Improving Immigrant Access to Health Care in New York City

A Report from the Mayor's Task Force
on Immigrant Health Care Access
Lilliam Barrios-Paoli, Chair

Letter from the Mayor

Friends,

New York City has always been a city of hope and promise. For centuries, hard-working people from all over the world have joined our communities with the hope of a better life for themselves and their families. Immigrants from all backgrounds have built the vibrant neighborhoods that make up the wonderfully diverse city we are proud of today.

At the foundation of this hope is the City's promise that everyone in the five boroughs has access to essential services to help them grow and thrive. Unfortunately, and despite recent progress expanding health care access with federal reform, far too many New Yorkers still live under the profound stress and dangers of lacking access to health care. Many of our neighbors, particularly the poor and the undocumented, are either excluded or priced out of health care opportunities.

As a City, we have the responsibility to ensure that every one of our residents has the opportunity to live healthily and prosper. The Task Force on Immigrant Health Care Access was formed last year to identify key barriers to health care access, and recommend steps the City can take to help immigrants overcome them. The Task Force's findings and recommendations will inform our overall efforts to expand community health services and build a healthier city.

Mahatma Gandhi believed that the measure of a society is how it treats its most vulnerable members. We promise that all New Yorkers will be able to get the health care they need, at a price they can pay, in the languages they speak.

Sincerely,

Bill de Blasio
Mayor, New York City

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Introduction

Introduction

Access to health care in the United States has expanded substantially over the past 50 years. This has been achieved through large scale expansions of public health insurance including the creation of Medicare, Medicaid, and the Children's Health Insurance Program, along with more recent expansions of Medicaid and access to affordable private health insurance through the 2010 Patient Protection and Affordable Care Act (ACA). Despite the benefits gained by millions, many foreign-born residents remain excluded from the opportunity to gain adequate health care access; in some cases by design and in others because of a range of barriers, including language, cultural norms, and affordability. As a result, an unacceptably high proportion of New York City's immigrant residents, including both those who have lawful immigration status and those who do not, are uninsured and lack regular access to affordable health care.

Barriers to health care access hurt immigrants, their families, and the city. New York City has a moral duty to ensure that all its residents have meaningful access to needed health care, regardless of their immigration status or ability to pay. Without regular access to affordable care, many immigrants continue to suffer from preventable illness and injury, causing unnecessary individual hardship and diminishing their ability to provide for their families and contribute to our communities and our city. Moreover, these health care access exclusions and barriers impose significant costs on the public safety net in the form of avoidable hospitalizations and procedures to treat conditions that could be managed through primary and preventive care.

The Task Force

In June 2014, Mayor Bill de Blasio launched the Task Force on Immigrant Health Care Access with the goal of increasing access to health care services among immigrant populations. The Task Force was chaired by Lilliam Barrios-Paoli, Deputy Mayor for Health and Human Services. It brought together City agencies, health care providers, immigrant advocates, and public health experts to identify key barriers to health care access and recommend steps the City can take to help immigrants overcome them.

The Task Force met regularly from June 2014 through March 2015 in four workgroups to accomplish the Mayor's goals. City agencies with expertise in their respective areas led each group. The New York City Human Resources Administration (HRA) chaired the **General Barriers to Access** workgroup. The Mayor's Office of Immigrant Affairs (MOIA) chaired the **Language Barriers to Access** workgroup. The New York City Department of Health and Mental Hygiene (DOHMH) chaired the **Care and Coverage for the Uninsured** workgroup. The Center for Innovation through Data Intelligence (CIDI) chaired the **Data Gaps** workgroup.

Each workgroup held a series of meetings, performed extensive literature reviews, and analyzed information that workgroup members had gathered in surveys and focus groups. The General Barriers and Language Barriers to Access workgroups identified the current capacity limits and other challenges faced by immigrants in accessing health care services. The Care and Coverage for the Uninsured workgroup assessed issues related to health care access for uninsured immigrants, particularly those ineligible for public health insurance or federal subsidies for private insurance through the ACA. The group researched innovative city, county, and state-based models for access to care for vulnerable populations and considered various program models to improve access to care for the uninsured in New York City. The Data Gaps workgroup provided support to the Task Force by analyzing data on immigrant populations and health service availability in New York City.

This report presents the Task Force's assessment findings and its corresponding recommendations for increasing access to health care among immigrant populations.

