Health Issues: Health Care Access

CONTEXT

Despite the apparent wealth in Santa Clara County, the disparity in health status among ethnic groups and particularly within the refugee/immigrant populations is significant. The top ten causes of death in Santa Clara County are the following, listed in order of incidence: heart disease, cancer, cerebrovascular disease, pneumonia and influenza, chronic obstructive pulmonary disease, diabetes mellitus, unintentional injuries, chronic liver disease, HIV infection, and suicide. The average years of potential life lost related to these causes are disproportionately higher among non-white populations. These discrepancies can be related to a number of different roots: behaviors/activities (e.g., tobacco use, diet/activity patterns, alcohol/drug use, firearm use, and sexual activity), social and environmental factors (e.g., poverty, exposure to toxic and microbial agents), and access to health care. There are special health challenges faced by people of color, particularly with the immigrant and refugee populations, even in this wealthy valley. Santa Clara County Department of Public Health, Health Status Report, 1997

An estimated 112,827 to 158,169 people under the age of 65 in Santa Clara County or 13.1% of the population do not have any type of health insurance. It is estimated that 23% of Californians and 17% of Americans under the age of 65 are without health insurance. At 24.7%, Latino community members in Santa Clara have the highest prevalence of being insured, according to the County’s 1997 Health Status Report. While 91.7% of women with private insurance receive timely prenatal care, only 66.2% of women with Medi-Cal and 69.7% of women without insurance receive timely care.

Access to health service for the immigrant and refugee populations is provided primarily through the County and community-based health care systems - the safety net providers. As these resources are strained by unstable funding, the availability of health services for these high-risk populations is jeopardized. In addition to the overall causes of death stated earlier, these patients present conditions and situations related to the strains of coming from often-difficult circumstances into a new culture and health care structure. The post-traumatic stress disorder suffered by refugees from war-torn countries often complicates the other health and mental health conditions faced. Limited funds restrict access to needed services and medications. Unfamiliarity with the health care system confounds the attempts to attain illness-related services, and primary care is often a foreign concept. Transportation, childcare, and language barriers further exacerbate the problems. Since health and well being provide a foundation for success in school, work, and other arenas, it is critical to address these concerns for immigrants and refugees in Santa Clara County.
FINDINGS AND RECOMMENDATIONS

Finding 1: Immigrants are nine times as likely to be uninsured as the US-born in Santa Clara County.

The random sample of the top five immigrant groups in Santa Clara County and the US-born revealed that 13.8% of immigrants and 1.6% of the US-born do not have health insurance. Immigrants are almost nine times more likely to be uninsured. The immigrants with the highest rate of being uninsured include Mexicans at 27.1% (17 times more unlikely to be uninsured than the US-born), Vietnamese at 22.1% (14 times more), and Chinese at 8.8% (6 times more). The lack of insurance for dental and vision are at an even higher rate.

Those Who Do Not Have Health Insurance
(Random Sample)

Medical coverage (including dental, vision, and mental health) is defined as health insurance, a covered benefit under an existing health insurance program, or eligibility and enrollment into other publicly or privately funded health service programs.

Of those who are on any kind of public assistance (including MediCal) that answered this question, an average of 34.7% immigrants and 25.1% US-born said that they do not...
have health insurance. In addition, an average of 52.7% immigrants (versus 44.3% US-born) lack insurance for vision and an average of 48.3% immigrants (versus 34.4% US-born) lack dental insurance.

Many immigrants expressed a need for improved medical coverage in Santa Clara County. These included immigrants in the focus groups of Laotian, Mexican, Vietnamese, Latino low-wage workers, Somali, and Bosnian immigrants. The Latino immigrant low-wage worker group focused on an example of a man who has no medical insurance. The group stated: “Companies should take better care of their employees and at least offer them basic medical insurance.”

When asked what type of coverage was needed, immigrants from the random sample stated that they need medical, dental, and vision coverage. The survey found that of those who answered the question, 41.7% of Vietnamese and 42.2% of Mexican immigrants reported that they need assistance with medical care (versus 9.2% from US-born). An average of 78.1% of immigrants who answered the same question from the public assistance recipient survey answered the same.
**Recommendations for Finding 1:**

Immigrant access to comprehensive health coverage should be increased through the following mechanisms:

- Provide comprehensive health insurance that is affordable and includes benefits, such as medical, dental, vision, mental health, prescriptions, and alternative medicine.
- Fund community health centers to provide health care to uninsured undocumented individuals of all ages.
- Establish laws so that employers are obligated to provide health care insurance to their employees who are working full-time.

