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Immigrant Health Literacy Initiative

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Immigrant Health Literacy Initiative

Internship Presentation

January 26, 2021

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***Project advisor**

Health Care Improvement Foundation



Pennsylvania
HEALTH LITERACY COALITION
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Health Care Navigation Data Project

Background:

- MPH and MD candidate interns engaged to support community-based organization (CBO) partners
- Each CBO/student pair crafts a data inquiry, analysis, and deliverable unique to that CBO
- The overall project goal is to document the value, quality, and/or effectiveness of the navigation services CBOs provide



Introduction and Objective

Problem

1. **Low health literacy in immigrant and refugee patients** (due to language, social, cultural, and other barriers) contributes to reduced **health access and poorer overall quality of life** in these patient populations.
2. **Community-Based Organizations (CBOs)** provide necessary health navigation services for immigrant populations to achieve equitable care, but their role is often overlooked by large healthcare institutions.

Question

- What are the needs and barriers unique to refugees and immigrants in accessing equitable health services?
- What are the unique challenges CBO staff face in providing these services to their clients?
- What value do CBOs in Pennsylvania bring in helping the healthcare system address these gaps in order for hospitals to provide their immigrant and refugee patients equitable health services?




Major Aims

- Illustrating the unique needs of both immigrant and refugee clients in navigating the healthcare system and CBO staff in assisting them with navigation
- Demonstrating to hospital partners how providing high quality, equitable care to immigrants (especially Limited English Proficiency, or LEP, individuals) requires the help of CBOs




Prior Data Projects



AFAHO

-  Client intake forms
-  Case notes
-  Case manager interviews


Global Wordsmiths

-  Medical interpreter request data
-  Medical interpreter survey analysis

NSC

-  Case notes
-  Client intake forms

SEAMAAC

-  Focus group discussions - clients, staff, partner organizations



Methods

- 🗨️ Thematic analysis of data from previous IHLI intern deliverables
- 🗨️ Review of CBOs' publicly available information
- 🗨️ Review of CBO site visit notes completed by HCIF
- 🗨️ Literature review



Methods

💬 Development of Project Plan

- 💬 initial Zoom conversations with each CBO to vet Project Plan

💬 Mapping data sources and elements to each of three stated sections of Project Plan: Staff, Client Experience, and Moving Forward

💬 Regular discussions with HCIF team

💬 Goal to capture unique aspects of each organization and represent their work as best as possible in final report




Final Report

Yuliya Goykhman

January 26, 2021

Sidney Kimmel Medical College Class of 2023

 **Reminder:**
CBO feedback
on report
requested by
1/28

This report is produced as a Scholarly Inquiry Project as part of the Population Health Research (PHR) tract at Sidney Kimmel Medical College, Thomas Jefferson University, for the Pennsylvania Health Literacy Coalition's Immigrant Health Literacy Initiative.





Major Findings: CBO staff experiences

- 🗨️ The nature of the work of CBO staff creates the potential for frequent emotional burnout that needs to be addressed
- 🗨️ Deliverables from each CBO demonstrate unique stressors associated with serving immigrant, refugee, etc. clients





Major Findings: CBO staff experiences


AFAHO

-  Pattern of staff advocating for clients' right to be seen by health system
-  Staff dispel mistrust between client and health system gate keepers



Global Wordsmiths

-  Inconsistencies in expectations of interpreters, by both providers and clients
-  Interpreters expressed a need for more training in areas such as medical terminology, patient advocacy, and other topics about the nature of their role

NSC

-  Very large time commitments for direct client interactions (e.g. appointment accompaniments) on top of other responsibilities

