



Problem-Solving Health Care Access Issues

Supporting Clients in Overcoming Common Obstacles

Newcomers may experience multiple issues accessing health care, including transportation, interpretation, competing demands, insurance, and barriers to follow-up care. While these issues are often systemic and rooted in inequities, and there are no perfect solutions, there are several ways service providers can support clients in overcoming barriers and advocating for their health. This guide, created by Switchboard in partnership with the Society of Refugee Healthcare Providers (SRHP), reviews common obstacles and shares tips for overcoming them.

Service providers play a critical role in helping clients navigate the U.S. health care system. While the system is complicated, providers have developed many useful tips for assisting newcomer clients.



Transportation

There are several ways that clients may travel to health appointments. Examples include:

- Walking to nearby clinics
- Taking public transportation (e.g., bus, subway)
- Using taxis or rideshares (e.g., Uber, Lyft)
- Getting rides from staff, volunteers, or community members (as the agency allows)
- Using state Medicaid transportation programs

To support clients in overcoming transportation barriers when navigating these services, you can:

- **Accompany clients** as practice in advance or for the first appointment itself. This can be an opportunity for a volunteer, student intern, or AmeriCorps member to assist.
- **Visually walk clients through the journey** using online or app-based maps, ideally with street and building photos. Switchboard’s toolkit [Getting Started with Virtual Reality](#) provides additional ideas for incorporating technology in community navigation.
- **Ensure clients have all the information** about where they are going. For example, after assisting the client in scheduling the appointment, provide a translated appointment sheet listing the clinic name and address (including suite number), phone number, and transportation details.
- **If the client will be using a state Medicaid driver, advocate for language access** to ensure the driver does not cancel the ride or leave if they cannot communicate with the client about the location. Create instruction sheets on scheduling state Medicaid transportation, and have them translated into clients’ preferred languages. Case managers, volunteers, or interns can also help clients practice calling and scheduling rides.

Interpretation

Title VI of the Civil Rights Act requires clinics that receive federal financial assistance to provide “meaningful” (i.e., language) access for those with limited English proficiency. However, this does not always happen in practice and can be challenging to enforce. Many clinics, federally qualified health centers (FQHCs), and hospitals will have access to interpretation but varying levels of comfort and usage. To support clients navigating this challenge:

- **Speak with the clinic manager or medical assistants in advance** about their interpretation access and experience.
- **Prioritize medical professionals who speak client languages** wherever possible, and check with clients to ensure they are comfortable with these providers. *Note: If the clinic has support staff who speak client languages, their fluency should be confirmed and they should receive interpretation training if they will ever be asked to interpret. Their interpretation should ideally be limited to procedural conversations (e.g., assisting*

patients with registration and checking in). However, if support staff will be used to interpret for medical appointments, they should receive additional medical interpretation training. For help finding providers, see Switchboard and SRHP’s [Directory of Refugee and Immigrant Healthcare Providers](#).

- **Offer to train clinic staff or share resources** on how to access and work effectively with interpreters. Interpretation coordinators at local resettlement agencies, interpretation agencies, other clinics who use interpretation, or medical schools are all examples of entities who may be able to provide training or point to resources. See Switchboard’s e-learning courses [Working with Interpreters](#) and [Overcoming Challenges in Interpretation](#).

Goals for Interpretation Access

Interpretation access is one of the most difficult barriers to overcome. The ideal goal is for health care clinics to work toward having:

- Access to quality interpretation (either in person, telephonic, or video)
- Each staff member, especially receptionists and intake staff, trained on how to access interpretation services and how to work effectively with interpreters
- Staff who speak client languages, such as community health navigators, medical assistants, and health care providers. This may involve the clinic changing its recruitment strategy or expanding its training.

You can help clinics work toward these goals through advocacy, education and partnerships. View Switchboard’s guide [Service and Health Care Provider Collaboration](#) for ideas.

