Involving Refugee, Immigrant and Migrant Populations in the CHA Process

For those who come to the United States to take up permanent residence, those who move from one country to another and those seeking refuge, barriers to health care may lead to poor health outcomes. Many of these people struggle with access to insurance due to lack of employment opportunities, and others are unable to afford out-of-pocket expenses. Many avoid hospitals and health care systems completely due to fear of immigration enforcement.

Refugee, immigrant and migrant communities, also known as RIM communities or populations, can be difficult to engage in the CHA process due to challenges created by legal, economic and social circumstances. Hospitals and health systems are committed to meeting the unique needs of the varied populations they serve and by better understanding and identifying the specific health needs of RIM populations, health care professionals can help improve the health of these communities and advance health equity.

Before You Begin

Given the diversity of experiences, it is important to identify the different RIM populations living in a community and understand their most pressing health care needs and the factors that influence them. Circumstances, experiences, languages, dialects and community life practices vary across communities, and all should be foundational in identifying priority health needs and ensuring equitable care.

It also is important to understand the community dynamics within and between these populations. Community organizations, agencies, employers, political leaders and less formal groups may already have substantial interaction with or serve these populations, and hospitals can serve as partners in this work. How to engage these participants in the CHA process largely depends on conducting an inventory of existing organizations that serve these communities and evaluating community dynamics.

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Keep in Mind

Many members of RIM communities work long hours, sometimes at several jobs, and may have other familial obligations. Local community organizations may be small and understaffed. Accordingly, hospitals and health systems can serve in the role of partner or convener, prioritizing engagement from these groups in planning while understanding their limited capacity.

When planning virtual meeting platforms, consider Wi-Fi and device availability for the group and ensure all have the ability to join.

When possible, CHA teams should include those reflective of RIM populations. Prioritizing this can help ensure an understanding and respect of cultures and customs that relate to care. Teams should be mindful of how and when staff may be able and willing to be involved and not overtax staff who may already be overburdened with responsibilities at work and at home.

When leveraging internal data, hospitals should keep in mind that while language itself is not a perfect proxy for RIM community status, language data can help as an approximation. Similarly, race and ethnicity can help to approximate national origin or other important social groupings related to the RIM experience. Paired with statistics from the local community, this data can be vital in understanding barriers to health care for RIM communities.

When possible, CHA teams should prioritize translation services that can be brought in throughout the planning process.

9 CHA Toolkit Steps and How to Engage RIM Communities

STEP 1

Map Development

Hospitals, health systems and community stakeholders should assess health needs for RIM populations in their communities as a whole and aim to understand various situations based on people's individual experiences.

Data pertaining specifically to RIM communities can be inconsistent. The United States Census Bureau has basic population estimates and sociodemographic profiles including health insurance coverage, race and ethnicity, national origin and more.

STEP 2

Build Relationships

Understanding the current landscape of organizations serving RIM populations in the community is foundational to building a robust and equitable plan and using existing strengths and relationships. Key stakeholders may include contacts with local organizations, business owners, and formal and informal leaders in the community.

RIM community members with no or tenuous legal status in the country may be more likely to engage when someone they trust is involved and eases their concerns about possible immigration enforcement.

Community clinics, community health workers, and promotores or promotoras de salud can have a key role in several aspects of community outreach and be helpful in the process — potentially as both stakeholders and partners in data collection.

Keep in Mind

Consider using virtual platforms that work for the community, such as WhatsApp or Facebook Messenger, instead of those used in corporate settings. When providing updates on the CHA process, do not assume that everyone will have access to email or use it regularly.

RIM Organizations

Look for local chapters of organizations and use other resources such as:

- United We Dream
- National Immigration Law Center
- Catholic Legal Immigration Network
- Immigrant Legal Resource Center
- Directories of hometown associations (groups of migrants from the same town, area or state in the sending country who organize different activities to improve conditions in the communities of origin)
- Databases to assist in finding local churches, synagogues and mosques
- Local sports and recreation leagues or recreation centers
- Community events, school events and informal gatherings
- Local universities, health departments and community organizations with research capacity that may already be working on health equity

STEP 3

Develop Community Profile

Developing a community profile for RIM populations within a community using secondary data is complicated and requires a nuanced approach. For example, nativity, or a person's country of birth, is not data collected by most hospitals and health systems. Even when nativity data is collected, it often cannot be broken down by specific geographic areas, making it more difficult for hospitals to understand health needs within the communities they serve.

Proceed with Caution

Population estimates from the U.S. Census and American Community Surveys for counties, cities, townships and census tracts are available, but proceed with caution:

- In places where RIM populations are relatively smaller, estimates can have wide confidence intervals, meaning accuracy is less certain.
- People with no or tenuous legal status tend to answer these questionnaires at lower rates, making the results less accurate.

