
# Master of Public Health

**Master de Santé Publique**

# Challenges Faced by Immigrants in Navigating Healthcare in Philadelphia, USA

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# List of Acronyms

ER: emergency room
FQHC: federally-qualified health center
LEP: limited English proficient
NSC: Nationalities Service Center

# Abstract

The focus of this research study is to examine the challenges that immigrants, including asylum seekers, humanitarian parolees, refugees, and undocumented immigrants face in accessing healthcare and receiving quality care in the United States, with a specific emphasis on the city of Philadelphia. Taking place at the Nationalities Service Center (NSC), a non-profit organization that provides social and legal services to immigrant population, this cross-sectional study employed a mixed-methods approach, incorporating interviews with clients of NSC and online surveys with direct service staff members to gain an understanding of client healthcare experiences. The analysis of participant interviews revealed several main themes related to healthcare challenges experienced by clients, including high cost of care, language barriers, racism and discrimination, the complexity of the healthcare system, and long wait times in the emergency room. The surveys revealed that language and cultural barriers, as well as a lack of knowledge of the system and economic barriers, were perceived by staff to be main challenges for clients in healthcare. The findings underscore the significant challenges posed by cultural and language barriers, as well as limited knowledge of the healthcare system. The study highlights the need for targeted interventions, including language assistance services, cultural competence training for healthcare providers, and initiatives to address economic barriers.

# 1. Introduction

The aim of this introduction is to provide a comprehensive review of previous research, identify gaps in knowledge and practice, and outline the objectives and research question of this study. The focus of this study is to examine the challenges that immigrants, including asylum seekers, humanitarian parolees, refugees, and undocumented immigrants face in accessing healthcare and receiving quality care in the United States, with a specific emphasis on the city of Philadelphia. By understanding the existing literature, identifying gaps, and formulating research objectives, this study aims to contribute to the development of effective interventions and policies that address the healthcare needs of this vulnerable population.

## 1.1 Review of Previous Research

### 1.12 The Problem and its Public Health Consequences

The healthcare challenges faced by immigrants in the United States have significant public health consequences. Numerous studies have highlighted the disparities in healthcare access and quality for this population, with profound implications for their well-being. These challenges manifest in delayed diagnoses, inadequate management of chronic conditions, and higher rates of preventable hospitalizations. Furthermore, the stress and uncertainty associated with these challenges contribute to poor mental health outcomes among immigrants (Vargas Bustamante et al., 2018; Chavez et al., 2017).

### 1.13 Vulnerable Populations and Evolution of the Problem

Within the immigrant population, certain subgroups are particularly vulnerable to healthcare disparities. Refugees and asylum seekers, who have often fled their home countries due to violence or persecution, face unique challenges in accessing healthcare services upon their arrival in the United States. Additionally, the healthcare needs of non-English-speaking immigrants are compounded by language barriers, further hindering their access to appropriate care. Over time, the immigrant population has grown and diversified, necessitating an updated understanding of the evolving healthcare challenges they face (Derose et al., 2017; Smith & Shin, 2020).

## 1.14 Causes and Determinants, including Protective Factors

Multiple determinants contribute to the healthcare challenges experienced by immigrants. Structural barriers, such as legal status restrictions and limited eligibility for public health insurance programs, impede access to affordable and comprehensive healthcare services. Socioeconomic factors, including income level and education, also influence healthcare access and quality. Cultural differences and lack of familiarity with the U.S. healthcare system further exacerbate these challenges. It is essential to identify protective factors, such as community support networks and culturally sensitive healthcare programs, that can mitigate the impact of these barriers (Derose et al., 2017; Hacker et al., 2015).

## 1.15 Theories Describing the Relationship between the Problem and its Determinants

Several theoretical frameworks can help explain the relationship between healthcare challenges and their determinants among immigrants. The social determinants of health model provides insights into how social and economic factors influence healthcare access and outcomes. Additionally, the cultural competence framework emphasizes the need for healthcare providers to understand and accommodate the diverse cultural backgrounds and needs of immigrant populations. While these theories offer valuable perspectives, their limitations must be acknowledged, and further research is needed to refine and expand these frameworks (Derose et al., 2017; Hacker et al., 2015).

## 1.16 Programs, Interventions, and Policies Addressing the Problem and their Limitations

Numerous programs, interventions, and policies have been developed to address healthcare disparities among immigrants. These include language interpretation services, community health centers, and culturally-tailored healthcare programs. However, the efficacy and reach of these initiatives vary, and there remain limitations in their implementation and evaluation. Additionally, gaps exist in understanding the long-term impacts of these interventions on immigrant health outcomes (Derose et al., 2017; Vargas Bustamante et al., 2018).

