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Removing Barriers to Health Care: Healthy Starts for New Americans

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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).

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.

Data from 21 Bhutanese refugees was collected after the Medical Orientation classes of a 5-week program. Surveys were completed while the Medical Orientation program was in progress.

Survey Example

When it’s not an emergency, who should you see when you’re sick?

• Patient

• Family member

• Primary care doctor

• Urgent care doctor

• Emergency room

• Go online

• Take over-the-counter medicine

• Call a family relative

• Indicate that you are not sick

• Call the Community Health Center of Burlington

• See a different doctor

• A health care professional in the community

Results

Majority (12/21 = 57%) knew to make an appointment with their own doctors 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)

• Remind people that while many may not be curable, they are treatable

• Recommend the CHCB to improve the health care for the Special Populations.

• Make the clinical vignettes in the surveys (i.e. 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.

• Thought it is clear that this population benefited from the Orientation, there are improvements that could be made for future sessions.