



## Designing an Affordable Health Care Program for Hispanic Immigrants in New York City

Supporting Grameen America in offering innovative health care services to its members

### SUMMARY

From December 2012 through November 2013, [Grameen Research](#) worked with its sister organization, the microlender, [Grameen America](#), to design an affordable health care program for its New York City members, predominately low-income Hispanic immigrant women. Founded by Nobel Peace Prize recipient Muhammad Yunus, Grameen America is dedicated to helping women who live in poverty build small businesses to create better lives for their families. It offers microloans, training, and support to transform communities and fight poverty in the United States—as Grameen Bank did in Bangladesh and in other countries.

The project was intended to leverage the group support structure of Grameen programs and ultimately build a model for replication as Grameen America expands its presence in immigrant communities across the United States.

To design the program, the project team conducted surveys and focus groups to assess the health needs, access to care, and current health expenses of its New York City members. The major finding was that the majority of the Grameen America members are ineligible for Medicaid or other private health insurance, due to their immigration status, and therefore unable to effectively access the resources of hospitals and other health care institutions in the area.

To overcome this barrier, the team established a partnership with [Iora Health](#), a Cambridge, Mass.-based primary health care provider and developer of stand-alone primary care practices designed to meet the needs of organized groups at an affordable cost. The model provides personal health coaches, patient connection to providers through phone, texts and email between office visits, and varied educational offerings to help patients manage their health.

## Key Results

Although the project is still in the developmental stage, the research team reported that they:

- **Created the framework for Grameen Vida Sana.** This \$45 per month benefit program for Grameen America members will combine primary care, weekly group wellness meetings, and access to health records and educational resources through a mobile-connected platform. The program is expected to cover its expenses once membership reaches 4,300.
- **Established and staffed Grameen PrimaCare.** This new nonprofit will contribute to the ongoing design, oversight and evaluation of Grameen Vida Sana and eventually lead an effort to replicate it in other communities.
- **Secured a clinic facility for Grameen Vida Sana members in Jackson Heights, Queens.** Iora Health will run this primary care clinic and wellness center, slated to open in 2014 as women begin to enroll in the program.

## Funding

The Robert Wood Johnson Foundation (RWJF) funded this project with a grant of \$500,000.<sup>1</sup> Grameen Research also received \$685,000 from the Seedlings Foundation with additional support from private donors.

## CONTEXT

Grameen America has been operating in the United States since 2008, providing small business loans and financial education to low-income women entrepreneurs. By 2013, it counted nearly 22,000 borrowers throughout the country.

Grameen America uses a peer group lending approach that requires individuals to meet weekly in groups of five. Each group member receives a loan and is responsible for repayment, but members cannot increase their loans unless all member loans are current. Such a “peer support and peer pressure” model creates strong incentives among group members to ensure each other’s business success and ability to repay their loans.

Building on the link between economic self-sufficiency and health, several countries have already leveraged the social networks of Grameen communities to promote health and managed health care for the poor.

As Grameen started operations in the United States, it became clear that borrowers in this country were also in need of a comprehensive health program. The 15,000 New York City members are typical. The women are predominately Hispanic immigrants (about

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<sup>1</sup> ID# 70209 (\$500,000, December 1, 2012–November 30, 2013).

90%). They are self-employed, have incomes under \$15,000, and are largely uninsured. Their main entry to the health care system is the emergency room, which is costly and inadequate. They experience high rates of obesity and obesity-related chronic diseases such as diabetes and hypertension. Also they largely lack services for maternal and child health, sexual and reproductive health, and mental health/depression.

### **RWJF's Interest in This Area**

This project advances RWJF's interest in projects that use original, unconventional approaches to create transformative change.

### **THE PROJECT**

The project's main objectives were to:

- Design a health benefit package tailored—and priced—to meet specific needs of Grameen America members.
- Find a health care provider that would commit to offering these services at a fee that members could afford.

To guide its efforts, the team established the research advisory council and the research and evaluation advisory committee. (For a list of members, see the [Grameen PrimaCare website](#).)

### **Understanding the Needs of Grameen America Members**

Researchers conducted surveys and focus groups with approximately 500 Grameen America members to assess their health needs and current health expenses, and to test the affordability of proposed benefit pricing. The team fielded surveys in December 2012 (199 completed) and at health fairs in January and September of 2013 (110 and 108 completed respectively). They also conducted five focus groups with a total of 41 members in March and April 2013.