**Finding 2: Health care access for immigrants is limited not only by traditional barriers such as language and cultural proficiency, but by significant other gaps as well.**

In addition to the lack of adequate medical coverage, immigrants point out significant gaps in the health care delivery system. These gaps include the cost of services, transportation, availability of service locations, hours of operation, and the gap in time between scheduling an appointment and the actual appointment.
Participants from the Vietnamese Immigrants Building community reported the following findings:

- Health care is too expensive
- Many newly arrived immigrants do not have health insurance
- Employers do not provide health care coverage
- Wait is too long at community health centers
- Doctors don’t spend adequate time with their patients.

Based on question 40 of the random sample Human Needs Questionnaire: “What would help you and your family get better health care services?” the following responses from those who answered this question were recorded:

- An average of 54.9% reported needing less expensive health care (72.4% Mexico, 50.2% Vietnam, 61.1% Philippines, 36.2% China, 53.9% India)
- An average of 44.7% reported needing insurance coverage for alternative services, such as herbal medicines and acupuncture (36.7% Mexico, 48.8% Vietnam, 47.4% Philippines, 51.7% China, 41.5% India)
- An average of 42.2% reported needing extended hours 28.7%
- An average of 28.7% reported needing clinics located in closer vicinity (40.8% Mexico, 31.5% Vietnam, 45.3% Philippines, 32.8% China, 52.7% India)
- An average of 28.3% reported needing more clinics and doctors (30.6% Mexico, 22.6% Vietnam, 37.9% the Philippines, 28.6% India)
Ways to Improve Health Care Services
(Mexico Group in Random Sample)

- Insurance Coverage for Alternative Services: 36.7%
- Favorable Immigration Laws: 39.8%
- Doctors/Providers who Speak my language: 46.9%
- Less Expensive Health Care: 72.4%
- Seeing the Same Dr.: 22.4%
- Nearer Clinics: 31.6%
- Longer Hours: 40.8%
- More Clinics/Doctors: 30.6%
Ways to Improve Health Care Services
(Vietnam Group in Random Sample)

- Insurance Coverage for Alternative Services: 48.8%
- Favorable Immigration Laws: 17.4%
- Doctors/Providers who Speak my language: 49.8%
- Less Expensive Health Care: 50.2%
- Seeing the Same Dr.: 22.1%
- Nearer Clinics: 28.8%
- Longer Hours: 31.5%
- More Clinics/Doctors: 22.6%
Ways to Improve Health Care Services
(Philippines Group in Random Sample)

- Insurance Coverage for Alternative Services: 47.4%
- Favorable Immigration Laws: 12.6%
- Doctors/Providers who Speak my language: 26.3%
- Less Expensive Health Care: 61.1%
- Seeing the Same Dr.: 37.9%
- Nearer Clinics: 35.8%
- Longer Hours: 45.3%
- More Clinics/Doctors: 37.9%
Ways to Improve Health Care Services
(China Group in Random Sample)

- More Clinics/Doctors: 27.6%
- Longer Hours: 32.8%
- Nearer Clinics: 22.4%
- Seeing the Same Dr.: 24.1%
- Less Expensive Health Care: 36.2%
- Doctors/Providers who Speak my language: 56.9%
- Favorable Immigration Laws: 51.7%
- Insurance Coverage for Alternative Services: 12.1%
Recommendations for Finding 2:

Santa Clara County has several existing health services that are culturally proficient in some languages and are available in communities where immigrant communities live. However, the following recommendations are based on gaps that exist within the existing services or that are present because no services exist at all for other growing and newly located immigrant communities.

a. Available health care services in SCC should be increased through health service expansion and improved transportation efforts:
   - Expand community health centers that are located in communities where immigrant families reside
   - Provide mobile medical services for immigrant families and communities that are transient and have few options for transportation to free standing health centers.

b. The process of accessing health care delivery to immigrants should be streamlined, including:
   - Timely scheduled appointments
   - Less time to wait in health care facility on day of appointment
   - Easy to use eligibility and enrollment process
Finding 3: Immigrant families do not have adequate access to information and education about local health services. Topics that need to be included are available services, how to access services, eligibility requirements, and how receiving health services affects immigration status.

Participants from the Bosnian, Iranian, and Latino Immigrant’s Building Communities (IBC) process expressed a need for education and information about:

1. Available health care services, including services offered to undocumented immigrants
2. How to utilize health services, e.g. not to use the emergency room for non-emergencies, understanding the U.S. health care system
3. The laws associated with accessing health care (e.g. public charge, domestic violence, etc.)

