

Landscape Scan

OF BARRIERS TO OBTAINING HEALTH COVERAGE AMONG LATINO IMMIGRANTS



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Of Barriers to Obtaining Health Coverage Among Latino Immigrants

By

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ACKNOWLEDGEMENTS

We are grateful to the 130 individuals who participated in the interviews that allowed us to conduct this landscape scan of Spanish speaking immigrant communities in Washington. The trust and relationships that created the opportunity for this engagement would not have been possible without the dedication of Nancy Herrera, Maria Martinez, Isabel Quijano, Karla Rodriguez, Rosa Venancio, and Rosa Villalobos. Cover photo courtesy of Isabel Quijano.

INTRODUCTION

The [undocumented immigrant population](#) in Washington was estimated to be 264,000 people in 2017, or approximately 3.5% of the overall population. Due to federal policies, almost 25% of Washington's uninsured population cannot currently obtain health coverage through Washington Healthplanfinder (HPF) because of restrictions based on their immigration status.

In 2017, an estimated 40.7% of undocumented individuals were uninsured in Washington compared to just 5.5% uninsured in the total population. Eligibility restrictions are obstacles to health coverage and subsequently access to medical care.

[In 2019](#) for 1 in 4 people in Washington who lacked health coverage, immigration status was the reason – over 105,000 of our neighbors, family members, community members.

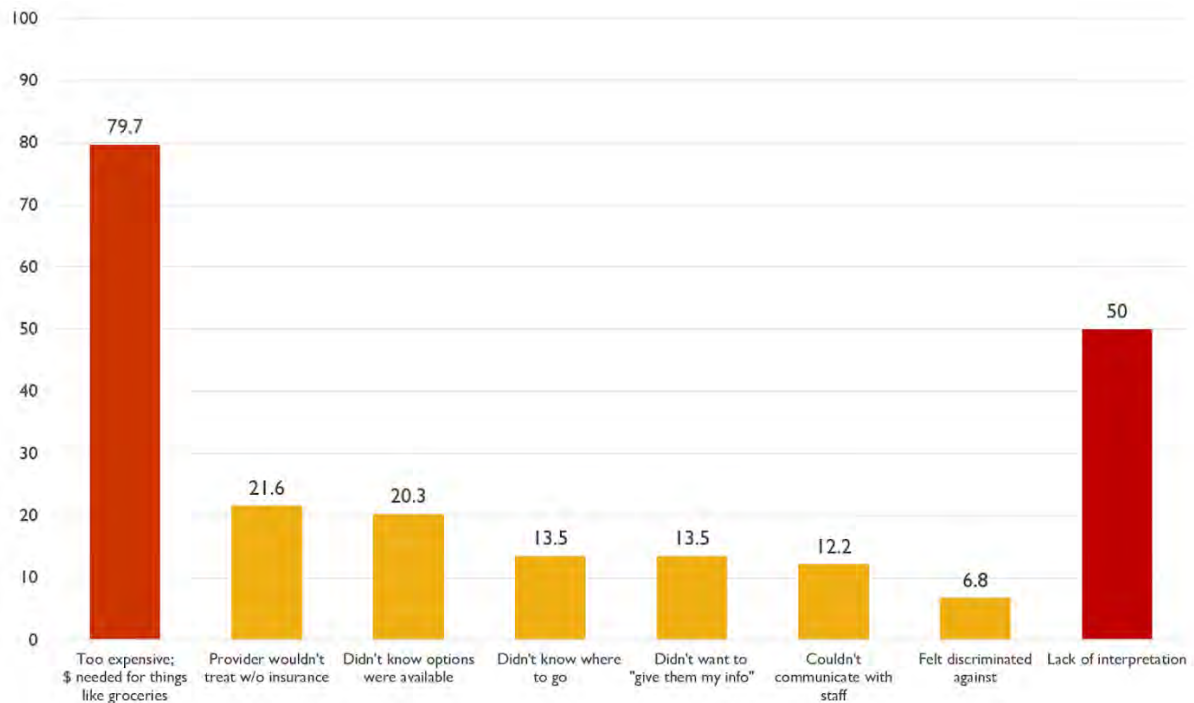
The global COVID-19 pandemic continues to underscore how policies driven by xenophobic immigration policy and systematic racism have led to significant health disparities. In Washington in 2020 Latinos were hospitalized with COVID-19 at [rates six times](#) that of white communities. From the beginning of the pandemic through November 2021, Latinos suffered death [rates over twice](#) as high as that of white individuals.

In response, the Washington legislature directed the Health Benefits Exchange (HBE) to pursue a federal 1332 innovation waiver to expand access to HPF by allowing all Washingtonians access to the state's health insurance marketplace. The Centers for Medicare & Medicaid Services [approved](#) this request on December 9, 2022. Starting Washingtonians will be eligible to access health coverage via *HealthPlanFinder*. To inform HBE's efforts to improve outreach and navigation services, the Latino Community Fund conducted a landscape scan of Spanish-speaking immigrants in autumn 2022.

SUMMARY OF KEY FINDINGS

1) Almost two-thirds (66.1%) of undocumented respondents reported not getting care when they needed it with cost as the top barrier.

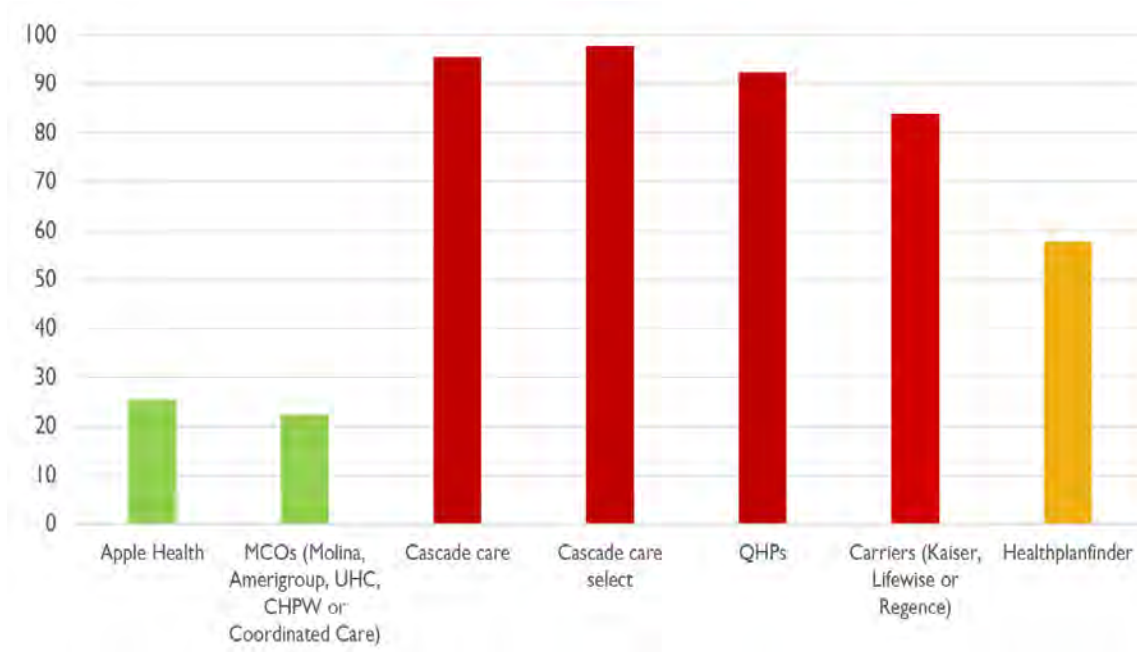
Figure 1: Barriers to care for undocumented respondents by percentage



2) Half (50%) of undocumented respondents reported lack of interpretation in their preferred language has been a barrier to getting health care.

