

FINDING A WAY WITH THE WAYFINDER NAVIGATION PROGRAM:

ADDRESSING CHRONIC DISEASE DISPARITIES
COFA MIGRANT POPULATIONS IN HONOLULU



HAWAII ACADEMY OF
FAMILY PHYSICIANS

FEBRUARY 16-18

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Disclosures

- none



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Learning Objectives

1. Evaluate the **relative burden** of chronic, noncommunicable diseases
2. Assess the importance of using **interpreter services** for rare languages of the Pacific
3. Translate a model of **medical students as patient navigators** to the novel context of COFA associated patient populations



INTRODUCTION



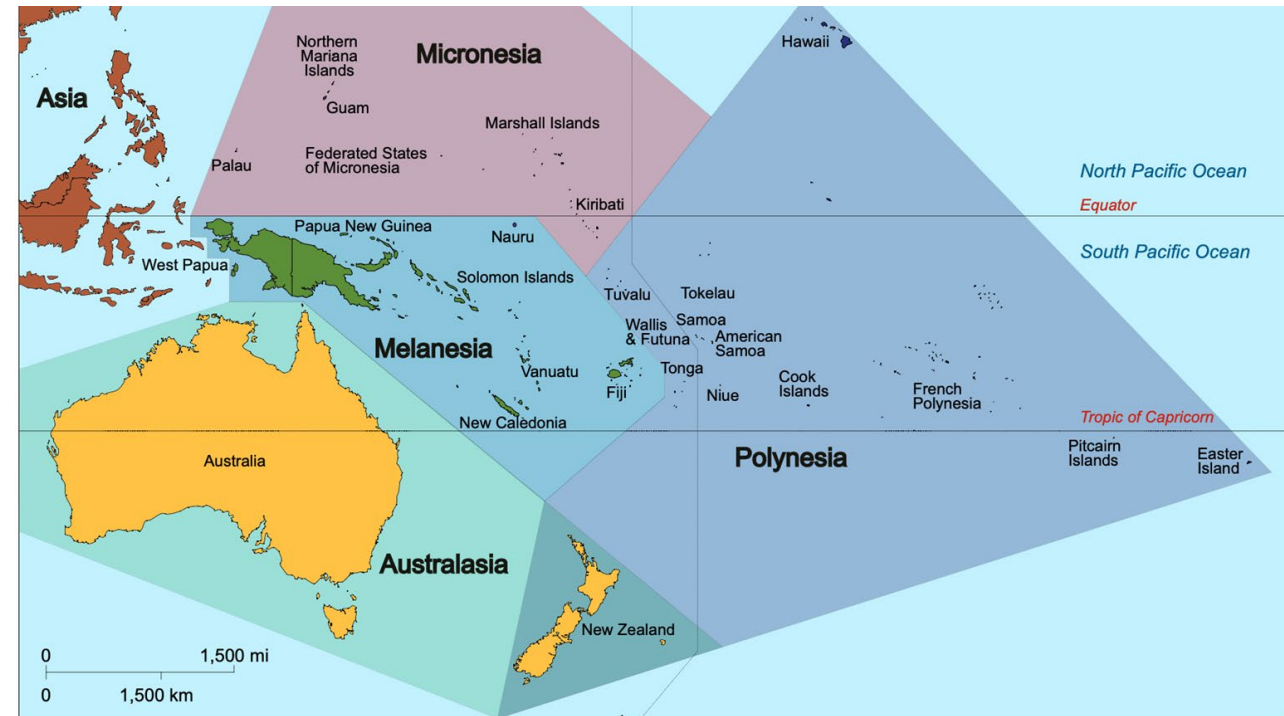
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COFA

- Compacts of Free Association
 - Federated States of Micronesia
 - Republic of the Marshall Islands
 - Republic of Palau
- Military Advantage (US)
- “Non-citizen residents” (COFA)
 - Admission as nonimmigrants
 - Eligible for lawful permanent residence, work, and medical and educational benefits



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COFA: History Drives Inequities

- US thermonuclear weapon testing
- **Disruption of traditional values**
 - Diet
 - Lifestyle
- Migration seeking medical care
 - More high risk/ chronic disease indicators
 - Increased incidence of oral cancers
 - **Worse control of chronic diseases**
 - “Younger & sicker” patients being hospitalized



CLINIC NEEDS ASSESSMENT



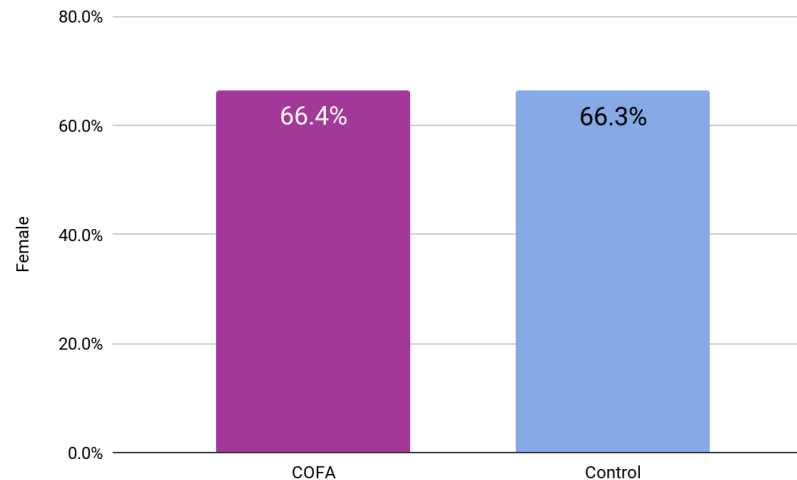
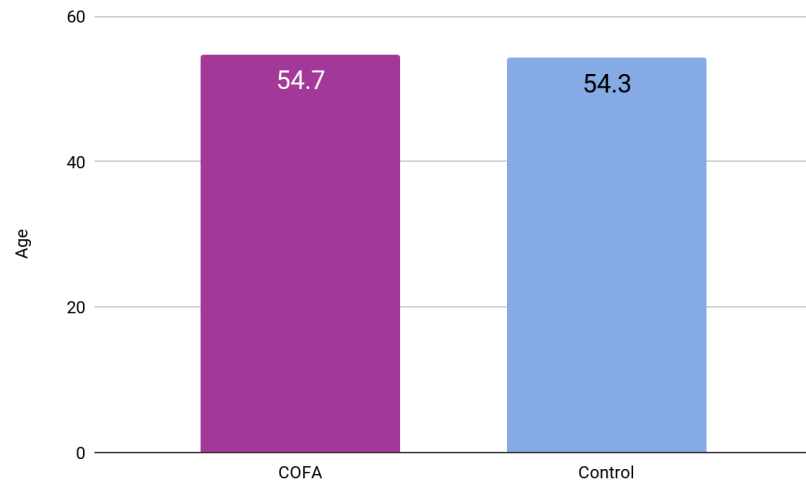
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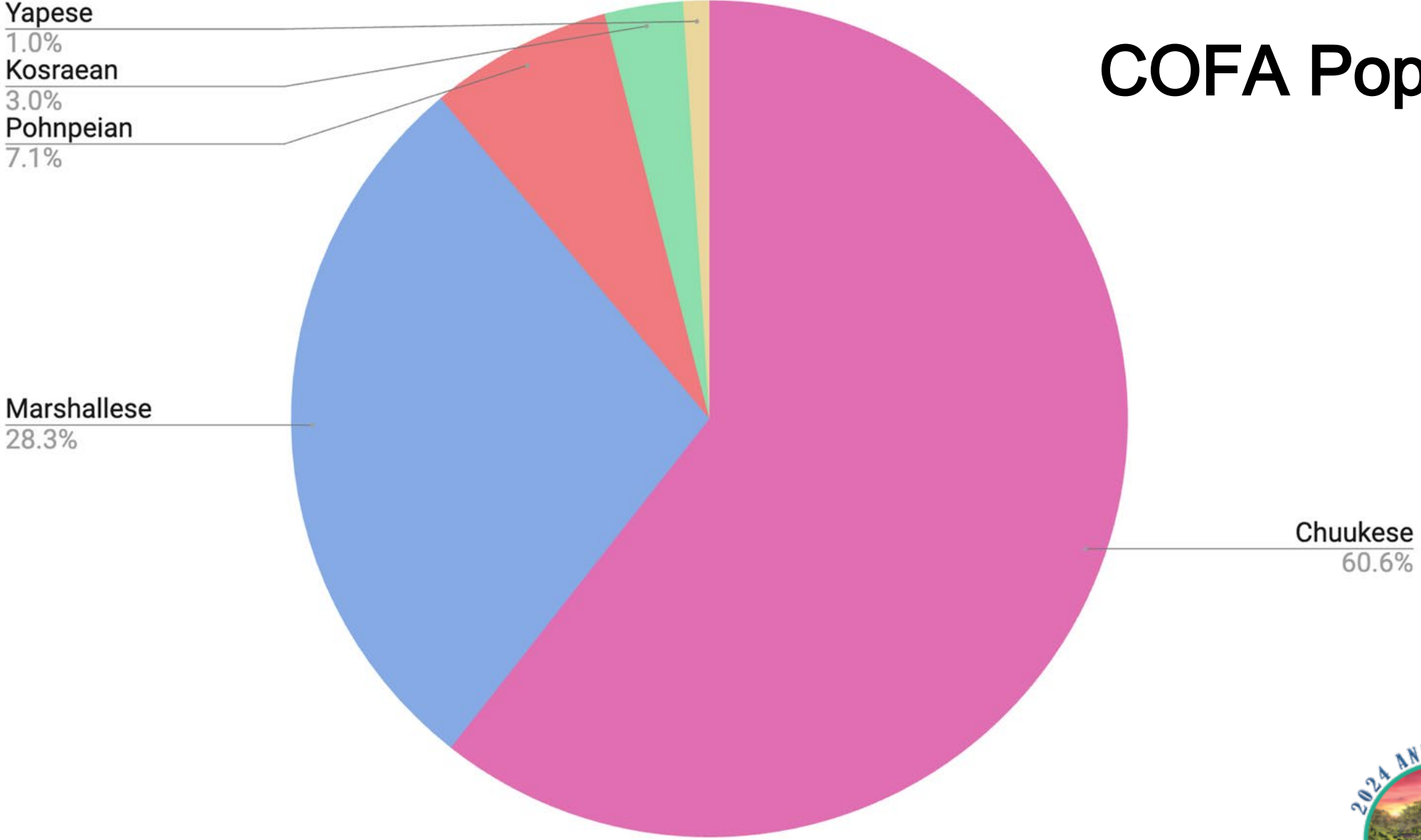
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COFA Population Needs Assessment

