

**Identifying Barriers & Facilitators to Care
Among Undocumented Clients:
Perspectives from Frontline Health Care
Service Providers
Findings from Southeast Michigan**

Monika Doshi, MPH & Richard Bryce, DO

November 12, 2018

APHA

Presenter Disclosures

Monika Doshi & Richard Bryce

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Authors:

Monika Doshi

William Lopez

Hannah Mesa

Raymond Rion

Richard Bryce

Ellen Rabinowitz

Paul Fleming

Michigan School of Public Health

Michigan School of Public Health

Michigan School of Public Health

Packard Health in Washtenaw County

CHASS Center in Detroit*

Washtenaw County Health Department

Michigan School of Public Health

Funding

This project has been funded by the Michigan Institute for Clinical and Health Research (MICHR) & the UM Poverty Solutions Initiative

*With support from Henry Ford Health Systems

Overcoming the Chilling Effect Project



**SCHOOL OF
PUBLIC HEALTH**
UNIVERSITY OF MICHIGAN



Background

Michigan



- 130,000 undocumented immigrants*
- Policies related to:
 - Driver's Licenses
 - Insurance Coverage
 - Labor Market & Working Conditions
- “Constitution Free Zone”



*Source: <https://www.americanimmigrationcouncil.org/research/immigrants-in-michigan>

UNDER

Frederick News-Post reporter Nancy Lavin interviewed three undocumented immigrants who live in Frederick.

THE

The interviews, conducted through an interpreter, are intended to highlight their experiences in light of local, state and nationwide discussion about immigration enforcement.

RADAR

The people are only identified by their first names as a condition of the interviews. These are their stories.

Research Question

What do frontline health care service providers perceive the barriers and the facilitators to be for their undocumented clients when accessing care and social services?

Sample

- ❖ ***How many?***: 28 in-depth interviews
- ❖ ***Where?***: Sites include CHASS (N=13); Washtenaw Health Plan (N=10); Packard Health: (N=5)
- ❖ ***Who?***: Cross-section of service providers (e.g., Clinicians, Enrollment Specialists, Community Health Workers, Patient Advocates, Administrators, Front Desk Staff, Drivers)
- ❖ ***When?***: April through August 2018

Analysis

- ❖ Recorded and transcribed interviews
- ❖ Used memoing and completed transcript summaries
- ❖ Applied deductive and inductive codes to transcripts
- ❖ Had meetings with analysis team to confirm/check findings

Results: Guiding Framework*

Phases of Delay

Phase I: Decision to Seek Care

*Phase II: Identifying and traveling
to healthcare facilities*

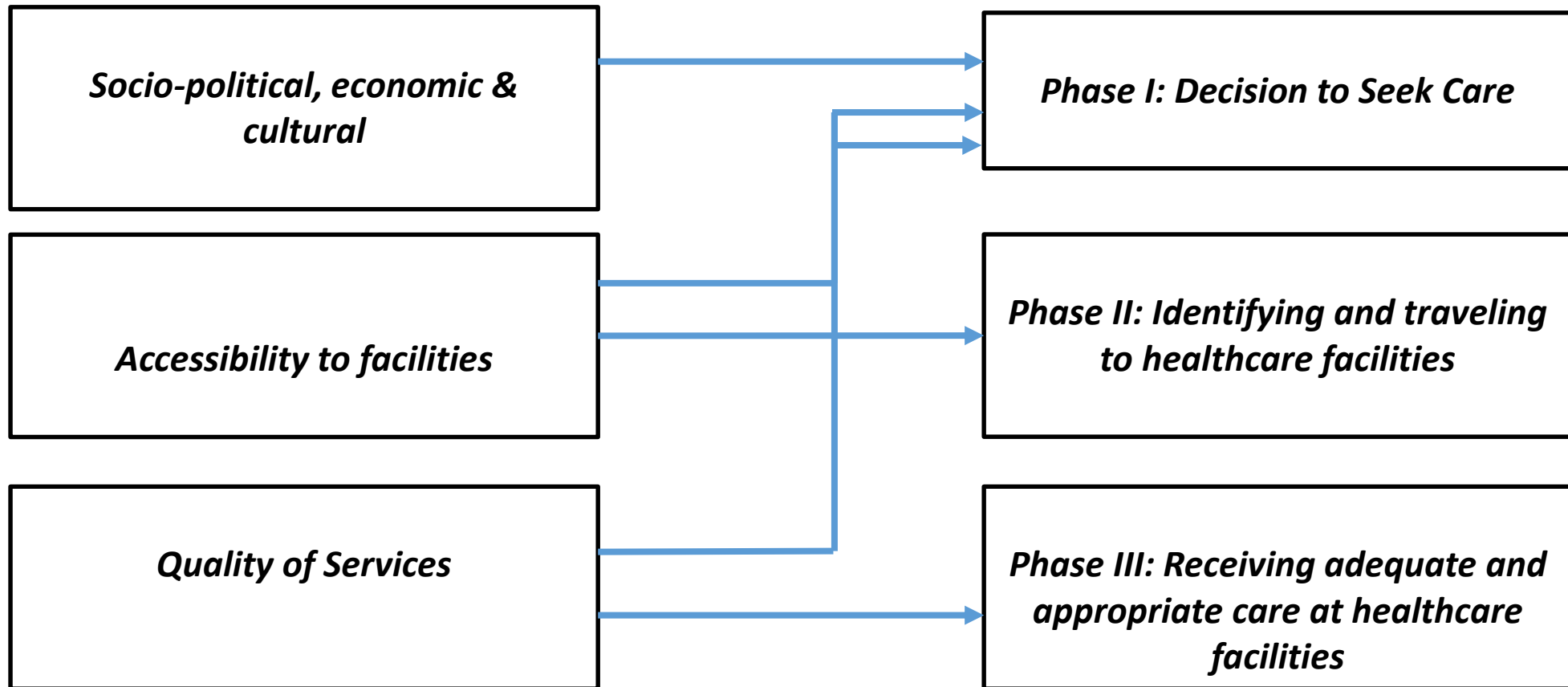
*Phase III: Receiving adequate and
appropriate care at healthcare
facilities*

