

Complex Care Regional Convening Health Care and Housing Access for All

Final Proceedings Report

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The National Center
for Complex Health & Social Needs
An initiative of the Camden Coalition



Illinois Alliance for
Welcoming Health Care



Table of Contents

Introduction and Overview	3
Overarching Themes	8
Action Items and Proceedings by Action Tank	
Action Tank 1: Ensuring Medicaid Expansion includes Complex Care Needs	12
Action Tank 2: Advocating for Quality Long-Term Care and Support Services	16
Action Tank 3: Community Empowerment through Awareness and Education	20
Action Tank 4: Provider Training and Competency	26
Action Tank 5: Addressing Housing Insecurity and Access	30
Welcome Letters from the Regional Convening	
National Center for Complex Health and Social Needs	33
Rush University Medical Center	34
Regional Convening Planning Committee	35
Speaker and Facilitator Bios	36
Glossary of Terms and Acronyms	42
Acknowledgements	45



Introduction and Overview

About Rush University Medical Center

Rush University Medical Center is a nonprofit academic medical institution in Chicago, Illinois with a strong focus on health equity and improving the health of the communities it serves. The Center for Excellence in Aging (CEA) is a collaborative of core groups throughout the University and Medical Center that promote Age-Friendly Communities and advance Rush's commitment to being an Age-Friendly Health System. The overall goal of the CEA is to advance care for older adults and their families through clinical services, research, education, community outreach, community leadership and empowerment, and health policy advocacy. The CEA improves how health professionals deliver care and prevent diseases by taking the lessons learned from research and applying them to clinical and community settings.

In 2017, Rush University Medical Center became one of the many co-founders of the Illinois Alliance for Welcoming Health Care, a collaborative of health care organizations and community-based organizations convened by the Illinois Coalition for Immigrant and Refugee Rights (ICIRR), focused on making health care institutions more immigrant-welcoming. In 2017, Rush also formed the Immigrant Health Working Group (IHWG), an interprofessional committee of Rush employees and students focused on advancing institutional changes in policy, operations, practice, and education to make Rush a more immigrant-welcoming institution and to advance immigrant health care access for undocumented patients within our service area. In 2018, through the work of the IHWG, Rush became the nation's first "sanctuary hospital" after creating a formal policy to ensure our patients, students, and staff were safe from immigration enforcement while on campus. The IHWG then provided training for our front desk, security, and house operations staff to enforce this policy.

In 2020, the IHWG collaborated with the CEA, the Center for Health and Social Care Integration (CHaSCI), the Center for Community Health Equity (CCHE), and Rob Paral and Associates to

convene a collaborative of 34 organizations and publish the “Collaborative Report on the Aging Undocumented Population of Illinois.” This report, published in December 2020, was the first report of its kind, as no other research had specifically gathered the data of undocumented older adults and forecasted the growth of the population. This report forecasted that the population of undocumented adults 65 and older in Illinois would increase from 3,986 in 2017 to 55,154 in 2030, a more than 12-fold increase. The second half of the report discusses the socioecological impact of an aging undocumented population and makes numerous policy and practice recommendations.



Medicaid Expansion in Illinois and Complex Care

The Healthy Illinois Campaign used the data and insights from our report, as well as clinical case examples from our collaborative and additional data from Rob Paral and Associates, to write Medicaid expansion legislation in Illinois, creating a Medicaid-lookalike program that would be open to undocumented Illinois residents 65 and older. This program has since expanded since, now accepting adults 42 and older as of April 2022.

While this Medicaid expansion has been life-changing for many undocumented individuals and their families in Illinois, many undocumented individuals with complex care needs are falling through the cracks, as this program does not cover many of the services individuals with complex health and social needs depend on. These programs include home and community-based services such as home health and homemaker services, long-term care, transplant care, and any institutional care for mental health or

developmental disability. These shortcomings have also created confusion amongst institutions, providers, social care providers, families, and patients. The benefits of this program, as well as the stories of those with complex health and social needs who are falling through the cracks, are captured beautifully through the Aging in the Shadows series from investigative journalists Laura Rodriguez-Presa from the Chicago Tribune and Carlos Ballesteros from Injustice Watch.

Goals of the Complex Care Regional Convening

Long-term Goal

To improve health care access for adults who are undocumented and their family caregivers by addressing unmet social determinant of health needs and engaging acute and long-term care partners to support complex care post-hospitalization. For example, we will address the expansion of public health care insurance plan access (inclusion of SNF, mental health facilities, etc.) and secure more options for long-term care or supportive housing as they age

Mid-term Goals (6 to 18 months after the Convening)

- Design a policy intervention and action plan for each of the focus areas (e.g., Medicaid expansion, transitional care, etc.) from action tanks
- Describe the need and corresponding policy intervention and action plans within existing local and state forums
- Supplement current coalitions to bolster relationships and elevate voices

Short-term Goals (What we hoped to achieve at the Convening)

- Describe need for long-term care among undocumented Illinoisans and how it affects health, quality of life, and implications for the health care system
- Identify concrete opportunities to use regulation and legislation to expand long-term care coverage (with at least one opportunity shared by each action tank)
- Compile case studies for use in advocacy materials



About our Planning Committee

Our Rush team sought to recruit a dedicated planning committee that was diverse in terms of race and ethnicity, role, organization, and lived experience. We successfully recruited a planning committee of 18 different organizations from across the state of Illinois, including large health systems, federally qualified health centers and free and charitable clinics, multipurpose community-based organizations, advocacy organizations, and housing organizations. These committee members met every other week from December 2021 to April 2022 to make the Regional Convening a reality.

What is an Action Tank?

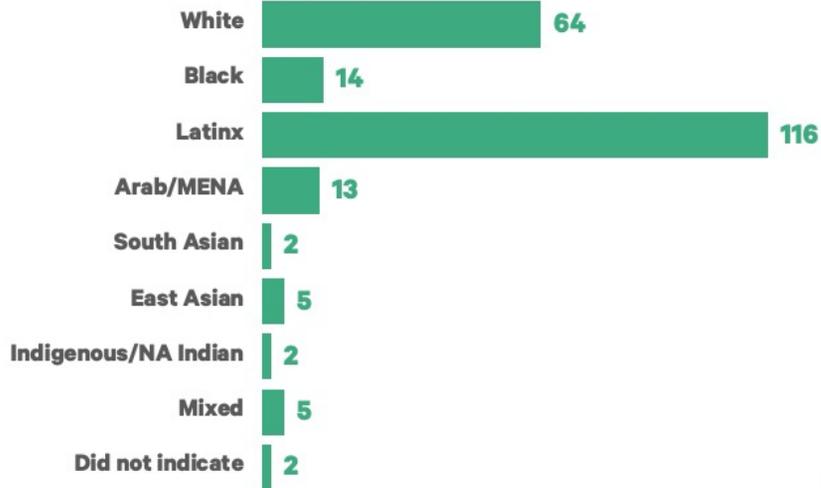
At the time of registration, participants were asked to select which Action Tank they would like to join based off their interests and area of practice. Action tanks are essentially spaces for us to come together to devise action-oriented next steps on the specific topic at-hand. Each action tank came together across the two-day convening to devise realistic and achievable goals and strategies, utilizing the Consensus Building methodology from the Institute of Cultural Affairs USA and ToP. During the second day of the convening, each Action Tank reported back on their 5 to 6 actionable goals and discussed with other convening participants. The Action Tanks included (1) Ensuring Medicaid Expansion includes Complex Care Needs, (2) Advocating for Quality Long-Term Care and Support Services, (3) Community Empowerment through Awareness and Education, (4) Provider Training and Competency, and (5) Addressing Homelessness and Housing Access.

