



ICIRR ILLINOIS COALITION
FOR IMMIGRANT AND
REFUGEE RIGHTS

Overcoming Barriers and Empowering Communities: The Immigrant Health Academy



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EXECUTIVE SUMMARY

Immigrants in Illinois are diverse in their ethnicities, cultures, immigration statuses, and economic standing. Unfortunately, the most vulnerable immigrants lack adequate, equitable access to healthcare due to barriers presented by the healthcare system, including limited healthcare coverage options for undocumented individuals. As healthcare becomes a national priority, heightened because of the COVID-19 pandemic, undocumented immigrants have often been excluded from policy solutions. ICIRR and its members have been advocating at the national, state and local levels for many years to ensure that immigrants are included, if possible, in all policy solutions. Despite these efforts, many individuals remain uninsured, including over 180,000 who are undocumented in Illinois and many more who are not aware of their health coverage options or their healthcare rights.

With the goal of expanding health coverage and fulfilling one of our organizational goals of community empowerment, ICIRR along with six key partners in the Chicago suburbs (Mujeres Latinas en Accion, Arab American Family Services, Southwest Suburban Immigrant Project, Mano a Mano Family Resource Center, Legal Council for Health Justice, and Shriver Center on Poverty Law) are launching the Immigrant Health Academy. The Academy will focus on empowering immigrants by helping them understand their healthcare rights regardless of immigration status and how to navigate the complex healthcare system. The Academy will train immigrant leaders with a newly developed curriculum and evaluation process to measure clear metrics of organizing, leadership development, and empowerment.

Introduction

This report breaks down the challenges immigrants experience in obtaining healthcare access and describes how ICIRR plans to empower individuals to overcome these barriers through a new initiative in partnership with four suburban immigrant-led organizations and allies, the Immigrant Health Academy (*hereinafter referred to as The Academy*). The Academy will train immigrants to practice their healthcare rights and in turn, empower other immigrants to do the same. This new endeavor aims to shift the narrative around healthcare in the immigrant community and expand healthcare access to immigrants through advocacy efforts with healthcare systems in the Chicago region. This one-of-a-kind pilot project is rooted in community empowerment that will train and educate immigrant leaders in understanding their healthcare rights as immigrants. It aligns with ICIRR's long-term goal of ensuring that everyone has access to quality and affordable healthcare coverage and healthcare systems regardless of their immigration or health insurance status. By leading this effort to change the healthcare narrative, ICIRR redoubles its long-standing commitment to equitable healthcare for all.

A Profile of Immigrants in the U.S. and Illinois

Immigrants settle in the United States more than any other country in the world, with approximately 44.9 million U.S. immigrants making up 13.7% of the total U.S. population.¹ The demographic profile of the "foreign-born" (not US-born citizens) is diverse, including 5.5% born in Africa, 10.4 % born in Europe, 31.4% Asian-born, and 50.3% from Latin America - the bulk of whom were born in Mexico and Central America. Not surprisingly, the top languages spoken include Spanish (61.6%), Mandarin, Cantonese, Tagalog, and Vietnamese.² The vast majority of immigrants (77.6%) are working age adults between the ages of 18 and 64 years, while 16.7% are 65 and older and 5.7% are minor children under the age of 18 years.³

Most immigrants in the US (77%) have legal status: approximately 45% are naturalized citizens and 27% are lawful permanent residents. Almost a quarter of immigrants are considered undocumented; out of an estimated 10.5 million, two-thirds have lived in the US for over a decade.⁴ Among the undocumented immigrant population, 57% live in California, Florida, Texas, New York, New Jersey, and Illinois.⁵

1 Budiman, "Key"

2 Batalova, Hanna, and Levesque, "Frequently"

3 MPI-a, "Data."

4 Budiman, "Key"; Krogstad, Passel, & Cohn, "5 Facts."

5 Krogstad, Passel, and Cohn, "5 Facts."

Immigrants in Illinois

Illinois is home to approximately 1.76 million immigrants, comprising 14% of the state's population. Among these immigrants, 4% were born in Africa, 15% are from Eastern Europe, 32% are from Asia, and 43% are from Latin America.⁶ The bulk of Latin American immigrants residing in Illinois are from Mexico and Central America. Leading countries of origin include Mexico (36%), India (10%), Poland (7%), the Philippines (5%), and China (4%).⁷ Immigrants in Illinois have a diverse spectrum of educational attainment, as 33% have obtained a college degree, 18% have had some college level education, 24% have a high school degree, and 25% had less than a high school diploma.⁸

