

Taking A Pulse: Migrant Clinicians Network January/February Poll Results

States AZ (2), CA (13), CO (1), DE (1), FL (8), GA (3), IA (2), IL (9), IN (2), KS (1), MA (1), ME (1), MD (2), MI (4), MO (1), MN (2), MT (3), NC (4), NE (5), NY (6), OK (2), OR (2), TX (12), VA (2), VT (1), WA (1)

N=91 in 26 states

Commonly used Terms: Fear/fearful/afraid (49), access (18), Trump (14), deported/deportation (12), Administration (8), ICE (7), Anxiety/anxious (7), Concern (6), depression/depressive (6), raids (5), President (5), policies (5) election (5), reluctant/reluctance (5)

Occupations: (Those who included multiple occupational titles are listed more than once.) Physician (20), Registered Nurse (13), Promotor/Community Health Worker (10), Nurse Practitioner (6), Executive Director/CEO (5), Outreach Coordinator (4), Medical Director/CMO (4), Physician's Assistant (3), Behavioral Health Therapist (3), Social Worker (3), Health Care Interpreter/Translator (2), Health Care Coordinator (2), COO (2), Dental Assistant (2), Applicant Service Specialist (2), Professor (2), Master of Public Health (2), Researcher (1), Attorney (1), Nutritionist (1), Outreach Manager (1), Safety Manager (1), Mental Health Practitioner (1), Dental Hygienist (1), Outreach Director (1), Administration (1), Licensed Practical Nurse (1), Outreach Specialist (1), Public Health PhD (1), Program Manager (1), Patient Service Coordinator (1), Unknown (3)

1. Since we last asked in February 2017, have you perceived a change in your immigrant and migrant patients'/clients' attitudes and feelings toward health care access or receiving care? N=91 Yes = 59 No = 32

If yes, in what way has it changed?

- a. Because of the influx of patients that are seen by community health workers. When health fairs that don't cost much, and are at times free, are offered in low income communities, the people of the community do participate and have themselves checked out.
- b. In the summer, when you have more time and the children aren't in school.
- c. [It has changed] with new reforms from our representatives.
- d. Our patients have been very afraid to go to the doctor for fear of being deported. Little by little, we have created trust.
- e. There is less fear to come to the clinic.

- f. It has changed because of the fear that people have just to continue with their treatments because of President Trump's policies. This began when he became president. All this mental harassment affects the whole nation.
- g. People approach us less for fear of the current laws that govern the country.
- h. Today, it's difficult for them to have the the same medical attention because their insurance has changed and they do not have a primary care physician.
- i. Past 12 months
- j. Entire year. Fearful of going to clinic, going to hospital, even going to dentist. Raids, police cooperation with border patrol and ICE.
- k. Since the new president was elected. People are scared.
- l. Concerns about accessing care due to fears of deportation
- m. 2017
- n. They feel they have less access and have had to change insurance plans, sometimes switching to [another insurance provider].
- o. Towards the end of last year, patients and their families were concerned with the political change and health care.
- p. More fearful of accessing services, since election of Trump
- q. Not seeking services due to government changes.
- r. Since Trump took office, threatened DACA.
- s. Past year, more reluctance to seek care.
- t. More reluctant to go to look for services.
- u. Patients are definitely more scared to access healthcare for fear of deportation.
- v. They are fearful of losing coverage and want to know if we share information with federal government.
- w. 1 year. The National adverse dialogue has people very worried, afraid to access care, sometimes.
- x. Because we are open for more later hours.
- y. The past 10 months.
- z. Fear in deportation w/giving information.
- aa. Over the past year, immigrants are more open to primary care. I think education has had a lot to do with change.
- bb. Over the last 6 months, patients are more knowledgeable about available services due to word of mouth referrals from others.
- cc. I have been at [my clinic] for 1.5 years and for that whole duration there have been mixed reviews.
- dd. Past year or so, some fear to access services, ICE raids in area.
- ee. More reticent to seek care, especially in public places.
- ff. Patients are much more worried about being deported. Depression, anxiety, and stress has gone up.