Our Keynote and Panel Presentations

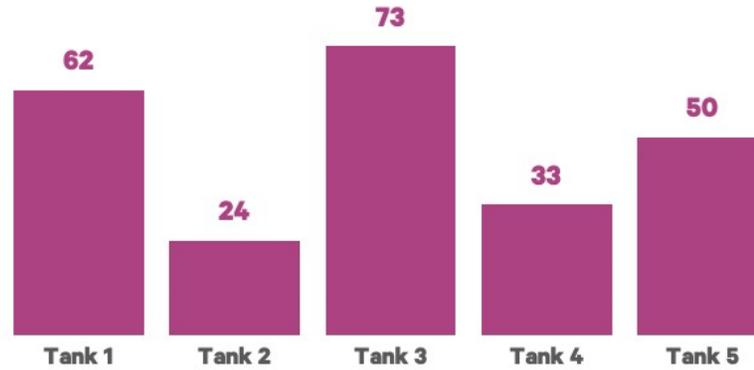
During the first day of the convening, we were joined by journalists Laura Rodriguez-Presa from the Chicago Tribune and Carlos Ballesteros from Injustice Watch, authors of the Aging in the Shadows series. Rodriguez-Presa and Ballesteros shared their experience gathering stories and the process of writing their four-part investigative journalism series, as well as their initial motivation for pursuing the topic and their hopes and goals for the individuals they met. Following our keynote address, we hosted a panel discussion, including Christina Manheimer from the Rush University College of Nursing, Sendy Soto from the Chicago Department of Housing, Lissette Castañeda from LUCHA, and Adela Carlin from Illinois Partners for Human Service. We gathered this panel, because all four panelists had experience turning their direct-practice work with the undocumented community around housing and health care access into advocacy. The four panelists had varying methods for turning their work and experience into advocacy, and gave meaningful insight and motivation to our convening participants.

Registration Dashboard

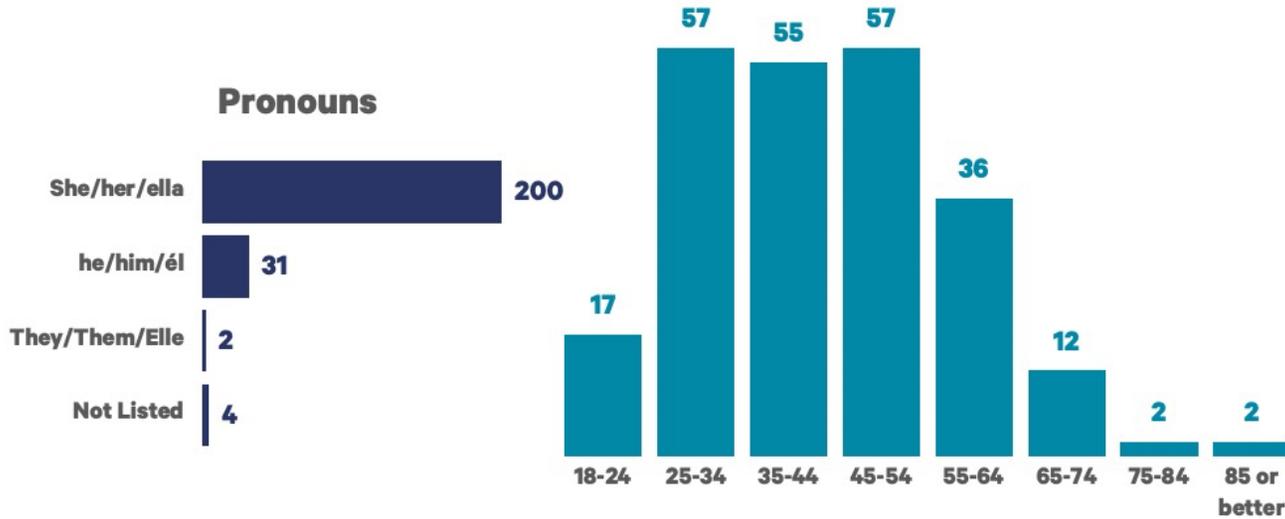
Racial and or Ethnic Identity



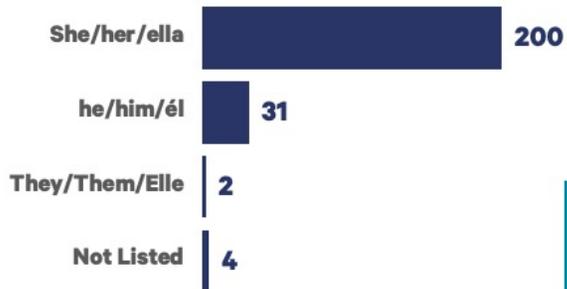
Action Tank Registration



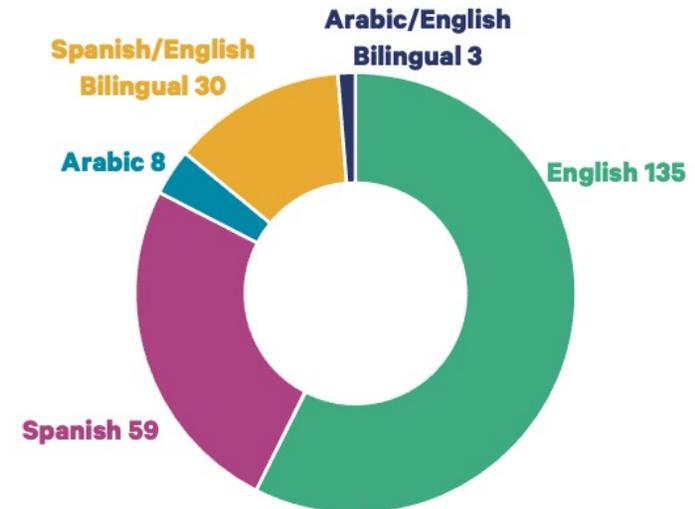
Age Range



Pronouns



Language



Overarching Themes Spanning Multiple Action Tanks



Community Education and Empowerment. All action tanks stated that community education is paramount to the success of any task created to improve complex health and social care management. Any community education effort must first recognize that the undocumented community has a long history of fear and mistrust of the government, health care, and structural resources. There needs to be strategies that center community health workers (CHWs), community-based organizations, and other informal networks to ensure that people in the community receive correct information from trusted individuals. Community members should also be empowered to advocate for themselves, as well as to push back when being told “no.”



Expansion of Services. Health care organizations must provide their services beyond the walls of their institutions if they want to establish trust and provide effective care to the communities in their service areas. This includes community health improvement programming, satellite clinics, and community presence. The range of services offered also needs to be tailored to the community, and social workers and CHWs should be readily available.



Expansion of Coverage. The undocumented community must have access to health insurance coverage that includes coverage for complex care needs such as home and community-based services such as home health and homemaker services, mental health care, disability care, home modification, and long-term care and support services. Enrollment in these programs should be a priority for payors, including the State of Illinois. Creation of these coverage plans and coverage of these needed services will help our state and our communities avoid an ethical crisis.



Cultural Competency. Many of the convening participants shared their own negative experiences and the experiences of their communities interacting with health care providers and health care systems that were culturally insensitive. Health care organizations and professional associations must recognize that cultural sensitivity and language access are paramount to providing ethical care, as well as for establishing



patient trust and affinity. Undocumented patients should be treated with kindness throughout the entire process, and if there are resources they are not able to access, then provided with resources they can and/or an advocate that can assist them.



Standardization and Collaboration. Consistently throughout numerous action tanks, providers and community members alike stated frustration with navigating resources. Some resources are challenging to navigate and may be different from institution-to-institution, such as charity care or financial assistance, access to durable medical equipment, or access to rental assistance. False and outdated information circulates frequently and creates false hope or disappointment, worsening community mistrust. Many action tank participants discussed desire for a central hub for resources and referrals that was continuously monitored or updated. While existing social care resource databases are a valuable tool, at this time it is not specific enough to allow us to navigate resources for undocumented individuals and how to find alternative resources for when undocumented individuals do not qualify. Through this repository, if providers could chat and problem-solve together, that would be an ideal addition.



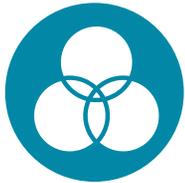
Utilization of Social Care Workers. Many action tanks mentioned the increased use of community health workers, also called promotoras or promotores de salud. CHWs are often from the communities they serve and are dedicated to providing resources and connecting community members to coverage, programs, and services. CHWs can also be integral in helping patients with complex care needs manage their health and to set and achieve health goals. CHWs thrive most when they are equitably paid and receive necessary training within the scope of their work. Social workers and care managers are also necessary to help patients find creative solutions when there are substantial barriers to care. Institutions should invest in hiring and empowering social workers and CHWs as parts of team-based care.



Strengthening CBO and Provider Partnerships. Health care organizations and health care systems could advance many of these goals by partnering more closely with community-based organizations (CBOs). By co-locating nurses, social workers, and providers in CBOs, health care organizations could benefit from the trust already



established by the CBOs. Health care systems can also work to ensure that they are partnering sufficiently with CBOs within their service areas, and ensuring that the CBOs are paid for the time they spend collaborating with the health care organizations.



