

# Young Adult Immigrants & Health Care in New York

By Kevin Stump  
Young Invincibles  
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## Introduction

One in five New York State residents are immigrants (i.e. foreign-born)<sup>1</sup>. Immigrants made up 27 percent of the labor force in the state in 2013 and accounted for 28 percent of total economic output in the New York metropolitan area in 2007.<sup>2</sup> There are more than 800,000 undocumented residents in the state, 45 percent of whom are between the ages of 16 and 34.<sup>3</sup> In fact, 56 percent of all young adults in the New York metropolitan area are of foreign birth or parentage.<sup>4</sup> Clearly, immigrants are a core part of New York communities. But equitable access to key services and opportunities remains a challenge.

As a part of Young Invincibles' (YI) national "Healthy Young America" campaign, which focuses on providing quality and affordable health coverage and care to every young adult, YI launched this research project in New York City to better understand the challenges facing young adult immigrants. This report provides on-the-ground insight to how young adult immigrants in New York City understand their coverage options and engage with health care and coverage systems. It makes recommendations to strengthen care and coverage among young adult immigrants in New York City.

## The Data

The health coverage disparities faced by the city's immigrant population are stark, and the outcomes that result from those disparities are troubling. In New York City, 35 percent of the 1.4-million noncitizen city residents are uninsured and 64 percent of the nearly 541,000 undocumented immigrants are uninsured.<sup>5</sup> These are numbers with serious consequences, as going without coverage could be the

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1. "New Americans in New York: The Political and Economic Power of Immigrants, Latinos, and Asians in the Empire State," June 2015, American Immigration Council, 1, [http://www.immigrationpolicy.org/sites/default/files/docs/new\\_americans\\_in\\_new\\_york\\_2015.pdf](http://www.immigrationpolicy.org/sites/default/files/docs/new_americans_in_new_york_2015.pdf). This number includes foreign-born US citizens.

2. Ibid, 2.

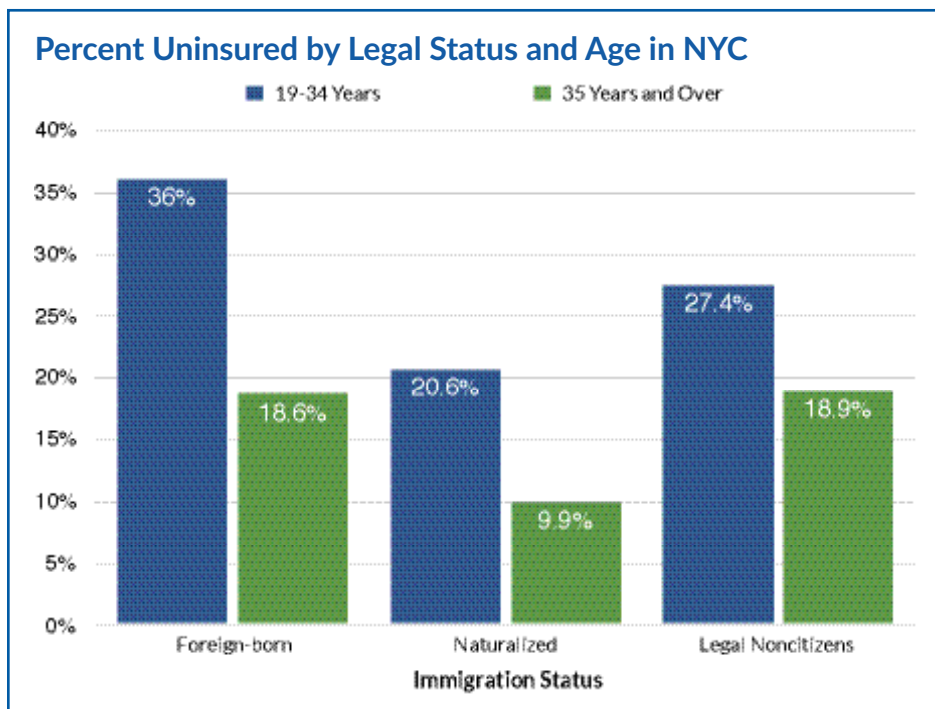
3. "Profile of the Unauthorized Population: New York," Migration Policy Institute, accessed November 25 2015, <http://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/NY#>.

