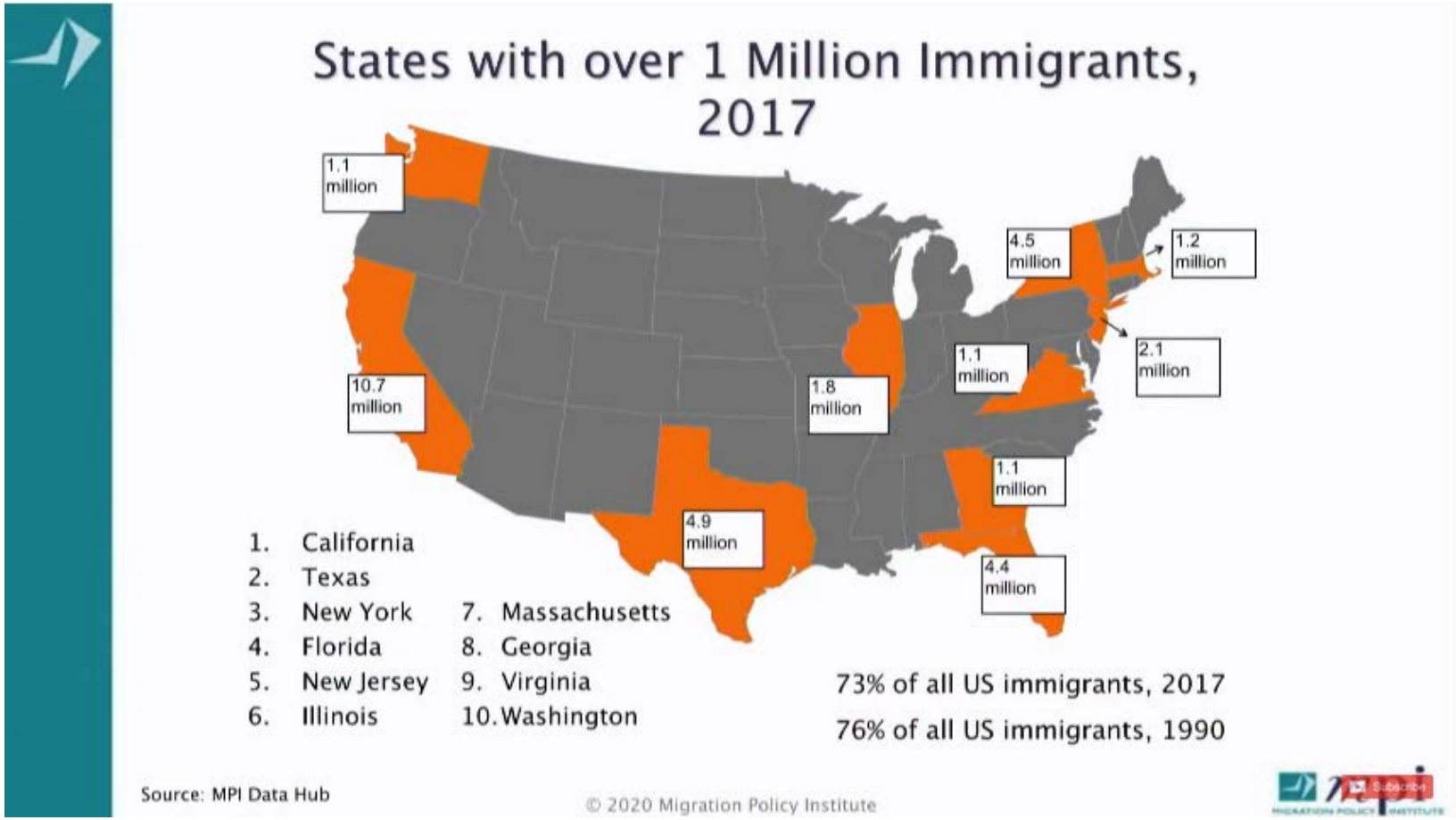
