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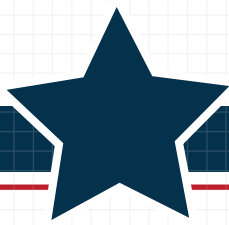
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# A BLUEPRINT FOR IMMIGRANT INTEGRATION

HEALTH





## A BLUEPRINT FOR IMMIGRANT INTEGRATION

# HEALTH

**ISSUE AREAS:** Public Health, Health Care, Health Insurance Coverage, Language Access, Cultural Competence

### **SUMMARY:**

Among the many challenges newcomers face as they adjust to their new surroundings is accessing the American healthcare system and receiving appropriate, timely, culturally-sensitive care in a language they understand. In New York City, the Department of Mental Health and Hygiene (DOHMH) as well as the New York City Health and Hospitals Corporation (HHC) have made priorities out of integrating the specific health needs of immigrants into the policies they develop and the way they deliver care. It is routine for DOHMH to consider health disparities among different immigrant communities when planning policy or programmatic initiatives, and HHC is careful to think about and address the particular barriers to accessing care that immigrants might encounter when they come to the city's public hospitals. Such integration of health concerns specific to immigrants is central to having a citywide healthcare system that effectively treats and protects all New Yorkers.

### **OBJECTIVES:**

- + Identify and address health disparities with targeted approaches for specific communities
- + Promote public health citywide by implementing linguistically and culturally appropriate responses to health concerns
- + Eliminate healthcare disparities through increased access to quality care
- + Increase efficiency and reduce health care costs by designing systems to ensure linguistically appropriate and culturally responsive care
- + Reduce health disparities by prevention and outreach programs to targeted minority and ethnic communities

# CHAPTER ONE: PUBLIC HEALTH

## BACKGROUND

Recent studies suggest that while many immigrants arrive in this country in good health, longer time spent in the United States is associated with poorer health outcomes. As newcomers begin to adopt local habits like smoking, drinking, eating fatty foods and leading more sedentary lives, their rates of heart disease, high blood pressure and diabetes increase.

Yet because immigrants are a highly diverse group, so are their health concerns. While in New York City the foreign-born population has a lower overall death rate from all causes than U.S.-born Americans, within specific immigrant communities those rates vary. And while most immigrant adults in New York City self-report fair or poor health more often than their U.S.-born counterparts, like most health indicators for immigrants, this also varies by race and ethnicity.

Identifying and responding to such public health disparities in immigrant communities is key to improving health outcomes for all city residents. If targeted linguistic and culturally-appropriate steps are not taken to address these disparities, communicable diseases will be more difficult to maintain, individuals and their families' health will suffer and entire communities will be at risk. Thus, the challenge is for health departments to respond effectively—in the appropriate languages and with sensitivity to cultural differences—in order to encourage healthy behaviors and improve healthy outcomes for all communities.

### OBJECTIVES:

- + Identify and address health disparities with targeted approaches for specific communities
- + Promote public health citywide by implementing linguistically and culturally appropriate responses to health concerns

# NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE: TAKE CARE NEW YORK

Take Care New York (TCNY), the strategic city-wide health agenda developed by the New York City Department of Health and Mental Hygiene (DOHMH), was launched in 2004 as a comprehensive policy to help New Yorkers live longer, healthier lives. TCNY's main objective is to tackle the leading causes of preventable illness and premature death among city residents, setting specific goals in 10 key areas selected for their public health importance. Those are: tobacco-free living, healthy eating, active living, heart health, HIV prevention, mental health promotion, substance and alcohol abuse reduction, cancer prevention and treatment, healthy indoor and outdoor air, and quality preventive care.

NYC DOHMH tracks progress made in these 10 areas using data, surveys and other tools and reports back to stakeholders across the city. The information gleaned helps the Department understand and target disparities in health outcomes among specific groups of New Yorkers, including the foreign born. NYC DOHMH has implemented innovative approaches, including special programs and messaging campaigns, to address and ameliorate the health problems of distinct immigrant communities. Examples include targeted tobacco-cessation campaigns aimed at reducing high rates of smoking in Russian and Chinese-American communities, as well as the continuous development of culturally and linguistically appropriate materials to communicate health messaging.

## MAKING PUBLIC HEALTH GOALS INCLUSIVE OF IMMIGRANTS

When thinking about public health policy in your city, it is critical to incorporate the unique needs of immigrants who may be experiencing health-related challenges differently than other groups due to specific behaviors or practices. In New York, where over 37% of the population is foreign-born, the DOHMH works to incorporate the unique needs of immigrants into programming and messaging to better serve and protect the entire population.

## TAKE CARE NEW YORK 2016

The Take Care New York 2016 preliminary plan focuses on the following ten areas:



Survey data and vital statistics can help improve preventative care as well as guide the creation of comprehensive policies specific to the health conditions and risks within the immigrant populations that your city serves.



## CONDUCT COMMUNITY SURVEYS TO BETTER UNDERSTAND NEEDS

The DOHMH conducts an annual Community Health Survey of 10,000 New Yorkers in order to collect essential data on various health indicators such as access to care, health status, mental health, sexual health, exercise, nutrition, cigarette and alcohol consumption, cancer screenings, and chronic health conditions.

- + **Include immigrants in data.** The DOHMH translates the survey questions into multiple languages and works with community-based organizations, community leaders, and others to ensure that immigrants and their health status are represented in the data collected.
- + **Gather demographic data.** Survey questions cover health behaviors and allow the DOHMH to gather demographic data on topics including languages spoken, countries of origin, and amount of time in United States.
- + **Use data to inform programmatic and policy decisions.** Surveys like this help policy-makers better understand the health behaviors of all city residents and ensure programming is culturally appropriate.



## REVIEW INSTITUTIONAL DATA FOR PATTERNS

- + **Use existing data.** Gathering vital statistics such as numbers of births and deaths in New York City does not require conducting additional surveys as hospitals already have this data.
- + **Collect demographic information from all patients.** It is important to consider what information is readily available. If there is no way to scan for language, country of origin, or length of time in the United States, consider incorporating this into the information that public hospitals, clinics, nursing facilities, and treatment centers routinely collect from patients, always protecting confidentiality as you do so. If you do have certain data sets available, use these to understand the health conditions of immigrants in your community.
- + **Gather in-depth information.** In New York, the DOHMH looks at death and birth rates by ancestry and borough of residence. The Department also studies pregnancy outcomes by ancestry of mother, whether the mother is on Medicaid or was obese prior to pregnancy, and whether the baby had a low birth weight.