4. "Immigration and Adult Transitions," Ruben Rumbaut and Golnaz Komaie, Spring 2010, Page 46, [https://www.princeton.edu/futureofchildren/publications/docs/20\\_01\\_03.pdf](https://www.princeton.edu/futureofchildren/publications/docs/20_01_03.pdf).

5. "Improving Immigrant Access to Health Care in New York City, A Report from the Mayor's Task Force on Immigrant Health Care Access," Lilliam Barrios-Paoli (Chair), The Task Force on Immigrant Health Care Access, 8, Fall 2015, <http://www1.nyc.gov/assets/home/downloads/pdf/reports/2015/immigrant-health-task-force-report.pdf>.

difference between life or death. Families USA found that between 2005 and 2010, more than 134,000 people died prematurely in the US due to a lack of health insurance. More than 1,200 New Yorkers alone died prematurely from not having health insurance in 2010—or 24 people every week.<sup>6</sup> In addition, 60 percent of uninsured adults under the age of 65 reported having problems paying medical bills and are often charged 2.5 times more than insured patients for care.<sup>7</sup>

The Patient Protection and Affordable Care Act (ACA) has helped reduce the overall number of uninsured New Yorkers from 12.5 percent in 2013 to 10.2 percent in 2014.<sup>8</sup> But there is still work to do: young adults in New York State still face a higher uninsurance rate of 15.2 percent for 18- to 34-year-olds and the rate is even higher for young adult immigrants.<sup>9</sup>



6. "Dying for Coverage, The Deadly Consequences of Being Uninsured," Families USA, June 2012, 2, [http://familiesusa.org/sites/default/files/product\\_documents/Dying-for-Coverage.pdf](http://familiesusa.org/sites/default/files/product_documents/Dying-for-Coverage.pdf).

7. Ibid., 7.

8. "New York Metro Area Uninsured Rate Down from 2013," American Community Survey, September 17, 2015, <https://www.census.gov/newsroom/press-releases/2015/cb15-r04.html>.

9. 2014 American Community Survey, 1-year estimates.

### Acknowledgements

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Health, Children's Defense Fund, Chinese Progressive Association, Minkwon Community Center, Korean Community Service, the College Access Consortium of New York, New York State DREAM Coalition and many others.

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### About Young Invincibles

Young Invincibles is a national nonpartisan, nonprofit organization that seeks to amplify the voices of and expand economic opportunity for young adults ages 18 to 34. Our mission is centered on three core issues areas—health care, higher education, and economic security—which are intertwined and uniquely affect young adults. By empowering and elevating the voices of our generation at a local level, we seek to positively impact economic horizons for young people in New York and throughout the country, particularly those from underrepresented communities. Young Invincibles has become one of the leading youth groups working to expand economic opportunity by increasing the power and impact of underrepresented young adult voices in the policy and political process.

The uninsurance rate in New York City for young adult (19-34) legal noncitizens is 27.4 percent, which is 8.5 percent higher than for older (35 years and older) legal noncitizens. Similarly, the uninsured rate for naturalized young adult immigrants is 10.7 percent higher than their older counterparts.<sup>10</sup> The largest disparity gap is the 36 percent of uninsured young adult foreign-born immigrants with a 17.4 percent difference between them and their 35-year and older counterparts. However, for the undocumented immigrant population the uninsured rate is around 66 percent for anyone above 18 years old.<sup>11</sup>

Fortunately, New York State and New York City do provide some care to uninsured immigrants. Emergency Medicaid is available to low-income uninsured New Yorkers in the event of emergencies but does not provide follow-up or long-term care that may be needed after a health emergency. Also available to immigrants are services from the NYC Health and Hospitals which uses a sliding scale fee and cannot turn someone away because of their immigration status or income, but costs can still deter someone from seeking needed care.<sup>12</sup> New York City Mayor Bill de Blasio has developed a direct access initiative providing undocumented immigrants access to primary and preventive health care services.<sup>13</sup> Despite the access to care these options offer they fall short in protecting immigrants with health insurance coverage. Additionally, the direct access initiative is only a pilot and is limiting in the amount of people they can take on and some of the other options remain mostly unknown to those who may benefit—leaving many of the city’s vulnerable immigrant communities without adequate health care.