- **Offer medical interpretation training as additional training to community interpreters**, and connect those interpreters with the clinic manager. Clinics often find these interpreters more cost effective and better trained than other options. State Refugee Health programs, community colleges, or local organizations such as resettlement agencies with interpretation departments may offer this training. Ideally, these trainings should be offered for free or subsidized for interpreters using grant funding or partnerships with clinics.
- **If clinics with the needed language capacity do not accept the client's insurance, meet with the clinic** to inform them of the need. Some clinics may be open to adding a new insurance provider.
- **Advocate with clients' insurance companies to recruit an interpreter in a needed language.** Some providers have had success by sharing the number of arrivals in the area who will need interpretation in a certain language in the coming year.
- **Support clients' efforts to successfully request an interpreter.** Help clients practice requesting an interpreter when calling the provider and/or clinic to schedule an appointment. Provide "I speak" cards to help clients advocate for interpretation. The National Resource Center for Refugees, Immigrants & Migrants has a [health care navigation toolkit](#) with resources including "I speak" cards in Dari and Pashto.

If a health clinic is concerned about the cost of interpretation, advise them that some clinics have successfully used the following approaches:

- Applying for grants to cover interpretation costs
- Advocating with their management that interpretation costs should be included and covered by general operating budgets
- Using insurance reimbursements to cover some of the cost.

To avoid or mitigate conflicts of interest and serious negative consequences, it is best practice to use trained interpreters wherever possible. Children under 18 should **never** serve as interpreters. Utilizing family members, untrained staff, or community members as informal interpreters is not recommended, as it may lead to risks such as:

- Miscommunication
- Patients not understanding complex medical terms
- Patients experiencing decreased health outcomes
- Legal ramifications for the clinic/medical provider

In the worst cases, communication errors have led to serious negative health consequences for patients, including injuries and even death. Your advocacy for clients to have access to trained medical interpreters is thus crucial for their safety and overall well-being.

One long-term approach to help clients overcome general health care access issues is using a **hub composed of experienced former refugees familiar with the local health care services.** These types of hubs, which can exist through a resettlement agency or health clinic, provide guidance on navigating the system and advocating for health equity.

Competing Demands

The resettlement period is extremely busy with competing demands and scheduling conflicts. To help clients prioritize their health care, you can:

- **Work with health care providers to ensure clients understand the consequences of not addressing their health issues.** For example, not completing vaccinations could impact adjustment of status or school enrollment.
- **Emphasize regular follow-up with a primary care provider (PCP)** for chronic issues and preventative health, including health education about how chronic conditions may lead to more serious health concerns (for example, heart attacks, strokes, or cancer).
- **Coach clients on how to ask employers for time off** and how to schedule appointments at times when they are not working.
- **Help non-working family members become comfortable attending appointments independently** so their working family members do not have to take time off.
- **If a client has children:**

- Guide them on notifying teachers when their child will miss school due to health appointments.
- Help them ask the health care clinic for a note as proof of the child's absence from school.

Child Care

Help clients address their child care needs by discussing the following options:

- **Bring the children to the health clinic, if allowed.** Advise the client to bring snacks, water, and activities (like books) for the children. *Note: This may not be appropriate for more sensitive health appointments.*
- **Help clients identify a trusted family member, friend, or community member** to care for the children
- **Schedule health appointments when a spouse will be home** to provide child care
- **Schedule health appointments when the children will be at school**

Read Switchboard's blog post [Child Care Resources for Refugee Service Providers](#) for more ideas.

Health Insurance

Educating Clients on Health Insurance

Cultural and health orientations often cannot cover all the nuances of health insurance. Provide clients with information about what health insurance is and how it works, emphasizing the following key points:

- What services their health insurance covers and does not cover, and whether alternative options are available
- When their health insurance ends and what next steps to take
- The importance of knowing if a health care provider accepts their insurance and how to find providers who do
- The potential for additional costs/medical bills if a copay is required or if a specific test is performed that is not covered or pre-authorized by insurance
- The different levels of care (i.e., emergency care, urgent care, and primary care) and when to access each level
- Whom to call with questions (e.g., insurance company versus primary care provider)

For more details, view Switchboard's information guide and webinar recording on [Assisting Newcomers with Navigating the U.S. Health Care System: An Introduction for Direct Service Providers](#).

What to Bring to Medical Appointments

Advise clients to always bring their health insurance ID cards to appointments to help prevent issues such as incorrect medical bills or clinics refusing to see them.

For more guidance, view Switchboard's [checklist](#), [guide](#), and [blog post](#) on *Helping Clients Prepare for Their Initial Medical Appointments*.

