

Immigration and Health: Perspectives on Research and Practice

Webinar Summary and Call to Action



Webinar Focus

The Partners for Advancing Health Equity Collaborative hosted the webinar, *Immigration and Health: Perspectives on Research and Practice* on November 15, 2022. Panelists discussed barriers and solutions to support Health Equity for immigrants and asylum seekers highlighting service gaps and health policies impacting this population. This report provides a synthesis of key takeaways, solutions, and action steps identified from the webinar.

Webinar Voices

- › **Mark J. VanLandingham**, Director, [Center for Studies of Displaced Populations, Tulane University](#)
- › **Mark del Corso**, Associate Professor, [Department of Social, Behavioral and Population Sciences, Tulane University](#)
- › **Lara Ho**, Chief Operating Officer, [Dupont Clinic](#)
- › **Jeremy Jong**, Staff Attorney, [Al Otro Lado](#)
- › **Olga Ocampo**, Community Health Navigator II, [De Paul Community Health Centers](#)
- › **Diem Nguyen**, Chief Executive Officer, [NOELA Community Health Center](#)

Key Resources

- [Blocking Title 42](#)
- [Translators without Borders](#)
- [Premiums Exceed Expenditures](#)

Your Voice

P4HE values collaboration. If there is a resource on this topic that you would like to share with us, provide it [here](#).

Key Takeaways



“The relationship between immigration and health is complex. Migration doesn’t occur in a vacuum. It happens in a dynamic social, economic, and historical context,” Mark J. VanLandingham, Director, Center for Studies of Displaced Populations, Tulane University

Immigrants and asylum seekers face a myriad of challenges during and after their entry into the United States. Harsh conditions, language barriers, culture shock, racism, and a lack of necessities for daily living like housing and food, contribute to Health Inequities among these communities. While both immigrant and non-immigrant populations experienced delayed care and a lack of in-person services during the COVID-19 pandemic, [the impacts of COVID-19 among immigrants and asylum seekers were disproportionate](#), underscoring the effects of [structural racism on health equity](#) in these populations.

Call To Action

To address these and other health inequities, health care practitioners, advocates, and scholars call for an increase in bilingual healthcare providers, community health centers, and mental health services, and improved legislation to access medical assistance.

Below we’ve summarized immediate steps to be taken to address the health equity of immigrants and asylum seekers in the U.S.

Considerations for Care

Providing culturally sensitive, trauma-informed care. Providers should acknowledge strengths and family relationships that contribute to resiliency.

Bilingual Providers

Addressing the shortage of bilingual providers, particularly in mental healthcare settings.



Hollistic Care

Providing wraparound services to help patients connect to resources that directly impact their health, such as housing and nutrition assistance.



Advocacy

Advocating for continued research and funding to support programs for immigrants and asylum seekers; calling on decision-makers and health care practitioners to support advocacy in the health care space.



Structural Change

Addressing systems that have historically created barriers to access in care, including addressing policies related to immigration, health care funding, and abortion care.



Where do we find competent, bilingual, providers, especially for mental health? You can have an interpreter, but that is not really the same thing. When you're sitting in a room, and somebody needs mental health counseling for an hour, it gets very emotional and very tiresome

for the interpreter," Diem Nguyen, Chief Executive Officer, NOELA Community Health Center

> Address the deficit in bi-lingual providers.

Hire and train as many bilingual providers as possible. The lack of bi-lingual providers is one of the key issues facing immigrant communities. Language barriers make it [difficult for practitioners to provide high-quality care](#). Training initiatives for current staff can bolster the number of available providers and increase the level of care among these communities.



"Before hurricane Katrina, I would see maybe one Spanish-speaking patient a month, or per year. Now I see one every fifteen minutes because of the changes after Katrina in New Orleans, and because of the recent influx of immigrations," Mark del Corso, Associate Professor, Department of

Social, Behavioral and Population Sciences, Tulane University

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> Provide culturally sensitive, trauma-informed care.

The process of immigrating to the United States can exacerbate trauma and mental health conditions. A large proportion of immigrants are refugees and asylum seekers who have already experienced significant trauma in their countries of origin.



“Folks are being pushed further and further south. If you are someone who is trying to seek asylum now, you are flying to Brazil and walking all the way up to reach the boarder. A lot of terrible things can happen along the way,” Jeremy Jong, Staff Attorney, Al Otro Lado

Children of immigrant and asylum-seeking families are at an [increased risk of untreated mental health and developmental conditions](#) due to limited access to care and cultural stigmas. These stigmas present a barrier to support for all members of these communities. Understanding this stigma is critical when determining the best approach to support these needs.



“Within the Hispanic community, there is a stigma on depression. People don’t speak about it, or they don’t know what it feels like, so they just want to rub it off and pretend it’s not there,” Olga Ocampo, Community Health Navigator II, De Paul Community Health Centers

> Call on the medical community to be advocates.