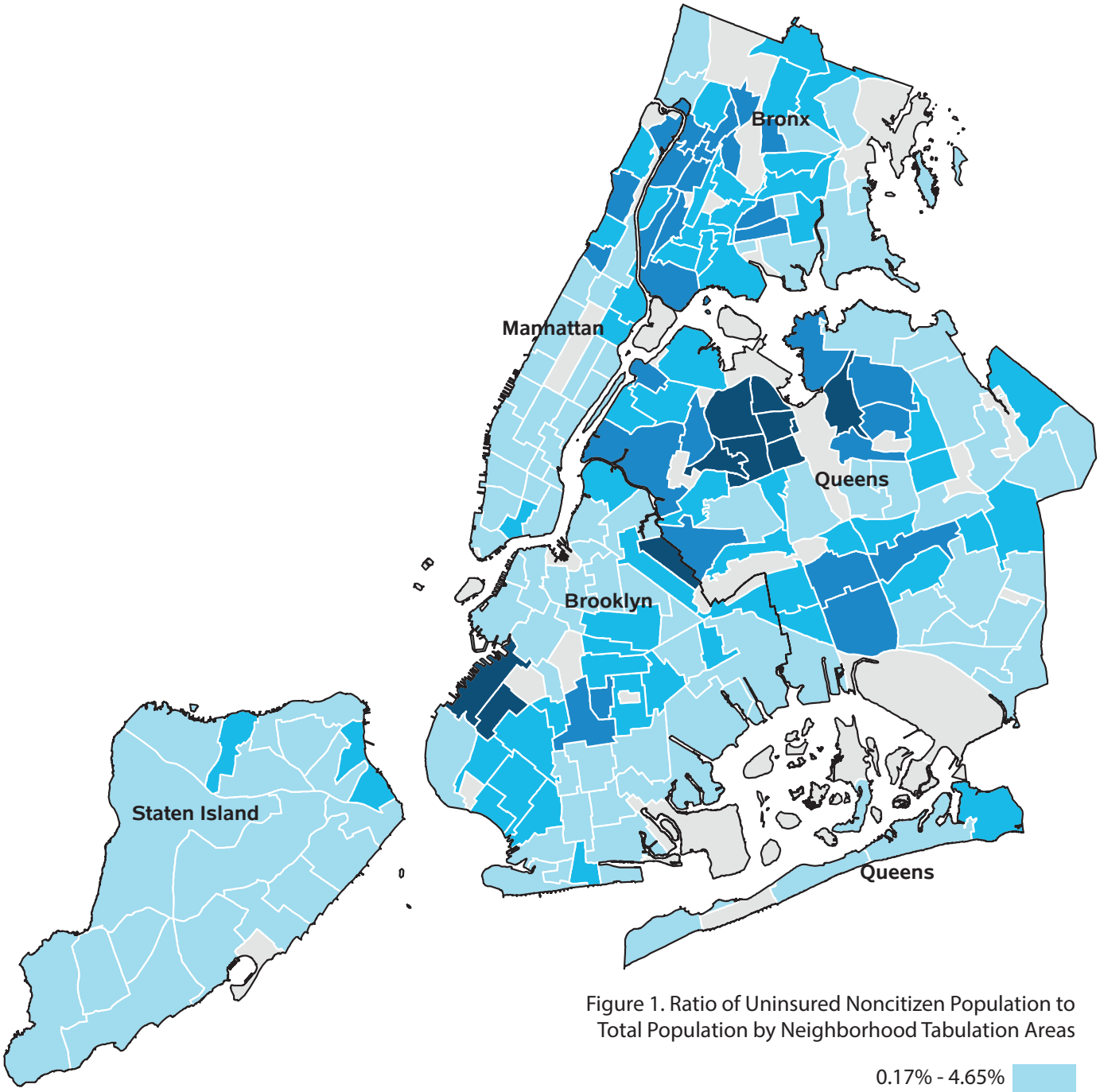


Figure 1. Ratio of Uninsured Noncitizen Population to Total Population by Neighborhood Tabulation Areas

Data Source:
U.S. Census Bureau, American Community Survey 2009-2013 5-year estimates
NYC Department of City Planning (Neighborhood Tabulation Areas)
Maps created by CIDI

Assessment

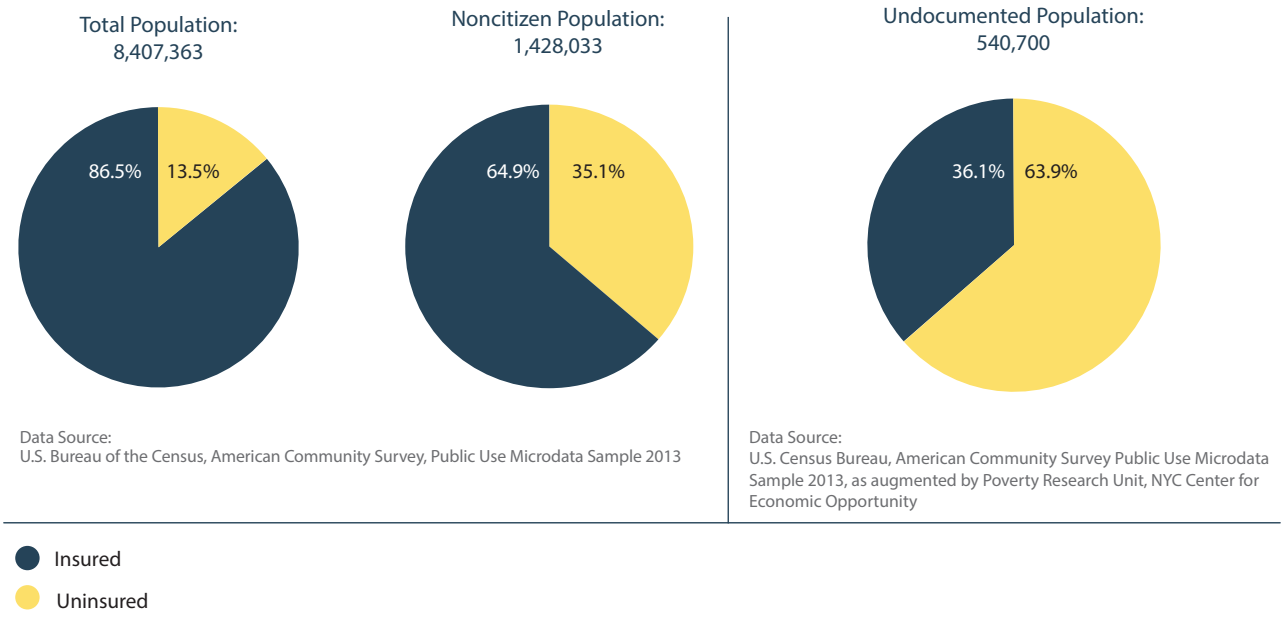
Assessment

Access to comprehensive, quality health care services is important for achieving health equity and improving quality of life. In order to have adequate access to health care, individuals must have the ability to travel to and from health care providers, feel comfortable using health care services, and have access to providers who meet their needs and whom they can trust.[1] Many immigrants, especially undocumented* New Yorkers, have difficulty obtaining health insurance to help pay for care and as a result do not regularly access health care services. The Task Force regards increasing access to primary and preventive health care services as an important contributor to improved health. In general, people who live in countries with strong primary care systems are generally healthier than people who live in countries without such systems.[2]

How Immigrants Pay for Health Care Services

Health insurance helps people access health care services in an affordable way. Most New Yorkers have health insurance through their employers or are eligible for public health insurance, such as Medicaid or Medicare.

