

# FROM UNDERSTANDING TO TRANSFORMING HEALTH BARRIERS



## SUMMARY

This policy brief presents findings from a Participatory Rapid Appraisal (PRA)<sup>1</sup> conducted at La Clínica del Pueblo from July to October 2023.<sup>2</sup> The PRA identified key health and social barriers faced by Latino immigrants residing in Washington, DC. In response to these findings, a series of collective recommendations and policy actions were formulated on April 10, 2024.

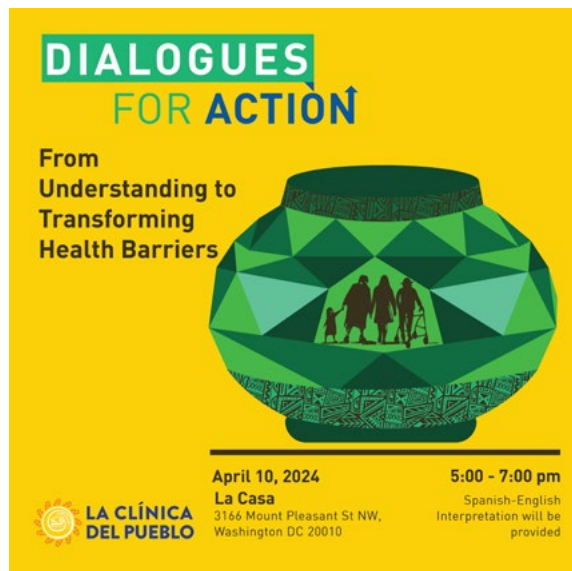


Figure 1: Policy recommendations were captured during La Clínica del Pueblo's event *Dialogues for Action: From Understanding to Transforming Health Barriers* on April 10, 2024

## KEY FINDINGS

**MENTAL HEALTH:** 41% of participants perceived mental health as the most important health major concern affecting their community.

**CHRONIC DISEASES:** 28% cited chronic diseases as the most prevalent issue.

**BARRIERS:** Income and occupation (17%), access to health services (16%), immigration status (13%), access to food (13%), and language barriers (11%) were considered the most significant barriers to health.

## TRANSFORMING HEALTH BARRIERS TO GENERATE POLICY SOLUTIONS

**INCOME AND OCCUPATION:** Participants consider their income and occupation to be the most significant barrier. This perception is validated by various studies showing

1. For a full report describing methods and implementation of the PRA conducted by La Clínica please view [report here](#).

2. Participatory Rapid Appraisals (PRAs) have been effectively applied to various socioeconomic and environmental issues, such as climate change, urban violence, and the informal economy, by using participatory tools like focus groups and causal flow diagrams. This approach aligns with Community-Based Participatory Research (CBPR) by emphasizing collaboration, community involvement, culturally grounded evidence, and equitable power relations in public health research.

that Central American immigrants have an average household income of \$55,000 nationally.<sup>3</sup> This figure is lower than that of all immigrants and U.S.-born individuals, who have an average national household income of \$70,000.<sup>3</sup> This figure is even lower when compared to the household income in the District of Columbia, which is currently \$101,722.<sup>4</sup>



To mitigate this effect, the District of Columbia government should offer protections that guarantee fair and insured wages for all workers and require all employers to meet this requirement. To ensure compliance, the District should continue investing in the [Workplace Rights Grant Program](#) through the Office of the Attorney General (OAG) and distribute funds to organizations that serve immigrant workers.

Many immigrants with professional degrees also face barriers in validating their credentials, which significantly reduces their employment opportunities and earning potential. One example the District could follow is replicating the [Welcome Center in Montgomery County, Maryland](#). These

centers help internationally trained healthcare professionals reenter the workforce in the United States. The Center offers a coordinated approach to overcoming licensing and certification barriers. Such programs would also help bridge the gap for employers needing skilled labor in healthcare, education, and construction industries.

Another aspect limiting immigrants is the cost of childcare. Programs that subsidize childcare should be made more flexible to include all parents regardless of immigration status. An example the District could follow is implementing the recommendations of the [DC Action Coalition](#), which seeks to increase the affordability of childcare and improve the [DC Child Care Subsidy Program](#) by simplifying enrollment and promoting it to more parents, as current utilization is low.