3) More education is needed to raise awareness of health coverage organizations and plans among community members.

Figure 2: Additional health coverage education needed.
Percentage of community who had never heard of:



4) Affordability is the top consideration for accessing health insurance via HPF for undocumented respondents with 74.1% indicating affordability as a concern.

Some good news:

a) All 112 undocumented respondents believe having health insurance helps. Additionally, 97.3% of undocumented respondents believe having health insurance is necessary despite only 11.6% of respondents reporting personally having health insurance.

These high numbers may be due to the fact that 77.7% have at least one family member with health insurance.

b) The vast majority of undocumented respondents are already seeking care: 111 of 112 undocumented respondents (99.1%) accessed care for themselves or a family member.

OBJECTIVE AND METHODOLOGY FOR THE LANDSCAPE ANALYSIS

Over a period of two and a half months, Latino Community Fund of Washington (LCF) along with Northwest Health Law Advocates (NoHLA) conducted a landscape scan of Latino individuals who face obstacles to obtaining health coverage due to their immigration status. This process included a semi-structured community based participatory research approach in which LCF worked closely with a small group of community leaders (i.e., promotoras) to gain a deeper knowledge of the health inequities experienced by this group. To get this information, the analysis concentrated primarily on undocumented Latinos living in rural areas.

Identification of key informant groups and development of survey tool

LCF in conjunction with two promotoras aimed to interview 96 participants and focused on Chelan, Franklin, King, Pierce, and Yakima counties to conduct the landscape analysis. These counties were selected because a high percentage of Latinos reside in these areas (ofm.wa.gov), and we are aware that many undocumented immigrants in these counties have very limited access to healthcare services.

Once all partners (LCF, NoHLA, promotoras) agreed on the purpose and scope of the project, the development of the analysis tool and strategy began. Originally, the idea was to conduct a series of in-person focus groups during which LCF staff and promotoras would gather information from the community. But due to limitations imposed by delays in HBE timeline and the winter season, we shifted to individual telephone interviews. These sessions included: (1) a brief statement about the purpose of the interviews and confidentiality, (2) a brief screening of participants, and (3) a semi-structured interview. Each session took between 90 minutes to 3 hours. Working with undocumented individuals requires a high level of reassurance that their personal information (name, address, etc.) will be kept confidential. For this survey we did not record their names or their personal address, instead we assigned each participant with a number and only asked for the name of the city and/or county in which they reside.

The survey aimed to assess what Spanish speaking undocumented and documented immigrants know about existing coverage options, HBE and the HPF website, and health coverage terminology. It also sought to share information about their healthcare options if health insurance is not accessible, and learn about the different sources of information and resources they rely on. The survey consisted of 55 questions, which were grouped into four sections: I) general information, II) insurance, III) knowledge about health coverage through HPF, and IV) Additional health coverage terminology & community engagement (see Annex 1). This last section was subdivided into five subsections: a) terminology, b) where to access health information, c) how to use health coverage, d) quality of healthcare, and e) the

Uninsured Care Expansion grants. Some of the questions were adapted from the questionnaire used by HBE during their listening sessions in summer 2022. We also want to note that we took this opportunity to learn if participants were aware about Uninsured Care Expansion grants and if so, what their experience with participating providers, if any, has been so far.

Since our target population was Latino individuals living in rural areas, we anticipated that some participants might have limited English skills. We also anticipated that, given their diverse countries of origin, variations in vocabulary, grammar, and expressions would be present. Because of this, we translated the survey into Spanish and reviewed it with the promotoras to check for clarity, appropriateness of the language, and flow of the questions. During this process the Spanish version of the survey underwent several iterations until LCF and the promotoras felt it was accurate and accessible.

We then trained the promotoras on how to conduct the interviews. In the training, the promotoras learned how to introduce and explain the purpose of the survey to participants, how to screen participants to determine their eligibility, how to conduct the interviews and pose the questions, and how to ask follow up questions in order to engage participants who might be a little apprehensive to respond.

Data Collection

Over a period of 15 days, LCF staff and the promotoras conducted a total of 130 interviews, far exceeding the original target of 96, as well as engaging with key informants and additional community stakeholders. Community participants were compensated for their time with \$100 gift cards. This process was complemented with desk research on potential stakeholders for future outreach.

FINDINGS

General Demographic Information

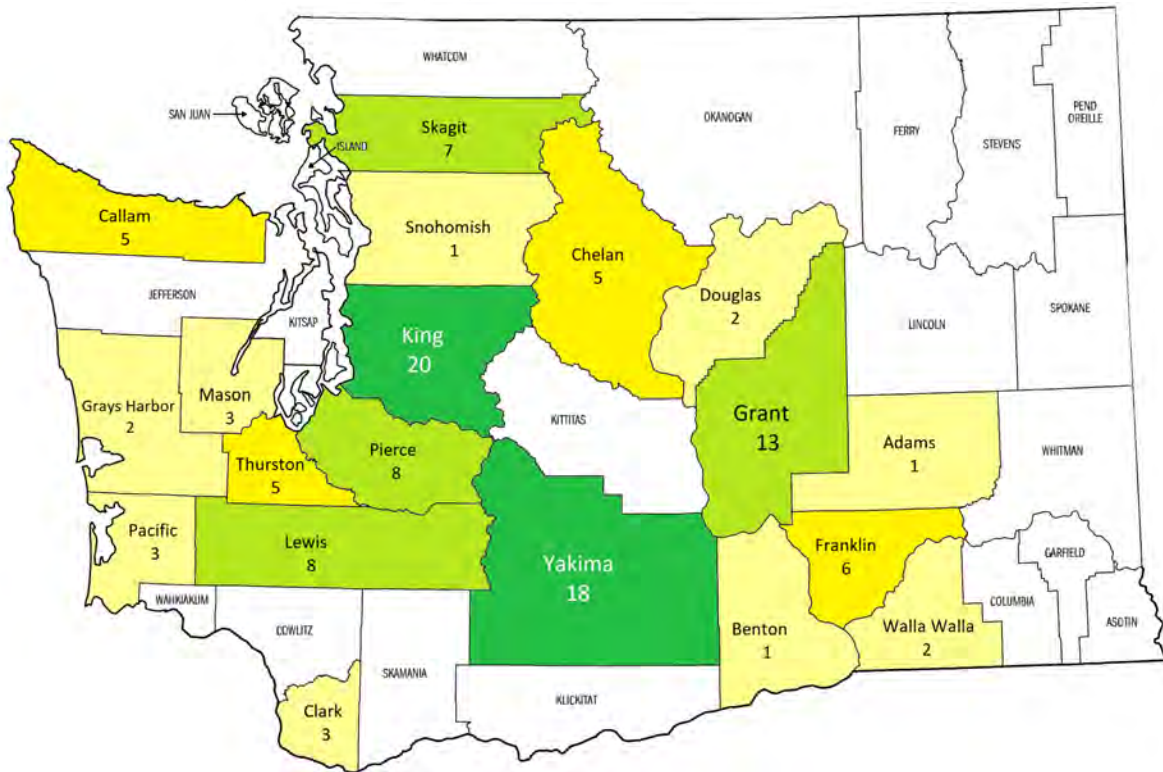
For this project we conducted a total of 130 interviews in Spanish of which 80.8% identified as female, 19.2% as male, and 112 as undocumented (80.4% females and 19.6% males). Only 2 of the 112 undocumented respondents indicated both English and Spanish as preferred languages. Of all participants, only 46 (41.0%) of respondents disclosed their household income. Of those who answered, the distribution is as follows:

