

Introduction

- Prior research has shown that immigrants in the U.S. are disproportionately uninsured.^{1,2} Further, immigrants may be more likely to work low-wage jobs with few benefits, including coverage options through employment.¹
- Federal policy bars legally present immigrants from several federally funded benefits, including health care coverage.^{3,4} State policies can further restrict or expand coverage to groups left out of federal policy.^{5,6}
- However, little research has examined how local sanctuary policies impact immigrants' access to healthcare.

Aim: To assess the impacts of sanctuary city policies on immigration health access and utilization

Methods

This poster draws on data collected from:

- Qualitative interviews with stakeholders who work with immigrants
- Conducted between February-August 2018
- Boston and Seattle

Policy Context

Boston	Seattle
Boston Trust Act	Seattle Ordinance 121063
Will not honor ICE detainer without criminal warrant	City employees barred from inquiring about immigration status
BPD cannot interrogate, detain, or arrest anyone on basis of immigration status	ICE detainers must be accompanied by a federal judicial warrant
City seeks to ensure all immigrants can participate in civic and economic life with opportunity, access, and equality	City departments prioritize policies, actions, and practices that help immigrant and refugee communities

Participant Demographics

Stakeholder Group	Boston N=	Seattle N=	Total N=
Health	3	2	5
Legal	3	1	4
Advocacy	8	6	14
Activist	9	1	10
Faith	5	4	9
Government	1	2	3
Total	29	16	45

Results

"We've seen a **30% increase in no-show rates** [at] hospitals and primary care providers so **people are not going to their appointments** because people are afraid that putting their name on something or accessing services will put them on ICE's radar. (B04)

"One of the things **we saw very soon after the Trump administration** was, and all of his proclamations and executive orders about immigration, **people stopped accessing our public health clinics**. Well, that's bad for the families who don't come to see the public health providers, it's also bad for citizens in the county because we need everyone who needs health services to get them and so, **it affects everyone.**" (S12)

"**Lack of resources or lack of funds is a huge problem and lack of centralized health.**" (B02)

"And there's also . . .lack of access to healthcare and medical insurance. . .**so many times we don't go to the doctor unless it's an emergency because we know we're going to have to pay out of pocket**, perhaps. So we see that it's a really big need in our community as well." (S05)

"This is a hospital. This is not like a friendly neighborhood community health center. **You walk in and there's security everywhere**. They're at every single door, they look like police officers, they are affiliated with the Boston Police Department, they work very closely with them, they can make arrests." (B12)

"In Los Angeles, they saw a **25% decrease in the rate of rape being reported** by Latinos. In Houston, they saw a **40% decrease in sexual assault reporting** among Latinos." (B04)

"I think **mental health is a big one**. There's not services and **we don't have health insurance**, like they would have to pay out of pocket for anything like that, which is not possible for them in a lot of cases. I think mental health is a huge thing, stress and anxiety." (B09)

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Discussion

- ❖ Children and minorities are particularly impacted by the current socio-political climate. Participants note that anti-immigrant policies and rhetoric contribute to **negative impacts on mental health and heightened levels of anxiety**.
- ❖ Participants discussed how immigrants, particularly if undocumented, have **limited or no access to health coverage**. This often means that immigrants must **pay out of pocket for health services or forgo care** altogether.
- ❖ In Seattle, public health departments have designated waiting areas "private spaces" to prevent ICE from coming in without a warrant to further protect immigrant patients.
- ❖ Despite local protective ordinances or sanctuary policies, participants across stakeholder categories convey **not being able to promise safety to any immigrant patients or clients**.

Implications

Participants identified additional institutional level policies that could increase access and utilization of health care among immigrants. For example:

- hospitals and clinics could not require IDs to increase healthcare access
- providers could refrain from capturing discussion about immigration status in the medical record

More policy protections and expansion of coverage is needed to increase access and utilization for groups targeting by restrictive federal policies.

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