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McClure Center for Public Policy Research

IDAHO AT A GLANCE

Healthcare and Refugees in Idaho

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Highlights

Between fiscal years 2007 and 2014, roughly 7,700 refugees resettled in Idaho, representing a small fraction of all refugees arriving in the United States during that time.[a] In 2014, about 1,050 refugees resettled in Idaho, higher than the state's 10-year average of 878 per year but below the peak of 1,214 in 2009.[a] Refugees in Idaho are usually women and children who resettle in either the Boise or Twin Falls area.[b] Refugees come to Idaho from several continents, bringing an array of languages, cultures, and religions.

This report focuses on how refugees in Idaho engage in the healthcare system and the distinct health concerns they face. The following **key findings** are based on interviews with service providers, federal data, and literature reviews:

- Refugees are more likely to present long-term, unmet health needs due to prolonged lack of care prior to their arrival in the U.S. The nature of these concerns often necessitates long-term care or extensive treatment, in turn generating high costs that may be unaffordable for those without health insurance.[c,d]
- Refugee access to healthcare is impeded by cost and cultural differences related to how refugees perceive health problems and healthcare.[c,d,e]
- Refugees who are not eligible for Idaho's Medicaid program can receive medical coverage through the federally funded Refugee Medical Assistance (RMA) program. Those who receive RMA typically lose their coverage after eight months but can re-apply.[c]
- Like other legal U.S. residents, refugees may not qualify to purchase subsidized health insurance on the Health Insurance Marketplace, depending on their income level.[k]
- Several agencies and organizations in Idaho aid refugees by increasing access and affordability of healthcare, especially through culturally appropriate care models.

How is refugee status defined? "A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it ..."[g]

This report is the final product of the 2014 Martin McClure Ambassadorship, an honor awarded each year to an outstanding University of Idaho student in the International Studies Department. The Ambassadorship seeks to advance informed policymaking about international issues relevant to Idahoans. It is a joint program between the University of Idaho Martin Institute for International Studies and the McClure Center for Public Policy Research.

Economic Adjustment

Economic adjustment for refugees in the United States can be challenging and is influenced by factors such as family size, level of education, English proficiency, and resources available to refugees in their resettlement community.[c] Nationally, refugees experience unemployment rates that are significantly higher than those for the general population.[a,h] In the U.S., poor health or disability keeps over a third of unemployed refugees from looking for work.[e] The average hourly wage for refugees is often less than half of that for U.S. citizens.[a,h] High unemployment rates and low wages compound the difficulty of finding affordable health insurance and healthcare.

Health Needs and Concerns

Refugees are more likely than other patients to present long-term unmet health needs due to a prolonged lack of healthcare before their arrival in the U.S.[c,d] These health issues are often entrenched and may require long-term care or extensive treatment.[c,d] Such treatment is likely to be unaffordable without the financial assistance that health insurance offers.

Refugees are more likely to exhibit the following health concerns:

- Mental health issues, particularly depression or PTSD[c,d,e]
- Diabetes and hypertension[c]
- Physical disability related to trauma or torture, including sexual trauma[c,d,e]
- Prior neglect of hearing, dental or vision concerns[c,d]

Accessing Healthcare

Refugees face distinct barriers when accessing healthcare. They typically lack a personal vehicle and may need help in learning the bus system or money for taxi services.[d] Inadequate access to affordable transportation can often lead to missing clinic appointments.[c,d] There may be a shortage of interpreters available for the individual's native language, which can delay appointments.[c,d,e] Some refugees struggle with illiteracy in their native language or lack a basic level of education, which can impair communication and procedural understanding.[c,d,e]

Culturally Appropriate Care

Due to cultural differences, refugees may have views that differ widely from the customs of the U.S. healthcare system.[c,d,e] They may have culturally-based understandings of treatment methods, causes of disease, the role of the physician, and the level of directness appropriate in communicating health concerns.[c,d,e]

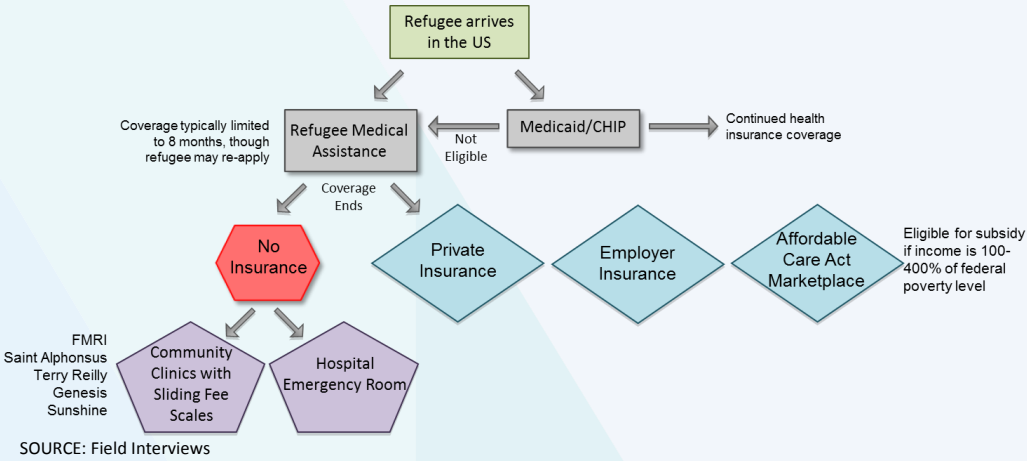
Refugee patients may distrust healthcare providers due to trauma or torture that occurred before coming to the U.S. Such experiences can inhibit their willingness to consent to particularly invasive procedures.[c] Female refugee patients may also distrust or oppose receiving assistance from a male healthcare provider or interpreter due to an experienced sexual trauma or cultural difference.[c] This is particularly problematic if female practitioners are unavailable.[c]