Table 1: Distribution of household income among respondents

Household income	Percentage of respondents	Number of respondents
\$15,000 or below	23.9%	11
\$16K to \$30K	58.7%	27
\$31K to \$40K	10.9%	5
\$60K or above	6.5%	3

As previously indicated, this survey intended to capture information from participants who reside in rural areas with high percentages of Latino populations. The selected areas were Chelan, Franklin, King, Pierce, and Yakima counties. However as we progressed on our analysis, we collected information from key informants from counties across the state.

Figure 3: Geographic distribution of respondents



We wanted to learn if they had internet access at home. Of all undocumented respondents, only 43.8% (49) answered the question of whether they had internet at home. Of those who responded, 89.8% (44) reported they did have internet at home and 10.2% (5) reported they did not have internet at home.

With regard to access to health-care coverage, only 9.8% of undocumented respondents reported personally having health insurance. Of the 11 undocumented respondents who have insurance, 45% (5) have access to insurance through their employer, while 18% (2) purchased their own insurance.

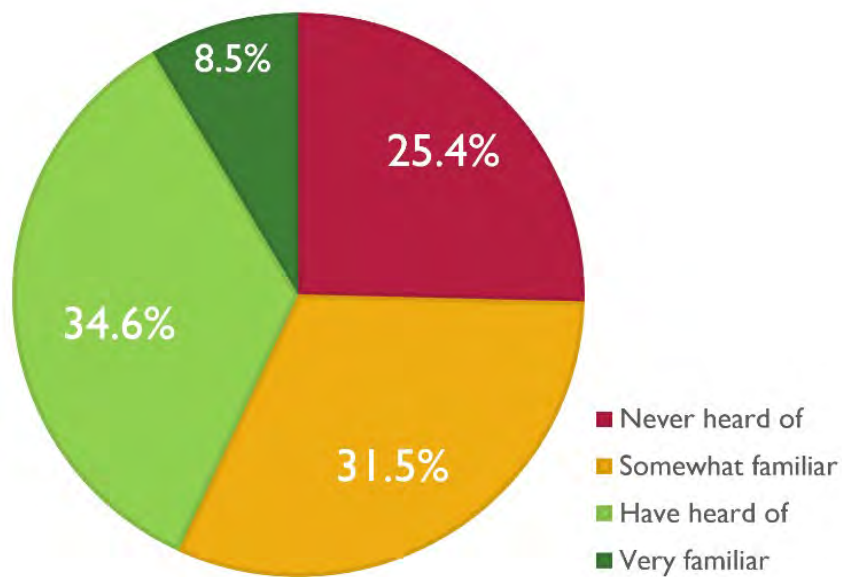
However, 77.7% (87) of undocumented respondents have at least one family member with health insurance, demonstrating the disparities created by discriminatory immigration policy.

Knowledge about health care system and health insurance

We asked participants to share how familiar they were with health related organizations (e.g., Washington Apple Health) and health insurance options (e.g., Molina, Cascade Care, Cascade Care Savings, Qualified Health Plan, Kaiser, etc.). The overall findings are:

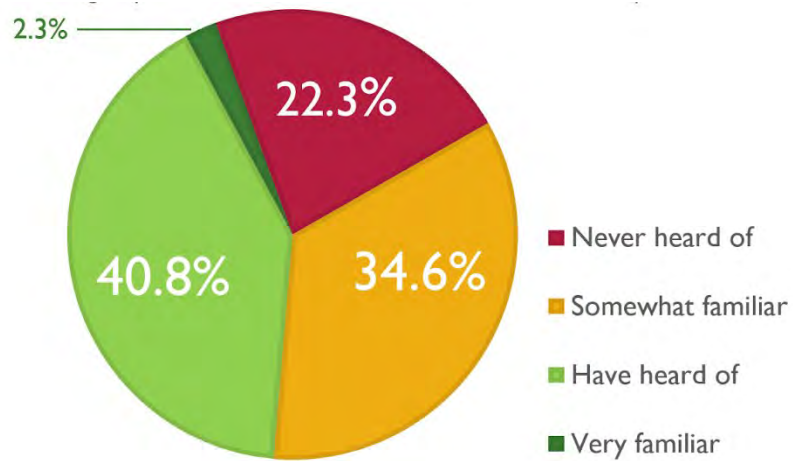
- 25.4% of people surveyed have never heard of Apple Health (33 of 130) while 31.5% have heard of it (41), and an additional 34.6% are “somewhat familiar” (45) while only 8.5% are “very familiar.”

Figure 4: Community familiarity with Apple Health



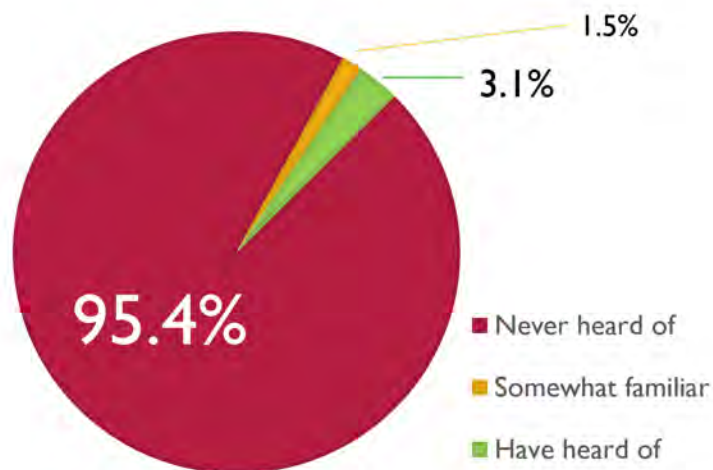
- By contrast, only 22.3% of people surveyed have never heard of Molina, Amerigroup, United Health Care, CHPW or Coordinated Care (29 of 130) while 40.8% have heard of any of the MCOs (53). An additional 34.6% are “somewhat familiar” with at least one of the plans (45) and 2.3% are “very familiar.”