- Primary care recipients at hospital-based teaching clinic
 - **Underserved population**
- COFA adults with **native language** as preferred language
- Control: adults in the same primary care clinic with English as primary language
 - *Excluded Native Hawaiians*



COFA Population



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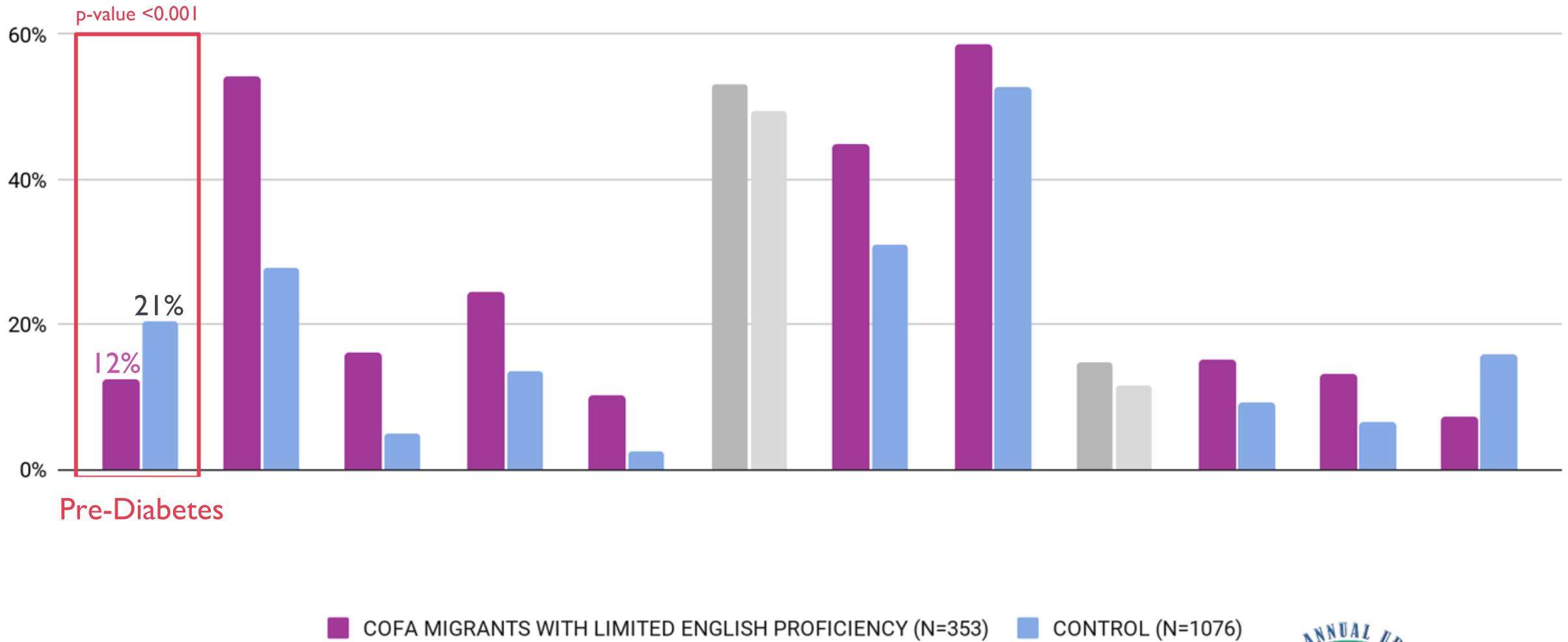
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Variables

- Assessed problem lists for **prevalence of chronic diseases**
 - Pre-diabetes, DM, CKD, ESRD, hypertension, stroke, cardiomyopathy, asthma/COPD, dyslipidemia
- Most recent labs and vital signs
 - Blood pressure, hA1c, UMA, LDL, total cholesterol, HDL, ASCVD%
- **Engagement with medical services**
 - ER encounters, hospital admissions, no upcoming appointments, patient portal activation, no show rate
- Interpreter status



