



Breaking Through Barriers: Health Care Workers Facing Immigrant Challenges Head On By Joy Brown

An asylum-seeking family from Mexico who ended up in Findlay, Ohio, remains memorable to local healthcare workers because of their dire circumstances – a young mother who fled an abusive relationship desperately needed medical care for her 9-year-old epileptic daughter. The child “was being carried everywhere because they had no way to help her stay safe,” said Cheryl Miller, a Community Health Worker and certified federal marketplace navigator who helps people decipher the United States’ byzantine healthcare options and plans. To treat the disease, their hometown hospital had lobotomized the girl.

Not eligible for traditional assistance such as Medicaid, the family was at the end of its rope when Miller, who was working as a public relations communication specialist for Hancock Public Health (HPH), met them. “This child, this situation, was so very, very sad,” said Miller.

But persistence paid off. Luckily, the family qualified for the Ohio Department of Health’s Complex Medical Help (formerly Children with Medical Handicaps) program, providing the child with a much-needed wheelchair, educational assistance, and therapy. “Her quality of life has completely changed” because of the program, said Miller, who now serves as the inaugural director of the Great Lakes Guardianship Services Board.

HPH workers know of many other struggles immigrants have faced, such as the 10-year-old boy from Colombia who witnessed the murder of his grandfather when gangs blew up their house, the women who have been raped, and the child who had enough gumption to stand up in court and testify against his home country’s cartel that was terrorizing his family. Their emotional trauma is acute, and their physical health is often compromised, not only because of specific circumstances, but because of social determinants such as poverty, lack of education, and cultural stigma.

“In Ohio, yes, we have barriers. But the team here (at HPH) is always trying to find ways around them. Health care coverage really sets up the success of the family,” Miller said.

Community Outreach

Because of its commitment to assisting everyone with attaining quality health care and continuing it throughout their lives, HPH has a robust community presence.

On June 17, 2024, with the temperature a searing 94 degrees, the HPH Mobile Health Clinic was a popular place to be. Parked at Findlay, Ohio's Broad Avenue Great Scot that afternoon for one of the Findlay-Hancock County Library-sponsored Summer Safari events that connect community newcomers with myriad services, the mobile clinic was assisting several adult members of the region's immigrant population by offering basic health screenings such as blood pressure and oxygen level checks.

Because many immigrants to this region don't speak English or are just beginning to learn it, a certified translator (required by law when providing professional health care services) was on hand to help individuals fill out forms and explain the process as they waited in line for their turn inside the clinic. The clinic's tent provided protection from the sun, but not from the oppressive heat. Still, attendees kept arriving, chatting, smiling, and interacting with clinic workers and others, such as library staff and Black Heritage Library and Multicultural Center volunteers.

The Broad Avenue grocery location is advantageous for Summer Safari events because it's within walking distance of nearby hotels near Trenton Avenue, where many international newcomers live. Some ventured over with a toddler perched on their hip. One woman shared with health clinic staff that she was approximately one month pregnant.

"Great!" said Miller. Great, as in, the woman was seeking health care early in her pregnancy instead of waiting until she was in labor, or very sick with a complication.

Deep Disparities

Good health, after all, is a cornerstone of living well in all other respects. In the U.S., lifelong preventive practices are ideally incorporated. However, not all countries embrace this ethos, which is why regional healthcare practitioners are seeing many immigrants with previously undiagnosed or otherwise untreated health issues such as hypertension and HIV.

In the spring of 2022, HPH staff began noticing an unusual immigrant influx through referrals from Blanchard Valley Hospital and the county's Help Me Grow program, which provides early intervention services for families with infants and young children who have developmental delays and disabilities.

"Some haven't had health care screenings or ever went to a doctor, so a lot of these people are very sick individuals," said Laura Reinhart, CNP, HPH director of nursing. "Sometimes it's very overwhelming because there are only a couple of us but there are lots of needs. Lots of those needs are very big needs, so we just try to triage as best as we can for the time that we're with them. I think the issue is only going to get bigger and bigger."

“We hadn’t anticipated the population we’re seeing,” said Miller.