Figure 5: Community familiarity with MCOs
(Molina, Amerigroup, United Health Care, CHPW or Coordinated Care)



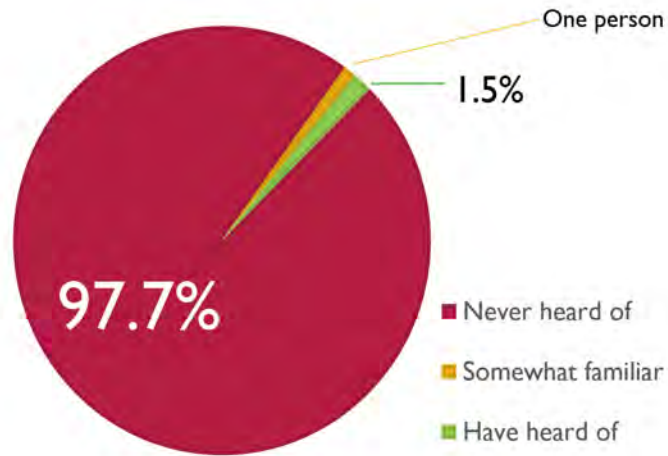
- By contrast, 95.4% of people surveyed have never heard of Cascade Care (124 of 130) while 3.1% have heard of it (4) and an additional 1.5% are “somewhat familiar” (2). None are “very familiar.”

Figure 6: Lack of community familiarity with Cascade Care



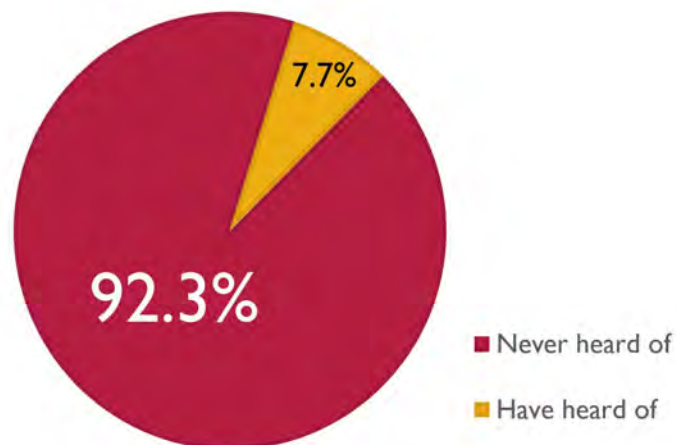
- 97.7% of people surveyed have never heard of Cascade Care Savings (127 of 130) while 1.5% have heard of it (2) and 1 person was “somewhat familiar.” None are “very familiar.”

Figure 7: Lack of familiarity with Cascade Care Savings



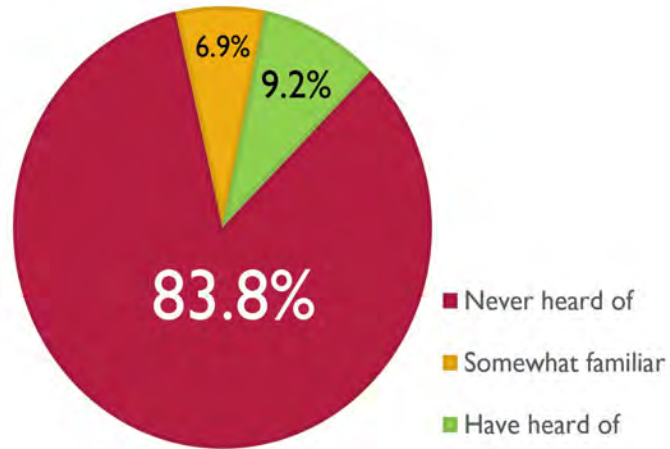
- 92.3% of people surveyed have never heard of Qualified Health Plans (120 of 130) while 7.7% have heard of QHPs (10) and none are “somewhat familiar” or “very familiar.”

Figure 8: Lack of familiarity with Qualified Health Plans



- By contrast, 83.8% of people surveyed have never heard of Kaiser or LifeWise or Regence (109 of 130) while 9.2% have heard of at least one (12) and an additional 6.9% are “somewhat familiar” (9). None are “very familiar.”

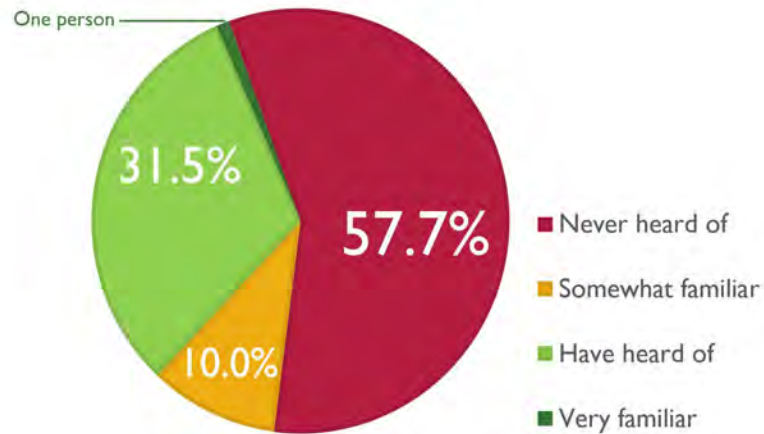
Figure 9: Lack of familiarity with specific QHP Carriers
(Kaiser/LifeWise/ Regence)



KNOWLEDGE ABOUT WASHINGTON HEALTHPLANFINDER

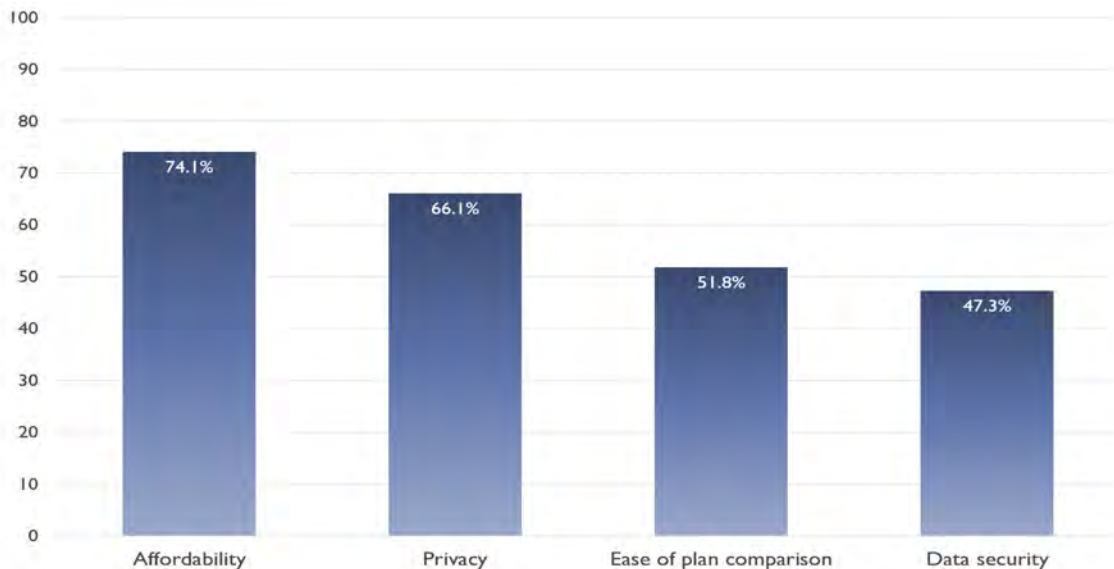
Of all people surveyed, 57.7% have never heard of Washington Health Plan Finder (75 of 130), while 31.5% have heard of it (41) and an additional 10.0% are “somewhat familiar” (13). Only a single person said they were very familiar. Twelve respondents indicated having children enrolled in Apple Health at some point.