Results: Prevalence of Chronic Diseases



Pre-Diabetes

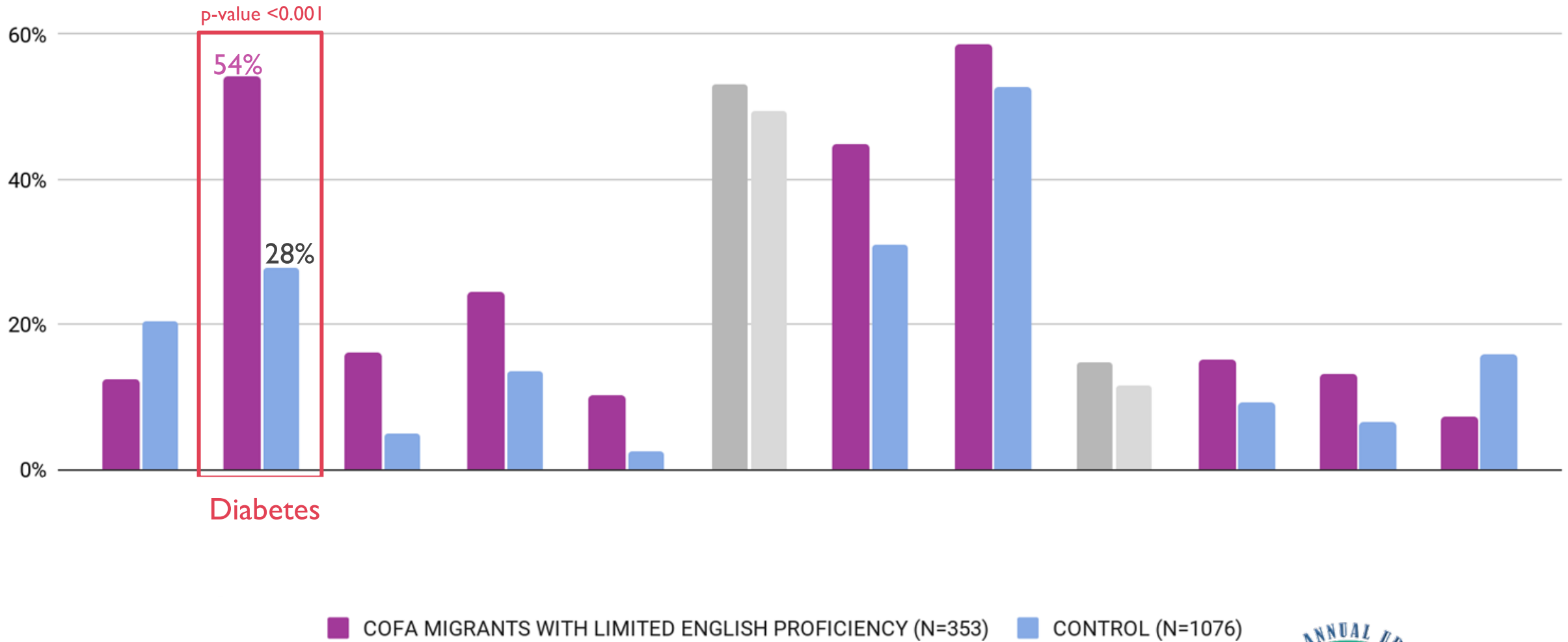


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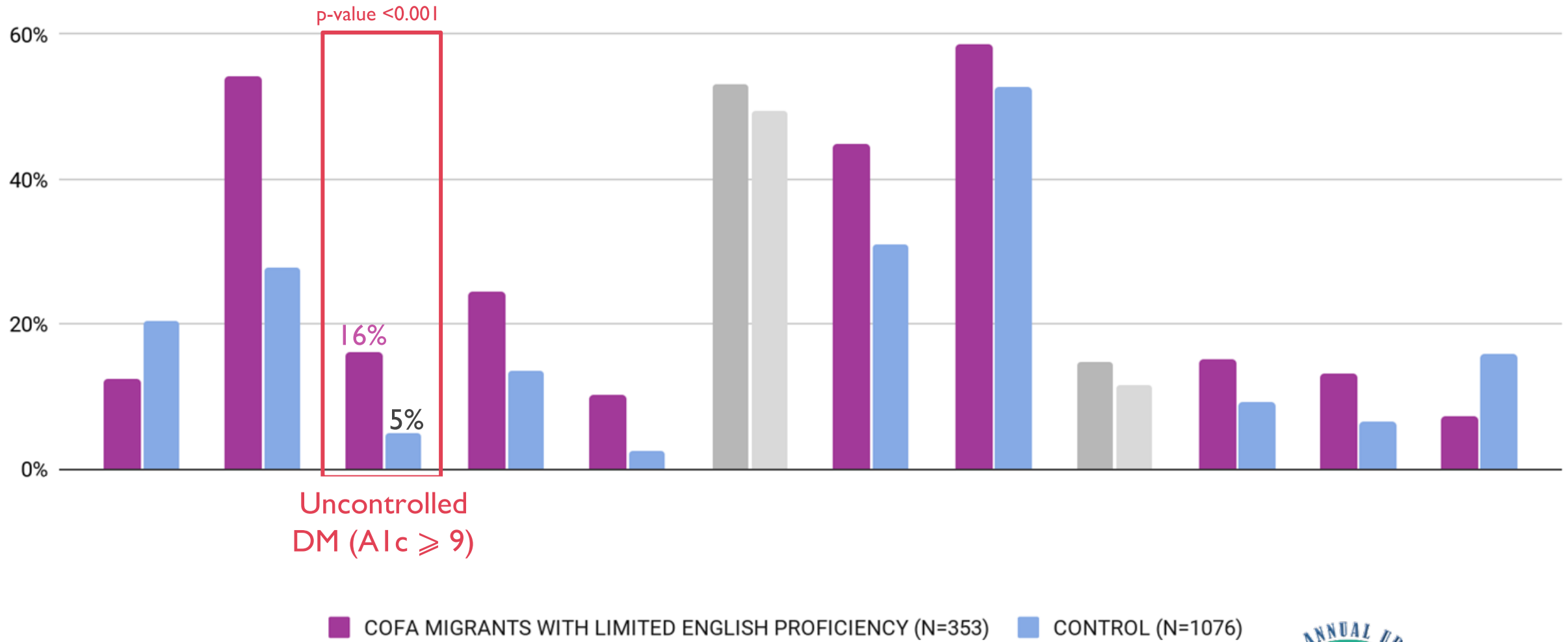
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Results: Prevalence of Chronic Diseases

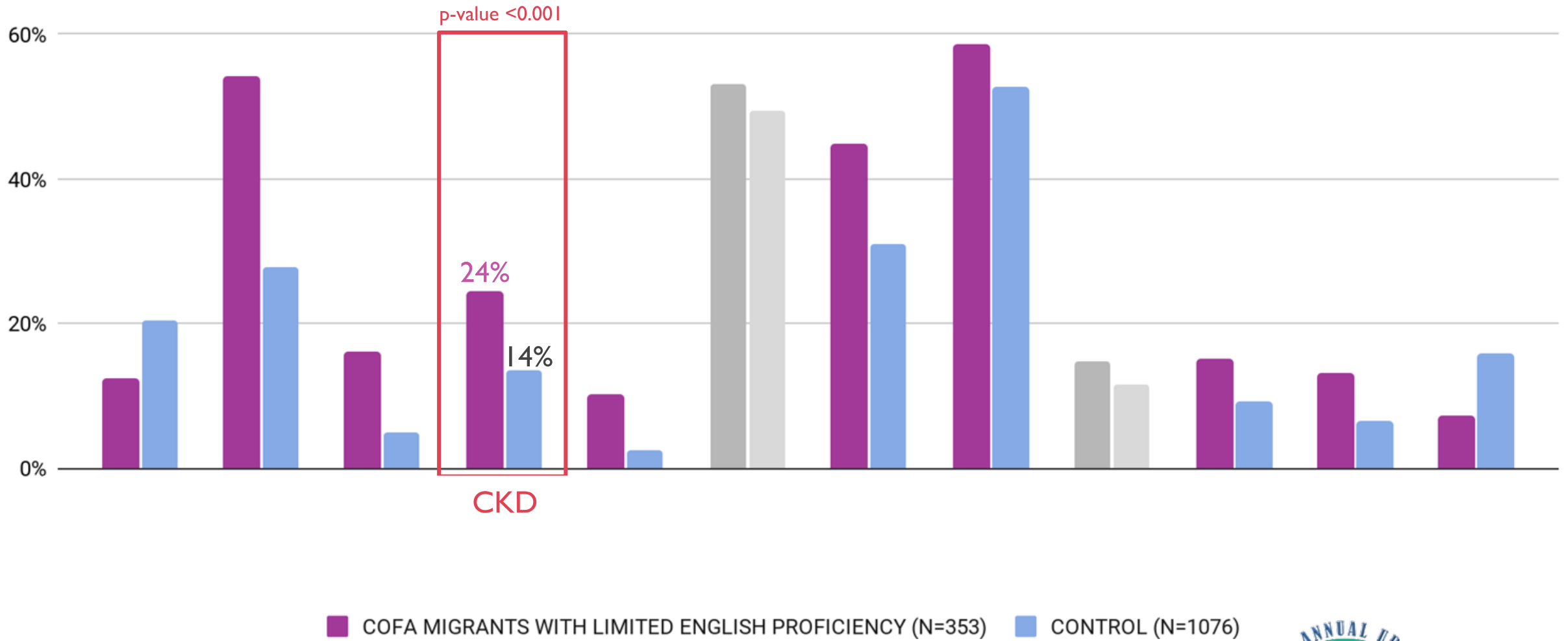


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Results: Prevalence of Chronic Diseases

