

# Florida KidCare *Innovations*

Highlighting Innovative Outreach Strategies

## “A Place to Drink Water”: Conducting Outreach as an Act of Empowerment

Immigrants experience significant difficulties accessing health care services. According to the National Immigration Law Center (1999), more immigrants qualify for public health programs than apply, thereby reducing their chances for getting adequate medical care. Potocky, et al. (2007) identifies two structural barriers that make access to health care less likely for immigrants. First, immigrants often lack health insurance coverage. In fact, foreign-born U.S. residents are twice as likely to be uninsured as their native-born counterparts. Second, policies that endanger immigrants' legal status for using public health services tend to discourage use of such services. This is due in part to fears of being reported to the U.S. Citizenship and Immigration Services (USCIS), labeled a “public charge,” and deported for merely applying for services, in addition to believing they would have to repay the government for assistance provided to

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family members they sponsor (which does apply to TANF and food stamps, but not to CHIP, for example).

The USCIS defines “public charge” as an alien who has or is likely to become “primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance, or institutionalization for long-term care at government expense” (USCIS, 1999, May 25, p. 2). While being labeled a “public charge” can result in deportation, this is very rare. Still, the policy is complex enough that it is easily misunderstood, especially for those new to the U.S. Many immigrant fears and misunderstandings about public health programs are based on unfamiliarity and confusion about verification and reporting requirements (a confusion shared by providers). For instance, many mistakenly believe the law requires their immigration status be reported when applying

for health benefits. Immigrants also fear denial of their ability to sponsor relatives' entry in the U.S. if they access government health services.

### USCIS Public Charge

#### Health Care Benefit Guidelines

An alien will **not** be considered a “public charge” for using:

- Medicaid
- CHIP
- Prenatal care
- Free or low-cost medical care at clinics, health centers, or other settings (other than long-term care in a nursing home or similar institution)

Each group of immigrants to the U.S., documented or not, faces their own challenges and obstacles when adapting to their new country. Likewise, outreach workers attempting to provide health services for non-native populations deal with challenges running parallel to those of their new neighbors. This report discusses how one organization overcomes such challenges.

### Meeting the Challenges: Minority Development & Empowerment, Inc.

Florida's comparable climate and proximity to the Caribbean make it an attractive destination for many Caribbean-born immigrants. In fact, South Florida has one of the largest Caribbean populations in the United States (U.S. Census Bureau, 2007). Broward County has a Caribbean-born population of over 210,000, with the two largest countries



represented being Jamaica (73,000) and Haiti (61,800). Palm Beach's Caribbean population exceeds 90,000, with Haiti (39,070) and Cuba (21,800) making up the largest groups. Such large numbers of immigrants increase the importance and scope of providing culturally-proficient health services. These two counties are fortunate to have a unique and successful organization that specializes in providing services and access to services to these hard-to-reach populations.



**MDEI CEO Francois Leconte**

Minority Development and Empowerment, Inc. (MDEI), a 501(c)3 organization, began its operations in 1996, and has branches in Ft. Lauderdale, West Palm Beach, and Pompano Beach.

A prominent fixture in South Florida, in the past five years, MDEI has helped organize over 5,000 informational activities, conducted thousands of health screenings, and has impacted the lives of more than 1,000 children and families in Broward and Palm Beach Counties. MDEI provides programs and services to an exceptionally diverse list of clients, including African-Americans, Caucasians, Dominicans, Haitians, Hispanics, Italians, Jamaicans, Nicaraguans, and Puerto Ricans. Ninety-eight percent of its clients are low-income, of color, Creole or Spanish-speaking, and are uninsured or underinsured.

MDEI opens doors to otherwise uninformed populations facing seemingly insurmountable cultural barriers and other social obstacles due to economic status and unfamiliarity with their community and its support systems. Given the large Caribbean population in Broward and Palm Beach Counties, MDEI fills an enormous need by providing culturally proficient services to underserved populations.