Mirroring the job sectors throughout the country, many immigrants in Illinois serve in the healthcare industry, accommodation and food services, and the transportation industry. Immigrants comprise 17% of the health care sector workers in Illinois and 20% of workers in the agricultural, food, beverage, and grocery industries—all within the “essential critical infrastructure” categories.⁹ Immigrants in Illinois account for 32% of business ownership in the state, generating \$2.8 billion in business income.

Immigrants as Essential Workers

The level of civic engagement, contributions as members of our society, “spending power,” and socioeconomic impact of immigrants on the national scale cannot be underestimated. The workforce of the immigrant community is rapidly growing. In 2019, immigrants made up 17% of the total workforce population, many working as essential workers in the service industry (23%) and transportation industry (35%).¹⁰ As we continue to navigate the COVID-19 pandemic, documented and undocumented immigrants serve in critical healthcare frontline roles. Many of them serve as medical, nursing, or dental assistants, or as home health and personal care aides. In 2018, almost 280,000 undocumented immigrants worked in the healthcare industry, including 62,600 DACA-eligible individuals.

Health Disparities and Access Barriers Experienced by Immigrants

Immigration itself is considered a social determinant of health, that is a social factor that directly affects health outcomes.¹⁰ Immigrants are at risk for major diseases particularly as they may experience a combination of barriers and complex stressors including limited healthcare coverage and access, structural inequality and racial discrimination, and struggles in resettlement and socioeconomic adaptation. These stressors impact their physical and mental health particularly as they are likely to receive late diagnosis of disease, and as they stay longer in the US.¹¹ Following the disproportionate impact of COVID-19 illustrated by the high rates of death among communities of color,¹² certain ethnic groups such as African Americans, Latinos and South Asians have higher rates of diabetes, hypertension, and cardiovascular disease- all risk factors for severe COVID-19 disease.¹³ Latinx immigrants face higher rates of diabetes, liver and kidney disease, functional and disability impairment.¹⁴ Asian American immigrants have higher rates of diabetes and metabolic syndrome.¹⁵

These disparities arise from several barriers that immigrants face as they seek healthcare. In previous reports going back to 2013, ICIRR reported on some of these barriers in Illinois, including language and cultural barriers, government fear and mistrust, and administrative burdens, among other challenges.¹⁶ While some improvements have been made in various states including Illinois, like the expansion of Children's Health Insurance Program (CHIP), expansion of Medicaid-like programs for immigrant seniors and older adults, and the ACA, other barriers continue to deter immigrant families from seeking healthcare. Below is an overview of the ongoing barriers that impact immigrants' ability to access quality healthcare in Illinois.

6 MPI-b, “Data.”

7 American Immigration Council, “Immigrants.”

8 American Immigration Council, “Immigrants.”

9 Kerwin et. al., “US”; DHS, “Identifying.”

10 Morey, “Mechanisms.”

11 Engelman and Ye, “The Immigrant.”

12 Tai et. al., “The Disproportionate.”

13 Greenaway et. al., “Covid-19.”

14 Hummer and Hayward, “Hispanic.”; Markides and Rote, “Immigrant.”

15 Misra et. al., “Prevalence.”; Mutchler, Prakash, and Burr, “The Demography.”

16 Quiñones et al., “Affordable,” 5.

While immigrants have some protections through healthcare laws, immigrants are not always aware of their legal rights or how to exercise them, and health systems are not always welcoming to immigrants.

Language Access and Cultural Barriers

Language access continues to be among the top reasons immigrants have inequitable access to healthcare in Illinois and across the country. A recent study found that Limited English Proficient (LEP) immigrants have a more difficult time finding a healthcare provider that speaks their language and find it difficult to find a regular doctor. Furthermore, healthcare providers still need to improve how they serve immigrants in their facilities to create an environment that welcomes all cultures and backgrounds.