Figure 10: Lack of community familiarity with Healthplanfinder



In terms of the most important considerations in relation to accessing health insurance via HPF, we asked participants to select among affordability, privacy, ease of plan comparison, and data security. 74.1% selected affordability, 66.1% privacy, 51.8% ease of plan comparison, and 47.3% data security (Figure 11). Additionally 6 people indicated their lack of insurance was the most important consideration and didn't indicate any of the above options.

Figure 11: Considerations when assessing health insurance via HPF

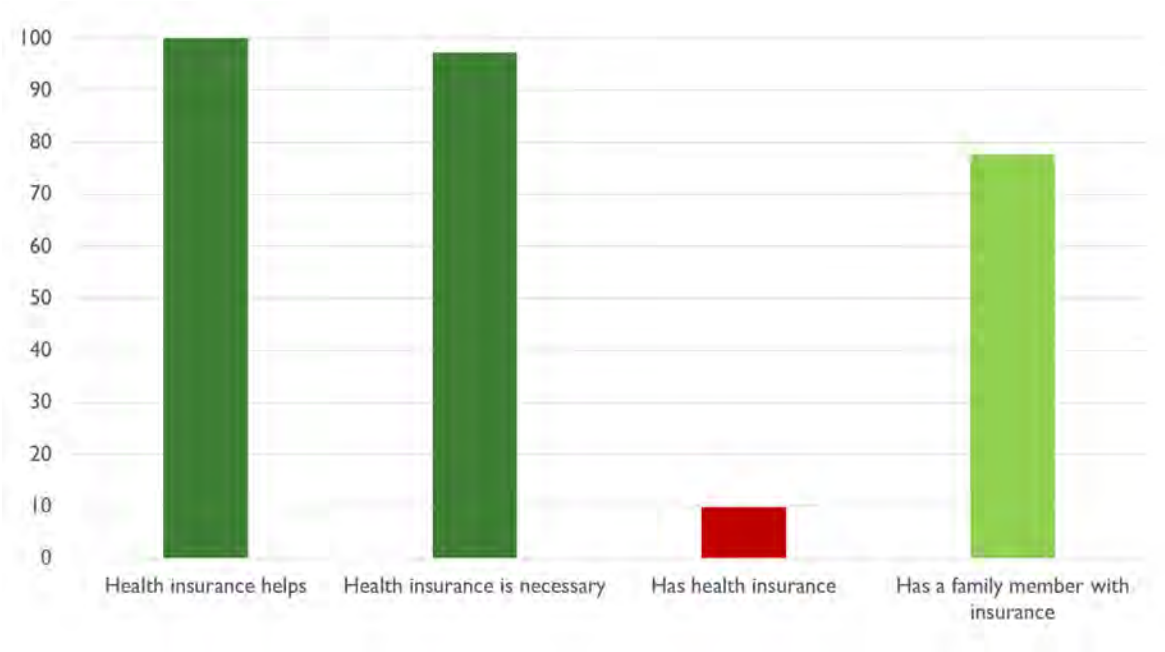


TOPIC AREAS REQUIRING ADDITIONAL EDUCATION & COMMUNITY ENGAGEMENT

Value of having health insurance

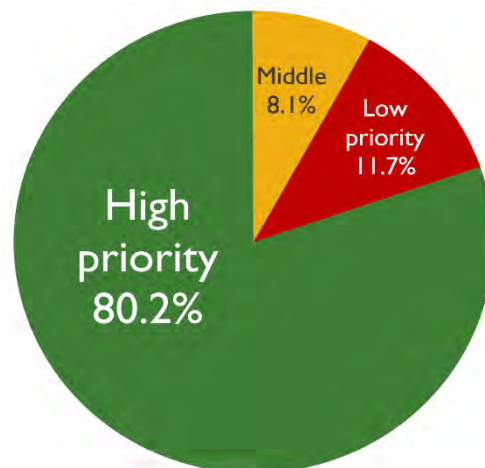
All 112 undocumented respondents agree that having health insurance helps. Out of this group 109 respondents indicated that having health insurance is necessary (97.3%) despite only 9.8% of respondents reporting personally having health insurance (11). These high numbers may be due to the fact that 77.7% have at least one family member with health insurance (87).

Figure 12: Perception of value of having health insurance



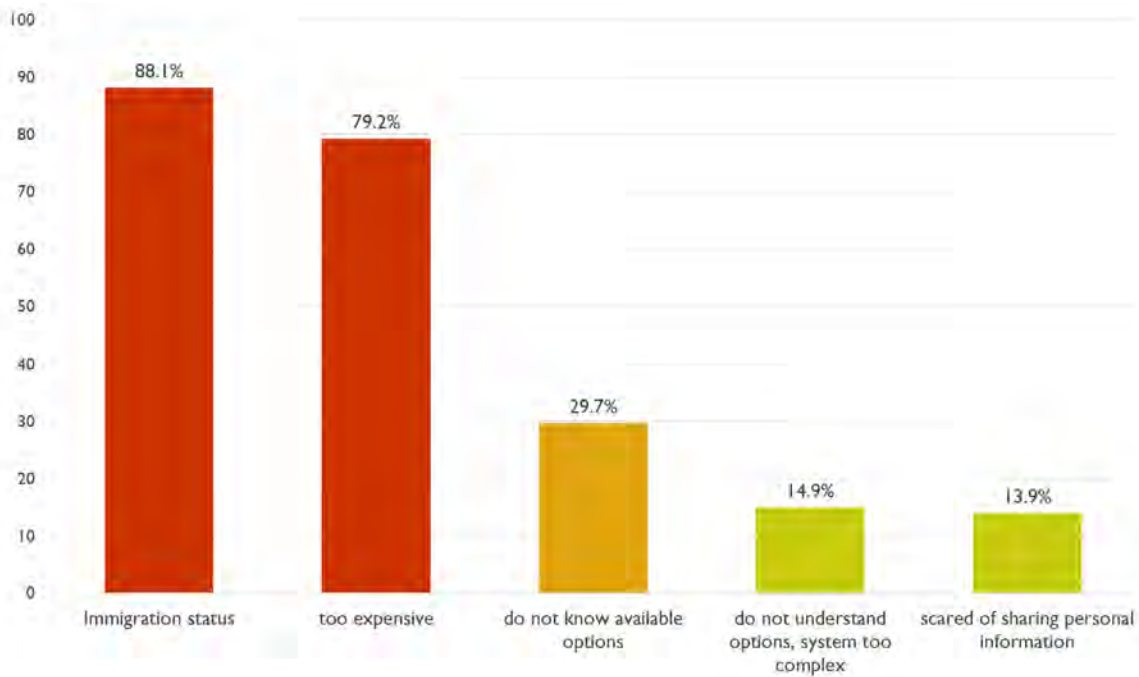
When comparing healthcare to other monthly expenses (e.g., rent, groceries, childcare, etc.), 80.2% ranked health care a high priority (89), 8.1% ranked health care a middle priority (9), and 11.7% ranked health care a low priority (13).