In addition, specialists may be unwilling to see refugee patients because of the administration costs of rescheduling patients who miss an appointment, training staff to provide culturally appropriate care, billing for interpreters, or setting up transportation.[c,d] This can be true for primary care providers as well, thereby limiting refugees to the clinics that are able to provide for their unique needs.[c,d]

Health Insurance

When refugees arrive in their resettlement location, they receive cash assistance, English language training, employment services, and case management. Those who are ineligible for Medicaid through the state may apply for federally funded Refugee Medical Assistance (RMA). RMA provides health insurance for eight months, after which refugees may re-apply for coverage.[c] The end of RMA eligibility creates an increase of refugees without health insurance coverage.[c] In a national survey of refugees conducted by the Office of Refugee Resettlement in both 2011 and 2012, about 40% had been without health insurance coverage in the previous twelve months.[i]

Healthcare options for Idaho refugees



SOURCE: Field Interviews

Beyond Refugee Medical Assistance

Refugees without private insurance or employer-provided coverage have three options for acquiring health insurance after RMA coverage ends, depending on their level of income.[j,k]

- Households with an annual income below 27% of the poverty level ($5,357 for a family of three) can apply for Medicaid and will qualify if they meet the other Idaho eligibility requirements.[k] Medicaid eligibility in Idaho is limited to low-income parents, pregnant women, the elderly, the blind and the disabled.[j]
- Households with an annual income between 27—100% of the poverty level may purchase insurance on the exchange but do not qualify for a subsidy.[k]
- Households with an annual income between 100%—400% of the poverty level ($19,530—78,120 for a family of three), are eligible to purchase subsidized coverage on the insurance exchange.[k] Because the poverty level is higher for larger families ($31,590 for a six-person household versus $11,490 for an individual), larger families are less likely to qualify for a subsidy on the exchange. To the extent that refugees tend to have large families, subsidized coverage is even farther from reach.

Refugees for whom insurance is unaffordable, either because they do not qualify for Medicaid or fail to qualify for a subsidy, will likely forgo coverage.[c] However, like others without insurance, refugees will be charged the annually increasing ACA penalty calculated for each member of the household. While exemptions that eliminate the obligation to pay the penalty do exist, not everyone qualifies.[c] Those who cannot afford to purchase insurance may, in a few years, be unable to afford to go without it.

Refugees without insurance can seek care at community health clinics. These clinics have sliding fee scales and may be able to offer patients significant discounts on care. Patients may still be required to pay for prescriptions, appointments with specialists, or more extensive healthcare services that they cannot afford.[c] When health insurance coverage and doctor visits are unaffordable, patients may turn to emergency services.[c]

Agencies and Organizations

Several agencies and organizations in the Boise and Twin Falls areas provide health-related services to increase access and affordability of healthcare for refugees:[c]

- **Idaho Office for Refugees (Mountain States Group)** coordinates with several statewide refugee programs and oversees contracts with resettlement agencies.
- **Idaho Department of Health and Welfare** oversees the refugee health screening and refugee disease prevention programs.
- **Family Medicine Residency of Idaho** provides culturally appropriate healthcare, adult vaccinations, refugee health screening and a sliding fee scale for low-income patients.
- **St. Alphonsus Regional Medical Center** provides culturally appropriate healthcare, a specialized maternal/fetal clinic, and a sliding fee scale for low-income patients.
- **Public health districts** provide childhood vaccination, oral health screening, WIC, and reproductive health services to refugee families.

Where do we go from here

Our findings suggest that focusing on the following three goals offers the greatest opportunity to improve refugee healthcare outcomes and access to healthcare and health insurance in Idaho:

- Create an affordable health insurance option for refugees who do not qualify for Medicaid and are not eligible for subsidies or purchase on the insurance exchange.
- Expand current programming and funding for culturally appropriate care programs.
- Provide incentives to healthcare providers, especially specialists, to see refugee patients.

DATA SOURCES

a—Idaho Department of Health and Welfare, 2014; Idaho Office of Refugees, 2014; and Office of Refugee Resettlement, *Annual Report to Congress,* various years
b—The Idaho Office for Refugees website, "*About Refugees in Idaho"*
c—Interviews: David Chase (Mountain States Group, 17 July 2014), Patty Haller (Idaho Office for Refugees, 17 July 2014), Colin Elias (Idaho Department of Health and Welfare, 25 July 2014), Jamie Perry Strain (Family Medicine Residency of Idaho, 25 July 2014), Ryan Lipscomb (St. Alphonsus Regional Medical Center, 8 Aug. 2014)
d—Rural and Remote Health, *A new clinic model for refugee health care: adaptation of cultural safety*, article 1826, 16 January 2012
e—Child Welfare League of America, *Assessment of Issues Facing Immigrant and Refugee Families*, Vol. 84, #5, Sept./Oct. 2005
f—Affordable Care Act website, healthcare.gov
g—UNHCR, *The Refugee Convention*, 1951
h—U.S. Bureau of Labor Statistics, *Economy at a Glance*, back data, 2006-2014
i—Office of Refugee Resettlement, *Annual Report to Congress,* 2011 and 2012
j—Idaho Department of Health and Welfare website, Medical Services, Medicaid, "Eligibility Requirements"
k—The Henry J. Kaiser Family Foundation, The Kaiser Commission on Medicaid and the Uninsured, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid, 2 April 2014*

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