Immigrants do not always feel comfortable when seeking healthcare due to lack of multi-language signage and cumbersome health related paperwork, and appropriate interpretation services, as some immigrants struggle to find a doctor who understands their cultural background.¹⁷ Many healthcare institutions and providers are uneducated in providing and understanding trauma-informed care. Healthcare providers may not fully understand the magnitude of the physical, mental, and emotional trauma that immigrants have experienced during their migration journey to the U.S., their detention in U.S. immigration facilities, and their release into society, which may have occurred after many cycles of previous deportations.

Fear and Mistrust of Government

Due to the ongoing political climate around immigration related legislation, many immigrants do not trust the government and choose not to seek any type of government service, including programs like Medicaid.¹⁸ At times, immigrants are hesitant to share personal information with medical providers even when many health-related documents require such information. For example, a community leader recently shared her experiences while conducting COVID vaccine outreach: the leader found many immigrants unwilling to give any identifying information when seeking the COVID-19 vaccine. This leader's experience coincides with many immigrant's fear that sharing such personal details with a provider could end up in a governmental agency like Immigration and Customs Enforcement (ICE) or the Department of Homeland Security (DHS).¹⁹

In addition, undocumented immigrants do not want to use public benefits out of fear that it could impact their chances of obtaining legal status in the future. As discussed below, this "chilling effect" took hold specifically in the wake of Trump's public charge rule.²⁰ Ultimately, the path to facilitate access to healthcare for immigrants is contingent on the provision of critical health information by trusted local and community networks and health care providers, who well understand and can translate to immigrants what their rights are and, where and how to receive much needed quality healthcare.

Navigating a Complex Healthcare System

One of the challenges the COVID-19 pandemic highlighted is the difficulty many immigrants experience in navigating the health-care system. From clinics to hospitals, each institution has its own set of policies and procedures; prescriptions and medicines are not always affordable or available at every pharmacy; third party providers have their own billing systems; and health systems are moving toward online portals for scheduling, downloading records, and other services. Many individuals, especially LEP immigrants, have further problems working through the U.S. health system insofar as it primarily operates in English, requires a deep

17 Artiga et al., "Health."

18 Cruz Nichols, LeBrón, and Pedraza, "Spillover."

19 Kerani and Kwakwa, "Scaring."

20 Tolbert, Artiga,Pham, "Impact."

understanding of a different culture, and relies increasingly on digital accessibility.²¹ While immigrants have some protections through healthcare laws, immigrants are not always aware of their legal rights or how to exercise them, and health systems are not always welcoming to immigrants.

Elderly undocumented individuals aged 65 and over require special attention, as this group will increase more than twelvefold by 2030.²² Free services that are often available to older adults in the US are not available to the undocumented elderly, including transportation services which require a certain immigration status and a social security number, home health services, home-based mental health and disability services.²³

Lack of Healthcare Insurance Options

Immigration status has a great impact on what coverage options are available. Undocumented immigrants are excluded from healthcare coverage through the Affordable Care Act (ACA). About one quarter of lawfully present immigrants are uninsured, while 46% of undocumented immigrants are uninsured, compared to the 9% of US citizens who are uninsured. Within mixed status families where U.S. born children have at least one undocumented parent, children are almost twice as likely to be uninsured compared to those with citizen parents (9% vs 5%).²⁴

As long as the vast majority of undocumented immigrants have few insurance options, they will continue to lack equitable access to healthcare.²⁵ As indicated by ICIRR's experience working with the Immigrant Family Resource Program (IFRP) partners and community health workers, uninsured immigrants often choose to forgo medical attention for fear of receiving a large medical bill and not being able to afford paying it. As a result of the Trump-era public charge rule (discussed below), immigrants may also fear that medical debt will affect their immigration status or their ability to gain lawful status. In addition to fear and confusion around medical debt, immigrants are frequently unaware of their financial aid options and many will choose to sign up for monthly payment plans, which adds financial and emotional stress to the family.

Some undocumented immigrants will soon have some healthcare coverage options in Illinois. In 2019, the state opened a Medicaid-like program for low-income immigrants 65 years and older regardless of their immigration status. In 2020, immigrants fought for an expansion of this program and won coverage for Illinois residents 55 and older effective in 2022. While this is a step in the right direction, there is no other option for the remaining uninsured ages 19-54, who make up the vast majority of undocumented immigrants in Illinois.