Figure 13: Prioritization of health-care expenses vs. other monthly expenses



When uninsured undocumented immigrants were asked why they did not have health insurance, the overwhelming majority cited immigration status (88.1%) and cost (79.2%). Additionally, 29.7% did not know available options while 14.9% said they “did not understand their options, the system is too complicated” and 13.9% cited fear of sharing personal information.

**Figure 14: Reasons for being uninsured
by percentage of uninsured undocumented respondents**



Knowledge of healthcare terminology

Monthly premium. One out of 4 undocumented respondents have heard of the term “monthly premium” (28 of 112). Of the undocumented respondents with at least one family member with health insurance, 13.8% report paying a monthly premium (12 of 87). Of those, half know the monthly premium which ranges from \$40 to \$500 a month; the average monthly premium is \$150.83.

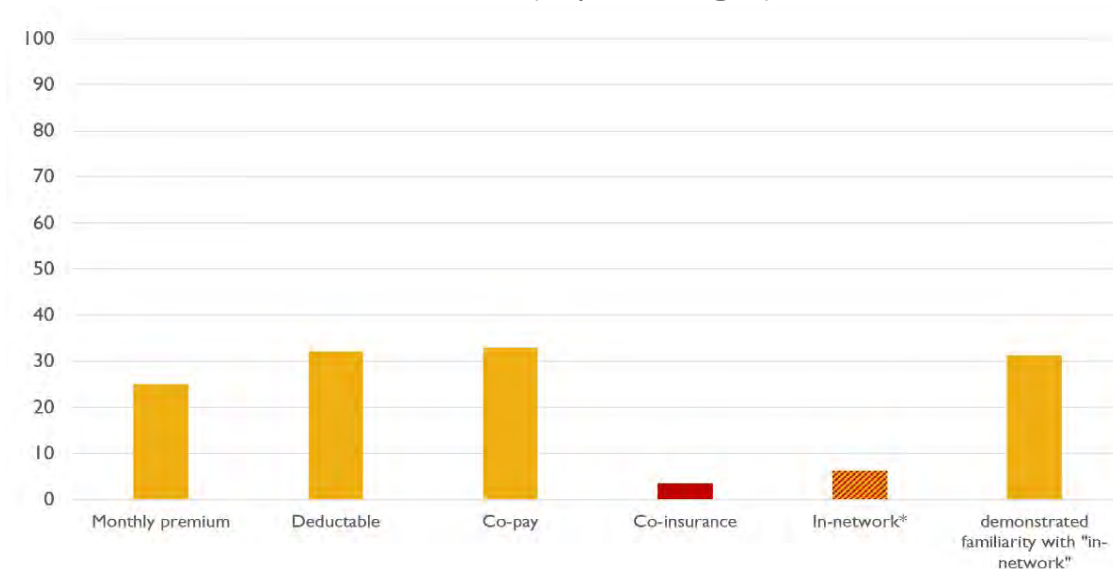
Deductible. 32.1% of undocumented respondents have heard of the term “deductible” (36). Of the undocumented respondents with at least one family member with health insurance, 11.5% report having a deductible (10 of 87). Of those, only one knows the deductible and reports \$250.

Co-pay. 33.0% of undocumented respondents have heard of the term “co-pay” (37). Of the undocumented respondents with at least one family member with health insurance, 19.5% report having a co-pay (17 of 87). Of those, 12 reported a co-pay amount; these ranged between \$15 to “over \$100”; the average co-pay is \$48.83.

Co-insurance. Only 3.6% of undocumented respondents have heard of the term “co-insurance” (4). Of the undocumented respondents with at least one family member with health insurance, 4.8% report having a co-insurance (4 of 87). Of those, 2 reported an amount: one of 10% and one of “20-25%.”

In vs Out of network. While only 6.3% of undocumented respondents indicated that they have heard of the term “in-network provider” (7 of 112), 31.3% indicated in-network providers were less expensive or may be the only available provider demonstrating familiarity with the concept (35 of 112).

Figure 15: Respondents familiarity with health coverage terminology (in percentages)



Access to health-care information and resources

In general respondents identified their local providers (e.g., clinics, hospitals) as a source of information on health care. With a few exceptions, participants reported trusting these sources because they are well informed and always provide relevant information. They also noted that some of their local providers helped them whenever they needed help.

Approximately 53.6% of respondents learn about these sources from friends, coworkers, and neighbors, while 22.3% from other family members. Sources of information identified were:

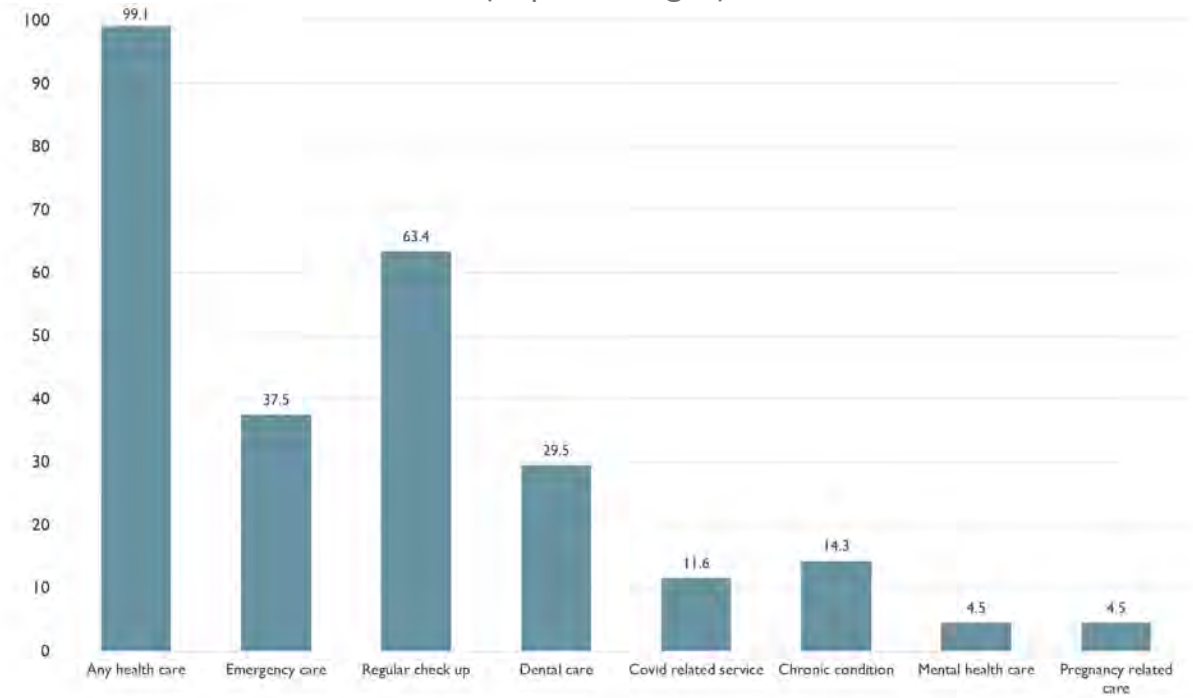
Table 2: Sources of information among respondents