- gg. More reluctant to engage in services, decreased perceived need to both preventive and treatment services.
- hh. The Trump administration immigration policies.
 - ii. People steadily have stopped coming in and if they do and need further assessment and treatment they often refuse to go to hospital.
 - jj. Since November 2016 through January 2018; more fearful, more anxiety, more worry about appointments/referrals to other locations.
 - kk. Clients are fearful of being picked up and arrested while seeking healthcare. I attribute this to increased ICE presence and actions
 - ll. Beginning fall 2017.
 - mm. More fear around immigration concerns - especially since Jan 2017.
 - nn. Appears to be more caution in utilizing health services; fear of authorities approaching clients.
 - oo. More fear to access services; more concern about cost, insurance, etc.
 - pp. Last 13 months. Seek care only when urgently necessary due to payment/insurance barriers.
 - qq. More anxiety and depression since issues related to DACA and immigration have escalated in the U.S.
 - rr. Last year. Afraid of coming to see the doctor, think they could be reported to immigration.
 - ss. Fear of coming into health center unless very ill.
 - tt. Since the beginning of 2017 more migrant patients have been reluctant to come into the office or be seen in-camp.
 - uu. Trump administration escalation of racist agenda; fear of ICE/Border Control focus and harassment.
 - vv. Since the new (Trump) administration was elected into office. I attribute to rhetoric and policies of this administration.
 - ww. Trump
 - xx. Since the election of Donald Trump.
 - yy. The attitudes changed when Trump was elected president. They are scared of being deported.
 - zz. There is some nervousness about seeking health care due to concerns regarding status and deportation.
 - aaa. More hopeless and fearful.
 - bbb. Since the election we have had an increase in stress and anxiety.
 - ccc. There is increased fear and hesitation in seeking non-emergency or non-urgent care.

2. Since we last asked in February 2017, have you perceived a change in the obstacles that your immigrant and migrant patients/clients face to receive care?

N = 91 Yes = 52 No= 39

If yes, please elaborate.

- a. There hasn't been any change. Marginalized patients are afraid to go to the clinics or to a doctor, first because the language -- some do not understand much English -- and second, most are undocumented individuals.
- b. The biggest obstacle was the fear of raids in clinics, but little by little they are losing their fear.
- c. Because, with the classes, they are more informed.
- d. The change can be said to have been positive, since there are clinics that offer real help in general: migrants and immigrants.
- e. There are many difficulties for some to look at a doctor because of their legal status.
- f. 8 to 12 months
- g. Access to specialists is limited.
- h. No changes. Transportation and language barriers for some, along with immigration scares.
- i. Transportation, language barriers and reading materials.
- j. Clinic hours and days.
- k. Lack of resources and access in general due to more restrictive immigration policies.
- l. all year
- m. University hospital now refuses to give Charity Care to immigrants with a visa.
- n. Incremental decrease in willingness to travel due to increased immigration enforcement.
- o. Since Jan 20, 2017 when new President took office. Many people afraid of ICE raids, more openly racist community confrontations.
- p. Past 13 months
- q. Obnoxious frontline staff interrogating patients about legal status. Evil documented patients harassing Latinx patients in waiting room.
- r. Some are afraid to go out because they fear not coming back to their family.
- s. Mostly related to immigration
- t. 2017
- u. Overall, can't give a time period, fear of stopping DACA and restrictions against certain groups, eg Haitians and El Salvadorans.
- v. Less access to assistance programs, less funding
- w. Yes, our patients have been reluctant to seek care for fear of discrimination.

