

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

FOR SPANISH-SPEAKING NEWCOMERS



NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Understanding Health and Health Care in the U.S.

If you are sick, get care as soon as possible so that your health does not get worse.

*If you need care right away, go to the nearest hospital emergency room.
Most hospitals must treat you during a medical emergency, even if you cannot pay.*

Doctors and hospitals should not ask about your immigration status.

*Many doctors and hospitals may ask for a social security number.
You do not need to give a social security number to doctors or private insurers.*

Some government programs, such as Medicare, can require a social security number.

Virginia does not report anyone to immigration for submitting an application to or receiving services through Medicaid, FAMIS MOMS, FAMIS Plus or FAMIS.

What is health?

Health in your country may include body, mind and spirit (espíritu).
You may think of these as being together.
Good health may mean that you are in balance.

Examples

Hot and cold

Four humors: Blood, phlegm, black bile, and yellow bile

In the U.S., health focuses on the body.
Body and mind are separate.
To be in good health means the body is free of illness (disease).

What is illness or being sick?

Illness or being sick in your home country may mean you are out of balance.
Restoring balance will make you well.

In the U.S., illness means that there is physical disease.
This means that the body and parts of the body are not working right.
To restore health means to restore the body to good working order.

What is medical care?

You may know medical care as a mix of science, traditional care, and spiritual care.

In the U.S., medical care focuses on the body.
It is based on science.
It does not include spirit or religion.
It often uses machines to test for and treat illness.

Who will make decisions about my care?

In your home country, a family member, doctor, pharmacist or traditional healer may have decided about your care.

In the U.S., you are responsible for your health.

You must be a partner with your doctor or other caregiver.

You may talk with relatives

The final decisions about care are yours.

Remember ...

You are responsible for your health.

You are responsible for what happens in health care settings.

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

You Have Rights!

You have a right to be treated with respect.

By law, no hospital or clinic may treat you differently than anyone else based on your race, color, national origin, disability, age, religion or sex.

You have a right to be spoken to with calm and consideration.

You have a right to be called by the name you want to use.

You have a right to ask for help in completing forms.

You have a right to speak to an employee's supervisor if you feel you are being treated with disrespect.

You have a right to have your questions answered.

It is important to your care that you get your questions answered and that you understand the answers.

If you do not understand what a doctor or nurses say, ask him or her to use easier words or draw pictures.

It is good idea to repeat information back to be sure you understand.

You have a right to participate in your care. You have a right to informed consent.

You have a right to have recommended treatment fully explained to you.

You have a right to say yes to treatment offered or no to treatment offered.

You have a right to refuse to participate in any research studies. Doctors may not do any research on you without your permission.

You may have a right to an interpreter.

If you do not speak, write or read English well, you are considered "Limited English Proficient" or LEP.

By law, hospitals or clinics that receive money from the federal government must take reasonable steps to assist LEP patients in talking with doctors, nurses and staff.

Common assistance:

- Trained interpreters in the hospital or clinic
- Trained interpreters contacted by phone
- Trained hospital or clinic staff

You may hear this called “Title VI” (Title Six).

For more information:

<http://www.lep.gov/faqs/faqs.html>

<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/factsheetguidanceforlep.html>

<http://www.clasactvirginia.org>

To file a complaint in Virginia:

Office for Civil Rights, Region III

U.S. Department of Health & Human Services

150 S. Independence Mall West - Suite 372

Philadelphia, PA 19106-3499

(215) 861-4441

(215) 861-4440 (TDD)

(215) 861-4431 FAX

You have a right to privacy.

Health Insurance Portability and Accountability Act (HIPAA) is a federal law that protects the privacy of your health information.

Under this law:

You have a right to get a copy of your health records.

You have a right to have corrections added to your health information.

You have a right to receive a copy of your doctor or clinic’s privacy practices.
This will tell you how the provider will share your information.

You have a right to ask that your health information not be shared.
Most doctors must share information with certain parties.

Example: your insurance company

You have a right to file a complaint.

For more information on HIPAA: or to file a complaint:

Office of Civil Rights

1-800-368-1019

<http://www.hhs.gov/ocr/hipaa/>

To file a complaint in Virginia:
Office for Civil Rights, Region III
U.S. Department of Health & Human Services
150 S. Independence Mall West - Suite 372
Philadelphia, PA 19106-3499
(215) 861-4441
(215) 861-4440 (TDD)
(215) 861-4431 FAX

You have a right to have your wishes met about care at death.

To do this, it is best to complete Advance Directives (living will).
It is better to write these, but you do not have to do so.

You may say what you want in front of a kind of witness.

Advance Directives have two parts:

A. You have a right to determine what care you want when you will not recover.

To legally tell you doctor what care he may (or may not) give you when you will not recover:
Complete Advance Directives (also called a living will).

This lets you tell the doctor several things about care:

- Whether you want care that may help you live as long as possible, even though you will not recover. You may want some kinds of care and not others.

Examples:

Food and water through a tube

Machine that breathes for you

Other medical or surgical care

- That you do not want care to live longer

Example:

DNR (Do not resuscitate): This tells the doctor or hospital not to help if your heart stops

- How comfortable you want to be

Example:

To be as comfortable as possible

Hospice care

It is important that you discuss your choices with your family and your doctor.

B. You have a right to state who will make decisions for you if or when you cannot.

There are three names for this part of the Directive:

- Medical power of attorney

- Durable power of attorney for health care
- Health care proxy

For any of these, you may state that:

- The person you name makes all decisions about your care
- The person you name makes only those decisions you list

Durable power of attorney allows the person you name to make additional decisions:

- The person you name may make any decisions you want, whether or not you are dying.

You do not have to make Advance Directives.

Virginia law lists people who can make decisions for you if you do not have Advance Directives.

This may be a guardian or family member.

If the guardian or family member is not available, a judge can decide on treatment.

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Language and Interpreters

*Not speaking English may lead you to wait before getting care.
It is important that you get health care when you need it.*

*Not speaking English may make talking to the doctor harder.
It is important that you know your rights.*

I do not speak English. What do I do?

You have a right to be understood.

In most cases, you have a right to an interpreter.

It is important to ask for an interpreter if you do not speak English at all.

It is important to ask for an interpreter if you do not speak English well.

How do I get an interpreter?

When making an appointment:

Ask at the time you make the appointment.

At a walk-in clinic:

Ask when you sign in.

At the hospital:

Ask when you register.

At the hospital emergency room:

Ask when you arrive.

Will I have to pay for the interpreter?

You should not have to pay for an interpreter used by the clinic or hospital.

What if the clinic or hospital has no interpreters?

They may work with an interpreter who comes in as needed.

They may have a staff member trained to interpret.

They may use an interpreter by phone.

I'm uncomfortable with someone I don't know. May I use a family member or friend to interpret?

Yes, but it is better to you use a professional interpreter or a trained staff member.

Professional interpreters and staff know medical words.

Professional interpreters will tell the doctor exactly what you say.

Professional interpreters will tell you exactly what the doctor says.

Must I use a professional interpreter?

No. The final decision is yours.

If you bring a family member or friend, you may have to sign a form saying this is the person you want to interpret for you.

Must all clinics have interpreters?

Most must try to help you by having some kind of interpreting help available.

This may be at the clinic or by phone.

If they do not have interpreters, they may ask trained staff who speak Spanish to assist.

What if there are no professional interpreters or staff available to interpret?

You may bring a professional interpreter.

You may need to pay a professional interpreter you bring.

It is not generally recommended that family members interpret for you unless there is no other option.

I want an interpreter who is the same gender as me.

It may be much more comfortable for you to have an interpreter of the same gender.

You may ask for an interpreter of the same gender.

The clinic or hospital will try to meet your needs if they can.

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Emergency and Non-Emergency Care

Emergency and Non-Emergency Care

What is emergency care?

Serious emergency care is needed for life-threatening or very bad illness or injury.

These might include:

- Heart attacks
- Serious car wrecks
- Bad burns
- Bad broken bones (bones that break the skin)
- Very high fever; convulsions
- Symptoms of stroke

Emergency care might also be needed for less serious emergencies:

- Minor burns
- Cuts needing stitches
- Simple bone fractures (when bones do not break the skin)
- Asthma attacks

Where can I get emergency care?

Go to the nearest hospital emergency room.

Go here whether or not you have insurance.

Most hospitals by law must give emergency care whether or not you can pay your bill.

For less serious emergencies, you may also use an urgent care center.

Most urgent care centers accept several types of insurance.

Payment policies for those without insurance vary.

What is the difference in medical care at a hospital emergency room and an urgent care center?

Hospital emergency rooms are for very serious emergencies.

They can hospitalize you on site if needed.

They have operating rooms on site if you need surgery.

They have specialists who practice there and can be called in.

They are open 24 hours a day.

Most hospitals by law must give emergency care whether or not you can pay your bill.

Urgent care centers are not connected to hospitals.