The story is even more nuanced for young adult immigrants. In June of 2012, President Obama signed a memorandum implementing Deferred Action for Childhood Arrivals (DACA) -- a program that provides a two-year grant of relief from removal to undocumented immigrants who arrived in the United States before they were 16, are under 31, and have or are pursuing their education or military service. It grants recipients a work permit and may allow them to access a social security card and driver’s license.<sup>14</sup> **New York State is one of the only states where DACA recipients may also qualify for Medicaid.** New York State considers DACA recipients to be Permanently Residing Under Color of Law (PRUCOL), but these individuals are not eligible for federal financial participation (FFP) or federal benefits.<sup>15</sup> This has been a major point of confusion, as Medicaid is a federal law requiring participating states to cover certain population groups and gives states the flexibility to expand coverage to other groups. States set individual

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10. “Foreign born” includes naturalized and legal noncitizens, as well as undocumented immigrants, and the reason the disparity is the largest for all foreign born individuals is because that number includes undocumented immigrants, who are more likely to be younger and uninsured.

11. 2013 American Community Survey, public use micro sample as augmented by New York City Center for Economic Opportunity prepared by the Poverty Research Unit, Center for Economic Opportunity, December 11, 15.

12. “Access to Health Care for Uninsured Immigrants,” New York Immigration Coalition, 2009, [http://www.thenycic.org/sites/default/files/Uninsured\\_ENGLISH.pdf](http://www.thenycic.org/sites/default/files/Uninsured_ENGLISH.pdf).

13. “Mayor de Blasio Announces Plan to Improve Immigrant Access to Health Care Services,” Accessed January 5, 2016, <http://www1.nyc.gov/office-of-the-mayor/news/701-15/mayor-de-blasio-plan-improve-immigrant-access-health-care-services>.

14. “Consideration of Deferred Action for Childhood Arrivals (DACA),” U.S. Citizenship and Immigration Services, Accessed December 9, 2015, <http://www.uscis.gov/humanitarian/consideration-deferred-action-childhood-arrivals-daca>. See the USCIS website for other DACA requirements.

15. “Children’s Health Insurance Program Reauthorization Act (CHIPRA) Expanded Coverage for Certain Qualified and PRUCOL Aliens,” Judith Arnold, Director of Division of Health Reform and Health Insurance Exchange Integration, Accessed January 5, 2015, [https://www.health.ny.gov/health\\_care/medicaid/publications/gis/13ma011.htm](https://www.health.ny.gov/health_care/medicaid/publications/gis/13ma011.htm).

eligibility criteria within federal minimum standards and federal funding limitations.

According to the Migration Policy Institute, in New York State, there are an estimated 76,000 undocumented immigrants who are immediately eligible for the DACA program, not including the estimated 99,000 childhood arrivals that would qualify under the 2014 expansion of the program that is temporarily held up in court. This makes New York State one of the largest and most diverse DACA-eligible populations in the nation. New York is one of four states that share the most applicants who are over 21 years of age.<sup>16</sup> However, as of March 2014, only 34,000 DACA applications from New York State had been accepted for processing, representing less than half of those estimated to be eligible for the program.<sup>17</sup>

National studies have pointed to a number of potential reasons for such low application rates. An application fee of \$465, due every two years with renewal, provides a significant obstacle for many low-income immigrants -- especially college students who are not eligible for state or federal college financial aid to offset rising tuition. Other potential explanations include widespread distrust of the federal government, a lack of knowledge about the program, or difficulties with the paperwork required to apply.<sup>18</sup> Furthermore, the recent *Texas v. United States* court case temporarily stopping the 2014 expansion of DACA and preventing Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA) from moving forward may also be a point of confusion and hesitation.<sup>19</sup>

For eligible immigrants who have enrolled in DACA, much of the mainstream narrative and outreach has also focused more on the social security card, work permit, and driver license benefits - leaving out Medicaid as a potential benefit for many qualifying New York DACA recipients.<sup>20</sup>

## Identifying the Challenges

To investigate the barriers that young adult immigrants may face in accessing health care and coverage and to better understand how this population views their options and barriers to coverage, Young Invincibles launched an inquiry using surveys, focus groups, and interviews with young adult immigrants and various stakeholders who serve this population everyday. YI surveyed 65 young adult immigrants, conducted one-on-one interviews with 10 young adult immigrants, facilitated eight focus groups with 60 young adult immigrants, and conducted more than 20 stakeholder interviews. You can find a full methodology later in the report. Below is what YI learned about how young adult immigrants - mostly undocumented and DACA-mented (those currently with DACA status) - understand their health options and engage with health care systems.

