

Health Equity for Immigrants

REPORT HIGHLIGHTS

About 240,000 undocumented immigrants live and work in Washington, many of whom have no access to affordable health insurance.¹

Their immigration status means they cannot obtain Medicaid or subsidies through the exchange. As of 2018, an estimated 46% of undocumented individuals were uninsured in Washington, compared to just 7% uninsured in the overall population.^{2,3}

Immigration status restrictions are a barrier to obtaining healthcare coverage and significantly reduce access to care. Compared to the insured population, those who are uninsured are less likely to have a regular doctor or get timely and routine care, and are more likely to be hospitalized for preventable conditions.^{2,4-8}

COVID-19 has exacerbated and highlighted the disparities that have long existed in our state.

As of December 16, 2020, Department of Health data indicates Latinx people make up 34% of COVID-19 cases in Washington, yet only represent 13% of the state's population.⁹ Nationally, COVID-19 infection rates in Latinx patients are three times higher than the rate in White counterparts, and twice as high among Black patients. Death rates for Latinx and Black patients are over twice as high as the rate for White patients.¹⁰ **To equitably address this pandemic and keep every community safe, the voices of historically marginalized communities must be centered, and all Washington residents must be provided access to quality and affordable health care options, regardless of immigration status.**

The Washington Immigrant Solidarity Network (WAISN) conducted a statewide health access survey and other partners in the Health Equity for Immigrants Campaign conducted community listening sessions to assess healthcare access barriers for adult immigrants in Washington, especially in the context of the COVID-19 pandemic.

"I work with a contractor in the fields and they don't provide health insurance"

KEY FINDINGS

From the WAISN
Survey and Community
Listening Sessions

- **A large majority, (87%), of survey respondents do not have health insurance.**
- **Key barriers to obtaining health insurance** are **1)** lack of eligibility due to immigration status (62%) **and 2)** high cost (46%).
- **Key barriers to accessing needed healthcare services** are **1)** lack of health insurance (66%) **and 2)** high cost (59%).
- **Many individuals are unable to access key healthcare services: 1)** Dental care (54%), **2)** Primary and preventive care (37%), **3)** Vision care (32%), **4)** Prescription medications (13%), **5)** Reproductive health care (13%). Additionally, many listening session participants reported lack of access to behavioral health services.
- **Survey respondents cited concern about the public charge rule as a reason that either they or a family member did not: 1)** Seek care for a serious medical condition (15%), **2)** Access needed healthcare services (12%), **3)** Engage with a primary care provider (10%), **and 4)** Have health insurance (7%).

KEY FINDINGS *(continued)*

- **Community leaders shared that distrust of the healthcare system and sharing information with the government**, including on health coverage applications, is a barrier to accessing care.
- **Survey respondents are currently facing severe financial instability; 90% of respondents lost their job or report lower income** since February 2020, and 85% are currently working paycheck to paycheck (compared to 55% before February 2020).
- **Survey respondents are facing conditions that may increase COVID-19 exposure, including:**
 - **Inadequate workplace COVID-19 safety/protective precautions**
 - **Lack of access to testing even when symptomatic**
 - **Inability to take time off work if they or a family member is ill**
 - **Inability to safely quarantine at home if they or a family member is ill**
- **Survey respondents are essential workers; 95% cannot work from home** and many work in positions that may not have enforced workplace safety regulations.

“I owe a lot of money to the hospitals.”

Healthcare Access Equity



- 1 Pursue equity in health coverage** by creating parity in publicly-funded health coverage programs for all WA state residents without regard to immigration status.
- 2 Facilitate trusted healthcare options for immigrants by 1)** engaging with immigrant-led and immigrant-serving organizations and community members to identify best ways to increase trust in the healthcare system **and 2)** providing funding for geographically, linguistically, and culturally accessible care.
- 3 Facilitate education and outreach** about existing health coverage programs, COVID-19 vaccines, and public charge.
- 4 Address COVID-19 risk factors** by providing **1)** paid medical leave, **2)** free COVID-19 testing at community and worksite locations (including lab and processing fees), **3)** free isolation and quarantine facilities **and 4)** free COVID-19 vaccines to all low-income individuals in WA without regard to immigration status. All services should be culturally and linguistically accessible.

Occupational Equity

- 1 Provide a robust unemployment benefits package** that is accessible to all low-income individuals in WA without regard to immigration status.
- 2 Address worker safety** by **1)** regulating employers’ use of COVID-19 safety/protection measures **and 2)** enforcing regulations with civil penalties.

WAISN Health Access Survey

The survey was designed and conducted by immigrant-led community organizations, public health researchers, and health policy experts, and completed by over 5,700 adult immigrants living in WA.

- **Age 18 to 85+**
- **68.7% female**
30.3% male
- **97.7% Latinx/Hispanic**
- **Respondents identified as:**
 - Undocumented individuals
 - DACA recipients
 - Individuals with temporary protected status (TPS)
 - Individuals with temporary work permits
 - Mixed status households



IN THE WORDS OF SURVEY RESPONDENTS:

“I have asthma and since I lost my job in February I can’t afford to even keep buying my inhalers since I don’t have health insurance anymore... I need to figure out how to get food on the table especially because we don’t qualify for EBT food stamps. We’ve been eating off food banks.”

“...before losing the state health insurance because I [aged out] I had been dealing with seizures...I wasn’t able to keep getting prescriptions and haven’t had any follow up care.”

BARRIERS TO OBTAINING HEALTH INSURANCE.

“I am an immigrant and I don’t get any benefits.”

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