Accessibility and Intersectionality. Throughout this work, we must be cognizant of the intersectionality of the undocumented community, including but not limited to race, ethnicity, language, literacy, socioeconomic status, sexual orientation and gender identity, health conditions, and disability. As we enact the action items laid out in this convening, we must always ensure that anything created to advance complex care management for this community centers accessibility.



Community Trust and Relationship Building. Trust of the community and community leaders is paramount to the success of any program or service provided. Ensure to continuously include the voices of those directly impacted to ensure programming is accessible and community-centered. Health care organizations must put in the work both clinically and through the community to win and maintain the trust of the communities they serve.



Getting the message to policy makers and advocates. Overall, many participants felt that the advocates working directly with policymakers, as well as the legislators and policy makers, are out-of-touch with the needs of the community on the ground. As undocumented individuals cannot vote and often are not empowered to participate in the political process, their voices and concerns are often not heard. We must create a way to capture the expressed needs of the undocumented community and create a vision that is relevant to advocates, policymakers, and legislators.





Action Items and Proceedings by Each Action Tank

Action Tank 1: Ensuring Medicaid Expansion includes Complex Care Needs

This action tank began with an overview of the current Medicaid expansion in Illinois (Health Benefit for Immigrant Seniors, Health Benefit for Immigrant Adults), implications of those plans for individuals with complex care needs, and current advocacy efforts. This action tank focused on how to advocate for and expand legislation and programs that provide the services most needed by individuals with complex care needs, including those with disabilities.

Central Question: How can we ensure that immigrants with complex health and social needs are not left behind in health care reform and expansion in Illinois?

Action Tank 1 Goals:

- Devise a plan for collecting data and stories that demonstrate the individual and public health impact of an inclusive Medicaid expansion plan
- Create a vision for advocates and policymakers focusing on what is most important to the undocumented community with complex care need

Total Estimated Attendance: 45 attendees

Action Tank Facilitators: **Carrie Chapman**, Legal Council for Health Justice & **Andrea Kovach**, Shriver Center on Poverty Law

Note Taker: **Cindy Duran**, Rush University Medical Center

Technical Assistant: **Andre Pappas**, Rush University Medical Center

Summary of Action Tank 1 Discussion

There was consensus about the importance of Medicaid Expansion in Illinois through the Health Benefits for Immigrant Seniors and Health Benefits for Immigrant Adults comprehensive health coverage programs. The group also discussed how there are still gaps in the HBIS and HBIA benefit packages including a discussion about the need for these expanded Medicaid plans to cover Home and Community-Based Services (HCBS) and Long-Term Care and Support Services (LTCSS). There was much discussion on how to make health care more accessible and culturally sensitive, including co-location, language access, and, on a more structural level, having more incentives and programs that support these coverage expansions. The Action Tank

encourages more involvement with the Healthy Illinois Campaign to align with their advocacy initiatives, including providing stories of why these unmet needs are harming individuals and unnecessarily driving up costs and causing inefficiencies in the health care landscape.

Action Items from Action Tank 1

Area of Advocacy	Description	Action Items and Potential Steps
<p>Culturally and linguistically appropriate care</p>	<p>At all patient access points, agency and provider notices and medical care should be provided in patient’s needed language (not by a family member) with providers trained and practicing cultural competency and cultural humility</p>	<p>Advocacy to ensure that agency notices are available in the languages needed by enrollees. Community based orgs, community health workers and directly impacted can provide testimony to agencies to push for this.</p> <p>Advocate for legislation to require that all health care providers and front desk workers have mandatory training about cultural competence & cultural humility (and have secret shopper studies paid for by the state to monitor and enforce it).</p> <p>Work to ensure that providers know how to engage with the Illinois Alliance for Welcoming Health Care for providers who are affirmatively seeking to implement policies that help ensure immigrant patients feel safe and welcome in the provider setting and experience.</p> <p>Ensure that agencies provide information in preferred language to people enrolled in Medicaid programs to be able to switch providers, ID proofing, enroll in Manage My Case, get enrolled in Managed Care or with a primary medical home.</p>

Adequacy of specialty care access

Increase access to specific specialty services such as oral health, vision, mental health, home health care, and end of life care (palliative and hospice providers) in their preferred language.

Providers must improve their integration of services through co-location, universal “care everywhere” electronic medical records, better care coordination, etc.; value-based purchasing should be incentivized.

Create partnerships to be able to provide services in multiple communities because many communities have gaps in services. Identify the gaps and state creates incentives to fill them.

Technology barriers; address digital fluency

Address and remove technology barriers, especially for people who are older; increase communities' digital fluency

Provide technology grants for immigrant serving agencies and training for people to increase knowledge how to use technology.

Increase high speed access to internet regardless of ability to pay.

If clinics are requiring patients to use iPads or other technology, provide some guidance or education on how to use that technology.

Know Your Rights (KYR) needs for community

Facilitate community empowerment about health care rights and opportunities. Health care systems are complex and people need to feel empowered to navigate it.

Fund more community health specialists, social care workers, and peer support.

Develop KYR on moving and switching providers, ID proofing, Manage My Case. Since people enrolled in HBIS and HBIA are NOT enrolled in Medicaid Managed Care--they are in Fee-for-service—they need to understand how to choose a primary care provider and use their Medicaid card. People enrolled in Medicaid Presumptive Eligibility (PE) need to understand what that means for how long they have coverage and how to transition to another coverage program when PE ends.

<p>Address social determinants of health</p>	<p>Immigrant older adults and immigrants with complex health and social needs are particularly susceptible to challenges in housing, safety, food access, utilities, social support, and health care access; these disparities can be addressed on a structural level.</p>	<p>Ensure adequate funding so that the current Medicaid-like programs provide a full benefit package so that people with complex health care needs can access a full benefit package and coverage regardless of status. Ensure adequate coverage to expand HBIA to those age 19-64 with a full benefit package.</p> <p>Screen for social determinants of health (healthy food, safe homes, etc.) when enrolling in Medicaid—particularly for people who have chronic health conditions who may need additional resources in order to successfully manage their conditions; ensure these “non-medical” services wraparound the medical services provided by these coverage programs.</p> <p>The Federal Poverty Level needs to be reconsidered and addressed, because inflation and increased price of food, gas, and other goods and services. This is particularly exacerbating for older adults and other people on fixed income. Rent and food will always be prioritized over coverage for health care.</p>
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Action Tank 2: Advocating for Quality Long-Term Care and Support Services

This action tank began with an overview of the purpose and current structure of Long-Term Care and Support Services (LTCSS) and the impact these services currently have on discharge planning and complex care management. This action tank focused on how undocumented individuals with complex care needs can navigate the health care system, and the effect that experience has on communities.

Central Question: How can health care providers and health systems improve how undocumented individuals access and navigate health care?

Action Tank 2 Goals:

- Identify and describe the primary concerns of clinical providers and families as they navigate complex care with undocumented immigration status
- Identify potential areas for collaboration, advocacy, and resource sharing

Total Estimated Attendance: 12 attendees

Action Tank Facilitators: [Rani Morrison](#), UI Health & [Dennis Chevalier](#), UI Health

