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“I Was Discriminated Against by the Staff”: Experiences of Medicaid Enrollment

In asking about immigrants’ experience applying for Medicaid, a theme that commonly came up was discrimination immigrants faced in the process. *Nearly half (48 percent) of all respondents surveyed reported feeling discriminated against or being treated differently than other applicants.*

Discrimination is the “unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age, or sexual orientation.”¹ Discrimination can be due to the personal bias of individuals and the perpetuation of negative stereotypes.

In one-on-one interviews conducted previously by IRI, we found that although Medicaid personnel are supposed to help with the application, many of them do so in an off-putting and discriminatory manner. This survey shows that the experience is extremely widespread.

Medicaid personnel may have biases that are expressed through their interactions and treatment of immigrant enrollees. Biases are considered “a broad category of behaviors including discrimination,

ALMOST HALF OF SURVEY RESPONDENTS FELT LIKE THEY WERE TREATED DIFFERENTLY BY MEDICAID PERSONNEL

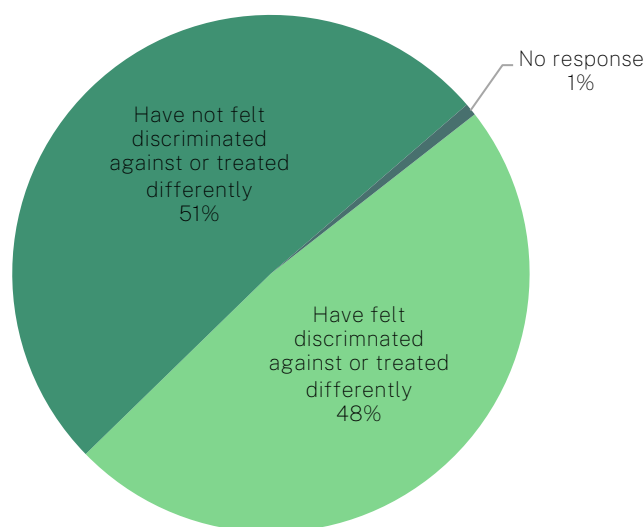


Fig. 1 Source: Immigration Research Initiative survey.

¹ “Discrimination: What it is and how to cope,” American Psychological Association, <https://www.apa.org/topics/racism-bias-discrimination/types-stress>

harassment, and other actions which demean or intimidate individuals or groups because of personal characteristics or beliefs or their expression.”²

The survey responses revealed that the way that Medicaid personnel spoke, interacted with, and treated individuals can deter individuals from applying for Medicaid or make the process more stressful. When asked to provide a specific example of the discrimination they experienced, the most reported issues were racism, religious discrimination, xenophobia, and body shaming. These negative experiences can lead to incomplete applications, a lack of trust in the process and a misunderstanding about the overall healthcare system in the United States.

Racism. The most common form of discrimination immigrant applicants experienced was based on their race. Based on the open-ended responses to the survey question, it became clear that discrimination during the application process is oftentimes perpetuated by trained Medicaid staff. “I felt that I was being discriminated against because of my race when I was processed,” one respondent shared. “I think maybe because I’m Black, a lot of people discriminate against me a lot of the time, I think it’s because of race and color,” said another.

Our sample had a considerable number of Asian immigrants, who expressed experiences of racial discrimination: “I saw them treating Asians differently from how they were treating the white people.” Other respondents of Asian descent felt similarly: “Maybe it is because I am Asian,” “A lot of people think I’m Japanese, and some people are not very friendly to Japanese people. It could be historical,” and “The staff always attended to the white people first and we Asians last” were expressed as experiences of racial discrimination. Medicaid staff are meant to serve all Medicaid applicants without any bias. However, we continue to see through the survey responses that applicants did not feel valued nor accepted by the staff because of who they are. One respondent called out the racism by saying: “Too many unreasonable demands. Verbal provocation.”

The Medicaid application process must become far more attentive to the conscious and unconscious racism among staff, and racially discriminatory structures and systems. If immigrants are reporting this level of racial discrimination, it is very likely that U.S.-born individuals are also experiencing the same, specifically Black, Latinx, and Asian U.S.-born applicants.

Religious discrimination. The next most common type of bias reported was discrimination based on religion. “Maybe it’s a religious thing,” “probably because of some religious beliefs,” and “sometimes there are conflicts over religious issues” were some of the sentiments shared by respondents. Medicaid staff should not ask about religious affiliation and it may be the religious affiliations were assumed because of their clothing, language, or their behaviors. For some immigrants, as for many U.S.-born people, religion may be especially important to their sense of self. No one who applies to government programs should be judged based upon their religious beliefs or made to feel unvalued because of who they worship.

² “Bias, Discrimination, and/or Harassment,” Princeton University, <https://inclusive.princeton.edu/addressing-concerns/bias-discrimination-harassment>

Xenophobia. Discrimination because the applicants were from another country, xenophobia, was reported at nearly the same level as religious discrimination. As one respondent put it: “Because I am an immigrant, the staff attitude is very bad,” a sentiment that was echoed by many others. Another said: “The differential treatment given by the staff infuriated me.” Over and over, respondents reported: “I was discriminated against by the staff,” “I was discriminated against in the process,” “their differential treatment is what I find unacceptable,” “Maybe it is because I was not born in the United States,” and “I believe that every immigrant will have difficulties.”

Intentionally or not, applicants were made to feel inferior to the Medicaid staff because of their cultural differences. These experiences affect the successful completion of a Medicaid application, trust in the healthcare system, and trust in other safety net programs. Medicaid staff should be attending to all applicants fairly, regardless of whether or not they were born in the United States.

Body Shaming. A few respondents reported different kinds of body shaming, often in ways closely connected with gender discrimination. “Women are always easy to be discriminated against, they say I am fat as a pig, I am very angry,” said one respondent. Body shaming can also blend into class discrimination, as reflected in one respondent’s comment that “because I was dressed in rags, I was cut in line at that time,” or another respondent who reported “the staff hated my smell, but I couldn’t help it.” Medicaid staff are supposed to process applications and help without bias. Applicants should not have to worry about their appearance, sex, gender, or any characteristic of their identity or body that is not relevant to the Medicaid enrollment process.

These survey responses reveal that the Medicaid staff have interactions with immigrant enrollees that feel discriminatory, negative, and unwelcoming. Immigrants and all enrollees deserve to receive fair and professional treatment from the Medicaid staff to ensure successful enrollments for all eligible applicants. Regardless of the form of discrimination and the reason as to why, Medicaid staff made an already arduous process more uncomfortable and stressful for eligible enrollees. When applicants are treated negatively by staff that they are supposed to be able to turn to for help, it can deter eligible individuals from enrolling and create a lack of trust in safety net programs. Trust in the government and its safety net programs are necessary to ensure that eligible residents can apply for services that they rightfully deserve and need.

Cyiera Roldan

Cyiera Roldan is deputy director of Immigration Research Initiative, a nonprofit, nonpartisan think tank that looks at immigration issues.

Ashleigh-Ann Sutherland

Ashleigh-Ann Sutherland is a senior policy analyst at Immigration Research Initiative, a nonprofit, nonpartisan think tank that looks at immigration issues.