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3. Migration Policy Institute. Central American Immigrants in the United States. Migrationpolicy.org. Available at <https://www.migrationpolicy.org/article/central-american-immigrants-united-states>. Accessed, May 3, 2024

4. Data USA. Washington, DC. Data USA website. <https://datausa.io/profile/geo/washington-dc>. Accessed, May 29, 2024.

**ACCESS TO HEALTH SERVICES:** In the United States, only six states and the District of Columbia offer public health insurance to income-eligible immigrant adults, regardless of immigration status, who do not qualify for Medicaid.<sup>5</sup> The [DC Alliance Program](#) has been a significant support for immigrants in the District. The shift to an annual certification process in 2022 was a positive step in eliminating barriers to accessing the program. However, many people are currently encountering issues when trying to renew their insurance. These issues often arise from inconsistencies, a lack of clarity in the application submission process through the portal, and a lack of accountability when a complaint is submitted. Additionally, participants felt that this insurance should offer the same services as Medicaid. For instance, payments to doctors, nurses, and other healthcare providers should be equalized to the rates they receive for Medicaid. Furthermore, participants emphasized increasing resources available for



community health centers, access to medicines, and sexual and reproductive health procedures, among others. The District of Columbia could consider innovative models that allow for better coverage and less fragmentation in service delivery. An example is [California's Medicaid program \(Medi-Cal\)](#), which covers all state residents who meet Medicaid income eligibility requirements regardless of immigration status.

**IMMIGRATION STATUS:** As immigration status fluctuates and can change, it is crucial for immigrants to have legal support to establish themselves in the city. However, the high costs of accessing an attorney are seen as a significant barrier. In Washington, DC, two key programs already fund entities providing various immigration legal services: the [Immigrant Justice Legal Services \(IJLS\) Grant Program](#) and the [Access to Justice \(ATJ\) Grants Program](#). These two programs are essential in guaranteeing their rights. Another federal program that should be more widely known among organizations is the Recognition & Accreditation (R&A)

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5. KFF. State Health Coverage for Immigrants and Implications for Health Coverage and Care. KFF. Published March 22, 2024. Accessed May 30, 2024. [https://www.kff.org/racial-equity-and-health-policy/issue-brief/state-health-coverage-for-immigrants-and-implications-for-health-coverage-and-care/#:~:text=As%20of%20March%202024%2C%20six-immigration%20status%20\(Figure%204\)](https://www.kff.org/racial-equity-and-health-policy/issue-brief/state-health-coverage-for-immigrants-and-implications-for-health-coverage-and-care/#:~:text=As%20of%20March%202024%2C%20six-immigration%20status%20(Figure%204))



Program. This Department of Justice program offers training for individuals within organizations that serve immigrants. The goal is for these individuals to gain sufficient knowledge to advise immigrants on their immigration consultations and have access to competent and ethical legal services. This program provides a structured framework for accrediting organizations as legal service providers.



**ACCESS TO FOOD:** Participants considered food assistance programs to be crucial as many perceive a high cost of food. Although there are federal programs like the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), many are either unaware of how to access these programs or do not qualify due to their immigration status. According to [local coalitions](#) working on food insecurity, increasing SNAP benefits is an effective strategy that would help. The government of the District of Columbia could also initiate campaigns to inform immigrants about these programs and facilitate enrollment. Since immigration status is a barrier for many

immigrants, the District could look to programs like [California's Food Assistance Program](#), which covers many groups excluded from SNAP and WIC. Participants also recommend strengthening programs like the [Produce Plus Program](#), which provides fresh, locally-grown fruits and vegetables to people with limited access to fresh and healthy foods. They also recommended establishing community kitchens close to areas where large immigrant communities reside.

**LANGUAGE BARRIER:** Participants believe that the government can address the language barrier by funding free, basic English classes in schools, churches, and universities. These classes would require that participants meet a minimum grade to continue the course for free. This requirement could incentivize participants to continue their studies, thereby achieving higher language comprehension.

Finally, although there are laws requiring access to medical interpretation and language access in government offices, people perceive a lack of resources for obtaining interpreter assistance to access social services. The District of Columbia should implement the recommendations made by the [D.C. Language Access Coalition](#) to enforce the [Language Access Act of 2004](#), including a system of fines for agencies that refuse to provide language access services.

# CONCLUSION



Many low-income immigrants are excluded from accessing social benefits. Undoubtedly, these barriers prevent individuals from having the support of a social safety net, creating health disparities. Collectively, the results of the PRA add to the existing literature that highlights immigration status as a determinant of health in itself.

To substantially improve health outcomes among the growing Latino immigrant population in the District of Columbia, policymakers, service providers, and other stakeholders must integrate policy strategies that more accurately reflect the socioeconomic and living conditions of Latino immigrants residing in the District.

In addition to considering the aforementioned recommendations, investment should be made in strengthening and coordinating government actors such as the Mayor's Office on Latino Affairs (MOLA) and the Office of Migrant Services (OMS) to work together with community organizations to address these barriers. One example suggested by participants is to create a coordinated campaign that outlines and explains the resources, programs, and existing organizations in the District that can support social needs such as access to health, education, food, housing, employment, and legal assistance. These organizations can also help build narratives of inclusion for immigrants as a way to address discrimination based on race, gender, or social status.