# THE NEW YORK CITY HEALTH AND NUTRITION EXAMINATION SURVEY {HANES}

The image features the NYC HANES logo at the top, which reads "NYC HANES" in large white letters on a green background, with "New York City Health and Nutrition Examination Survey" in smaller white text below it. Below the logo are four photographs of diverse individuals, each with a callout box. From left to right: 1. An older man with a mustache, with a purple callout box below him that says "▶ get a free checkup". 2. Two women hugging, with a green callout box above them that says "▶ receive \$100". 3. A man smiling, with a blue callout box below him that says "▶ improve city life". 4. A woman smiling, with a pink callout box above her that says "▶ be counted".

Modeled on the National Health and Nutrition Examination Survey, the NYC HANES collects data from physical exams, mental health screenings, clinical and laboratory tests, as well as in-person interviews and audio computer-assisted self-interviews. The survey samples non-institutionalized adult New Yorkers, 20 and older, to provide representative citywide estimates.

## **Objectives:**

The goals of NYC HANES include estimating the number and percentage of people residing in the city with selected diseases and risk factors; the citywide awareness, treatment, and control of selected disease; and the prevalence, awareness, treatment, and control of selected diseases among specific demographic subgroups according to race/ethnicity, gender and age.

## **How the data are used:**

The information gathered from NYC HANES has helped city health officials improve disease surveillance and understand health conditions that had not been previously measured. They could then include reliable reduction targets for these conditions into health policies. The data has further revealed important new information about the pervasiveness of certain precursors to disease such as undiagnosed hypertension, hypercholesterolemia, and impaired fasting glucose. Armed with such information, medical practitioners can improve their patient care. But the findings are not just used by doctors and nurses. Researchers, clinicians, and public health officials also rely on them to deploy resources that meet the health needs of city residents.

During the first survey, DOHMH found that New Yorkers had levels of mercury three times higher than the national average and learned that eating certain fish was one of the causes. The Department responded by improving regulation of fish markets and launching a city-wide educational campaign about mercury poisoning.



## APPLY FINDINGS TO IMMIGRANT GROUPS

After collecting extensive health data and demographics, and analyzing the information for trends, it is possible that disparities in health outcomes will stand out for certain immigrant groups. The next step must then be to figure out what is causing those disparities and how your city can respond so that the entire community experiences improved health.



### EVALUATE POLICIES THAT MAY IMPACT HEALTH OUTCOMES

- + **Use findings to inform and make the public safer.** Using the findings of NYC HANES, City health officials discovered that mercury exposure was especially high within the Chinese and Dominican communities. For the Chinese it was due largely to fish consumption. For immigrants from the Dominican Republic, the exposure came from the use of certain cosmetics intended to lighten the skin. In response, the DOHMH took several important steps.
  - + **Inform the public about healthy behaviors.** The DOHMH created a guide for pregnant and breastfeeding women and young children outlining ways to eat fish wisely and how to choose species with low-mercury levels.
  - + **Remove harmful products.** The DOHMH worked with the Dominican Consulate to remove skin-lightening products that contain mercury from shop counters throughout city stores.



### IMPLEMENT TARGETED CAMPAIGNS TO REACH AT-RISK AUDIENCES

- + **Create culturally-specific advertisements.** Another way to improve the health of specific immigrant groups is to develop campaigns targeted to improving conditions data has shown to be pervasive and problematic.
- + **Employ programs tailored to specific health needs.** Sometimes, ads are not enough and more comprehensive programming is required to change health behaviors and outcomes. Within the Russian community, the DOHMH discovered that few people were getting colonoscopy screenings.

Encouraging colonoscopy screenings:

- + **Conduct community outreach.** While it is not entirely clear why Russian immigrants in particular received fewer colonoscopies, it may partially have been due to many not knowing about the procedure. Thus the DOHMH has made efforts to reach out to this community and increase the screening rates.
- + **Use in-person advocacy.** DOHMH hired community health workers known as “Navigators” to canvass Russian neighborhoods and talk to people face-to-face to promote colon cancer prevention and awareness. The goal was to encourage more individuals to have colonoscopies by identifying and responding to their reasons for not seeking care.



## TARGETED SMOKING CESSATION CAMPAIGNS

When data indicated a need to address smoking rates in the Chinese and Russian communities, the DOHMH created advertisements to promote smoking cessation tailored to these communities. Knowing the importance of family among the Chinese community, one ad featured a three-person family with the father faded out and a large cigarette stump to reinforce the danger of smoking for a family's future. The ad developed for the Russian community showed a famous Russian boxer punching a cigarette, sending tobacco flying, thus using the sport's popularity among Russians to send a no-smoking message.



Preventing perinatal Hepatitis B Virus (HBV) transmission:

Infants born to mothers with chronic HBV face high risks of perinatal and chronic infection, which can cause cirrhosis and liver cancer. Noticing that the infection rates were particularly high among women born in China and other Asian countries, the DOHMH mandated screenings of all pregnant women and prophylaxis treatment for newborns.

- + **Follow subjects to collect data on outreach effectiveness.** The DOHMH followed about 2,000 women per year.
- + **Administer treatment.** Prior to delivery, these women received HBV treatment and education about the condition.
- + **Prioritize preventive treatment.** When they delivered their babies, the infants received Hep B immune globulin and their first dose of the Hep B vaccine. They received a follow-up dose to complete the series within 18-24 months.
- + **Results.** This treatment course was 90-95 percent effective at preventing perinatal infection.
- + **Respond to all health disparities.** This case exemplifies those situations where there is not a clear cultural behavior that contributes to the illness experienced. Nevertheless, the DOHMH response effectively targeted care to eliminate health disparities.

One key to making public health goals inclusive of immigrants is creating partnerships between your city's health department and other organizations, community groups, and city agencies that work with the foreign-born. Sharing expertise and best practices, as well as collaborating on programs and projects, will improve the delivery of care for immigrants throughout your city.



## PROVIDE FREE INTERPRETATION AT PROGRAMS AND CLINICS

Providing free translation and interpretation services is essential to serving immigrant communities in which many people speak a different language and have only limited proficiency in English. The DOHMH receives thousands of requests for interpretation every year. Among the languages in which patients most commonly seek interpretation are Spanish, Chinese, Russian, Haitian Creole, Korean, French, Bengali, Arabic and Urdu, as these represent the top languages spoken in New York City.