Figure 2. Health Insurance Coverage in New York City, 2013



Data Source:
U.S. Bureau of the Census, American Community Survey, Public Use Microdata Sample 2013

Data Source:
U.S. Census Bureau, American Community Survey Public Use Microdata Sample 2013, as augmented by Poverty Research Unit, NYC Center for Economic Opportunity

The ACA increased access to health insurance for many New Yorkers by expanding eligibility for public health insurance and by providing financial subsidies for low and moderate income individuals and families to purchase private health insurance.[3] More than 1.2 million New York City residents signed up for health insurance coverage through New York State of Health (NYSOH), the State's official health plan marketplace, as of February 28, 2015.[4] New York State's Medicaid program provides public health insurance for adults with income up to 138% of the Federal Poverty Level (FPL). However, undocumented adults are not eligible for Medicaid or permitted to purchase coverage on the state's insurance exchange.

Although undocumented adults are not eligible for comprehensive Medicaid coverage, they can obtain temporary coverage under limited circumstances. Medicaid for the Treatment of an Emergency Medical Condition (often referred to as "Emergency Medicaid") is available to temporary

non-immigrants and undocumented individuals who would otherwise be eligible for Medicaid.[5] Eligible individuals can be pre-certified for Emergency Medicaid in New York State to cover Medicaid payment for an emergency medical condition only. In addition, undocumented adults without insurance are entitled to financial assistance from both public and private hospitals to make non-emergency care more affordable, under the New York State Hospital Financial Assistance Law.[6] Medicaid is available to all eligible pregnant women. Medicaid in New York State is available to noncitizens deemed to be "permanently residing under color of law" (PRUCOL).[7] PRUCOL is a public benefits category and is not an immigration status. All children in New York State, regardless of immigration status, qualify for health insurance through the Child Health Plus (CHP) program.

In 2013 approximately 63.9%, or 345,000, of the City's undocumented individuals were also uninsured.[8] The uninsured rate for undocumented immigrants is more than three times that of other noncitizens in New York City (20%) and more than six times greater than the uninsured rate for the rest of the City (10%).[9] See Figure 1.

Insured undocumented immigrants include many individuals who are PRUCOL with employment authorization and therefore receive employer-sponsored insurance (ESI). The insured undocumented population also includes non-PRUCOL immigrants who may receive coverage through CHP up to age 19, as dependents of a spouse or parent with ESI or private insurance plans, or in some cases as policyholders of private plans purchased outside the Marketplace. Although some undocumented-immigrants have navigated the complex landscape of public and private health insurance to obtain coverage for themselves and their families, the uninsured rate remains unacceptably high.

Recent Developments in Insurance Access

New York State is implementing the Basic Health Program (BHP), known as the Essential Plan, in 2016. This plan will provide health insurance to lawfully residing adults earning up to 200% of the FPL.[10] While the ACA does not allow the use of federal funds to provide insurance coverage to undocumented immigrants, once New York State implements the BHP, the state could use the savings to help expand the program to provide comprehensive care to low-income undocumented adults.

Additionally, recent executive action by President Obama may enable some undocumented adults to become eligible for Medicaid in New York State as a result of the requirement under the state Constitution that PRUCOL individuals be afforded equal access to public health insurance.[11] However, many undocumented adults, even some who are newly eligible for deferred action status under the executive action, will still be ineligible for Medicaid and will be unable to access the Marketplace.[12]

Where Immigrants Get Health Care Services

As a general practice, health care providers do not ask about documentation status when they see patients. Thus, we lack data specific to undocumented patients. However, we know that our public hospital system, the New York City Health and Hospitals Corporation (HHC), and community health centers, including federally qualified health centers (FQHCs) are the primary safety-net providers that care for uninsured New Yorkers, including the undocumented. Together, HHC and the FQHCs provide a wide array of health care services for all people regardless of immigration status or ability to pay. Immigrants may also seek emergency care at private hospitals. See Figure 3.

HHC is the nation's largest public hospital system, consisting of eleven hospitals, four long-term care facilities, six diagnostic and treatment centers, a certified home health program, and more than 60 community-based health clinics throughout the five boroughs. HHC aims to provide quality health care services to all New Yorkers, regardless of ability to pay. Over a third of HHC's 1.4 million patients - close to half a million - are uninsured.[13] As part of its commitment to serve all New Yorkers, HHC's "HHC Options" program offers a sliding fee scale for uninsured patients earning up to 400% of the FPL for all of its health care services, including prescription drugs. As a result of this program, many uninsured immigrants receive affordable health care services.

