KEY INFORMATION:

GRANTEE
Community Health Care Association of New York State

GRANT TITLE
Community Health Center Immigrant Outreach Project

DATES
January 2008 – December 2008

GRANT AMOUNT
$101,849

Grant Outcomes Report

Reducing the Health Insurance Information Gap among Community Health Centers

I. Executive Summary

This project aimed to increase the number of patients with immigrant status enrolled in public health insurance programs at community health centers (CHCs) across New York State. The Community Health Care Association of New York State (CHCANYS) developed a comprehensive resource manual to educate frontline CHC staff about immigrants and health insurance for upstate CHCs and thus, created a valuable resource and an encouraging environment for patients with immigrant status. CHCANYS also developed recommendations for the New York State Department of Health (NYSDOH) to improve the health care available to immigrants.

II. The Problem

CHCs care for many of New York's most vulnerable low-income residents, including many of the State's uninsured immigrants. According to CHCANYS, nearly three out of four (75%) CHC patients have incomes below 100% of the Federal poverty level. At many CHCs, both the uninsured patient population and the percentage of patients "best served in a language other than English" exceed 30%. Frontline CHC staff persons, who are often the first to engage uninsured immigrant patients receiving care, do not have the necessary resources to serve this population. Among immigrants and even CHC staff, there is a critical information gap about immigrants' eligibility for health insurance. According to a 2002 Commonwealth Fund field report on immigrant health coverage in New York, a key barrier to health insurance coverage is "the widespread confusion regarding eligibility for benefits, not just among immigrants themselves, but also among the health care providers that serve them and social services charged with determining eligibility."[1] Non-New York City agencies have a greater need for training and technical assistance in this area. While resources do exist regarding immigrant health issues, CHCANYS believed it was not feasible for CHC staff to find, interpret, and synthesize it for

[1] "Health Coverage for Immigrants in New York: An Update on Policy Developments and Next Steps", Deborah Bachrach and Karen Lipson. The Commonwealth Fund, July 2002.

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practical daily use. Because CHCs are known to reflect the culture and values of their communities and serve as a trusted health care resource, frontline staff persons need to understand the intricacies of health insurance to best serve their uninsured patients.

III. Grant Activities

To address this information gap, CHCANYS collaborated with the Empire Justice Center and the New York Immigration Coalition. Under the grant, they completed the following activities:

- Created a comprehensive resource manual explaining immigrants' eligibility for health insurance, specifically for CHCs outside New York City. This manual was used in three statewide training sessions for immigrant benefit experts and by other frontline CHC staff persons. While the initial focus was non-New York City agencies, this manual was also distributed through the CHCANYS network of more than 50 statewide CHCs, which includes more than 425 sites throughout New York State.

- Coordinated and facilitated the New York State Community Health Center Immigrant Eligibility and Coverage Workgroup, which comprises immigrant health insurance specialists with one specialist from each CHC in New York State to provide input and ongoing feedback on the manual during its development and production. The workgroup's input and feedback allowed project staff to

FUNDING INITIATIVE

In April 2007, the New York State Health Foundation (NYSHealth) issued a request for proposals for one-year projects under a major initiative, *Expanding Insurance Coverage in New York State*, to support programs that addressed the persistent problem of enrolling New Yorkers who were eligible for health insurance coverage, but not enrolled. The project aligned with NYSHealth's focus on enrolling "hard-to-reach" populations throughout the State and addressing cultural and linguistic barriers to enrollment.

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have a broader understanding of issues faced by health center staff and immigrant families (e.g., psychosocial issues, employment, financial obstacles, eligibility of immigrants, etc.). In addition, the workgroup, which consisted of 51 people from 20 upstate health centers, created a curriculum for the three statewide training sessions that highlighted specific issues raised during the manual development process.

- Developed policy recommendations related to the barriers that CHCs face in enrolling immigrant patients in health insurance and sent to officials at the New York State Department of Health.

Through these activities, CHCANYS hoped to achieve two major goals. The first goal was to document measurable increases in the technical knowledge of frontline CHC staff related to immigrant health coverage options. The second goal of the project was to document measurable increases in health insurance enrollment among CHC patients with immigrant status as a result of this project. CHCANYS estimated that more than 7,000 non-NYC patients would be newly enrolled in the first year after training CHC staff on the manual and incorporating its use into CHCs.

IV. Key Findings

CHCANYS developed a synthesized and easy-to-use manual, *Community, Migrant and Homeless Health Center Handbook: Immigrant Eligibility for Publicly Funded Health Care Benefits*, and distributed it to a total of 69 health centers (56 Federally Qualified Health Centers and 13 "look-alikes") with more than 425 sites across New York State. CHCANYS also engaged Barbara Weiner, staff attorney at the Empire Justice Center, to author the guide and provide the statewide trainings. Though the original proposal limited the distribution of the manual to upstate CHCs, CHCANYS made it available to all CHCs statewide. Because the manual was completed and disseminated just as the grant period concluded, the manual had not been in the field long enough to assess its use. Thus, CHCANYS was unable to determine whether it achieved its first goal of increasing CHC frontline staff persons' technical knowledge about health insurance for the immigrant population.