They cannot admit you for longer-term care.

They do not have operating rooms.

They may not have specialists available.

They may not be open 24 hours a day.
They may not be required to treat you if you cannot pay your bill.
Payment policies vary.

What is care that is not for emergencies (non-emergency care)?

Non-emergency care in your home country may mean a visit to the doctor, pharmacist or traditional healer.

In the U.S., care that is not for emergencies is:

- Routine care
- Care for normal illnesses

Routine care includes:

- Physical exams
- Well-child and well-baby exams
- Immunizations
- Regular tests (Mammograms, Glucose screening)

Normal illnesses include:

- Sore throat or cough
- Fever
- Stomachache
- Earache
- Rash
- Mild injury (sprained ankle)
- Backache

Where can I get regular care?

This may depend on whether you have insurance.

I am insured. Where can I go for regular care?

You may go to:

Any person or place that takes your insurance.

These include:

- Doctors' offices
- Clinics, including community health centers and clinics in retail stores.
- Hospitals

Ask your insurance company for help finding care.

I have no insurance, where can I go?

You may use:

- Emergency room for emergency care
- Clinics including free clinics and community health centers, which provide free or low-cost services for regular care
- Locations suggested by your local department of social services

To find the nearest department of social services:
Call 1-800-552-3431
<http://www.dss.virginia.gov/localagency/>

Or

Call 211
http://www.dss.virginia.gov/community/i_and_r/index.html

For additional information see section titled:
“Free and Low-Cost Health Services”

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Places to Get Care

I am sick. Where can I get help?

Different medical locations give different kinds of care or service.

Ask yourself these questions:

What help do I need?

Is this an emergency or can I go during regular clinic hours?

Do I have insurance?

Where will my insurance allow me to go?

How much can I afford to pay?

This will help you know where to get help

Community Health Centers

Community Health Centers (CHCs) give basic health services.

Some also provide dental and behavioral health care.

They serve anyone who needs care regardless of ability to pay.

Charges for service are based on how much you earn or whether you have insurance.

To find a community health center, contact:

Virginia Community Healthcare Association

1-800-966-8272

<http://www.vacommunityhealth.org>

Doctors' and Nurses' Offices

These are private offices.

Here you may see doctors and nurses.

They include primary care providers and specialists.

They usually require that you have insurance.

Contact your insurance company to learn who you can see.

Emergency Services

Emergency services are ambulance workers, police, and fire fighters.

It is often called '911.'

You can call '911' from any phone at any time.

Most phones will show the operator where you are.

If you use a cell phone, you must give your address.

Pay phones will let you call '911' for free.

Free Clinics

Free clinics give good health care at little or no cost.

They are for people with little money and no insurance.

In many cases, you will need an appointment.

Some free clinics have specific times set aside to see walk-in patients.

To find a free clinic, contact:
Virginia Association of Free Clinics
<http://www.vafreeclinics.org>

Or

Contact your local department of social services
To find the nearest department of social services:
Call 1-800-552-3431
<http://www.dss.virginia.gov/localagency/>

Or

Call 211
http://www.dss.virginia.gov/community/i_and_r/index.html

Health Departments

Health departments assure the health of the public.
There are state, county and city health departments.

Some of the health services include:

- Free or low-cost medical clinics
- Immunizations
- TB testing
- Pregnancy testing
- Birth control
- Maternity services
- HIV/AIDS
- WIC

Virginia Department of Health

<http://www.vdh.state.va.us/>
Find Your Hometown Health Department
<http://www.vdh.state.va.us/HometownHealth.htm>

Or

Contact the nearest department of social services:
To find the department:
1-800-552-3431
<http://www.dss.virginia.gov/localagency/>

Hospice

Hospice care is for illness at the end of life.
You may get hospice care in a hospital or at home.
Hospice care focuses on keeping you comfortable.

Hospitals

Hospitals are places that give medical, surgical or mental health care.

Care is usually for very sick or injured people.
Hospital care is sometimes called “acute” care.

To find a hospital:

Call 211 or visit http://www.dss.virginia.gov/community/i_and_r/index.html

Or:

Virginia Health Information

1-877-844-4636

http://www.vhi.org/hosp_consumers_home.asp

Hospital Emergency Rooms

Emergency rooms give care for life-threatening or very bad illness or injury.

They are open day and night.

Most must treat you in an emergency whether or not you can afford to pay.

Some problems emergency rooms address:

Bad car accidents

Chest pain

Severe bleeding

Head injury

Seizures or convulsions

Loss of consciousness (not able to wake up)

Hotlines or Crisis Lines

Phone numbers to call if you need to talk to someone right away.

These include suicide, domestic violence and teen hotlines.

You will not have to give your name or talk about your immigration status.

There is no cost for these services.

The “Resources: Information” book has a list of hotlines.

Mental Health Clinics

These provide care for mental health problems.

Examples

Depression

Bi-polar disorder

Schizophrenia

To find a mental health clinic:

Virginia Department of Mental Health, Mental Retardation and Substance Abuse
Services

1-800-451-5544

<http://www.dmhmrzas.virginia.gov/>

Or

Contact your local community services board

http://www.vacsb.org/ourpeople_1.asp

<http://www.dmhmrzas.virginia.gov/SVC-CSBs.asp>

Listed in the “Resources: Facilities” book.

Mental Hospitals

These are hospitals that provide inpatient care for the mentally ill.

Mobile Health Clinics

Mobile health clinics provide primary care.

They help:

- People with no health insurance

- People who cannot afford care

- People without good enough transportation to get to another clinic

To locate a mobile clinic, contact:

Local Department of social services

To find the nearest agency in the city or county where you live:

1-800-552-3431

<http://www.dss.virginia.gov/localagency/>

You may also call 211 or ask at your local hospital

Nursing Homes

Nursing homes provide inpatient care.

They are for people not sick enough to be in a hospital but who cannot live at home.

The elderly are the largest group in nursing homes.

Some illnesses for which you may use a nursing home:

- Dementia (loss of memory)

- Hip fracture in an old person

Contact:

Local Department of social services

To find the nearest agency in the city or county where you live:

1-800-552-3431

<http://www.dss.virginia.gov/localagency/>

You may also call 211 or check with your local hospital

Rehabilitation Centers

Rehabilitation centers help patients get back skills lost during an illness or accident.

Some services are:

- Learning to talk after a stroke

- Learning to walk after a serious car wreck

Retail Health Clinics

Retail health clinics are a relatively new type of health care clinic.

You may hear them called RediClinics or MinuteClinics.

They are located inside retail stores that include pharmacy services.

Examples: CVS, Walgreens and Wal-Mart, among others.

These are NOT urgent care centers.

They are usually staffed by nurse practitioners.

The staff can diagnose and treat simple illnesses and run common blood and screening tests.

They provide walk-in care, and you can shop while waiting.
Most accept some forms of insurance.
You do not need insurance to go to a retail health clinic.

Urgent Care Centers

Provide urgent walk-in care but are not part of a hospital
Treat patients who need help right away but whose injury or illness is not serious enough to need a hospital emergency room

Examples:

- Minor burns
- Cuts needing stitches
- Simple fractures to bones (when the skin is not broken)
- Fever
- Earache
- Headache/Migraine pain
- Upset stomach/Vomiting

They accept many types of insurance.

Payment policies for those without insurance may vary.

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Free and Low-Cost Health Services

These services particularly benefit uninsured and low-income people

Where can I get services for free or at low cost?

For routine care or normal illness:

- Free Clinics
- Community Health Center Clinics
- Mobile Clinics
- Some health department clinics
- Services recommended by your local department of social services

To find the nearest department of social services:

Call 1-800-552-3431

<http://www.dss.virginia.gov/localagency/>

Or

Call 211

http://www.dss.virginia.gov/community/i_and_r/index.html

For emergency care:

Hospital Emergency Rooms

What are free clinics?

Free clinics give good health care at little or no cost.

They are for people with little money and no insurance.

In many cases, you will need an appointment.

Some free clinics have specific times set aside to see walk-in patients.

They will NOT ask about your immigration status.

Services and hours at free clinics vary by location.

Free clinics near you will provide some or all of the following services:

Medical Care

Prescription Medications

Dental Care

Hospital/Lab Support

Mental Health Care

What documents do I need to take to the free clinic?

Free clinics treat only those who earn little money and have no insurance.

To get care, bring a document that shows how much money you earn.

Example: A pay statement

If for any reason you do not have documents that show how much you earn, the clinic will work with you to determine whether you can get care.

How do I find a free clinic near me?

Virginia Association of Free Clinics

<http://www.vafreeclinics.org>

Find a Clinic

<http://www.vafreeclinics.org/find-a-free-clinic.asp>

Or

Contact your local department of social services

To find the nearest department of social services:

Call 1-800-552-3431

<http://www.dss.virginia.gov/localagency/>

Or

Call 211

http://www.dss.virginia.gov/community/i_and_r/index.html

Also see the “Resources: Facilities” book for a list.