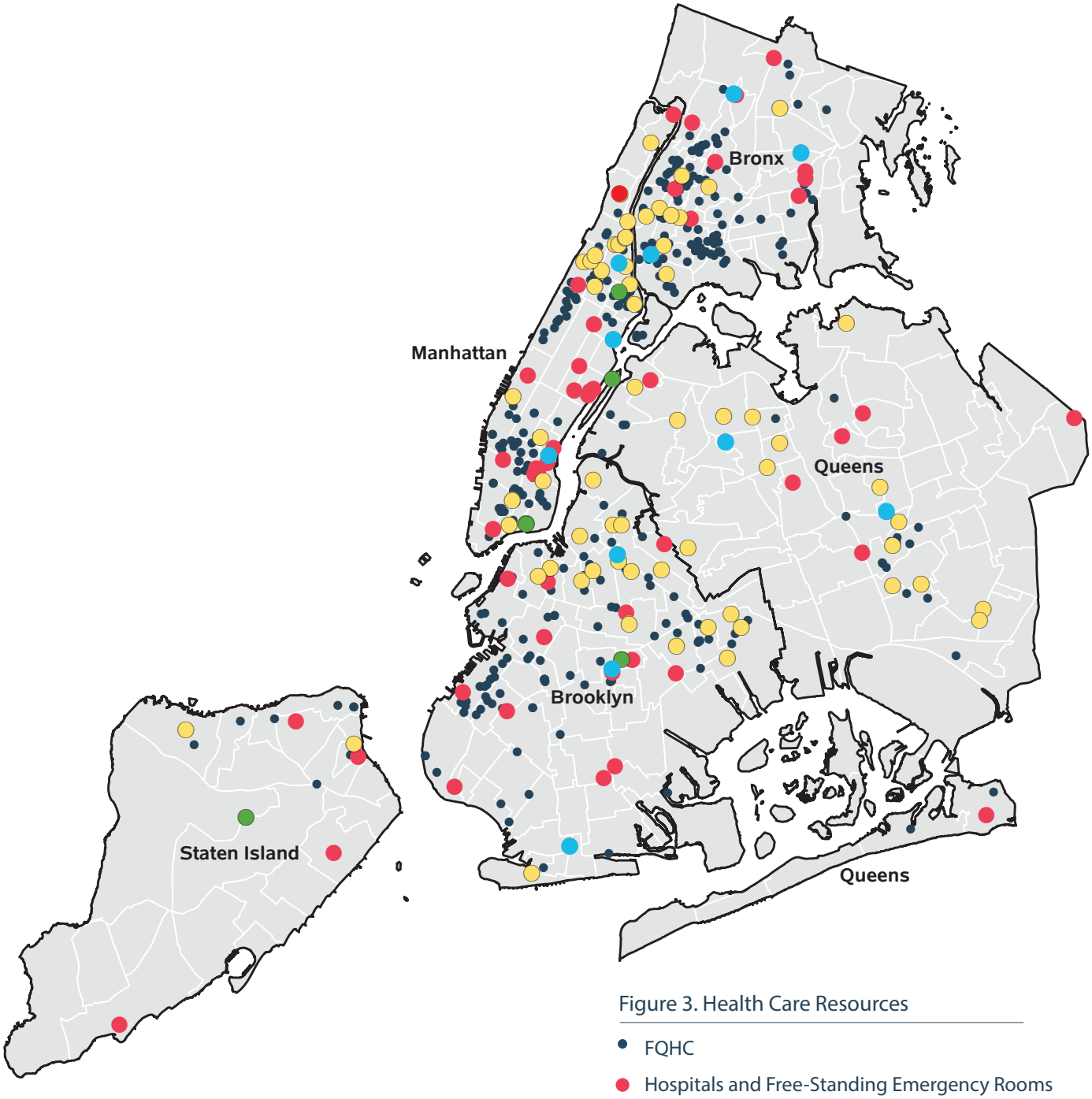


Figure 3. Health Care Resources

- FQHC
- Hospitals and Free-Standing Emergency Rooms
- HHC Hospitals
- HHC Outpatient clinics, including Gotham Health
- HHC Long Term Care/Nursing Home

Data Source:
HRSA Data Warehouse, 2014
HHC
NYC Department of City Planning (Neighborhood Tabulation Areas)
Maps created by CIDI

FQHCs are health care providers that serve a significant number of uninsured New Yorkers, including undocumented immigrants. FQHC status is a federal designation granted to community-based non-profit health care providers that target underserved populations and provide primary care. Federal regulations require FQHCs to treat all patients regardless of ability to pay or documentation status, and to offer a sliding fee scale for patients with incomes up to 200% of the FPL.[14] In 2013, 20%, or approximately 180,000 FQHC patients in New York City were uninsured and over half (55%) were enrolled in Medicaid.[15] There are over 30 FQHC organizations operating nearly 400 sites across New York City, that collectively treated over 900,000 patients in 2013.[16] FQHCs are required to provide comprehensive and coordinated primary care services, including dental and behavioral health services, which are associated with demonstrated improvements in health outcomes and reduced costs.

Immigrants also seek emergency care at New York City hospitals that are not part of the HHC system. Under the Emergency Medical Treatment and Labor Act (EMTALA), all hospitals must treat anyone, regardless of ability to pay, when they present with an emergency medical condition.[17]

Recent Developments in Health Care Finance

For several decades the federal government has given hospitals that see high rates of uninsured and publicly insured patients supplemental funding to assist with paying for the undercompensated and uncompensated care they provide.[18] The ACA will reduce this funding, called Disproportionate Share Hospital (DSH) payments, under the assumption that hospitals will have less need for funding to offset uncompensated care as more Americans gain health insurance.[19] But in cities like New York, where a large number of undocumented immigrants will remain uninsured, this funding decrease means less money for hospitals, particularly public hospitals such as HHC, that will continue to treat a significant number of uninsured patients.

Health care providers, including safety-net hospitals, are now being held financially accountable for keeping their patients out of hospitals and emergency departments. This is a challenge for hospitals that treat significant amounts of uninsured persons because emergency department visits are more common than primary care visits among uninsured persons.[20] In response to these impending fiscal challenges, Mayor de Blasio has consistently highlighted the need to protect New York City's safety -net providers and to support them as they transform in response to the shifting health care landscape.

Current City Initiatives to Expand Health Care Capacity

Expanding health care access to a larger population of residents necessarily requires New York City to expand the capacity to provide necessary services. This is particularly true in specific neighborhoods that have been designated by the U.S. Department of Health and Human Services as Health Professional Shortage Areas (HPSAs). See Figure 4.

The City is already undertaking several initiatives that help to improve and expand immigrants' access to health care services:

- Expanding Safety-Net Primary Care Capacity: The City is helping to create new community health clinics operated by FQHCs in high need neighborhoods. This initiative will expand primary care capacity and address inequality in access to primary care across New York City. By creating additional capacity at FQHCs, the City is furthering the goal that all New Yorkers, regardless of insurance or immigration status, have adequate access to coordinated primary health care.