An early finding forced a change in the program's underlying strategy, according to Pablo J. Farias, MD, CEO of Grameen PrimaCare and director of the project. "Initially, when the program was formulated, the emphasis was on creating bridges between the existing health resources and Grameen America members, through access to managed care plans and Medicaid," he said.

"However, it quickly became clear that over 80 percent of survey participants did not qualify for insurance, since they were undocumented in terms of their immigration status." They were also ineligible for coverage through the insurance exchanges established under the Affordable Care Act. This finding limited the team's ability to help Grameen America members access existing health resources.

Other findings shaped the design of the benefits plan. For example, members reported that they:

- Had difficulty obtaining care (71%). Nearly half reported no confidence in their ability to manage their own health.
- Had not seen a doctor in more than two years (28%). Only 26 percent had a regular medical provider.
- Were unable to pay for care (80%). Most (73%) were spending more than 25 percent of their business earnings for health expenses.
- Were willing to pay a monthly fee of up to \$50 for access to quality health care. They also expressed a strong need for preventive health services.
- Had low levels of technology literacy. Only 31 percent used mobile applications (apps) and less than 25 percent used their phones to search for information about health issues.

Given the lack of access to health insurance for these women, the organization formed a partnership with [Iora Health](#), an innovative primary care provider, to design a member-financed primary care and health promotion service for members.

Iora Health has a track record of developing stand-alone primary care practices designed to meet the specific needs of organized groups and to provide fixed cost services on a capitated basis. Grameen Vida Sana will be its seventh clinic. (See the list of its existing clinics on the [Iora Health website](#).) The model provides personal health coaches, patient connection with physicians and coaches through phone, texts, and email between office visits, and varied educational offerings to help patients manage their health.

## RESULTS

In a report to RWJF and a January 2014 interview for this report, project team members reported that they:

- **Created Grameen Vida Sana, a \$45 per month benefit program primarily for Grameen America members.** The program team worked with Iora Health to design a program that addresses many of the concerns that surfaced in focus groups and surveys. It has the following components:
  - An enhanced primary care team: members have unlimited access to a primary care clinic, receive preventive services (early detection and regular screenings), and assistance in managing chronic conditions.
  - Weekly group wellness meetings and peer support, covering a range of topics including nutrition, physical activity, mental health, sexual/reproductive health,

prenatal care, parenting, health literacy, domestic violence, disease prevention, and chronic disease management.

- An innovative mobile connected health (mHealth) platform designed with assistance from [ClickMedix](#), a global mHealth social enterprise. The platform gives Grameen Vida Sana members access to health records, educational resources, and health support. It will also facilitate communication among members, program staff, and health service providers.

Recognizing the low technological literacy of Grameen America members, the team integrated technology literacy into the weekly group program to enable members to benefit from the ClickMedix tools.

- Support for access to other health resources: members will receive referral and navigation support, help in managing medical bills, and negotiated low cost diagnostic tests and medications.
- **Established and staffed [Grameen PrimaCare](#) to support Grameen Vida Sana and other health initiatives.** Grameen Vida Sana is the first pilot program of this new nonprofit, whose mission is to create “a transformative model that can foster a culture of health and engender a more equitable health system.”

Grameen PrimaCare staff contributed to the design of Grameen Vida Sana and expanded its base of philanthropic support. Going forward, it will provide program oversight and evaluation. It is governed by a seven-person [board of directors](#), including Muhammad Yunus.

- **Secured a facility in Jackson Heights, Queens, for the delivery of enhanced primary care to Grameen Vida Sana members.** A \$685,000 grant from the Seedlings Foundation funded the remodeling and equipment costs for the primary care clinic and wellness center.

The medical director is Diana Ramirez-Baron, MD, a bilingual family doctor on the Grameen Vida Sana staff. Clinical staff also includes one nurse practitioner, one registered nurse, and one social worker. A team of 10–13 health coaches will work to motivate members to achieve health goals, implement customized care plans, coordinate care among providers, and connect members to additional services and resources.

- **Established the Grameen Vida Sana Member Council.** A volunteer committee of current Grameen America borrowers, the member council is providing ongoing input into the design of the program.
  - In November 2013, Ramirez-Baron started weekly sessions for the member council. She is leading members in outreach activities, a review of the health literacy curriculum, and testing of ClickMedix apps.

Irene, a council member, participated in these activities, which gave her a taste of the potential value of membership in GrameenVida Sana. To read more about Irene see the “[The Story of Irene, a Grameen America Member](#)” at the end of this report; profiles of other council members are on the Grameen PrimaCare [website](#).