## 1.2 Identification of Gaps and Room for Improvement

Through a comprehensive review of the existing literature, several gaps and areas for improvement in research and practices regarding healthcare challenges for immigrants in the US become evident. These include:

### 1.21 Lack of Theoretical Background or Sound Evidence

While several theoretical frameworks exist to explain the relationship between healthcare challenges and determinants among immigrants, further research is needed to enhance their applicability and specificity to different immigrant populations. Additionally, more robust evidence is required to support the effectiveness of interventions aimed at addressing healthcare disparities (Vargas Bustamante et al., 2018).

### 1.22 Unclear Relationships

Certain aspects of the relationship between healthcare challenges and their determinants among immigrants remain unclear or insufficiently explored. For example, the specific mechanisms through which cultural factors influence healthcare access and quality require further investigation. Similarly, the interplay between legal status and healthcare utilization warrants deeper exploration (Hacker et al., 2015).

### 1.23 Need for Additional Investigation or Data on Specific Topics and Populations

Some subgroups within the immigrant population, such as asylum seekers, humanitarian parolees, refugees, and undocumented immigrants, have unique healthcare needs that require further investigation. Additionally, understanding the healthcare experiences of non-English-speaking immigrants, including the impact of language barriers on care delivery and outcomes, necessitates more extensive research (Smith & Shin, 2020).

### 1.24 Lack of Evidence-based and Tailored Interventions

While interventions have been developed to address healthcare disparities among immigrants, there is a need for evidence-based approaches that are specifically tailored to the diverse needs of different immigrant populations. A more nuanced understanding of cultural competence and

the customization of interventions to align with cultural backgrounds are essential to improve healthcare access and quality (Derose et al., 2017).

### 1.25 Lack of Proper Follow-up/Data Collection

Long-term follow-up and comprehensive data collection are vital to assess the impact of interventions and policies targeting healthcare disparities among immigrants. A lack of standardized data collection practices and inadequate tracking of health outcomes limit our ability to evaluate the effectiveness of interventions and make informed policy decisions (Vargas Bustamante et al., 2018).

## 1.3 Research Objectives and Question

In light of the identified gaps and the need for further investigation, the research objectives of this study are as follows:

### 1.31 Research Question

What are the specific healthcare challenges faced by immigrants, including asylum seekers, humanitarian parolees, refugees, and undocumented immigrants, in Philadelphia?

### 1.32 Study Design and Data Needs

To investigate the research question, a mixed-methods approach will be employed, combining qualitative analysis of interviews with immigrants and surveys of Nationalities Service Center staff. This comprehensive approach will provide a multi-dimensional understanding of the challenges and facilitate the exploration of potential solutions.

### 1.33 Study Objectives

The study objectives are as follows:

a. To assess the extent of healthcare challenges faced by immigrants in Philadelphia.

b. To identify the specific factors contributing to these challenges, including language barriers, legal status restrictions, and cultural differences.

# 2. Methods

This cross-sectional study employed a mixed-methods approach, incorporating interviews and online surveys. The study aimed to explore the healthcare experiences of immigrants accessing services at the Nationalities Service Center (NSC) in Philadelphia.

## 2.1 Background Information

The site where the research took place was the Nationalities Service Center (NSC), a non-profit organization that provides various social and legal services to refugees[1], asylum seekers[2], and other immigrants in the Philadelphia area. The people that NSC serves will sometimes be referred to throughout this paper as "clients", and this group also includes humanitarian parolees[3] and undocumented immigrants[4].

## 2.2 Interviews

For the interview component, participants were recruited from the pool of current or former clients of the NSC. The participant demographics including sex, immigration status, country of origin, length of time in the US, and English proficiency are presented in **Table 1**. To ensure confidentiality, each participant's name was replaced with a code (e.g., P1) during data analysis and reporting. Convenience sampling was used to select participants based on their availability and willingness to participate. Two sources were utilized to collect potential interviewee names: case managers in the Survivor Services department at NSC and clients enrolled in the Food Access Program, who visited the NSC weekly for the food pantry.

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[1] "A person forced to flee their country due to violence or persecution" (https://www.unrefugees.org/refugee-facts/what-is-a-refugee/).

[2] "A person who has left their country and is seeking protection from persecution and serious human rights violations in another country, but who hasn't yet been legally recognized as a refugee and is waiting to receive a decision on their asylum claim (https://www.amnesty.org/en/what-we-do/refugees-asylum-seekers-and-migrants/)".

[3] A person who benefits from "a discretionary grant of temporary permission to enter the United States for urgent humanitarian reasons or significant public benefit" (https://www.boundless.com/immigration-resources/humanitarian-parole-explained/#:~:text=What%20is%20Humanitarian%20Parole%3F,reasons%20or%20significant%20public%20benefit.".