Share the message that detention centers and ad hoc refugee camps not administered by the Government are no place to be healthy. Call on healthcare professionals who can do evaluations, review records, advocate for patients in detention centers, and prevent critical lapses in care.



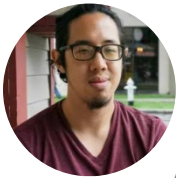
“I am working on a case where a man died in a detention center because he did not receive medical care when he was having a heart attack,” Jeremy Jong, Staff Attorney, Al Otro Lado

> Provide wrap-around supports to mitigate barriers to access.

Many immigrants, [especially refugees](#), are highly vulnerable to a wide range of negative health outcomes and chronic disease. Help patients learn where and how to access healthcare and expand service offerings to assist with other barriers to health equity such as employment, [housing](#), and [nutrition](#). The De Paul Community Health Centers in Louisiana do this by providing translation services and support in locating additional resources such as chronic care assistance.

> **Organize to put pressure on decision makers.**

Programs can increase access by lowering costs through [sliding payment scales](#) and [low-cost prescriptions](#), but they need funding to sustain these efforts. Inform decision makers on the [realities of immigrants' healthcare expenditures](#) and put pressure on them to fund healthcare initiatives that make care affordable.



"The pandemic was weaponized to create an ironclad excuse – you can't question any of the policies because we're just trying to stop [the immigration of asylum seekers] to control the disease," Jeremy Jong, Staff Attorney, Al Otro Lado

COVID-era policies negatively impacted individuals seeking asylum in the United States. The suspension of this right by [Title 42](#) resulted in the expulsion of over two million people and the detainment of thousands of others, further exacerbating the health crisis in these communities.

State of the Science



Stress effects on health.

Institutional racism, socio-economic status, violence, isolation, ongoing trauma, and fear all [impact the health of immigrants and asylum seekers](#). The effects of these stressors on the individual often lead to [physical and mental health issues](#) including [chronic pain](#) and depression. Panelists noted that it is challenging to get patients, particularly men, to return for chronic care follow ups which exacerbate these conditions.

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Current policies limit access to care.

Policies relating to [immigration enforcement](#), medical assistance, and abortion care directly impact access to care. Community health centers served [approximately 30 million patients nationwide in 2021](#). However, their impact is constrained by current legislation which limits Medicare and Medicaid eligibility based on [length of residency](#). While current policies can prevent people from accessing the services that are available to them, there are exceptions to residency requirements for [refugees and asylum seekers](#).



“Because of the various laws that have come into effect in many states, we are seeing about two-thirds of our patients come from outside the D.C. area. We are also having people from outside of the country to seek abortion-related care,”

Lara Ho, Chief Operating Officer, Dupont Clinic

In response to the [trigger laws](#) which banned and restricted abortion care across the United States, many patients have to leave their home states to get adequate care. This causes additional burden due to travel costs, time off work, and a lack of insurance coverage. Travel is especially difficult for those who [cannot use air travel due to their immigration status](#).

Learn more about how these policies affect women and birthing people by viewing the P4HE webinar and synthesis report: [Next steps in Addressing Pregnancy-related Mortality](#).



“We are having a crisis with access to abortion care in the US...People should be able to get health care where they live. They shouldn't have to be traveling to Washington, DC,”

Lara Ho, Chief Operating Officer, Dupont Clinic

Resilience in the face of adversity.

While immigrants and asylum seekers face a multitude of challenges and barriers, there is a growing body of literature highlighting that immigrants fare better than multi-generational Americans due to factors such as their [stress-coping styles](#) and [protective factors](#). This represents a shift for public health practitioners, clinicians, and scholars, who historically have focused on the negative consequences of immigration on health.

Studies have identified several resiliency factors that have contributed to positive outcomes including [self-esteem and intelligence](#), age, [cultural identity](#), [social support and belonging](#), and physical safety. Research has also identified the important role of [community engagement and innovative health and social service interventions](#) for wellbeing in these communities.

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About P4HE

The P4HE Collaborative harmonizes goals, advances learning, and facilitates collaboration to improve health equity. It is led by the Tulane University School of Public Health and Tropical Medicine and is part of the Tulane Institute for Innovations in Health Equity. Support for this program is provided by ICF. Funding is provided by a grant from the Robert Wood Johnson Foundation.



Foster

the co-creation and spread of knowledge.



Sharpen

our research tools to focus on solutions, facts and stories.



Disrupt

traditional research approaches.



Harmonize

our voices.



Challenge

the status quo.



Shine

light on practices that are indefensible, irrational and inconsistent.

To learn more about these issues, or Partners for Health Equity's calls to action, a resource library including a full recording of this, and all previous P4HE Webinars, can be found on the P4HE [website](#).