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16. "Immigration Facts: Deferred Action for Childhood Arrivals (DACA)," Brookings Institute, August 14, 2013, Audrey Singer and Nicole Prchal Svajlenka, <http://www.brookings.edu/research/reports/2013/08/14-daca-immigration-singer>.

17. "DACA at the Two-Year Mark," Migration Policy Institute, August 2014, 12, <http://www.migrationpolicy.org/research/daca-two-year-mark-national-and-state-profile-youth-eligible-and-applying-deferred-action>.

18. "Two Years and Counting: Assessing the Growing Power of DACA," American Immigration Council, June 2014, 6, [http://www.immigrationpolicy.org/sites/default/files/docs/two\\_years\\_and\\_counting\\_assessing\\_the\\_growing\\_power\\_of\\_daca\\_final.pdf](http://www.immigrationpolicy.org/sites/default/files/docs/two_years_and_counting_assessing_the_growing_power_of_daca_final.pdf).

19. "Understanding the Legal Challenges to Executive Action," American Immigration Council, accessed December 20, 2015, <http://www.immigrationpolicy.org/just-facts/understanding-legal-challenges-executive-action>.

20. See examples on page 6 of this report.

### Key Findings

- The majority of young adult immigrant focus group participants didn't know they may qualify for Medicaid with DACA status.
- While a vast majority of participants surveyed understood that DACA benefits include a work permit and social security card, only about half of participants surveyed knew DACA recipients may qualify for Medicaid.
- The unique needs of mental health services for young adult immigrants were not being met for young adult immigrants participating in focus groups and interviews.
- Focus group and interviewed participants attending college had challenging experiences understanding what might be available to them on their respective college campuses.
- The Child Health Plus age-out process is confusing to focus group participants in identifying what their options may be after they age out of Child Health Plus.
- Many young adult immigrants serving as caretakers to family members who cannot speak English needed more support.
- Language access remains a challenge for young adult immigrants and their families.

### Young Adult Immigrants Don't Know Their Options

In the eight focus groups with young adult immigrants across New York City, 70 percent of all participants did not know DACA recipients could get access to health insurance through Medicaid in New York if they otherwise qualified. Seventy-seven percent of participants came from household incomes of less than \$34,000, meaning some of them may qualify for Medicaid depending on their family size.<sup>21</sup> Half of the focus group participants had DACA status and 34 percent of them were undocumented.

Our survey of young adult immigrants, some of whom participated in the focus groups and interviews as well, showed similar results to the focus groups. Eighty-four percent of survey participants came from household incomes of less than \$34,000, meaning that depending on their family size they may qualify for Medicaid. Nearly 60 percent of participants came to the United States before the age of 16, and 81 percent of them were currently in school (mostly college). When young adult immigrants were asked in a survey, "To the best of your knowledge, which of the following benefits can participants receive from the DACA program in New York?"

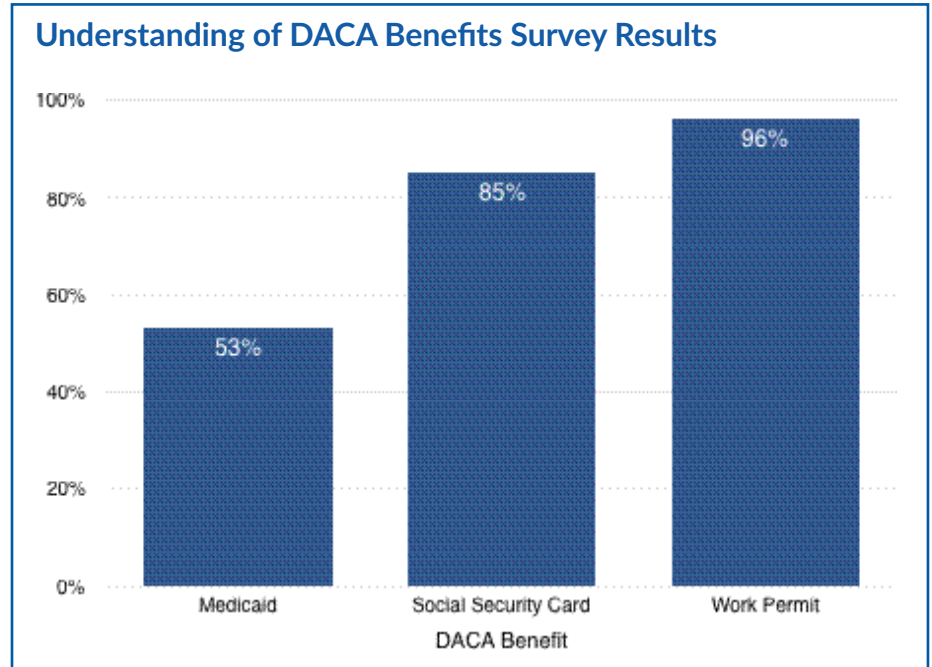
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21. See "Medicaid in New York State," New York State Department of Health, Accessed December 11, 15, [https://www.health.ny.gov/health\\_care/medicaid/#money](https://www.health.ny.gov/health_care/medicaid/#money).