## PARTNER WITH CLINICS ALREADY SERVING IMMIGRANT COMMUNITIES

Partnerships with clinics that treat immigrant communities ensure that the DOHMH provides services that are sensitive to the language, culture, and specific health needs of newcomers to this country. These partnerships can also help eliminate any discrimination based on ethnicity or race in the course of delivering healthcare services. In fact, this is among the goals of the Center for Immigrant Health out of New York University's Langone Medical Center, one of the DOHMH's partners.

- + **Examples of partnerships.** Other clinics and organizations that have partnered with the DOHMH include the Caribbean-American Family Health Center, the Charles B. Wang Community Health Center, the Russian American Health Coalition, and the Coalition for Hispanic Family Services, among many others.
- + **Partner with non healthcare-related organizations.** If your city does not have clinics that provide medical care for specific immigrant groups, you might consider partnering with other community-based organizations that serve the foreign-born or are located in neighborhoods where many immigrants live. Through these partnerships city medical officials can still bring healthcare services directly to immigrants.
- + **Engage Community Health Workers in immigrant outreach.** Another possible way to reach immigrants in your city, even without clinics or groups serving their needs, is to employ community health workers. These workers can visit local organizations and community centers, or they can canvas neighborhoods to reach this population and deliver basic care, screenings, and information.



## PROVIDE HEALTH TRAININGS DESIGNED FOR IMMIGRANT GROUPS

Working with city agencies, community-based organizations and local businesses, the DOHMH has been able to provide trainings on various health topics of concern to immigrants throughout the city.

- + **Improve restaurant health.** Targeted to immigrant restaurant owners, the DOHMH provided seminars about New York City's restaurant grading system for food services workers at establishments in Latino, Chinese, and Korean communities, among others. Restaurant owners and their staff learned what the grades mean, how restaurants are evaluated, and how to received high grades.
- + **Address general health concerns of immigrants.** In conjunction with the Mayor's Office of Immigrant Affairs, the DOHMH has conducted "Know Your Rights and Responsibilities" forums. These forums bring speakers from city agencies to community gatherings and provide information about topics of interest. With the DOHMH topics have covered healthcare concerns unique to immigrants such as barriers to access, insurance, and specific illnesses. The forums are conducted in the language most appropriate to the audience and in locations that are easily accessible.
- + **Promote HIV testing and prevention.** To improve the ease with which immigrants can be tested for HIV, and increase their comfort in doing so, the DOHMH taught community-based providers how to conduct HIV screenings at their organizations and advertise services to community members.

## KNOW YOUR RIGHTS AND RESPONSIBILITIES FORUMS – IMMIGRANT HEALTH

Topics at KRRFs have covered healthcare concerns unique to immigrants such as barriers to access, insurance, and specific illnesses. These photos were taken at a KRRF at Astoria Women's Health in Queens, NY.



# CHAPTER TWO: HEALTH CARE DELIVERY

## BACKGROUND

In thinking about healthcare delivery for immigrant and Limited English Proficient (LEP) Americans, it is useful to consider a recent story about a refugee in Ohio with a knee injury.<sup>1</sup> After surgery, the patient's doctor explained which activities to avoid during his recovery. There was no medical interpreter on hand and thus the patient misunderstood completely. He thought instead that the doctor was telling him what to do to help his healing. The results were disastrous. By doing precisely what he had been told not to do, the patient caused irreversible damage to his knee.

This story highlights a few of the pitfalls immigrant patients and their local providers must manage: language barriers, misunderstandings, and gaps in service required to affectively treat immigrant and LEP populations. The limitations of language are, in fact, among the most fundamental hurdles immigrants must overcome when interacting with the healthcare system, yet there are other obstacles too. Cultural differences may also complicate medical care delivery. Such differences can frustrate a provider's ability to communicate information about the importance of certain healthy behaviors or may create tensions when an immigrant isn't familiar with the rules or procedures of hospitals and the healthcare industry in this country. Immigration status can be an additional and especially significant barrier to receiving care. Immigrants and their children, both those here legally and those who aren't documented, have generally lower rates of health insurance coverage than native-born Americans. Immigrants without insurance often lack a regular physician and generally visit doctors less frequently.<sup>2</sup> Out of fear that in doing so their status will be revealed to authorities and they will be deported, undocumented immigrants sometimes avoid accessing care entirely or wait until there is an emergency. Not only does this hamper their chances for healthy outcomes, it is costly. When patients overuse the emergency department for care, it becomes an expensive problem for the entire healthcare system.

While significant, none of these challenges in providing quality healthcare to immigrants are impossible to overcome. Thoughtful delivery of care that is linguistically and culturally sensitive, in conjunction with outreach to specific immigrant groups, can improve health outcomes for entire communities, and lead to a reduction in health care costs.

### OBJECTIVES:

- + Eliminate healthcare disparities through increased access to quality care
- + Increase efficiency and reduce health care costs by designing systems to ensure linguistically appropriate and culturally responsive care
- + Reduce health disparities through prevention and outreach programs to targeted minority and ethnic communities

# NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

The New York City Health and Hospitals Corporation (HHC) is the largest municipal healthcare organization in the nation. It serves 1.4 million New Yorkers every year, more than 480,000 of whom are uninsured. HHC's mission is to provide high quality, patient-centered health care services to all city residents, regardless of their ability to pay, in an atmosphere of humane care, dignity, and respect. HHC is an integrated delivery system of eleven acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers, more than seventy community-based clinics, a home care agency, HHC Health and Home Care, which provides in-home services, and a health plan, MetroPlus. Throughout its facilities, HHC provides an array of physical health, mental health, and substance abuse services.

Following its mandate and mission to equally serve all New Yorkers, HHC provides care to many of New York City's newcomers and has made special provisions to meet the needs of the immigrant and LEP populations. The network of facilities within HHC offers language assistance services 24 hours a day, 7 days a week. Over-the-phone (OPI), face-to-face or "Proximal Interpreting," and Video Remote Interpretation (VRI) services are offered at all HHC facilities.

The following action steps serve as a guide to hospitals and other healthcare providers in delivering linguistically and culturally responsive care to immigrant and LEP communities.

## PATIENTS' BILL OF RIGHTS – MULTILINGUAL

All patients are provided a Patients' Bill of Rights, which is available in multiple languages, including Spanish, Chinese, Russian and many others.

