

Taking A Pulse: Migrant Clinicians Network 2019 Poll Results

MCN's poll was open to any clinician, regardless of previous participation. Over the course of seven weeks, 71 clinicians participated in the poll in English or in Spanish. Clinician comments provided in Spanish are translated into English.

States: Participants in our poll came from 16 states and Puerto Rico, with the most participants from Florida, New York, and Texas. (N=71)

CA 1

DE 1

FL 18

IL 1

MA 2

MD 2

MN 3

MT 6

NC 7

NY 9

OR 4

PR 2

TX 9

VT 1

WA 2

WI 1

WY 1

Declined to state 1

Occupations: Those who indicated more than one occupation or profession are listed more than once.

AGACNP 1

APRN 5

ARNP 1

Behavioral Health Consultant 1

CEO 1

CHW 5

CMO 1

CNM 1

Community Services Specialist 1

Coordinator of Promotores and Outreach

DDS 4

Dental hygienist 1

Director 1
Director of Clinical Services 1
FAAFP 1
Family physician 2
FNP 10
Health Educator 1
Integrated Primary Care Behavioral Health Consultant
LCSW 2
Social worker 1
MD 3
Medical Director 1
MPH 1
MSN 4
MSW 1
Outreach worker 1
PhD 1
Promotora 1

Commonly used terms:

Fear/afraid/fearful (30); Services (18); ICE (10); Health care (15); Access/accessing (20);
Deported/deportation (6); Status (6); Raids (5); Cost (5); Insurance (4)

Have your immigrant and migrant patients/clients expressed a change in attitudes or feelings toward health care access or receiving care? N= 71

In this year's poll, 68% answered yes to this question and 32% answered no.

In 2018, 65% said yes, and 35% said no.

In 2017, 63% said yes, and 37% said no.

Yes, and this change has occurred only in the last year: 19 (27%)

Yes, but this change has occurred for longer than one year: 29 (41%)

No, I haven't perceived any changes: 23 (32%)

Comments on changes within the last year:

Clinicians listed concerns that their patients are expressing, including financial cost, fear of signing up for services and/or health benefits, fear of traveling to services, and fear of utilizing services that are available to them. Additionally, four clinicians voiced changes that sounded positive in nature.

"[Patients] choose not to go when we refer to primary care for financial reasons."

"More concern over cost, coverage, allowances, program usage by immigrant patients."

"The public charge discussion. They are afraid to renew their medicaid benefits."

“Some immigrants are afraid to sign up for health insurance.”

“[Patients are] afraid to apply to social services.”

“[We are seeing an] increase [in] uncertainty to come to the clinic.”

“Most are afraid to come to the clinic for care.”

“Patient [feels] there is less access to care, fear of being arrested / deported.”

“Patients worried about immigration stopping them when traveling to clinic.”

“More care has to be given to patient's legal status when ordering medicines.”

“More fear toward healthcare access due to ICE raids.”

“We always rely on advocate agencies that focus on this population so that we can share these with our patients.”

“I am a dental hygienist and my patients are keeping their appointments and staying on their treatment plan recall schedule.”

“Access to the clinics is increasingly difficult.”

“[Patients now] know their rights, how to access their test results, and how to change doctors if they wish.”

“Increased availability of mental health services... especially for low-income populations including children, youth, and seniors.”

Comments on changes occurring for more than one year:

Many of the comments from clinicians who noted that the changes have been going on for more than one year reflected the same concerns as those who had only seen changes in the last year: financial or poor coverage issues; fear of traveling to the clinic; and fear of applying for and using services. Some clinicians in this section noted that the current administration, immigration policy, and/or rhetoric around immigration factor in as well. Two clinicians felt the changes have been positive.

“They are afraid to access care.”

“Patients are concerned about receiving care and how it can impact their immigration status.”

“More obstacles. Fear of being deported.”

“Patients continue to be afraid to access care and this seems to continue to increase each year at a steady rate.”

“Immigration concerns, insurance changes decreasing coverage.”