Effects of Immigration Enforcement

Immigration enforcement and detention also have a significant health impact on immigrant communities. It has been estimated that in 2019, 474,000 families and 76,000 unaccompanied children were apprehended by CBP (Customs and Border Protection) in the U.S., many of whom have experienced untreated underlying health conditions that have been exacerbated by the migration process.²⁶ These immigrants as well as undocumented immigrants who are excluded from healthcare coverage are at higher risk for COVID-19 infection and other disease and illness,²⁷ as undocumented immigrants have fewer doctor visits and underutilize healthcare services overall.²⁸

Fear and anxiety among immigrants heightened amid Trump-era policies and continue to impact their health behaviors. Despite a new administration in office, fear, anxiety, and distrust have not completely abated. Immigrants have witnessed loved ones or have heard stories of others being deported after disclosing personal information to health care providers and governmental entities.²⁹ Fears and anxieties have been exacerbated by reports of ICE (Immigration and Customs Enforcement) officials entering hospitals, and arresting and forcibly removing patients and their visitors.³⁰ Families with children may continue to be socially isolated as they avoid areas where they believe they would encounter law enforcement. This fear has affected the daily life of immigrants who choose to only leave the house when absolutely necessary, limit interaction with outside social and support networks,

21 Tien, "Challenges"; Tolbert, Artiga, Pham, "Impact."

22 Stanley and Lange-Maia, "A Collaborative."

23 Stanley and Lange-Maia, "A Collaborative."

24 KFF "Health."

25 Bustamante et al., "Health."

26 Batalova, Hanna, and Levesque, "Frequently."

27 Okonkwo et al., "Covid-19."

28 Hall and Cuellar, "Immigrant."

29 Cruz Nichols, LeBrón, and Pedraza, "Spillover."

30 Khullar and Chokshi, "Challenges."

and limit travel or driving whenever possible.³¹ These factors illustrate increased barriers to health and wellness, preventing immigrants from actively seeking out screening, regular health care visits and much needed medical treatment. Other barriers include choosing not to miss work over seeking health care.³²

The Impact of the Pandemic

The COVID-19 pandemic has posed additional challenges in immigrant health as the request for identification along with other documentation may prevent undocumented immigrants or immigrants in mixed status homes from being tested and vaccinated. Some may withhold contact-tracing information to prevent public officials from contacting relatives who are undocumented, thus frustrating public health efforts to mitigate the spread of disease.³³ Latinx immigrants particularly face a higher risk of exposure to the virus due to occupational hazards, living arrangements, and closer contact with infected individuals, and may not have the same access to vaccine resources due to immigration status, healthcare obstacles, and financial strain. COVID-19 vaccine information gaps (e.g., many do not know that the vaccine is available for free) are higher among Latinx adults who speak Spanish, are undocumented or have lower incomes.³⁴ To add to immigrants' financial hardship, the first rounds of federal pandemic stimulus packages left out undocumented and mixed-status households even though many immigrants pay taxes using an Individual Taxpayer Identification Number (ITIN).³⁵ In addition, about one-quarter of Spanish-speaking Latinx respondents report difficulty finding information about COVID-19 vaccines or not being able to communicate in Spanish when signing up or getting vaccinated.³⁶

The Chilling Effect of Trump-era Policies

A recently released data brief assesses the impact of the ACA, highlighting that uninsured rates decreased from 2013 to 2019 for Latinx and Black communities. A previous ICIRR report discussed the challenges the ACA enrollment process posed for immigrants and how it deterred immigrants from signing up.³⁷ The state of Illinois and the United States Department of Health and Human Services (HHS) worked to address these administrative barriers, and the enrollment among immigrants improved. In Illinois, the uninsured rates dropped from about 39 percentage points in 2013 to about 22 percentage points in 2019. However, nationwide this trend stalled after 2016, and reversed among Latinx communities.³⁸ This reversal may have resulted from several developments, including the Trump Administration cuts to ACA outreach. All the while, entire categories of individuals have never been eligible for ACA enrollment, including Deferred Action for Childhood Arrivals (DACA) and undocumented individuals.³⁹

