Purpose of the Study

The purpose of the study was to:

1. Explore the process of accessing healthcare from the perspective of the immigrant or refugee.
2. Gain insight into the barriers facing refugee and immigrant patients in accessing health care services.
3. Learn about resources that enable them to overcome unique challenges.
Methods

- Adult newcomer patients (refugees and/or immigrants) living in Kansas City (N=15)
- Adult newcomer patients (Latino Immigrants) living in the Cassville/Monett area (N=11).
- Semi-structured interview guide and waiver of documentation of consent
- Given gift card for participation
- Interviews conducted in native languages
- Interviews translated into English and transcribed
- Content analysis
Study Participants

- Kansas City
  - Focus on the following newcomers:
    - Arabic
    - Somali
    - Hispanic
  - Countries of Origin
    - Iraq
    - Sudan
    - Somalia
    - Mexico
    - Cuba
    - Colombia
    - Ecuador

- Cassville/Monett
  - Focus on Latino newcomers
  - Countries of Origin
    - Mexico
    - Guatemala
Participants by Age Group

### Kansas City
- Age Group:
  - 18 to 29: 3
  - 30 to 39: 3
  - 40 to 49: 2
  - 50 to 64: 3
  - 65 and older: 4

### Cassville/Monett
- Age Group:
  - 18 to 29: 4
  - 30 to 39: 5
  - 40 to 49: 2
  - 50 to 64: 0
  - 65 and older: 0

- Kansas City
  - Women = 10
  - Men = 5

- Cassville/Monett
  - Women = 8
  - Men = 3
Participants by Relationship Status

**Kansas City**

- Widowed: 2
- Divorced: 4
- Married: 8
- Single: 10

**Cassville/Monett**

- Widowed: 2
- Divorced: 4
- Married: 6
- Single: 4

**Center for Health Policy**

University of Missouri
Participants by Household Size

Kansas City Household Size

Cassville/Monett Household Size
Participants by Highest Level of Education

Kansas City
Highest Level of Education

- Primary Education
- Secondary Education
- Some University
- University Diploma
- Graduate Diploma

Cassville/Monett Highest Level of Education

- Primary Education
- Secondary Education
Key Findings

- Factors that contribute to positive experiences
- Factors that contribute to negative experiences
- Suggestions from participants about what would be helpful to them.
Factors that Contribute to Positive Experiences

- Healthcare broker, case manager, health care worker, advocate—someone who can guide the patient through the complicated health care system
- Availability of interpretation services
- Availability of medical information, education materials in native languages
- Availability of transportation services
- Affordable health care services and payment options
- Good communication with medical & non-medical staff
- Understanding the medical instructions
- Trust in Healthcare provider
Factors that Contribute to Positive Experiences

- Healthcare broker, case manager, health care worker, advocate—someone who can guide the patient through the complicated health care system
  
  I was in a shelter for abused women, I was pregnant and stayed there until I was transferred to [hospital]. I delivered my baby there. I thought the care, the doctors, the nurses, everyone, of course I had to use interpreter services, was excellent. KC

- The other day I went to an ESL teacher …there are many times I will ask her about these things, because she knows about everything here. And also because they check the children’s eyes in school - Last year they checked them, and my daughter had one eye where her sight wasn't very good. The school sent us to the someplace in the center of town so she could get her eyesight checked, and they gave her glasses. They didn't charge much, because the school sent us. CM
Factors that Contribute to Positive Experiences

- Good communication with medical and non-medical staff
  - One time my boy one year in a clinic said he was sick with the flu and had some little balls in the back of his throat. So then they said because of this he could be really sick. And I got very scared, so I took him to [DR] … I took him to [DR]l and she told me that this infection does not do anything grave, and with time it will go away. But she talked to me, examined everything, took tests and did everything there was in order to know what this could be. She told me not to worry because everything was all right. That was my experience. CM
  - She told her doctors about her feelings or perhaps not being a good mother for her new baby boy. The doctor immediately put her in contact with some support group who could help her out. KC
Factors that Contribute to Positive Experiences