- 96 percent of participants knew they would be eligible for a work permit;
- 85 percent knew they could get a social security card;
- But only half knew they might qualify for health care, making clear a knowledge gap that exists between all the benefits a DACA recipient may receive in NY and what young adult immigrants understand them to be.

Additionally, half of the uninsured participants of all immigration statuses in the survey thought they did not qualify for health coverage and one-third didn't think they could afford it.

Although it is troubling that this population does not fully know they may qualify for health coverage with DACA status, it is not surprising. Much of the outreach about DACA has included social security card and work permit benefits, but left out Medicaid as a potential benefit.<sup>22</sup>



## Outreach for DACA Often Didn't Include Medicaid as a Potential Benefit

The Mayor's Office of Immigrant Affairs (MOIA) DACA webpage<sup>23</sup> only outlined temporary protection from deportation, work authorization, and a Social Security card but doesn't mention anything about being qualified for Medicaid. However, some of the handouts created by MOIA do include Medicaid as a possible benefit.

**Sam Solomon, Deputy Director of Policy for the Mayor's Office of Immigrant Affairs**, in an interview with Young Invincibles, recognizes the knowledge gap and goes on to say that, "*Part of what's needed is a coordinated effort to educate people about their options.*"

However, the Mayor's Office for Immigrant Affairs is not the only institution that has been inconsistent in highlighting Medicaid as a possible benefit. CUNY's webpage for DACA listed the benefits of the program as "work authorization, driver's license, new job, first bank account, and first credit card," but it did not mention anything about possibly qualifying for health insurance.<sup>24</sup> Even some of the leading

22. The listed organizations and websites were checked on January 9, 2016 and may not reflect changes since then.

23. "Deferred for Childhood Arrivals (DACA)," NYC Mayor's Office of Immigrant Affairs, accessed January 4, 2016, <http://www.nyc.gov/html/imm/html/deferred/about-deferred.shtml>.

24. "Deferred Action for Childhood Arrivals," CUNY, accessed January 4, 2016, <http://www.cuny.edu/academics/programs/notable/CATA/lit/daca.html>.

non-profit legal organizations that guide the community-based organizations doing direct service helping people navigate through the system, do not mention Medicaid as part of their online content and available materials.

**In an interview with Young Invincibles, Claudia Calhoun, Director of Health Advocacy for the New York Immigration Coalition, states that, “We need to make sure immigration lawyers know Medicaid is a benefit of DACA.”**

Because many of the leading groups and institutions who conduct outreach to the immigrant community left out Medicaid as a benefit, media stories also do not mention health care as a possible option for New Yorkers.<sup>25</sup>

Additionally, given the exceptionally high uninsured rate of young adult immigrants and the fact that only about half of those estimated to be eligible for DACA have applied, closing the knowledge gap and educating undocumented young adults that they may qualify for health care with DACA status may boost enrollment into the program.

**A lack of DACA outreach including Medicaid as a possible benefit was not the only point of confusion that young adult immigrants experienced when trying to access health care and coverage.** Roughly 75 percent of focus group participants were students and nearly all of them reported having different experiences with health care and coverage from campus to campus. Some participants, mostly from CUNY, shared their confusion around health services offered on campus, not knowing exactly what might be available to them with some services being free and others being pay for service. Some colleges require health insurance in order to attend and some do not, creating an added layer of confusion and cost for young people trying to pursue a degree who already do not receive any type of state or federal college aid.