[4] "Refers to anyone residing in any given country without legal documentation" (https://immigrantsrising.org/resource/defining-undocumented/).

| Code | Sex | Immigration status | Country of origin | Length of time in the US (rounded to the closest 0.5 year) | English proficiency |
|---|---|---|---|---|---|
| P1 | F | Parolee | Afghanistan | 1.5 | LEP |
| P2 | F | Parolee | Afghanistan | 1.5 | LEP |
| P3 | M | Parolee | Afghanistan | 1.5 | LEP |
| P4 | M | Asylum-seeker | Cuba | 1 | LEP |
| P5 | F | Parolee | Afghanistan | 1.5 | LEP |
| P6 | F | Asylum-seeker | Venezuela | 9 | Proficient |
| P7 | F | Undocumented | Guatemala | 2 | LEP |
| P8 | F | Asylum-seeker | Peru | 4 | LEP |
| P9 | F | Undocumented | Mexico | 5 | LEP |
| P10 | M | Asylum-seeker | Ghana | 3 | Proficient |

**Table 1**. Demographics of the study population that participated in a study interview.

The inclusion criteria for participants included being a current or former client of the Nationalities Service Center. A total of 10 clients agreed to participate in the interviews, while 6 clients declined, and 4 clients dropped out due to time conflicts or unavailability for follow-up contact.

The interviews took place between March and June 2023. Participants were contacted via phone call or text message, based on their preferred method of communication indicated in their profile within NSC's Apricot system. During the recruitment process, potential participants were provided with a brief description of the research study, including the purpose and their involvement. Informed consent was obtained from all participants before proceeding with the interviews. To ensure confidentiality, participants' names were removed from all reported data, and their identities were anonymized.

The interviews were conducted by Sarah Smith, a Master of Public Health (MPH) student at École des Hautes Études en Santé Publique (EHESP). Sarah had prior experience conducting interviews for a qualitative study on traditional and Western medicine in Senegal. The researcher's interest in immigrant health and future medical career influenced the development of interview questions and the overall study focus.

During the interviews, telephonic interpreters were utilized for eight out of the ten interviews to ensure effective communication with participants who had limited English proficiency. The

researcher took detailed notes during the interviews instead of recording them to create a trustful environment for the participants. Each interview lasted between 30 and 45 minutes.

Interviews were conducted either in-person at the NSC office or over the phone, depending on the participant's preference and convenience. Only the participants and the researcher, Sarah Smith, were present during the interviews, with occasional presence of the participant's children or partner.

The interview questions (**Appendix 1**) were developed in consultation with the internship supervisor and using course materials from the “Research Methods” course of the Master of Public Health. The questions aimed to gather comprehensive information about participants' healthcare experiences. The semi-structured interview format allowed for flexibility, with the prepared questions serving as a guide rather than a strict sequence. Participants were encouraged to share their experiences with the healthcare system, irrespective of direct alignment with the interview questions.

## 2.3 Surveys

The online survey component (**Appendix 2**) was conducted using Google Forms and distributed via email to a purposive sample of direct service staff members at NSC. A list of 16 staff members from various departments, including Survivor Services, Health and Wellness, Refugee Resettlement and Placement, Health Access, and the Ukrainian Support Program, was provided by the internship supervisor, ensuring a diverse range of perspectives and rich information related to the research study.

The inclusion criteria for survey participants were being a direct service staff member at NSC who could provide relevant information to the research study. Out of the 16 staff members contacted via email, 8 responded to the survey. The survey period lasted two weeks in April 2023, and participants were given a reminder to complete the survey one week after the initial distribution.

The survey data was collected directly through Google Forms, ensuring anonymity and confidentiality. The respondents were made aware of the researcher's intentions to use the

survey results for the thesis project and to share insights with NSC staff regarding client experiences.

Similar to the interviews, the survey questions were developed in collaboration with the internship supervisor. The survey aimed to capture relevant information regarding the participants' perceptions and experiences related to healthcare challenges faced by immigrants. Thematic analysis was employed to analyze the survey results and identify common themes and patterns.

All participants, both interviewees and survey respondents, were provided with informed consent information before participating in the study. They were made aware of the study's purpose, the voluntary nature of their involvement, and the anonymization of their data. Anonymity was ensured by removing participants' names from all reported data and quotes derived from interviews.