- Transforming HHC: Like other large hospital systems, HHC is transforming from a healthcare system focused on delivering inpatient services to the already sick to a model centered on preventive care and wellness. In January 2015, HHC's Gotham Health outpatient network was granted FQHC look-alike status, ensuring that the primary care delivered at HHC's Gotham Health community-based clinics is delivered via the FQHC model, which includes integrated behavioral and oral health services, and coordinated specialty care.[21] HHC's Gotham Health aims to treat an additional 70,000 patients in under-served neighborhoods across the five boroughs by expanding capacity at existing Gotham locations and adding new clinic sites.

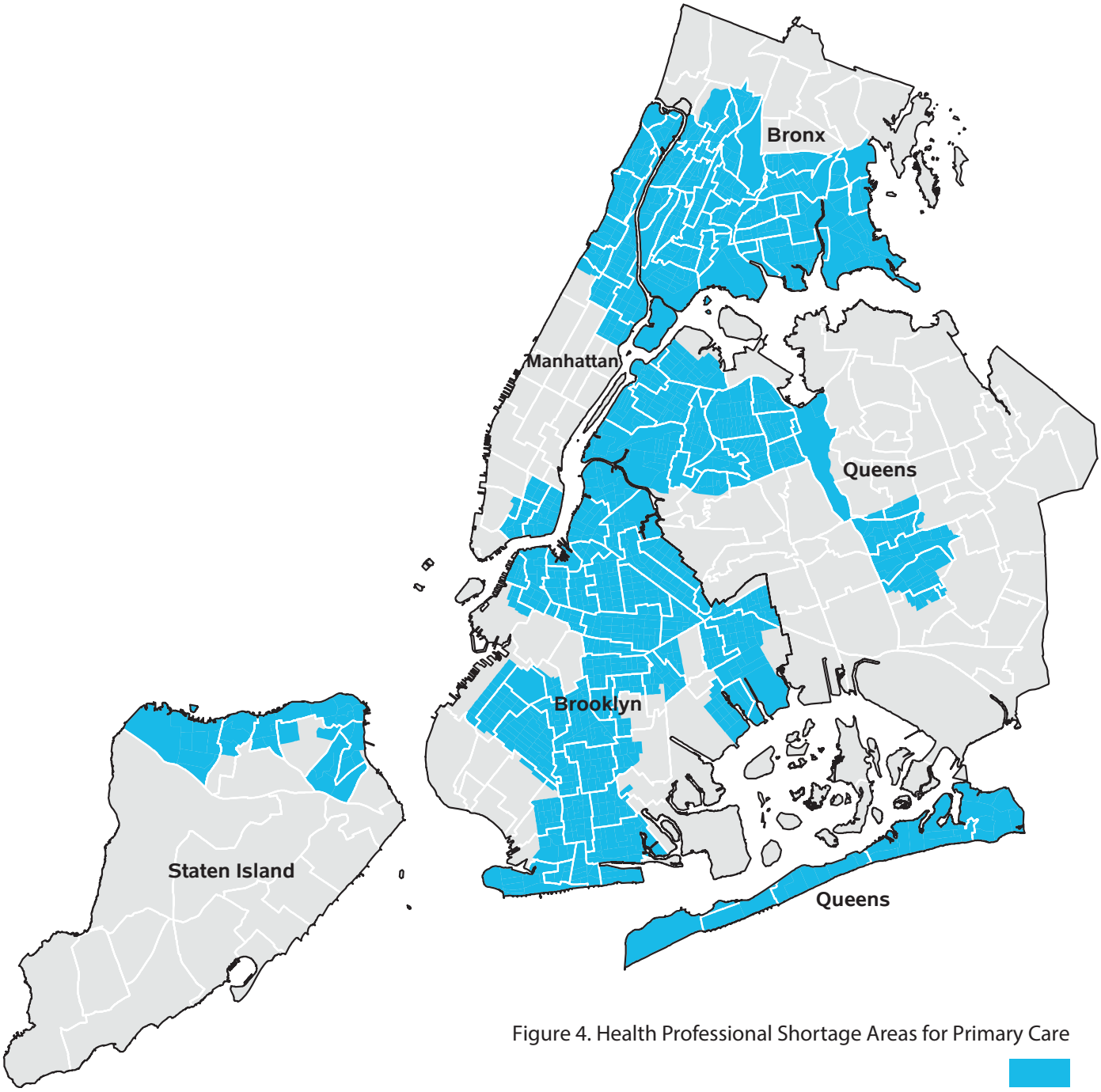


Figure 4. Health Professional Shortage Areas for Primary Care

Data Source:
HRSA Data Warehouse, 2014, Developed by Center for Health Workforce Studies
NYC Department of City Planning (Neighborhood Tabulation Areas)
Maps created by CIDI

- Creating a Modern Health Care Workforce: In February 2015, the Department of Health and Mental Hygiene (DOHMH) launched a pilot initiative to place community health workers at the forefront of patient-centered care delivery in communities of need. Community health workers are frontline public health workers that help patients to understand their health care conditions and needs, empower them to navigate the health care system, and enhance their health care providers' ability to deliver care in a culturally appropriate way.[22] Through the Harlem Health Advocacy Partners initiative, DOHMH and a range of partners including the New York City Housing Authority, Northern Manhattan Perinatal Partnership, Community Service Society of New York, City University of New York School of Public Health, and New York University School of Medicine, are training and deploying community health workers to engage residents across five public housing developments in East Harlem.[23]

Innovative Models for Health Care Delivery in Other Jurisdictions

Several cities, counties and states across the country have recognized that uninsured persons, including immigrants, face challenges in accessing health care services, and have developed programs to address this issue. These health care access programs play a vital role in providing access to care for certain populations, including undocumented immigrants, and can be categorized as: policy and/or insurance-based programs, direct access programs, or coordinated care programs. The Task Force considered the advantages and challenges of each approach.

- Policy and/or insurance-based approaches restructure or expand an existing platform to offer an insurance product modeled after Medicaid or a Qualified Health Plan. Washington, D.C.'s Healthcare Alliance, launched in 2001, is an insurance-based approach which uses existing Medicaid Managed Care infrastructure to offer coverage to otherwise ineligible residents who earn under 200% of the FPL.