Sources of Information	Percentage of Respondents	Number of Respondents
Someone in their household	22.3%	25
Someone in the community	53.6%	60
Social media	20.5%	23
Neighborhood clinic or hospital	58.9%	66
Church or religious organization	9.8%	11
Community organizations	48.2%	54
Flyers, pamphlets, postcards	32.1%	36
TV or Radio ads (local tv station/local radio station/Hulu/Pandora/Spotify)	25.0%	28
Community Events	46.4%	52
Others: the internet	5.4%	6
Others: social workers	1.8%	2

Access to health-care services among individuals without a federally recognized immigration status

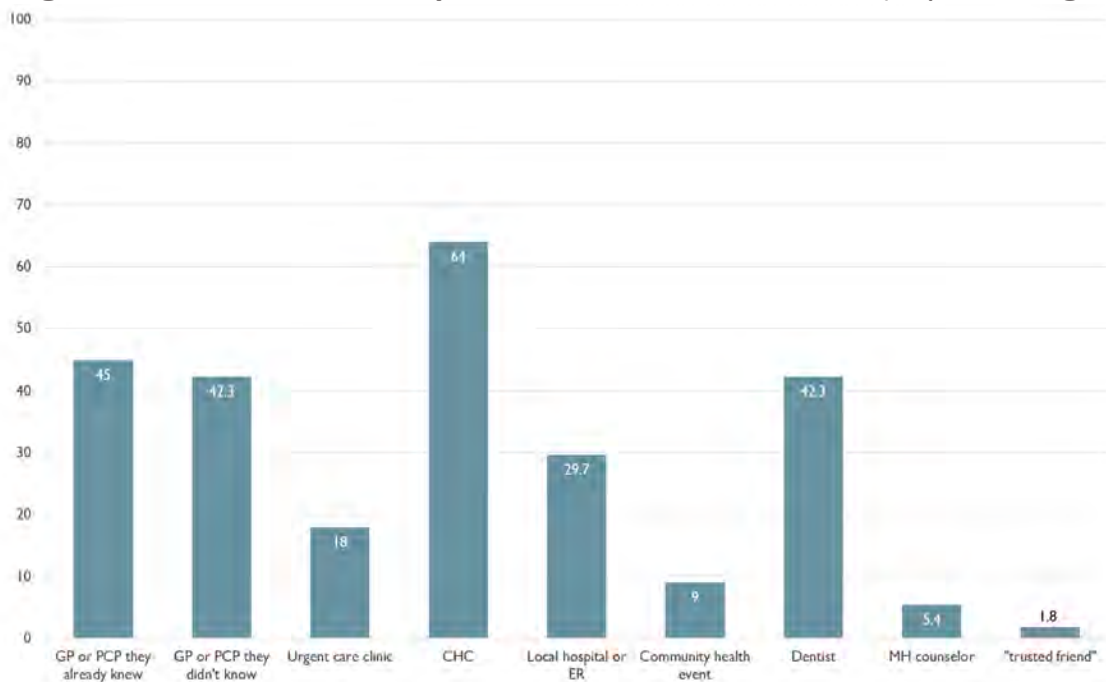
Of the 112 undocumented respondents 111 (99.1%) accessed care for themselves or a family member. However, almost two-thirds of them (66.1%) reported not getting care when they needed. High costs, inability to receive medical attention without insurance, and lack of knowledge of other available health-care options emerged as the top reasons for not receiving health care. The survey also revealed regular checkups, emergency care, and dental care (63.4%, 37.5%, and 29.5% respectively) as the services most-sought after by participants. (see Figure 16, next page)

Figure 16: Types of health-care services undocumented respondents sought (in percentages)



As previously indicated, local clinics and hospitals are the most trusted sources of information among respondents, because these are places where they can get information and receive services in Spanish (for a complete list of these providers see Annex 2).

Figure 17: Places where respondents access health care (in percentages)



Respondents reported that these providers, particularly community clinics or community health centers, are usually less expensive than other providers, and help them register for discount programs and/or payment plans. Many participants indicated learning about these health-care providers through friends and neighbors, which gives them a sense of security.

Table 3: Top three reasons reported by respondents in their selection of a health care provider

Percentage	Reasons
80.4%	Sought a provider who spoke their language
56.3%	Went to a provider recommended by family or friends
75%	Went to a provider in the community

OPPORTUNITIES TO CONDUCT AWARENESS RAISING, EDUCATION, AND OUTREACH

During the survey several respondents revealed that they live in remote areas where access to information and resources is limited or nonexistent. This forces them to depend on unconventional sources such as local shops, where the owner and/or employees serve as an informal source of information. We also learned that in areas where access to internet is also limited, so road billboards serve as source of information. This is particularly effective among Latino farm workers. Traditional media such as radio and television is a very effective outreach medium to connect with Latino communities, especially older and illiterate individuals.

The following tables (see next page) provide a list of resources and community based organizations that can help HBE in their outreach and awareness-raising efforts.

Associations, clubs, or other organizations who may be interested in supporting outreach activities:

Organization Name	Geographic Location	Community Served	Language(s) Spoken	Contact Info (if available)
Consulado de México	Seattle, WA	Latinos	Spanish/English	(206) 448-3526 https://consulmex.sre.gob.mx/seattle/index.php/es/
Consulate General of Guatemala	SeaTac, WA	Latinos	Spanish/English	(206) 888-5319 http://www.citaconsularguatemala.com/
Consulate of Peru	Lake Forest Park, WA	Latinos	Spanish/English	Fernando- 206-714-9037 http://www.consuladoperuseattle.com/
Casa Latina	Seattle, WA	Latinos	Spanish/English	Lillia Salmeron https://casa-latina.org/
Colectiva Legal del Pueblo	Burien, WA	Latinos	Spanish/English	Miguel Cueva Estella https://colectivalegal.org/
A Watered Garden Family Learning Center	Everson, WA	Latinos	Spanish/English	Isabel Quijano isabelquijano@hotmail.com https://awateredgardenflc.weebly.com/
Salón Comunitario de la Villa de Santa Maria (CCHS)	Mount Vernon, WA	Latinos	Spanish/English	Isabel Quijano isabelquijano@hotmail.com
Entre Hermanos	Seattle, WA	Latinos	Spanish/English	Arturo Gomez https://entrehermanos.org/
La Casa Hogar	Yakima, WA	Latinos	Spanish/English	Consuelo Rodriguez de Negrete consuelo@lacasahogar.org https://www.lacasahogar.org/
Nuestra Casa	Sunnyside, WA	Latinos	Spanish/English	www.nuestracasa.org
Community Health Worker Coalition for Migrants and Refugees (CHWCMR)	Edmonds, WA	Latinos	Spanish/English	Ileana Maria Ponce-Gonzalez ileanaponce@chwcoalition.org https://www.chwcoalition.org/
Centro Rendu de San Vicente de Paul	Kent, WA	Latinos	Spanish/English	https://centrorendu.org
WAGRO	Lynnwood, WA	Latinos	Spanish/English	wagrofoundation@gmail.com https://www.facebook.com/WAGROAssociation/
Centro Cultural Mexicano	Redmond, WA	Latinos	Spanish/English	Angie Hinojos

				https://www.centroculturalmexicano.org
Pacific County Immigrant Support	Long Beach, WA	BIPOC	Spanish/English	360-342-0014 info@pcisupport.org https://www.pcisupport.org/#
Communities of Color Coalition	Everett, WA	BIPOC	Spanish/English	206.446.7847 Info@c3coalition.org https://www.c3coalition.org/about
Yakima Valley Farm Worker Clinic	Various	BIPOC	Spanish/English	https://www.yvfwc.com
Parque Padrinos	Wenatchee, WA	Latinos	Spanish/English	Teresa Bendito-Zepeda https://www.facebook.com/groups/parquepadrinos/?mibextid=HsNCOg
Cafe (Community for the Advancement of Family Education)	Wenatchee, WA	Latinos	Spanish/English	Alma Chacón https://www.wenatcheecafe.org/