Note Taker: [Elvia Esparza](#), Rush University Medical Center

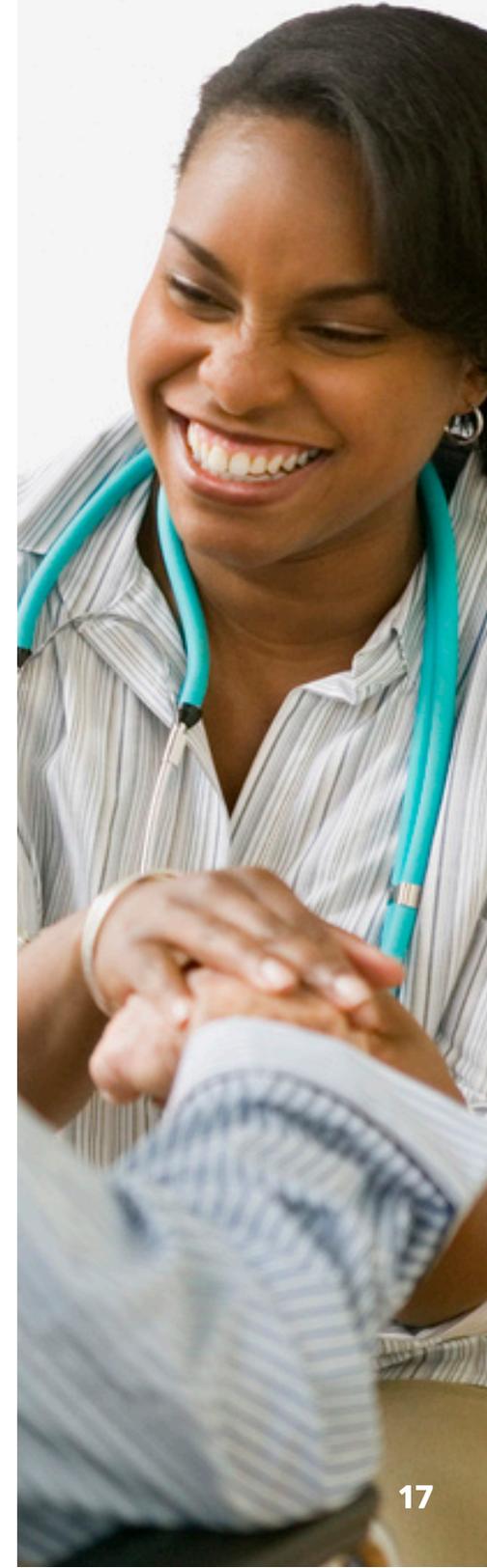
Technical Assistant: [Jessica Lim](#), Rush University Medical Center

Summary of Action Tank 2 Discussion

This action tank focused on the resources and collaborations that can be fostered to support undocumented patients as they navigate gaps in care, but also how providers can participate in advocacy to advance policies that cover these gaps. The Action Tank discussed the need for centralized resources, education and training for staff and providers, and extensive collaboration between health care organizations and community-based organizations. By improving access to resources and information, we can ensure that patients receive more follow-up and fewer patients fall through the cracks.

Action Items from Action Tank 2

Area of Advocacy	Action Items	Potential Leads Identified	Outcome
Education and Training for Staff and Providers	Implement immigrant care and anti-bias training for providers and staff of organizations	Illinois Hospital Association	Increased competency as measured by pre- and post-assessments
Centralized resources for care	<p>Create both patient-friendly and provider-focused centralized immigrant care resources</p> <p>Implement mobile outreach teams to disperse into key communities and IL Welcoming Centers to distribute information and educate about resources, sign community members up for eligible programs, etc.</p> <p>Hospitals and health care organizations should work directly with community-based organizations and IL Welcoming Centers to provide education about their services like sliding fee scales, financial assistance, access to Durable Medical Equipment banks, etc.</p>	<p>Create a community-based board to lead or IL Alliance for Welcoming Health Care/ICIRR could potentially lead</p> <p>IDHS could add information regarding medical coverage to the current immigration services page, potentially through the IDHS Deputy Director of Immigrant Services.</p> <p>Hospital Leadership</p>	<p>Improved access to resources demonstrated by consumer surveys and data of resource acquisition in key zip codes</p>



<p>Advocacy</p>	<p>Tabulate and publicize the gap hospitals are currently filling with there not being coverage for long-term care and support services (LTSS) and home and community-based services (HCBS). Data can include long-term hospital stays and days, readmissions on uninsured and emergent Medicaid patients, etc.</p> <p>Collect patient and provider stories for public advocacy and media efforts</p> <p>Engage HFS regarding the gap in long-term care, long-term support services, and HCBS</p>	<p>Illinois Hospital Association</p> <p>Shriver Center on Poverty Law</p> <p>Healthy IL</p> <p>Illinois Long-Term Care Association/Illinois Council on Long-Term Care</p> <p>IL Aging Together</p>	<p>Addition of Long-Term Care and Home and Community-Based Services (HCBS) to HCIS and HCIA plans</p>
<p>Invest in Preventive Care</p>	<p>Make sure undocumented communities have ample opportunity to participate in health and wellness programs, exercise programs, socialization programs, and have access to care management for social determinants of health</p> <p>Integrate more into communities and promote preventive care, provide screenings, early detection, and awareness-raising.</p>	<p>Rush Generations & CHEE</p> <p>Partner with disease or condition-specific advocacy organizations</p> <p>Illinois Department of Public Health</p>	<p>More undocumented individuals will have access to care and programs that will help keep them out of the hospital in the first place and allow them to live in their communities.</p>





Action Tank 3: Community Empowerment through Awareness and Education

This action tank was designed to align with and inform the Immigrant Health Academy from the Illinois Coalition for Immigrant and Refugee Rights (ICIRR). The action tank began with a discussion of the identified opportunities for education and empowerment—including self-advocacy, navigating financial assistance, health care Know Your Rights (KYR), fear of public charge, and others. This action tank focused on how we can effectively educate the community about their rights and resources, empower them through education, and how we can disseminate accurate information to as many community members as possible.

Central Question: How can we make sure that undocumented individuals are regularly receiving accurate and helpful information about health care, health care access, social services, and public benefits?

Action Tank 3 Goals:

- Devise a coordinated system for disseminating accurate information about health care rights and resources to undocumented communities
- Identify strategies for empowering undocumented individuals to advocate for themselves and others within the health care system
- Identify concrete opportunities for individuals to advocate within their communities for their voices to be heard and to hold health care systems accountable

Total Estimated Attendance: 45 attendees

Action Tank Facilitators: **Edith Avila Olea**, Illinois Coalition for Immigrant and Refugee Rights & **Teresa Berumen**, Rush University Medical Center

Note Taker: **Alex Lipira**, Camden Coalition of Health Care Providers

Technical Assistants: **Tyler Alexander**, Rush University Medical Center & **Shweta Ubhayakar**, Rush University Medical Center

Summary of Action Tank 3 Discussion:

Within this Action Tank, it was made apparent that overall educational access for the community needs to be expanded. Increasing the workforce of community health workers (CHWs) is essential to seeing this come to fruition as they are already embedded in the community. Education needs to be provided to community-based organizations (CBOs) and health care

systems about the benefits of employing CHWs, and to ensure appropriate funding is provided to CBOs, and funds are utilized to best serve local communities. It is imperative that we keep advocates accountable to ensure they are including directly-impacted individuals and providers at the table. By creating a structure of support with the help of CHWs, our communities can become a haven as a trusted, centralized resource, so that resources remain consistent and accessible. CHWs can also help to facilitate partnerships amongst health care organizations and trusted community resources.

Action Items from Action Tank 3

Objective	Action Items	Potential Leads Identified	Outcome	First Steps
Build trust between providers and immigrant patients	<p>Providers should develop partnerships with local libraries, schools, and Emergency Departments</p> <p>Providers should develop partnerships with CHWs and community volunteers and activists</p>	Hospital Systems & Clinics, Community-Based Organizations	<p>Immigrants will develop trust with local health providers and be able to better access health care</p> <p>Establish trust to break down the fears immigrants have when seeking health care, especially around medical debt</p>	<p>Educate providers about the barriers immigrants face</p> <p>IHA, FQHCs, and Free and Charitable clinics should seek paid partnerships with local promotores</p> <p>Allow CHWs to be a part of the relationship-building process with new partnerships like libraries, schools, emergency departments and others</p> <p>Connect providers to IL Alliance for Welcoming Health Care</p>

Education, Awareness, and Advocacy

Educate immigrants about their right to health care within the system and how to navigate the process of applying for programs

CHWs, CBOs, hospitals, and clinics

Reduce the barriers that immigrants experience in seeking health care

Equip and educate CHWS with accurate information about immigrant health rights.

Educate immigrants on how to navigate health insurance and coverage options

Empower immigrants to be bold when encountering a provider

Hospitals and clinics should provide appropriate culturally sensitive training to staff and providers. The IL Alliance for Welcoming Health Care could be a resource.

Ask hospitals to allow health ambassadors to pass out flyers during certain assigned schedules

Give immigrants the knowledge and language to advocate for themselves in health care settings

Create a universal referral system

Ensure that all hospitals have access to a central hub system that is also available in Spanish.

Hospital Systems, Clinics, & CBOs

Immigrants would be connected to resources available to them through their providers

Connect with IHA, FQHCs, and Free and Charitable Clinics to assess their capacity to coordinate and participate in the referral system.

