Identifying Providers' Perceived Knowledge, Ability, and Practices around Providing Care for Undocumented Immigrant Patients in an Urban Federally Qualified Health Center Clinic Setting

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Outline

Statement of IRB Exemption

- Purpose
- BackgroundInformation
- Methods
- Results
- Discussion



This study has received IRB exemption and has been approved by the PCC Research Committee.

Purpose

To identify and evaluate providers' perceived <u>knowledge</u>, <u>ability</u>, and <u>practices</u> around providing care for undocumented immigrant patients in an urban Federally Qualified Health Center clinic setting







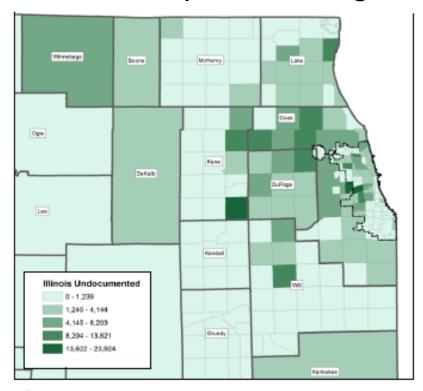
Background Information

Undocumented Residents in Illinois

In Illinois, there are an estimated **511,000** undocumented immigrants

- 36% in Chicago
- 24% in Suburban Chicago

Undocumented Populations in Chicagoland

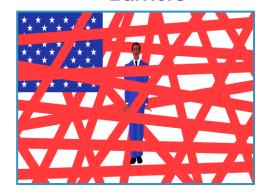


Disproportionate Barriers to Healthcare

Individual and Policy
Barriers

Exclusion from Public Resources





The United States Healthcare System



Methods

Methods

Study Design: Cross-sectional needs assessment using an online survey

<u>Study Setting</u>: 4 primary care clinic sites of a Federally Qualified Health Center on the West Side of Chicago and Near West Suburbs

PCC Lake PCC Salud

PCC South PCC Austin

<u>Study Population</u>: PCC healthcare professionals that provide direct patient care at one of the above clinic sites

Inclusion & Exclusion Criteria

Health care Professionals

Family Medicine Resident Physician Fellow (Maternal Child Health and Community Health) Attending (Family Medicine, Pediatrics, OB/GYN) Physician Assistant Nurse Practitioner Registered Nurse LCSW Psych APN Certified Nurse Midwife Dentist

Inclusion Criteria	Exclusion Criteria
>18 years old	Minors under the age of 18
One of the above health care professionals	Health care professionals that do not provide direct care to patients
Must be employed by PCC at first release of study	Health care professionals that do not provide care at PCC Salud, PCC South, PCC Austin or PCC Lake

Study tool

Sections

- 1. Participant Characteristics
- Previous Training and Experience with Undocumented Immigrant Populations
- Perceived Knowledge of Policies and Programing Affecting Undocumented Immigrants
- 4. Perceived Knowledge and Ability to Care for Undocumented Immigrants
- Participant Practices in the Care of Undocumented Immigrants
- 6. Personal Impact, Perceived Solutions, and Future Interventions

