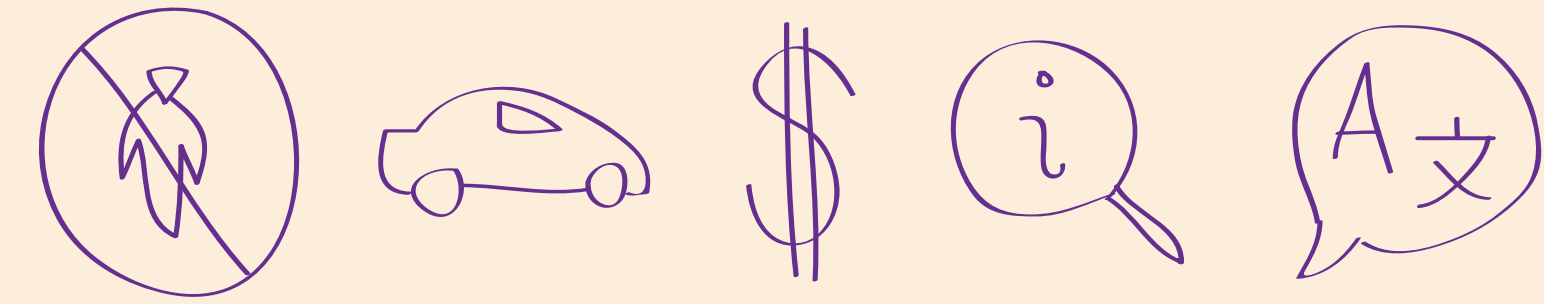
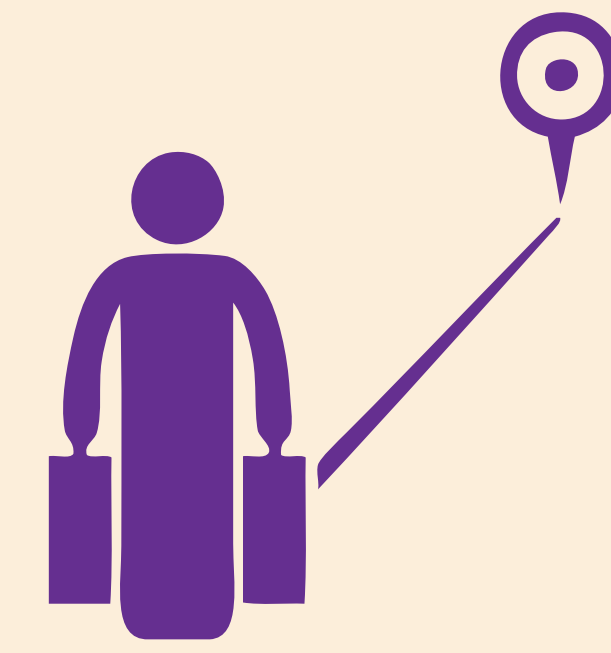


# Frozen Out: The Chilling Effect Impact on Immigrant and Refugee Access to Healthcare



Many factors contribute to individual health. Some barriers particularly affect immigrant and refugee patients.



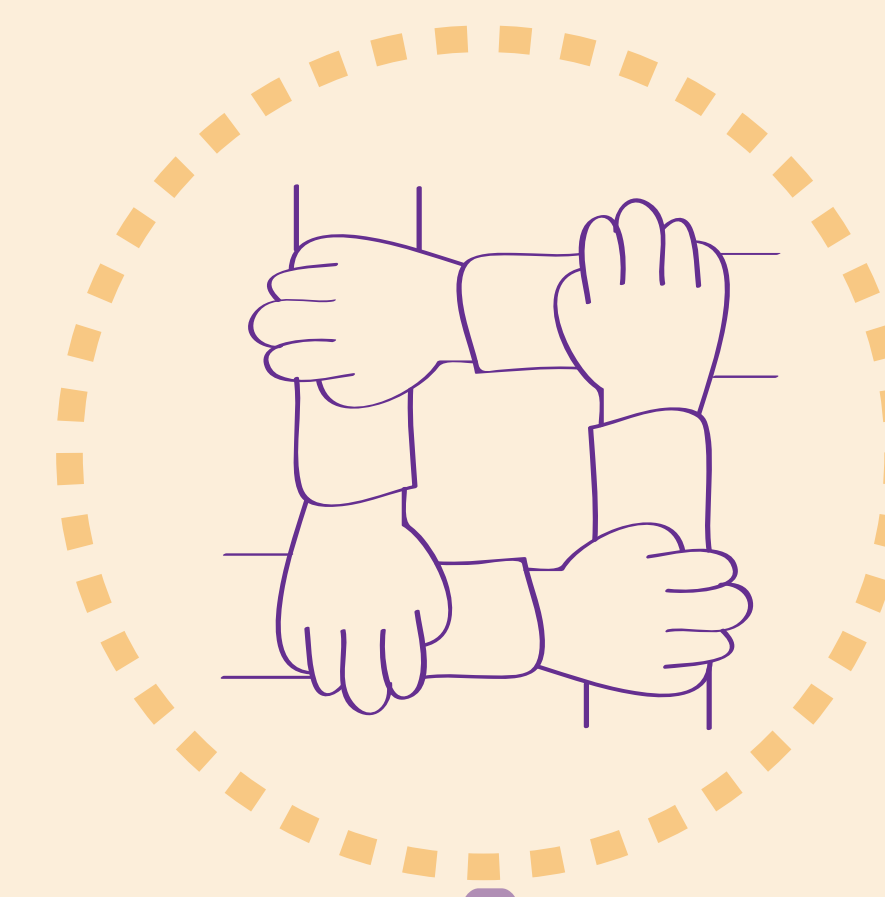
In Denver, 16% of residents are foreign-born. Individual neighborhoods range from 4% to 39%.