One major factor contributing to persistently high uninsured rates among immigrants was the changes that the Trump Administration made to federal public charge policy. Those changes would bar individuals from obtaining visas or legal status if DHS thought they would one day use public benefits. These changes created a "chilling effect" among immigrant families: numerous immigrant parents started to disenroll their families, regardless of status, from public benefits for fear that they would be barred from receiving legal status in the future.⁴⁰ Many families shied away from public benefit programs even if some of those programs were not included in the public charge rule and even if the rule did not in fact affect them.

As of March 9, 2021, Trump's public charge rule is no longer in effect as a result of President Biden's Department of Justice dropping any further efforts to keep those regulations in place.⁴¹ As a result, federal public charge policy reverted to a 1999 guidance that counted only two programs (long-term institutionalization paid for by the government and cash assistance for income maintenance) for public charge purposes. Despite these changes, some immigrants are still hesitant to receive public benefits and other forms of financial assistance.⁴² In the midst of the COVID-19 pandemic, the chilling effect persists as advocates have had to educate and encourage immigrants to seek COVID-19 testing, treatment, and vaccination and assure individuals that COVID related services do not count toward the existing and current public charge guidance.

31 Artiga and Ubri, "Living."

32 Doshi et. al., "Barriers."

33 Kerani and Kwakwa, "Scaring."

34 Hamel et. al., "KFF COVID-19"

35 Marr et al., "Future;"; Bernstein, Gonzalez, and Karpman, "Adults," 2.

36 Hamel et. al., "KFF COVID-19"

37 Quiñones et al., "Affordable," 7.

38 Baumgartner, Collins, and Radley, "Racial," 3,5.

39 Tolbert, Artiga, and Pham, "Impact"

40 Tolbert, Artiga, and Pham, "Impact;"; Haley et al., "Citizen."

41 PIF-IL, "Update."

42 Bernstein, Gonzalez, and Karpman, "Adults."

Figure 1: Do you currently have medical insurance?

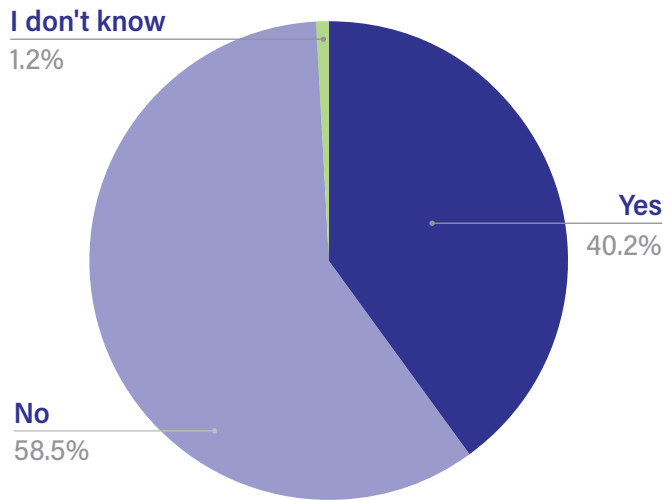
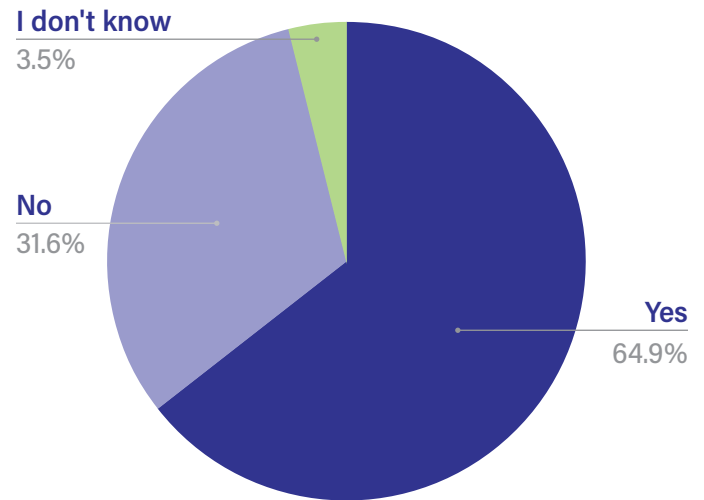


Figure 2: Were you concerned with how you were going to pay the hospital bill or did (do) you have problems paying the hospital bill?