What are Community Health Centers?

Community Health Centers (CHCs) serve anyone who needs care regardless of ability to pay.

Some also provide dental and behavioral health care.

Charges for service are based on how much you earn or whether you have insurance.

They treat sick patients.

They also focus on keeping the entire community healthy.

They will NOT ask about your immigration status.

Services provided:

Physician care

X-ray services

Laboratory services

Preventive services (Examples: Mammograms, well-child exams)

Immunizations

Transportation for health services

Case management

Specialty referrals

Some community health centers also give:

Dental care

Behavioral health care

Inpatient physician care services

How do I find a community health center?

Virginia Community Healthcare Association

Primary healthcare for all Virginians

<http://www.vacommunityhealth.org/>
(804) 378-8801

Member Directory

<http://www.vacommunityhealth.org/members.cfm>

For a list of low-cost health clinics:

“Virginia Community Healthcare Membership Directory” in the “Resources: Facilities” book.

What documents do I need to take to a Community Health Center?

Charges for service are based on how much you earn or whether you have insurance.

If you have insurance, bring your insurance card or Medicaid or FAMIS card.

If you have no insurance, bring a document that shows how much money you earn.

Example: A pay statement

You may also need:

Photo identification (ID)

Proof of address (Example: a bill that shows your address, such as a gas or electric bill)

Mobile Health Clinics

Mobile health clinics provide primary care.

They help:

People with no health insurance

People who cannot afford care

People without good enough transportation to get to another clinic

They will NOT ask about your immigration status.

To locate a mobile clinic, contact:

Local Department of social services

To find the nearest agency in the city or county where you live:

1-800-552-3431

<http://www.dss.virginia.gov/localagency/>

Or

Call 211

Or

Ask at your local hospital.

What documents do I need to take to a mobile health clinic?

Mobile clinics are run by different agencies.

The documents you need to bring may vary.

At a minimum, it is a good idea to bring:

An insurance card, or Medicaid or FAMIS card if you have one.

A document that shows how much money you earn.

Example: A pay statement

You may also need:

Photo identification

Proof of address (Example: a bill that shows your address, such as a gas or electric bill)

Health Departments

Health departments assure the health of the public.
There are state, county and city health departments.
They will NOT ask about your immigration status.
You do NOT have to give your social security number to get service.
They may ask for the number to help them with records and other business.
Do not be afraid to say “no.”
Saying “no” will not affect your ability to get help.

Some of the health services include:

- Free or low-cost medical clinics
- Immunizations
- TB testing
- Pregnancy testing
- Birth control
- Maternity services
- HIV/AIDS
- WIC

Virginia Department of Health

<http://www.vdh.state.va.us/>

Find Your Hometown Health Department
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or
Contact the nearest department of social services:
To find the department:
1-800-552-3431
<http://www.dss.virginia.gov/localagency/>

What documents do I need to use health department services?

Some Health Department services are free.
Most health departments will ask for some form of identification.

Some Health Department services must be paid for based on your income.
The cost will be from zero to full price.
For these services, you will need to bring a pay statement and some additional papers.
Proof of address is not required but may be helpful for getting through the eligibility process.

For information on services and documents needed, contact your local department of social services.

Hospital Emergency Rooms

Emergency rooms give care for life-threatening or very bad illness or injury.
They are open day and night.
Most must see you whether or not you can afford to pay.

They will NOT ask about your immigration status.

Some problems emergency rooms address:

- Car accidents
- Chest pains/ trouble breathing
- High fever
- Seizures or convulsions
- Loss of consciousness (not able to wake up)

To find a hospital:

Call 211 or visit http://www.dss.virginia.gov/community/i_and_r/index.html

Or:

Virginia Health Information

1-877-844-4636

http://www.vhi.org/hosp_consumers_home.asp

What documents do I need to take to hospital emergency rooms?

Most hospital emergency rooms will see you whether or not you have any documents with you. This is especially true if you come in by ambulance or have a life-threatening emergency.

If you walk in and are less seriously ill, you may be asked for the following:

Photo identification (ID)

Examples: driver's license, employment ID, school ID.

Insurance card or a Medicaid or FAMIS card, if you have one.

It is not necessary to have insurance.

Remember . . . Most hospital emergency rooms must treat you in the event of an emergency regardless of whether you have insurance or can afford to pay.

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

People Who Give Care

What people give care?

You may be used to seeing any of these people for care:

Family	Curanderas
Health professionals	Yerberos
Religious leaders	Pharmacist

In the U.S., most care is given by:

Doctors	Nurses
Physician Assistants	Clinical Nurse Aides
Nurse Practitioners	

What are the differences?

Physician (MD or DO)

- Diagnoses and treats illness and injury
- Performs medical procedures
- Orders tests
- Prescribes medicine
- Refers you to other doctors
- May admit you to a hospital
- Helps you stay healthy

Physician Assistant (PA)

- Works under a physician
- Diagnoses and treats illness and injury
- Prescribes medicine
- May help explain doctor's orders

Nurse Practitioner (NP)

- More educated than a registered nurse
- May serve as your regular health care giver, like a doctor
- Diagnoses and treats common and life-long illnesses, but not some serious illnesses
- Prescribes medicine
- Helps you with the effect illness has on your life and on your family
- Makes helping you stay well and teaching you about your health major focuses

Registered Nurse (RN)

- Helps doctors, physician assistants and nurse practitioners
- Helps you talk with doctors and physician assistants
- Goes over symptoms and helps treat you
- Gives shots and other medicine

Teaches about health and illness

Licensed Practical Nurse (LPN)

Also called a **Licensed Vocational nurse (LVN)**

Gives most medications

Takes blood pressures and temperatures

Certified Nurse Aide (CNA)

Helps in hospitals and nursing homes

Gives bed baths and changes sheets

Helps feed patients

Helps keep patients safe from falls, bedsores and other risks

What is primary care?

Primary care is basic, regular care

It is for routine care and care for normal illnesses

Primary care also helps you stay well.

You should have one person who gives you primary care.

Why is having one person to give me primary care important?

This person will help you use the U.S. medical system well.

Who gives primary care?

Several doctors may give primary care:

Family doctors

Internists

Pediatricians (For children only)

Obstetricians/Gynecologists (Women's health)

May nurses give primary care?

Yes. Nurse practitioners may give primary care.

They may give care to families, children, and women.

What is a specialist?

A specialist is a doctor who provides care for only certain illnesses.

Some specialists are:

Cardiologists: Treat heart problems

Gastroenterologists: Treat stomach and intestinal problems

Surgeons: Perform general or specific kinds of surgery

May I see a specialist without seeing a primary care doctor?

Some insurance requires that you have a referral from a primary care provider in order to see a specialist.

Check with your insurance company for information.

Are there people other than doctors and nurses I might see?

Yes. There are many kinds of caregivers in the U.S. system.

Some of these are:

Dentists

Eye doctors

Physical therapists

Speech therapists

Psychiatrists

Psychologists

Social Workers

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Paying for Care: Insurance

How do I pay for health care in the United States?

Health insurance in your home country may be mostly for the wealthy.
You may have paid directly for your care.
Or you may get a reduced payment plan.

In the U.S., most people have health insurance to help them pay.

What is health insurance?

This is an agreement you have with an insurance company.
The agreement is called a “policy.”
You will pay the company a monthly fee or “premium” for the policy.

Where can I get health insurance?

There are three main ways to get insurance:

- Through your job
- Directly from an insurance company
- Through the government

How would I get insurance through my job?

In the U.S. insurance comes with many jobs.
This is the most common way to get insurance.
Some employers will pay the whole premium.
Most employers pay part of the premium and you pay part of the premium.
The employer will often take your part of the premium from your pay.

How would I get private insurance?

A small number of people buy private insurance.
They get this straight from an insurance company.
This is expensive and it may pay for fewer services.
You have to apply for this insurance.
You have to meet certain health standards.

What if I do not get insurance from an employer or cannot buy it?

You may be able to get help from the state of Virginia or the U.S. government.
You have to apply for this insurance.
You have to meet certain standards.

Read “Paying for Care: Government Help”

Or contact your local department of social services

To find the nearest agency in the city or county where you live:

1-800-552-3431

<http://www.dss.virginia.gov/localagency/>

What if I have no insurance and cannot get state or federal assistance?

You will have to pay for care.

Read:

“Paying for Care: Uninsured”

“Free and Low-Cost Health Care”

Or contact your local department of social services

To find the nearest agency in the city or county where you live:

1-800-552-3431

<http://www.dss.virginia.gov/localagency/>

Or talk to a hospital social worker

What does health insurance pay for?

Insurance pays for all or part of your health care costs.

The company will pay the person who treated you.

Insurance will help you pay for:

Doctor, physician assistant and nurse appointments

Hospital bills

Medical tests

Medicine

Some insurance will also cover other care:

Examples

Physical therapy

Chiropractic care

Speech therapy

Medical equipment

What will I have to pay for?