- Trust in health care provider
  - My husband wanted to stay with me over night. There was no another bed in the room, only a chair. So he sat down in the chair and tried to sleep. Around midnight, a nurse came in the room and told him, what are you doing sleeping in that chair? He panicked; he thought he was doing something wrong. He got up and stand next to me. A few minutes later she shows up with a portable bed for my husband and with some extra blankets. This was a really nice gesture, with almost zero communication besides using our hands. KC
  - …because I didn't like the way they had took care of me there. I took him to Gail and she told me that this infection does not do anything grave, and with time it will go away. But she talked to me, examined everything, took tests and did everything there was in order to know what this could be. She told me not to worry because everything was all right. That was my experience. CM
Factors that Contribute to Negative Experiences

- No connection with someone who can guide the patient through the system
- Lack of medical interpretation
- Transportation
- No medical information or educational materials available in native language
- Lack of health care & dental insurance
- Concern over communication with medical and non-medical staff
Factors that Contribute to Negative Experiences

- Difficulty accessing health care services
- Long waiting time to access the services—especially ER in Kansas City
- Lack of patient support groups in native languages
- Concern over communication with medical and non-medical staff
- Lack of trust in health care providers
- Lack of payment options for services, lack of payment plans, lack of flexibility from the hospital
Factors that Contribute to Negative Experiences

- No connection with someone who can guide the patient through the system
  - *It would help to have someone there that tells us everything when you go for a check-up; someone who understands English and tells what we have and everything.* CM
  - *I had appointment with physical therapy at [hospital] and I went there and I had to wait four hours to see people who are doing the physical therapy. And, in addition, they asked me to pay 15 dollars, which I don’t have, because I don’t have a job… I have diabetes and I have blood pressure and in addition I don’t drive, so it was hard to find somebody who can take me to the hospital and then bring me back to my home. And I get to my appointment at 11 o’clock and I had to wait until 3 o’clock. Of course, I don’t speak English so I had to find a translator.* KC
Factors that Contribute to Negative Experiences

- Lack of health care insurance
  - Another experience I have is with a friend of mine who suffer almost the same thing I do. She doesn’t have any help, she is not a refugee. She only goes to clinic, because [hospital] have told her in another words do not come back if you cannot pay.
  - I have a big family, we try to keep healthy, but at high cost from our pocket. For instance, we have our yearly checkups. Since we don’t have insurance, the cost is very high.

- Lack of access to dental care
  - One complain will be, what about dental help? A lot of refugees come with bad teeth, but that is not offered and if you look at the mouth of many refugees, there are teeth missing. In United States, you should not have those scars in your mouth. I get money from the government and I can tell you I get a little bit over 1,000. That’s a lot of money that I’m getting just to be here, but it is not enough for me to pay for dental care.
Factors that Contribute to Negative Experiences

- Concern over communication with medical and non-medical staff
  - Perceived inappropriate communication
    - Most of the time they were laughing at me because I was trying to speak in my Native language and, so I ask her why, why they are doing this and all that and she told it’s because there is no translators available.

- Lack of trust in health care providers

- Lack of payment options for services, lack of payment plans, lack of flexibility from the hospital
  - Payment plans- Hispanics are known to pay, so if you have a payment plan, even 5 dollars a week, for any amount of year, they will pay it.
Concern over Cost of Health Care Services

- The cost of services
  - Not being able to afford the co-pays and other out-of-pocket expenses
- Afraid of losing insurance
- Confusion about what is covered and what is not covered
- Perception that the system is unfair when it comes to the way rates and fees are calculated
Effects on Outcomes

- **Delay or stop care due to cost**
  - I’ve been to the doctor while I had health insurance from my job and in that case it did not cover 100% but it’s still health insurance so I was able to go and see a doctor. And also, when I don’t have health insurance I don’t go to doctor because I am afraid they’re going to charge me too much. Later on I have to pay that money back to the doctors, so I stay at home while I don’t have health insurance, even if I am sick.