### Patients' Bill of Rights

**As a patient in a hospital in New York State, you have the right, consistent with law, to:**

- (1) Understand and use these rights. If for any reason you do not understand or you need help, the hospital **MUST** provide assistance, including an interpreter.
- (2) Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.
- (3) Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
- (4) Receive emergency care if you need it.
- (5) Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
- (6) Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
- (7) A no smoking room.
- (8) Receive complete information about your diagnosis, treatment and prognosis.
- (9) Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
- (10) Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Do Not Resuscitate Orders—A Guide for Patients and Families."
- (11) Refuse treatment and be told what effect this may have on your health.
- (12) Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
- (13) Privacy while in the hospital and confidentiality of all information and records regarding your care.
- (14) Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
- (15) Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
- (16) Receive an itemized bill and explanation of all charges.
- (17) Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.
- (18) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
- (19) Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

Public Health Law(PHL)2803 (1)(g)Patient's Rights, 10NYCRR, 405.7,405.7(a)(1),405.7(c)

### Declaración de derechos de los pacientes

**Como paciente de un hospital del estado de Nueva York, usted tiene el derecho, según la ley, a:**

- (1) Comprender y utilizar estos derechos. Si por alguna razón, usted no entiende o necesita ayuda, el hospital **DEBE** ayudarlo, incluso brindarle los servicios de un intérprete.
- (2) Recibir tratamiento sin discriminación de raza, color, religión, sexo, origen, discapacidad, orientación sexual, fuente de pago, o la edad.
- (3) Recibir atención considerada y respetuosa en un ambiente limpio y seguro sin que haya limitaciones innecesarias.
- (4) Recibir atención médica de emergencia si lo necesita.
- (5) Que se le informe el nombre y el cargo del doctor que lo va a atender en el hospital.
- (6) Saber los nombres, cargos y funciones de todo el personal hospitalario que participe de su cuidado y rehusarse a recibir su tratamiento, exámenes u observación.
- (7) Tener una habitación para no fumadores.
- (8) Recibir información completa sobre su diagnóstico, tratamiento y prognosis.
- (9) Recibir toda la información que necesita para dar consentimiento informado para la realización de un procedimiento o tratamiento. Esta información debe contener los riesgos posibles y beneficios del procedimiento o tratamiento.
- (10) Recibir toda la información que necesita para dar consentimiento informado para dar instrucciones de no resucitarlo. Usted también tiene el derecho de designar a una persona para que de el consentimiento por usted en caso de que se encuentre demasiado enfermo para hacerlo. Si le gustaría recibir más información, por favor, solicite una copia del folleto "Pedido de no resucitar— Guía para pacientes y familias".
- (11) Rechazar tratamiento y que se le informe cuál es el efecto que este puede tener en su salud.
- (12) Rechazar ser parte de un estudio de investigación. Al decidir si quiere participar o no, usted tiene el derecho de que se le de toda la información disponible.
- (13) Tener privacidad mientras se encuentra en el hospital y confidencialidad de toda la información y de los expedientes relacionados con su caso.
- (14) Participar en todas las decisiones acerca de su tratamiento y alta del hospital. El hospital debe suministrarle por escrito un plan de alta y una descripción de cómo apelar su alta.
- (15) Revisar su historia clínica sin cargo alguno. Obtener una copia de su historia clínica por la cual el hospital puede cobrarle un precio razonable. A usted no se le puede denegar una copia solamente porque no puede pagarla.
- (16) Recibir una factura desglosada y una explicación de todos los cargos.
- (17) Quejarse sin tener miedo a represalias acerca del cuidado y servicios que está recibiendo y hacer que el hospital le responda, y si es que así usted lo solicita, una respuesta por escrito. Si usted no está satisfecho con la respuesta del hospital, puede quejarse al Departamento de Salud del estado de Nueva York. El hospital debe suministrarle el número de teléfono del Departamento de Salud del estado.
- (18) Autorizar a los miembros de su familia y a otros adultos a los que se les dará prioridad de visita conforme usted tenga la capacidad de recibir visitas.
- (19) Hacer conocer sus deseos con relación a lo que quiere hacer con sus órganos. Usted puede documentar sus deseos en su poder para la atención médica en una tarjeta de donante que se encuentra disponible en el hospital.

Ley de Salud Pública(PHL)2803 (1)(g)Derechos de los pacientes, 10NYCRR, 405.7,405.7(a)(1),405.7(c)



# PROVIDING QUALITY HEALTH CARE TO IMMIGRANT AND LEP COMMUNITIES

## STEP ONE >

### PROVIDE LANGUAGE ACCESS SERVICES TO REDUCE BARRIERS AND MINIMIZE DISPARITIES IN HEALTHCARE DELIVERY

Among the most significant barriers immigrants encounter when attempting to access the American healthcare system is language. The availability of free interpretation services and offering these services in a patient's preferred language allows hospital staff to effectively communicate with LEP patients, which increases patient safety, improves the patient's experience and creates greater efficiency in hospital delivery. When patients and doctors clearly communicate, patients comprehend their medical condition, treatment plan and discharge instructions. Furthermore, physicians are better likely to get the patient's complete medical history.<sup>3</sup> This, in turn, leads to fewer return visits and is a more efficient use of medical services. There are various methods hospitals and other health care facilities can use to deliver these services in an effective manner and meet compliance obligations pursuant to the enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, and The Joint Commission's revised standards for patient-centered communication, both of which are guided to improve health care service quality in diverse communities.



#### ASSESS THE LANGUAGE NEEDS OF PATIENTS

- + **Identify your hospital's customer base.** It is important to develop an accurate picture of the population that your hospital serves. Thus, it is essential to gather information and data about the surrounding communities to learn who lives in the area, where they are from originally and other demographic information.
- + **Determine the most common languages patients speak.** Obtaining an accurate assessment of the language spoken by LEP patients is important to tailor services to the specific language needs of the patients the hospital frequently encounters. Information on a patient's preferred language captured in patient information records is a good measure in determining a hospital's LEP patient population. Also periodic review of monthly reports received from interpretation vendors can determine the frequency and demand for language services by language requested. Armed with this information, providers can offer effective and appropriate interpretation services.