An online referral system should be closed loop so community organizations can access the referrals and resources available to them.

UniteUs

Determining that cost is not a barrier to sign-up

Use language free of medical terminology and jargon to avoid barriers.

Educate promotora networks about UniteUs and UniteUs to provide free or reduced-cost access to CBOs

Create a central database/ hub of resources

IHA, through the Alliance for Health Equity, can be that central resource, generate a dedicated website and QR code that we can use to generate flyers to put in partner locations to educate about resources.

That way information is not specific to an individual hospital, and patients can still be able to choose their preferred health care institution.

IHA can keep track of changes to legislation that affect health care rights for the undocumented.

Alliance for Health Equity, Illinois Hospital Association

Immigrants will be connected to resources available to them through their local hospital.

IHA will have data around what services are pertinent to immigrant communities.

Educate Alliance for Health Equity about barriers immigrants face to access hospital and other social services.

Ask if they'd be willing to serve as a central resource and track data.

Hospitals to be accountable and transparent

Health care systems and providers, especially those with high immigrant populations, should partner with community leaders to design, implement, and evaluate programs to ensure that the needs of immigrants are being considered and met.

Hospitals need to be transparent and consistent around financial assistance processes. They should provide information along with the discharge paperwork, and make sure the information shared is

Hospital Systems and Clinics

Establishing systems of accountability and transparency will reduce the fear immigrants have of unaffordable medical bills.

Reduce the barriers experienced when applying for hospital financial assistance.

Use the IL Alliance for Welcoming Health Care as a resource for best practices.

Hospitals with best practices should educate other hospitals about potential programs that benefit immigrant patients and the hospital system

	<p>available to them in patients' preferred language.</p> <p>Providers need to prioritize a representative workforce. It's important from a linguistic and cultural sensitivity perspective and can have a direct impact when working with immigrant populations and other racial/ethnic populations as well. Representation matters. The workforce should be representative of the community the health care system is serving.</p>			
<p>Prioritize language access</p>	<p>Providers need to offer language and interpretation at the first encounter with the patient. Hospital intake and receptionist could facilitate this process.</p> <p>Ensure that the language used in hospital and clinical settings is welcoming to all people. For example, an SSN should not be required on necessary forms, present an option for undocumented individuals to opt out if they know they are ineligible for certain benefits such as Medicaid.</p>	<p>Hospital Systems & Clinics</p>	<p>Language access makes health care more accessible and less fear-provoking for immigrants</p>	<p>Hospitals with best practices should educate other hospitals about potential programs that benefit immigrant patients and the hospital system.</p>



Action Tank 4: Provider Training and Competency

This action tank focused on the need for training health care providers (physicians, nurses, care managers, therapists, and health professions students) to better work with the undocumented community. The discussion began with an overview of current education initiatives and elaborate on identified issues that have surfaced while working with providers.

Central Question: How can we educate health care providers to better work with their undocumented patients, improving the experience of undocumented individuals as they access health care? What is the priority?

Total Estimated Attendance: 15 attendees

Action Tank Facilitators: **Lizzi Cummings**, Rush University Medical Center, **Dr. Patricia Canessa**, Illinois Department of Public Health, & **José Antonio Ibarra Rodriguez**, Medical Organization for Latinx Advancement (MOLA)

Note Taker: **Lizzi Cummings**, Rush University Medical Center

Technical Assistant: **Lily McClosky**, Rush University Medical Center

Action Tank 4 Goals:

- Create a plan for educating health care professions students and current health care professionals to provide more competent care to the undocumented community
- Identify priority areas for training and education (e.g. educate on appropriate documentation within medical records or elsewhere)

Summary of Action Tank 4 Discussion

The Provider Training and Competency Action Tank explored areas of opportunity to ensure our providers have the tools necessary to support our community members. Understanding consistency is key, creating a foundation and structure is critical to providing the best care to our undocumented population. With the creation of an advocacy toolkit as well as building a curriculum training, organizations will have a great jumping off point as to how they can make a difference in the lives of those they serve. In this action tank, issues of equitable payment and insurance reimbursement of services provided by social care workers and health care workers was discussed.

Action Items from Action Tank 4

Area of Advocacy	Action Items	Potential Leads Identified	Outcome
Advocacy	<p>Create an advocacy toolkit to educate providers on how to advocate. This information should be specific information based on zip code or area</p> <p>Identify and share policies and laws to push for funding for resources</p> <p>Elevate the role of CHWs and ensure they are incorporated in the interdisciplinary care team</p> <p>Include peer advocates as part of team if possible</p>	<p>IL Alliance for Welcoming Health Care to develop advocacy toolkit.</p> <p>Healthy Illinois to reach out more to providers and health systems for input and advocacy, stories, etc.</p>	<p>Increased CHW workforce and more consistent use of interdisciplinary patient-centered teams</p> <p>Improved policy / procedures in respective institutions</p>
Build Curriculum Training	<p>Develop curriculum for training, incorporate questionnaires from Rush that were previously used to measure effectiveness</p> <p>Provide Cultural Competency / Humility Training / Person-centered care training for providers updating curriculum for education</p> <p>Provide education to students and training for professionals on importance of interpreter services and how to effectively work with interpreters</p>	<p>Partner with MOLA Medical Organization for Latinx Advancement</p> <p>Rush Immigrant Health Working Group</p> <p>Hispanic Nurses Association</p> <p>ICIRR Immigrant Health Academy</p> <p>American Medical Association, Nursing</p>	<p>Institutional and stakeholder buy-in</p> <p>Curriculums can be packaged and shared widely with health care institutions to ensure our staff provide the best care to our patients</p>

Increasing the amount of resources available and awareness of those resources

Association, Dental Association

Create a tool kit to help organizations implement a team within their respective area. A team that is aware of what supports are available to the undocumented community

Illinois Chapter, American Academy of Pediatrics

Community Member Education

Educational materials about patient rights and resources available

Partner with local community-based organizations, health care institutions and ambulatory clinics in near neighborhoods to develop material to support engagement in health care system.

Increased access to resources for community members

Encourage staff to refer to Chicago Public Libraries for access to computers if patients do not have access

Reduction in stigma in local communities

Create flyers and QR codes to access resource databases eventually created

Increase sense of community within neighborhoods and cities

Commercials on local channels about resources/support available to people regardless of immigration status



Action Tank 5: Addressing Homelessness and Housing Access

This action tank began with an overview of how undocumented immigration status exacerbates risk of homelessness, and the current barriers that undocumented homeless individuals face when attempting to access resources and housing programs. The focus of this action tank was to develop strategies for coordinating care and sharing resources for undocumented homeless individuals, concrete changes that can be made to programs and services and discuss how the current homeless services and housing programs can be expanded to equitably include undocumented individuals.

Central Question: What are the current barriers to affordable housing and homelessness prevention for undocumented individuals? What resources could be leveraged to address those barriers?

Action Tank 5 Goals:

- Identify changes and expansions that could better serve the undocumented homeless population, and devise a strategy to advocate to those decision makers to push for those changes
- Devise a strategy for health care providers, community organizations, and homeless services to better coordinate care and share data to better care for undocumented individuals

Total Estimated Attendance: 30 participants

Action Tank Facilitators: **Edwin Ortiz Reyes**, Latino Policy Forum & **Stephen Brown**, UI Health

Note Taker: **Emily Levi-D’Ancona**, Rush University Medical Center

Technical Assistants: **Padraic Stanley**, Rush University Medical Center & **Daniel Hong**, Rush University Medical Center

Summary of Action Tank 5 Discussion

This action tank discussed how an over-reliance on federal funds for addressing housing insecurity and homelessness is one of the key factors currently limiting accessibility for immigrant communities. Identifying non-federal funding sources that expand services to all without the limitations that come with federal, specifically HUD, funds is key for addressing housing insecurity in these communities. Once services are available, providers must work on increasing awareness in their communities through educational resources and leveraging community engagement similar to how “promotores” do with health services. Facilitating information sharing between different service providers will also be key to educating communities on available services and connecting those in need to the correct providers. Conversation centered around service accessibility about how it relates to the limits in funding and how folks who are undocumented don’t qualify for these services and therefore don’t seek them out.