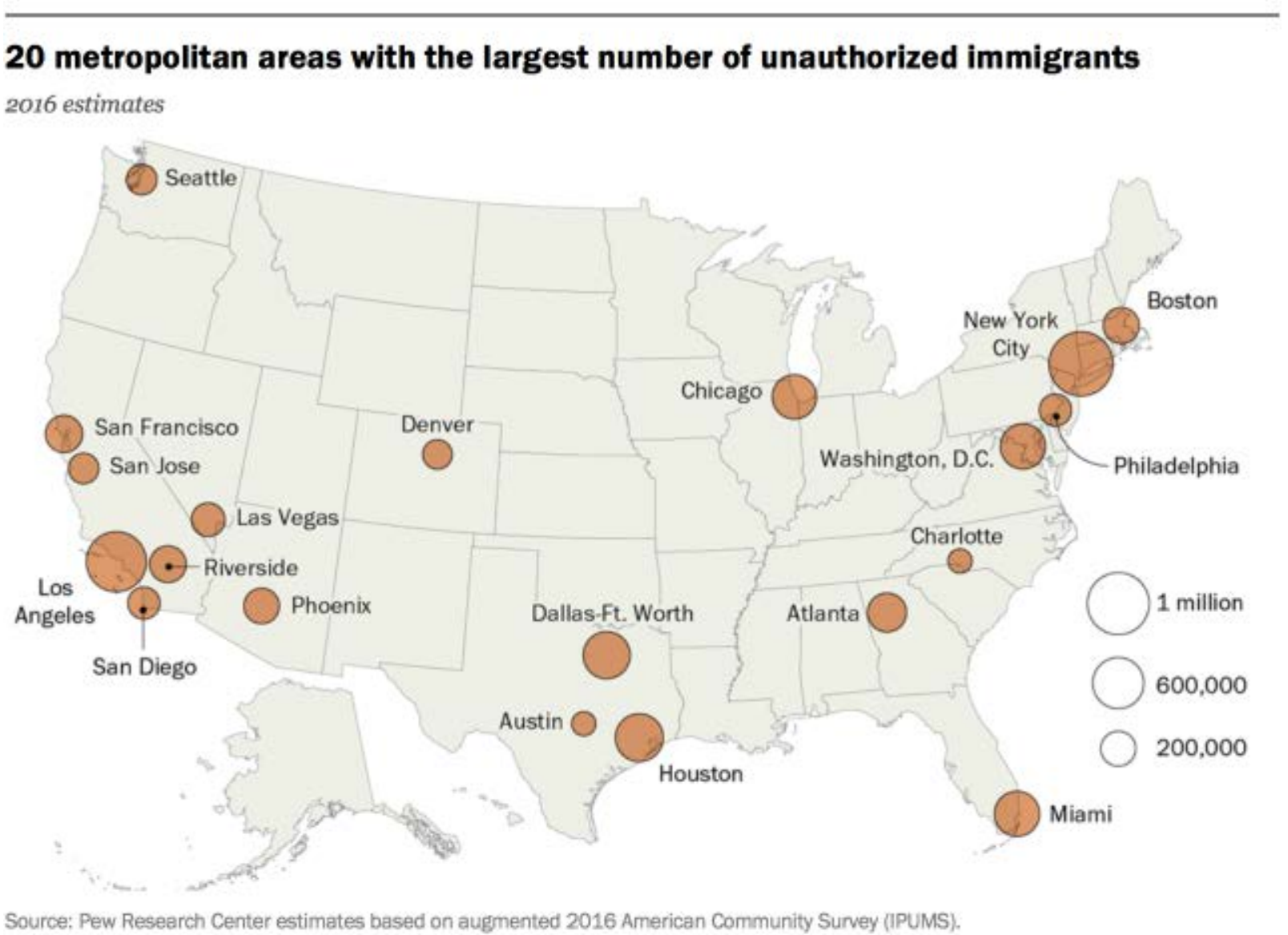
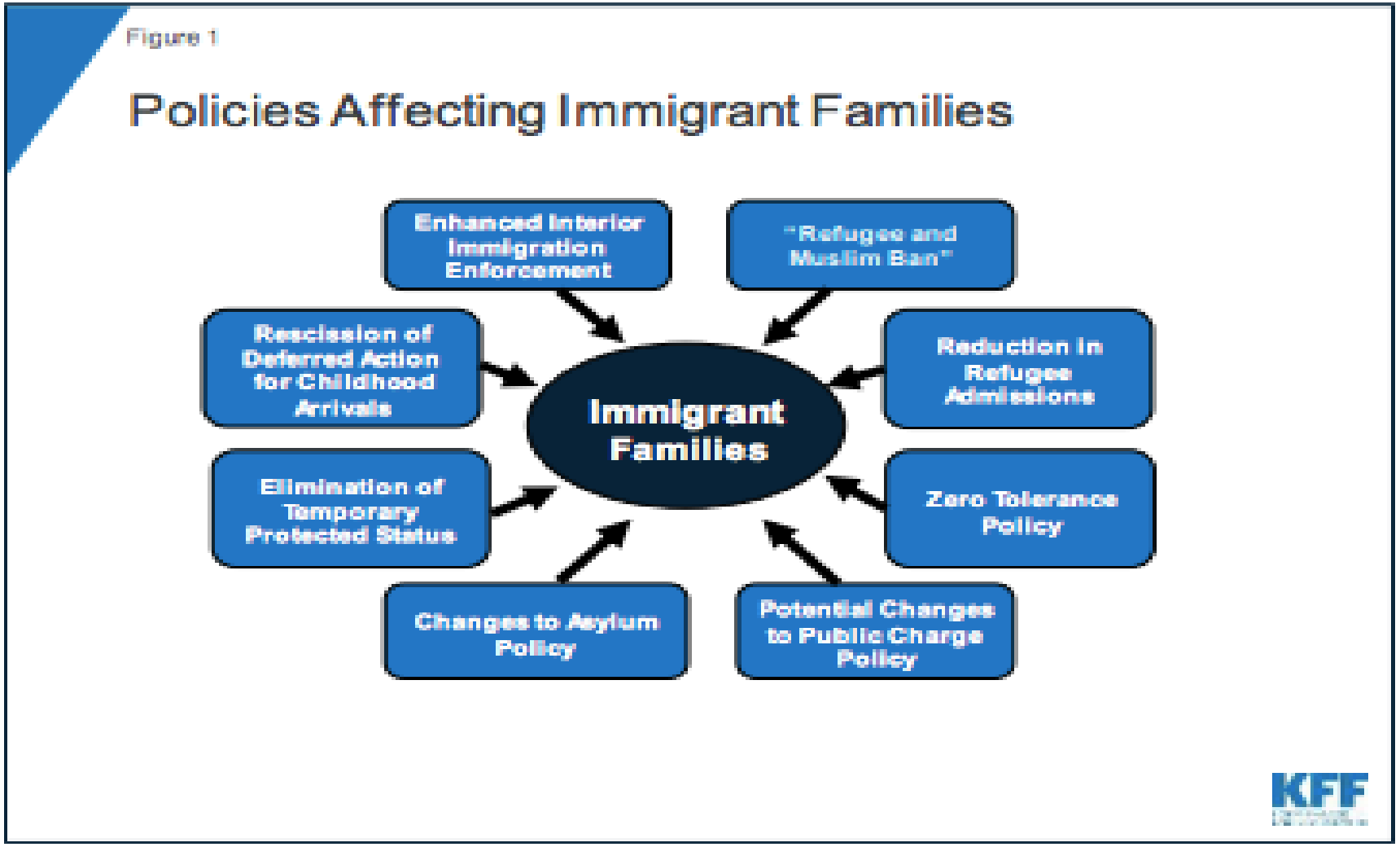
Migration Policy Institute (MPI) 2020