“Increased fear of accessing care since January 2017.”

“Patients have become fearful of seeking care.”

“Fear of 287G/Safe Communities Programs/overzealous law enforcement agencies.”

“They are more hesitant and/or fearful to seek care outside of our clinic.”

“[Patients are] afraid to apply to social services.”

“Bills.”

“[Patients have] difficulty scheduling appointments with the new telephone system .. put them on hold for a long time.”

“Clients do not trust the systems anymore.”

“Better access to care.”

“More difficult to get care beyond basic things.”

“Concerns with this presidency regarding risks involved in accessing care.”

“More fear of ICE.”

“Less utilization of services.”

“Fear of revoked DACA status, fear of targeted deportation for non-criminal activities such as driving to work, ICE raids.”

“Difficulty driving and picking up Schedule II meds due to ID laws.”

“They are more worried about discrimination and deportation since Trump was elected.”

“They express more fear and anxiety regarding accessing services.”

“Current anti-immigration rhetoric and actual policy proposals and programmatic work by the administration is scaring people away.”

“Greater index of suspicion on care and referrals.”

“Sometimes [patients are] afraid to come in.”

“Through our promotional efforts in various events (fairs and radio shows), [patients] have seen our commitment to patients and have felt confident in identifying and taking advantage of our services.”

“[Patients] mention that they feel comfortable because we speak Spanish.”

“Some people are afraid of being reported to immigration authorities. Many think that health care is very expensive and so they stop attending their medical appointments. Many people lack information on places that provide health services.”

Have you noticed a change in the obstacles that your immigrant and migrant patients/clients face to receive care? N=71

While the first question asked about perceptions from patients, the second question asked clinicians' perceptions on changes in obstacles. From this question, we received more about the specific barriers that patients face. Some barriers, like time off of work, have been experienced by immigrant patients for many years. Others, like changes to public charge, are new.

In this year's poll, 62% said yes, and 38% said no.

In 2018, 57% said yes, and 43% said no.

In 2017, 48% said yes, and 52% said no.

Yes, and this change has occurred only in the last year: 14 (20%)

Yes, but this change has occurred for longer than one year: 30 (42%)

No, I haven't perceived any changes: 27 (38%)

Comments on changes within the last year:

“The carrier/administrator for the refugee population in Texas changed to Point Comfort which initially had complications.”

“The presence in our country of the Trump Administration.”

“Increased police checkpoints and raids.”

“Some patients will not leave their homes to come in for care.”

“ICE raids and traffic stops in our community (including one targeting the clinic).”

“They feel used.”

“Barriers have been diminished.”

“Transportation, referrals for services to treat substance abuse.”

Comments on changes occurring for more than one year:

“Transportation issues to health care centers and for referrals to other providers.”

“ICE.”

“Access to care is not sufficient.”

“Increased immigration enforcement has caused decreased freedom of movement. Migrants no longer come up from Florida to work.”

“Yes, in the past it was easier for the migrant farmworkers to keep their appointments. Now it seems the farmers are more involved.”

“Increased sensitivity to access.”

“Change in attitude of those providing care.”

“Expansion of [prenatal] care. Receiving care after birth.”

“Some of our patients experienced fear of leaving home to attend appointment especially if raids were occurring at that time.”

“Stricter rules and the fear of being deported for accessing health care.”

“There have been more ICE activity in the farming communities of NY and this has created increasing fear to access health care.”

“Real and perceived risk of roadside checkpoints, ICE apprehensions.”

“Obstacles include concerns for self and family members, leading to fear of seeking care.”

“Transportation/chancing driving without [an] operator's permit, knowledge of health services.”

“We are within 100 miles of an international border and patients are more fearful of interactions with ICE.”

“Less funding for specialty care.”

“Increased paperwork requirements for eligibility.”

“More bias to receive care; difficulty in understanding their rights.”

“Local mental health agencies provide services to those without insurance, but not those without a social security number.”

“They are less willing to receive or sign up for services due to fear of retribution.”

“Since Trump's election, public charge arguments and much more have had a chilling effect.”