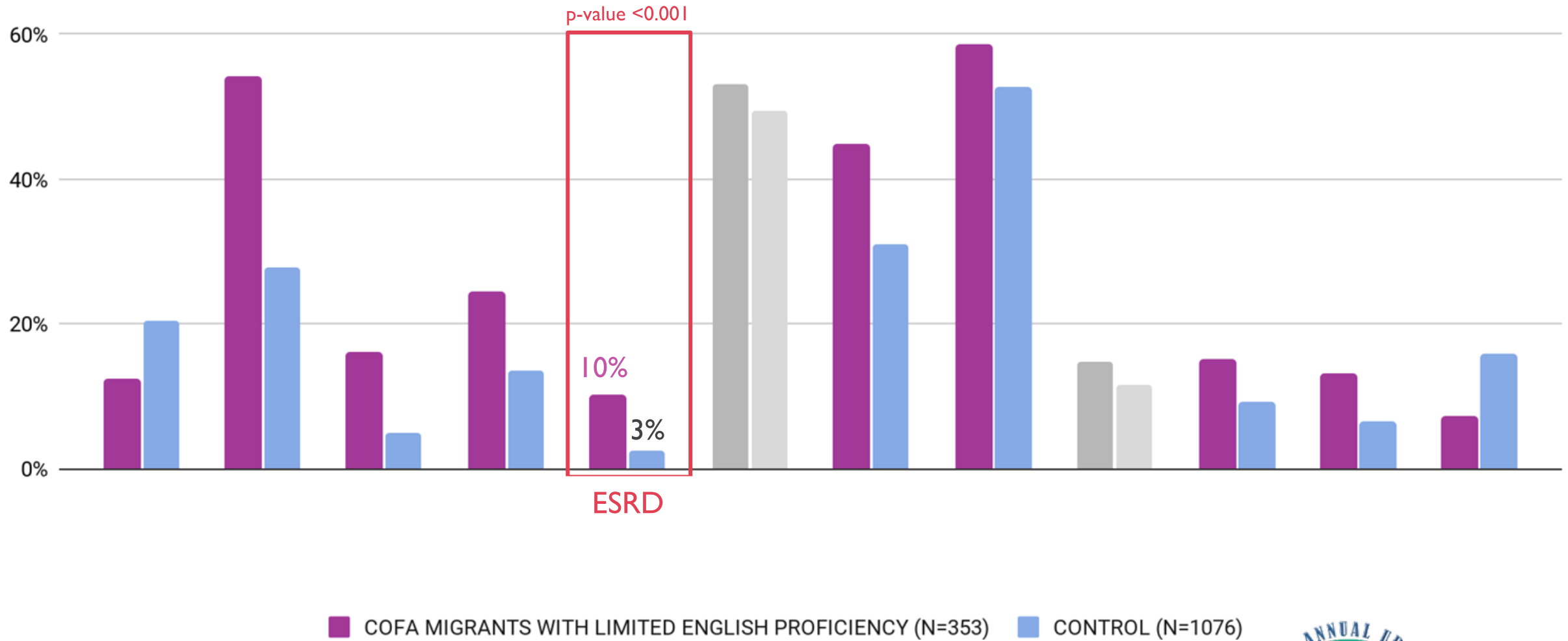


Results: Prevalence of Chronic Diseases



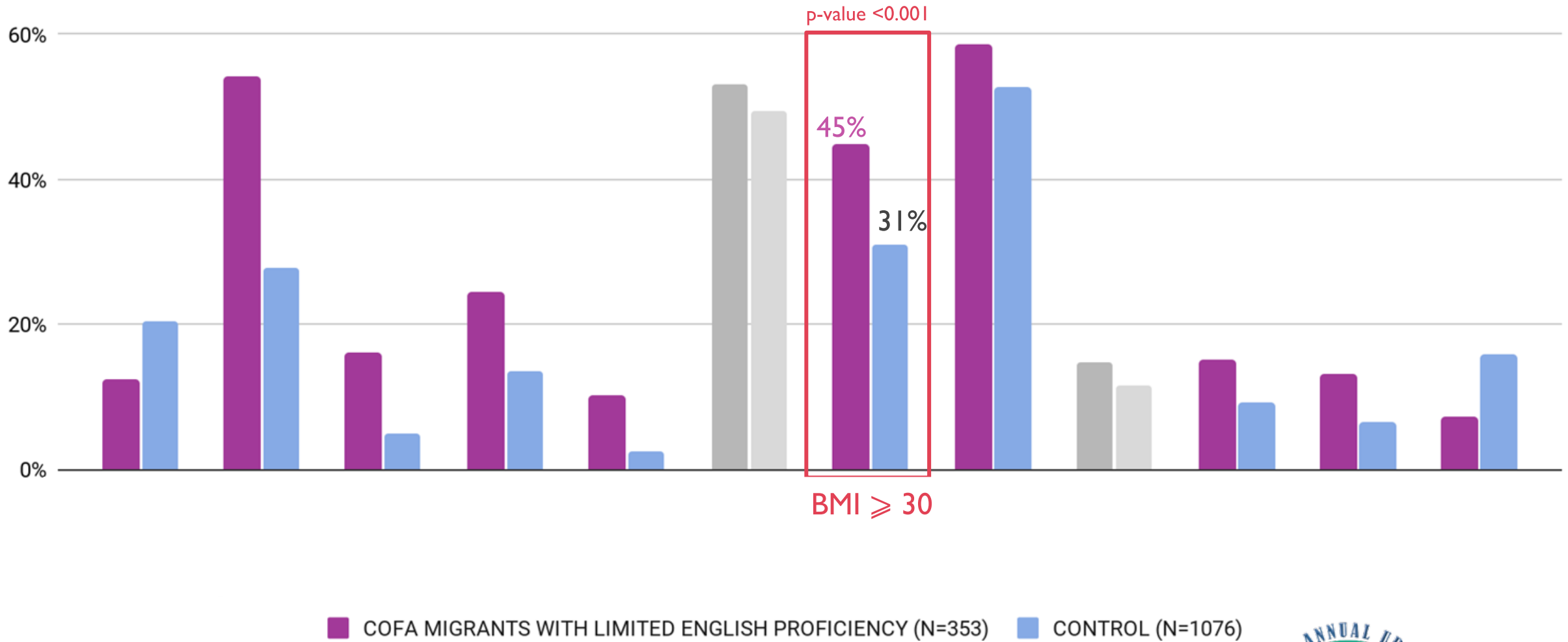
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Results: Prevalence of Chronic Diseases

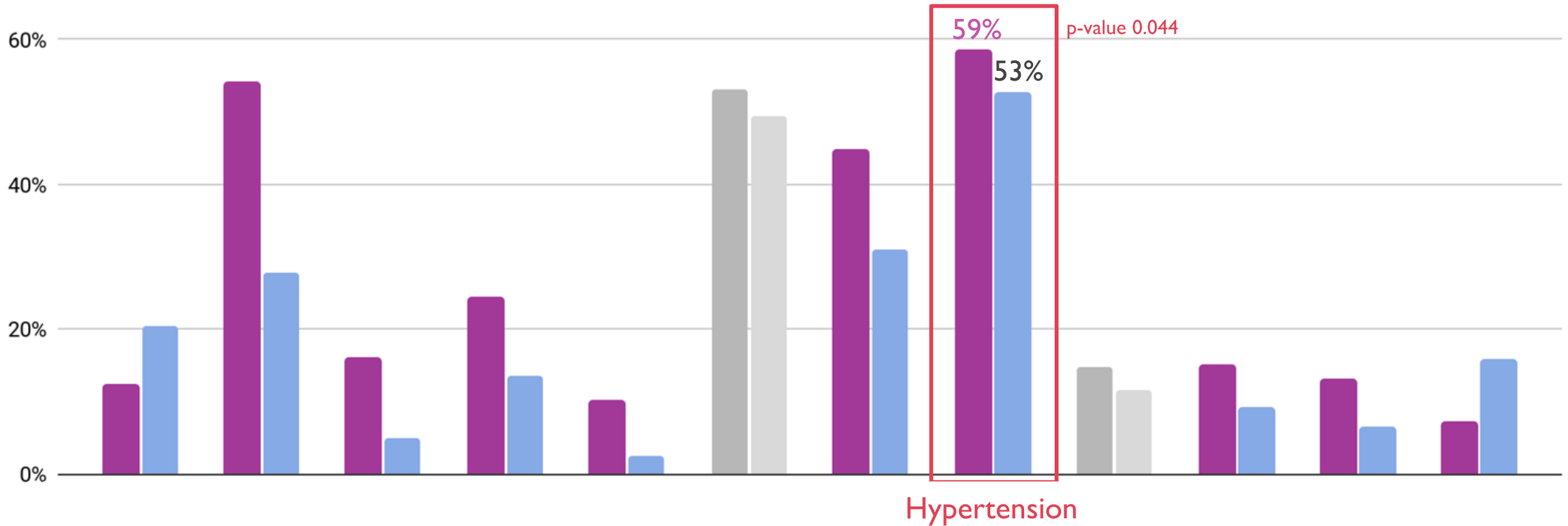


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Results: Prevalence of Chronic Diseases



Results: Prevalence of Chronic Diseases



■ COFA MIGRANTS WITH LIMITED ENGLISH PROFICIENCY (N=353) ■ CONTROL (N=1076)