Most insurance will only pay for part of your care.

You will need to pay a part, too.

This part is sometimes called a “co-payment.”

You may have to pay at the time of your visit.

You may also have to pay a yearly amount before insurance begins to pay.

This is called a “deductible.”

You may also be responsible for some other costs.

Most insurance has an “out-of-pocket” maximum.

This is the most that you will have to pay in one year.

Will insurance pay for traditional healers?

Service from traditional healers may be called “alternative medicine.”

Most insurance will not pay for traditional healers or alternative medicine.

Check with your insurance company.

What if I don't think I can pay my bill?

Tell the doctor or hospital if you are worried about paying your bill.
Ask if there is a financial assistance plan to help you pay and get a copy.
Ask if the cost is lower if you pay by a certain date.
Ask if you can pay some each month.
Ask if you qualify for government or other assistance.

For more information: Insure More Virginians
<http://www.insuremorevirginians.org>

Can insurance stop?

Yes. Insurance may stop.

Some reasons your insurance may stop:

- You are no longer in the same job or group.
- You make more money and are no longer eligible through the government.
- Your insurance was for help you no longer need.

Example:

Medicaid agrees to pay for care for one emergency.

When the emergency is over, Medicaid stops.

You get Medicaid but do not complete the annual review required.

Where can I get more information?

Your employer

Local Department of social services

To find the nearest agency in the city or county where you live:

1-800-552-3431

<http://www.dss.virginia.gov/localagency/>

Hospital Social Worker

Insure More Virginians (<http://www.insuremorevirginians.org>)

For additional contact information, see these sections in our "Resources" book:

Resources: Information

Resources: Facilities

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Paying for Care: Government Help

Virginia does not report anyone to immigration for submitting an application to or receiving services through Medicaid, FAMIS MOMS, FAMIS Plus or FAMIS.

What if I do not get insurance from an employer?

You may be able to get help from the state of Virginia or the U.S. government.

What health insurance is available through the state of Virginia or the U.S. government?

There are several government programs for which you or your family members may qualify.

Medicare

Federal health insurance for people 65 or older or with certain disabilities

Medicare pays if you are sick or injured.

Medicare does not pay for routine care (such as physical exams).

For information, contact:

1-800-633-4227

<http://www.medicare.gov>

<http://www.cms.hhs.gov/home/medicare.asp>

Medicaid

Health insurance for some low-income people and families who fall into certain groups

- Adult permanent residents who came to the U.S. before August 22, 1996, may be able to get Medicaid if they meet certain conditions.
- Adult permanent residents who came to the U.S. on or after August 22, 1996, may be able to get Medicaid.
They must have lived in the U.S. for five years or more.
They must meet certain conditions.
- If you get full benefits from Medicaid, you must complete a yearly annual review.
If you do not do this, your benefits will stop.

For more information on Medicaid, contact:

Local department of social services in the city or county where you live

To find the nearest agency:

1-800-552-3431

<http://www.dss.virginia.gov/localagency/>

NOTE: Even if you do not qualify for full Medicaid coverage, you may qualify for Medicaid emergency services coverage.

FAMIS MOMS:

Virginia’s Medicaid for women who are pregnant and for two months after giving birth

To get FAMIS MOMS, you should:

- Currently be uninsured,
- Have a medically confirmed pregnancy or be within the sixty-day period before you give birth,
- Be a resident of Virginia,
- Be a U.S. citizen or a qualified legal immigrant,
- Not have access to a state employee health plan, and
- Meet family income guidelines.

For more information, contact:

1-866-873-2647

<http://www.famis.org>

A woman not eligible for FAMIS MOMS may be eligible for Medicaid for Pregnant Women or Emergency Services Medicaid.

For more information on Medicaid, contact:

Local department of social services in the city or county where you live

To find the nearest agency:

1-800-552-3431

<http://www.dss.virginia.gov/localagency/>

FAMIS Plus:

Virginia’s Medicaid for children

These children may already have some insurance

- Children who entered the U.S. regardless of date may be eligible for Medicaid depending on their immigration status.
- Parents’ immigration status does not affect a child’s ability to get FAMIS Plus.

For more information, contact:

1-866-873-2647

<http://www.famis.org>

FAMIS

Virginia’s health insurance for children who have no insurance

The parents’ immigration status does not affect a child’s ability to get FAMIS.

For more information, contact:

1-866-873-2647

<http://www.famis.org>

FAMIS and FAMIS Plus Cover:

Doctor visits

Hospital and emergency care

Well-child and well-baby checkups

Shots

Prescriptions

Tests and x-rays

Vision and dental care
Mental health care

And more ...

Virginia does not report anyone to immigration for submitting an application to or receiving services through Medicaid, FAMIS MOMS, FAMIS Plus or FAMIS.

To determine whether or not you are eligible for Medicaid or FAMIS, FAMIS Plus or FAMIS MOMS, contact the local department of social services in the city or county where you live.

To find the nearest department of social services:
1-800-552-3431
<http://www.dss.virginia.gov/localagency/>

Workers' Compensation

Federal health insurance that helps you or your family for an injury or accidental death at work

For more information, contact:
The Virginia Workers' Compensation Commission
1-877-664-2566
<http://www.vwc.state.va.us/>

Veterans Benefits

Federal health insurance that gives care to people who have been in the U.S. military

For more information, contact:
U.S. Department of Veterans Affairs
<http://www1.va.gov/health/>
Health Care Benefits: 1-877-222-8387

How do I get government insurance?

In most cases, you have to apply to get insurance.

You will have to meet standards

You may see the terms “qualifying” or “eligibility.”
If you “qualify” or are “eligible,” you can get insurance.

To see if you can get insurance:

You will have to answer questions or fill out forms.

This is called “applying.”

- You may have to show who you are.
- You may have to show that you are lawfully in the U.S.
- You may have to show who you work for.
- You may have to show how much money you make.
- You may have to answer questions about your health.

Can my insurance stop?

Yes. Your insurance may stop.

Some reasons your insurance may stop:

- You make more money and are no longer eligible.
- Your insurance was for help you no longer need.

Example:

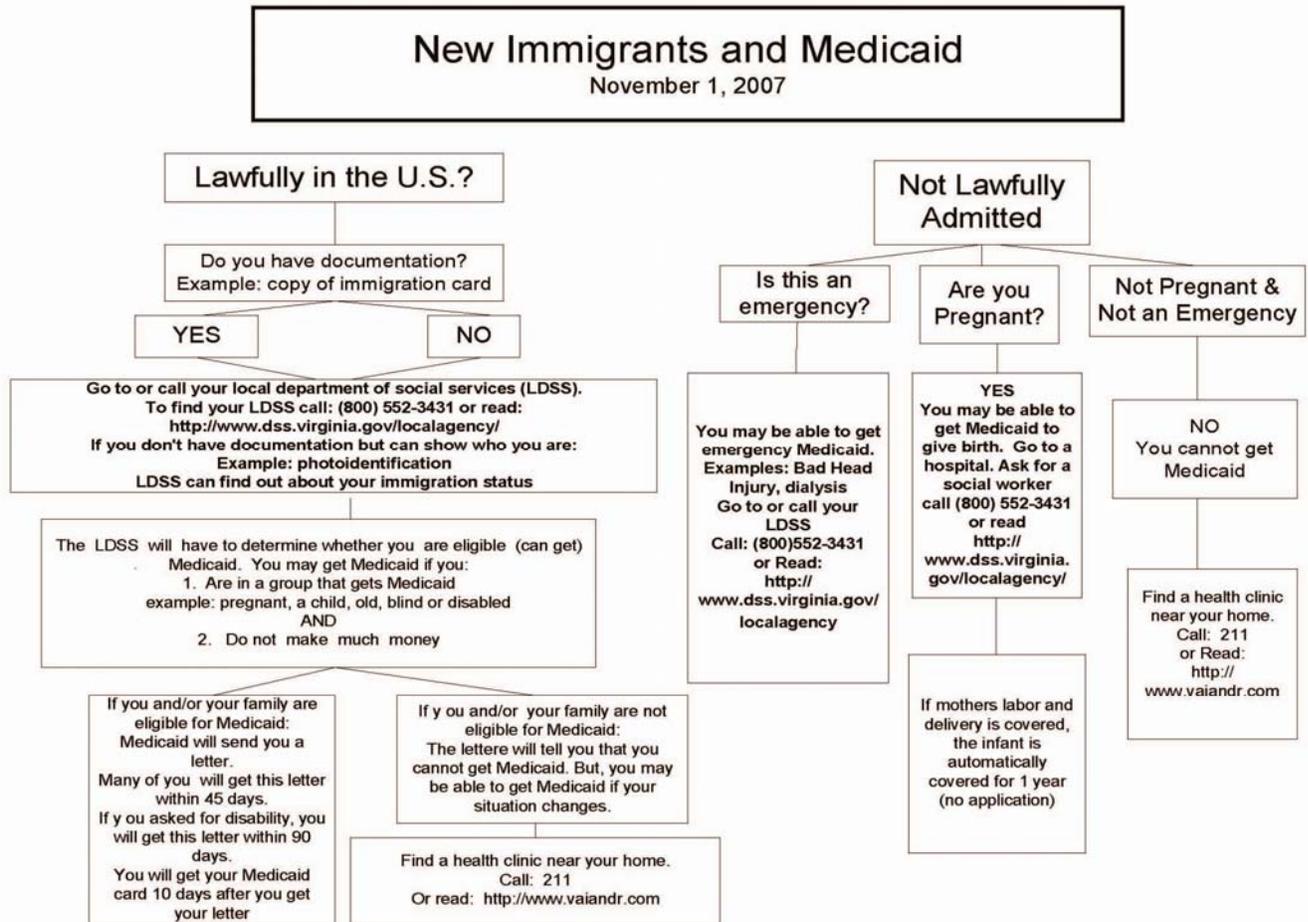
Medicaid agrees to pay for care for one emergency.

