

Models of Access to Care for Uninsured Immigrant Children

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Background Information

- Children in immigrant families (CIF) face numerous barriers to accessing medical care, including language access, health literacy, restrictions on health coverage, transportation, and fear and uncertainty regarding family immigration status
- 26% of children in the US are CIF, half of whom are of Hispanic/Latinx origin
- Most immigrant children live in households without a citizen parent
- Eight million CIF live below 200% FPL and are more likely to experience food insecurity
- The number of unaccompanied children and family units attempting to cross the border declined from 2020-2018 but is now on the rise again

Methodology

- A meta-narrative literature review was conducted consisting of identifying academic and gray literature using search terms: *undocumented, uninsured, migrant, access to care, underinsured, health insurance, safety net care, maternal child health, unauthorized, charity care and immigration.*



Models of Access to Care

- Several care models were found in the literature review (Table 1)
- Most of the literature was older, from 2010 or earlier with very few recent studies

Table 1: Models for care delivery for uninsured immigrant children

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| State-funded coverage | CA, OR, WA, NY, MA, IL, and DC |
| County model | County hospital and/or clinic system providing local insurance or tier based financial assistance to eligible county residents regardless of immigration status. The system allows access to affordable health care services within the network in order to reduce uncompensated medical care. |
| Hospital sponsorship/charity care | Referral-based model to provide low-cost and free healthcare to qualified children, prioritizing those with medical complexity or subspecialty needs. Care may be supported by the hospital system or philanthropically. |
| School-based health | Use of the school system, particularly the school nurse to connect students to health resources and/or school-based health centers. |
| FQHCs and Migrant Health Centers | Provision of federally-funded, cost-effective care |
| Free and mobile clinics | Community safety net medical entities that provided a range of free health care services sponsored by various entities such as academic centers, foundations, or faith-based organizations. |

Elements of Successful Programs

Table 2: Themes for successful programs

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| Use of existing infrastructure | Schools, faith organizations and public health outreach |
| Flexible appointment times | Weekend and extended hours allow parents more options to bring their children to visits |
| Continuity of care | Providing paper records to families who may move frequently or do not have reliable internet access |
| Cultural competence | Patients and families may vary in expression, beliefs about the medical system and traditional medical practices |
| Language services | Translation and interpretation that reflect the community's needs |
| Community health workers and/or care navigators/advocates | Trusted community members skilled in providing health support, navigation, and advocacy for patients and families. Also known as family navigators, health coaches, health advocates, or promotoras. |

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