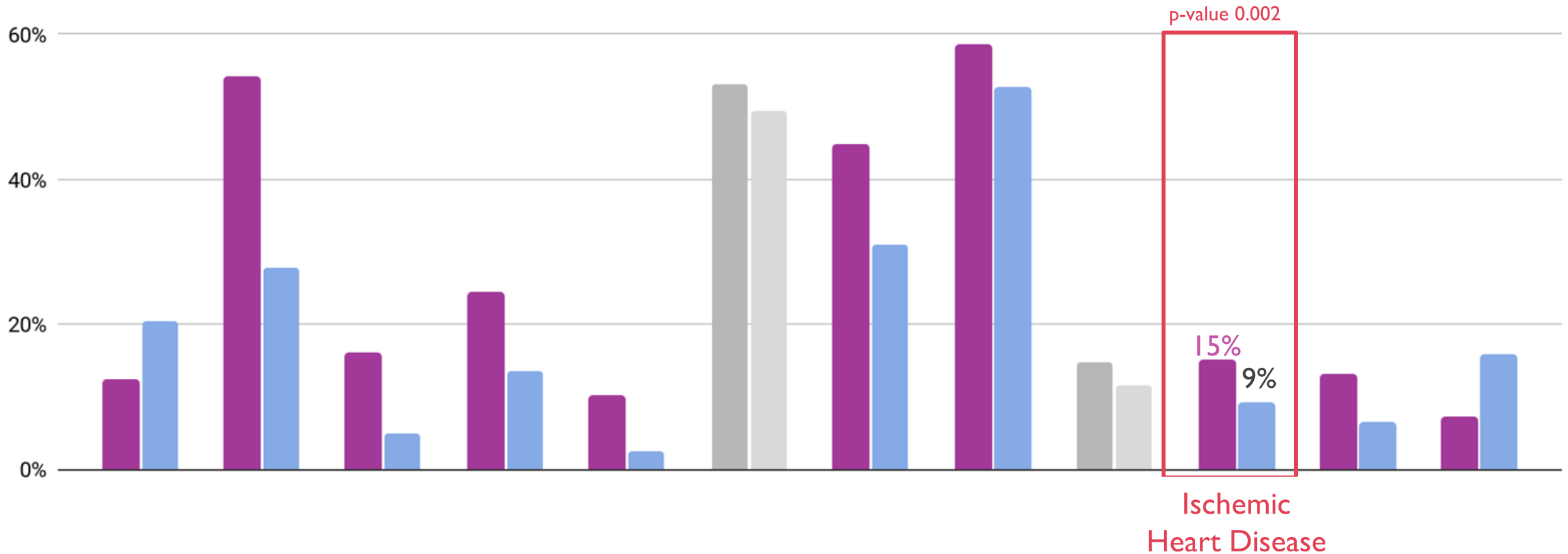


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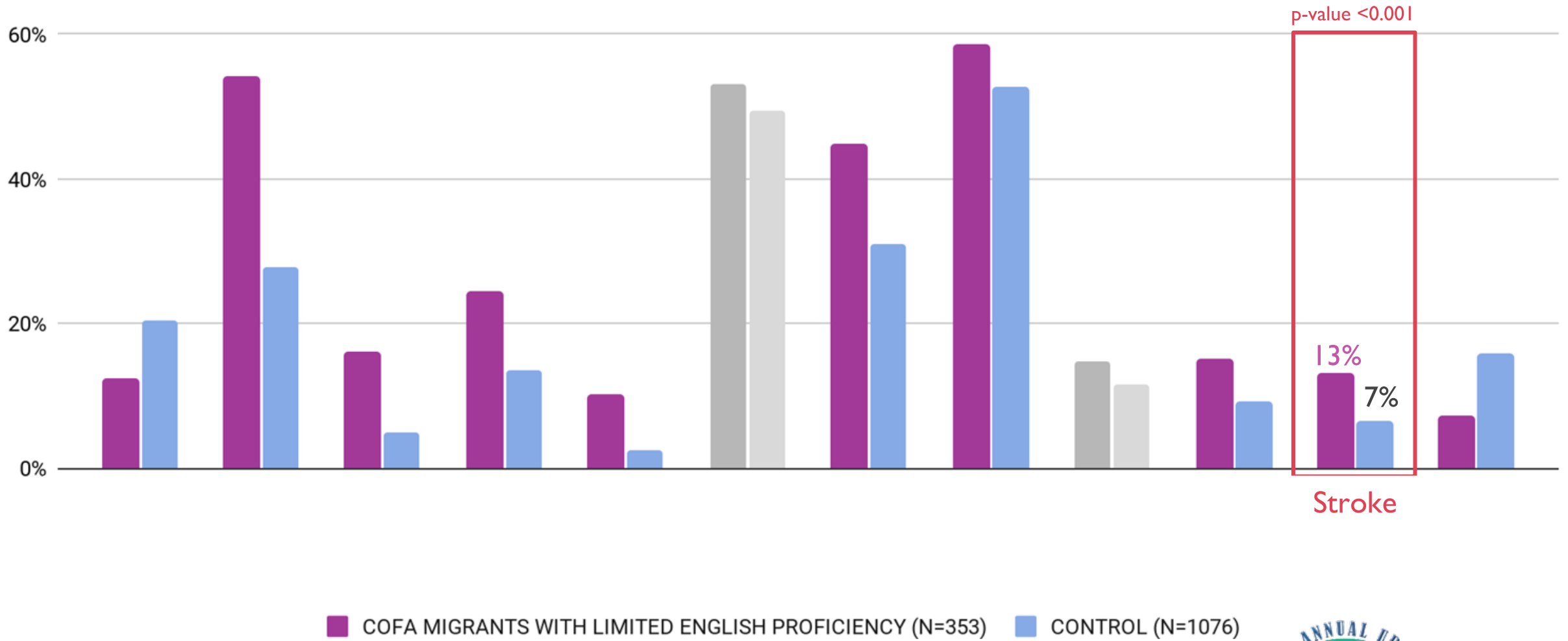


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Results: Prevalence of Chronic Diseases

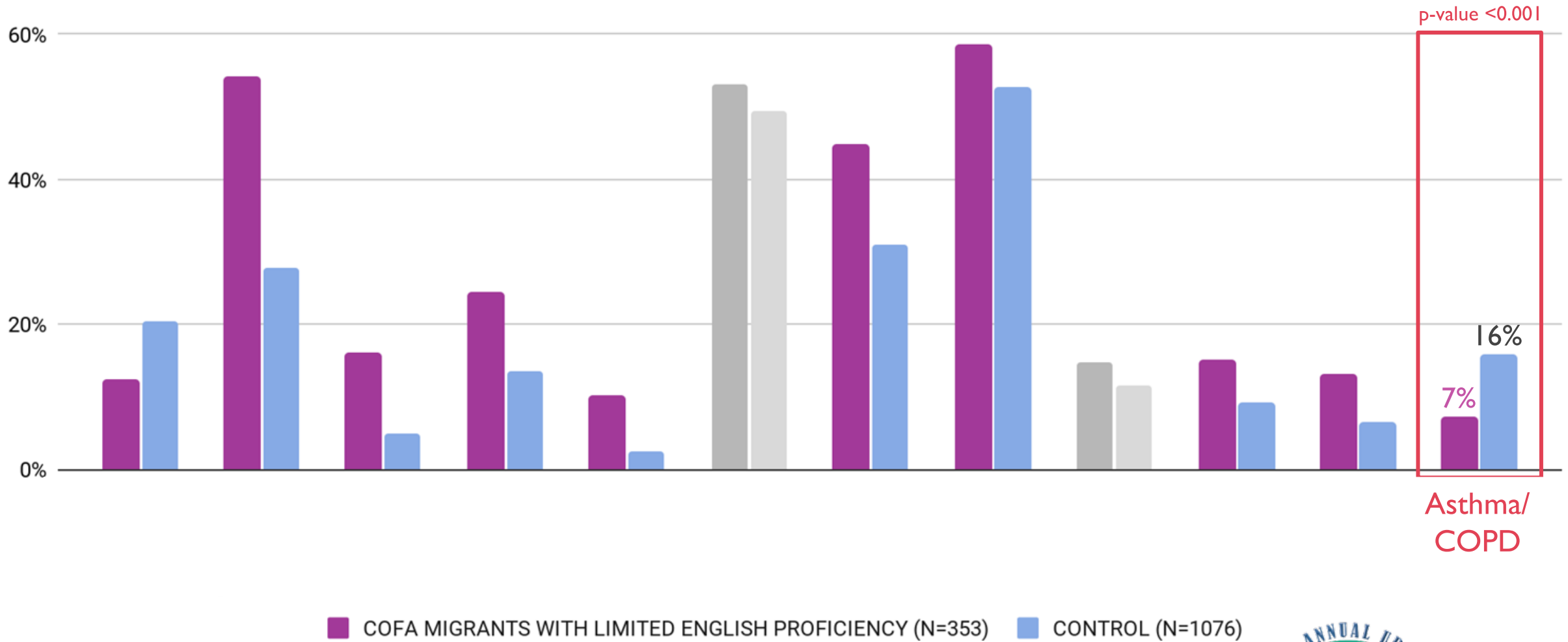


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Results: Prevalence of Chronic Diseases