Events such as local festivals and cultural events:

Event Name	Geographic Location	Community Served	Language(s) Spoken	Contact Info (if available)
South King County Family Health & Safety Fair	Auburn, WA	BIPOC	English, Spanish and others	Vicky Navarro vicky@promotoresnetwork.org
River Walk	Seattle, WA	Latinos	Spanish	Magda.Hogness@seattle.gov ,
Fiestas Patrias	Mill Creek, WA	Latinos	Spanish	Maribel Solorio maribel@goldcreek.org
United Healthcare Community plan https://www.uwkc.org/events/community-resource-exchange/	Seattle, WA	BIPOC	Spanish and English	Melanie Garnica (253)254-2935 melanie_garnica@uhc.com
Latina Health Fair	Seattle, WA	Latinos	Spanish and English	Freida Gatewood https://saintbernadette.net/
Northwest Folklife Festival https://nwfolklife.org/	Seattle, WA	General	Various	reese@nwfolklife.org
Beacon Hill Festival (Jefferson Park) https://www.facebook.com/beatconhillfestivalseattle/	Seattle, WA	BIPOC	Various	3otelo.deaver@seattle.org
Culture Fair(Seattle World School) https://sws.seattleschools.org/	Seattle, WA	BIPOC	Various	(206)252-2200
West Seattle Summer Fest	Seattle, WA	BIPOC	Various	Lora Radford lora@wsjunction.org
Simposio Mujeres Latinas	Seattle, WA	Latinos	Spanish and English	simposiomujereslatinas@gmail.com
Premio Esmeralda	Auburn, WA	Latinos	Spanish	maria.sotelo.n@gmail.com
Actitud Latina http://www.actitudlatina.com/about-us.html	Seattle, WA	Latinos	Spanish	Karina Gasperin (425) 343 8492
Ventanilla de Salud Seattle https://www.facebook.com/VentanilladeSaludSeattle/	Seattle, WA	Latinos	Spanish	ventanilladesalud@outlook.com (206) 764-4700
CAMP UW -College Assist. Immigrant Program https://depts.washington.edu/omadcs/camp/	Seattle, WA	Latinos	Spanish and English	gonzom15@uw.edu

Unidas Seremos https://www.facebook.com/unidasseremosuw/	Seattle, WA	Latinos	Spanish and English	unidasseremos@gmail.com
Mecha De UW https://www.facebook.com/mechadeuwseattle/	Seattle, WA	Latinos	Spanish and English	mechadeuw68@gmail.com
Chicanos/Latinos for Community Medicine at UW https://www.facebook.com/ccmuw/	Seattle, WA	Latinos	Spanish and English	ccmuw@uw.edu
Purple Group (Leadership without borders) https://depts.washington.edu/ecc/lwb/services/purple-group/	Seattle, WA	Latinos	Spanish and English	undocu@uw.edu (206)-685-6301
Trio SSS https://depts.washington.edu/omadcs/trio-sss/trio-sss-staff/	Seattle, WA	BIPOC	Various	Mariela Galvan galvan18@uw.edu

Potential new partnerships for engagement to reach immigrant populations in Washington.

Organization Name	Community Served	Language(s)	Geographic Location	Contact Information (if available)
Center for MultiCultural Health	Immigrants, refugees different African countries	Various languages	Seattle, WA	Janelle Okorogu, 206-461-6910
Sisters in Common	African American	English	Renton, WA	(206) 726-0430
Cafecito	Latinos	Spanish	Seattle, WA	lialimlim@seattleschools.org
La Casa Hogar	Latino	Spanish	Yakima, WA	(509) 457-5058
Nuestra Casa	Latino	Spanish	Sunnyside, WA	(509) 839-7602
Tri Parish Food Bank	BIPOC	Spanish/English	Burlington, WA	www.icc-mv.org/Tri-Parish-Food-Bank
Rainier Valley Food Bank	Various	Spanish/English	Seattle, WA	info@rvfb.org , (206) 723-4105
St Vincent De Paul Food Bank	Various	Spanish/English	Seattle, WA	206-767-9975
La Mexicana Garcia (Mexican Store)	Various	Spanish/English	Forks, WA	Phone: (360) 374-6204 (This is a place where community members learn about information and resources)
C+C (Colehour and Cohen)	Various	Various	Various	Estela Scarpelli/ Andres Rodriguez, 206-557-4313

ADDITIONAL CONSIDERATIONS

While this landscape scan focused on Spanish speaking undocumented communities in, we would be remiss to omit acknowledgement of the diversity of the undocumented population in Washington. OFM data from 2017 indicates that 45.8% of the undocumented population identified as Hispanic, 37.0% identified as Asian and Pacific Islander, and an additional 5.4% identified as non-Hispanic single race Black, AIAN, or mixed-race.

HBE shared that the summer 2022 listening sessions led lead navigator organizations included significant gaps. Based on summaries shared with the learning collaboratives, two of the top three countries of origin for undocumented immigrants were not included. No sessions were held in any Asian languages, excluding participation from immigrants with limited English proficiency from five of the top 10 countries of origin. While two lead organizations listed English for at least some of their sessions, all countries of origin listed for those sessions were from Latin America.

Additional efforts will be needed to collect insights reflecting the diversity of perspectives among undocumented immigrants from the array of countries in east, south and southeast Asia. We encourage HBE to consider to reach out to the following organizations to conduct listening sessions or landscape scans:

- Chinese Information Service Center
- Indian Association of Western WA
- Asia Pacific Islander Coalition
- Asia Pacific Cultural Center
- Asian Counseling and Referral Service

These organizations may also have additional ideas about CBOs serving undocumented immigrants from India, China, the Philippines, South Korea, Vietnam, Pakistan, and/or Thailand, other countries or origin included in the list of top 17 countries of origin.

RECOMMENDATIONS

1. Washington state must keep its promise to provide equity in health coverage by fully funding the Medicaid equivalent and HBE subsidy programs for all Washingtonians without regard to immigration status for successful implementation for 2024.
2. Washington state must engage with geographically and demographically representative immigrant-led and immigrant-serving organizations to:
 - a. expand its navigator network and improve public education to ensure newly eligible populations can enroll in the 2024 programs, and
 - b. improve interpreter & translation services and cultural sensitivity training for staff at medical providers to ensure culturally and linguistically appropriate access to health care.
3. Washington state must increase subsidies for HPF to provide parity for health coverage access regardless of immigration status.
4. Washington state must provide funding for cost sharing reductions to create meaningful access to medical care for the newly insured populations in 2024.
5. Washington state must investigate and address why current language access services are proving insufficient.