Passel, Jeffrey S., and D'Vera Cohn. 2019. "Twenty Metro Areas Are Home to Six-in-Ten Unauthorized Immigrants in U.S." Pew Research Center. https://www.pewresearch.org/fact-tank/2019/03/11/us-metro-areas-unauthorized-immigrants/. Accessed 1/31/2020.

Accumulating and intensifying threats and harms



Immigrant status vs. immigration policy

Immigrant **status** as a social (non-medical) determinant of health

- Access to needed, medically appropriate treatment and care
- Ability to pay for needed, medically appropriate treatment and care
- Household income support during treatment and care
- Patient and family psycho-social support during treatment and care

Immigration **policy** as a social (non-medical) determinant of health

- Focus on enforcement
- Devaluing of asylum
- Restriction of legal status
- Criminalization of person who migrates or seeks asylum
- Impact on ill person and on child if caregiver/breadwinner is deported

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Policy-induced stressors on immigrant families: the “enforcement” era

- Detention of parent or other adult in household
- Deportation of parent or other adult in household
- Inability to reunite family via sponsorship
- Pervasive fear of any/all of above happening to your family
- Consequences:
  - loss of income from detained/deported parent
    - loss of housing, lack of funds for food, utilities, transport, out of pocket medical, etc.
  - loss of child care, disruption to children’s routines
  - need for legal services that may include guardianship of children
  - toxic stress; anxiety and depression; worsening of chronic conditions

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Policy-induced stressors on immigrant families: the “public charge era”

- Public charge – a complicated and frightening policy that has induced myriad chilling effects on immigrant households’ use of health-related programs and engagement with perceived authorities, including health care providers.

- Technically applies only to green card applicants but chilling effects touch citizen children, legal permanent residents, undocumented immigrants and overlap with detention/deportation fears.

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What *should* we do?

1) Recognize that immigration-related social determinants of health go beyond insurance, language, and social services. They include existential fears, stressors, and harms induced by national-level policy priorities and rhetoric about immigrants.

- Kaiser Family Foundation (KFF) issue briefs offer free, frequently updated big-picture analysis of immigration-related social determinants of health.

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What *should* we do?

2) Acknowledge and respond to practitioner (including volunteer) stress/distress and uncertainty. Acknowledge the policy-induced causes of these feelings.

- Resist “migration crisis” framing and dehumanizing metaphors (flood, surge, etc.).
- Offer a “care” counterframe that aligns with health care professionalism under challenging conditions.
- Ask, How should we care for these patients/families/community member under these conditions?

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What *should* we do?

3) Avoid crisis to crisis, *ad hoc,* siloed, or concealed approaches to case management of social determinants related to immigration.

- Do not expect the current physician of record or the medical social worker to bear sole responsibility for devising “solutions.”
- Be alert to the potential for bias in resource allocation, e.g., likeability, gratefulness, perceptions of more/less deserving patients/families.
- Discuss how “advocate” role may lead to ethically complex workaround behaviors, e.g., shadow systems, creative interpretation of allocation rules.

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What *should* we do?

4) Commit to mitigating threats and harms locally.

- Offer structured, interdisciplinary reflection on challenging cases. Include interpreters, community health workers, etc.
- Support informal networks of immigrant health-focused practitioners. Learn from them and figure out how to be a good ally to the frontline.
- Identify a champion in system leadership. Explore what is possible in your system, city, state to improve immigrant health care.
- Approach community-based organizations in a spirit of learning and collaboration on behalf of the communities you serve. Think beyond the goal of “extending” clinical ethics consultation.