Approximately 100 people attended the upstate training sessions, which discussed immigrant health insurance issues that were raised in the manual development process (e.g., PRUCOL rules, health insurance for immigrants, and citizenship status). Feedback from these sessions was used to improve the manual.

Testimonials and surveys from the participants indicate that 68% rated the presenter as excellent and effective in directing the discussion; 60% rated the usefulness of information as excellent, useful, and important to their organization; and 84% rated the format as an effective method in communicating the information provided in the session.

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Though a policy report was not produced as originally proposed, policy recommendations on improving coverage and access among immigrants and their families were developed and sent to NYSDOH officials. These recommendations highlighted six policies that the NYSDOH can implement to reduce barriers to immigrant health coverage. They are:

1. **EMERGENCY MEDICAID:** Ensure that local departments of social services (LDSS) have a broader definition of "emergency" and provider coverage for ongoing care required to prevent the recurrence of acute and life threatening conditions.
2. **LANGUAGE ACCESS:** Ensure that each LDSS thoroughly trains its staff to advise Medicaid applicants/recipients about the availability of free interpreter services it supplies.
3. **IMMIGRANT ELIGIBILITY:** Ensure that LDSS offices are up-to-date with eligibility rules by providing refresher courses and ask local districts to identify an "immigrant liaison."
4. **REFUGEES:** Improve coordination with the Bureau of Refugee and Immigrant Affairs (BRIA) regarding the scheduled resettlement of refugees in particular counties to better prepare and plan for their enrollment into public health insurance programs.
5. **TIMELY PROCESSING:** Monitor processing time and, in those local districts where application processing time exceeds legal requirements, take corrective action.

FUNDING & RATIONALE

This project was funded under the Coverage request for proposals (RFP) in fall 2007. The objectives of this RFP were to: **1)** address the persistent problem of enrolling uninsured New Yorkers and keeping them enrolled in public coverage; and **2)** expand enrollment for individuals who are not eligible for public insurance. The statewide stretch of this initiative, along with the proposed partners—both very respected in the immigrant community—offered a sustainable opportunity to improve services for this vulnerable population, as well as a stronger link to health insurance coverage. In addition, the goals of the project aligned with the Foundation's focus on enrolling "hard-to-reach" populations throughout the State and addressing cultural and linguistic barriers to enrollment.

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6. **IMMEDIATE NEEDS:** Establish a policy and procedure (i.e., expedited case processing, provision of a temporary Medicaid card, and a letter of coverage for prescriptions) for meeting the needs of Medicaid applicants with medical conditions that require immediate attention.

While the project did complete most of its proposed activities, it was unable to measure the number of uninsured immigrant adults and children receiving care at CHCs. Members of the workgroup were strongly opposed to collecting these data because health center staff have an explicit policy not to ask patients for or record their immigrant status. Due to the sensitivity of tracking immigration status, CHCANYS decided to drop this project component.

CHCANYS also could not track the number of immigrant families who enrolled in health insurance as a result of this project, nor could they find a suitable data proxy to assess the project's impact on health insurance enrollment. CHCANYS believed that tracking the total number of families enrolled would not be a suitable proxy because they would still need to identify immigration status to make any statements about enrollment.

V. Lessons Learned

Connecting immigrants to health insurance and health care is challenging. Equipping CHC staff with more knowledge of the eligibility issues should help them to better serve immigrants; however, the extent to which the technical knowledge of staff has increased and is remaining current requires a more detailed assessment.

Tracking and recording immigrant data is challenging because of the fear of negative repercussions (e.g., deportation, becoming a "public charge," effect on immigrant or citizenship application). Vetting the work plan and project components with health center staff who work directly with immigrant families prior to the submission of the grant proposal may have informed elements of the proposal. Specifically, CHCANYS and NYSHealth may have recognized the challenges in collecting data on immigration status and the number of enrolled, and adjusted the proposal.

VI. The Future

The *Community, Migrant And Homeless Health Center Handbook: Immigrant Eligibility For Publicly Funded Health Care Benefits* manual has been incorporated into CHC staff training. CHCANYS and Empire Justice Center staff continually update the manual. In addition, CHCANYS has included the six recommendations presented to NYSDOH in its continual advocacy with New York State stakeholders and policymakers.

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BACKGROUND INFORMATION:

ABOUT THE GRANTEE

Established in 1971, the Community Health Care Association of New York State (CHCANYS) is the oldest statewide Primary Care Association in the United States. As the New York State association of community health centers, CHCANYS' goal is to provide community health centers with the resources needed to provide community-based primary care to anyone in need regardless of their ability to pay. Members of the CHCANYS network include more than 50 community health care centers with more than 425 sites, and serve 1.1 million vulnerable New Yorkers annually. These centers offer family medicine and comprehensive primary care including obstetrics and gynecology, pediatrics, dental, laboratory, mental health and substance abuse services.

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