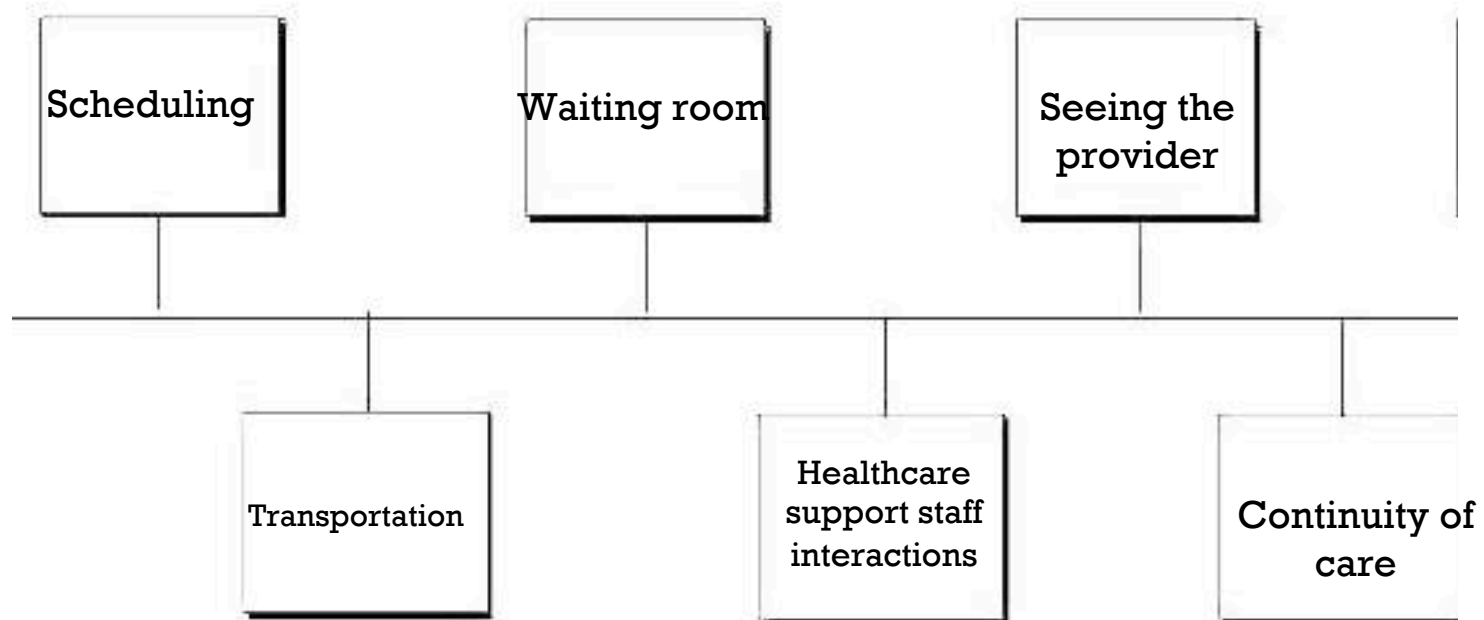
SEAMAAC

-  Clients require a great deal of navigational support
-  Staff fill in a lot of knowledge gaps for clients on US healthcare system



Major Findings: CBO client trajectory of health system navigation

- 📍 Chronology of a medical appointment where health navigation issues may arise for a client



Language interpretation (throughout)



Major Findings: CBO client trajectory of health system navigation

📍 Barriers for clients outside of the context of a medical appointment (based on CBO data)

🍎 Food access & Nutrition

💰 Cost of care

☔ Insurance

🏠 Health literacy

📄 Fear of legal status



Major Findings: Moving Forward

- 📍 Increased recognition (organizationally and financially) for CBOs from larger health systems is warranted
- 📍 Alternative complex care team models as a jumping off point
 - 📍 IMPaCT model - Penn Center for Community Health Workers
 - 📍 Community Care Team (CCT) models
 - 📍 San Diego Hunger Coalition



Major Findings: Moving Forward

📍 Financial recognition for CBOs

- 📍 Centralized funding mechanism from health systems
- 📍 Billing through insurance companies
- 📍 Using existing ICD-10-CM codes as tools

📍 Institution-wide staff trainings

- 📍 Cultural humility
- 📍 Working with interpreters
- 📍 Trauma-informed care



Reflections

- 🗨️ Effective, equitable patient care requires teamwork from everyone involved
- 🗨️ Takeaway: Striving to be a clinician that practices well-rounded care and advocates for patients



Disclosures & Acknowledgements

- I am working on this project in partnership with Health Care Improvement Foundation (HCIF), a non-profit organization that serves as the lead organization for the Pennsylvania Health Literacy Coalition.
- The Pennsylvania Health Literacy Coalition is funded by the Centers for Disease Control's Preventive Health and Health Services Block Grant through the Pennsylvania Department of Health.
- This work was presented to IHLI, partner CBOs, and Clinical partners.



Thank you!



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