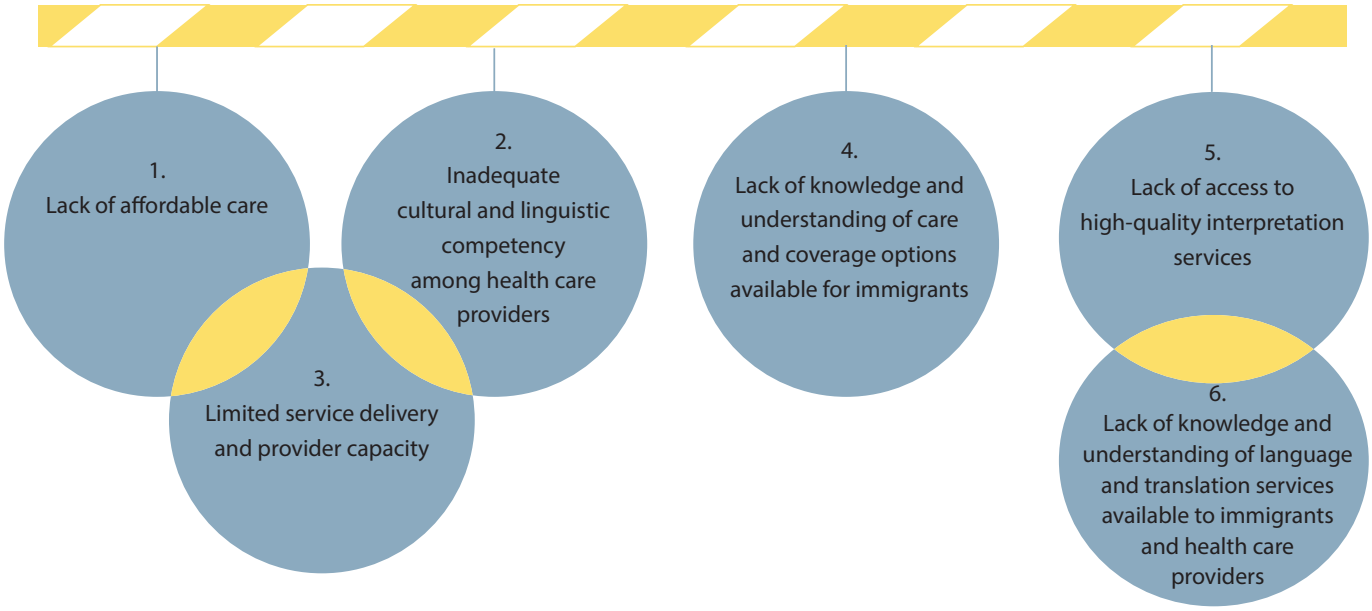
- Direct access programs provide comprehensive care and services through a limited network within a geographical area. While these programs do not offer health insurance, they cover an array of pre-determined health services and include transparent pricing, care coordination, and linkages to primary care homes. Examples of direct access programs include: Healthy San Francisco (San Francisco, CA), My Health LA (Los Angeles, CA), Access to Healthcare Network (Nevada), and Health Safety Net (Massachusetts).

- Coordinated care models provide access to health services for low-income residents who do not have health insurance and do not qualify for government programs. The models include voluntary networks through partnerships with existing providers and facilities to provide coordinated care. The Voices of Detroit Initiative in Michigan and CareNet in Lucas County (Toledo), Ohio are existing coordinated care models that seek to increase access to coordinated primary care.

Identified Barriers to Immigrants' Access to Health Care

Immigrants face barriers to accessing health care beyond the challenges faced by the uninsured population at large. The workgroups identified six major barriers to health care access for immigrants.

Figure 5. Barriers



1. Lack of affordable care

Health care in the United States is expensive and navigating and paying for care is complicated. Many patients find the cost of care prohibitive, even with the affordability protections built into the ACA, such as the reductions to lessen out-of-pocket expenses (e.g. co-pays, deductibles) for lower income individuals.[24] Many immigrants are not aware that residents of New York State, regardless of age, gender, race, or immigration status, may qualify for financial assistance for hospital medical services under the Hospital Financial Assistance Law (HFAL) which provides that all hospitals in New York State must have financial assistance programs with policies for determining eligibility for discounted care.[25]

2. Inadequate cultural and linguistic competency among health care providers

Patients can best develop a positive and trusting relationship when providers speak their language and have an understanding of their cultural traditions.[26] The Task Force found that immigrants often fear obtaining health services because they believe that they will have trouble understanding resultant diagnoses and treatment options. Some New Yorkers travel long distances just to receive health care services in areas with a familiar immigrant presence.[27] In some cases, immigrants cannot locate culturally aware providers even if they travel across the city.

> "So we have heard of [immigrant] folks that are living up in the Bronx, but all of their services are in Brooklyn. So they go to the grocery in Brooklyn. Their friends are there. Their doctors are there. So that's a tremendous amount of time to be able to travel to get culturally-competent, language-accessible programs and services. So then that's a real big challenge that we're seeing across a lot of communities, in the Asian American community.
>
> - *New York City service provider*[28]

3. Limited service delivery and provider capacity

Immigrants, as well as many other New Yorkers, face challenges in locating providers that are culturally sensitive, operate during hours that are convenient to working individuals, and are geographically accessible. The need for multiple visits to address an ailment or injury discourages timely use of services and makes the emergency department a rational choice for "one stop shopping."[29] As a result, there is overuse of emergency department (ED) services in New York City. The lack of convenient and community-based behavioral health services further increases ED visits for the treatment of these conditions as well as other health needs.[30]