# 3. Results

## 3.1 Interview Results

The analysis of participant interviews revealed several main themes related to healthcare challenges experienced by clients of the Nationalities Service Center (NSC), presented in **Table 2**.

| **Healthcare challenge** | **Percent of participants who indicated encountering this challenge** |
|---|---|
| Cost of care | 70% |
| Language barriers | 60% |
| Racism/discrimination | 50% |
| Complexity of the healthcare system | 50% |
| Long wait times in the emergency room | 40% |

**Table 2.** The main healthcare challenges encountered by interview participants.

## 3.11 Cost of care

Cost of care emerged as a major healthcare challenge, highlighted by 7 participants. The high cost of care was reported to prevent people from seeking healthcare, leading some participants to rely on getting medications from the pharmacy instead of seeking professional care. Even with insurance, the cost of healthcare was perceived as a significant barrier, making it expensive and difficult to access for uninsured individuals. One participant regretted going to the emergency room (ER) due to a $5000 bill, while another had not seen a doctor in four years due to financial constraints. In fact, one participant chose to walk to the ER rather than calling an ambulance to avoid incurring additional expenses.

## 3.12 Language Barriers

Language barriers were identified as another major challenge by 6 participants. Participants expressed difficulties in understanding healthcare providers and felt that the lack of interpreters affected the quality of care received. Reliance on family members, such as children, for appointment scheduling and interpretation was also reported. Participants described negative experiences in hospital settings and clinics, where communication barriers hindered effective healthcare interactions.

One participant, an LEP female from Guatemala who has been in the US for two years, shared a negative experience due to language barriers in the emergency room:

> *They didn't speak Spanish, so it was very hard to explain things. It took hours to get a Spanish interpreter on the phone, but even then, sometimes they didn't understand. I felt like the doctors didn't want to ask questions to learn more about the problem—they seemed bothered that I was there.* (P7)

## 3.13 Racism and Discrimination

Racism and discrimination were highlighted by 5 participants as additional challenges within the healthcare system. Instances of discrimination were reported, particularly in interactions with front desk staff and customer service, where participants felt that their accents affected the quality of care they received. Participants perceived negative attitudes towards immigrants and felt treated differently when they did not understand or speak English.

One participant (female and LEP from Guatemala) shared, in speaking about racism and discrimination in the healthcare system:

> *I perceive that they look down on immigrants if they don't understand or speak English. We are treated differently. I have encountered a lot of racists who have very negative attitudes towards us.* (P7)

The same participant noted that perhaps the discrimination she experienced was because she did not have insurance:

> *I feel like this is what is at the core of this—when you don't have insurance, it's like they don't care. They don't even try to understand what happened to you or what is wrong.* (P7)

One participant, a male asylum seeker from Ghana who has been in the US for three years and speaks English, shared how he witnessed the poor treatment of his neighbors who did not speak the language:

> *Some people don't have the patience to help these people. People will treat you bad and don't want to help you if you don't understand English.* (P10)

## 3.14 Complexity of the Healthcare System

The complexity of the healthcare system was identified as a major challenge by 5 participants. Participants mentioned challenges with the process of making appointments, including confusion, stress, and long waiting times. Navigating insurance coverage, copayments, and referrals to specialists or diagnostic tests added to the complexity. Lack of continuity of care and conflicting medical advice from different healthcare providers also contributed to the participants' frustration.

One participant, a female asylum seeker from Venezuela who had been in the US for 9 years and speaks English, shared:

> *"Honestly, the process of figuring it out with insurance and making appointments to get connected with a doctor and get medical tests done makes me feel like I am back in a third-world country. Actually, it was much easier in my home country to get health care. I am just thankful to be relatively healthy, I'm not sure what sick people would do."* (P6)

### 3.15 Emergency Room Wait Times

Another notable challenge mentioned by participants included the long wait times in emergency rooms (ER). Wait times in the ER were reported as a significant challenge by 4 participants. Lengthy wait times, such as waiting for 16 hours to be seen, discouraged individuals from seeking healthcare services. One participant even walked to the ER himself but still had to wait 8 hours to receive care.

These themes illustrate the multifaceted challenges faced by NSC clients when accessing healthcare. The next section will discuss these findings in light of the existing literature and provide implications for improving healthcare services for immigrant populations.

## 3.2 Survey Results

The survey aimed to gather insights into the healthcare challenges faced by service providers working with NSC and the barriers encountered by their clients in accessing and receiving healthcare. A total of 8 respondents participated in the survey, representing various teams at NSC, including resettlement, social services, Ukrainian support, management of multiple teams, and wellness.

The first survey question sought to understand the caseload of the respondents. The majority of respondents reported having between 11 and 30 clients on their current caseload.
When asked to describe their client population, respondents provided varied responses. The client population was characterized as newly arrived refugees, refugees who arrived within the past 3 years, Ukrainians who fled from war, all NSC clients, Latino/Hispanic individuals without legal status, and immigrant survivors of torture. Regarding the immigration status of the clients served by the respondents, the most common immigration statuses were reported as refugees, asylees, and parolees.