## CREATE A CLEAR POLICY AND PROCEDURES ON HOW LANGUAGE SERVICES ARE TO BE DELIVERED

- + **Standardize procedures and protocol for providing interpretation and translation services.**
- + **Develop and implement a Language Access Policy.** The policy should be designed to set forth standards, operating principles, and guidelines that govern the delivery of language appropriate services. The objective of the policy is to inform hospital staff that language access is a priority to promoting and ensuring meaningful access to all who are seeking health care services.
- + **Standardize practice and procedures to bring greater consistency in the delivery of language assistance services.** Hospitals and other health care facilities can develop specific language access plans intended to help management and staff understand their roles and responsibilities with respect to overcoming language barriers for LEP individuals. The plans will serve as a management document that outlines how the agency has or will define language assistance tasks, set deadlines and priorities, assign responsibility, and allocate resources necessary to come into or maintain compliance with language access requirements. Including the manner by which it will address the language service and resource needs identified in a self-assessment, it should serve as a guide to effectuate the service delivery standards delineated in the Language Access Policy.
- + **Generate buy-in from hospital administrators and staff to make language access a priority.** Policy and procedures are only as good as they are internalized and used. Thus, hospitals and other health care facilities should create and launch an internal communication strategy to share policy and procedures within the hospital to increase awareness and buy-in ( e.g., internal memo, hospital newsletter, lunch and learn opportunities, or trainings).



## DESIGNATE A CENTRAL COORDINATING BODY OR DEDICATED INDIVIDUAL TO ENSURE THE SUCCESSFUL DEVELOPMENT AND IMPLEMENTATION OF LANGUAGE SERVICES

- + **Create an internal committee or select a dedicated employee to develop language and cultural services within the hospital.** An internal committee or dedicated employee with major public contact should be designated to coordinate and supervise language access activities and any other language access-related endeavors undertaken to comply with provisions of law, regulations and accreditation requirements. Having a point person, designated internal committee or working group focused on language access will help ensure the successful development and implementation of the language access program.

To support language services and culturally responsive care the committee or dedicated staff would oversee the development, implementation, and coordination of language access and cultural awareness programs. The internal committee or working group can be comprised of various stakeholders within the hospital setting (i.e., patient safety, patient relations, risk management, emergency department, etc.) that can ensure the various goals and objectives for each department are met. If a hospital chooses to have a dedicated employee, that person can serve as the Language Access Coordinator (LAC) and report to a department with public contact such as the Office of Patient Relations or Patient Experience Liaison.



## HHC'S CENTER FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES {CLAS}

Created in 2007, CLAS provides centralized support for the provision of language and culturally responsive services across HHC. CLAS serves as a resource to HHC facilities and advises on best practices and solutions to improve the delivery of linguistically and culturally appropriate services system-wide; in addition to:

- + Offering technical assistance and support to facilities in the coordination, administration and delivery of language and culturally responsive services;
- + Ensuring the timely delivery of language assistance services by managing and maintaining the corporate language services vendor contracts for in-person interpretation, over-the-phone interpretation, translations and American Sign Language (ASL); and
- + Developing and implementing programs and initiatives to further enhance culturally responsive services.



### PROVIDE INTERPRETATION AND TRANSLATION SERVICES

- + **Interpretation Services.** To ensure timely and consistent delivery of language services to LEP patients at all times, the availability of interpretation (oral) services 24 hours a day, 7 days a week is critical in a hospital setting. There are different methods to ensure a uniform and dependable delivery of interpretation services.
  - + **Over-the-phone interpretation.** The most common method used is over-the-phone interpretation (OPI) services, where hospitals contract with interpreting service companies to access bilingual interpreters in the patient's preferred language over the phone. Devices such as the use of dual handsets and speakerphone features are required to successfully connect with an interpreter over the phone. It is also important to provide clear instructions to providers and other key staff who are frequent users of this service on how to effectively use over the phone interpreters. HHC facilities use a simple, easy to remember 4-digit number to quickly connect with over-the-phone interpreters. Each facility coordinates this service with its telecommunications department.
  - + **Face-to-face interpretation.** Hospitals and other health care facilities can also contract with vendors to provide proximal (face-to-face) interpreting services. These facilities would have to create a system to coordinate the use of proximal interpretation when scheduling clinic appointments or procedures.
  - + **Bilingual service providers.** Bilingual providers can also be used to directly communicate with his/her patient. Hospital administrators need to develop a system to certify that the bilingual provider is proficient in the language and competent to communicate with the LEP patient during a clinical encounter.

- + **Use of Qualified Medical Interpreters.** Bilingual employees who have been hired as medical interpreters and have completed the requisite language proficiency screening, training and competencies assessment can serve as a communication bridge between the provider and LEP patient during medical encounters. In the alternative, hospitals and other health care facilities can identify bilingual employees who are willing to volunteer their language skills, and be screened, trained and tested for competency as a qualified medical interpreter. These individuals can serve a “dual role” in a hospital facility. For instance, the bilingual employee can use his/her language skill to serve as a qualified medical interpreter in their current capacity within their department (e.g., a nurse providing language support for another nurse’s patient), and may also serve as an interpreter when required in other departments.
- + **Video Remote Interpreting (VRI).** VRI is a newer method that is used to provide language services. Hospitals and other health care facilities use mobile links to connect patients with interpreters via a webcam, microphone, and speakers. The patient is able to see the interpreter and communicate over a transportable laptop. This method can be used to communicate not only to LEP individuals but also to patients who are deaf and hard of hearing. The same vendors that provide OPI and proximal services also offer this method as another option. As the method usually depends on a facility’s Wi-Fi or Internet connectivity, this method comes with some limitations as maintaining connectivity to ensure a seamless delivery of service may be an issue. This method may not be appropriate in all instances.

HHC uses all the above-mentioned methods to communicate with LEP patients. These methods ensure that language services are available 24 hours a day, 7 days a week at HHC’s 11 acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers and more than 70 community-based clinics.

- + **Translation Services.** The availability of essential documents in the top written languages spoken by LEP patients will facilitate effective communication to ensure patients’ understanding of information related to their care and well-being. Common essential documents that should be considered for translation include consent forms, patient bill of rights, discharge, and medication instructions. The language needs assessment that a hospital conducts should help determine the top languages that documents should be translated into.

It is also important to notify patients of the availability of free language services and other services provided at hospital facilities in their preferred language. Multilingual welcome and directional signage creates a receptive environment and makes it easier for LEP individuals to navigate the facility.

## HOW TO QUICKLY IDENTIFY THE PREFERRED LANGUAGE OF LEP PATIENTS

Hospital staff should be trained to quickly identify patients who are LEP:

- + Staff ask patients “what language do you speak at home?”
- + Patients use language identification cards that allow them to point to their language.
- + If these methods fail, staff can call a telephonic interpreter to help identify the patient’s language.