4. Lack of knowledge and understanding of care and coverage options available for immigrants

Providers and patients hold misconceptions about the health care services and insurance options available for immigrants. Fearing questions about immigration status, many immigrants do not seek to enroll in public insurance programs.[32] Lack of knowledge about eligibility for CHP, Medicaid, and sliding fee scale programs such as those at HHC facilities or FQHCs may discourage many eligible individuals from taking advantage of these programs. In addition, some health care services in the U.S. are not widespread in other countries. In multiple surveys and focus groups, immigrants reported that mammograms and cancer screenings do not exist in their home countries. As a result, when they seek care in New York, they do not know to ask for these services.[33]

> "People say it's not rational to go to the emergency room for care, but when we talk to people, they say things like, *'Well I tried to make an appointment with my doctor and it's four months in advance.'* What rational person is going to wait four months rather than go to the ER?
>
> - *New York City service provider*[31]

5. Lack of access to high-quality interpretation services

For New York City's immigrants, a lack of access to medical interpreters is a key barrier to health care access. The effects of insufficient language accessibility in health care include: worse access to care, worse care, and worse health outcomes for Limited English Proficient (LEP) patients as compared to non-LEP patients.[34] In addition, research shows that language barriers to care persist even for LEP patients with health insurance.[35] LEP patients often do not receive adequate interpretation services, with particularly significant gaps in outpatient primary care (both hospital- and clinic-based) and outpatient mental health services.[36]

6. Lack of knowledge and understanding of language and translation services available to immigrants and health care providers

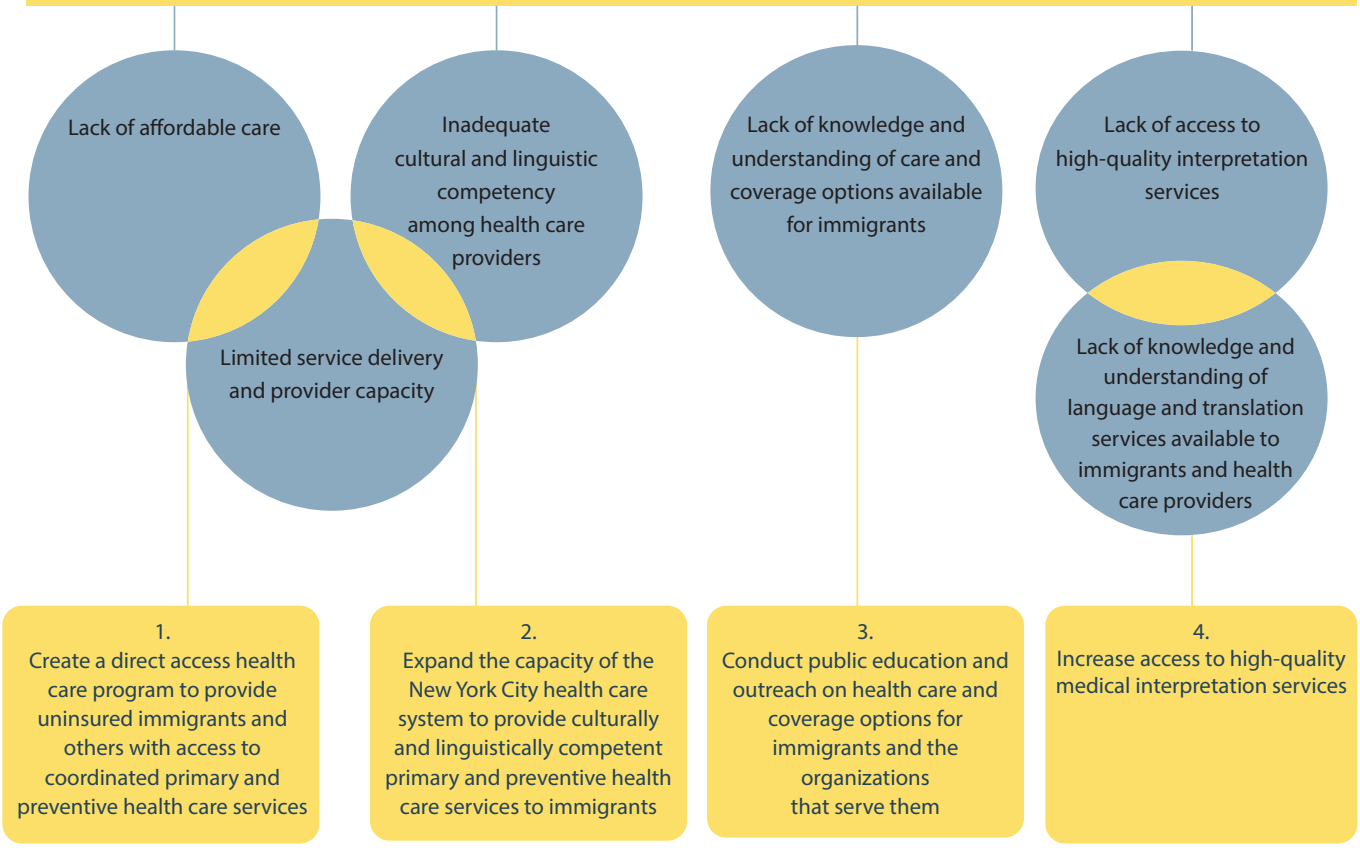
In addition to the lack of access to high-quality interpretation services, many immigrants are unaware of their legal rights to language access and the availability of language access services in health settings.[37] Simply knowing one's legal rights – and exercising those rights to obtain adequate language services – will go a long way towards providing adequate care.

Recommendations

Recommendations

The Task Force developed the following recommendations to increase access to health care services among immigrants in New York City. These recommendations are meant to complement New York's existing public and subsidized health insurance programs and to help preserve the city's current safety net. In addition, any City-based efforts to increase access to health care must be financially sustainable and use City resources efficiently.

Figure 6. Barriers and Recommendations



1. Create a direct access health care program to provide uninsured immigrants and others with access to coordinated primary and preventive health care services.