Additionally, the action tank discussed how data does not capture the impact of housing insecurity and homelessness on the undocumented community. We are systematically undercounting, because this population does not qualify for services, so they don't seek them out. They are seeking out resources within the community. Many undocumented individuals live in doubled-up, unsafe, or crowded housing. Meanwhile, organizations over-rely on federal government and HUD funding, which, because they are inaccessible, then breeds mistrust of the community. Therefore, identifying non-federal funding resources and building community bonds would allow the immigrant community to feel comfortable accessing the services.

Action Items from Action Tank 5

Objective	Action Items	What is the outcome?
Funding	<p>Identifying and expanding non-federal (state, local, private) funding to increase services for immigrant communities</p> <p>Expanding non-federal (state, local, private) funding for affordable housing development</p>	<p>More services available to immigrant communities</p> <p>Increased affordable housing stock that is open to immigrant households</p> <p>Fewer limitations on how funds can be used and who is eligible</p>
Service Accessibility	<p>Creating a central repository for information and resources for the community.</p> <p>Increase use of CityKey ID and advocacy for ID expansion to other counties/municipalities</p>	<p>Easy access for service providers to have a one-stop location for information on available services</p> <p>Increased access to recognized IDs and access to services</p>

<p>Community Centered Approach</p>	<p>Working with non-traditional partners (community grocery stores, houses of worship, other community meeting places) to increase awareness of services</p> <p>Leveraging community outreach workers within targeted communities to increase awareness and direct individuals to services</p>	<p>Increased community knowledge about services coming from trusted sources</p> <p>Community has an active stake in information sharing</p>
<p>Education</p>	<p>Creating educational materials (infographics, flyers, other resources) about services available to be shared widely with the community and with community-based organizations (CBOs)</p> <p>Creating a shared housing curriculum (housing academy) that providers can then add to and edit based on the needs of the communities they serve</p>	<p>Ready-made materials to share and disseminate through different outlets for wider reach</p> <p>General information on services tailored to fit the context of diverse communities based on their specific needs</p>

Catalyzing Complex Care Ecosystems across the Country

On behalf of the Camden Coalition's National Center for Complex Health and Social Needs (National Center), it is my pleasure to welcome you to the regional complex care convening, Health Care and Housing Access for All hosted by Rush University Medical Center. Rush has been a long-standing partner of the National Center and leader in the field of complex care — they co-hosted our national conference in 2018 and serve on our advisory committee and conference planning committees. They are national leaders in the field of complex care and have played critical roles elevating the importance of addressing social needs as part of whole-person health and advancing health equity. We are proud to be partners with them on this event.

The National Center launched the regional complex care convenings project in 2019 to catalyze local complex care ecosystems across the country by facilitating information-sharing and collaboration on a regional level. Rush University Medical Center and the other four host organizations in this year's cohort were selected through a competitive process. Over the last eight months, National Center staff has worked with the host organizations to refine the convening goals and provide planning support and event funding.

To date, we have worked with 14 host organizations across the country, bringing together stakeholders to address a barrier to person-centered, integrated care in their community. Previous convenings include a partnership between Duke University and the University of North Carolina at Chapel Hill to address the fragmentation of health care and social services that affects children with complex health needs and their families; and the Pennsylvania Department of Health, Office of Health Equity who created a virtual workshop series to address deeply rooted health disparities in the state. These are just two examples of the various convening topics that range from medical respite in New York to implementing a social health information exchange in Colorado.

This year, Health Care and Housing Access for All is one of five convenings being held across the country. The team at Rush and their planning committee have worked tirelessly to bring us together to brainstorm solutions for health care and housing access within the undocumented community. The action tanks you'll be participating in over the next two days are an open and safe space, and I encourage you to participate as much as you can. I'm looking forward to sharing the ideas that come out of this convening with the greater complex care community who can learn from your expertise.

Thank you for taking the time to be here today.



Mark Humowiecki, JD
General Counsel & Senior Director
National Center for Complex Health & Social Needs
Camden Coalition of Health Care Providers



Alex Lipira
Program Manager
National Center for Complex Health & Social Needs
Camden Coalition of Health Care Providers



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Welcome From Rush University Medical Center

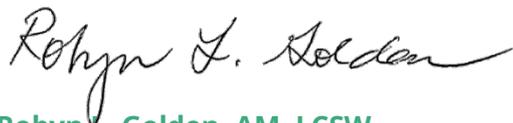
I would like to welcome everyone to this Regional Convening!

Thank you for taking the time to join us and to explore the issues surrounding Health Care and providing Housing Access for All. This work is close to our hearts here at Rush, as I know it is to yours. Access to health care and housing is a basic right that all human beings deserve.

At Rush, our Social Work and Community Health team provides wrap-around care and evidence-based programs that promote health and equity for all community members, no matter the barriers they may face to health and wellbeing. Rush's Center for Health and Social Care Integration and Center for Excellence in Aging improves how health professionals deliver care and prevent diseases by taking the lessons learned from research and applying them to clinical and community settings. Rush also convenes CHHRGE (the Chicago Homelessness & Health Response Group for Equity), a coalition of 46 member organizations focused on advocacy and action to address disparities in housing and health care access for individuals experiencing homelessness, including those who are undocumented.

At Rush, we understand that it takes a village to create a movement and make positive, sustainable change in complex care delivery. We are grateful to continue our strong relationship with The National Center in this capacity, as well as with all of you. We've invited you all here to join forces and develop concrete action plans to improve health equity for undocumented individuals in Illinois. Together, we can lay the groundwork for large scale operational and policy change to expand access.

By sharing our work with other cities and states to better understand and address the rampant inequities experienced by undocumented individuals navigating health care, aging services, and housing, the changes we imagine over the next two days can begin to move the needle nationally and make a real difference in the lives of so many.



Robyn L. Golden, AM, LCSW

Associate Vice President of Social Work and Community Health
Co-Director, Center for Excellence in Aging
Co-Director, Center for Health and Social Care Integration
Chair, Department of Social Work, Rush University College of Health Sciences
Rush University Medical Center



We've invited you all here to join forces and develop concrete action plans to **improve health equity for undocumented individuals in Illinois**. Together, we can lay the groundwork for large scale operational and policy change to expand access.

Regional Convening Planning Committee

- Isa Alvarez** Medical Organization for Latinx Advancement (MOLA)
Edith Avila Olea Illinois Coalition for Immigrant and Refugee Rights
Rachel Bhagwat NAMI Chicago
Patricia Canessa Illinois Department of Public Health
Caroline Chapman Legal Council for Health Justice
Yanina Guevara Medical Organization for Latinx Advancement (MOLA)
José A. Ibarra Rodriguez Medical Organization for Latinx Advancement (MOLA)
Andrea Kovach Shriver Center on Poverty Law
Laura Mendoza The Resurrection Project
Rani Morrison University of Illinois Health
Kara Murphy DuPage Health Coalition
Estefania Perez Medical Organization for Latinx Advancement (MOLA)
Rocio Perez Arc of Illinois
Consuelo Puente Family Matters
Ornella Razetto CommunityHealth
Itedal Shalibi Arab American Family Services
Mariam Siddiqui Health & Medicine Policy Research Group
Jovany Soto Medical Organization for Latinx Advancement (MOLA)

Coordinating Committee

- Padraic Stanley** Rush University Medical Center
Lizzi Cummings Rush University Medical Center
Teresa Berumen Rush University Medical Center
Lauren King Rush University Medical Center
Emily Levi-D'Ancona Rush University Medical Center

A special thanks to Health & Medicine Policy Research Group, and in particular Ann Duffy and Margie Schaps, as well as Bonnie Ewald from the Center for Health and Social Care Integration (CHaSCI) for your logistical support of the Complex Care Regional Convening.



Speaker and Facilitator Bios



Edith Avila Olea, MPP serves as the Policy Manager at the Illinois Coalition for Immigrant and Refugee Rights (ICIRR). In this new role, Mrs. Avila Olea works to increase ICIRR's policy and research capacity in collaboration with ICIRR's coalition members and partners. She has a Master in Public Policy (MPP) from DePaul University in Chicago and a Bachelor's Degree in Organizational Communication. Mrs. Avila Olea is originally from Mexico, though she has spent most of her life in the Georgia before moving to Chicagoland in 2013. She previously served as the Justice and Peace Associate Director for the Office for Human Dignity at the Diocese of Joliet, where she covered a wide range of social justice issues including immigration, restorative justice, poverty and hunger, and advocacy. Mrs. Avila Olea serves on the Board of Directors for the Spanish Community Center in Joliet, IL. She is also a board member for Bread for the World, a national organization dedicated to ending hunger.