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What we are *doing*: from practitioners to systems (2018 –)

- **Identify broad concerns and limited-success approaches**
  - October 2018 Hastings Center national convening, "Creating Systems of Safety for Immigrant Health," funded by Open Society Foundations
  - Agreement that learning collaborative-type approach, involving leadership and focused on improvement and innovation, was potentially more effective than education alone, or ad hoc problem-solving, in supporting good practice and improving care
- **Identify immigrant-focused networks of practitioners and their challenges**
  - MSKCC Immigrant Health and Cancer Disparities Center, NYC
  - Health and Law Immigrant Solidarity Network (HLISN), Boston, MA
  - Immigration Working Groups (IWGs) at Montefiore Medical Center (Bronx, NYC), Denver Health, Lurie Children's Hospital (Chicago)

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NYC survey (underway in Chicago)

- Montefiore Immigration Working Group
  - 40+ members formed in 2018
  - Interdisciplinary medical, behavioral, and social service practitioners with immigrant patients/clients
  - Administrators of community health programs serving immigrant patients/clients
  - Employed by Montefiore, Bronx FQHCs

- Data from December 2019 survey (23 respondents) – top 5 most common challenges with patients/clients in the past year (survey conducted before Supreme Court public charge ruling)
  - Language barriers (95.8%)
  - Need for social services (95.8%)
  - Health insurance (91.7%)
  - Immigration status (83.3%)
  - Public charge fears (62.5%)

- Developing an Immigrant Health Care Improvement and Innovation Network (ongoing)
  - Leadership champion recruited (Assistant VP, Community and Population Health)
  - Implementation scientist recruited (medical anthropologist; NICHQ; currently Associate Director, Pediatric Quality, CHAM)

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Opportunities to improve and innovate

- 73% of the immigrant population in the US lives in 10 states.
- Most immigrants live in one of 20 metropolitan areas.
- Focusing on **metro areas** and engaging voluntary (private nonprofit) academic medical centers that provide care to low-income immigrant communities, supplementing public health systems, is a promising approach to supporting progress on social determinants.

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Immigrant Health Care Improvement and Innovation Network (snapshot)

- 18-month initiative with clinician-led immigration working groups in metro-area health systems plus selected local stakeholders
- Workshop plus work group webinars
- Produce implementation guide with best practices
- Disseminate implementation guide nationally, focusing on children's hospitals, family/maternal/child health networks, and health systems in states and metro areas with large immigrant populations
- Future phases will study implementation in different systems, with variation expected

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Potential stakeholders in metro areas

- voluntary (private nonprofit) health systems
- public hospitals and clinics and public health administrators
- community health centers
- medical-legal partnerships in hospitals and clinics
- immigrant health care-focused CBOs
- community health networks, e.g., family/maternal/child health, health and housing, that overlap with immigrant health and with health systems' community health/population health programs
- municipal policymakers responsible for immigrant affairs

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Recovery and repair

- Immigrants are a resilient population.
- Immigration is a hopeful act of imagining, planning, and taking steps toward a better future for yourself and your loved ones.
- Anti-immigrant policies and rhetoric are cruelly testing these capacities of immigrants and their families.
- Responding to the health consequences of immigration policy in our communities is also a hopeful act of imagining a better future.

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Recent publications

- Lilia Cervantes and Nancy Berlinger, “Moving the Needle: How Hospital-Based Research Expanded Medicaid Coverage for Undocumented Immigrants in Colorado.” *Health Progress* March-April 2020. https://www.chausa.org/publications/health-progress/article/march-april-2020/moving-the-needle-how-hospital-based-research-expanded-medicaid-coverage-for-undocumented-immigrants-in-colorado

- Nancy Berlinger, “‘Getting Creative’: From Workarounds to Sustainable Solutions for Immigrant Health Care.” *Journal of Law Medicine & Ethics* 47, no. 3 (2019): 409-11.