- x. It is an issue of perception, they are afraid to go out.
- y. More police and ICE activity worries even those with papers. Less people wanting to travel much, less families migrating.
- z. Employer refusal to give patient time off to receive care w/o reprisal or loss of job.
- aa. Fear is primary challenge, limiting our ability to execute care that cannot take place on our mobile units.
- bb. Fewer patients are enrolling in services.
- cc. Increased fear
- dd. The Trump administration immigration policies
- ee. There's fear of deportation
- ff. Nov '16 through Jan '18, more obstacles based on fear of travel, fear of bills, fear of arrest, loss of children if arrested.
- gg. Seeking care is less likely
- hh. Since Jan 2017 - difficulty with pregnancy care, cost of care and funding for FQCHC and CHIP.
- ii. fear of contact w/authorities
- jj. More fear due to immigration-related concerns, negative political rhetoric, and racist rhetoric.
- kk. Last 13 months. Fear of, increased encounters with and difficulty because of ICE.
- ll. Last year and current. Increased financial difficulties.
- mm. More Police presence
- nn. Recently have noticed that some institutions will not see a patient if they are undocumented.
- oo. Restricted mobility due to ICE/Border Patrol harassment and intimidation.
- pp. There is more fear about accessing services.
- qq. Since the election of Donald Trump.
- rr. A negative atmosphere regarding immigration has been created and is leading some individuals [to have] negative attitudes toward immigrants.
- ss. In the past half year
- tt. local raids caused an increase in the no-show rate.
- uu. Increased fear of detention and deportation.

3. Since we last asked in February 2017, has community perception of your work changed?

N= 91 Yes = 27 No = 64

If yes, please elaborate.

- a. People are more informed when they have health fairs or there are people who talk to them about health in Spanish.
- b. I think the fear of being deported.
- c. The community feels more comfortable going out into the streets.
- d. The community likes to participate above all in how to eat healthier.
- e. People accept promotoras better because they create an environment of trust.
- f. We are doing what we can to support families in the health part
- g. Again, hard to say. The "Build the Wall" sign has been across the street from one of sites for many years.
- h. For the most part the community is not aware of us and what we do.
- i. Not that I'm aware of.
- j. Since we are a new site, I believe much of the community has a better idea of the population that we serve
- k. The university community has been more supportive of our work.
- l. Over the past year, repeated outreach for blood pressure and glucose testing are more accepted.
- m. Word of mouth from patient to patient has helped spread knowledge of services.
- n. Higher profile - since we've taken in a lot of displaced Puerto Rican patients after Hurricane Maria [I know, NOT immigrants in]
- o. There is no trust or belief that there are medical programs and non-profits trying to help them. It started with Donald Trump.
- p. 2017
- q. After new administration getting worse as the months went by, we see more people trusting less, asking if we share information.
- r. We do care and are a safe facility to receive medical services for those who qualify.
- s. All fall 2017
- t. Partially due to our patient navigators/ACA workers, I hear more praise out in the community for our existence.
- u. Last 6-8 months. More important role in preventive care.
- v. More support by community.
- w. Trump administration escalation of racist agenda has led to less support for services to poor and non-whites.
- x. Since the election of Donald Trump.
- y. Some immigrant are afraid to work and contribute because of negative undertones toward immigrants.
- z. We have seen increased community support in terms of donations and interest in volunteering with us.

4. How can MCN best support you at this time?

- a. Continue with webinars on needs of agricultural workers
- b. MCN can help patients stay healthier and focus on taking medications more often
- c. Online training for medical assistants
- d. Keep lobbying on behalf of our patients
- e. Doing what they've been doing.
- f. How can we change patient's mind to come and get a check up even if there still saying no they don't need one because nothing hurts yet.
- g. Continue to provide data and education about immigrant population and anything that will help us to care for them and all of our patients.
- h. Connecting our clients we sent to the network when they move.
- i. Please keep advocating on behalf of the immigrants in Michigan.
- j. Update patient education materials.
- k. Access to updated anticipatory guidance handouts for topics such as diabetes and hypertension in both English and Spanish.
- l. Continue with your updated reports and webinars on the issue of Migrant care.
- m. Continuing to provide the good resources you do.
- n. Educate the population that an immigrant is not a threat and at the roots everybody in USA is an immigrant.
- o. Provide more resources and strategies to support the community.
- p. Continue to bring awareness of resources available to them.
- q. Keep up the advocacy work!!! Now more than ever, we need to be available to patients.
- r. Continued encouragement and support to enter patients into the system.
- s. Disseminate the services we offer.
- t. Help to make the workers more aware of our services and where we are located.
- u. Greater access to clinics in Texas for our patients who live there for part of the year. We have trouble getting care when patients return to TX.
- v. My BH Providers are the ones who are often challenged by the fears, anxieties and depressive symptoms being experienced by our patients. It has definitely had an impact on their compassion and have to attend to their self-care more so they do not reach high levels of work stress, work burnout, compassion fatigue, or secondary trauma from listening to the immigration-related stories that can be overwhelming for them at times, particularly when they see patient families being separated due to deportation.
- w. Support government funding for our clinics.
- x. We need increase in specialty care access, any help we can get would be appreciated.