#### **Snapshot: Minority Development & Empowerment, Inc.**

- Coverage area: Broward & Palm Beach Counties
- Population: 1,767,681
- Caribbean population: 305,023
- Median household income: \$53,000
- Population below poverty level: 11%
- Total uninsured under 65 years (2004): 18.65%
- Population under 18: 25%
- Uninsured children eligible for Florida KidCare: over 173,000

### **Florida KidCare Outreach & MDEI**

MDEI is a Florida Healthy Kids community partner. Florida Covering Kids and Families, a project of the Lawton and Rhea Chiles Center for Healthy Mothers and Babies at the University of South Florida, works with the Florida Healthy Kids Corporation to conduct its "Boots on the Ground"



**MDEI's Florida KidCare Outreach Coordinator, Marie Nelson**

outreach campaign, targeting organizations that reach families who may qualify for Florida KidCare. MDEI provides all clients access to Florida KidCare through case managers, outreach workers, facilitators, and program supervisors in all of its 22 programs. MDEI's Marie Nelson coordinates MDEI outreach efforts. She is trained in the online application process and monitors all Florida KidCare-related activities, including application assistance, applications submitted, referrals, and applications approved. MDEI promotes Florida KidCare enrollment in a variety of ways, including:

- Displaying Florida KidCare signage
- Linking their website to Florida KidCare's
- Advertising the program in various communications
- Providing access to the Florida KidCare online application and application assistance from trained staff
- Promoting Florida KidCare in local activities
- Identifying and developing community partnerships

### **Outreach to Haitian Communities**

Of all Caribbean-born immigrants, Haitians are perhaps the hardest to reach. Almost 50% of the over half million Haitians in the United States live in Florida (U.S. Census Bureau, 2007). This gives Florida the highest concentration of Haitians in the country. Numerous obstacles make outreach to Haitians a challenge, three of which figure prominently: (1) Haiti's political turmoil, plagued by violence; (2) stigmatizing treatment of Haitians by the U.S.; and (3) social isolation due to language and cultural barriers.

- (1) Between 1956 and 1986, Haitians suffered tremendously under the Duvaliers' dictatorial rule, with US support. As a result, Haitians fear government surveillance and persecution, and are generally suspicious toward government. Creating trust with Haitians is therefore a prerequisite to successful outreach.
- (2) In a misguided effort to reduce the incidence of HIV-AIDS, the Food and Drug Administration in 1988

refused to accept blood donations from anyone of Haitian descent, not just those infected. The ensuing fear of Haitians has unfairly stigmatized them for years.

- (3) Immigrants who speak Spanish (e.g., Cubans, Dominicans, Mexicans, and Nicaraguans) or English (Jamaicans and Trinidadians) can more easily adapt to U.S. society because their languages are widely spoken in this country. By contrast, Haitians face a degree of social isolation not experienced by other immigrants because their language (Haitian Creole) is spoken primarily in their homeland. In fact, 94% of Florida’s Haitians speak a language other than English at home and 60% report speaking English less than “very well” (U.S. Census Bureau, 2007). Combine this with high levels of illiteracy and an adherence to home remedies, herbalists, and traditional spiritual beliefs, Haitians may be among the most difficult populations to enroll in Florida KidCare.

**Language Barriers, Misconceptions & Fears of Deportation**

MDEI understands that effective outreach efforts must be tailored to the cultural realities of its target populations. To overcome the language barriers intrinsic to conducting outreach to immigrants, more than 60% of MDEI’s staff is trilingual, speaking a combination of English, Haitian Creole, Spanish, Portuguese, or French. All MDEI services are provided by a culturally competent, multilingual staff that possesses a variety of educational degrees and professional qualifications.

According to MDEI, immigrants’ lack of knowledge about Florida KidCare is demonstrated by the first question they usually ask: “How much does it cost to apply?” Another misconception is that it is a welfare program. It is therefore imperative to communicate clearly that Florida KidCare is not welfare. Likewise, it is important to make sure families know that they will not be labeled a “public charge” if their children are covered, and they will not have to reimburse the government for this service. In addition, to help immigrants overcome unfamiliarity with government resources, MDEI offers navigation services to guide clients through the maze of applications, rules, regulations, requirements, and consequences of receiving government assistance.