The survey delved into the barriers faced by clients in accessing healthcare. The respondents were asked to estimate the proportion of clients facing such barriers. Half of the respondents indicated that the majority of their clients faced barriers in accessing healthcare, while all respondents acknowledged that at least some of their clients encountered such challenges. **Figure 1** shows all of the possible answers to the question, “From what you have observed,

what barriers do your clients face in accessing health care? (You may select multiple answers.)". Cultural and language barriers emerged as the most prevalent barriers to accessing care, with 100% of respondents identifying them as significant challenges. Other notable barriers reported by respondents included a lack of knowledge of the healthcare system, technological barriers, transportation barriers, and economic barriers. One respondent highlighted the difficulties faced when obtaining vaccination records without the physical presence of the client at the doctor's office, stating:

> *My main interaction with the health care system is compiling refugee health records and scheduling appointments for clients to complete the vaccinations necessary for their green card. It's extremely difficult to get vaccination records without having the client physically go to their doctor's office, and there are obviously a myriad of problems that arise out of that 'necessity.' Clients have difficulty getting to their doctors' office and struggle to convey what exactly they need when they get there. The healthcare system has certain features - like online portals or patient apps that display health records - that hypothetically would provide the information my program/clients need, but the majority of clients do not possess the tech literacy or English proficiency to utilize these services. From a service provider perspective, it is easiest to work with clinics like Wyss that NSC has a relationship with and are suited to serve our clients. Other large providers - like Einstein and Jefferson - are nearly impossible to contact (and that's from the perspective of a college-educated native English speaker!)*

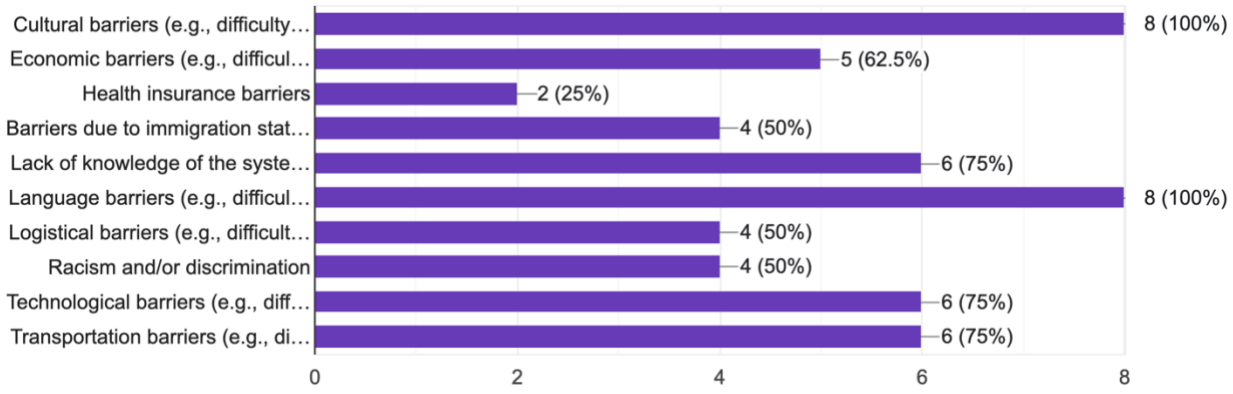


**Figure 1.** Barriers encountered by clients in accessing health care from the perspective of their case managers (n=8).

In terms of barriers in receiving care, all respondents indicated that at least some of their clients faced obstacles, with the majority indicating that half of them face obstacles. The types of barriers these clients faced are depicted in **Figure 2**. After a year or two in the United States,

clients were observed to struggle with follow-up appointments and navigating Medicaid, as noted by one respondent:

> *Clients receive refugee screenings when they arrive, and the health team is very diligent and committed to helping clients navigate the system, but I often see that after a year or two in the United States, clients struggle with going to follow-up appointments and, especially, navigating Medicaid.*