When the emergency is over, Medicaid stops.

You get Medicaid but do not complete the annual review required.

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Chart: Access to Medicaid for Recent Immigrants



NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Paying for Care: Uninsured

What if I have no insurance and cannot get state or federal assistance?

You will have to pay for care.

Many doctors will not see patients who have no insurance.

Here are places that will see uninsured patients at little or no cost:

- Free clinics
- Mobile clinics
- Community health centers
- Some health department clinics

Some clinics ask you to pay based on what you earn.

This is called a “sliding scale.”

To find a clinic:

Ask your social worker or local department of social services

Call 211 or http://www.dss.virginia.gov/community/i_and_r/index.html

What if I don’t think I can pay my bill?

Tell the doctor or hospital if you are worried about paying your bill.

Ask if there is a financial assistance plan to help you pay and get a copy.

Ask if the cost is lower if you pay by a certain date.

Ask if you can pay some each month.

Ask if you qualify for any other assistance.

Where can I get more information?

Local Department of social services

To find the nearest agency in the city or county where you live:

1-800-552-3431

<http://www.dss.virginia.gov/localagency/>

Hospital Social Worker

InsureMoreVirginians.org

For additional information see these sections:

“Free and Low-Cost Health Services”

“Resources: Information”

“Resources: Facilities”

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Making an Appointment

I have to go to a doctor's office or clinic. What do I do?

You may be used to going to a clinic and waiting to be seen.

In the U.S., you usually must make an appointment.
You will have to call the doctor's office or the clinic to do this.
They will give you an appointment time based on how sick you are.

What documents do I need to take with me?

Ask the doctor's office or clinic what you will need to bring.

In general, the following documents may be needed.

If you have insurance:

- Your insurance card or a Medicaid or FAMIS card
- Photo identification (ID)
Examples: driver's license, employment ID, school ID
- Money, a checkbook or credit card for possible co-payment

If you do not have insurance:

- Proof of employment or income, if you have it
Example: A pay statement
- Photo identification (ID)
Examples: driver's license, employment ID, school ID
- Proof of address
Example: a bill that shows your address, such as a gas or electric bill
- Money, a checkbook or credit card for possible payment

*Many doctors and hospitals may ask for a social security number.
You do not need to provide a social security number to doctors or private insurers.*

Why do I have to make an appointment?

Doctors and nurses in the U.S. usually have only a set amount of time to be with a patient.
They see another patient right before and right after they see you.

How long will my appointment be?

This will depend on why you are at the doctor.
Appointments may be as short as 15 minutes.

Must I be on time?

It is important that you be on time for your appointment.
If you are late, you may not be seen and you may have to pay a fee.

What should I say when I make the appointment?

Give your name and phone number.

State your symptoms. (Say how you feel that is not right.)

Say what insurance you have.

Answer questions as well as you can.

It is important that I see a doctor who is the same gender as I am.

Most patients in the U.S. will see a doctor of either gender.

But some U.S. patients will ask to see a man or woman in particular.

You may want or need to get care from someone of the same gender as you.

If so, ask for a male or female doctor when you make your appointment.

Many offices will be familiar with this and try to help.

Will I have to fill out forms when I go to the doctor?

Most offices will ask you to fill out forms at your first visit.

The forms may ask about the following things:

- Insurance or type of payment

- Illnesses and injuries you had in the past

- Current illnesses or injuries

- Medicines you are taking

The forms may ask for your social security number.

You do not need to give your social security number to doctors or private insurers.

What if I need help filling out the forms?

Tell the receptionist you need help.

He or she will assist you or find someone who can.

If the office is using an interpreter for you, the interpreter can assist by reading forms to you.

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Seeing the Doctor or Nurse

What can I expect from the doctor or nurse?

*You may be used to having the doctor or pharmacist tell you what is wrong and what to do.
This may be done in one visit.*

*In the U.S., the doctor will ask questions and might run some simple tests in the office.
He or she may also send you to a lab or other office for more tests.
He or she will give you information about what is wrong and what care is available.
You may have to see the doctor or nurse again to find out what is wrong.*

What will the doctor want to know?

The doctor may want to know about your general health.

He or she will ask about your symptoms.

He or she will ask if you take any medication, how much and when.

This includes over-the-counter medicines and herbal or other home remedies you are using.

(Examples: aspirin, calcium tablets).

He or she may ask what you do each day.

(Examples: What foods do you eat? Do you exercise?)

He may ask about health of your close family members.

Why does the doctor ask so many questions?

You may not be used to doctors asking so many questions.

This may feel uncomfortable and too personal.

Doctors in the U.S. ask questions in order to know what is wrong.

Some questions help the doctor decide on what kinds of treatment might be best.

I am not comfortable answering all these personal questions. Do I have to answer?

You may tell the doctor you do not want to answer some questions.

He or she will tell you what information is needed.

What will the doctor or nurse expect of me?

You may be used to doing what the doctor or pharmacist says.

The doctor or pharmacist is the authority.

You may not like to ask questions.

In the U.S., doctors and nurses expect and want you to work with them.

You are a team.

You will be expected to:

- Say what is wrong
- Answer questions as completely as possible
- Ask questions and listen to answers

- Make decisions about what to do.

You are responsible for your health.

How do I tell the doctor about my symptoms?

You may not be familiar with words used in the U.S. for telling symptoms.

You will want to tell the doctor what feels wrong or different in your body.

Examples:

My stomach aches

My chest hurts

I am having trouble breathing

I have been throwing up

I have a fever

You will also need to say when the symptoms started and if they are getting worse

How do I know what is best to do?

Ask questions.

This is how you will understand your illness and how to treat it.

It is very common in the U.S. to ask the doctor or nurse questions.

Some doctors may seem to be in a hurry.

Don't let that stop you.

Don't be afraid to ask!

May I see the doctor or nurse for several problems at once?

In your home country, you may be able to talk to the doctor or pharmacist about many things in one meeting.

In the U.S., most doctors will not want to deal with several concerns in one visit.

It is okay to ask about other problems.

The doctor will tell you if you need another appointment.

Remember, U.S. appointments may be very short.

Why doesn't the doctor get to know me better as a person?

It may be common in your country for your doctor to spend a lot of time getting to know you.

The doctor may talk with you about things not related to your health care.

Doctors in the U.S. may not get to know patients as well as in your culture.

U.S. doctors are taught to keep a professional distance.

This may seem cold or uncaring.

They may not talk a lot with you about your life or theirs.

They also may not spend as much time with you as you would like.

Why does the doctor want to send me for tests?

In the U.S., doctors use tests to help figure out what is wrong.

There are some common tests that may be done in the doctor's office:

Taking your temperature

Taking your blood pressure

There are some tests that may require you to go elsewhere:
Some kinds of X-rays

Why does the doctor want to send me to someone else?

You may not be familiar with being sent to see a different doctor.
This may feel frustrating and can be expensive.

In the U.S., it is common for doctors to have you see another doctor to treat a specific illness.
These doctors may be called specialists.

Some specialists are:

Cardiologists for heart problems

Gastroenterologists for stomach problems

What if I see the doctor and take medicine, but don't feel better or get worse?

If you do not get better or feel worse, you must tell the doctor.

You may need to see the doctor again.

Doctors do the best they can, but they sometimes have to see you more than once to know for sure what is wrong.

It is helpful if you see the same doctor over time.

The doctor will get to know your health history.

This will help in getting the right diagnosis.

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Talking to the Doctor or Nurse

*You may be used to doctors and pharmacists taking a lot of time to get to know you.
It may be common for you to want mutual respect.
It may be particularly important for you to trust your doctor.*

What style of communication is common for U.S. doctors?

In the U.S., respect may be shown differently than in your home country.
In the U.S., it is respectful for a doctor to look you directly in the eye.
He or she may speak informally.
He or she may even greet you using your first name only.

