IMMIGRANTS: BARRIERS TO CARE

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Introduction

• 44.5 millions immigrants in the United States.
• Access to healthcare services is a major social determinant of health.
• Immigrants face unique healthcare barriers
• Nurse practitioners more likely to work with underserved population
• Provide patient-centered care.
• Function as a patient advocate and a coordinator.

Theoretical Framework

Roy’s Adaptation Model utilized to assess healthcare barriers among immigrants

Background

Extensive literature review revealed immigrants’ barriers to healthcare utilization at three levels

❖ Systemic Level
  ➢ Healthcare cost and lack of insurance.
  ➢ Geographical distance and transportation barriers
  ➢ Healthcare policy and political factors

❖ Organizational Level
  ➢ Differences in treatment preferences
  ➢ Lack of diversity in practice settings
  ➢ Lack of social determinants tools in practice

❖ Individual Level
  ➢ Language
  ➢ Health literacy
  ➢ Disease perception and stigma
  ➢ Cultural values and beliefs
  ➢ Family and support system

Clinical Exemplar Case Study

Mr. M., 53-year-old Hispanic male presents with frequent syncopal episodes. Positive PHQ-9 of 18.
• Medical History: HTN, GERD, Impaired Fasting Glucose, TIA, depression, schizophrenia, and suicidal attempts.
• Originally from Puerto Rico, came to U.S. 30 years, relocated from NY city 6 months ago. Spanish Speaking, doesn’t drive, work as a part time janitor, has limited state insurance.
• Resides in the Town of Willimantic
• Test: EKG, Echo, Holter monitor, Tilt-table
• Treatment: SSRI, CBT, Compression stockings,
• Education: Spanish handout regarding pathophysiology of condition, medication instructions, and lifestyle modifications.

Quality of Health Care Practice

Patient Advocacy

• Use of screening tools to identify social determinants of health.
• Use of available language services.
• Establish a mutual trust by providing culturally competent care.
• Coordinate care with case manager/social worker to facilitate utilization of healthcare resources.
• Be an active partner in lobbying and policy making for underserved population.

Conclusion

• Health care cost and lack of insurance is a major structural barrier for immigrants to access healthcare services.
• Linguistic barrier, low health literacy, cultural values and beliefs, and lack of information on how to navigate health care services are other specific barriers.

Implications for Practice

• This project enables FNP to provide holistic care to patient by assessing socioeconomic factors affecting patient’s compliance to treatment.
• Addressing barriers to healthcare facilitates utilization of healthcare services and improves patient outcomes.
• Findings can be extended to nonimmigrants with health care disparities to effectively assess their socioeconomic factors and to focus on their unique healthcare needs.
• Further clinical inquiry regarding the role of FNPs in immigrants’ health with specific common medical issues are needed to guide nursing care and improve the outcome of immigrants living in host countries.