## TRAIN AND EDUCATE HOSPITAL EMPLOYEES ABOUT LANGUAGE ACCESS

- + **Educational Programs for Hospital And Other Health Care Facilities Employees.** Educating hospital employees about the Language Access Policy and plan is a key ingredient to successful implementation of a language access program. Informing staff of the hospital's policy, protocol, and procedures for using interpreters increases understanding and awareness and fosters the importance of effective communication in delivering patient-centered care to LEP patients. Some methods to deliver information include, but are not limited to: incorporating a language access module into new hire orientation or annual mandatory training offerings (e.g., EEOC training); developing e-learning training; and brochures, pamphlets or other instructional tools to teach staff the appropriate way to identify the primary language of the patient, and access and use an interpreter. (e.g., "I Speak" cards; 8 x11 desk top poster that can be near staff / high traffic patient areas; access code and instructions placed near computer monitors for ease of accessibility).
- + **In any education program developed, it is important that hospital staff be informed.** Medical interpretation is a specialized field and requires specific qualifications and training. To ensure that patients receive competent care, it is also important for all hospital staff to understand the parameters in which qualified and approved medical interpreters can be used and how to access interpretation services at their facility.
- + **Training bilingual staff to become qualified medical interpreters.** Offering skills development training to eligible bilingual employees is a valuable investment to hospitals. HHC offers educational opportunities for staff who want to become interpreters and, for those already trained, who want to improve their skills.

## LANGUAGE PROFICIENCY SCREENING

HHC provides language proficiency screening, a minimum of 40-45 hours of medical interpreter training and a post-training competency assessment to eligible bilingual employees. Upon successful completion of the Medical Interpreting Program, employees can serve as qualified medical interpreters within their facility. They can serve as Medical Interpreters or "Dual Role" (as described above).

## PROVIDE CULTURALLY RESPONSIVE CARE TO REDUCE AND ELIMINATE BARRIERS IN HEALTHCARE DELIVERY

One of the challenges of providing high quality care to foreign-born patients is doing so in a way that is sensitive to cultural differences. These are often influenced by religion, traditions, beliefs, or histories of trauma or war. All of these factors can impact healthcare delivery and outcomes.



### INCREASE STAFF AWARENESS THROUGH EDUCATION

To ensure that staff are cognizant and sensitive to patient needs and through educational programs, hospitals and other health care facilities can increase staff awareness and understanding about the various languages, customs, and norms of their patient populations.

A number of low-cost tools can be used, such as:

- + Posting key information about ethnic groups that are the most frequent users of the health care facility
- + Inviting guest speakers from different ethnic communities that comprise a hospital's patient population to present to clinical staff.
- + Developing training modules focused on cultural sensitivity and awareness and incorporating these modules into new hire orientations, and annual mandatory annual training, or through e-learning sessions.

## THE ILLYRIA FAMILY PRACTICE

**Background:** With the outbreak of the war in Kosovo in 1999, an outgrowth of the larger conflict in the former Yugoslavia, thousands of Kosovar refugees fled the chaotic Balkans. About 10,000 of them, mostly ethnic Albanians, eventually landed in the Bronx. At the time, few doctors or nurses in the borough spoke Albanian fluently. Dr. Alan Ross, a pediatrician who had spent time treating children in Albanian refugee camps, saw a gap in care. He filled that gap by starting the Illyria Family Practice, which provides culturally sensitive medical care to Balkan refugees and other members of New York's Kosovar and Albanian communities. Dr. Ross and other employees at Jacobi Medical Center speak Albanian, Montenegrin, and Serbo-Croat thus enabling them to better serve their patients, who are often educated, but insular, and poor as a result of discrimination in their native country. As the practice has grown, Dr. Ross' patients have become more diverse and are generally poorer have lower household incomes than the average Bronx resident.

**Family Practice:** Dr. Ross designed Illyria to follow a family practice model in which patients return to the same doctor at each visit and are able to speak with that doctor in their own language. The staff includes three full-time and one part-time physician, three nurses, and two front-line staff who are fluent in Albanian. The coordinating manager of the practice lives in the community and is a significant champion of the program.

Throughout Jacobi Medical Center, there is extensive signage that has been translated into Albanian and an increasing number of Albanian-American employees and healthcare professionals have been added to the staff. In response to community needs, recruitment has been especially focused on mental health. Many of the Albanian medical students who were trained as residents at Jacobi Medical Center have returned to serve the Albanian community.



## CONDUCT COMMUNITY OUTREACH AND ENGAGEMENT

Community outreach can help hospitals and other health care facilities identify emerging ethnic and minority groups, and health issues or trends impacting specific communities. Engaging communities also fosters greater understanding of what hospitals and other health care facilities offer, mitigates uncertainty and fear among immigrant communities, and promotes access to services. Through effective community outreach and engagement immigrants can become better informed, which can lead to a reduction in health disparities and can help hospitals better prepare treatment options.



## ESTABLISH CLINICAL PROGRAMS THAT CATER TO THE NEEDS OF SPECIAL POPULATIONS

Creating cultural specific clinics that cater to specific ethnic, national origin groups or special populations also helps to minimize disparities in healthcare access. Two programs in New York City that have proven especially effective in providing culturally sensitive care include the Illyria Family Practice at Jacobi Medical Center in the Bronx and the Bellevue Hospital/NYU Program for Survivors of Torture in Manhattan.

### BELLEVUE HOSPITAL/NYU PROGRAM FOR SURVIVORS OF TORTURE

**Background:** Established in 1995, the Bellevue / NYU Program for Survivors of Torture (PSOT) is located in the Bellevue Hospital Center in Manhattan. PSOT provides comprehensive and interdisciplinary medical and mental health care as well as social and legal services to victims of torture, persecution and other human rights abuses and their family members. Since its inception, PSOT, a partnership between the Bellevue Hospital and the NYU School of Medicine, has served more than 4,000 people hailing from more than 100 countries. PSOT is the first and largest program of its kind in the New York City area and a leading center domestically and internationally. PSOT has established an international reputation for excellence in its clinical, educational and research activities. PSOT and its staff have received numerous awards, including the Vulnerable Populations Award from the American Public Hospital Association.

The PSOT uses a holistic approach, concentrating care on all aspects of a person's health, experiences, and circumstances. Treatments include medical care and culturally sensitive psychological care that often focuses on post-traumatic stress disorder, anxiety, and depression. Individual Counseling as well as group counseling is provided. PSOT has staff fluent in over a dozen languages. Skilled and specially trained interpreters are utilized as needed. The program further assists clients by leveraging community resources and connecting them with agencies that can help with food, housing, clothing, language skills, employment, education, legal services, family reunification, and advocacy. Patients are often enrolled for several months.

