

HEALTH EQUITY FOR IMMIGRANTS: EXPANDING WHERE HEALTH HAPPENS

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Health equity is deeply personal for me — especially when it comes to marginalized populations. I am an immigrant to this country myself; my family came from the Philippines when I was 5 years old. Health care was a primary draw for my family, as it has been for so many others. At the time, there was much I didn't fully understand. I'll explain. Your eyes see: one of my sister's legs is thinner than the other. She limped and sometimes fell when she walked. My eyes see: my big sister, Karen, there to love and to be loved — I didn't really think about differences.

In reality, polio changed the course of our lives. My sister was able to receive the health care she needed in the U.S. As I reflect with greater understanding what sacrifice it took for my parents to leave the Philippines, I see clearly that it was matched tenfold by my sister's own courage. With major surgery and after months in a full body cast and then rehabilitation, she was better able to walk. She was 9 years old. Her life journey, not without challenges, has been an example to me of fortitude and grace. She became a nurse, has six beautiful children, is strong in faith and actively serves her community. I don't know where we would be as a family if my sister didn't get the health care she needed.

I am so grateful she did — and her experience made a lasting impression on me. While I didn't become a doctor or nurse, it's not entirely surprising that I found another route to working in the health care sector. Having served for more than 25 years in health care, it has been a privilege to work in public policy and advocacy for one of the largest health care systems in the nation, CommonSpirit Health. I continue to grow with the ministry, called by a healing mission that advocates for social justice for all. As a Filipino American in Catholic health care, I continue to find my place and use my voice.

Advancing health equity is not new to Catholic health care. It is core to who we are as a healing ministry. I see this in a very real way: Catholic

health care has been on the front lines not only working to lessen disparities — the differences in health status rates between populations — but also transforming health care as we know it today to get at the inequities, the differences between groups in the distribution or allocation of resources (for example, insurance coverage, education, vaccination, fresh food, clean air and water). The pandemic has certainly cast a bright light on both the health disparities as well as the inequities impacting many people of color, including immigrant populations.

What is our place as Catholic health care providers today, and how are we using our voice and stewarding health care resources to lift up immigrant communities? And how are we closing the disparities gap while working to eliminate structural and systemic racism in health care?

For far too long, we have been witnessing the suffering of immigrants who wait until their

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medical conditions have escalated to an urgent/emergent level, showing up in emergency rooms where the overall cost is highest, seeking critical care that in many instances could have been prevented, treated earlier or addressed more appropriately in a primary care setting. This situation is unsustainable, both at the individual and systemic levels, and that's why Catholic organizations along with allies across the nation are committed to improving conditions for immigrants in both the policy and community arenas.

Catholic health care can and must lead the way forward to advance meaningful policies that reform our immigration system in a fair and humane way. And as anchor institutions with strong ties to the regions we serve, we must shape the community narrative to make deeper investments in social, economic and environmental solutions to improve the health and well-being of immigrants.

For the health care sector, taking on various social determinants of health requires critically evaluating, evolving and personalizing the ways we provide care to our most vulnerable populations. And for immigrant communities specifically, we must cultivate the cultural humility and competency that will allow us to meet patients where they are.

Initiatives tailored to serving our most vulnerable patients play an essential role in CommonSpirit Health's commitment to delivering compassionate care to all who enter our doors. In some cases, it means we move those doorways out into the communities we serve.

For example, we have a long-standing program in Phoenix to deliver comprehensive prenatal care to low-income women at little or no cost. In Arizona and throughout the U.S., we know that disorders related to preterm birth and low birth weight are a leading cause of death. The Maternity Outreach Mobile Unit (MOMobile), launched in 1995 as a collaboration between St. Joseph's Hospital and the March of Dimes, allows us to provide early and continuous prenatal care and health education right in the neighborhoods that need it most.

Each day, the 60-foot MOMobile, staffed by nurses and outreach coordinators, spends several hours in high-risk populations in locations throughout the Phoenix area, treating women

who otherwise wouldn't have the resources to receive medical care. The program allows the staff to build trust with patients in a place where they're more comfortable and eliminates barriers such as transportation and confusion about how to access care. It has made a significant impact: the average birth weight of babies born to MOMobile patients is 7 pounds, 7 ounces, which is higher than the state average and two pounds over the mark for a low-weight baby.

CommonSpirit also has expanded our efforts to bridge language and information divides that can prevent immigrants from accessing health care. About 10 years ago, providers at Marian Re-

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gional Medical Center in Santa Maria, California, began to notice that many patients spoke Mixteco, a combination of Spanish and a language indigenous to the Mexican states of Oaxaca, Guerrero and Puebla.

To reach this growing population, a grant from the Santa Barbara Foundation funded the creation of Mixteco instructional materials. The Marian team developed an educational video and brochure to convey essential information about prenatal and postpartum care to help parents care for their newborns. The materials make a point to assuage any fears mothers may have about receiving care at the hospital, addressing topics such as hospital registration, labor and delivery, pain management and nursing. Additionally, some of the nurses on staff have learned how to speak Mixteco.

CommonSpirit hospitals also address human trafficking, which disproportionately affects immigrant populations, particularly undocumented people. For example, St. Luke's Health is a founding member of the PATH Collaborative, a partnership of medical and community-based organizations in the greater Houston area working to

identify and assist trafficked individuals in Texas. Since 2019, St. Luke's has trained more than 9,000 employees across Texas on how to identify and provide appropriate trauma-informed care. Texas is among the top three states — along with California and Florida — for number of cases reported to the National Human Trafficking Hotline.¹ Of the 17,000 likely trafficked victims who were reported to the hotline between 2015 and 2018, and whose immigration status was recorded, approximately 8,800 — more than half — were not U.S. citizens or permanent residents, according to the nonprofit Polaris Project.²

The preceding are just a few examples of bold leadership in Catholic health care striving for health equity.

Ensuring that all immigrants are seen in their full humanity, including the ability to access quality health care, requires bold leadership and partnership. As a start, organizations can take part in the Catholic Health Association's We Are Called pledge to address racial inequity and make systemic change for health equity. It's a first step to making a public commitment and identifying key priorities for future efforts to better serve communities of color, including immigrant communities.³

CommonSpirit invites all in the Catholic health ministry to join us in the journey to health equity for all, in advocacy as well as in educational and outreach efforts. Together, we can evolve our organizations and overarching health care system to expand health where it happens — in places all across neighborhoods and communities where many families, including mine, call home.

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NOTES

1. "Hotline Statistics," National Human Trafficking Hotline, <https://humantraffickinghotline.org/states>.
2. "Executive Summary: The Latino Face of Human Trafficking and Exploitation in The United States," Polaris, <https://polarisproject.org/wp-content/uploads/2020/04/EXECUTIVE-SUMMARY-The-Latino-Face-of-Human-Trafficking-and-Exploitation-in-the-United-States.pdf>.
3. "Confronting Racism by Achieving Health Equity," Catholic Health Association, <https://www.chausa.org/cha-we-are-called>.

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