



# Health care access and advocacy with immigrants: Legal and ethical issues for public health social workers

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## **Learning Objectives:**

- To learn the legal definitions of immigrants, refugees, and undocumented people
- To explore health care policy for newcomers as related to their immigrant status
- To discuss the relationship between health care access and health disparities
- To examine ethical standards in relationship to health care access
- To identify advocacy methods for social work practice with immigrants



# Overview

- Entering short term
  - Visitors/ Students/Temporary Worker
- Entering long term
  - Family sponsorship/Employment sponsorship
  - Refugee/Survivor of Abuse
- Exclusion, Removal, Citizenship
- Access Issues



# Sources of Law

**Legislative  
Branch:  
Congress  
Immigration  
Act**

**Executive  
Branch:  
Dept of Justice  
INS**

**Judicial  
Branch:  
Federal Courts**



# Sources of Law

Congress  
Immigration  
Act


Dept of  
Homeland Security  
US Citizenship  
&  
Immigration Services

Judicial Branch:  
Federal Courts



# Non Immigrants

- Methods for entering the country temporarily



# Short Term

## Non Immigrant Visas

- (B) visiting temporarily for business or temporarily for pleasure
- (F) bona fide student qualified to pursue a full course of study
- (H) temporarily to perform services in a specialty occupation
- (J) student, scholar, trainee, teacher, professor, research assistant



# Short Term Non Immigrants Visas

- K) fiancée or fiancé of a citizen of the United States
- (L) employed continuously for one year by a firm or corporation
- (R) religious denomination having a bona fide nonprofit, religious organization in United States





# Short Term Non Immigrants Visas

- U) crime victims who have suffered physical or mental abuse as a result of rape, torture, trafficking, incest, domestic violence; possesses information concerning the criminal activity
- V spouses and children (unmarried and under the age of 21) to come in or stay in the U.S. once a petition filed by a permanent resident spouse/parent was filed more than three years previously and was approved or is still pending



# Summary Short Term Visas

- Tourists
- Students
- Fiancé(e)
- Temporary Workers



# Immigrants

- Methods for entering the country permanently
  - Lawful permanent resident
  - Green Card holder
  - Immigrant



# Long Term: Immigrant Visas - Family

## Immediate relatives


**First: Unmarried Sons and Daughters of Citizens: 23,400 plus any numbers not required for fourth preference.**

**Second: Spouses and Children, and Unmarried Sons and Daughters of Permanent Residents: 114,200, plus the number (if any) by which the worldwide family preference level exceeds 226,000, and any unused first preference numbers:**

- A. Spouses and Children: 77% of the overall second preference limitation, of which 75% are exempt from the per-country limit;**
- B. Unmarried Sons and Daughters (21 years of age or older): 23% of the overall second preference limitation.**

**Third: Married Sons and Daughters of Citizens: 23,400, plus any numbers not required by first and second preferences.**

**Fourth: Brothers and Sisters of Adult Citizens: 65,000, plus any numbers not required by first three preferences.**



# Violence Against Women

## INS 204(a)(1)

- Spouses and children of U.S. citizens or Legal Permanent Residents who are victims of domestic violence can self-petition for permanent residency



# Long Term Immigrant Visas - Labor

## ■ Employment Based

- First: Priority Workers: 28.6% of the worldwide employment-based preference level, plus any numbers not required for fourth and fifth preferences.
- Second: Members of the Professions Holding Advanced Degrees or Persons of Exceptional Ability: 28.6% of the worldwide employment-based preference level, plus any numbers not required by first preference.
- Third: Skilled Workers, Professionals, and Other Workers: 28.6% of the worldwide level, plus any numbers not required by first and second preferences, not more than 10,000 of which to "Other Workers."
- Fourth: Certain Special Immigrants: 7.1% of the worldwide level.
- Fifth: Employment Creation: 7.1% of the worldwide level, not less than 3,000 of which reserved for investors in a targeted rural or high-unemployment area, and 3,000 set aside for investors in regional centers by Sec. 610 of P.L. 102-395.



# Immigrant Visa - REFUGEE

- Any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually,
- and who is unable or unwilling to return to, and is unable or unwilling to avail or herself of the protection of, that country because of
  - a well-founded fear
  - of persecution
  - on account of race, religion, nationality, membership in a social group, or political opinion.