Analysis of Community Based Survey

In 2021, a Hospital Experiences Survey was conducted in both Spanish and English involving 239 immigrant respondents from Chicago and suburban neighborhoods. The survey was conducted by community health workers from four organizations: Enlace Chicago, Mano a Mano, Mujeres Latinas en Acción, and Southwest Suburban Immigrant Project. The purpose of this survey was to gain understanding of individual immigrant experiences with the healthcare system and in seeking medical treatment. Out of the 239 respondents to the survey, most were from Mexico (216 respondents), 15 respondents stated their country of origin as the United States, while other respondents were from Guatemala, Venezuela, Honduras, Puerto Rico, and Paraguay. Out of several questions that participants responded to, we highlight their responses to two important questions.

Figure 1 outlines the 82 respondents to the question *Do you currently have medical insurance?* 58.5% of participants who responded to this question stated that they do not currently have medical insurance. One participant shared that *"He has insurance but it did not cover everything, he was charged \$1000, but I was unaware that I could ask for help,"* (translated from Spanish).

Figure 2 illustrates the responses for the question regarding difficulty paying a hospital bill. Out of the 114 respondents who answered this question, 64.9% answered "yes" that they were concerned about how to pay the bill, 31.6% responded "no" and 3.5% were unsure.

While some lawfully present immigrants are eligible for programs such as Medicaid and CHIP, those programs involve income and waiting period requirements. However, the vast majority of undocumented immigrants are ineligible to apply for such programs due to their immigration status.⁴³ In Illinois, there are two programs that extend coverage for children under the age of 19 and adults 65 and older (coverage will extend to 55 and older starting in 2022) regardless of their immigration status.

While it would be ideal to provide the patient with all resources available and avoid status exposure,⁴⁴ community members frequently express to ICIRR and our allies their distrust in healthcare systems and its providers. This distrust and the need for

43 KFF, "Health."

44 Kim, Sanchez Molina, and Saadi, "Should."

linkage to resources and critical health information can be addressed by creating welcoming environments within healthcare settings or establishing relationships with trusted immigrant serving organizations. One participant's response illustrates this point concisely: *"I was able to receive financial assistance from Mujeres Latinas en Accion. They explained the process and recommended that I ask them for help. They offered help automatically."* (translated from Spanish).

The Immigrant Health Academy

As healthcare has become a national priority, immigrants have not always been included in the policy solutions, which is why ICIRR has been working to shift the narrative to include access to healthcare for immigrants regardless of status. ICIRR and its members have spent years advocating and educating government systems and healthcare settings about the challenges that immigrants face when seeking healthcare.

The Academy is a pilot project designed to be an immigrant-led leadership development and empowerment program that intentionally focuses on the intersections of healthcare access, immigrant rights and immigration law. Over this two year pilot, the Academy will use a newly created immigrant-led curriculum that will guide community leaders in navigating the healthcare system regardless of their immigration or insurance status. ICIRR will also develop an evaluation to ensure there are measurable metrics focused on community empowerment and leadership development.

Equitable access is at the center of this work. All people, including immigrants, should be able to walk into any hospital or clinical setting and feel welcomed, not intimidated. Through years of working with member organizations on healthcare access issues, ICIRR has seen that community members do not always know they have healthcare rights and consequently forgo medical attention until it is too late. Some of the reasons include the barriers listed earlier including fear of medical debt, fear of immigration officials, and difficulty navigating the healthcare system, among other reasons. Ultimately, the goal of the Academy is to empower immigrants to understand their healthcare rights and access medical attention or health related services when they need them, not as a last resort.

Goals:

1. Change the narrative within the immigrant community by empowering immigrants with health know-your-rights information.
2. Foster immigrant leaders who will understand how to navigate the healthcare system, advocate for their healthcare rights, their families, and community while empowering others to do the same.
3. Develop a curriculum and new educational materials that will equip leaders to educate and empower everyday immigrants to seek and navigate their healthcare without needing to be a health expert.