**Our research highlights the need for immigration status and country of origin to be included as a significant social determinant of health.**

*“There is fear of asking for necessary services thinking that it may affect our chances of obtaining documentation status.”*



*“Since this past year, people don’t want to go anymore. They are afraid that the doctors or the clinics might give their information to the immigration department and that might get them detained or deported.”*



## Achieving Better Health Through Collaboration

Our coalition consists of diverse stakeholders from medical care, behavioral health, public health, local government, social services, community organizations, and other groups within and beyond the health sector. Collaborating to identify emerging issues affecting Denver communities surfaced this decline in access to care.

*Two out of three providers nationally have noticed recent changes in behavior*

Over 2/3 of responding Denver safety net clinics in our coalition reported, on average:

- 17% decrease in appointments made
- 19% increase in cancellations or “no-shows”
- 20% increase in requests for mental health services stemming from persecution related stress

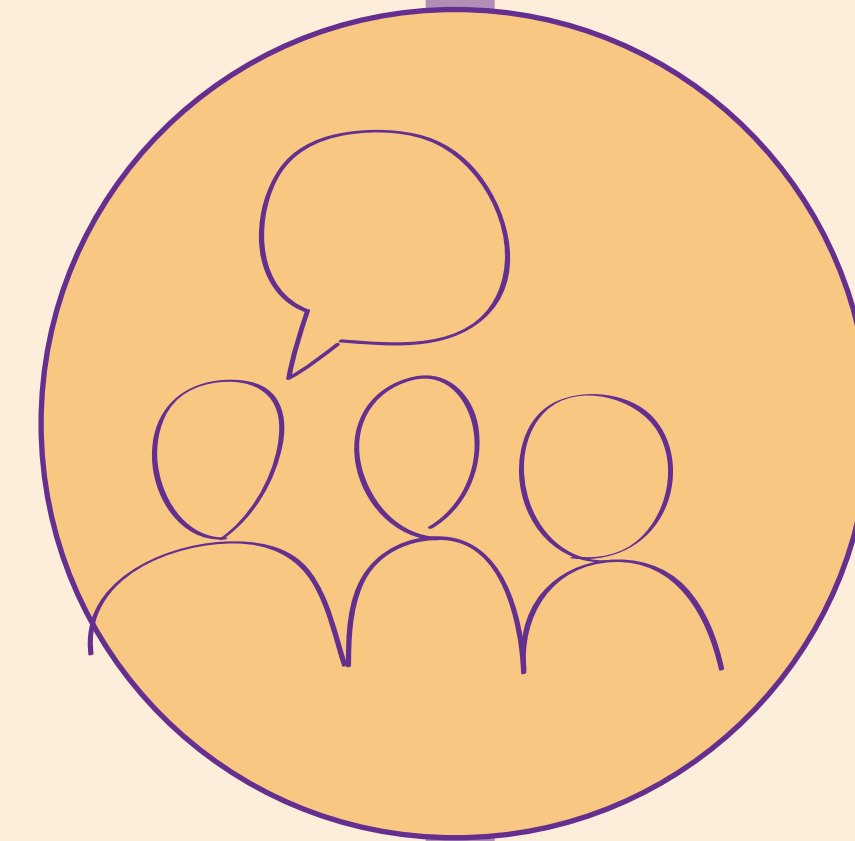
*Community members said barriers include:*

- **Fear of deportation due to immigration status; lack of knowledge of information protection and privacy laws**
- **Treatment by clinic staff, including interpersonal dynamics within communities, resulting in people foregoing care or seeking care in non-medical settings**
- **Limited health system literacy and language barriers**
- **Lack of health insurance and not understanding payment systems**