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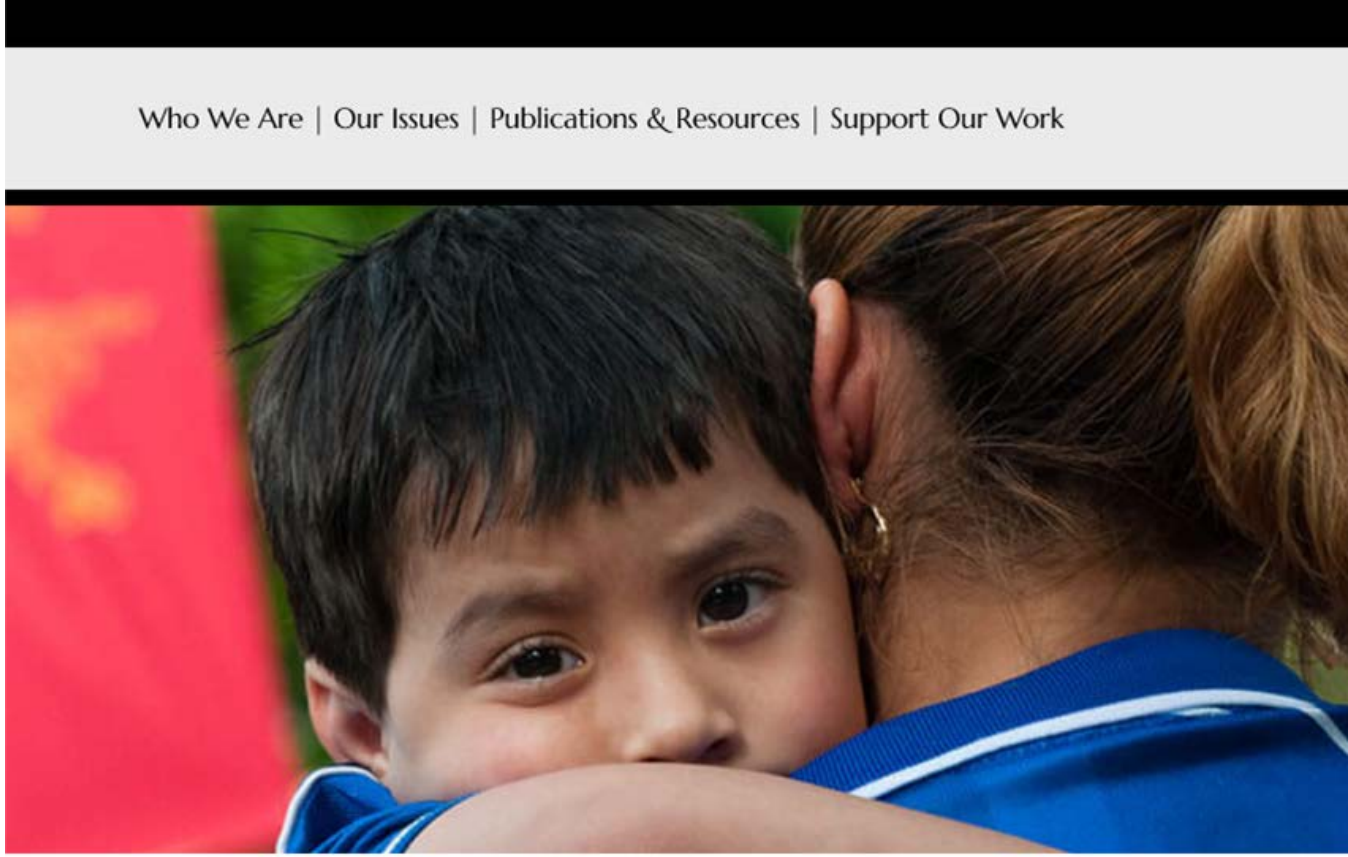
Immigrant health

- Undocumented Patients project, founded in 2011, maintains a public database of published and grey literature on health care access for undocumented immigrants and other immigrant populations in the U.S: **http://undocumentedpatients.org/bibliography/**

- Resources include “Immigration status as a social determinant of health: selected bibliography, 2017-2019”



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