- y. Continue to provide informative materials.
- z. Providing culturally appropriate information in Spanish that we can use to create awareness of preventable disease.
- aa. Keep the email information coming.
- bb. Improve care management services through Health Net.
- cc. A real, functioning program that links migrant farmworkers to care as they change locations. I have tried making referrals to MCN program, but MCN follow through and communication with me has been very poor, so I no longer bother to refer to this program.
- dd. National campaign on the work we do, the diverse peoples we serve, including working Americans and rural communities. We need to make sure both Red and Blue states value our work and understand how critical it is now in a time of increasing wealth disparities.
- ee. Loudly and publicly declare the right of all humans to migrate freely and without penalty.
- ff. Continued advocacy of migrant populations
- gg. We really want to be part of the Health network. Looking in to how to join.
- hh. Continue your ongoing communication via email.
- ii. We need to know If there are any resources across the country for specialty care or undocumented patients.
- jj. More pressure on politicians to change policy to give more access to undocumented patients.
- kk. Continue to advocate for the health needs of the migrant population. The introduction of new barriers to care over the past year means that more consequences of untreated conditions will become apparent in our society.
- ll. I am happy with how much and how MCN is working
- mm. Continued updates on policy changes as it relates to immigration, health care and FQHC funding.
- nn. Please continue to send me policy updates through the newsletter.
- oo. Continue providing clinical medical information for migrants. Appreciate the patient info in Spanish too
- pp. More educational materials that are designed for patients and average layperson; i.e. easy to understand/read, captive graphics, bilingual materials. Videos and/or powerpoint presentations for staff and community members who are trained.
- qq. Continue work to support clinics providing care to farmworkers; continue strong support for funding for rural clinics.
- rr. Continue to highlight social determinants of health and ways to improve health care for all.

- ss. Continue with products to support health education and appropriate services; bilingual resources; info on opportunities to access services without insurance
- tt. Being an advocate for all our patients and keeping the line of communications open.
- uu. Resources for families
- vv. Teaching about Predictable barriers and challenges for migrant families.
- ww. distributing information for this population and providing advocacy
- xx. Policy and Procedures for clinical department. Translation services
- yy. I am taking the Diabetes class online that MCN is offering, and plan on taking the high blood pressure class, as well. Resources for Promotores are always welcome!
- zz. Continue advocacy for CHCs.
- aaa. keep up the good work
- bbb. Just inform people not to be afraid to go out and look for assistance if they need it. Especially medical assistance.
- ccc. more resources on engaging with migrant community
- ddd. Just keep sending updates and reports!
- eee. Continue to provide helpful information.
- fff. Not sure, it seems that immigrants are a synonymous of illegal even when we have many agricultural workers with seasonal visas. Less people traveling. Agricultural farms not having enough workers means less clients for us.
- ggg. Most importantly to help all people to understand the need for preventative care.
- hhh. Dedicate Streamline to findings of survey last year and this year, to make others aware, and have evidence that supports political change
- iii. Our work w/MCN has been crucial in assisting pts receive continuous care.
- jjj. Providing outreach, information, education and assistance in patient's engagement to vote in local, national elections.
- kkk. Nothing at this time...thank you for your continued support
- lll. Keep immigrants safe
- mmm. Continue what you're doing!
- nnn. Continue to have excellent stories on health justice and health advocacy for immigrants. I find you to be my favorite resource to keep me involved and up to date on this part of work that is so meaningful to me.
- ooo. Finally, I love the stories that are shared on the ""Five at Five"" as it keeps me up to date on many ideas and topics that are of interest to me. "
- ppp. Continue your good work. Rally the community in support of migrants. Thank you.
- qqq. Keep us up-to-date with changes, news, etc. during this volatile political time.