Will the doctor take time to know me?

In your culture, you may expect your doctor to spend a lot of time getting to know you.
The doctor may seem warm and caring.

Doctors in the U.S. may not get to know patients as well as in your culture.
U.S. doctors are taught to keep a professional distance.
This may seem cold or uncaring.
They may not talk a lot with you about your life or theirs.
They also may not spend as much time with you as you would like.

How do I know I can trust my doctor?

It may be important to you that your doctor knows your culture.
That may be one way you know you can trust him or her.

In the U.S., trust is often based on how much a doctor knows.
Successful treatment is often most important for developing trust.
Patients also like doctors who will listen and answer questions.

What if I do not agree with the doctor?

In your culture, it may not be normal for you to express negative feelings.
It may be more common to be silent when you disagree.

In the U.S., it is common to tell the doctor when you disagree.
The doctor and you can then talk about how to come to an agreement.
The doctor wants this so that you will follow treatment.

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Asking Questions

How do I know what is best to do?

Ask questions.

This is how you will understand your illness and how to treat it.

It is very common in the U.S. to ask the doctor or nurse questions.

This is very important because you have to decide about your care.

Because appointments are short, doctors' answers may be short.

If your doctor does not give enough information, ask for me.

I am not comfortable asking my caregiver questions.

You may see the doctor as the authority.

You may see asking questions as doubting what the doctor knows.

In the U.S., it is common for patients to ask questions.

This is very important because you have to decide about your care.

I feel as though the doctor doesn't want to take time to answer my questions.

People born in the U.S. also feel this way at times.

It is very important that you ask questions anyway.

This is the only way you will be able to decide about your care.

You have a right to have your questions answered.

What kinds of questions should I ask? ¹

It is important to ask at least these three questions:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

There may be more questions that are important to ask.

Ask as many as you need in order to fully understand your problem and what you need to do.

I do not understand and am embarrassed to ask again.

Doctors sometimes use words that are hard to understand.

Even people who know English well may not understand.

If you do not understand, tell the doctor.

Ask him or her to use easier words or to draw pictures.

¹ Partnership for Clear Health Communication. (n.d.) *AskMe3*. Retrieved June 15, 2007, from http://www.askmethree.org/for_patients.asp

The doctor gave me tests and I have not heard the results. Does this mean that I'm okay?

Not necessarily.

It is important that you talk about test results with a doctor or nurse.

If you do not hear about test results, call the doctor's office to ask.

Some doctors will give you a number to call about results.

It is important that you do this.

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Getting Medicine at the Pharmacy or Drug Store

*Boticas may play a large role in health care in your culture.
You may go there to find out what is wrong and for medicine.
The U.S. system does not use boticas.*

I need to get medicine. Where do I go?

In the U.S., you must go to a pharmacy or drug store for medicine the doctor has prescribed. The pharmacist will have the medicine for you.

How do I know what pharmacy to go to?

Most pharmacies can give you the medication the doctor has asked for. Your insurance company may tell you to go to certain pharmacies. It is important to go to the pharmacies the insurance tells you about.

This is so they will pay for your medicine.

If you have no insurance, you may go to any pharmacy.

What do I take with me?

Be sure to take the prescription note the doctor has given you.

If you have insurance, take your insurance, Medicaid, FAMIS or FAMIS Plus card.

Take an identification card (ID) with your picture.

What does the pharmacist do?

Pharmacists at boticas may tell you what is wrong.

They may also tell you what medicine to take.

Pharmacists in the U.S. cannot tell you what is wrong.

The pharmacist can give you medication your doctor prescribed.

The pharmacist can tell you all about your medicine.

What information do I need to know about my medicine?

There are at least five things you need to know about your medicine:

- How much medicine to take
- When to take your medicine
- How long to take your medicine
- Whether you need to take your medicine with food
- How it will make you feel

Where do I get this information?

The doctor and pharmacist should give you this information.

It is important that you follow what they tell you.

If you do not understand, ask them to use easier words or draw pictures.

My doctor said to take all my medicine, but I feel better. Do I need to finish?

You may feel better before you are done and want to stop.

It is important that you finish all the medicine.

If you stop the medicine, you may not get well.

You may also get sick again.

My doctor said the medicine is “over-the counter.” What does this mean?

This is medicine that you can get without a prescription.

It is usually on the drug store or super market shelf.

You do not need to see the pharmacist.

But the pharmacist may be able to answer questions about the medicine.

I can get medicine on my own from my home country or from family. Is this okay?

Some medicines that require a prescription in the U.S. may be available in your country without a prescription.

Example:

Antibiotics

If you are taking medicines such as this, you need to tell your doctor.

It may be out of date and will no longer work.

It may not be a good idea to mix these medicines with medicine the doctor prescribes.

It may make U.S. medicine work poorly.

It may even be harmful.

May I take traditional medicine with the doctor’s medicine?

You may be using a yerberos or other traditional healer.

You may have herbs or other natural medicine that you are taking.

Be sure to tell your doctor about any herbs or other medicine you are taking.

It may not be a good idea to mix these medicines with the U.S. medicine.

It may make U.S. medicine work poorly.

It may even be harmful.

Should I ask the doctor about my herbal or other medicine?

It is a good idea to ask the doctor.

Herbal and other traditional medicine is not common in the U.S.

The doctor may not know what the herbs do.

He or she may tell you not to take other medicines during your treatment.

Many “natural” medicines are advertised and in stores. Aren’t they healthy?

Not all “natural” medicines are good.

They may not be right for your sickness.

They may not mix with other medicine you are taking.

They may even be harmful.

If you have questions about a medicine or herb in a store, ask the pharmacist for help.

If the pharmacist cannot answer your question, he or she may tell you how to get help.

What if the medicine the doctor gives me or other medicine makes me feel bad?

If medicine makes you feel bad, call the doctor.

If you are very sick, go to the emergency room.

I can't afford to pay for my medicine.

Medicine in the U.S. can be expensive.

Ask your doctor or pharmacist about payment help.

There are other programs that may help you pay for your medicine, too.

Some drug companies have low-rates for people who need help.

Some other programs are:

Partnership for Prescription Assistance (PPA)

1-888-477-2669

<http://www.pparxva.org>

Rx Partnership

Free Medicine for Virginia's Uninsured

1-866-262-5510

<http://www.rxpartnership.org/>

For assistance contact:

Local Department of social services

To find the nearest agency in the city or county where you live:

1-800-552-3431

<http://www.dss.virginia.gov/localagency/>

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

My Family

Illness of one person may be seen as a family concern in your culture.

You may be used to taking several family members to your appointments.

They may make you comfortable and help you decide on care.

They may also help you communicate with the doctor or nurse.

I want to take family members to the doctor's office or clinic with me. May I do this?

In the U.S., most patients go to the doctor's office or clinic alone or with one other person.

It can be helpful to have one person with you.

That person can help ask questions and listen to the answers.

But, the doctor may not be used to having several people come to an appointment.

The doctor or clinic may or may not let everyone into the office with you.

In that case, you may decide which family member you want with you.

I am not the one who makes decisions about care in my family.

It may be common for the person with most authority to decide about your care.

This may be your father or other important male family member.

This is not common for adults in the U.S.

In the U.S., patients may talk with family, but they usually decide about their own care.

It is important that you tell the doctor who will speak for the family.

Will the doctor talk to other family members?

In the U.S., the doctor usually talks directly to adult patients.

U.S. law says that a doctor may discuss a patient's health only with family members the patient allows.

Doctors, nurses and all people in a clinic or hospital must keep patient information confidential.

You must tell the doctor which family members he or she may speak with.

You may have to sign a form saying which family members can get your health information.

What if my father or male relative does not want me to do what the doctor says?

In the U.S., the decision is yours.

If you encounter problems, talk to the doctor or nurse.

He or she can help explain why the care is needed.

I want my family to be with me in the hospital.

It can be helpful to have family members or friends with you in the hospital.

Most hospitals in the U.S. limit the number of people who can be in your room at one time.

Some hospitals say that only two people can be with you at a time.

You may tell the nurse or doctor why you want more people there.

The nurse or doctor may or may not let you have more people there.

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Women's Health

What is women's health?

Women's health refers to services only needed by women:

- Regular female check-ups and screenings
- Pregnancy care
- Contraceptive care

Who provides women's health care?

Women's care may be given by:

Gynecologist: Helps keep your reproductive organs healthy and treats problems

Obstetrician: Assists with pregnancy and childbirth

Nurse Practitioner: Helps keep your reproductive organs healthy and treats problems

Midwife: Helps with pregnancy and childbirth

What will the check-ups include?

It may not be common for you to get regular check-ups for women's issues.

Discussing sex may be forbidden or extremely uncomfortable for you.

In the U.S., it is common for women to get women's care regularly.

The doctor or nurse will check all reproductive and sexual organs.

