

COMMUNITY-BASED HEALTH SERVICES FOR POOR AND/OR UNDOCUMENTED LATINO IMMIGRANTS IN WASHINGTON

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“I was embarrassed before, but not anymore.”

-Lupe Hernandez, a 24-year-old who attended a class on STDs at the home of a *promotora*

Topic: My report explores the role that community-based health services play in reducing the barriers that poor and/or undocumented Latino immigrants face in accessing health care. I examine how these programs could be expanded or improved to increase their effectiveness. I also pinpoint the steps that Washington can take to support these community-based programs and to foster conditions in which they could be even more successful.

Methods:

Scholarly Research: My scholarly research focused on the importance of the health care “safety net” and the effectiveness of Community Health Worker (CHW) programs. The “safety net” consists of clinics and hospitals that provide health care to the underserved. I found that **the health care “safety net” is important for increasing access to care, but expanding access to health insurance is a more effective way to reduce health care disparities.** I also found that there is a **large body of literature that suggests that CHW programs are effective,** and that **more research** needs to be done in this area.

Primary Research: My findings from my scholarly research led me to find out more about Washington’s public health insurance programs, and to conduct two case studies: one of a free clinic in Kennewick, and another of a CHW program, or *promotor(a)* program, in Quincy.

Findings:

- Though Washington is taking steps to provide health insurance to immigrant children through the Children’s Health Program, **more needs to be done to help poor and/or undocumented Latino immigrants access health insurance.**
- The **Quincy *promotor(a)* program appears to be a cost-effective and successful response to the health needs of the community,** and **better documentation** would help to demonstrate its achievements.

Recommendations:

- Washington should expand the Children’s Health Program to provide for all eligible children and to reintroduce a Medicaid look-alike program that has no eligibility requirements related to immigration or legal status that would cover immigrant parents.
- Washington should support *promotor(a)* programs like Quincy’s by either funding these programs directly or funding research that would help document the effectiveness of these programs.

Community Partner: Mary Jo Ybarra-Vega, Quincy Community Health Center