# Immigrant Visa - Special Juvenile Immigrant

8 U.S.C. 1101(27)


- (i) who has been declared dependent on a juvenile court located in the United States or whom such a court has legally committed to, or placed under the custody of, an agency or department of a State and who has been deemed eligible by that court for long-term foster care due to abuse, neglect, or abandonment;





# Summary of Immigrant Visas

- Sponsored by a Family
- Sponsored by a Job
- Sponsoring yourself (Asylum)
- Sponsoring yourself (Abuse)
- Sponsoring yourself (Adjudicated Dependent Juvenile)
- Sponsoring yourself (Lottery)



# Grounds for Inadmission (Exclusion)

Immigration and Nationality Act section 212 (a)

1. Health-related grounds.-
2. Criminal and related grounds.-
3. Security and related grounds.-
4. Public charge
5. Labor certification
6. Illegal entrants and immigration violators
7. Documentation Requirements. An alien present in the United States without being admitted or paroled, or who arrives in the United States at any time or place other than as designated by the General, is inadmissible.
8. Ineligible for citizenship
9. Aliens Previously removed
10. Miscellaneous (Polygamists; Abductors)



# Grounds for Removal (Deportation)

Immigration and Nationality Act section 237 (a)

- Inadmissible at time of entry or of adjustment of status or violates status.- Any alien who at the time of entry or adjustment of status was within one or more of the classes of aliens inadmissible by the law existing at such time is deportable.
- Criminal offenses.-
- Failure to register and falsification of documents.-
- Security and related grounds.-
- Public charge.-
- Unlawful voters.-Any alien who has voted in violation of any Federal, State, or local provision, statute, ordinance, or regulation is deportable.



# Citizenship

- Citizenship by parentage
- Citizenship by birth in US soil
- Citizenship by application



# Citizenship by Application

## Naturalization

- citizen of the United States upon his own application who cannot demonstrate-
- (1) an understanding of the English language, including an ability to read, write, and speak words in ordinary usage in the English language: Provided, That the requirements of this relating to ability to read and write shall be met if the applicant can read or
- write simple words and phrases to the end that a reasonable test of his literacy shall be
- made and that no extraordinary or unreasonable conditions shall be imposed upon the
- applicant; and
- (2) a knowledge and understanding of the fundamentals of the history, and of the
- principles and form of government, of the United States.



# Summary

- Entering short term
  - Visitor – student – Temporary Worker
- Entering Long term
  - Family sponsorship
  - Employment sponsorship
  - Refugee
- Exclusion
- Removal
- Citizenship



# Health and Immigrants

- Access
- Costs
- Advocacy



# Literature Review

- **Recent social work literature on health issues and immigrants**
  - **Underutilization of health services by Taiwanese and Latino immigrants (Kuo & Torres, 2001; Zambran, Dorrington, et al, 1994)**
  - **Health seeking behaviors of elderly Chinese Americans (Pang, Jordan, Silverstein & Cody, 2003)**
  - **Health issues with Chinese and Asian Indian immigrants (Jang, Lee & Woo, 1998); Schwartz, 2002), (Divan & Jonnalaggadda,2001).**
  - **Differing health beliefs of immigrants (Congress, 2004)**





# Access to Health

- Non-citizen immigrants were much less likely than immigrants who became citizens and U.S. born to be insured (Carrasquillo O., Carrasquillo A.I., and Shea S., 2000).
- In 2001, 60% of low-income non-citizens were uninsured compared to 28% of low-income citizens (Kaiser Commission on Medicaid and the Uninsured, 2003).
- In 2001, 33% of low-income U.S. born were on Medicaid, compared to 13% of low-income non-citizens (Holanhan and Wang, 2003).




# Access

- 2000 data indicate that only 26% of immigrants have employer-based health insurance (Ku and Blaney, 2000)
- Despite high rates of employment by immigrants, immigrant workers tend to work in industries that are less likely to offer health benefits (Kaiser Commission on Medicaid and the Uninsured, 2003).
- A recent Robert Wood Johnson Foundation report found that more Californians are declining employer-sponsored health benefits due to rising health insurance premium costs (RWJF, 2006).



# Access

- Immigrants in the U.S. receive surprisingly little health care - 55% less than native-born Americans - according to a Harvard/Columbia University study that appears in the current issue of the American Journal of Public Health. Immigrant children received particularly low levels of care, 74% less overall than other children.
- According to the study, immigrants accounted for 10.4% of the U.S. population, but only 7.9% of total health spending, and only 8% of government health spending. Per capita health expenditures averaged \$1,139 per immigrant vs. \$2,564 for non-immigrants. 30% of immigrants used no healthcare at all in the course of a year.
- Most immigrants had health insurance coverage. Though uninsured immigrants used the least health care of any group - 61% less than US-born persons who were uninsured - even immigrants with coverage used 52% less health care than insured non-immigrants.