He or she may also give or recommend regular tests to look for illness.

Why is this important?

This helps you stay well and catches problems early.

What screenings should be done?

Three main women's health screening tests:

- Mammography: looks for breast cancer
- Pap smear: looks for cervical cancer
- Bone densitometry: checks to see if your bones are getting too thin and may break

What care is available for pregnant women?

In your home country, pregnancy is part of life.

Regular doctor visits during pregnancy are not common.

In the U.S., most women get regular check-ups during their pregnancy (pre-natal care).

The doctor will monitor the health of the woman and baby.

The doctor will also teach you about how to care for your baby during and after pregnancy.

Who do I see to help me with the birth of my child?

You may use a comadrona to help you with birth and teaching.

It may be common to give birth at home.

In the U.S. women see either an obstetrician or midwife.
It is most common for women to give birth in the hospital.
Some midwives will deliver babies at home.

Will I have to see a male doctor for any of these services?

Not necessarily.

It may be much more comfortable for you to see a woman for this kind of care.
You will generally be able to choose a woman for regular and pregnancy care.

Do women breastfeed in the U.S.?

Yes. Many women in the U.S. breastfeed their babies.

Breastfeeding is thought to be the healthiest way to feed infants.

It helps keep the baby from getting sick.

Some people may object to seeing women breastfeed in public.

Will my employer give me time off work to be with my infant after birth?

It may be common in your culture to have your baby close for the first 40 days.

The U.S. has the Family and Medical Leave Act (FMLA).

Under this law, you may be allowed leave without pay for up to twelve weeks to take care of a newborn or a child with a serious health condition.

Ask your employer about the policy.

Or contact the U.S. Department of Labor

1-866-487-2365

<http://www.dol.gov/dol/topic/benefits-leave/fmla.htm>

Will my baby have to get shots?

In your country, infants and children may not have been given regular shots.

In the U.S., shots are given to prevent illness.

These are called “immunizations.”

Your doctor or clinic should give you a list of the shots.

The list will say when they are due.

For a list of needed immunizations, see:

<http://www.vdh.virginia.gov/epidemiology/immunization/acip.htm>

You may also get the list from your local department of social services.

Someone told me my baby is too heavy.

In your home country, it may be common to think “chubby” babies are the healthiest.

In the U.S., doctors may worry that people who are chubby babies may be too heavy throughout life.

What if I have no insurance?

There are programs in Virginia that may help:

FAMIS MOMS

Virginia’s Medicaid for women who are pregnant and for two months after giving birth

For more information, contact:
1-866-873-2647
<http://www.famis.org>

A woman not eligible for FAMIS MOMS may be eligible for Medicaid for Pregnant Women or Emergency Services Medicaid.

For more information on Medicaid, contact:
Local department of social services in the city or county where you live
To find the nearest agency:
1-800-552-3431
<http://www.dss.virginia.gov/localagency/>

FAMIS

This is Virginia's health insurance for children who have no insurance.
For more information, contact:
1-866-873-2647
<http://www.famis.org>

The parents' immigration status does not affect a child's ability to get FAMIS

There is also help if you have some insurance but not enough:

FAMIS Plus

Virginia's Medicaid for children
Children who entered the U.S. regardless of date may be eligible for Medicaid depending on their immigration status.
For more information, contact:
1-866-873-2647
<http://www.famis.org>

The parents' immigration status does not affect a child's ability to get FAMIS Plus.

FAMIS and FAMIS Plus Cover:

Doctor visits	Tests and x-rays
Hospital and emergency care	Vision and dental care
Well-child and well-baby checkups	Mental health care
Shots	And more ...
Prescriptions	

Virginia does not report anyone to immigration for submitting an application to or receiving services through FAMIS MOMS, FAMIS Plus or FAMIS.

What if I can't afford to feed my baby?

Women, Infants and Children (WIC)

WIC is a supplemental food program for women, infants and children.
You have to meet some criteria for services.

Who is eligible for WIC?

- Women who are pregnant, have just given birth or are breast-feeding
- Infants under the age of one year
- Children under 5 years of age

For information or assistance:

Call: 1-888-942-3663

<http://www.vahealth.org/wic>

What if I have a physical emergency with my pregnancy or my baby?

Call '911.'

An ambulance will take you to the hospital.

What if I need to talk to someone right away about a problem?

In the U.S., there are phone services to help you talk about your fears or problems:

National Hispanic Prenatal Helpline (NHPH)

1-800-504-7081

<http://www.hispanichealth.org/prenatal/>

Su Familia: The National Hispanic Family Health Helpline

1-866-783-2645

<http://www.hispanichealth.org/sufamilia/>

In my home country, birth control is not common. Where can I get birth control?

Birth control may not be common in your home country.

This may be for cultural or religious reasons.

You may also be afraid of effects of birth control (contraceptive) medicine.

Birth control (contraception) is very common in the U.S.

Most women's health care professionals provide birth control (contraception).

They can also help you plan for children and teach you about raising children.

There are also free and low-cost clinics where you can get women's health care.

For help finding a clinic, contact your local department of social services.

What forms of birth control are available?

Some types of birth control need a prescription from the doctor.

Some do not.

Available birth control includes:

Birth control pills or patches (prescription needed)

Diaphragm (prescription needed)

IUD or Intrauterine Device (prescription needed)

Rubber (Condom and foam) (no prescription needed)

Morning after pill (no prescription needed)

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Traditional Medicine

Are U.S. doctors familiar with care used in my country?

It may be traditional in your home country to define illness in terms of balance of blood, phlegm, black bile and yellow bile.

You may also understand illness as balance of hot and cold

You may also see illness caused by mal de ojo or susto.

These definitions and causes of illness are not part of U.S. medicine.

Do doctors know about traditional healers?

It may be common for you to get care from curanderas and yerberos.

U.S. doctors do not generally know about this kind of care.

Should I tell my doctor about other care I use?

It is important that you tell your doctor about other care you get.

Some traditional herbs may be harmful when mixed with physician prescribed medicine.

Will doctors allow me to continue with traditional care?

Doctors will consider this based on the care you are receiving.

Few doctors use herbs in treating patients and may not agree with this practice.

I get massage for my health. Will my doctor let me do this?

In the U.S., people who give massage are called massage therapists.

They are similar to los sobradores.

Doctors may see massage as helpful for an injury or for your wellbeing.

They will likely agree with your using massage.

They do not usually give these services themselves.

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Mental Illness

*You may not separate mental illness from illness in the body.
You may also talk about life problems in terms of feeling sick.*

How is mental illness understood in the U.S.?

The mind and body are most often seen as separate.
Mental or emotional problems are talked about in terms not related to the body.

How do people in the U.S. view those with mental illness?

People in your culture may see mental illness as weakness.
They may not talk about mental illness or may hide it.

In the U.S., mental illness is talked about openly.
Most people accept mental illness as a disease.
Many people seek help.

Will my regular doctor treat me for mental illness?

Mental illness in the U.S. is usually treated separately from physical illness.
Most doctors will refer you to a mental health professional for care.
These professionals may provide medication or counseling or both.

What kinds of caregivers treat mental illness?

Psychiatrists:

Provide medicine and listen to your concerns

Psychologists, social workers and licensed counselors:

Listen and provide advice (counsel)

Some clergy may also listen and provide advice (counsel).

Severe mental illness may require hospitalization.
This is to prevent the patient from hurting himself or others.

Examples of severe mental illness:

Major clinical depression

Bi-polar disorder

Schizophrenia

How do I find someone to help?

Ask your doctor.
Ask your insurance company.
Get help from the state.

How do I get help from Virginia?

Use the Virginia community service boards.

Community service boards have programs that help clients with:

- mental illness
- mental retardation
- substance abuse

To locate the Community Service Board nearest you, contact

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services

1-800-451-5544

http://www.vacsb.org/ourpeople_1.asp

You may also contact the local department of social services:

To find the department

1-800-552-3431

<http://www.dss.virginia.gov/localagency/>

Listed in the “Resources: Facilities” section in the “Resources” book.

What if I need to talk to someone immediately?

You may call an emergency hotline.

This is a phone number where a trained person is always there to talk with you.

What if this is an emergency?

Call 911.

An ambulance will take you or the person suffering to the hospital.

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Death and Dying

May my family be with me when I am dying?

Being cared for by your family during death may be important to you.
In most cases your family will be able to help you when you are dying.
If you die in the hospital, you may have to follow some rules about visitors.
Have your family talk to the doctor or nurse.
Tell the doctor or nurse how important it is to have family with you during this time.

Will I have to go to a nursing home?

You may not want to go to a nursing home.
In most cases, this is your and your family's decision.
Many times family can care for you at home.
You might also be able to get help from a worker who visits your home.

What can I expect from my doctor when I'm dying?

Your doctor will tell you the kinds of treatments you can have.
He will tell you how well they might work.
You and your family members will decide what care to have.
You may also say that you do not want care.