**Adapted from the Three Delays Model (Thaddeus & Maine, 1994)*

Results: Guiding Framework*

Factors Affecting Access to Care

Phases of Delay



*Adapted from the Three Delays Model (Thaddeus & Maine, 1994)

Results: Guiding Framework*

Factors Affecting Access to Care

Socio-political, economic & cultural

- Global/generalized fear
- Behavior change due to immigration enforcement
- Financial & Opportunity Costs
- Home country health practices

Phase of Delay

Phase I: Decision to Seek Care

*Adapted from the Three Delays Model (Thaddeus & Maine, 1994)

Phase I: Decision to Seek Care

Factors: **Socio-Political**, Economic & Cultural

- ❖ Vitriolic anti-immigrant rhetoric, dehumanization & surge in detainments/deportations = generalized fear & changes in health seeking behaviors

...is it safe to go to the grocery store and get some bread? Am I able to go to my doctor's appointment? ...the majority of the families are afraid and so they kind of seclude themselves in their homes. They don't go out. They don't send their children to school. They arrange other ways to get whatever they need. Family members bring food over. Someone picks up the children to take them to school. And it just becomes a very, very, very scary place for lots of people. [Jennifer, Patient Advocate Coordinator, Packard Health]

Phase I: Decision to Seek Care

Factors: Socio-Political, **Economic** & Cultural

- ❖ Financial costs of receiving care, including fee for service & opportunity costs

I hear more when, cause we do pre-visit planning and we call people to see if they want to apply for Medicaid or if they're interested in making an appointment to apply. And there's a lot of people that will let you know, 'no, I don't have papers' or 'no, I don't have the documents and I don't want them [immigration] to know I'm here' or 'I'm not interested'...[Sofia, Customer Service Representative, CHASS]

Phase I: Decision to Seek Care

Factors: Socio-Political, Economic & Cultural

- ❖ Continuation of health related behaviors and practices emblematic of the client's home country

...you know part of it is just like it's a new system, new places...dental care is different from...you know, of course I say well your body doesn't end at your neck but dental and mental healthcare are treated completely differently ...mental health, you know, people are resistant to access a lot cuz sometimes culturally it's not...[Lisa, Program Administrator, Washtenaw Health Plan]

Results: Guiding Framework*

Factors Affecting Access to Care

Accessibility to facilities

- Presence of police/ICE/CBP
- Transportation
- Navigation & coordination of care

Phase of Delay

Phase II: Identifying and traveling to healthcare facilities



*Adapted from the Three Delays Model (Thaddeus & Maine, 1994)

Phase II: Identifying & Traveling to Healthcare Facilities

Factors: Accessibility to Facilities

- ❖ Presence of police, ICE, and Customs and Border Protection as deterrents/barriers

Clients will miss their appointments if they hear that ICE is in the area...because they don't want to be deported. [Pablo, Driver, CHASS]

Phase II: Identifying & Traveling to Healthcare Facilities

Factors: Accessibility to Facilities

- ❖ Direct link between presence of local police/ICE/CBP and transportation as barrier