SSIP leaders at an immigration rally in downtown Chicago

Partners

Our key partners include immigrant-led organizations (Mujeres Latinas en Accion, Arab American Family Services, Southwest Suburban Immigrant Project, Mano a Mano Family Resource Center) and legal health advocate experts (Legal Council for Health Justice and Shriver Center on Poverty Law). Along with these partnerships, the pilot project intends to focus in suburban areas including suburban Cook, Will, DuPage, and Lake Counties, which all have significant immigrant populations and lack adequate resources. The project will strategically focus on these communities to help expand healthcare options for immigrant families in areas where they do not have many choices for quality healthcare. As capacity increases, the Academy will expand to other areas with large immigrant communities.



Community leaders from Mujeres Latinas en Acción embrace each other at an immigrant rights rally

Mujeres Latinas en Accion (Mujeres) Mujeres advocates for equal access to healthcare with an emphasis on addressing disparities and barriers to access for Latina and immigrant communities. Mujeres' organized grassroots community leaders were critical to winning expansion of Cook County's CareLink program. CareLink provides direct healthcare access through the Cook County Health and Hospital System for undocumented individuals and other vulnerable communities facing barriers to quality affordable healthcare. Participating in the Academy will deepen the capacity of Mujeres' community leaders and *promotoras* in western suburban Cook County on immigrant health rights and building power to push for policies that improve health outcomes for immigrant communities.



Arab American Family Services (AAFS) AAFS truly believes that the Academy is aligned with its mission and vision. These past two years AAFS has been at the forefront of ensuring that not only is its community educated about COVID-19 in their own language, but also that they are able to access those life-saving vaccinations. AAFS is always striving to ensure access to programs and services to assist our communities to navigate through the challenging systems they encounter.



Southwest Suburban Immigrant Project (SSIP) SSIP is a social impact organization committed to community organizing for the rights of immigrants in Chicago's southwest suburbs through education, civic engagement, and advocacy. Healthcare access has always been one of the issues that we have prioritized, but during the pandemic it was evident that SSIP needed to expand our work urgently. SSIP led a campaign to ask the Will County Health Department to invest in equitable COVID-19 services, resulting in staff increases and CBO partnership funding. SSIP chose to be a part of the Academy because it believes in the power of the people to be informed and stand up for their rights.



Mano a Mano Family Resource Center (MAM) For 20 years Mano a Mano has been the only agency in Lake and McHenry Counties that serves and supports immigrant families, providing comprehensive linguistical and culturally competent services to meet their needs, in their pursuit of their health and wellbeing in this country. MAM is beyond proud of the work its Community Health Workers (CHW) are doing in reaching out to the most vulnerable in our community, to provide education and to clarify factual science-based information about COVID-19. The relationships that CHWs are fostering within Lake County's immigrant community are proving valuable and productive in encouraging our immigrant community to protect themselves and get vaccinated, as a result saving people's lives.



Legal Council for Health Justice (LCHJ) LCHJ believes that access to healthcare and well-being are human rights. From helping individuals get access to health coverage, to advocacy in coalition with partner agencies, and community members with the state to make programs like Medicaid work better, to legislative advocacy for bills to expand access to hospital financial assistance and health coverage, its work runs the gamut of pathways to change. LCHJ joined this initiative for the opportunity to provide legal technical assistance on healthcare rights and to share its power by transferring skills in the lawyer’s toolkit that communities can use directly on their own behalf.



Shriver Center on Poverty Law (Shriver) The Shriver Center’s healthcare justice team is a founding partner of the Illinois Alliance for Welcoming Healthcare, which aims to create policy tools and supports fostering a welcoming environment for everyone in every healthcare institution in Illinois. The Shriver Center will continue to advocate for healthcare for all Illinoisans until everyone has access to comprehensive and affordable coverage. They are excited and humbled to provide support in the development of the Immigrant Health Academy. These leaders will share and build power throughout their community to bend the arc towards health justice for all.



Promotoras de Salud

AL SERVICIO DE NUESTRA COMUNIDAD!

