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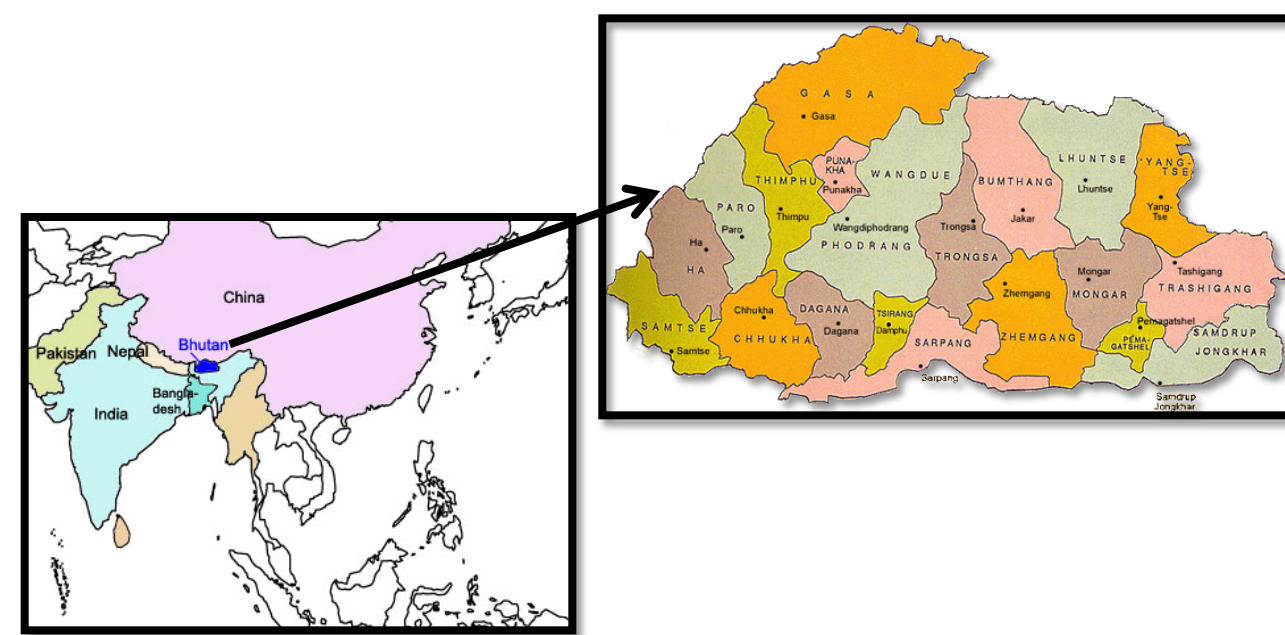
Delia French, Matthew Graf, Jeremy Korsh, Harry Kreider, Erica Pasciullo, Katie Shean, Emily Wood, Jon Bourgo, Hendrika Maltby, and Jan Carney

Removing Barriers to Health Care: Healthy Starts for New Americans

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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 to 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 *The Patient-Provider Relationship, Confidentiality, and the Role of Interpreters*

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 patient-doctor confidentiality mean?
- What does “informed consent” mean?