Of the more than 50 percent of focus group participants who had Child Health Plus, many expressed confusion and frustration around the process when they aged out of

Jose, a 26-year-old Brooklyn resident shares his experience: *“I arrived to Sunset Park when I was 7 years old with my mother and younger brother and two sisters. I grew up either working to support the family or taking care of my siblings while my mother worked. When I was a freshman in high school I ended up in the emergency room and was diagnosed with kidney stones. Luckily they removed them because I was 15 years old and still had Child Health Plus. After I aged out of Child Health Plus, I no longer had health insurance. Unfortunately, the kidney stones returned every two years or so costing me a ton of money. Although I graduated high school in 2008, it wasn’t until 2011 when I was able to save enough money to attend Kingsborough Community College. After one semester, I had to drop out because I could not afford another semester given my piling medical bills and had to work more. I decided to apply for DACA after it was out for a year and was luckily approved. DACA granted me work authorization, a government ID, and a social security number.”* Jose did not apply for Medicaid until after attending the emergency room for his condition where a hospital worker informed him he may qualify because of his DACA status. Now he is able to get the procedure permanently curing his condition because he has Medicaid. He has also recently returned to college to finish his degree.

25. See articles specific to New York from The Washington Post, Capital New York, NY Daily News.

coverage and were often unsure of their options after their coverage with Child Health Plus ended. Some participants recalled getting letters informing them that they were no longer covered and suggested they apply for something else but they were unclear on how to do that. Many did not apply for other health insurance because they did not know if they would qualify and assumed they weren't eligible. Our research uncovered a number of stories that threatened the health of individuals because of the confusion and lack of clear information educating them about their options.

### Unique Mental Health Needs for Young Adult Immigrants Are Unaddressed

Many participants agreed that mental health issues for young adult immigrants are an unaddressed challenge. Unless there is an emergency placing a patient's physical health in serious jeopardy, mental health services are not covered by Emergency Medicaid. Although HHC services do include behavioral health services, they can be particularly difficult for immigrants to access.

**Lorraine Gonzalez, Director of Health Policy at the Children's Defense Fund,** points out in an interview with Young Invincibles that, *"Just because they have insurance, doesn't mean they are getting the right type of mental health care. We really need to look into making sure we have culturally competent care, language access services, flexible hours and more."*

One report by the Hastings Center and the New York Immigration Coalition points out that "[b]ehavioral health services, including treatment for chronic and persistent mental illness, are especially difficult for the undocumented uninsured population to obtain, due to long wait times for appointments with qualified providers in primary care settings, licensure restrictions on potentially qualified providers, and uneven geographic distribution of qualified providers who have the linguistic skills and cultural knowledge needed to serve the City's diverse undocumented community."<sup>26</sup> Indeed, most participants in the focus groups and interviews indicated that they would not know where to go if they needed mental health services.

Many studies have found that the physical and mental health of immigrants and children of immigrants is negatively impacted by social and institutional discrimination causing stress, depression, and anxiety.<sup>27</sup> Many focus groups and interview participants often experienced a difference in coverage from a sibling as many young immigrants come from mixed status families, which can create anxiety and stress. One participant recalled her US-born sibling getting braces for her teeth while she was not able to because she was undocumented and Child health Plus did not cover it. Although New York has taken steps to protect and support undocumented immigrants, the fear of being deported or seeing a family member

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26. "Immigrants and Access to Health Care in New York City: Identifying Fair, Effective, and Sustainable Local Policy Solutions," The Hastings Center and the New York Immigration Coalition, April 2015, 6, <http://www.undocumentedpatients.org/wp-content/uploads/2015/04/Undocumented-Immigrants-and-Access-to-Health-Care-NYC-Report-April-2015.pdf>.

27. Becerra, Androff and Ayon, "Fear vs. Facts: Examining the Economic Impact of Undocumented Immigrants in the U.S.," Journal of Sociology & Social Welfare, December 2012, 126, [https://www.wmich.edu/hhs/newsletters\\_journals/jssw\\_institutional/individual\\_subscribers/39.4.Becerra.pdf](https://www.wmich.edu/hhs/newsletters_journals/jssw_institutional/individual_subscribers/39.4.Becerra.pdf).



being deported for interaction with government remains a concern for many across the country.<sup>28</sup>

*“Many of our youth are part of mixed status families, with some family members being citizens or another legal status while others may be undocumented. This dynamic can be difficult for many families to navigate through and creates a lot of anxiety -- especially for youth,”* said **Becca Telzak, Director of Health Programs for Make the Road New York** in an interview with Young Invincibles.

