Health Equity Forward

More Than Medicine: Rethinking Immigrant Healthcare Access

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Introduction

Walking into a hospital is stressful for anyone. But for many Latino immigrants in the U.S., this stress is exacerbated by a multitude of factors. It lies beneath the weight of everything they came here carrying, families they put first, sacrifices made across borders and a promise that this country would give them the chance to build something better. However, the cruel irony is that the very system meant to keep them healthy seems designed to keep them out. Imagine arriving at the doctor's office already afraid; not just because of the immense bill that will follow, but of what that visit could cost you in ways that go far beyond money. The U.S. healthcare system is among the most expensive in the world, and also among the least effective at actually reaching the people who need it most (Chang, Mirvis, & Mahmood, 2026). For a Latino immigrant, a single appointment can mean risking a work shift, risking questions about immigration status, and risking getting lost inside a bureaucratic maze that assumes you already know how to navigate it. The system operates as though health is every person's top priority. But that assumption is a luxury. When you are working countless hours to keep your family housed and fed, when missing a shift means losing income you cannot afford to lose, health becomes something you manage around survival, not the other way around.

Barriers to Healthcare Access

Provider Representation

Seeing a provider who understands your language, background, and heritage can be as important as the care itself. For many immigrant patients, healthcare is not only about receiving a diagnosis or treatment plan; it is also about feeling seen, safe, and understood. The numbers alone tell a troubling story. According to a 2024 study by the Latino Center for Health at the University of Washington, there are about 45 Latina/o physicians per 100,000 Latina/o residents in Washington, compared to 277 non-Hispanic White physicians per 100,000 white residents. Twelve of Washington's 39 counties have no Latina/o physicians at all (Angulo et al., 2024). This is more than a workforce gap; it is a healthcare access crisis. Language-concordant care matters because patients are more likely to open up, understand treatment plans, and manage chronic conditions when they feel understood. Dr. Jose Flores-Rodarte, a family physician at HealthPoint SeaTac whom I spoke with explained, "Instead of going back and forth with an interpreter for half of it, I can make the most out of those 20 minutes." He also mentioned that patients often feel more comfortable speaking directly with a provider in their own language. In some families, children are asked to interpret for parents, sometimes in painful situations they

should never have to carry. What seems like a simple language barrier can become something much heavier and stay with someone for a long time, especially when a child is asked to carry adult conversations about illness, fear, and pain for their family. Those moments can leave a lasting imprint.

The Role of Trauma in Immigrant Health

That emotional weight connects to one of the most overlooked parts of immigrant health: trauma. Migration itself can involve violence, family separation, dangerous journeys, poverty, and grief. Dr. Alina Urriola, a primary care physician board certified in Family, Preventive, and Lifestyle Medicine who I also spoke with, has spent many years caring for underserved patients and explained that trauma can worsen conditions like diabetes and hypertension while also contributing to depression and anxiety. In her experience, she has seen that this side of the patient narrative often remains uncovered simply because providers don't ask. She recalled one patient who had experienced significant trauma but had kept it hidden. When Dr. Urriola asked why the patient hadn't brought it up before, she said, "nobody asked me." For Dr. Urriola, asking about trauma may not erase the past, but it makes an entry for healing; an approach she carries into her volunteer work at Lahai, a volunteer-based clinic serving uninsured and underserved patients in the Puget Sound area.

Gaps in Healthcare Coverage

For many Latino immigrant families, access to healthcare does not become limited by a lack of concern for their well being, but by the way the system is set up. When Washington opened Apple Health Expansion to undocumented adults in June 2024, the demand was so immense the enrollment spots filled in a matter of 2 days. Fast forwarding to July 2026, almost 34,000 eligible Washingtonians have been denied due to the sheer lack of capacity because of funding restraints (Dong & Leong, 2026). That number shows how great the need is, but it also raises a deeper question: how are people supposed to seek care when they are forced to choose between an annual checkup and putting food on the table? The demand for assistance is clear, yet limited access can force families to prioritize immediate necessities over their long-term health.

Improving Access to Care

The good news is that communities are not waiting for the system to fix itself. Across Washington, organizations grown from lived experience are building the support that formal healthcare has too often failed to provide. I spoke with Giselle Zapata-Garcia, Equity and Community Engagement Manager at Public Health Seattle & King County, who has spent decades bringing care directly to where people are. One example is the Latina Health Fair, which she helped found in 2003 after seeing Spanish-speaking women face language barriers at mammogram events. At its height, the fair drew more than 1,400 participants and offered free screenings, childcare, transportation, food, and community resources under one roof. The fair worked because it was designed around people's real lives. Giselle and her team put themselves in participants' shoes asking what might stop someone from attending and then building the fair to remove those barriers. By addressing those issues they reduced the hesitation that might otherwise keep people from seeking care. It became a model for what

access can look like when healthcare is designed around the people it serves, rather than expecting patients to adapt to the system.

That same principle of designing care around patients' real life barriers guides clinics like HealthPoint SeaTac, a federally qualified health center that treats patients regardless of insurance or documentation status. Instead of sending patients to different places for every need, HealthPoint forms a melting pot of different services such as medical care, dental care, behavioral health, pharmacy, and nutrition under one roof. For someone working long hours, without reliable transportation or paid time off, that kind of setup can make the difference between getting care or ignoring the issues until symptoms become more present. Lahai Health which we mentioned earlier brings a similar approach. The free, volunteer-based clinic provides medical care for uninsured patients across the Puget Sound area who may have few other options for accessing care, while also offering onsite interpreters to help patients feel more comfortable and understood during their visits. These models are setting a new standard for what care should look like, showing that improving immigrant health means meeting people where they are and building care around the realities of their lives, rather than expecting them to fit into a system designed around convenience.

Conclusion

What came up again and again in our conversations with healthcare professionals and community leaders around Washington was: healthcare takes more than simply making resources available. The facilities and services may already exist, but the difference is whether people can actually reach them. Care has to be reachable, understandable, and built around the realities of the people it is meant to serve. Language, trauma, cost, transportation, and fear are not separate from healthcare; they help determine who is able to access it. The Latina Health Fair, HealthPoint, and Lahai Health show what it looks like when care is designed around those realities rather than expecting patients to traverse around them. For providers, meeting immigrant communities where they are also requires cultural humility. Being a good provider is not just about knowing medicine; it is about asking questions, listening closely, and letting patients be active participants in their own care rather than making assumptions about their experiences. Cultural humility also means recognizing that the system itself can become a barrier. For many immigrant families, language, paperwork, transportation, work, kids, and other responsibilities can make care hard to access. In that sense, accessibility is not separate from cultural humility; it is one of the ways cultural humility is put into practice. Ultimately, meeting immigrant communities where they are should not be an exception to the healthcare system. It should be the standard, and that is what it will take to close the gap: not just good intentions, but a system truly built around the people it is meant to serve.

Acknowledgements

We would like to thank the members of the University of Washington Immigrant Health Team for revisions and editing. We also extend our thanks to Giselle Zapata-Garcia, Dr. Alina Urriola, and Dr. Jose Flores-Rodarte for sharing their insights through interviews and quotes.

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Resources

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