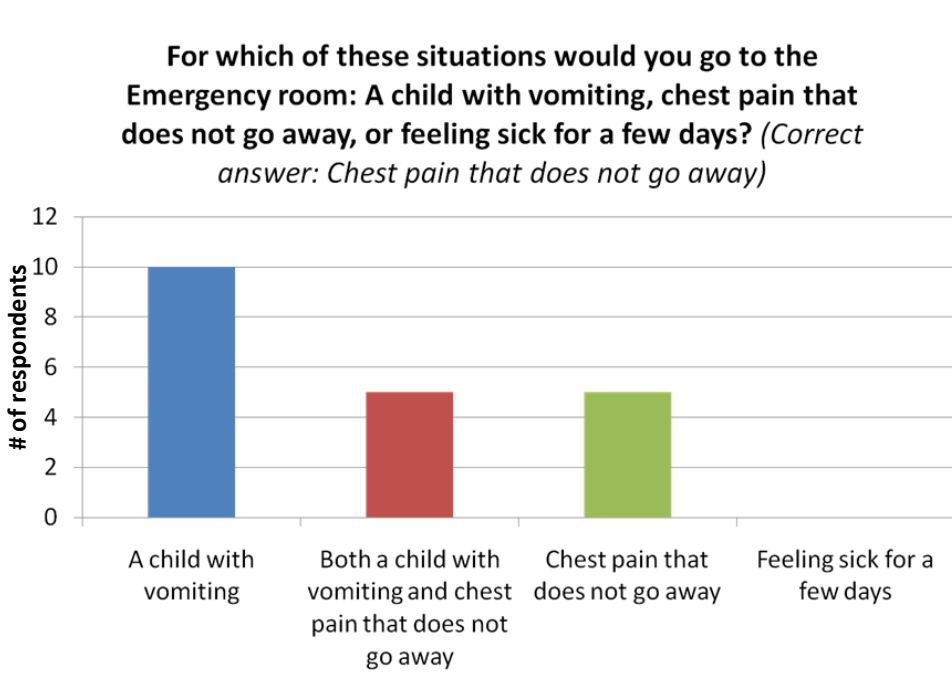
Table 1: Survey question overview

Learning objectives		Respondent answers (n (%))
Health care use and appointment making	Number of health care appointments in the six months since class	0: 4 (19) 1-3: 7 (33) 4-5: 4 (19) 6 or more: 6 (29)
	Number using their health care passport from class	1 (5)
	Number making an appointment when sick	19 (91)
	Number making an appointment with their “own doctor”	12 (57)
Emergency room use	Number of ER visits	1 (5)
	Number identifying need for translation services during ER visits	2 (10)
Health care literacy	Number who knew the meaning of informed consent	11 (52)
	Number who knew the meaning of doctor-patient confidentiality	5 (24)
Self care and Insurance	Number having insurance	18 (86)
	Number brushing teeth 2x/d	19 (91)
	Number flossing teeth 1x/d	13 (62)
	Number getting blood pressure checked at least 1x/month	12 (57)
	Number reporting discussion of mental illness with doctor	1 (5)

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%)

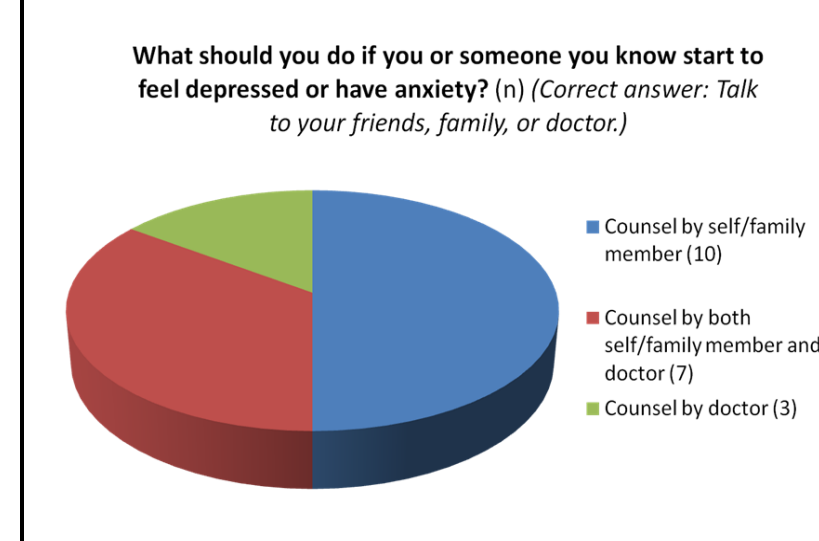
Figure 1: Survey question 9



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
- 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. chests pain, child vomiting) more clearer
- Clarify the consequences of a chronic disease

Figure 2: Survey question 11



Lessons Learned

- Interpreters have different styles that may influence a survey
- Survey could be provided ahead of time so that the interpreters can coordinate their explanation of difficult concepts
- Pressure to get answers correct: some of us stated “it’s okay if you don’t know the answers”, but it is not clear that this message was conveyed consistently

Table 2: Survey question 7

What is a “chronic disease”? (Correct answer: A long lasting disease that doesn’t get better on its own and may get worse without treatment.)

Answer types	Number of responses	Answer examples
A disease that will never be cured	17	“If you get a chronic disease, it will not go away. Even if you treat it, it will remain.” “Long lasting disease that will not go away. A medication will reduce but not make it go away permanently.”
A disease that lasts for a long time	1	“A disease that stays for a long time.”
A disease that lasts a long time, and may not get better	1	“A long lasting disease that may not get better.”
Other	2	“I have arthritis. I am the good example 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.

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