The Task Force believes that all individuals, regardless of immigration status, should have access to affordable health insurance coverage. Accordingly, it urges the State of New York to expand public health insurance options to the undocumented population and urges Congress and the federal government to remove harmful restrictions on immigrant health insurance access. The Task Force recommends that in the absence of action at the federal and state levels to extend access to health insurance options through public health insurance eligibility and access to financial subsidies on the

Marketplace, the City should launch a direct access health care program to provide improved access to healthcare for those left behind by federal and state efforts.

Following a review of relevant programs across the country, the Task Force recommends that the NYC direct access program:

- Provide comprehensive services delivered in a coordinated fashion across a dedicated network of providers.
- Provide patient care coordination and customer service to facilitate timely access to care.
- Assign patients to culturally competent primary care medical homes that use technology-based solutions to coordinate care.
- Include predictable and affordable participant point-of-service fees scaled to income and consistent across the entire network.
- Provide a membership card, and use a centralized eligibility system linked to IDNYC, the identification card available to all New York City residents.
- Include provisions and enrollment mechanisms to ensure continuity of care if patients later become eligible for public health insurance.

2. Expand the capacity of the New York City health care system to provide culturally and linguistically competent primary and preventive health care services to immigrants.

Expanding the ability of providers to provide culturally and linguistically competent care should accompany capacity building initiatives to ensure that immigrant populations have improved access to health care. The Task Force recommends that the City:

- Account for the needs of immigrant communities as part of the Mayoral initiative to create new community health clinic sites in order to expand provider capacity effectively in immigrant neighborhoods.
- Encourage the use of community health workers more broadly across all five boroughs to increase cultural competency across the city's health care delivery system. Since they provide counseling and can perform care coordination activities, community health workers support health system efficiency by effectively increasing provider capacity.
- Evaluate the training and curricula used in the Harlem Health Advocacy Partners initiative and disseminate effective tools, competencies, and resources to help inform best practices in cultural competency.

3. Conduct public education and outreach on health care and coverage options for immigrants and the organizations that serve them.

Expanding the capacity of New York City providers to care for immigrants must be coupled with efforts to increase awareness of services among immigrants. The Task Force recommends mobilizing a focused initiative to provide consumer outreach, education, training, and engagement on the various available care and coverage options for immigrant New Yorkers, including:

- Revising existing, and creating new, educational tools and resources to help immigrants understand what services they can get and where and how they can get them. City agencies, immigrant advocacy organizations, and providers have created numerous resources in this area – such as nyc.gov, 311 Online, Health Information Tool for Empowerment (HITE) – that can be leveraged in this effort.

> "I have four children, one of whom is special needs, and they all go to the same doctor. I love the medical attention they receive even though their doctor doesn't speak Spanish. There is always a translator in the room and they are friendly and patient and make me feel comfortable. This is essential to my children's care. Without the translation services, the quality of their care would not be great.
>
> *- Marisela, green card holder and single mother of four, Brooklyn*

- Training the broad array of providers and support systems that serve immigrants, including: City agencies, local community- and faith-based organizations, community health workers, health educators, and other trusted entities that can serve as ambassadors for care and coverage for their constituencies on care and coverage options.
- Communicating that using health care services and applying for public health insurance will not impact an individual's immigration status or put them in jeopardy of deportation.

4. Increase access to high-quality medical interpretation services.

Patients and providers who speak different languages must be able to communicate effectively to ensure health care services are appropriate and effective. The Task Force recommends actions that will boost both supply and demand of interpretation services, including:

- Increase the availability and quality of in-person and telephonic medical interpretation services by creating a "volunteer interpreter corps." This volunteer program will provide medical interpretation training to volunteers from immigrant communities and others who are interested in entering the interpretation workforce.
- Launch a targeted provider outreach campaign on purchasing affordable, qualified medical interpretation services through a City-contracted group purchasing organization.
- Provide training to medical students, residents, physicians, nurses, social workers, and other medical professionals to help them learn to access and optimize their use of medical interpretation services using established best practices.
- Conduct public education and community engagement in immigrant communities to encourage consumers to ask their health care providers for language services when needed.

Conclusion

The recommendations in this report will help to address the challenges that immigrants continue to face in accessing appropriate, affordable health care. Immigrant New Yorkers are an integral part of our city, and our government should promote their ability to lead healthy, productive lives. These steps will help build a future with decreased disparities in health care access across different populations. All city residents – immigrants and native born citizens alike – will benefit from these initiatives. A healthy city is a better city.

Acknowledgements

The Mayor's Task Force on Immigrant Health Care Access was a collaborative effort of over thirty organizations including community based organizations, health care providers, advocates, and government agencies. Their assistance in understanding the issues discussed in this report was invaluable.

The opinions expressed in this report should not be construed to be the individual opinions of any Task Force participant.

Task Force Participants:

Asian American Federation

Caribbean Women's Health Association

Center for Economic Opportunity, Office of the Mayor

Center for Immigrant Health and Cancer Disparities, Memorial Sloan Kettering Cancer Center

Center for Innovation through Data Intelligence, Office of the Mayor

Center for Popular Democracy

Coalition for Asian American Children and Families

Community Health Care Association of New York State

Community Service Society of New York

Grameen PrimaCare

Greater New York Hospital Association

Health Justice Program, New York Lawyers for the Public Interest

Legal Aid Society

Make the Road New York

New York City Administration for Children's Services

New York City Department of Health and Mental Hygiene

New York City Health and Hospitals Corporation

New York City Human Resources Administration

New York City Mayor's Office of Immigrant Affairs

New York Lawyers for the Public Interest

New York Legal Assistance Group

The Hastings Center

The Hispanic Federation

The New York Immigration Coalition

United Hospital Fund

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Endnotes

* This report uses the term "undocumented." Many health policy analysts and researchers use the term "unauthorized" to describe the entire population of immigrants who lack permanent legal status, a group that includes individuals with temporary statuses or immigrants designated as "permanently residing under color of law" in New York State law. For the purposes of this report, we use "undocumented" to refer to the entire population.

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