Carlos Ballesteros is an award-winning reporter at Injustice Watch covering police, politics, and immigrant communities. Previously, he was a reporter for the Chicago Sun-Times and Newsweek. Carlos was born and raised in Chicago and lives on the city's Lower West Side. His dad immigrated to the city from northern Mexico in the late 1980s; his grandparents on his mother's side came to Chicago also from northern Mexico in the 1960s. Carlos is fluent in Spanish. You can reach him at carlos@injusticewatch.org.



Stephen Brown, MSW, LCSW is a faculty member and holds dual appointment as the Director of Preventive Emergency Medicine in the Department of Emergency Medicine at University of Illinois Hospital & Health Sciences System (UI Health), as well as the Senior Director of Social & Behavioral Health Transformation and Advocacy. He has baccalaureate degrees in Business Marketing from Northern Illinois University and Psychology from Northwestern University (summa cum laude) and a Master of Social Work from Loyola. He is the Program Director for Better Health Through Housing, a pilot that is raising awareness for the need to recognize homelessness as a health condition and to scale the nationally validated Housing First model. The program transitions patients who are chronically homeless from the emergency department into permanent supportive housing.



Teresa Berumen is the Community Health Worker Program Coordinator with the Rush University System for Health, a Trainer with the Center for Health & Social Care Integration, and serves as Chair of the Illinois Community Health Workers Association. In her role at Rush, Teresa was instrumental in developing and implementing a community health worker program and serves as the day-to-day lead for the team. Teresa and her team conduct social determinant of health screenings, primarily in the emergency department, as well as provide assistance in applying for public benefits and connection to community resources. Teresa formally began her career as a Community Health Worker in 2014 at Enlace Chicago, and she also served as community resource educator at Saint Anthony Hospital. Additionally, Teresa previously served as a member of the Illinois Community Health Worker Advisory Board in 2014. Proud of her Durango, Mexico heritage, Teresa immigrated to the United States with her family when she was a teenager.



Patricia Canessa, MA, MBA, PhD is the Co-Chair of the Illinois Department of Public Health's Rural Health Network, which includes over 100 members from a diverse representation of rural areas throughout Illinois. Through this, Dr. Canessa has provided cancer coordination and navigation services to special populations in Central Illinois through the past 6 years. Additionally, she is the Chair of the Committee on Health Equity and Social Justice for the American Public Health Association where topics of health care access and the presence of a growing migrant community from various countries are pressuring for the transformation of our health care system, the inclusion of culturally and linguistic staff and innovative interventions to integrate new communities. She is the author of numerous evidence-based practices currently supported by the State Department of Health and the Centers for Disease Control and Prevention. Previously, she served as Director of Health Equity and Diversity Programs for the Illinois Public Health Association and the Executive Director of Salud Latina/Latino Health.



Carrie Chapman is the Senior Director of Litigation and Advocacy at Legal Council for Health Justice, where she oversees litigation, legislation, and administrative advocacy. Carrie has extensive experience serving low-income people through litigation. She has litigated complex cases on the Medicaid program, education access for children with disabilities, immigrant access to benefits, and hospital charity care. Currently, she also teaches Poverty Law at DePaul University School of Law as an adjunct faculty member.



Adela Carlin is a community lawyer with more than 20 years of experience working with individuals, families, and community groups in Chicago. Currently, she is the Director of Grassroots Partnerships at Illinois Partners for Human Service, a statewide coalition of 850 health and human service organizations. Prior to joining Illinois Partners for Human Service, Adela served as the Director of the Legal Services Program at Catholic Charities Legal Assistance. She began her career at Legal Assistance Foundation as a staff attorney at a neighborhood office and then became the Director of Community Engagement. Adela's work and vision for justice are inspired by her family and community. Adela was born in Mexico and grew up in Little Village, a neighborhood on the southwest side of Chicago. She is bilingual in English and Spanish. Adela obtained a law degree from the University of Illinois College of Law at Urbana Champaign.



Lissette Castañeda is the Executive Director of LUCHA, an organization working to advance housing as a human right by empowering communities – particularly the Latino and Spanish-speaking populations – through advocacy, affordable housing development, and community building. Lissette Castañeda is the Executive Director of LUCHA. Given Lissette's innate leadership, proven track record, and unquenchable passion for affordable housing, she became the President of Logan Square Neighborhood Association's Board of Directors. During her tenure, Lissette was a leader on many campaigns around affordable housing and co-chaired the Housing and Land Use Committee. For over ten years, Lissette worked at Center for Changing Lives. She was a housing counselor and eventually part of the administrative team, leading the organization's efforts around community engagement and individual donor cultivation.



Dennis Chevalier, LCSW, ACM-SW is Assistant Director of Complex Care within the Department of Health Social Work at University of Illinois Health and Hospital System (UI Health). He is an active member of the Chicago Homelessness & Health Response Group for Equity (CHHRGE), where he actively advocates for patients with complex health and social needs.



Elizabeth (Lizzi) Cummings, MSW, LCSW Elizabeth (Lizzi) Cummings, MSW, LCSW is the Manager of Clinical Excellence and Training within the Department of Social Work and Community Health of Rush University Medical Center. Lizzi is also the Senior Manager of Training and Site Engagement with the Center for Health and Social Care Integration (CHaSCI), providing clinical and training support to health systems and community-based organizations across the nation as they implement CHaSCI Care Models. Lizzi also provides technical assistance support within the Rush Center for Excellence in Aging. In addition to her work at Rush, Lizzi serves on Access Living's Young Professionals Council, which works to engage society to join the movement towards inclusion and independence for people with disabilities and is the Secretary for the Society for Social Work Leadership in Health Care-Illinois Chapter. Lizzi holds a Master of Social Work from DePaul University in Chicago, IL and Bachelor of Arts in Psychology from DePauw University in Greencastle, Indiana.



José Antonio Ibarra Rodríguez was born in Vicente Guerrero, Durango, México and grew up in South Texas. His immigrant and Latino identity have shaped his world view and is his primary drive in leading change in the field of medicine. José is first year DACA Medical Student at Rush Medical College, MOLA- MRF Scholar (Medical Organization for Latino Advancement- Michael Reese Research and Education Foundation), and currently leads research aiming to improve the delivery of care with the ultimate goal of empowering our Hispanic community. José is determined to provide culturally sensitive care in both Spanish and English regardless of socioeconomic or immigration status, serving as an investigator, scholar, and contributor to policy change.



Andrea Kovach is a Senior Attorney for Healthcare Justice at the Shriver Center on Poverty Law, where she advocates for quality, affordable health care to be accessible to all. Andrea's work focuses on the successful implementation of the Affordable Care Act and on improving and defending the Medicaid program. Andrea is a Policy Committee Chair and a Steering Committee member of the Healthy Illinois Campaign, working to ensure a pathway to health coverage for all Immigrants. She is a convener and Executive Committee member of the Protecting Immigrant Families-Illinois coalition created to educate and resist harmful federal rule-making. Andrea also sits on the Steering Committee and is a policy Co-Chair of the Illinois Alliance for Welcoming Health Care.



Christina Manheimer, FNP-C, APRN is a founding lead nurse practitioner for CARReS COVID-19 medical respite center, and a family nurse practitioner in community health with Rush University College of Nursing Office of Faculty Practice. Manheimer is the lead NP on the 65-bed Covid Isolation Center which she was a part of developing with other Rush College of Nursing Faculty Practice providers, CDPH, and a local homeless shelter provider. She is currently enrolled in the DNP Population Health Program at Rush with a focus on Healthcare for Persons Experiencing Homelessness. When not at work or school, she can be found having fun with her husband and two young boys.



Rani Morrison, MS, MSW, LCSW, FACHE currently serves as the first Chief Diversity and Community Health Equity Officer at UI Health, charged with leading the health system's formal efforts towards improving diversity, inclusion, and health equity internally and externally in the communities UI Health serves. Rani has dedicated her career to improving access and equity in healthcare and brings over 20 years of experience in various capacities including HIV/AIDS direct services, public health, research, care coordination, and hospital administration. Ms. Morrison holds a BS in Sociology from Southern University and A&M College, a Master's in Public Service Management from DePaul University, a Master of Social Work from University of Southern California, and is a Licensed Clinical Social Worker. She is a Fellow in the American College of Healthcare Executives and board member of the Chicago Health Executives Forum.