“Bosses make it difficult to take time off for health care.”

“Workers continue to say they don't have transportation, especially those here on an H2A visa.”

“Many of our patients have lost their privilege of having a driver's license and therefore it is very difficult for them and their families to get to any health care appointments. Many people, even if they can find a job, they lose it because they are unable to get to their workplace. Many would rather pay for rent or food instead of going to the doctor, etc.”

Has community view of your role in the community changed? N=71

Written answers to this question show the wide range of changes clinicians have seen, from increased anti-immigration attitudes, to community support for immigrants, to personal changes and advocacy, to financial concerns. Two participants noted changes in the last decade or more. In this year's poll, 41% of respondents answered yes, and 59% responded no.

In 2018, 30% responded yes and 70% responded no.

In 2017, 29% responded yes and 71% responded no.

Yes, and this change has occurred only in the last year: 9

Yes, but this change has occurred for longer than one year: 20

No: 42

"[We have a] largely favorable reputation, but [our] role with ag workers [is] less known."

"[Patients] know that there are resources available that they can use."

"The community sees us as part of their family and they see us as their first choice of medical care since we have demonstrated our commitment to the physical and emotional health of the community. We have been able to reach places with few accesses and offer our services to that community. After Hurricane Maria our commitment was reinforced and the population noticed it."

"[Patients] recognize us as a group that provides health services and that goes to where they are (like motels, workplaces, etc) with our outreach program."

"Many [patients] no longer engage in social activities where through their volunteer time they can help their community. They tend to hide abuse for fear of being exposed as undocumented."

"Increased access to services, greater participation and social inclusion."

"We updated the criteria to our care management and our extending services to all sorts of chronic conditions!"

"My perception [is that] policies are being implemented to make public health into a business that makes money. Weird place to be."

"More agencies, community members are aware of services we provide."

[There] seems to be more animosity."

"The general population feels this group is not entitled to services."

"Gradual, over several years -- word of mouth on care given."

"There is a group in this area that is subtle about their anti-immigrant concerns."

"In the past year, more immigrants [have been] afraid to access services for fear it will make them ineligible for citizenship in the future."

"In January 2018, I changed from RN to FNP."

"Education on resources and low cost clinics."

"We have received increased community support as members 'fight back' locally against our current administration's stance..."

"About the past three years."

"We have reached out them and asked how they can access us better."

“Access has always been insufficient.”

“Many years; we have changed our name from Migrant Health to Ag Worker Health to be more inclusive of all agricultural workers.”

“Given the threats against immigrant populations, I feel a bigger urgency to speak out be an advocate.”

“Over a period of 10 years. Patients now express problems that revolve around their health, such as social health.”

“Over the past 10-15 years, and especially the past 2 years (since our finances stabilized), we're obviously essential.”

How can MCN best support you at this time?

Responses that indicated it was not applicable, that MCN was already doing a good job, or assistance was not needed are not listed here.

“Since we are not a qualified Health Center, I am not sure. I appreciate the emails and insights that I gain from Migrant Clinicians. Great webinars too.”

“More opportunity for access to more grant for preventive care and screening.”

“Continue to monitor and report changing attitudes of the migrant community.”

“Make mental health services available for family/children of immigrants in jeopardy of deportation. The families are anxiety stricken and fearful of this potential loss to their family.”

“Funding.”

“More resources for children born out of the country.”

“Webinars to increase education.”

“Keep me informed of any obstacles that immigrant and migrant patients are facing in regards to their care.”

“More webinars, more patient education handouts on website.”

“Be part of the medical legal partnership to mobilize when detained immigrants are denied health care.”

“Inform patients that we are here to care for their health and wellness and will not report or share the immigration statues with anyone.”

“Keeping abreast of ever changing policies affects immigrant workers.”

“Provide local resources for specialists, such as ENT, Cardiologist, pulmonologist who will see our pediatric patients for minimal cost if they do not have insurance.”

“Continue clinical updates. Continue to share clinician's stories and helpful hints etc.”