**Keys to success: an interdisciplinary approach.** PSOT utilizes an interdisciplinary team approach to help rebuild the lives of the most vulnerable of "new" New Yorkers. The individuals PSOT cares for have endured torture and other horrific human rights abuses and persecution, which forced them to flee their countries of origin. PSOT is successful in helping to rebuild the lives of patients by providing comprehensive and holistic care. PSOT maintains a keen focus on the patient's health as being more than just the absence of disease or illness, but as comprising physical, emotional, and social well-being. A wide array of services is available. PSOT also partners with community organizations throughout New York City. PSOT staff are among the most knowledgeable and skilled clinicians in the world in caring for victims of severe trauma. Acknowledging the relationship between physical, psychological, and social health and wellness, the PSOT seeks to treat patients in all of these areas.

## BELLEVUE HOSPITAL/NYU PROGRAM FOR SURVIVORS OF TORTURE {CONT.}

- + **Social.** All clients receive a social/legal service assessment and are subsequently referred for additional social/legal services as needed. PSOT's Social Service staff can connect clients to community, faith-based, and volunteer organizations that can provide them with food, housing, job training, language classes and more. The social service staff also helps eligible clients to enroll in Medicaid.
- + **Medical.** To meet their medical needs, clients are offered a medical evaluation and comprehensive medical care including primary care and specialty care as needed. All PSOT clients are encouraged to see primary care physicians affiliated with the program. All PSOT staff, including medical providers, receive specialized training in caring for victims of torture and other human rights abuses.
- + **Psychological.** Clients can receive individual, group or family therapy, as well as psychiatric and psychopharmacological evaluation, treatment and follow-up. PSOT also treats children affected by war and trauma through family and play therapy. The program's supportive group therapy, which is ethnically and culturally sensitive, has been especially effective. Sessions are meant to help patients adapt to their new lives and surroundings rather than explore their emotions. Participants guide the discussions, which can be useful in countering feelings of isolation and improving overall psychological health.
- + **Legal.** About 80 percent of program clients are asylum seekers. When they need legal assistance, they see the program's Social / Legal Services Coordinator, an experienced paralegal. Clients who do not have an attorney are referred to non-profit organizations that can provide pro-bono representation. Program clinicians can testify on behalf of clients seeking asylum and provide medical and psychological affidavits.
- + **Educational.** Through the contributions of the Rennert Language School in New York City, PSOT clients have access to free ESOL, high school equivalency and general literacy classes, as well as individual tutoring.

**Cultural sensitivity.** Western notions of mental healthcare including psychotherapy are foreign to many of the program's patients and therefore clinicians are careful not to impose these standards on them. Instead, they aim to foster interactive communication in which clients and providers can understand and learn from each other. As in the group therapy sessions, treatment is guided by the goals each patient lays out for himself or herself even when there are concrete issues like obtaining housing, rather than revisiting their traumatic experiences. Respect for clients' minds, bodies, and spirit, along with patient empowerment are paramount.

**Treat symptoms.** Clinicians at the PSOT focus on treating their patient's symptoms rather than being overly concerned with diagnosing them. It is less important that the patient suffers because of past torture, war trauma, human rights abuses or being a refugee than that doctors can allay their symptoms so that their current well-being improves.

**Advocacy.** PSOT studies and documents human rights abuses and regularly advocates for the protection of human rights here and abroad. PSOT staff are recognized internationally for their expertise and invited to present at conferences worldwide. Staff have testified on several occasions before Congress and have served on a voluntary basis on a variety of government commissions. Presently, PSOT staff are advocating for groundbreaking legislation in New York State aimed at preventing torture. This legislation, the first of its kind, would prohibit state-licensed health professionals from assisting in torture, interrogations, and prisoner abuse. It also provides them legal protections when they refuse to participate in such acts.

Citizenship status and language play a large role in disparities in health coverage, access and quality for racial and ethnic minorities. Immigration status impacts a person's ability to obtain health coverage by affecting the likelihood of having a job that offers health insurance and a person's eligibility for Medicaid or State Health Insurance Program (e.g., SCHIP). English proficiency affects a person's ability to fill out health insurance applications and other forms.<sup>4</sup>



## ASSURE IMMIGRANTS THAT INFORMATION THEY SHARE WILL BE KEPT PRIVATE

- + **Protect patient information.** Immigrant and LEP communities may be reluctant to access healthcare services due to their lawful status in the United States. Unauthorized status may prevent a person from seeking healthcare assistance due to fear of being reported to federal authorities. Hospitals can take affirmative steps to reassure immigrant and LEP communities about their privacy laws and hospital policies that protect a patient's information.
- + **Notify communities of existing protections.** HHC President Alan Aviles and Fatima Shama, Commissioner of the Mayor's Office of Immigrant Affairs issued an open letter in 2011 written in 12 different languages that assured immigrants that every patient has a right to healthcare privacy. The letter underscores the public hospitals' commitment to keep immigrant status completely confidential and to serve all New Yorkers regardless of their immigration status.

### EXCERPT FROM OPEN LETTER TO IMMIGRANT NEW YORKERS

"Our policy is clear. No HHC employee can give your patient information to ANYONE else. All of our employees know that if they break this promise they can lose their job. We understand that this is the only way that we can keep your trust. We know that we need your trust to give you and your family quality health services."



# OPEN LETTER TO IMMIGRANT NEW YORKERS

In April 2007, and again in 2011, Health and Hospitals Corporation (HHC) President Alan D. Aviles and the Commissioner of the Mayor's Office of Immigrant Affairs joined together to issue a reassuring message about the City's confidentiality policy to immigrant New Yorkers who may be avoiding accessing health services for fear of having their immigration status disclosed to federal authorities. The message was delivered in an open letter and written in 12 different languages.



## AN OPEN LETTER TO IMMIGRANT NEW YORKERS

Do not be afraid to go to the doctor, the clinic, the hospital or the emergency room. Undocumented immigrants can get medical care in New York with no fear.

The Health and Hospitals Corporation (HHC) runs the public hospitals in New York City. We respect you and want to help you. People who work in a public hospital will not tell the Immigration Service or other law enforcement agencies your immigration status. We will not tell anyone. Our public hospitals and health centers have a long and proud history of caring for everyone. That includes immigrants who are not citizens or legal residents and people who do not have money to pay for care. Our commitment is strong. It has not changed.