The county health department’s goal “is to kind of be the gateway into medicine,” Reinhart said. The concept itself can be a hard one to convey, let alone implement. Once someone commits to seeking treatment, who will foot the bill if the patient is uninsured? How are cultural taboos addressed? How should newcomers be educated about American living standards related to cleanliness, waste, and safety?

Hard conversations continue to be had regarding healthcare concerns such as the seriousness of Covid-19 and even the basics of birth control. Sitting on an HPH table at all the Summer Safari events is a basket filled with condoms, which is located not far from a car seat that workers use to show how and explain why you must properly secure a child in a vehicle.

Pregnancy Problems

Area healthcare workers say pre-and post-natal health complications are some of the biggest challenges immigrants are facing. Moreover, national statistics show that women of color in the U.S. are more likely to die from pregnancy and birth complications.

Maternal and fetal health monitoring, or lack thereof, can mean the difference between life and death for mother and child.

“In 2021, the maternal mortality rate for non-Hispanic Black women was 69.9 deaths per 100,000 live births, 2.6 times the rate for non-Hispanic White women (26.6),” the U.S. Centers for Disease Control reported. “Rates for Black women were significantly higher than rates for White and Hispanic women. The increases from 2020 to 2021 for all race and Hispanic-origin groups were significant,” it determined.

According to the March of Dimes, in 2022, about 1 in 15 infants (6.8% of live births) was born to a woman receiving late or no prenatal care in the United States. The U.S. Health and Human Services’ Office of Women’s Health reported that babies of mothers who don’t receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do receive this care. Many problems can be mitigated or even cured if they’re spotted early, and others can be prevented, the office states. Moreover, doctors can talk to pregnant women about infant care best practices to give their babies the best foundation for a healthy life.

Multiple studies indicate that in industrialized countries, more than 95% of pregnant women undergo at least one prenatal consultation. In emerging countries such as Colombia and South Africa, this indicator is at 62.0% and 69.0%, respectively. Socioeconomic factors play a large role, as do governmental structures.

Disease Transmission

Hancock County's more recent communicable disease statistics, from 2019 through 2023, show those who identify as white overwhelmingly represent the majority of those with recorded infectious diseases.

The top communicable diseases reported in Hancock County during these five years were chlamydia, gonorrhea, influenza (with associated hospitalization), chronic hepatitis C, chronic hepatitis B, salmonellosis, and, of course, Covid-19. These top cases totaled 24,959 during this period, with 20,248 (81.1%) impacting white residents, 54 (.21%) Native Americans, 299 (1.19%) Asians, 805 (3.2%) African Americans, 14 (.05%) Hawaiian Natives or Pacific Islanders, zero identifying as American Indian or Alaskan, and 3,898 (15.6%) affecting those whose race was labeled as "unknown/other."

Covid-19 reported cases in Hancock County peaked in 2021 at 8,302 and showed a declining trend in subsequent years (7,553 in 2022, 5,005 in 2020, and 2,424 in 2023). However, these statistics may not reflect overall COVID prevalence because those who test positive with at-home tests don't always see a health professional.

Chlamydia represented the next highest number of cases. The numbers each year remained relatively stable but show an ongoing prevalence in the region.

There were only five reported cases of active tuberculosis, which is infectious. TB testing and tracking can be tricky, however.

According to Hannah Plumley, a Hancock Public Health epidemiologist, latent TB, which is present in the body before the active phase of the disease, is not reportable in the State of Ohio.

"People with latent TB are not currently infectious but may develop active, infectious TB if they are left untreated. This may not occur until many years (even decades) down the road," she said. "People with latent TB are referred to infectious disease providers to be prescribed a treatment regimen so they do not become active cases later on in life."

Moreover, new TB cases are reportable, but they aren't always actually "new," Plumley pointed out. "This means a person may have been previously diagnosed in another state, currently undergoing treatment, but recently moved to Ohio and transferred care to an Ohio provider. Retesting is part of evaluating treatment effectiveness, so, depending on where they are in their treatment process, this may trigger a positive test, which is then counted in the Ohio system as a 'new' case."