To help alleviate the fear of deportation, MDEI ensures families know that children who are U.S. citizens may qualify for Florida KidCare even if their parents are not, that applying will not affect their immigrant status or

**MDEI treats clients as whole persons capable of empowering themselves to take control of their lives.**

get them in trouble with the government, and that their residency will not be reported to USCIS. MDEI staff recommends saying, “The government will not come after you or your family if you apply.”

**Beyond Technique: Family Outreach as an Act of Empowerment**

Besides speaking appropriate languages, correcting misconceptions, and calming fears, MDEI goes beyond the “how to’s” of outreach, utilizing a more expansive model: It attempts to generate a sense of family with its clients, and treats them as whole persons capable of empowering themselves to take control of their lives.

**Creating a Family Atmosphere**

MDEI Chief Operating Officer Carlos Zepeda indicated that since different cultures have different ideas of what respect means to them, to ensure clients feel



MDEI COO Carlos Zepeda

respected and are open to applying for Florida KidCare, the staff strives to become a culturally-sensitive extension of the client’s family. In other words, MDEI tries to make clients feel at home. For example, when interviewing for staff positions, they seek people not merely capable of nurturing and maintaining relationships, nor just those competent in offering services or facilitating programs. MDEI hires staff who can convey a sense of being part of a family. The ability to communicate respect and present

themselves as an extension of the client’s family is a significant factor in making MDEI successful with Florida KidCare and other programs.

This is rather an easy task for MDEI staff members as many are immigrants themselves, and are passionate and motivated to help their communities overcome some of the same barriers they themselves encountered as immigrants. Combining an awareness of cultural nuances and community dynamics contributes greatly to MDEI’s success as a social services organization. This wealth of experience gives MDEI staff additional resources from which to draw when assisting clients applying for Florida KidCare and any other program.

**Outreach as Empowerment**

What also makes MDEI’s approach especially innovative is that their staff treats clients as whole persons, and not just those in need of social services. MDEI empowers clients to take control of their lives by

increasing their control over the resources and decisions affecting their lives, and by emphasizing the principles of equal opportunity, responsibility, and safety. Using this universal approach to direct services makes the experience more convenient and comprehensive. The fact that MDEI has been operating as a non-profit for 13 years is a testament not only to their success, but also to their culturally-sensitive treatment of clients as whole persons, a deep understanding of Caribbean culture, a dedication to empowering communities, and a commitment to helping immigrants become full participants in U.S. society.

It is common for clients to visit MDEI offices for no other purpose than to thank them for their assistance. For example, a Haitian immigrant who applied for Medicaid and Food Stamps was so pleased with the assistance he received and the way he was treated, he took time off from his job to make a special trip to MDEI and thank its staff. When asked what led him to come to MDEI in the first place, he replied "I'm Haitian, and MDEI serves Haitians. Also, I constantly thirst for knowledge and for ways to improve myself and my family. With you, I have found a place to drink water." For this man, MDEI helps satisfy his thirst for knowledge and had become for him a place of comfort, peace, and empowerment. This gratitude is a direct outcome of MDEI's innovative strategy of empowering its clients and making them feel at home in their adoptive country.

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**KidCare**

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*For more information on Florida KidCare, call 1-888-540-5437 or visit [www.floridakidcare.org](http://www.floridakidcare.org).*

*Florida Covering Kids and Families is a statewide program working to ensure that all eligible children and families are enrolled in Medicaid and the Children's Health Insurance Program (CHIP). Its statewide coalition is a broad representation of Florida's agencies, organizations, and key leaders—representatives from child advocacy groups, child care organizations, provider groups, private health plans, private coverage programs for low-income children, the business community, minority organizations, in addition to numerous state agencies charged with Medicaid and federal program implementation. The Coalition also works with community coalitions in targeted regions around the state.*

*USF Health is dedicated to creating a model of health care based on understanding the full spectrum of health. It includes the University of South Florida's colleges of medicine, nursing, and public health; the schools of biomedical sciences as well as physical therapy & rehabilitation sciences; and the USF Physicians Group. With more than \$360 million in research grants and contracts last year, USF is one of the nation's top 63 public research universities and one of 39 community-engaged, four-year public universities designated by the Carnegie Foundation for the Advancement of Teaching. For more information, visit [www.health.usf.edu](http://www.health.usf.edu).*