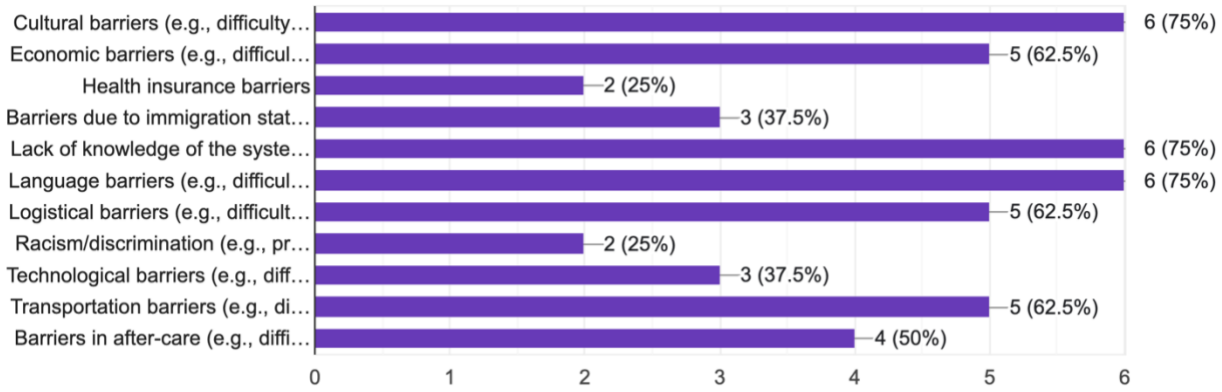


**Figure 2.** Barriers faced by clients in receiving health care from the perspective of their case managers (n=8).

When asked about the resources that clients found helpful in overcoming these barriers, a common theme emerged, highlighting the importance of language assistance and interpretation access.

Respondents were also asked about resources that were currently not provided or accessible to their clients but would be helpful in overcoming barriers. Access to interpreters was identified as a crucial resource, with many healthcare professionals lacking knowledge of how to access such services.

The survey explored the challenges encountered by service providers when assisting clients in accessing and navigating the healthcare system. Cost barriers were identified as a significant challenge, particularly for clients without lawful immigration status who were ineligible for health insurance. Long wait times for appointments, lack of follow-up from doctors, and limited language access were also highlighted as challenges faced by service providers. Some of the challenges expressed by the respondents include:

> *Biggest challenges are typically among those without lawful immigration status who are not eligible for health insurance. FQHCs are a good resource for primary*

*care, but many have a long wait for a first appointment. Then connection with specialist care, if needed, can be a problem due to cost. Cost barriers are also big for eye exams and dental procedures (though for dental, the Penn Dental partnership is a huge help, but there is a waiting list).*

*Lack of providers that do not have low-cost/free services for clients without status.*

*The long wait periods for appointments, lack of follow-up from doctors, language access for clients.*

Overall, the survey results shed light on the prevalent barriers in healthcare faced by NSC clients and the challenges experienced by service providers in assisting them. The findings emphasize the need for language assistance, interpretation services, improved knowledge of available resources, and solutions to address cost barriers in order to enhance access to and quality of healthcare for this population.

# 4. Discussion

## 4.1 Summary of the Main Results

In this study, the healthcare challenges faced by immigrant populations served by the Nationalities Service Center were examined. Through the analysis of survey responses and qualitative interviews, several key themes emerged. Interview participants reported facing a range of healthcare challenges, including the cost of care, language barriers, wait times in the emergency room, racism/discrimination, and the complexity of the healthcare system. The majority of survey respondents reported clients facing barriers in accessing healthcare, with cultural and language barriers being the most prevalent. Additionally, a significant proportion of clients experienced difficulties navigating the healthcare system due to a lack of knowledge and technological barriers. These findings provide valuable insights into the multifaceted nature of healthcare challenges experienced by immigrants.

## 4.2 Findings in the Context of Previous Studies

When examining the findings in relation to the study population and previous research, several similarities and differences emerge. Chavez et al. (2017) emphasized the impact of language barriers on healthcare access among immigrant Latinos, which aligns with the high proportion of respondents in our study who reported language barriers as a significant challenge. Similarly,

Hacker et al. (2015) and Derose et al. (2017) highlighted the barriers faced by undocumented immigrants in accessing healthcare, with limited access to insurance coverage being a major factor. While the study did not specifically focus on undocumented immigrants, it is important to recognize that the immigration status of clients can influence their access to healthcare services (Vargas Bustamante et al., 2018).

The originality of the findings lies in the specific context of NSC's client population, which consists of newly arrived refugees, Ukrainian immigrants who fled from war, and immigrant survivors of torture. Limited studies have specifically explored the healthcare access and utilization patterns among these subgroups. The study findings contribute to the understanding of the unique challenges faced by these populations and highlight the need for tailored interventions and support.

## 4.3 Relationship between Outcome and Main Independent Variable

In examining the relationship between healthcare access barriers and the main independent variable, it is essential to consider the sociodemographic characteristics of the study population. Smith and Shin (2020) conducted a systematic review on refugees' access to healthcare services and emphasized the importance of cultural and language barriers, which are consistent with my findings. The high prevalence of cultural and language barriers in our study population suggests a need for targeted interventions, such as language assistance services and cultural competence training for healthcare providers.

