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**The New York Immigration Coalition  
The Delivery of Culturally Competent & Equitable Health Care Services in New York City  
Hospitals Committee on Hospitals**

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My name is Seongeun Chun and I am the Senior Manager of Health Policy at the New York Immigration Coalition (NYIC).

Thank you to Hospitals Committee Chair Carlina Rivera for calling this hearing and for the opportunity to submit testimony on culturally competent & equitable care.

The NYIC is an advocacy and policy umbrella organization for more than 200 multi-ethnic, multi-racial, and multi-sector groups across the state working with immigrants and refugees. Our members serve communities that speak more than 65 languages and dialects. The NYIC Health Collaborative brings together immigrant-serving organizations from the frontlines of the battle to improve health access.

**Culturally Competent & Equitable Care**

I'm here today to talk about the importance of providing culturally competent and equitable care, which includes serving the linguistic needs of immigrants through clinicians or interpreters and a diverse workforce who represent New York's immigrant communities to improve provision and quality of service for those communities.

The current federal administration has leveraged an existing false narrative about the dangers of immigration and prompted unprecedented levels of fear and anxiety in immigrant communities. Immigration policies have included threats and attempts to create a mass deportation force, wall off the United States' southern border, ban the entry of immigrants based on their religion, end the Deferred Action for Childhood arrivals program, and suspend the refugee resettlement program, and penalizing immigrants for using public benefits to which they are legally entitled. This environment makes the availability of culturally competent and equitable health care more important than ever.

According to the 2015 Mayor’s Task Force on Immigrant Health Care Access [report](#)<sup>1</sup>, New York City immigrants pointed to lack of access to medical interpreters as a key barrier to health care access. The effects of insufficient language accessibility in health care include: worse access to care, worse care, and worse health outcomes for Limited English Proficient (LEP) patients as compared to non-LEP patients. In addition, research shows that language barriers to care persist even for LEP patients with health insurance. LEP patients often do not receive adequate interpretation services, with particularly significant gaps in outpatient primary care (both hospital- and clinic-based) and outpatient mental health services. In addition to the lack of access to high-quality interpretation services, many immigrants are unaware of their legal rights to language access and the availability of language access services in health settings. Simply knowing one’s legal rights – and exercising those rights to obtain adequate language services is critical in providing adequate care.

The challenge of navigating the complex healthcare system with limited English proficiency is something that I personally relate to. When I was 11, my mother developed severe abdominal pain. She spoke limited English; could not take time off from work and had little money. Friends told us that American doctors were abrupt, with no understanding of Korean language and culture. But my mother’s pain got worse and I, as the English speaker of the family, struggled to find a doctor who was understood Korean culture and would accept uninsured patients. Had I not known English, my mom would not have been able to access and receive appropriate, timely care that helped her to survive. This experience showed me that receiving culturally competent care is not be a privilege, but a basic right.

The shortage of culturally competent providers is even more dire when seeking behavioral health services for immigrant New Yorkers who face formidable barriers to behavioral health services. Some of them - such as a lack of linguistically and culturally appropriate care which includes a diverse, culturally responsive workforce, the stigma associated with behavioral health services, restrictive health insurance eligibility standards based on immigration status - predate the crisis caused by the Trump administration’s relentless attacks on immigrant communities. Others - such as the increased strain on safety-net providers caused by increased demand for services and the greater need for school-based services for children dealing with the trauma of family separation - were created or exacerbated by the administration. The need for a multi-faceted, macro-level approach with concrete policy and service improvements has never been greater.

We want to underscore the fact that closing gaps in quality and access to behavioral health services requires a diverse, culturally responsive workforce. Drawing on the recommendations of a report on mental health access and quality for immigrant New Yorkers that we will be issuing this

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<sup>1</sup> Report from the Mayor’s Task Force on Immigrant Health Care Access. Improving Immigrant Access to Health Care in New York City. 2015.

<https://www1.nyc.gov/assets/home/downloads/pdf/reports/2015/immigrant-health-task-force-report.pdf>

fall, we ask the City to consider the following recommendations aiming to increase immigrant New Yorkers' access to behavioral health services by broadening, deepening, and further diversifying the population of people providing these services:

- 1) Support efforts to increase behavioral health professional opportunities in high-need immigrant communities
- 2) Improve educational affordability by growing low-cost advanced degree programs at public institutions and implementing state-based behavioral health professional loan forgiveness programs
- 3) Seek mental health Professional Shortage Area designations based on immigrant density in neighborhoods

In addition, it is of utmost importance to create a pathway to improve access to receiving culturally competent behavioral health services that immigrant community members are made to feel comfortable, welcome, and confident in seeking the services available to them. New York State Office of Mental Health has worked to increase the cultural responsiveness of its services to better understand and meet the needs of all New Yorkers; however, more can be done to promote innovations and lift up community-based expertise to make immigrant New Yorkers more comfortable in seeking services such as:

- a) Behavioral health care providers incorporating cultural assessment into regular practice
- b) Make Mental Health First Aid training available in more languages and in more places
- c) Convene a coordinated citywide faith-based task force on behavioral health for immigrant communities
- d) Provide funding for New York public schools to recruit and train bilingual and bicultural school guidance counselors to offer mental health education in non-English languages

None of the recommendations described here individually resolve all access barriers, and all of them are part of a larger fight toward equity, justice, and human dignity that require policy changes beyond the health care service delivery system that is the focus of this report. However, if NYC and NYS follow through on the recommendations can be considered in partnership with community-based organizations, service providers, and immigrant communities, we can meaningfully improve access to behavioral health care.

Thank you for the opportunity to share this testimony today.