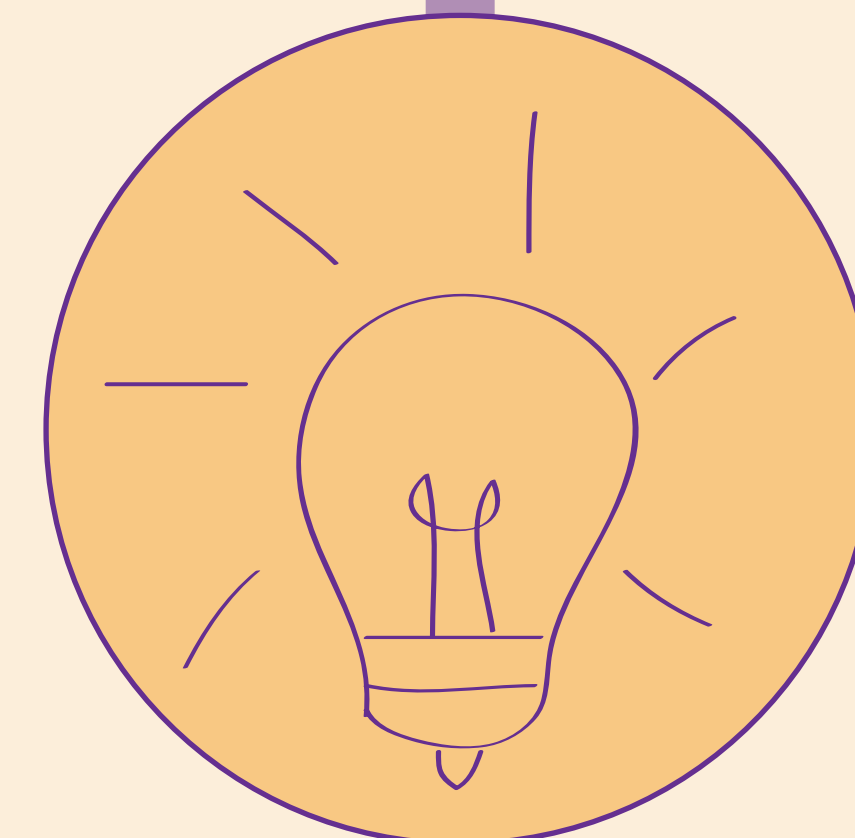
**Surveying to assess the extent of the problem (Phase I)**



**Convening community to deepen understanding (Phase II)**



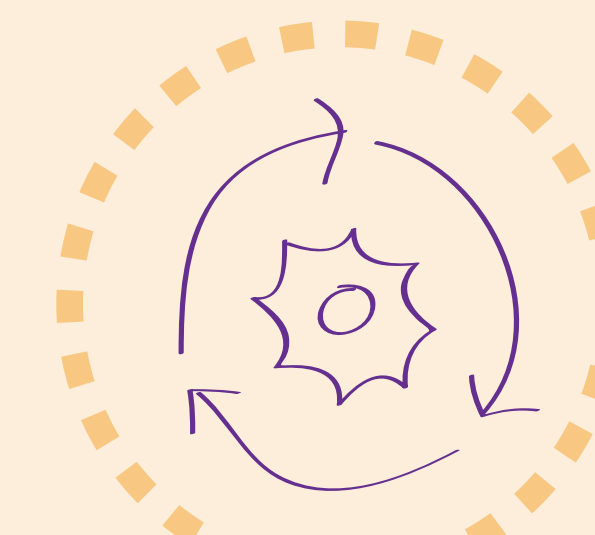
**Identifying strategies for mitigating effects:**



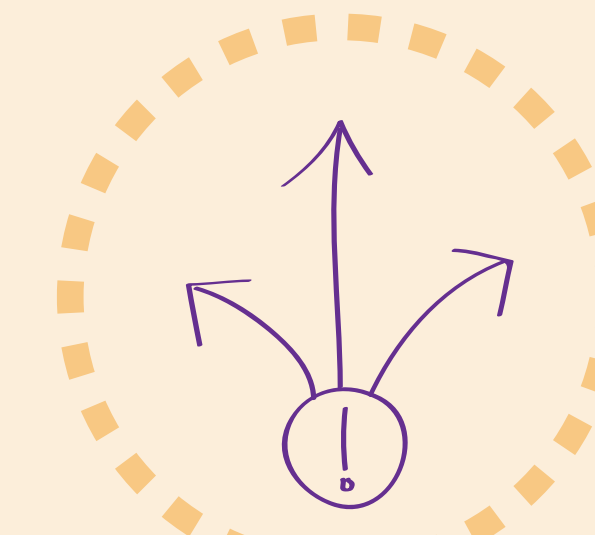
*“The receptionists don’t treat us well. We don’t confront them because they might call the police. They know that we will not stand up for ourselves.”*

- Double down on existing efforts, focusing on cultivating staff’s cultural sensitivity
- Prioritize patient education, especially health system literacy
- Move outside the current systems and structures and meet immigrants where they are

**Testing solutions to develop best practices**



**Scaling successes, including in other sectors**



### What about your community?

What are you seeing in your communities?  
How are information and strategies being shared?  
What kind of organizing, if any, is happening within the health sector and across sectors (food, energy, etc.)?

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