We promise all undocumented immigrants:

### **HHC WILL HONOR YOUR RIGHT TO PRIVACY. WE PROMISE TO KEEP CONFIDENTIAL ALL INFORMATION REGARDING YOUR IMMIGRATION STATUS.**

**You have a right to quality health care.** Do not let fear stop you from getting the health services you or your children need. Our public hospitals, health centers and clinics are located in neighborhoods all over New York City. Our doctors, nurses and other health care workers care about you. They speak many languages. Many of them are immigrants or children of immigrants. They all want to serve you with respect. They will all protect your privacy.

Most children and pregnant women can get health insurance. You can get it even if you are not a legal immigrant. HHC staff can help you get the insurance you need. If you do not have insurance and cannot pay a lot of money for health care, HHC will help you anyway. What you pay will be based on how much money you have and how many people are in your family. Workers at the public hospital or clinic have to ask you for some information to find out how much you should pay. They will ask you to prove how much money you earn. You will need papers to show your home address and some proof of identity and your date of birth. We will keep all of this information a secret. It will be absolutely confidential.

**Our policy is clear.** No HHC employee can give your patient information to ANYONE else. All of our employees know that if they break this promise they can lose their job. We understand that this is the only way that we can keep your trust. We know that we need your trust to give you and your family quality health services.

You can call 311 for a list of all the HHC hospitals and health centers or to send a message to HHC President Alan Aviles or the Mayor's Commissioner of Immigrant Affairs, Fatima Shama.

Alan D. Aviles, President  
New York City Health and Hospitals Corporation

Fatima Shama, Commissioner  
Mayor's Office of Immigrant Affairs



## PROVIDE FINANCIAL ASSISTANCE PROGRAMS FOR UNINSURED AND UNDERINSURED PATIENTS

### HHC OPTIONS

HHC Options is a program designed to make healthcare services affordable for all New Yorkers and it reduces barriers to accessing care. Designed for patients without insurance, or only limited coverage, HHC Options is open to anyone, regardless of immigration status. As mandated for all city agencies, New York City's public hospitals, health centers and nursing facilities do not ask patients their immigration status, and thus it should not be a barrier for undocumented patients to access health care services through this program. Enabling patients to receive important preventive care and to obtain a regular source of primary care, HHC Options helps people avoid unnecessary use of the emergency room as their primary care provider and reduces avoidable admissions to hospitals.

- + **Application assistance.** HHC Options is available to HHC patients who live in New York City, Westchester, and Nassau County. To be determined eligible to receive financial assistance through the HHC Options program, uninsured or underinsured patients must provide information on their family size and income. Staff will first help patients apply for any insurance coverage for which they may be eligible such as Medicaid, Family Health Plus, Child Health Plus, Elderly Pharmaceutical Insurance Coverage, or the AIDS Drug Assistance Program (ADAP). If not eligible for any of these insurance coverage programs, they are eligible to participate in the HHC Options program. Patients will be charged discounted fees for health care services (such as clinic visits, ER services, inpatient care, ambulatory surgery and pharmacy) which will be based on their household size and income.
- + **Staff training.** Staff training is crucial to ensuring the success of HHC Options. Staff need to understand the different rules for Medicaid and other federal programs versus those for HHC's program. Medicaid has many more restrictions and it is important that hospital staff can help patients apply for the programs for which they are eligible and that will be most helpful in covering their medical bills. Another central component of HHC Options is that patients who cannot provide proof of income will not be denied reduced fees as a result. Ensuring that staff follow this policy prevents anyone being erroneously turned away.

In general, staff buy-in is a key element in making HHC Options a viable alternative for uninsured or underinsured New Yorkers. It is especially important that policies are implemented in a uniform fashion, removing the opportunity for individual discretion and eligibility decisions.

- + **Outreach.** Efforts to inform the public about HHC Options include signage in hospital waiting areas, as well as flyers, brochures, and posters. Hospitals and other health care facilities can obtain all of this material, display it, and make it available to patients. Documentation about the program is available in the 12 top languages used in city health facilities. Another way to get the word out about the program is through community-based organizations. In fact, these groups often request presentations on HHC Options for staff, caseworkers, and others.

## HHC OPTIONS

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## COLLABORATE WITH A NETWORK OF NOT-FOR-PROFIT ORGANIZATIONS

Hospitals and other health care facilities may establish partnerships with not-for-profit social service agencies, community-based organizations and other reputable institutions that are known within immigrant communities as 'safe spaces'. Organizations like faith-based institutions and libraries can assist in the dissemination of key messaging and time sensitive information. Non-profit organization can also be useful to hospitals and other health care facilities in identifying emerging health issues impacting specific ethnic or minority groups they come into contact with.

Community-based organizations, faith institutions, and libraries are frequently utilized by immigrants and LEP communities because they are considered a trusted source. These organizations are more than likely able to speak the language of those seeking services and understand the cultural norms so that they are better positioned to offer key messaging points and other critical information in a manner that is linguistically and culturally responsive to the needs of the community. These collaborations should be mutually beneficial to both the hospital and not-for-profit organization. The hospital gains by establishing a greater level of credibility and access to communities that might be apprehensive in seeking healthcare services. Not-profit organizations also benefit through exchange of additional service offerings or resources that their members can access as a result of the partnership.

# ENDNOTES

1. Ethnic and Cultural Diversity Caucus of Dayton. (2012). Dayton Refugee Community Assessment, 2012. Dayton, OH.
2. Derose, K.P., Escarce, J.J., and Nicole Lurie. (2007). Immigrants And Health Care: Sources Of Vulnerability. Health Affairs, 26(5), 1258-1268
3. Improving Patient Safety Systems for Patients with Limited English Proficiency: A Guide for Hospitals, AHRQ Publication No. 12-0041, September 2012.
4. Disparities in Health Coverage, Access, and Quality: The Impact of Citizenship Status and Language on Low-Income Immigrants, The Henry J. Kaiser Family Foundation, August 2003. Publication #4132, available at <http://www.kff.org>

**CITIES FOR IMMIGRANT INTEGRATION** aims to support the expansion of programs and policies that facilitate the economic, civic and cultural integration of immigrants across the United States. The NYC Mayor's Office of Immigrant Affairs (MOIA) has provided and will continue to provide technical assistance and guidance to other municipalities in their efforts to support immigrant communities and encourages local governments to network and share best practices in this important field.

Blueprints for Immigrant Integration, as well as additional tools and resources, are available on [nyc.gov/integration](https://nyc.gov/integration) and will continue to grow over the coming months. Please feel free to write us and share feedback by contacting [integration@cityhall.nyc.gov](mailto:integration@cityhall.nyc.gov).

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Fatima Shama  
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