Nationwide statistics also don't reflect high infectious disease transmission rates caused by international newcomers. Some immigrants are sick when they enter the country, but health officials say transmission, particularly to U.S.-born citizens, is minimal or nonexistent. The CDC reported in 2022 that "the risk for spread from imported infections in the United States is low."

The U.S. Department of Homeland Security and the CDC have health screening and quarantine standards for those entering the country legally. Through a variety of means, the CDC also monitors immigrant populations for diseases. Unauthorized arrivals who are detained by border patrol may be served by members of the ICE Health Services Corps, which reported that in Fiscal Year (FY) 2023, it “provided direct care to more than 131,000 noncitizens housed at 19 facilities throughout the nation to include medical, dental, and mental health care, and public health services.”

But many immigrants don’t receive screenings or treatment when they enter the country, health officials say and end up seeking treatment only when they are very sick.

“Doctors across the country say it’s rare that migrants receive medical screenings or anything beyond care for medical emergencies when they arrive at the U.S.-Mexico border, and there’s no overarching national system to track the care, either,” the Associated Press reported in November 2023.

Miller said authorized immigrants entering the country are supposed to receive temporary Medicaid coverage so that they can receive screenings and vaccines. “It is not happening. The borders are overwhelmed. That’s the first failure in the system and it’s impacting public health,” she said.

Another important fact: not every migrant who enters the U.S. is sick. A 2018 report published in the *Lancet* medical journal, authored by 24 health commissioners across the country, found that “international migrants are less likely than people in their host countries to die of heart disease, cancer, respiratory diseases and other ills,” NBC News wrote of the study. “The exceptions are hepatitis, tuberculosis and HIV. But the study also found these infections are generally only spread within the affected immigrant communities and not to the wider population.”

Conversely, certain populations are vulnerable to acquiring infections once they enter the U.S.

For instance, conditions in refugee camps and detention centers can lead to under-vaccination and infectious disease spread, the *Lancet* report noted. And under-vaccination within the U.S.-born population is causing a resurgence in illnesses—some of them potentially deadly—that were once thought to be eradicated, such as measles and pertussis.

“It’s not just this group,” said William Kose, V.P. of Special Projects at Blanchard Valley Health System, referring to immigrants and infectious diseases. “I’m really starting to get worried. As we see fewer and fewer vaccinations, for instance, we’re going to start seeing measles again. I’m afraid we’re going to start seeing some polio. I had measles when I was 11 and I thought I was going to die. We’ve been so successful that people don’t remember how serious these diseases are.”

"There is no evidence to show that migrants are spreading disease," said Dr. Paul Spiegel, who directs the Center for Humanitarian Health at Johns Hopkins School of Public Health, told NBC News when interviewed about the *Lancet* report that he co-authored. "That is a false argument that is used to keep migrants out," Spiegel said. "It's not migrants or migration itself that is spreading disease. It may be the situations that they are in and the lack of access to basic care that may exacerbate the situation."

"There are things that you're always concerned about with anyone coming from an endemic area, including within the United States. It's the context of how that health care is delivered," said Dr. Kose, and whether that care is accessed. "If you don't have money, you don't end up going to the doctor so often," he said. Also, if factual information dissemination is lacking, then people don't know to seek treatment.

Fear can be a factor. "There's a trust issue," Dr. Kose pointed out. When considering whether to seek medical treatment, some wonder, 'Are they going to deport me?'

"Mostly what we're seeing here at the hospital are individuals that come to the emergency room or go to the clinic (Caughman Health Center) with the kinds of things we see with everyone else, like respiratory infections and certainly pregnancies." The hospital screens for diseases such as TB and location-based endemic diseases such as malaria, if warranted.

Blanchard Valley Hospital does not discriminate based on whether someone is insured or not. "We're nonprofit. We have to take care of these people. That's part of our mission," Dr. Kose said. "Everyone is being taken care of."

"If you're going to be in America, then we'd like you to be part of America, and I think that's what they want. They're human. They're people. They have the same goals. They want to make a living, and they want their kids to grow up happy and healthy," said Dr. Kose.