#TODOSCONTRAELCOVID19

Mano a Mano
Family Resource Center

Mano a Mano Family Resource Center: Promotoras de Salud al Servicio de Nuestra Comunidad

The Academy's vision is a step towards justice, working alongside immigrant-led organizations that are committed to investing in their communities and willing to put in the work to change healthcare systems.

Principles of The Academy

Organizing: Grassroots organizing is the foundation of ICIRR. As a coalition, organizing is a key strategy that keeps us connected to the people we serve and how we are able to move the people in power. It is the same principle that will guide us through this new initiative to help us shift the narrative around healthcare and change the healthcare system. Organizing as a key principle will help us identify the root of our healthcare challenges and together, strategize the best possible solutions to the issues identified by community members themselves.

Leadership development: Similar to our immigration Know Your Rights leadership trainings, we can empower immigrants when they confidently know their right to access quality health care. People are able to understand their own healthcare rights when they are able to identify and break down federal and state laws that protect them as a person, regardless of their immigration status. In identifying these rights, we are able to shift the narrative within the immigrant community to understand that healthcare is a human right that applies to every human being despite immigration status, health insurance status, or income.

Community empowerment: Community empowerment can be achieved when the community is able to recognize and organize their own power. The Academy will seek to enable community members to create and use their power in practicing their healthcare rights, inviting others to participate in prioritizing their own healthcare, while collectively shifting the healthcare narrative and demanding improvements within the healthcare system.

Community Wins

The principles of the Academy are based on the best practices ICIRR and its members have used to attain many community wins in Illinois. For years now, the immigrant community has demonstrated how to organize and win immigrant friendly policies such as expanding health coverage to immigrants in Illinois. Early in the COVID-19 pandemic, ICIRR took the lead in making sure immigrants would have access to COVID testing and treatment (and now vaccines) regardless of immigration or insurance status. As a result, Governor Pritzker made a public announcement ensuring that there were policies and procedures that ensured COVID services were accessible to all.

In partnership with community organizations like Mujeres, SSIP, MAM, Enlace Chicago, United African Organization, and many more, ICIRR advocated for state legislation to expand Medicaid for older adult immigrants. In 2020, Illinois became the first state in the nation to offer a Medicaid-like program for immigrants 65 and older regardless of their immigration status. Immigrant communities celebrated this victory, but did stop organizing. During the spring 2021 legislative season, ICIRR joined the successful effort led by Healthy Illinois to expand the Medicaid-like coverage program to cover immigrants 55 and older, further establishing Illinois as one of the most welcoming states for immigrants in the country.

Illinois is also on its way to having one of the most robust hospital financial assistance programs (also known as charity care) in the nation, thanks to the leadership of Cook County Board President Preckwinkle's office and Cook County Health. A new law that will take effect January 2022 will allow patients from federally qualified health centers (FQHCs) or free and charitable clinics to apply for charity care before they receive a medically necessary service. The new law also includes accountability measures requiring hospitals to provide more transparent annual reports. These changes should reduce the fear that uninsured or underinsured immigrants face when making medical decisions about their health. This community win is another example of how organizing, leadership development, and community empowerment are effective tools to strengthen and expand healthcare for all.

Conclusion

Throughout the pandemic, immigrants were among the most impacted groups of people. Through this difficult time, immigrants have proven their resiliency as a community by staying committed to the vision of expanding equitable healthcare and breaking down barriers throughout various levels of the healthcare system. The same energy will enable and drive the Immigrant Health Academy.

The Academy's vision is a step towards justice, working alongside immigrant-led organizations that are committed to investing in their communities and willing to put in the work to change healthcare systems. Immigrants in Illinois deserve to be able to walk into any healthcare facility, receive quality care in their native language, not be afraid of getting high hospital bills, and be seen in a reasonable time. The ultimate goal of the Academy is to equip immigrants and their families with the tools they need to access healthcare as they see fit, not only during an emergency, and without worries or stress of medical debt or immigration related fear. When immigrants themselves are healthy, our communities are healthier and stronger.

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ICIRR ILLINOIS COALITION
FOR IMMIGRANT AND
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ICIRR is dedicated to promoting the rights of immigrants and refugees to full and equal participation in the civic, cultural, social, and political life of our diverse society.

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