A recent report by the American Psychological Association for the Presidential Task Force on Immigration in 2013, found the intergenerational acculturation gap between parents and young people may cause stress and conflict, as both co-exist in increasingly different situational worlds.<sup>29</sup> In addition, the stress involved in the immigration process can cause or exacerbate mental health challenges “including anxiety, depression, posttraumatic stress disorder (PTSD), substance abuse, suicidal ideation, and severe mental illness.”<sup>30</sup>

Many participants also expressed feeling anxiety and stress around helping family members access health coverage and health care. While many of the young adult immigrants who participated in the focus groups graduated from a school in the United States and can read and write in English, **many expressed that the burden to translate – often times complicated health situations for family members – mostly fell on them** – adding a layer of anxiety and stress. The lack of language services for both care and coverage was a common challenge across all the focus groups and interviews. It is important to note that language services are not only something that older immigrants struggle with, but – even though many young adults immigrants were brought up learning English – it is also something that many young adult immigrants continue to struggle with themselves. Forty-five percent of immigrant households in New York only speak English “not well or not at all.”<sup>31</sup> This means caretaking will often fall on the young adult population who can read and write in English as they have had some experience – if not a lifetime – in the American school system.

Johnny, a 23 year old Bronx resident shared his experience: *“I came here from the Dominican Republic 12 years ago as a minor so I qualified for Child Health Plus until I turned 19. After that I was uninsured and was afraid to see the doctor or go to the hospital when I felt ill because I didn’t want my family to go into debt. There was time where I became very depressed but didn’t have money to pay for my antidepressants, to see a therapist, or know where to find help. I was granted DACA at the beginning of this year, which has given me the opportunity to apply for health insurance in NYC.”* Johnny also comes from a mixed status family and remains a DACA recipient.

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28. “Crossroads: The psychology of immigration in the new century,” American Psychological Association, Presidential Task Force on Immigration. 2012, <http://www.apa.org/topics/immigration/report.aspx>.

29. “Working With Immigrant-Origin Clients An Update for Mental Health Professionals,” American Psychological Association, 2013, 3, <http://www.apa.org/topics/immigration/immigration-report-professionals.pdf>.

30. Ibid., 2.

31. “Profile of the Unauthorized Population: New York,” Migration Policy Institute, accessed December 9, 2015, <http://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/NY>.

A study conducted in 2014 evaluating the New York State Hospital Language Assistance Law passed in 2006 found that most hospitals don't employ full or part-time medical interpreters and of those who did, all of them could only translate in Spanish. That same investigation found that only about half of those surveyed received forms in their preferred languages or had the forms translated for them.<sup>32</sup> The New York State Hospital Language Assistance Law also states that youth 16 and under should not translate but does not include young adults beyond that. This is troubling given the low health literacy of basic terms among the young adult population. The Health Reform Monitoring Survey (HRMS) found only 23.6% of young adults surveyed were confident in their understanding of nine key insurance concepts: premiums, deductibles, copayments, coinsurance, maximum annual out-of-pocket spending limits, provider networks, covered services, annual limits on services, and no-covered or excluded services. Further, while 47 percent of white, non-Hispanic consumers are confident in their understanding of basic terms, only 27.8 percent of non-white, Hispanic consumers stated that they are confident in their understanding of basic insurance terms.<sup>33</sup> Understanding completed medical terms can be even more challenging to understand and then communicate to a relative. The lack of translators, low health literacy among young adults – especially non-whites – and the diverse needs of New York City creates a clear challenge immigrant residents face.

As Sarah Cacico, Program Coordinator for Immigrant Services at the New York City Department of Education's Pathways to Graduation (P2G) office, points out in an interview with Young Invincibles, *"language, cultural, and literacy-related barriers often prevent students from even asking for help and getting the medical, dental, and mental health care they need."* P2G is the city's high school equivalency program for students ages 18 to 21 where approximately 30 percent of their students are newcomer English-language learners, many of whom could be classified as unaccompanied minors.