Navigating Insurance Errors

To help address common insurance errors, you can:

- **Help fix incorrect names or birthdates** by contacting the local Department of Health and Human Services (HHS) or the insurance company, depending on where the error originated.
- **Contact the local Medicaid office and/or HHS** for missing Medicaid cards, Medicaid cards not arriving in the mail, or cases where the clinic's system lists the client's Medicaid as inactive even though the client received their insurance card.
- **Contact the insurance company** for missing insurance cards.
- **Advocate with clinics for interim solutions as needed.** Some clinics will accept a printout as proof that clients have applied for Medicaid or their Medicaid number in the interest of clients receiving timely care. Others are willing to see refugee patients before application for Medicaid because they understand that they will eventually have Medicaid.

Tip: Identify one or two champions who can form relationships with your local Medicaid/HHS office to help improve their understanding of clients' situations and facilitate quicker resolution of issues.

Changing Auto-assignments

Clients can be **auto-assigned to the wrong insurance plan** if they do not know how to select an insurance plan after they are approved for Medicaid or if their enrollment preference is somehow incorrectly noted in the system. Help prevent this from happening by showing clients what paperwork they will receive about insurance options and coaching them to schedule an appointment with a case manager if they need support.

If clients miss the enrollment period and are auto-assigned, it can usually be fixed if caught quickly. Case managers may discover that clients have been auto-enrolled if a client brings in the insurance cards. Support clients in changing to a different plan by calling the insurance enrollment line. The client may need to call by a certain deadline, or they may be allowed to change plans once per specified period.

Clients are also frequently **auto-assigned to a randomly selected PCP**. Changing PCPs is typically easier than changing insurance plan auto-assignments, and clients usually can change PCPs as often as they want by calling their insurance company. This change must happen before the medical appointment.

Help clients ensure that they have been assigned to the correct PCP prior to the first medical appointment by calling the insurance company. If you are unable to do this, advocate with clinics for their front desk staff to help clients change their PCP in the waiting room so that the appointment does not have to be rescheduled.

Addressing Coverage Gaps and Changes

Depending on the state, Medicaid may not cover all the health care services clients need. For instance, dental care may not be covered or may only be covered on a limited basis (e.g., only preventative or emergency dental care). In such cases, work with clients to identify alternative options, which can include:

- **Health care providers willing to offer free or reduced-cost services**, such as providers who want to give back to the community or who were newcomers themselves. It can help to fix a yearly cap on clients they are willing to see to ensure they do not become burned out by high demand.
- **University or teaching programs** (e.g., dental schools)
- **Mobile clinics for low-income individuals**
- **Federally qualified health centers (FQHCs)**

- **Charity and nonprofit groups** (e.g., Lions Club for eyeglasses and hearing aids).

When clients' insurance (for example, Refugee Medical Assistance) ends, they often need coaching on how to apply to renew their insurance. Sometimes clients are not eligible for continued Medicaid coverage. Support clients in seeking alternative health insurance options such as:

- Coverage through their employer
- Health insurance programs that only certain family members may be eligible for (e.g., children or pregnant women through the Children's Health Insurance Program, or CHIP)
- Benefits that include health insurance (e.g., Supplemental Security Income for those with low income and disabilities or those over 65)
- Coverage through the [Health Insurance Marketplace](#)

Tip: Encourage clients to use their Refugee Medical Assistance or Medicaid coverage promptly in case their health insurance becomes less robust or more expensive in the future.

Some states have state-specific programs that are not health insurance but provide low-income individuals with discounted health services. For example, Colorado has the [Colorado Indigent Care Program](#). Clients can also speak with federally qualified health centers (FQHCs) and other clinics to see if they provide discounted health care services on a sliding scale based on income. Refugee Welcome Collective has a [helpful map](#) outlining different states' benefits.

Supporting with Medical Bills

Receiving high bills can be very stressful for clients with limited finances. If a client receives a high bill, you can:

- **Call the clinic to ensure the client's health insurance information is correct** and on file. The clinic can then submit (or resubmit) to the client's health insurance.
- **Call the insurance company** to check:
 - If the clinic made a mistake when submitting the claim, such as an error with a test or diagnostic code.