# Access - Children

- Immigrant children received far less care in doctors' offices (71% less than non-immigrant children) and received 72% less prescription medications. Immigrant children had a significantly lower average number of emergency room visits than non-immigrant children. However, their emergency room costs - \$45 per child - were nearly three times greater – suggesting that immigrant children forewent care until becoming very ill.



# Health Care Expenditures for Immigrants in the United States

- The study is the first nationwide analysis of immigrants' health care expenditures.
  - The researchers analyzed data on 21,241 people in the Agency for Healthcare Research and Quality's 1998 Medical Expenditure Panel Survey, which collects detailed health spending data on a representative cross-section of Americans.
  - They used statistical techniques to adjust comparisons between immigrants and non-immigrants for differences between the two groups in age, race/ ethnicity income, health status, and insurance status.
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# Health Care Expenditures for Immigrants in the United States

- The U.S. immigrant population was 28.4 million in 2000, or 10.4% of the population, but immigrants account for 7.9% of U.S. health care expenditures (\$39.5 billion in 1998), significantly less than their proportion of the population.



# Health Care Expenditures for Immigrants in the United States

- Immigrants utilize 55% less health care than U.S.-born residents (\$1,139 vs. \$2,546 per capita).



# Health Care Expenditures for Immigrants in the United States

- Immigrant children visit emergency rooms significantly less than non-immigrant children, but their individual ER costs are nearly three times higher (\$45 vs. \$18 per capita), suggesting that immigrant children forego needed care until experiencing an emergency.





# Health Care Expenditures for Immigrants in the United States

- Immigrant children utilize 74% less health care than U.S.-born children (\$270 vs. \$1,059 per capita).



# Health Care Expenditures for Immigrants in the United States

- Immigrant children utilize 71% less doctors' care, 90% less inpatient hospital care, and 72% less prescription medications than U.S.-born residents.



# Health Care Expenditures for Immigrants in the United States

- 30% of immigrants utilize no health care in the course of a year compared to 20% of U.S.-born residents.



# Health Care Expenditures for Immigrants in the United States

- Immigrants utilize less health care per capita regardless of insurance status including those with private insurance (\$1,711 vs. \$1,906 for U.S.-born) and those with public insurance (\$2,749 vs. \$3,447).



# Health Care Expenditures for Immigrants in the United States

- Immigrants are more likely to be uninsured than U.S.-born residents (24.6% vs. 10.0%) but utilize less health care than other uninsured residents (\$459 vs. \$629 per capita).



# Health Care Expenditures for Immigrants in the United States

- Per capita, immigrants utilize 64% less emergency department care, 49% less doctors' care, 31% less inpatient hospital care, and 69% less on prescription drugs than U.S.-born residents.



# Health Care Expenditures for Immigrants in the United States

- Latino immigrants utilize half as much health care as U.S.-born Latinos (49% less) and less than one third of U.S.-born whites (70% less).



# Health Care Expenditures for Immigrants in the United States

- It is estimated that immigrants will pay, on average, \$80,000 more in taxes than they will use in government services over their lifetimes (The New Americans: Economic, Demographic, and Fiscal Effects of Immigration, National Academy Press, 1997).





# Health Care Expenditures for Immigrants in the United States

- For the purposes of the study, immigrant was defined as being born in a foreign country. The data contains no information about citizenship or legal status.



# Past legislation

- 1994: Proposition 187-California law that denied social services to undocumented immigrants (was later ruled unconstitutional).
- 1996: Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)-As part of “welfare reform” *legal* immigrants cannot access Medicaid for their first five years in the U.S.
- 2006: Deficit Reduction Act (DRA)-New documentation requirement for people applying for or renewing Medicaid eligibility (went into effect on July 1, 2006)



# Issues for Social Workers

- Public health and social work codes
- Pre and post migration health
- Health care disparities
- Advocacy efforts



# American Public Health Association

- Priorities of APHA

- Ensuring access to health care
- Eliminating health disparities

- Public health programs should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, & cultures in the community.