- **Fear of getting sick and not be able to get care**
  - The biggest challenge is that I went to the hospital when I was sick and they not really treat me. So that was the biggest challenge.

- **Believe that the ER is the only way of getting services**
What Newcomers and Immigrants Said Would be Helpful to Them

- Hospital bill payment options, like payment plans offered equality to immigrant and refugee patients.

- Regarding the cost at [hospital], payments …would be great to have a payment plan available according to our income. This payment plan should be presented to us as an option. Right now, you go to [hospital], you need something, a test, see a doctor immediately they say this is your cost, pay it, or leave it. And that way we are denied access to health care.

- Payment plans; I know if you told me I can pay 10-20 dollars a week, I will do it, but we are not informed about this, we just get this huge bill over the mail. Give the opportunity; don’t just say your treatment will be 5,000 dollars. Many people just listening to that amount, they will never go back.
What Newcomers and Immigrants Said Would be Helpful to Them

- Trained interpreters
- More flexibility in timing of medical tests, especially when patients don’t have cannot afford paying for multiple tests in one visit
- Disease-based support groups for immigrant groups, as well as other types of medical or health care system information like what Medicaid covers and what not, etc.
What Newcomers and Immigrants Said Would be Helpful to Them

- Providers educated on cultural differences.
  - [Hospital] sees many immigrants from all over the world. I think their nurses, doctors, everyone who works should be educated about cultures and culture difference. This is their job. We are the patients, regardless if you speak English, Spanish, Portuguese or any other language. They need to be trained to work with people who has limited English. We need to be at work, we need things to be done fast.

- Flexibility and availability of health care services in the evenings and weekends.

- Support to help them find and access services.
Bridging Between Health Care Systems and Underserved Groups

Who can/do serve as effective bridges between health systems and underserved groups.

- Promotoras de Salud (Health promoters/health navigators)
- Community-based health groups provide a voice and navigate access
- Immigrant/refugee organizations that provide translation teach English, and connect newcomers to important resources.
- Churches provide access to resources and support
- Businesses provide jobs, insurance and information resources
- Community service organizations provide connections to resources and leadership to civic ventures
Promotoras de Salud

- Building Networks with Health Service Providers
  - Advisory Board
  - Mini internships

- Bridging to Health Services (351 clients, 450 appointments, nearly 10% of the local Latino population)
  - Medical Interpreting
  - Clinical Referral
  - Social Services
Program Outcomes

- The Promotoras are a trusted resource for both the healthcare providers and the Latino consumers.

- The principle reason for engagement in the project was to improve health outcomes for Latinos seeking health services. Each of the 351 people served were able to access treatment and 89% were able to complete follow-up treatment. The primary constraint for those who did not complete follow-up treatment were financial—they could not afford the follow-up recommendation.
Accessing Health Services using Promotoras

- Comfort Level with accessing health services (1 very uncomfortable and 5 very comfortable)
  - Before having the assistance of the Promotora, the mean response was 2.59.
  - Accessing health services with the assistance of the Promotoras, the mean response was 4.67.

- “Do you feel your ability to address your healthcare needs has improved because of the assistance of the Promotras program?,” 96% of survey respondents answered Yes.

- “Did the assistance of the Promotoras program help you understand the healthcare options available to you?,” 98% of the survey respondents answered Yes.

- “After having been a part of the Promotoras program, have you made any changes in your lifestyle?,” 73% of respondents answered Yes and noted a wide variety of changes they had made related to nutrition, exercise, and healthier habits.
Circles of Health: A Community Based Response

- Dialogue Circle on Health
  - Led to research on local health options
  - Formation of strategies to get people to the right services
  - Support network to facilitate access and ensure outcomes.
Pettis County Community Partnership

- Focused on creating community partnerships to access and create services
  - Formed a collaboration between law enforcement, 911, local health care, and others to create an ambulance service to a hospital 70 miles away
  - Local collaboration to provide support to the free clinic which eventually became an FQHC.