## Recommendations

New York City's "Direct Access" initiative to expand health care to uninsured immigrant communities is a strong first step in providing access to affordable care for immigrants who are otherwise excluded from federal and state support. The initiative's ultimate aim – to provide quality and affordable health care to any and all New Yorkers regardless of their immigration status – is a critical goal to work toward. Although this initiative is an exciting step forward, it is only able to help 1,000 immigrants during its initial pilot phase in targeted communities better connect to care services, still leaving them vulnerable without actual health insurance. Recognizing the massive scale of extending coverage to all and how complicated health care is, the city and state can do more in the interim to address the unique needs of young adult immigrants. YI's research makes the clear the need for the following immediate next steps to better support the health needs of young adult immigrants in New York City:

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32. "The Language of a Healthier Immigrant New York City: Current Trends and Best Practices for Providing Language Assistance Services in New York City Hospitals," Page 4, New York Immigration Coalition, 2014, [http://www.thenyic.org/sites/default/files/NYIC\\_UHF\\_LangAccess-Hosp\\_2014\\_finalfinal.pdf](http://www.thenyic.org/sites/default/files/NYIC_UHF_LangAccess-Hosp_2014_finalfinal.pdf).

33. "Public Understanding of Basic Health Insurance Concepts on the Eve of Health Reform," June-July 2013, Linda J. Blumberg, Sharon K. Long, Genevieve M. Kenney, and Dana Goin, Urban Institute: Health Policy Center, Health Reform Monitoring Survey, [http://hrms.urban.org/briefs/hrms\\_literacy.html](http://hrms.urban.org/briefs/hrms_literacy.html).

1. **Launch a comprehensive public education and outreach campaign** educating community organizations and current and future DACA recipients about how they may qualify for Medicaid and other services available to this population. This includes the Mayor's Office of Immigrant Affairs, CUNY, the NYC Department of Education, and the many immigrant service provider networks across New York City.
2. **Investigate the unique mental health services** needed to support young adult immigrants to identify gaps in care, map the services available to young adult immigrants, and conduct community-based approach to connecting targeted services to young adult immigrants.
3. **Audit the Child Health Plus aging out process for immigrants** to pinpoint the breakdown in communication and lack of understanding of options post CHP. Create a stopgap measure that will better transition young adults off CHP to other coverage options (i.e. Medicaid with DACA status) and educate young adult immigrants about other care options if coverage is not available, regardless of status.
4. **Increase language access services** so young adult immigrants are less burdened with the responsibility of translating complicated health situations for family members and extended networks.

## Methodology & Participant Data

Young Invincibles conducted one-on-one interviews with 10 young adult immigrants. YI facilitated eight focus groups engaging 60 young adult immigrants between the ages of 16 to 34. Focus group sizes ranged from four to 10 participants. In addition YI conducted more than 20 stakeholder interviews that included policy experts and community organizers from community-based groups, NYC Department of Education and the Mayor's Office of Immigrant Affairs staff, high school counselors, immigration lawyers, and many others.

YI surveyed 65 young adult immigrants, most of whom also participated in the focus groups. Among the young adult immigrants surveyed:

- 45 percent of participants came from households with annual income under \$17,000, 39 percent came from households making \$17,000 to \$34,000 annually, 13 percent came from households making from \$34,001 to \$51,000 annually, and only 4 percent came from households making more than \$51,000 annually.
- 59 percent came to the United States before they were 16.
- 81 percent were currently in school.
- Of the 64 percent of respondents who do currently have health insurance, 60 percent have public health coverage.
- Among the 36 percent of respondents who do not have health coverage:

- 50 percent do not think they qualify
- 32 percent cannot afford it
- 27 percent used to have coverage but lost it
- 23 percent do not know where to get it
- Only 5 percent think they do not need it
- Of the 21 percent of participants who do not have a place where they usually go when they are sick or need advice about health:
  - 38 percent responded they would go to the emergency room if they got sick or needed medical help
  - 46 percent did not know where they would go
- 30 percent of participants have had a medical bill they could not pay.
- Status of participants:
  - 40 percent were enrolled in DACA
  - 28 percent were Lawful Permanent Residents
  - 22 percent were undocumented
  - 11 percent other legal status

YI conducted eight focus groups engaging 60 participants ages 16 to 34. Among the focus group participants:

- 50 percent were enrolled in DACA and 34 percent were undocumented (the remaining participants had other legal status or did not share their status).
- 68 percent had health insurance and 32 percent did not.
- 58 percent came from households making under \$17,000 annually, 19 percent came from households making between \$17,000 and \$34,000 annually, 19 percent came from households making between \$34,001 and \$51,000 and only 3 percent came from households making above \$51,000 annually.
- 56 percent had experiences with Child Health Plus or Medicaid.