## 4.4 Relationship between Outcome and Other Covariates

While our study primarily focused on the relationship between healthcare access barriers and the main independent variable, it is crucial to acknowledge the potential influence of other covariates. For example, economic barriers were reported by a substantial proportion of respondents. This finding aligns with previous research by Chavez et al. (2017) and emphasizes the need to address the financial constraints faced by immigrant populations when accessing healthcare services.

Furthermore, it is important to acknowledge that non-significant results were obtained for some covariates. This may be attributed to various factors, such as sample size limitations or the

complexity of the healthcare system. Future studies should explore these covariates further to gain a comprehensive understanding of their impact on healthcare access.

## 4.5 Limitations and Strengths

The present study has several limitations that should be acknowledged. Firstly, the study design relied on self-reported survey data, which may introduce response bias and recall bias. Additionally, the sample size was relatively small, and the findings may not be generalizable to all immigrant populations. Furthermore, the study was conducted within the specific context of NSC, which may limit the generalizability of the findings to other settings.

Despite these limitations, the strengths of this study include its focus on a unique population and the utilization of a mixed-methods approach. The combination of quantitative survey data and qualitative quotes provides a more comprehensive understanding of the barriers faced by NSC's clients in accessing healthcare services.

## 4.6 Conclusion

In conclusion, this study sheds light on the barriers to healthcare access and utilization among immigrant populations served by NSC. The findings underscore the significant challenges posed by cultural and language barriers, as well as limited knowledge of the healthcare system. The study highlights the need for targeted interventions, including language assistance services, cultural competence training for healthcare providers, and initiatives to address economic barriers.

To improve the situation in the future, it is recommended that policymakers, healthcare organizations, and service providers collaborate to develop culturally-sensitive and linguistically-appropriate healthcare services. Future research should explore the long-term impacts of healthcare access barriers on the health outcomes of immigrant populations and investigate potential strategies to mitigate these barriers effectively.

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# Appendix 1. Interview Guide

The following questions were used to guide each interview:

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1- In what settings do you seek healthcare? (e.g., hospitals, outpatient clinics, etc.)
    a. Is this the same setting in which you sought care as when you first came to the US?

*Note: The next set of questions aim to understand two different experiences:*

*b. Your experience navigating the healthcare system and accessing health care (e.g., making appts, being seen by doctors)*

*c. Your actual experience in the hospital/clinic with the healthcare staff*

2- On a scale of 1-10 (1 being very difficult and 10 being very easy), how would you rate navigating the healthcare system and getting access to health care? (e.g., making appointments, getting to see doctors, etc.)
    a. Why? Can you elaborate?
        i. What specific barriers or challenges do you face in accessing health care? (What has made it difficult to see a doctor?)
        ii. What would have made the experience a 10?

3- On a scale of 1-10 (1 being least satisfied and 10 being most satisfied), how would you rate your satisfaction with the health care you receive?
        a. What specific barriers do you face in receiving health care/in your health care interactions? (What challenges do you face when you are at the doctor's office?)
        b. Anything else that would have made the experience better?

4- Some people report other barriers when it comes to accessing or receiving healthcare in the US, including: language barriers (limited availability of linguistically appropriate services), limited access to health insurance, cultural barriers, racism/discrimination, lack of familiarity with the US healthcare system, financial constraints, and immigration status. Do you feel that you have experienced any of these challenges?

a. Language barriers:
    b. How do you communicate with healthcare staff? (interpreter, LC staff, etc)?
    c. What are the biggest challenges you face in terms of communication?
    d. How do you feel that language barriers impact your access to health care or the care you receive?
    e. What would make it easier to navigate language barriers in healthcare?

5- What resources do you find helpful in getting good health care? (e.g., interpreters, translated information, case management, etc.)
    a. Does NSC provide any resources that help you in navigating the healthcare system or your healthcare experiences?

6- What tools/resources do you wish you had to improve your healthcare experiences in general?

7- Is there anything else that we haven't discussed today in regards to your healthcare experiences that you would like to share?

# Appendix 2. Survey Questions

Below is the survey (in a modified format to fit within the format guidelines of this paper) that was distributed:

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I. This first section aims to get a better understanding of the client population that you serve.

1. What team do you work for at NSC?
2. How many clients are on your current caseload? (i.e. how many clients are you actively serving?)
3. How would you describe your client population in a few words?
4. What is (are) the immigration status(es) of the clients you serve?
5. On average, for how long have your clients been in the US?

II. Barriers in Health Care

This next section aims to understand the barriers/challenges clients may face in their healthcare experiences.

I differentiate between challenges that impact clients' access to care (ability to get care in the first place, e.g., difficulty making an appointment) and challenges that impact their quality of care (e.g., difficulty communicating with the doctor). Overlap in answers is okay, and feel free to skip any questions that do not pertain to you.