- **Explored partnerships with hospitals and other health institutions for provision of specialty care and other services to the Grameen Vida Sana members.**

Although members could not access existing health care resources as planned, hospitals worked with the project team to support the project in other ways. Core institutions included:

- [North Shore Long Island Jewish Health System](#): North Shore serves the target area of Queens. Its Katz Institute for Women’s Health reviewed Grameen Vida Sana health education materials and is exploring funding strategies that would give the Grameen Vida Sana members access to specialty and hospital services in their system.
- [Mt. Sinai Queens](#) worked with the team in organizing health fairs in January and September 2013, with its school of medicine providing support for training of bilingual staff to carry out health surveys during the fairs.
- [UnitedHealth Group](#), a worldwide provider of health benefits, offered health and dental screenings at a Queens’s health fair.

## **Communications Results**

Communication efforts focused on building awareness about the Grameen Vida Sana program among Grameen America members through the distribution of bilingual pamphlets, flyers, and other materials.

The team reached out to institutional partners in the health sector and the broader public, making presentations and securing media coverage of the innovative nature of the Grameen Vida Sana model, its relation with the Grameen America microfinance model and their potential to improve the health and well-being of women entrepreneurs in low-income communities.

Media coverage included articles in *Forbes* and *Financial Times* and a television segment aired on *Al Jazeera America*. Muhammad Yunus participated in a panel at the 2013 annual meeting of the Clinton Global Initiative with Melinda Gates and former Secretary of State Hillary Clinton.

## **LESSONS LEARNED**

1. **Engage a wide range of constituents and stakeholders in program development.**

The project team established both a research advisory council, composed of health care professionals and academics, and a member council, consisting of Grameen

America members. This ensured that the project team heard from diverse “voices” in planning the benefits program. (Project Director/Farias)

## **AFTERWARD**

The Grameen Vida Sana primary care clinic in Jackson Heights will open in summer 2014, serving women as they begin to enroll in Grameen Vida Sana. The team is working with the clinic’s medical director to hire health coaches and will also create additional modules for the ClickMedix app to use for enrollment, payment, and feedback surveys.

The project team is continuing its efforts to connect Grameen Vida Sana participants to specialty care and hospital services. Discussions with the safety net care providers—the New York City Health and Hospitals Corporation (Elmhurst Hospital and Queens Hospital), North Shore Long Island Jewish Health System, Mt. Sinai Queens, UnitedHealth Group (one of four federally qualified health centers in Corona, Queens)—are ongoing. Recognizing the existing health care providers in the community as well as the gaps in continuity of care and preventive services, Grameen Vida Sana is in active conversations with the providers mentioned above for access to various specialty care and extended care services while complementing the system with enhanced preventive and primary care services.

“We need to develop an alternative response to this challenge for the undocumented population. There has to be a broader recognition of the need for safety nets that would provide health services for this group,” said Project Director Farias.

The team will launch a systematic evaluation of Grameen Vida Sana once it is fully underway and is finalizing a baseline survey based on Iora Health’s assessment tools. Eventually, the team will work on replicating the Grameen Vida Sana model in low-income immigrant communities where Grameen America is expanding its presence—other areas of New York City, San Francisco, Los Angeles, Indianapolis, Omaha, Neb., and Charlotte, N.C.

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## **THE STORY OF IRENE, A GRAMEEN AMERICA MEMBER**

Irene, originally from Mexico, has been in the United States for 23 years. In 2009, the single mother of three became a Grameen America borrower and was able to start a small business selling food on the streets. She has been working very hard to make a living and take care of her children with no family support.

Irene is facing numerous health challenges. She is overweight, has diabetes and asthma, and has long been suffering from depression and anxiety. With no health insurance, or

access to affordable care, she has been forced to use the emergency room every time her health conditions worsen.

Irene joined the Grameen Vida Sana Member Council and has participated in outreach activities led by Diana Ramirez-Baron, MD, the medical director. Coached by Ramirez-Baron, she has been able to improve her diet and better manage her diabetes. The program's community networks have provided Irene with an opportunity to purchase fresh produce at discounted prices for her family.

Irene's story exemplifies the potential benefits of the Grameen Vida Sana program. Through participation in its group health activities and peer support networks, immigrant entrepreneurs like Irene can build greater knowledge and capacity for healthy living.

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