Of the respondents who answered the question asking what prevents immigrants from obtaining services, 27.1% from the random sample survey and 26.8% from the public benefits survey reported that a lack of information prevents them from obtaining education, services, or public benefits. Additionally, 17.8% of immigrants born in Mexico, 32.7% of those born in Vietnam, and 28% of immigrants born in India reported that immigration status prevents them from obtaining education, services, or public benefits.

Participants from a Latino focus group expressed a need to have more information accessible about community healthcare clinics and hospitals.

Recommendations for Finding 3:

The County Health Department and health providers should educate immigrant families and communities on a variety of issues relating to health care to improve immigrant access to locally available health care services. It is important to develop culturally competent and multilingual educational approaches (e.g. workshops, written educational materials, broad-based educational messages through media on health care, and grassroots outreach services, such as door to door canvassing) that include the following:

- Available health care resources for immigrant families and communities, especially low income
- How to access the available health care resources and the appropriate use thereof (e.g. the emergency room)
- Eligibility requirements for available health care services
- How accessing available health care resources will impact one’s INS status (and other fears of the government)
• The importance of maintaining one’s health, especially to Spanish-speaking females and immigrant seniors (e.g. ongoing prevention check ups and testing)

**Finding 4: Immigrant families and communities need culture-specific and sensitive health care services provided in a culturally proficient and respectful manner.**

Immigrants Building Community participants felt a need for respect and an explanation of all health care options (Bosnian IBC group). Health care should be connected to the immigrants’ culture (Lao focus group).

The random survey respondents who answered the question “What would help you and your family get better health care services?” concluded that providers and staff who speak their primary language would help them gain better access to health care services. An average of 56.9% Chinese, 49.8% Vietnamese, 46.9% Mexicans, 26.3% Filipinos and 17% Indians reached this conclusion.

At the same time, 68.4% from China, 64.6% from Russia, 64% from Mexico, 61.5% from Vietnam, 57.6% from Iran, 44.4% from Bosnia-Herzegovina and 38.5% from the Philippines who are receiving public assistance also felt that providers who speak their primary language will help them gain better access to health care services.

**Recommendations for Finding 4:**

Cultural proficiency in health care delivery to Immigrant families and communities should be increased in the following manner:

• Provide professional training on cultural sensitivity utilizing the train the trainer model (e.g. expert’s cultural sensitivity training experts), and inviting cultural groups to share beliefs, customs, and health practices.
• Have a health care workforce that is reflective of the clients served (i.e. recruit and hire bilingual and bicultural health services professionals).
• Where feasible, institute integrative approaches to health, including non-Western options for medicine (i.e. acupuncture, traditional healers, religious practices, etc.).

**Finding 5: Language capacity within the health care system continues to be a barrier for accessing health care services among immigrant families and communities.**

Some immigrant groups such as the Mexican, Vietnamese, and Chinese (among the top five in the county) experience this barrier more than others.
Focus group participants reported a deficiency in available service providers that speak their language. The focus groups expressed a need for medical translators and translations of health education materials into their language.

One focus group participant said: “It is impossible to communicate with specialist without an interpreter. There is an interpreting service at Valley Medical, but it takes 2-4 months to see a specialist…”

The random survey statistics show that of the immigrant population who responded, there was inadequate language capacity. Almost 36% of immigrants said that having a provider that speaks their primary language would help them get better health care services. Lack of enough English was a barrier to access for 31.1% of the respondents. For immigrants receiving public assistance, 60.1% reported that lack of English was a barrier to access.

**Recommendations for Finding 5:**

- Santa Clara Valley Health and Hospital System and other health care providers should increase translating/interpreting at SCVHHS and their facilities by increasing capacity of language service/phone banks.
- Santa Clara County (SCC) should expand interpreter certification for smaller language needs (e.g. Somali, Bosnian, etc.).
- Bicultural/bilingual staff in health care delivery systems that provide care to immigrant families and communities should be increased.
- Community health centers should be funded to expand health care services to currently under-served immigrant communities.

**WHAT IMMIGRANTS SAY ABOUT ACCESS TO HEALTH CARE**

“People on public assistance, those with disability and some of the old people are covered with medical insurance. The young adults and the working people are not covered because most of them work for temporary agencies with no medical coverage. I got sick and needed surgery, but had no insurance, I had to go ahead and get the surgery. Now I know that I am going to get a huge bill and I do not know how I am going to pay for it.”

*Mr. Salaban, Somali Focus Group*

“It is impossible to communicate with specialist without an interpreter. There is an interpreting service at Valley Medical, but it takes 2-4 months to see a specialist…. I got a bill for $1,013. I have no income at all. I was prescribed some medications and was given an emergency Medi-Cal. In one pharmacy, I was told to pay for the medication, money which I don’t have”.

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