“I would like to see more trainings on CHWs role and best practices to engage our patients as well as how to work with patients who are not engaged.”

“Cost of care needs to come down and attitude towards migrant workers need to change for some. Maybe showing the difference between migrant workers and immigrants and how they contribute to our country?”

"Focus on trauma informed care has been helpful for our immigrant patients- many of whom have experience trauma through detention in the US and other sources in their history. The reduction in refugee and immigrant patients due to reduced refugee/political policy in the last year has been one negative change for us."

"Migrants must be educated on their status and rights to medical care."

"Education for providers on how to handle fear of public charge."

"Continue sharing the highlights of your organization. It indicates and teaches us how to help communities how we can help each other to obtain optimal health care."

"Provide resources for patients based on their cultural background."

"[Provide] a better understanding of the situation."

"Advocating for universal health care and right to health care."

"[Provide] concrete ideas on how we can help patients get to clinic for care."

"Lobbying for more realistic ID laws, less ICE interference, particularly in medical settings."

"Help provide transportation assistance for patients."

"Need more indigenous language interpretive services."

"Help with recruitment and retention of medical providers."

"Continued articles and awareness."

"How to provide health care while also being aware that social determinants of health also affects their overall health outcomes."

"Advocate for migrants and share their stories."

"Educate people on the health care laws. Also provide pros and cons of accessing health care for people in different situations and different legal status."

"Policy work about immigration, migration, farmworkers."

"MCN can best support my work by continuing to keep me informed about issues related to health justice."

"Continue your mission!"

"More education to notify migrant workers and families."

"Funding for specialist visits and testing."

"Providing what we need to care for needy patients."

"Continue providing resources and support for those of us providing care!"

"Stress the importance of Outreach services & CHWs in our role as part of care teams to administrations everywhere, to increase our #s so that we may do the nitty gritty to assist pts accessing our services."

"Continued webinars and newsletters directed to health care providers on ethics and responsibility of the providers first to his/her patient and patient care, responding to patients with concerns/fears, discussion on 'gag rule' to physicians in Texas and at the federal level and how to respond to this. Guidance and education to providers on approaches to patients who have experienced traumatic events during migration and post migration."

"Provide updates on recent migrant demographic changes and infectious disease trends."

"Social and legal support for patients."

"Keep highlighting the plight of agricultural workers and other mobile poor populations."

"Educate people on the health care laws. Also provide pros and cons of accessing health care for people in different situations and different legal status."

Do you have a story to share?

This optional question allowed more space for people to share more. Here, we share selected answers.

“Because we are unable to do primary care in our health department we refer out when we see something that needs to be addressed. Many comment I can't afford that and try to offer some advice with minor medical issues. We had to step in for a client we referred who had a subluxation of the elbow that did not return to correct position and showed signs of nerve damage and infection. The person was turned away and the family figured it will just heal on its own. When we found out we had to convince the family to return and went with them to insure a medical person took one moment to look at the injury. Once seen the client had surgery that same day. Hopefully the client will not have permanent damage and difficulty in the future.”

“A few months ago, ICE set up a roadblock to check ID's at our clinic entrance. For weeks afterward, the no-show rate rose dramatically for our Latino patients.”

“I have a pregnant patient here legally but not a citizen who is refusing to apply for Medicaid because her attorney advised her this could jeopardize her ability to become a citizen. She plans to pay out of pocket for her prenatal care, labs and delivery. She cannot afford all of the standard tests and will jeopardize her and her baby's health for fear of retribution from the federal government.”

“Many, a 29-year-old with testicular cancer arrives from Florida with a crew having had just started chemo treatments. [We] helped him get established with our providers and he started chemo here within 3 days to continue his care plan. He is now cancer free after months of treatment and surgery arranged before returning to Florida in December.”

“A recently arrived migrant woman commented to me that she has never experienced so much overt racism in the past couple of years. I assured her that the majority of the population had no ill feelings about undocumented workers being here to work, just that ‘some’ had crawled out from under their rocks and were feeling empowered.”