Reflecting on World Refugee Day

Health Equity

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Each year, approximately 25,000 refugee children receive humanitarian protection in the U.S. Some children have lost family members to armed conflict. Others have been driven from their homes because of their ethnicity or their parents' political affiliation. Many have been born in refugee camps or countries of asylum and have never known a permanent home.

In the U.S., refugee children are offered a safe haven that includes the right to attend school, a path to citizenship, and at least 8 months of public health insurance. After 8 months, in theory, most children will remain insured, benefiting from critical public insurance programs like Medicaid and the Children's Health Insurance Program (CHIP). In reality, however, many children become uninsured and are "lost to follow up," the phrase doctors use to describe patients who fall off our radar screens. Often, these children are eligible for Medicaid or CHIP, but their parents (who are typically non-English speakers or English language learners) may not understand the letter telling them that their child's insurance is about to expire and/or are unable to navigate through complex renewal applications. Others, like Dipti*, are ineligible for Medicaid and are never told about the state's CHIP program, which insures children who parents earn too much to be eligible for Medicaid but who can't afford or don't have access to other types of insurance. Lacking familiarity with the U.S. health system, Dipti's parents didn't learn about CHIP until she required emergency care, leading to unnecessarily burdensome medical bills. Other children, like Sandeep*, are bounced between Medicaid and CHIP offices, being told first that their household income is too high for Medicaid and then that their income is too low for CHIP. Sandeep's case still hasn't been resolved.

Although these problems beset just a few thousand refugee children each year, refugees are in many ways the "canary in the coal mine," alerting us to problems with our health and health insurance systems. Refugee children share vulnerabilities with millions of American children: Their parents may not speak or read English well. They may not understand our incredibly complex health and health insurance systems (How many of us can explain the difference between Medicaid and CHIP or complete a Medicaid application without assistance?). And they may lack the social capital to advocate for themselves when these systems go awry.

Increasingly, refugee communities and their allies are organizing to help children and families overcome these challenges. In South and Northeast Philadelphia, the refugee-founded, refugee-run Bhutanese American Organization-Philadelphia (BAOP) has three bilingual healthcare navigators, or "health focal points," individuals who live and work in the city's Bhutanese refugee community. They offer free, drop-in, holistic assistance to community members struggling with complex issues like medical bills, insurance applications, and insurance prior authorizations for necessary health services. They also help families with seemingly "simple" tasks, such as learning how to call the doctor's office and how ask for a Nepali interpreter. The African Family Health Organization (AFAHO) runs a similar program in West Philadelphia and recently expanded their work to include culturally- and linguistically-appropriate assistance for navigating Philadelphia's sexual and reproductive health services.

World Refugee Day on June 20th was a chance to celebrate these accomplishments. The programs at BAOP and AFAHO are critical to the well-being of refugees and other immigrants who are on the road to becoming new Americans. But, we also owe it to refugee children (and to all low-income American children) to address the bureaucratic barriers, inefficiencies, and near-sighted policies that keep children from fully benefiting from important government programs like Medicaid and CHIP. New rules (implemented this January) for streamlining Medicaid enrollment and renewal are a good start. Enrollment online or over the phone helps parents who may not be able to travel to their local Medicaid office. However, online portals are typically monolingual, or at best bilingual, and telephone operators are ineffective if they have not been trained to use interpreter services effectively. Express Lane Eligibility, which enrolls children who have already been deemed eligible for other means-tested public benefits (like SNAP, aka food stamps), offers great promise for parents with limited literacy and limited English proficiency by reducing the paperwork burden. However, it has been implemented in only a handful of states. 12-month continuous eligibility, which allows children to remain enrolled for at least 12 months even if other circumstances (e.g., household size) change, also helps parents who struggle with paperwork, although it also has yet to be implemented in all U.S. states. Fortunately, these and similar innovations are being adopted more and more widely, making Medicaid and CHIP more and more accessible to children in need.

For those of us who work with refugee children, we are often drawn to problems that seem exotic. We focus on tropical diseases or culturally-specific signs of emotional distress. And while these things are important and require skilled healthcare providers, the truth is that the everyday struggles of refugee children and parents are more similar to those of other Americans than they are different. And when we build systems that serve even the most vulnerable among us, we ultimately build systems that are better for all of us.

*Names have been changed for privacy.

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