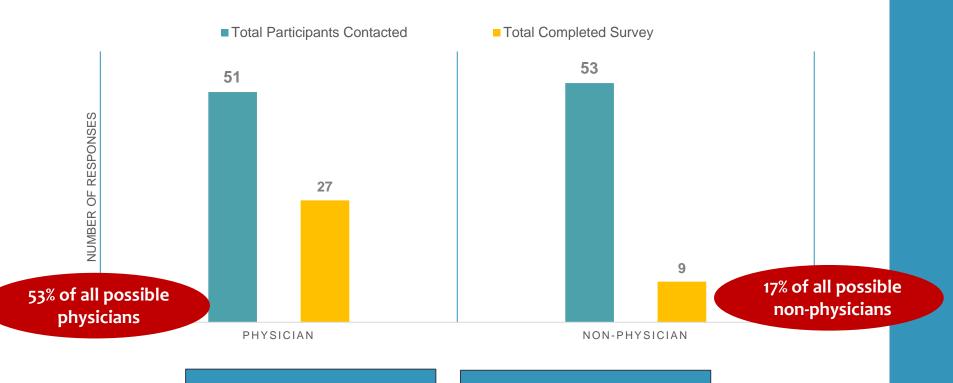
Literature Review

Educational Resources

Existing Policy & Programming

Results

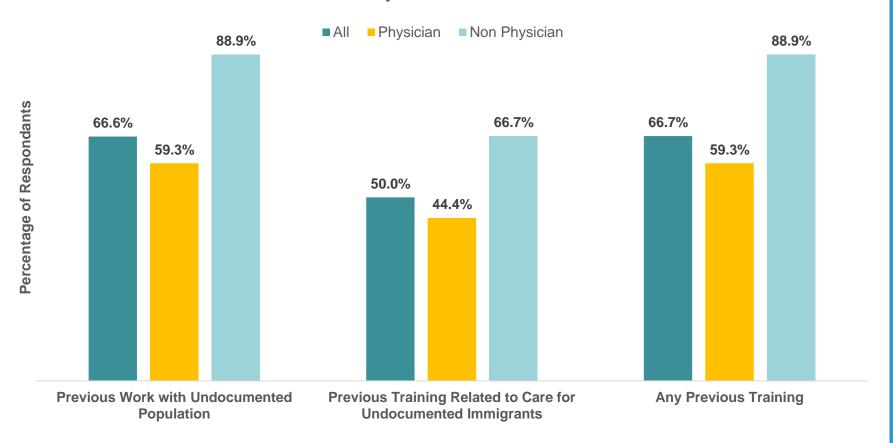
RESPONSE RATE IN PHYSICIANS COMPARED TO NON-PHYSICIANS



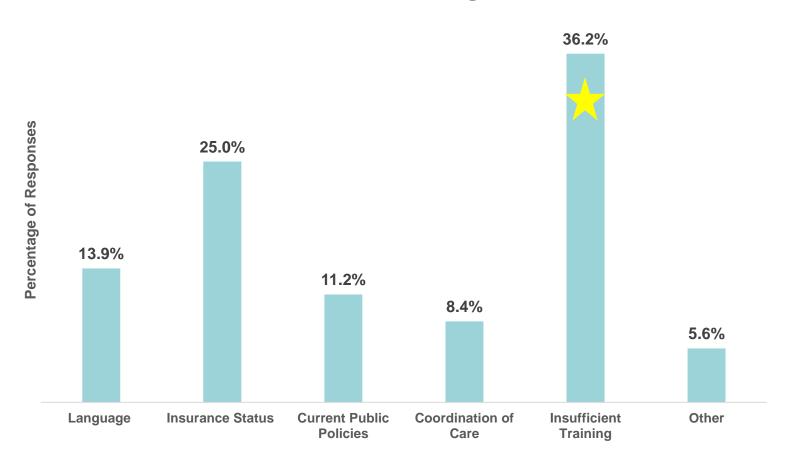
<u>Physician</u>: Resident, Fellow, Attending

Non-physician: All other provider types

Previous Exposure or Training Related to Undocumented Populations



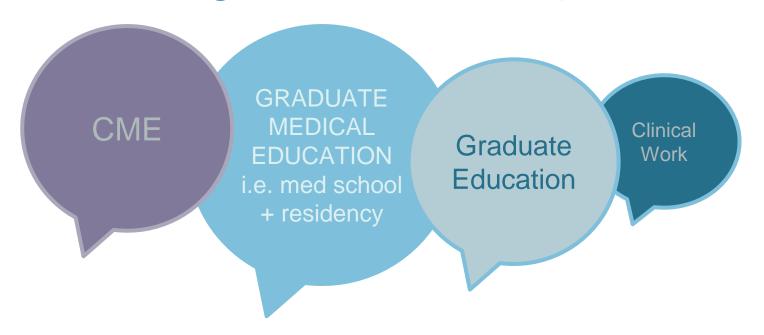
Provider Identified Biggest Barrier in Providing Care to Undocumented Immigrants



Prior to PCC, have you ever worked in any capacity with an undocumented population?



Have you had formal training in caring for undocumented immigrants prior to working at PCC (i.e. in clinical training, preclinical training, or at a prior workplace)?



Have you independently sought formal training in caring for undocumented immigrants?



What other interventions would you want to see happen?

For Providers

Education on advocacy, policy, care coordination

For Patients

Financial Services, patient materials, care coordination, support systems

For the Institution

Urgency of need due to current events
Institutional commitment
Attainable change through connecting to resources available (i.e. CPOs)



The single biggest barrier to providing care for undocumented patients was insufficient training

- Of providers frequently encountering undocumented patients, only <u>half had</u> <u>previous training</u> specific to caring for undocumented patients
- Trainings are offered and available, yet utilization remains low

Although providers with increased exposure to undocumented patients and formal training both had significantly higher knowledge regarding undocumented populations, those with formal training tended to have a more broad knowledge base and practice skillset

Providers who encountered undocumented immigrants more frequently were more more likely to have independently sought training in the care of undocumented patients



Indicates need for increased and ongoing support

How does our qualitative data guide us?

TRAINING VS EXPOSURE

- Responses were specific and focused on <u>more training</u> not just more exposure
- Training has to be <u>low barrier</u>, <u>accessibility & ease is key</u>
- A multidisciplinary approach, our CPOs, our resources at hand

Next steps



QUESTIONS?