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Removing Barriers to Health Care: Healthy Starts for New Americans

French D1, Graf M1, Korsh J2, Kreider H2, Pasciuillo E1, Shean K1, Wood E1, Bourgo2, Malby H1, Carney, J3
1. University of Vermont, 2. Community Health Center of Burlington

Objectives
- To determine if refugees completing a Medical Orientation Program for New Americans are better with several aspects of medicine in the US, such as making appointments; knowing more about diet and hygiene; and understanding the implications of mental and chronic illnesses.
- To determine if Medical Passports provided to these individuals improve continuity of care are useful and effective.
- To make recommendations for improvements to the Medical Orientation Program for New Americans to the Community Health Center of Burlington (CHCB).

Background
- Language barriers, cultural differences, and low health literacy in immigrant populations lead to decreased health care quality and outcomes (Chao, 2009; Morris, 2009).
- Language barriers cause the treatment responsibility to shift heavily toward the patient (Weiss, 2007).
- Community-based participatory action research (CBPAR) used by health care clinicians is shown to successfully identify the most pressing needs of community health center populations, and improve medical practices as well as overall patient health (Culhane-Pera et al, 2009).
- CBPAR studies assessing Somali Bantu refugee populations in Southwest Idaho revealed a high degree of vulnerability and increased risk for health disparities (Springer et al, 2010).
- Clinics for refugees can be held for patient education when appropriate medical translation staff is present (Smith, 2008).
- Refugee communities rely on community health centers for health care, as those centers provide for uninsured and underserved communities where refugees are disproportionately represented (Probst et al, 2009).

Methods
- Design a survey to determine whether the learning objectives of each of the Medical Orientation classes were met, and whether or not the Medical Passport met its goals.
- Interview Bhutanese refugees individually with an interpreter, asking these survey questions.
- Make recommendations to CHCB based on these findings.

Medical Orientation Program for New Americans Example

Objectives for this Lesson:
- Understand the roles of different health care professionals
- Understand why it is important to talk openly with your doctor
- Learn what “confidentiality” means for you and your doctor
- Learn about “consent”
- Understand the role of an interpreter
- Discuss different methods of interpretation that may be used when you visit the doctor

Survey Example
- When it’s not an emergency, who should you see when you’re sick?
- What does “confidentiality” mean for you and your doctor?
- What “informed consent” mean?

Background

Table 1: Survey question overview

<table>
<thead>
<tr>
<th>Learning objectives</th>
<th>Respondent perceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health-care use and appointment making</td>
</tr>
<tr>
<td></td>
<td>Number of health care appointments in the past month</td>
</tr>
<tr>
<td></td>
<td>Number using their health care passport from class</td>
</tr>
<tr>
<td></td>
<td>Number using a mobile phone app</td>
</tr>
<tr>
<td></td>
<td>Number using an appointment when sick</td>
</tr>
<tr>
<td></td>
<td>Number making an appointment with their “own doctor”</td>
</tr>
<tr>
<td></td>
<td>Number using a high-quality family member to assist in making an appointment</td>
</tr>
<tr>
<td></td>
<td>Number making an appointment with a “default doctor”</td>
</tr>
<tr>
<td></td>
<td>Number using the Internet and social media</td>
</tr>
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<td>Number using an interpreter</td>
</tr>
</tbody>
</table>

Results
- Majority (12/21 = 57%) knew to make an appointment with their own doctor if they are sick (versus going to the emergency room).
- Majority (16/21 = 76%) knew the meaning of chronic disease.
- Majority receive help from English-speaking relatives in making appointments (14/21 = 67%)

Recommendations
- Better differentiation about what does constitute an emergency.
- Decrease the size of the medical passports (already done).
- Reminder people that while many may not be curable, they are treatable.
- Encourage more practice with verbal (English) assertions about health (making an appointment; or, saying “I am a diabetic”) so that New Americans have basic skills to inform people about their health when they do not have access to a translator.
- Make the clinical vignettes in the surveys (e.g. chest pain, child vomiting) more clearer.
- Clarify the consequences of a chronic disease.

Conclusion
- The CHCB is dedicated to providing care to people who have a limited English language and reduced ability to pay.
- Assuring that New Americans receive necessary health care, including primary and preventative care, is challenging.
- Barriers to care may include administrative, cultural, language, knowledge, and transportation.
- Efforts to improve health care access must focus on the specific needs of diverse populations.
- Though it is clear that this population benefited from the Orientation, there are improvements that could be made for future sessions.

References

Fennelly, K. Listening to the experts: provider recommendations on the health needs of immigrants and refugees. BMC Medical Education 2009; (9):15.

What does “informed consent” mean?
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Background

Table 2: Survey question?

<table>
<thead>
<tr>
<th>Answer types</th>
<th>Number of courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>A disease that will never be cured</td>
<td>17</td>
</tr>
<tr>
<td>If you get a chronic disease, it will not go away. Even if you treat it, it will remain.</td>
<td>17</td>
</tr>
<tr>
<td>Long-lasting disease that will not go away. A medication will reduce but not make it go away permanently.</td>
<td>17</td>
</tr>
<tr>
<td>A disease that lasts for a long time.</td>
<td>17</td>
</tr>
<tr>
<td>A disease that lasts a long time, and may not get better.</td>
<td>17</td>
</tr>
<tr>
<td>I have arthritis. I am the good example of a chronic disease.</td>
<td>17</td>
</tr>
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