p-value < 0.001

Asthma/
COPD

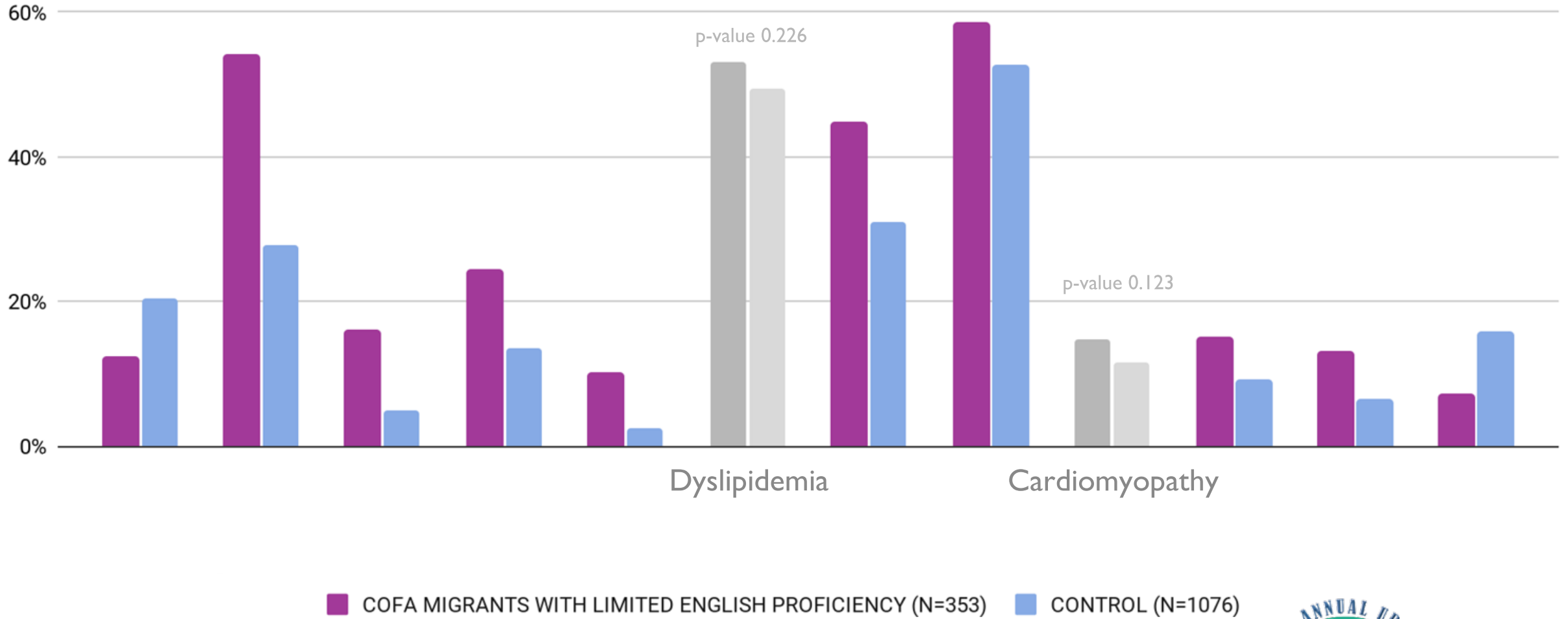


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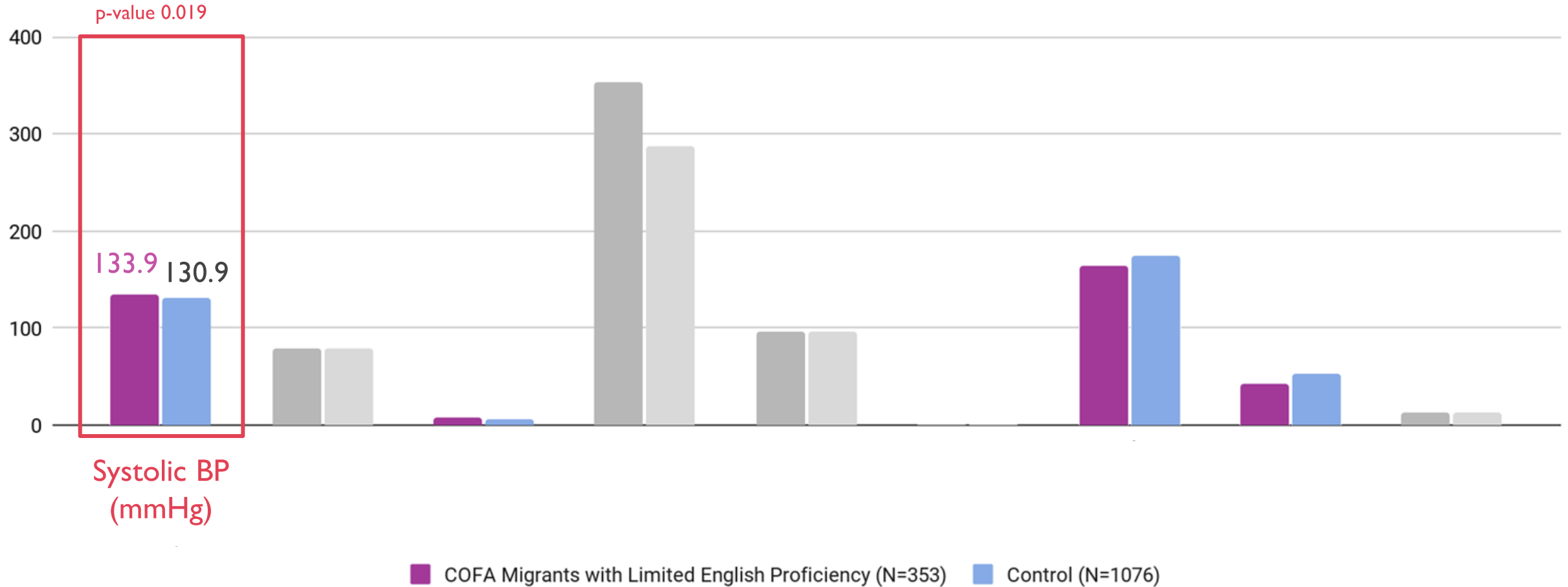
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Results: Prevalence of Chronic Diseases



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Results: Mean Lab Values and Vitals