...they're rescheduling [ultrasounds] and everything is because you know of the immigration status right now they're scared to drive... most of these pregnant ladies have an expired driver's license for years and they don't want to risk it they don't even want to risk coming to the clinic anymore because they don't have no other transportation... and they're scared to get out there in the street with an expired driver's license cuz they hear that the immigration is out a lot more than ever. [Laura, Referral Coordinator, CHASS]

Phase II: Identifying & Traveling to Healthcare Facilities

Factors: Accessibility to Facilities

- ❖ Perceived or experienced difficulties or no/limited knowledge of any healthcare system pose obstacles for clients

...you come from a place like the Congo or Romania, you know, who knows so you know Mexico, if you're coming from the mountains of Guatemala, it's like you're dealing with not just the unfamiliarity of the system but it doesn't in a lot of ways make sense in English. [Lisa, Program Administrator, Washtenaw Health Plan]

Results: Guiding Framework*

Factors Affecting Access to Care

Quality of services

- Language and/or cultural connection
- Facility culture/milieu

Phase of Delay

Phase III: Receiving adequate and appropriate care at healthcare facilities



*Adapted from the Three Delays Model (Thaddeus & Maine, 1994)

Phase III: Receiving Adequate & Appropriate Care at Healthcare Facilities

Factors: Quality of Services

- ❖ Incongruity in language and/or culture between staff and clients

They don't understand the...that's what prevents them...language...where are where are the doctors that speak Spanish.... It's very, very disconcerting if you are in pain I mean if you can imagine that and not be able to tell somebody what the hell is wrong with you. What the hell or you are trying to explain it and the person is not understanding and this your health. That's scary. [Summer, Outreach Worker, Washtenaw Health Plan]

Phase III: Receiving Adequate & Appropriate Care at Healthcare Facilities

Factors: Quality of Services

- ❖ Facility culture/milieu as potential barriers

...I was in my office and I overheard the receptionist saying, yelling to a patient that they needed to bring someone in English. That she wasn't going to help them. They [patient] spoke Spanish...they [receptionist] would refuse to help. [Fernanda, Enrollment Specialist, Washtenaw Health Plan]

Facilitators to Care & Social Services

❖ Trust and rapport

*I think a lot of it just comes down to just letting them talk so if you sit and you let them just tell their story and not interrupt everything **they're gonna tell you** and if you get that over and over again of like they if I go in you know she's not going to care, she's not going to turn me in. There's some patients that you know if you're starting to sense and wonder you know what's going on just be like listen I don't care what's going on at home. I don't care what's you know going on...what I care about is helping you so anything you can give me to help you, I can use to help you. [Vanessa, Family Medicine Doctor, Packard Health]*

❖ Culturally and linguistically congruent staff

I can just [see] the comfort on people's faces when they realize that they can actually speak to a Spanish speaker. I mean there's nothing quite like it. [Kati, Director – Enrollment & Advocacy, Washtenaw Health Plan]

Facilitators to Care & Social Services

❖ Quality and affordable care

...We can't deny to see anybody and for the most part, I feel like people they get great customer service they...get all the care that they need and even if they don't have insurance we gonna send them home with whatever they need. [Mariana, Medical Assistant, CHASS]

❖ Open and inviting clinic milieu

...we are pretty lenient in you know registering new patients. We don't say you need have proof of residency or in county. Usually with new patients, we do like to see some form of identification but if someone really doesn't have one we are not going to turn them away. [Jennifer, Patient Advocate Coordinator, Packard Health]

Facilitators to Care & Social Services

❖ One-Stop-Shop

...we try and we're trying to like meet people where they are at, and, and sort of provide, not completely wraparound services but to wrap more services around. [Lisa, Program Administrator, Washtenaw Health Plan]

Sometimes they'll come in and they won't know how to fill out a paper and they'll ask us "what's this, what's that." I mean, usually we have to put them with social work so they'll help them but me I like to read their stuff first to see if it's something I can do, and then if it's not, I'll put them with social work. So I feel like there's not another place like that around here. [Sara, Customer Service Representative, CHASS]

❖ Meet Clients Where They Are

...They do have jobs, most of them. But they cannot take time off so they end up missing a lot of appointments, which is why ended up accommodating, you know, having the day where the clinic is open late to accommodate most of those people. [Jessica, Community Health Worker, CHASS]

Other Recommendations

- ❖ Telemedicine
- ❖ Home visits
- ❖ Community Health Workers

Way Forward

You need to be culturally sensitive... just understanding where they're coming from or being able to put yourself in their shoes... and just having you know just the heart and not letting it just be your job but more like a passion you know to help people and to want to help people when you do it because you like it or you love it...it makes a big difference. [T, Member Specialist, Washtenaw Health Plan]

Thank You

Contact:

Monika Doshi

mxdoshi@umich.edu

Richard Bryce

rbryce@chasscenter.org