Edwin Ortiz Reyes is the Civic Engagement Coordinator for the Latino Policy Forum. His focus is on the Forum's housing policy work. He works on issues of housing stability and affordability, gentrification, homelessness, and eviction prevention. His work also includes the intersection of housing and immigration issues and its effect on Illinois Latino immigrant community. Along with this work, Edwin also brings awareness to the community by providing presentations and workshops for organizations, local governments, and community members regarding housing rights and policies and their impact on Latinos and immigrants. Prior to his work at the Forum, Edwin was the Lead Bilingual Case Worker with Su Casa Hispanic Center in Cincinnati, Ohio. At Su Casa he oversaw the MARCC ID, Employment Services, and voucher programs.



Laura Rodríguez Presa is a bilingual journalist covering the Latino community in the Chicago area for the *Chicago Tribune*. Formerly a multimedia reporter for Hoy, the Tribune's Spanish-language newspaper, Laura focused on exposing the often untold stories of the Latino community. She aims to write pieces that transcend language, race, age and gender barriers



Sendy Soto is the Managing Deputy Commissioner for the Department of Housing's (DOH) newly formed Office of Community Engagement, Racial Equity and Strategic Initiatives (CERESI). As a lifelong Chicagoan, Sendy has devoted her career to undoing the harms of systemic racism and discrimination. Since joining DOH, Sendy has instituted a language access plan that expanded the department's outreach through digital and print resources in six different languages, while also leading the efforts to recommit DOH to affirmatively further fair housing. Sendy also co-led the Racial Equity Impact Assessment of the City's Qualified Allocation Plan (QAP) to consider how the QAP could be utilized to make the LIHTC allocation process and its results more racially equitable and ensure more opportunities for community wealth building. She currently serves on the Board of Directors for the Chicago Low-Income Housing Trust Fund and the Interfaith Community for Detained Immigrants. Sendy holds a Bachelor of Arts in Justice Studies from Northeastern Illinois University.



Padraic Stanley, MSW, LCSW is the program manager for community-based health promotion for the Rush University Medical Center Department of Social Work and Community Health. He is also the chair of Rush's Immigrant Health Working Group, which oversees Rush's immigrant health and welcoming healthcare initiatives. He is a graduate of the Loyola University Chicago School of Social Work, where he completed the Albert Schweitzer Fellowship and completed clinical practicum at Heartland Human Care Services and the Illinois Coalition for Immigrant and Refugee Rights. Currently, he is an adjunct professor of social work at Loyola University Chicago, Associate Professor of Social Work for the Rush University College of Health Sciences, on the associate board for Erie Neighborhood House, and the executive board for the International Association for Social Work with Groups.

Glossary of Terms and Acronyms

AAPI – an acronym for “Asian American or Pacific Islander”

Alliance for Health Equity - (formerly the Health Impact Collaborative of Cook County) is a partnership between the Illinois Public Health Institute, hospitals, health departments, and community organizations across Chicago and Cook County. They focus on making a collective impact on health equity (read more at www.allhealthequity.org)

Community-Based Organization (CBO) – nonprofit organizations that serve the community and are often staffed by individuals from the community. These organizations could be multipurpose social service organizations, advocacy organizations, faith-based organizations, etc.

Complex Care - Complex care seeks to improve health and well-being for people with complex health and social needs by coordinating and reshaping care delivery at the individual, community, and system levels. It addresses root causes of poor health through interdisciplinary care teams and cross-sector partnerships that deliver person-centered care based around participants’ own goals and priorities. These root causes extend beyond physical health and well-being to include social determinants of health including poverty, trauma, housing and/or food insecurity, and lack of access to care

Complex Health and Social Needs – the combination of multiple health needs and social needs that impact an individual’s life in a vicious cycle, including the presence of chronic conditions combined with other barriers to the social determinants of health described in the definition for “Complex Care”

Federal Poverty Level (FPL) – a measure of monthly or annual income that adjusts based on household size. FPL is often used to determine eligibility for programs or benefits

Federally Qualified Health Center (FQHC) - according to FQHC.org, a health center that qualifies for funding under Section 330 of the Public Health Services Act and qualifies for enhanced reimbursement from Medicare and Medicaid, as well as other benefits because they serve an underserved area or population, offer sliding fee scales, and provide comprehensive services

Free and Charitable Clinic - a safety-net health care organization that utilizes a volunteer/staff model to provide a range of medical, dental, vision, and/or behavioral health services to economically disadvantaged individuals. While some offer free services and other offer sliding scale fees, offered services are provided regardless of the patients eligibility to pay, and prioritize patients who are uninsured, underinsured, or have no access to primary, specialty, or prescription health care (National Association of Free and Charitable Clinics, 2016)

- Health Benefits for Immigrant Adults (HBIA)** – this is a Medicaid lookalike plan in Illinois, administered by HFS, that covers individuals 42 to 64 years of age at 138% FPL regardless of immigration status. This plan does not cover HCBS or numerous other services.
- Health Benefits for Immigrant Seniors (HBIS)** – this is a Medicaid lookalike plan in Illinois, administered by HFS, that covers individuals at 65 and older at 100% FPL regardless of immigration status. The plan does not cover HCBS or numerous other services.
- Health Care Know Your Rights (H-KYR)** – training provided to immigrant communities regarding what rights and benefits you have as an undocumented individual (i.e., the right to emergency department care, the right to an interpreter, etc.)
- Home and Community-Based Services (HCBS)** – HCBS refers to care delivered by a health care organization in the home and community. These often include, but are not limited to home health, homemaker services, and home hospice care.
- Home Health** – refers to the wide range of health care services that can be provided in-home for individuals recovering from or managing an illness or injury. The health care team at the time of discharge or assessment determines what services the patient could benefit from, including but not limited to nursing care, wound care, IV antibiotics, physical therapy, and occupational therapy. Home health care is usually much less expensive than inpatient care and allows for safer discharges from hospitals.
- Homemaker Services** – refers to personal care provided by trained and professional supervised personnel to help clients with their activities of daily living, including dressing, cleaning, cooking, shopping, and other household tasks.
- Illinois Coalition for Immigrant and Refugee Rights (ICIRR)** – a nonprofit organization that advocates for the rights of immigrants and refugees to full and equal participation in the civic, cultural, social, and political life of our diverse society. They are also a collaborative of immigrant-serving organizations and house the Illinois Alliance for Welcoming Health Care.
- Illinois Department of Health Care and Family Services (HFS)** – is the state institution in the State of Illinois responsible for the rulemaking and implementation of Illinois Medicaid and the HBIA and HBIS Medicaid-lookalike plans
- Illinois Hospital Association (IHA)** – an association that represents the interests of more than 200 hospitals and 40 health systems in Illinois (read more at www.team-iha.org)
- Know Your Rights (KYR)** – training provided to immigrant communities and communities of color regarding your legal rights when interacting with the police
- Long-Term Care (LTC)** – also called Long-Term Care and Support Services, means “a variety of services designed to meet a person's health or personal care needs during a short or long period of time. These services help people live as independently and safely as possible when they can no longer perform everyday activities on their own” (National Institutes of Health)

Medicaid - a public health insurance plan that provides health insurance coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by state and federal government. Individuals must meet certain guidelines, including income below a certain threshold, to qualify

Medicare - a federal health insurance program for people who are 65 or older, people with disabilities, or people with end-stage renal disease (ESRD), who meet certain federally standard requirements such as immigration status, work credits, and others

MENA – an acronym for “Middle Eastern and/or North African”

Undocumented - Used to describe an immigrant living within the United States without authorized immigration status. This includes individuals “who have entered the United States without inspection and permission from the United States government, as well as those who have entered with a legal visa that is no longer valid” (US Legal, 2019). Undocumented individuals may also be referred to as “unauthorized immigrants.” Under no circumstances should undocumented immigrants be referred to utilizing the term “illegal.”



Acknowledgements

Live Interpretation Provided by



Closed Captioning AI Software powered by



Organizing and Coordinating Staff



Report Design by

Padraic Stanley, LCSW
Consultant for Report
Design & Development



Thank you to our funders!