- A large influx of recently arrived members of RIM communities or the presence of temporary workers may not be fully reflected in population estimates.

To make up for the gap in available data, make community profile characteristics as specific as possible by including markers such as health insurance coverage, race, ethnicity, national origin, citizenship, number of years in the U.S., languages spoken, household configuration, nativity status of other household members and neighborhood characteristics.

Keep in mind that recently arrived RIM community members may have different conceptions of race and ethnicity than those prevalent in the U.S., so their self-reporting may not correspond exactly with U.S. categories.

STEP 4

Increase Equity with Data

Data garnered during Step 3 can help hospitals understand the unique health-related barriers that RIM populations may face, such as:

- Permanent, temporary or no legal status
- Reasons for migration
- Degree of economic capacity
- Sources of social support, including community participation
- Health issues of most relevance to the individual or the community

Many data sources used for the community profile provide a basic assessment of some of these issues and can be combined with prior research done by organizations, public health scholars and social scientists.

An assessment or study of the policy environment around immigration issues, published by organizations such as the Urban Institute, Columbia University and the University of Colorado also can provide information and insights on the current landscape.

It may be helpful to review administrative data on people receiving legal permanent residence living in particular core-based statistical areas.

STEP 5

Prioritize Needs and Assets

The CHA advisory committee should create a special committee focused on identifying and prioritizing RIM communities' needs and assets. Comprised of leaders or organizations that are part of or work with the relevant RIM community, the committee should focus on different facilitation approaches based on the most culturally appropriate community discussion practices.

The RIM communities' needs and assets should be prioritized based on the criteria described in Step 5 of the CHA process, with an open and frank discussion in the committee as to which goals make the most sense for the three to six priorities chosen in the broader CHA. Qualitative and mixed-method assessment and facilitation approaches are probably most effective in capturing the diversity of needs and community assets and of priorities across various RIM populations in the service area.

STEP 6

Document and Communicate Results

Words matter. Be thoughtful about representing various voices throughout the process, and be sure to use terms and phrases that everyone is comfortable with.

Use inclusive language and avoid terms that some may find offensive, as outlined in "Words Matter: Illegal Immigrant, Undocumented Immigrant or Unauthorized Immigrant?" by the Markkula Center for Applied Ethics at Santa Clara and "Guidelines on Inclusive Language and Images" by the Coalition for Diversity & Inclusion in Scholarly Communications.

In addition, be intentional in how you represent possible gender and generational dynamics that may call for separate consultation processes run by different groups of people, coming together again at key points of the process.

Document and communicate in a manner that protects participants' privacy when deciding on the specificity and scope of a public report.

It is helpful to pay special attention to providing these results in additional languages and refraining from the assumption that national origin will translate into a specific dominant or official language.

Besides a written full report and executive summary, CHA processes increasingly use other elements such as infographics, story maps or videos. When disseminating results from the CHA process, it is best to use formats and media that are widely accessible for RIM communities:

- For video content, consider Facebook, Instagram, WhatsApp and Facebook, iMessage or SMS group chats.
- Work with local media outlets such as Univision or Telemundo, which report in languages other than English.
- Consider connecting with social media influencers popular among people in the communities you serve.
- Organize or participate in community events and give short presentations of the CHA process outcomes.

STEP 7

Plan Equity Strategy

Incorporate RIM community members oversight committees and involve existing community organizations respected by RIM communities. Community and stakeholder input will be key in identifying not only community health priorities but also community assets, barriers and local opportunities for intervention to address these priorities.

It is likely that the need to improve steady access to health care and affordability will emerge as priorities for RIM populations. Access and affordability by way of private resources are affected by employment status. Public resources are further affected by legal status. Consider any strategies that work toward improving steady access to health care.

Funding

Relevant intervention funding sources and opportunities include:

- Grantmakers Concerned with Immigrants and Refugees
- National Immigration Law Center
- Catholic Legal Immigration Network
- Immigrant Legal Resource Center

STEP 8

Develop Action Plan

Action plans should involve input from RIM communities as well as from stakeholders involved in prior CHA stages. Continue to be mindful of time and other constraints. Public health organizations, universities and individuals invested in these communities may be particularly helpful participating on implementation subcommittees.

Remember to choose an implementation framework that is culturally inclusive.

STEP 9

Evaluate Progress

As the CHA process progresses, closely monitor relevant data through available health records and additional data collection as needed.

It will continue to be important to maintain partnerships with local think tanks, universities and other researchers, and hospitals and health systems should consider partnerships in cohort studies. Continued follow-ups with stakeholder groups, particularly members of RIM communities, will help steer the process through real-time feedback.

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