# Public Health Social Work Competencies (2005)

- The major characteristic of public health social work is an epidemiological approach to identifying social problems affecting the health status and social functioning of all population groups, with an emphasis on intervention at the primary prevention level. ....The practice of public health social work is usually conducted within the context of a multi-disciplinary setting where social workers participate with other health and human service professionals in **assuring all persons in the target population have access to health care and social services**. Public health social work is a blending of roles: provider of direct services, researcher, consultant, administrator, program planner, evaluation and policymaker. Each function is dependent upon the other in assuring the health and social needs of the total population." *(from the Introduction)*



# NASW Code of Ethics

- Value – Social justice

- Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people (NASW, 1999)



# New NASW Initiatives

- Development of Immigrant Tool Kit Resource
- Addition to Code of Ethics
  - advocacy to prevent discrimination based on immigration status



# Addition to Code of Ethics

- Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability. (NASW, 1999)
  - Addition of immigration status (NASW Board, 2007)





# Healthcare Needs of Immigrants

- Risks for disease pre-migration:
  - Malnutrition & other nutritionally-based diseases
  - Sexually-transmitted diseases
  - Developmental disabilities
  - Violence
  - Malaria
  - TB



# Healthcare Needs of Immigrants

- Risks for disease post-migration:

- Malnutrition & other nutritionally-based diseases, i.e. obesity & diabetes
- Sexually-transmitted diseases
- Violence
- TB
- Cardiovascular disease
- Mental health disorders (PTSD, depression)



# Framework of Disease: Cultural Clash

- United States ideas of health & illness may conflict with the immigrant's native cultural framework
  - Focus on Prevention – New concept
- Challenge in navigating a complicated system in a new country



# Healthcare & Acculturation

- Health promotion & disease prevention – the mantra of public health professionals – another challenge with immigrant populations
  - Living in economically disadvantaged neighborhoods
  - Access to fresh food and food with good nutritional value



# Healthcare: Problems of Utilization

- Access
- Knowledge of available sources / services
- Language barriers
- Informed consent



# Ethical Guidelines

- Communication
  - Ensuring that Immigrants are heard
- Education
  - “Culture Broker” helping not only the Immigrant but the healthcare team
- Empowerment
  - Immigrant given the information necessary to understand & be responsible for their healthcare
- Advocacy
  - Ensuring adequate healthcare within different healthcare beliefs & practices

# National Immigration Law Center

- [www.nilc.org](http://www.nilc.org)
- [Immigrants and Public Benefits: Major Issues](#)
- [Overview: Immigrant Eligibility for Federal Programs](#)
- [Federal Poverty Guidelines](#)
- [Benefits for Immigrants in California](#)
- [Facts about Immigrants](#)
- [Disaster Assistance](#)



**National  
Immigration  
Law  
Center**




- ***Language as a Barrier to Health Care for New York City: Haitian, Russian and Latino Perspectives***, by the New York Forum on Child Health of the New York Academy of Medicine.
- ***Language Services Guide for Healthcare Organizations***, by The Office of Minority Health,
- ***Shared Destiny: Shaping a Binational Agenda for Health Priorities in the San Diego-Baja California Border Region***, by Dr. Robert L. Bach and Richard Kiy, the International Community Foundation, June 30, 2006
- ***Making Public Programs Work for Communities of Color: An Action Kit for Community Leaders***, by the Minority Health Initiatives Department at Families USA, February 2006.
- ***Availability of Spanish Prescription Labels***, by Dr. Iman Sharif, Journal of Health Care for the Poor and Underserved, Volume 17, Number 1, February 2006.
- ***Inclusion of Immigrant Families in U.S. Health Coverage Expansions***, by Sherry Hirota, the Journal of Health Care for the Poor and Underserved - Volume 17, Number 1, February 2006





# Resources

- *What Accounts for Differences in Use of Hospital Emergency Departments Across U.S. Communities*, by Peter Cunningham, Center for Studying Health System Change, July 18, 2006.
- *Unequal Access: Immigrants and U.S. Health Care PDF*, by Sarita A. Mohanty, M.D., M.P.H. The Immigration Policy Center, July 5, 2006.
- *New Requirements for Citizenship Documentation in Medicaid*, by the Kaiser Commission on Medicaid and the Uninsured, July 2006.
- *What Do Parents Say About the Los Angeles Healthy Kids Program?: Findings from the First Evaluation Focus Groups*, by The Urban Institute, April 17, 2006



# Macro, Mezzo and Micro Strategies

## ■ Direct Practice

- Educate clients about rights
  - Fear of disclosure
- Immigration status protected
  - NYC - Executive Order 41 (September 17, 2003)

## ■ Agency Practice

- Educate other disciplines about immigrants
- Hire bilingual, bicultural status

## ■ Macro Practice

- Initiatives with Government
  - Contact legislators (letters, email, lobbying)
- Collaborate with groups involved with immigration rights



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