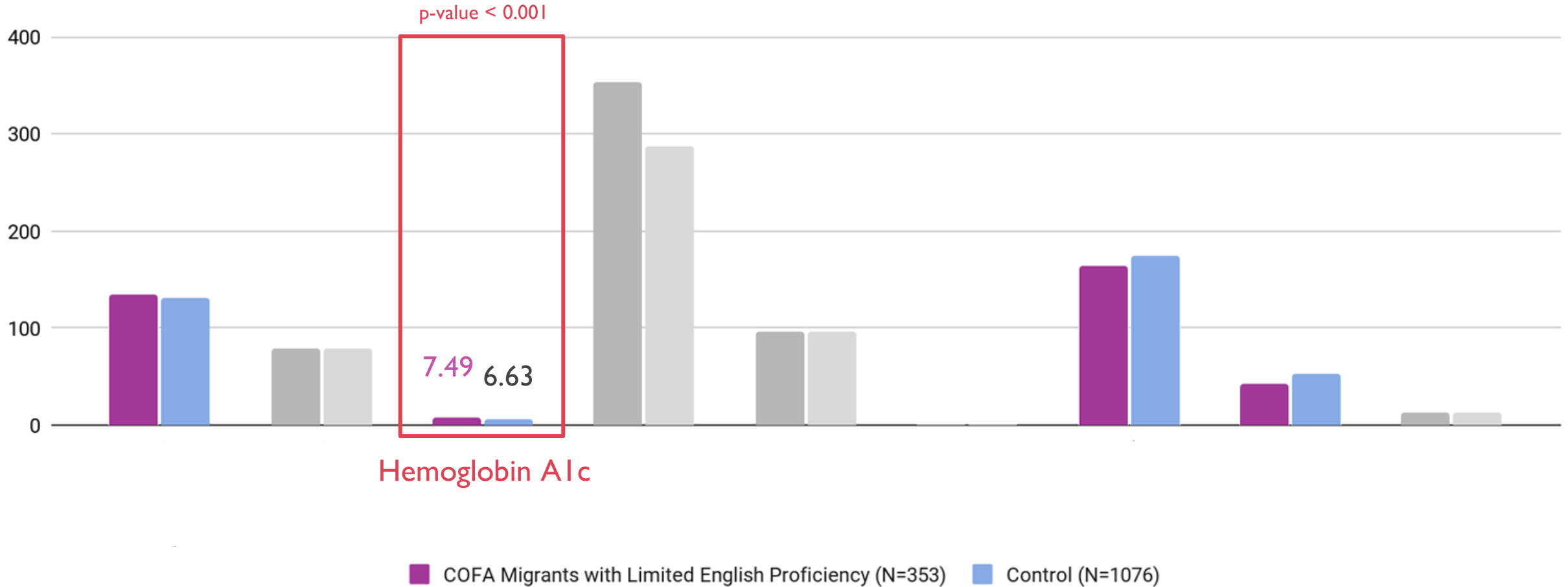


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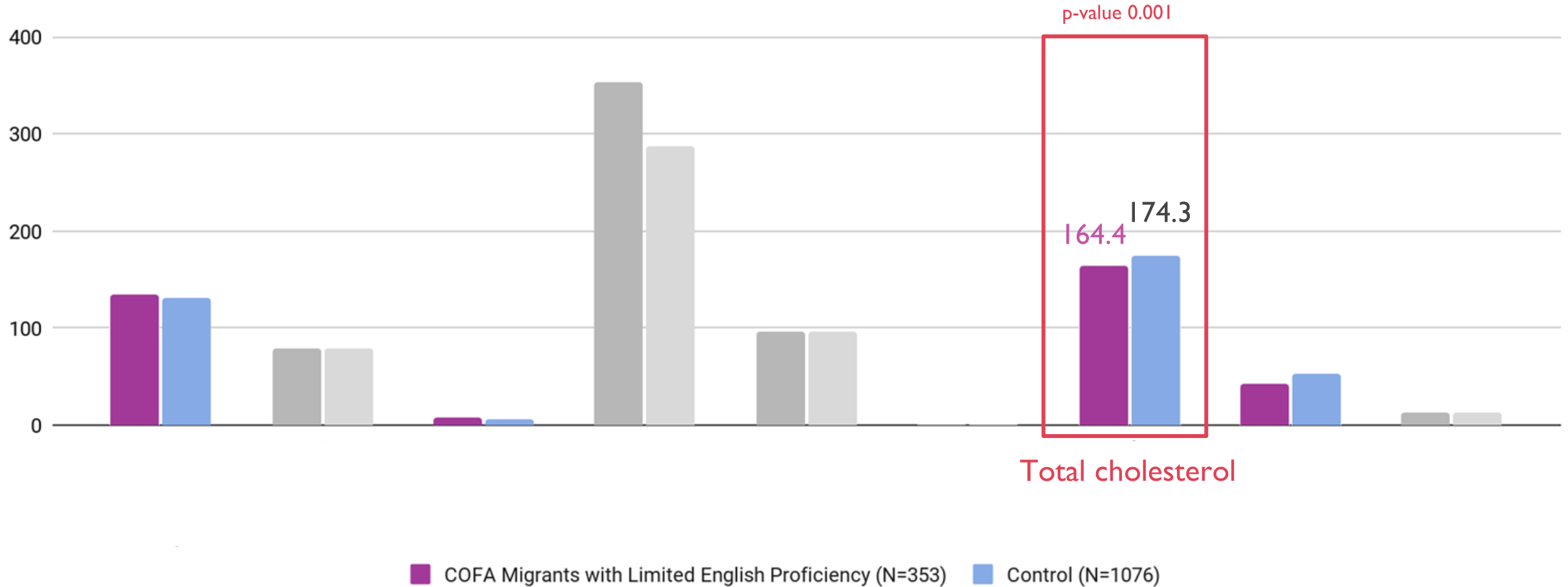
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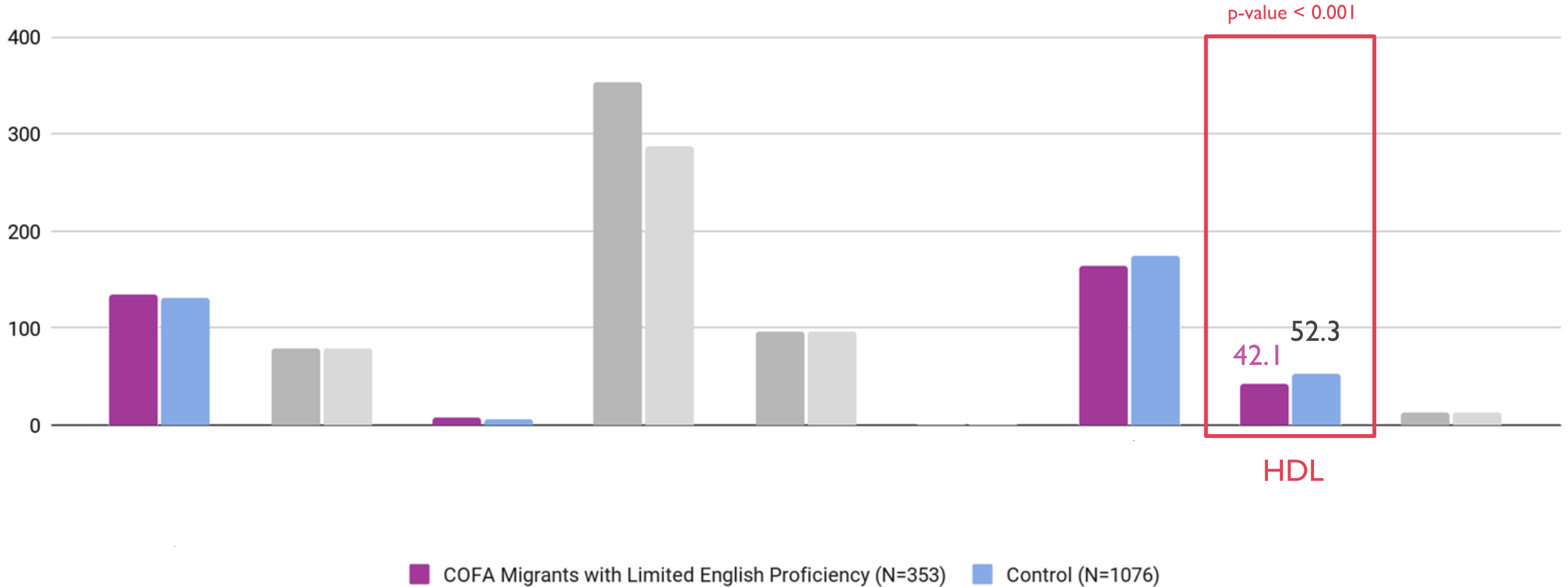
Results: Mean Lab Values and Vitals