- If the clinic needs to provide additional information for the insurance to cover the service.
- **Explore solutions with the clinic if the insurance company cannot help** (for instance, if the client did not have health insurance at the time of the appointment, their health insurance did not cover the service, or they went to a provider who does not work with their health insurance). You can contact the clinic to find out whether:
 - There is a financial assistance or charity care program (if so, you can help clients submit documentation to prove their financial or immigration status)
 - The medical bill can be reduced or forgiven
 - The hospital/clinic can establish a reasonable payment plan so that the bill is not sent to a collection agency

Other medical bills may be related to a fee, such as a **fee for late or missed appointments**. These bills are harder to waive, as clients will have signed forms with the clinic promising to give specific notice for canceled appointments. You can:

- **Educate clients** on the financial consequences of missing or being late for medical appointments.
- **Advocate for clients** with clinics to forgive these fees by explaining that they are newcomers or had transportation issues that day.

Follow-up Care

After an appointment with a PCP, it is common for clients to have follow-up items, such as doing bloodwork or imaging, getting medications, or arranging specialty appointments. To support clients with their follow-up care, you can:

- **Emphasize to clients that they should follow up** as advised, even if feeling better, as there may be additional topics or results that are important to discuss.
- **Prepare clients to ask** their PCP about follow-up steps while at the initial appointment.
- **Ask the clinic if there are any supporting staff** (e.g., health navigators, community health workers, social workers, or pharmacy

staff) who can assist clients with follow-up steps.

- **Advise clients to keep all paperwork** the clinic provides, including referrals to specialists and notices about when they need to follow up with the PCP.

Navigating Referrals

Referrals are usually required by clients' health insurance. However, clients may often receive referrals for X-rays, bloodwork, or specialty care at places or providers that either do not accept their insurance or are not easy for the client to access.

If you know that a client will likely be referred for a specific follow-up or specialty appointment, provide them with information on a conveniently located, in-network specialist to share with their PCP during their appointment. See the box below for an example.

If a referral needs to be fixed after an appointment, help the client call the PCP office with the name of a specialist who accepts their insurance.

Referral Example

- A client has a heart condition and knows their PCP will give them a referral to continue care with a cardiologist.
- You have formed a relationship with a cardiologist who accepts the client's insurance, provides appropriate interpretation, and is easy for the client to access by public transportation.
- You give the cardiologist's contact information to the client, who discusses with their PCP why they would prefer to be referred to that specialist.
- The PCP assesses if that specialist is appropriate and, if so, refers the client to them.

Supporting with Medication

Assist clients with navigating pharmacy and medication processes in the following ways:

- **Help clients choose a pharmacy.** Discuss choosing a pharmacy with the client in advance and, if possible, send them a preferred pharmacy note to share with the clinic. For acute (short-term) medication needs, a pharmacy in the client's health clinic is especially helpful. For chronic medication needs that will require refills, a pharmacy closer to the client's home or a pharmacy that delivers or mails medications may be best.
- **Explain when and how to get medication refills.** Explore whether longer-term (e.g., three-month) supplies are possible.
- **Encourage clients to discuss with their PCP the importance of continuing medications** until directed to stop
- **Advocate for the pharmacist to use interpretation** and provide medication information in the client's primary language
- **Help clients understand how and when to take their medication** as explained to them by their health care provider and pharmacist. If the medication information and instructions are not available in the client's primary language, ensure the client understands and writes down when and how to take the medication. If the client is not yet literate, draw pictures—for example, a sun on medications taken each morning.

Resources

[State Refugee Health Coordinators \(SRHCs\)](#). Connect with SRHCs to determine if there is Refugee Health Promotion programming that supports clients' health care navigation.

[What is Health Case Management?](#) Blog post.

[An Introduction to Refugee Health](#). Information guide.

[Assisting Newcomers with Navigating the U.S. Health Care System: An Introduction for Direct Service Providers](#). Webinar recording and information guide.

[Healthcare Navigation Toolkit](#). Various resources from the National Resource Center for Refugees, Immigrants & Migrants (NRC-RIM) for providers and clients about health care navigation.

[Refugee and Immigrant Healthcare Provider Directory](#). Listing of health care providers serving or interested in serving refugee patients.

[Tips for Creating Your Own Local Refugee Health Care Provider Directory](#). Blog post.

[Service and Health Care Provider Collaboration](#). Information Guide.

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