1. Approximately what proportion of your clients face barriers in **accessing** health care?
    - None
    - Some
    - Half
    - Most
    - All
2. From what you have observed, what barriers do your clients face in accessing health care? (You may select multiple answers.)
    - **Cultural barriers** (e.g., difficulty navigating health system to receive medical care due to differences in US system compared to client's home country)

- **Economic barriers** (e.g., difficulty paying for medical care, prescriptions, treatment, etc.)
- **Health insurance barriers**
- **Language barriers** (e.g., difficulty making an appointment due to English level, inadequate/insufficient interpretation/translation)
- **Racism/discrimination**
- **Technological barriers** (e.g., difficulty navigating technology to make/confirm appointments, use patient portals, or attend telehealth consultations)
- **Transportation barriers** (e.g., difficulty getting to appointment, cost of transportation)
- **Barriers due to immigration status** (i.e. due to status, client is not eligible for public benefits and/or health insurance)
- **Logistical barriers** (e.g., difficulty finding a provider)
- **Lack of knowledge of the system** (e.g., knowledge of how to change providers, advocate for themselves)
- **Other** (please elaborate below)

3. Approximately what proportion of your clients face barriers in **receiving** health care?
    - None
    - Some
    - Half
    - Most
    - All
4. From what you have observed, what barriers do your clients face in receiving health care? (You may select multiple answers.)
    - **Cultural barriers** (e.g., difficulty communicating with provider due to cultural differences, lack of culturally competent or trauma-informed care)
    - **Economic barriers** (e.g., difficulty paying for medical care, prescriptions, treatment, etc.)
    - **Language barriers** (e.g., difficulty communicating with provider due to limited English proficiency, inadequate interpretation/translation)
    - **Racism/discrimination** (e.g., prejudicial treatment of client in healthcare setting due to client's race, ethnicity, or appearance)

- **Technological barriers** (e.g., difficulty navigating technology for telehealth consultations, prescription refills, etc.)
- **Transportation barriers** (e.g., difficulty getting to appointment)
- **Health insurance barriers**
- **Barriers due to immigration status** (i.e. due to status, client is not eligible for public benefits and/or health insurance)
- **Logistical barriers** (e.g., difficulty finding a provider)
- **Lack of knowledge of the system** (e.g., knowledge of how to change providers, advocate for themselves)
- **Barriers in after-care** (e.g., difficulty with making follow-up appointments, getting referrals to specialists)
- **Other** (please elaborate below)

5. What resources (in health settings, through NSC, etc.) do you clients find helpful in overcoming these barriers to accessing or receiving health care?
6. What resources (in healthcare settings, through NSC, etc.) currently not provided/accessible to your clients do you feel would be helpful in overcoming these barriers?
7. What challenges do you encounter as a service provider when assisting clients in accessing or receiving health care or navigating the healthcare system?
8. What resources would be useful to you personally in helping clients navigate the healthcare system?
9. Is there anything else you'd like to mention related to this topic that didn't come up in this survey?

## Difficultés rencontrées par les immigrés pour accéder aux soins de santé à Philadelphie (États-Unis)

## Résumé de recherche (Abstract in French)

L'objectif de cette étude est d'examiner les défis auxquels les immigrants, y compris les demandeurs d'asile, les libérés conditionnels pour raisons humanitaires, les réfugiés et les immigrants sans papiers sont confrontés pour accéder aux soins de santé et recevoir des soins de qualité aux États-Unis, en mettant l'accent sur la ville de Philadelphie. Réalisée au Nationalities Service Center (NSC), une organisation à but non lucratif qui fournit des services sociaux et juridiques à la population immigrée, cette étude transversale a utilisé une approche mixte, incorporant des entretiens avec des clients du NSC et des enquêtes en ligne avec des membres du personnel des services directs afin de mieux comprendre les expériences des clients en matière de soins de santé. L'analyse des entretiens avec les participants a révélé plusieurs thèmes principaux liés aux difficultés rencontrées par les clients en matière de soins de santé, notamment le coût élevé des soins, les barrières linguistiques, le racisme et la discrimination, la complexité du système de santé et les longs délais d'attente aux urgences. Les enquêtes ont révélé que les barrières linguistiques et culturelles, ainsi que le manque de connaissance du système et les barrières économiques, étaient perçus par le personnel comme les principaux défis auxquels sont confrontés les clients en matière de soins de santé. Les résultats soulignent les défis importants posés par les barrières culturelles et linguistiques, ainsi que la connaissance limitée du système de soins de santé. L'étude met en évidence la nécessité d'interventions ciblées, notamment de services d'assistance linguistique, de formation à la compétence culturelle pour les prestataires de soins de santé et d'initiatives visant à lever les obstacles économiques.