What if I am too sick to talk or write?

In your country, you may rely on family to communicate for you.
This may be an informal understanding.

In the U.S., people often have a medical power of attorney.
This is a legal document.

It states whom you want to make decision about your health when you cannot.

What are advance directives or living wills?

Your culture may not approve of advance directives.

People in the U.S. are told these are good. They are very common.
It is best to fill out your advance directives when you are healthy.
These are legal documents.
They state what care you want at the end of your life.

For instance:

You can state that you do not want a feeding tube.

You can state that you want all lifesaving measures taken.

Doctors and hospitals are supposed to follow what the documents say.

You can get a good advance directive form at:

<http://www.agingwithdignity.org/translations.html>

I want to be as comfortable as possible?

Doctors work to keep patients comfortable at the end of life.
It is important to talk with your doctor about this.
Be sure to talk with your family about what you want, too.
You may also state this in your advance directives.

What is hospice?

Hospice is a kind of care.
Hospice will help you and your family at the end of life.
Hospice helps to keep you comfortable.
It is not done to cure you.
You may get hospice care at home or in the hospital.
Many people who get hospice care stay home through death.

Will my family be asked to donate my organs when I die?

In your culture, it is probably not common to donate organs.

It is often done in the U.S.
It is possible that your family will be asked.
You might tell your doctor and family what you want before you die.
You will not be forced to donate your organs.

What is a death certificate?

A death certificate is a legal document that shows how and why a person died.
It is required in all deaths.
Sometimes the doctor treating a person may sign the death certificate.
Sometimes a medical examiner is needed to figure out how and why a person died.

In my home country, autopsy is not desired. Must I have an autopsy?

There are cases when either an “autopsy” or a “view” is required by law.
These are the cases handled by a medical examiner.
They are called “medical examiner’s cases.”
These are cases when the medical examiner must complete the death certificate.

What is a medical examiner?

A medical examiner (ME) is a physician who determines why and how a person died.
You may hear how and why a person died called the “cause” and “manner” of death.
Each city or county in Virginia has a medical examiner.
Physicians, law enforcement officers, hospitals and funeral directors will report to the medical examiner any death that might require an autopsy or view.

When is a medical examiner needed?

By law, there are four times when a medical examiner must be used:

- 1) When the person who died was not under the care of a doctor
- 2) When death was sudden and not expected
- 3) When death was due to violence of any kind
- 4) When death might have been caused by violence

If death of my family member was natural, why would a medical examiner be needed?

There are three reasons you might need a medical examiner when death was by a natural cause:

- 1) When death was not expected and no medical cause can be determined
- 2) When the person who died was not under care of a doctor for a disease that might readily have caused the death
- 3) When death may have been caused by something that could hurt other people

Example: A serious disease that could easily spread through the community.

My family member is at the medical examiner's office. What do I do now?

The medical examiner will examine the body by a "view" or an "autopsy."

During the week, an exam usually takes 24 hours.

On a weekend, an exam may take up to 48 hours.

Some cases, such as when a body cannot be identified, may take longer.

As soon as you learn of the death, you should contact the funeral home of your choice to make arrangements.

When the medical examiner's office is done, they will release the body to the funeral home.

What is a "view" and what is an "autopsy?"

The medical examiner may do one of two exams:

A view: This is done in about half the cases a medical examiner sees.

The medical examiner will do an outside exam of the body and collect fluids for testing.

An autopsy: This is done when a viewing does not give enough information.

The medical examiner will do a complete outside and inside exam.

This will include testing all internal organs and collecting fluids.

May I refuse an autopsy if the medical examiner wants one?

No. The medical examiner will only do an autopsy when one is necessary.

This is a matter of law.

May I see the body at the medical examiners office?

The medical examiner's office is not usually able to have family come in.

It is better to view the body at the funeral home.

There is an exception:

The medical examiner may ask you to come in to identify a family member.

What does the medical examiner do if a body cannot be identified?

Usually, a medical examiner will use fingerprints and/or dental records to identify a body.

If those are not available:

Police will take photos and bring those into the community to see if anyone can identify the body.

Identifying and claiming a body does not put anyone at risk for deportation.

The medical examiner's office does NOT check your immigration status.

How do I get a copy of the death certificate?

Next of kin and others legally entitled may get copies of the death certificate.

The funeral director will help you get a copy of the death certificate.

Copies are available from:

The Registrar in the city or county of death

Any Virginia Health Department Office with a division of vital records.

The Virginia Department of Health's Division of Vital Records.

For information from the Virginia Division of Vital Records:

Call (804) 662-6200

See: http://www.vdh.virginia.gov/vital_Records/index.htm

Or

To locate the right office, contact your local department of social services

To find the nearest agency in the city or county where you live:

1-800-552-3431

<http://www.dss.virginia.gov/localagency/>

Or see:

<http://www.vdh.virginia.gov/medExam/FriendsFamily.htm>

En Español:

<http://www.vdh.virginia.gov/medExam/FriendsFamilySpanish.htm>

Why might I need a copy of the death certificate?

Some reasons you might need a death certificate include:

Claim insurance

Receive government benefits

Settle your loved one's estate

Pursue legal action related to the death

Do I have to pay for the medical examiner's exam?

No.

For more information on the Medical Examiner's Office and death certificates:

<http://www.vdh.virginia.gov/medExam/FriendsFamily.htm>

En Español:

<http://www.vdh.virginia.gov/medExam/FriendsFamilySpanish.htm>

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Advice for Newcomers from Newcomers

Newcomers who came before you offer this advice.

Ask for a health buddy in your neighborhood.

This is someone who knows the system and can help you.

Find a job as soon as you can.

Get proof from work that you have a job.

You must use this proof at mobile health or free clinics.

Example: A pay statement

Write down your symptoms.

Example: Sore throat and fever

Write down your questions.

At the very least, ask the following three questions: ²

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

If you do not understand, ask.

Learn your rights.

Do not be afraid.

² Partnership for Clear Health Communication. (n.d.) *AskMe3*. Retrieved June 15, 2007, from http://www.askme3.org/for_patients.asp

NAVIGATING THROUGH THE U.S. HEALTH CARE SYSTEM FOR IMMIGRANTS, REFUGEES AND MIGRANTS

Staying Well

*You may not be familiar with changing your behavior to stay well.
U.S. doctors and patients think it is important to do things to stay well.
U.S. doctors expect and want you to help take care of your health.*

Why should I go to the doctor when I do not feel sick?

You may see going to the doctor when you feel well as something you can't afford.
You may be afraid that seeing the doctor will bring on illness.

In the U.S., patients see doctors to keep from getting sick.
They also see doctors in order to find illness when it is just starting.
They do not believe that seeing a doctor can make them sick.

What kinds of things will doctors do?

Doctors may do physical examinations.
They may have you get some simple tests to check for illness.
Doctors may also tell you to change some of the things you do each day.
 This may help you stay well.
 It may also keep an illness from getting worse.

What kinds of tests are important to get?

This depends on your age and your gender.

Some tests everyone takes:

For example:

Blood pressure check

Some tests are for women adults only:

For example:

Breast cancer checks

Pap tests

Some tests are for men only:

For example:

Prostate exams

Will the doctor always tell me what regular tests to get and when?

The doctor will give you general information about how often tests are needed.
He or she will not usually remind you each time they are needed.
Most patients in the U.S. must keep up with when they need regular tests.
Doctors' offices keep records, too. You can call to ask when you need a test.

How do I get these tests?

The doctor or clinic will tell you how to get these tests.
In many cases, you must go to the doctor or clinic.

Some tests can be done in the office or clinic.
Some tests require that you go to another location.

I can't afford to pay for these tests.

There are clinics in the U.S. that provide free or low-cost services.
For information, contact your local department of social services
You may also call 211 or http://www.dss.virginia.gov/community/i_and_r/index.html

My doctor told me to eat differently. I don't want to do this.

Making changes in your behavior for your health may not be familiar.

In the U.S., it is common for a doctor to suggest changes in behavior.
Many of the changes will help keep you from getting sick.
Many will keep an illness you have from getting worse.

What kinds of behavior might the doctor tell me to change?

Common changes include:
 Changing what you eat (your diet)
 Changing daily activity (exercise)
 Changing how much you weigh
 Changing the amount of sleep you get

How will these changes help?

In the U.S., most doctors believe that good health means your body works well.
Some changes in behavior may help your body work better.

Some activities will keep you from getting sick.

Example:
Losing weight may help keep you from getting diabetes.

Some of the activities will help treat your illness and keep it from getting worse.

Example:
If you have diabetes, changing your diet may keep you from feeling sick.
 It may keep your blood sugar low.

What changes you might need to make and how they will help depends on your health.

What if I don't want to make these changes?

In the U.S. it is okay to discuss your concerns with the doctor.
Talk about which changes will be hardest and which you can make.
It is possible that you can make some changes, but not all of the changes.
The final decision about your behavior is yours.