Medical care, however, often takes longer to administer when translation services are needed. Dr. Kose and HPH employees said it can sometimes take hours for a basic appointment, particularly if translation to English from Haitian-Creole is needed.

The Price of Public Health

Healthcare costs for immigrants are, to say the least, complicated. Government-based coverage usually varies by state. Some states offer more expansive benefits to immigrants regardless of their immigration status. For instance, "several states offer or will offer health coverage to older adults regardless of their immigration status," NILC states. "And five states (California, Colorado, Minnesota, Oregon, Washington) and the District of Columbia offer or will offer public or private health coverage with state subsidies to all otherwise eligible immigrants regardless of their immigration status.

Unauthorized newcomers are not eligible to receive Medicaid, but Ohio law allows them to receive free assistance under certain circumstances. “An individual who is not a U.S. citizen or national and not in a satisfactory immigration status may be eligible for alien emergency medical assistance for certain situations,” for instance, if they have an “emergency medical condition,” Ohio law states. They must apply for such assistance.

For authorized immigrants, an individual who is not a U.S. citizen or national must be in a satisfactory immigration status—such as a refugee, asylee, a pregnant woman, a child, or a Haitian emigrant—to be eligible for medical assistance.

Some authorized immigrants can receive Medicaid if they meet certain criteria. They must also meet state residency and income rules to be eligible for this program. Most lawful permanent residents must wait five years after obtaining qualified status before they can enroll in Medicaid. However, some immigrants are exempt from this five-year bar, including refugees, asylees, Cuban/Haitian entrants, and certain other groups.

As a certified healthcare marketplace navigator, Miller has spent countless hours helping people in multiple counties decipher the nation’s Byzantine system. For a while, Findlay was experiencing the largest influx of newcomers in need of this service. “They were coming up I-75 from Springfield. What we have learned is that immigration and healthcare have a very tenuous relationship. We have very little control over what the federal government decides to do, how these treaties are created, how these policies are enforced,” she explained.

With Medicaid rules different from state to state, those who arrive in Ohio must cancel their Medicaid coverage from the state they originally received it from and then re-apply to receive Ohio coverage. However, some groups, such as pregnant women, will always be covered.

Some institutions receive monetary relief at the local and state levels to offset the costs involved with providing healthcare for the uninsured. For instance, Hancock Public Health has received state grant funding from sources such as the Ohio Department of Health for its reproductive health and wellness clinic and to screen for breast and cervical cancer.

Authorized immigrants who work can also be eligible to receive employer-based health insurance, but language and cultural barriers can cause people to fall through the coverage cracks. Miller points out that it’s difficult for U.S.-born citizens themselves to decipher health insurance and the larger health-care system. What’s a co-pay and how does it differ from a deductible? What is open enrollment? Why do doctor’s appointments still cost money when I already pay money every month for insurance? What does “out of network” mean? What does “out of pocket” mean?

“At the end of the day, I don’t want to spend any money on healthcare because I’m either trying to save money to either find a house or send it back home,” Kose said, voicing many an immigrant’s rationale.

Myriad agencies and government officials who have been working together to address immigrant-related issues have been in discussions with regional businesses and their human resources departments. Finding ways to educate the newcomer population about health insurance is a priority.

Educating newcomers about how to obtain healthcare for optimal treatment and cost-effectiveness is also a challenge. For instance, going to the ER for a sore throat instead of scheduling a doctor's appointment will end up costing a patient more than \$1,000, Dr. Kose pointed out.

Healthcare leaders think that healthcare solutions targeted toward immigrants and their different needs would ultimately benefit the entire community by improving people's health and reducing financial strains.

"We're working with Hancock Public Health to come up with a mobile plan and trying to figure out the resources for how to fund that. If we use our mobile clinic, we'll be able to vastly reduce the cost to the patient as to what's going on, which would reduce the amount of financial pressure. If we could get a clinic and get it sustainable, I think that makes sense," said Dr. Kose.

"We're so blessed that we live in a county that's collaborative," said Miller, referring to agencies working together to solve such problems.