5. Do you have additional comments or concerns? Do you have a story to share? Please let us know here (optional)

- a. Last year our *promotores* reported that in a lot of cases, people in the community were not too willing to open their door or engage in conversation very easily. They, the *promotores*, felt it was part of the political environment and the news spread in the media about ICE showing up in different parts of the country and picking up people without cause. We have not started our program yet, so don't know what the response will be this year.
- b. I responded no to the questions based on how they are worded. Here at our large medical facility with many hospitals, ERs, OB/GYN, and L & D, we take care of the vast majority of immigrants in our catchment area. This included documented and undocumented patients. While our policies have not changed (we provided over 30 million in "charity care" last year) I believe that the perception to some in our immigrant community (which the vast majority is Hispanic) seems to have changed. I am seeing (my work in 3 different Emergency Departments, outpatient clinics) less recently arrived patients than before. I don't know if this is because there are less newly arrived patients or if those that have recently arrived are not being seen. I don't know the answer to that. I'm more than happy to discuss this with MCN staff off the record
- c. Perceptions among staff remain about the same -- those who didn't feel that immigrants "deserve" care are about the same now as before.
- d. Unfortunately I was "encouraged" not to follow up on a request to speak with a journalist recently; not because we have bad administrators, but because it could potentially distract from the good work we are doing in keeping our offices and hospitals open to all patients in our community.
- e. We need an effective program to help migrant farmworkers sustain year-round access to care for chronic conditions as they change location (e.g. from upstate NY to Florida). My experiences with MCN program for this has been poor, both in rural Washington state and in Upstate NY.
- f. I've been interviewed by AP reporter and Reuters reporter regarding ICE raids, anti-immigrant environment, and how this affects our immigrant families' access to care. We interviewed our own staff who say they are seeing more families separated by ICE but we have not had any patients request records erased from databases as has been rumored in other parts of the country. We see that our Latino patients get different treatment by federal and state offices as opposed to how they are treated in our clinic.

- g. People are depressed anxious and fearful. More clinical depression, more missed work and school days.
- h. More and more people are being arrested and detained and deported so it's emotionally stressful and impacting people, it feels like more are on the move and lost to care.
- i. Project Access Austin (projectaccessaustin.org) is a non-profit that provided medical services to Travis County residents. All services are donated to whoever qualifies in the program. We have seen a drop in applicants and referrals to receive free services. Project Access Austin helps Travis County Adults that fall between 100% - 250% of the Federal Poverty Guidelines. For the undocumented/Illegal aliens Project Access helps adults between 50% - 250% of the Federal Poverty guidelines. We have seen a drop in applicants and returning patients to receive these free services. Primary Care, specialty care, medication, labs, diagnostic test.
- j. Healthnet helped a 38 year old heart patient receive care in Florida after leaving North Carolina.
- k. Since election of this new administration I find that my patients are living under constant fear and stress. They express to me that they no longer feel safe or welcomed in their communities. Many families are becoming more isolated and their lives are confined to work and home. They are less likely to be engaged in their communities and this is leading to higher levels of stress and anxiety, which is exacerbating their other chronic conditions. Also many patients (either due to loss of insurance or loss of job) are finding it harder to afford health care. Many people have stopped coming in or some of their visits have become more infrequent which also worsens their chronic health conditions.
- l. I have an elderly man who was born in Britain, served in the US military when he was young, and has been notified he needs to leave the country. It is shameful what our government is doing.
- m. I am a community health worker and when I go to the supermarket people ask me about vegetables and healthy food and it is a good place to talk about healthy vegetable recipes.
- n. More training.
- o. A small story of an undocumented mother who had no medical coverage, she suffers from diabetes. She arrived at the clinic accompanied by a friend and [learned about] the programs and services we had. She returned the following day with all the requirements applied for the MHLA program and a doctor saw her.

- p. Personally I would like some training course on what is Lupus, Bulimia and Anorexia. To this day many people confuse the symptoms of these diseases with mental health problems, flu or fatigue.
- q. Only that they continue giving the information so that we can transmit it to the families especially in the mental health.