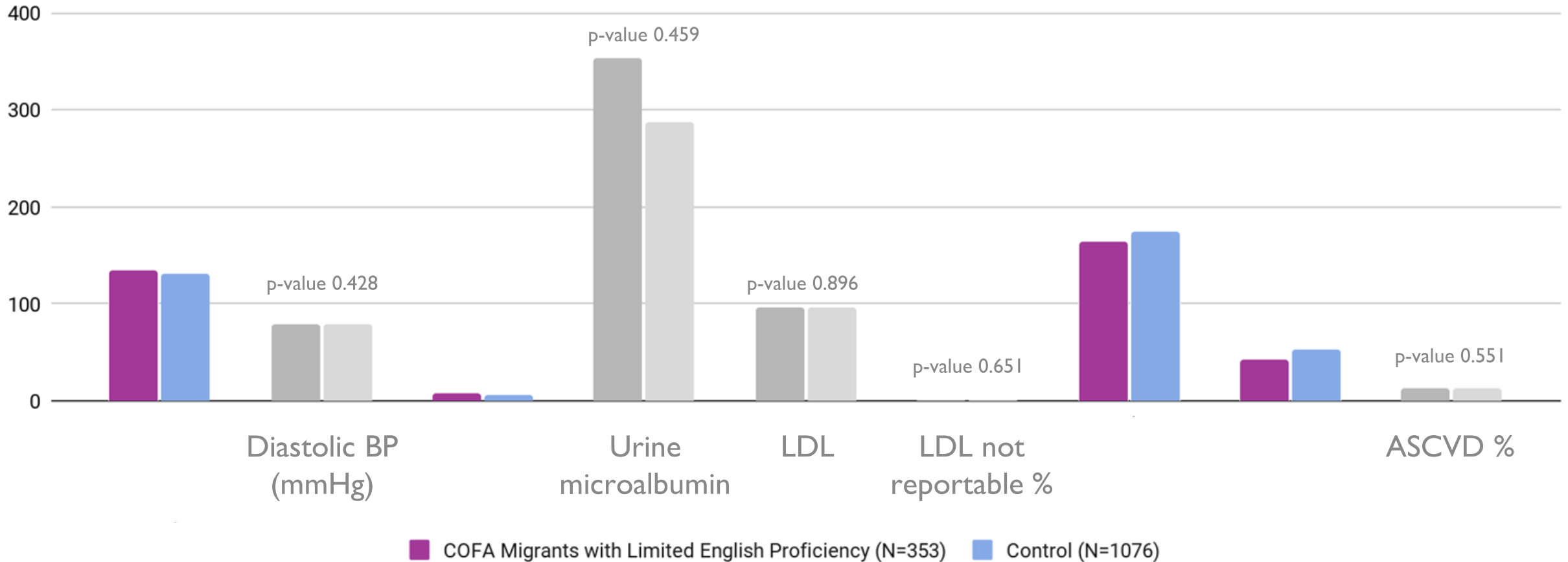
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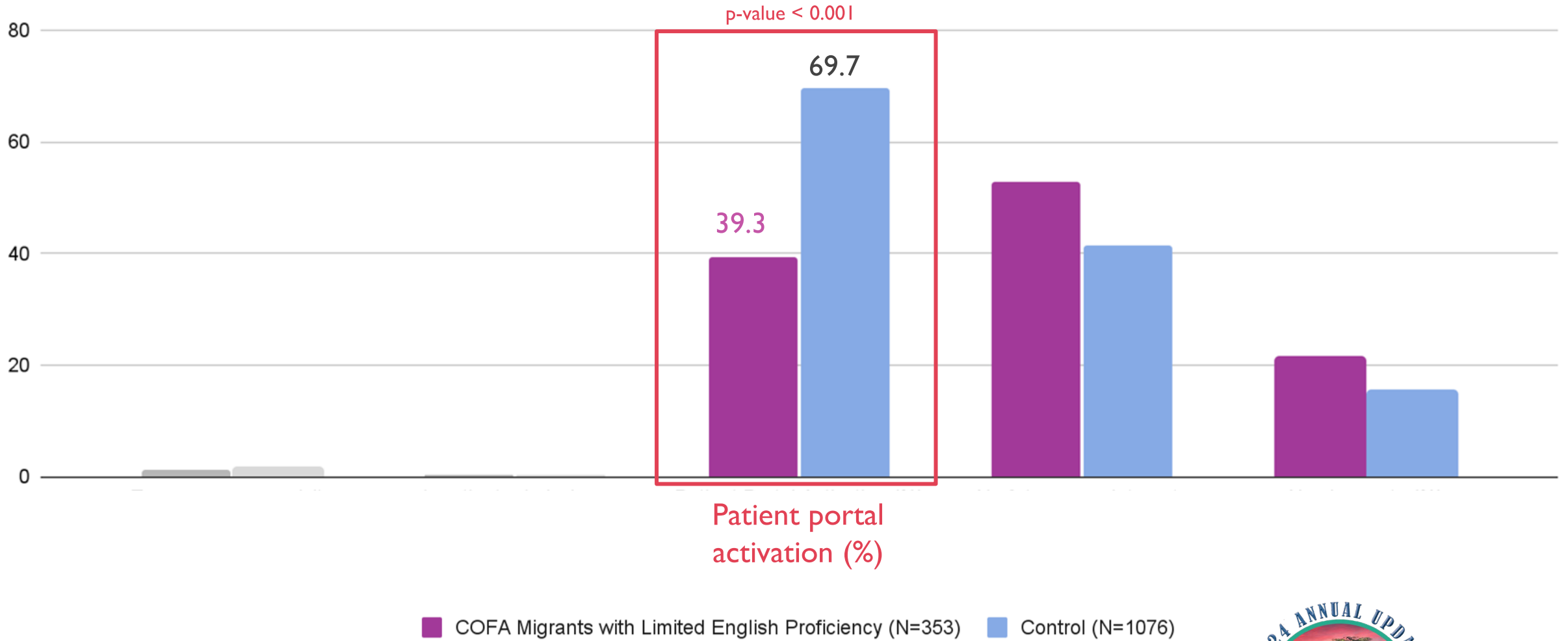
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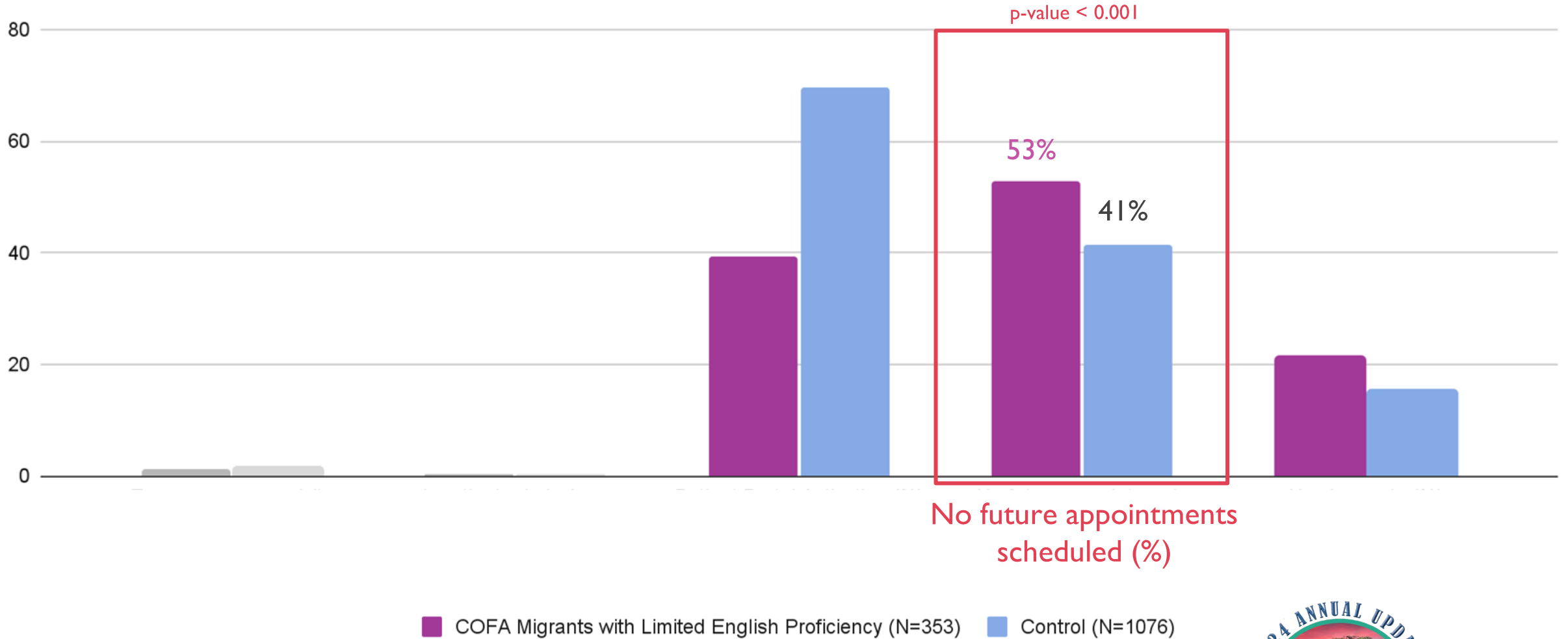
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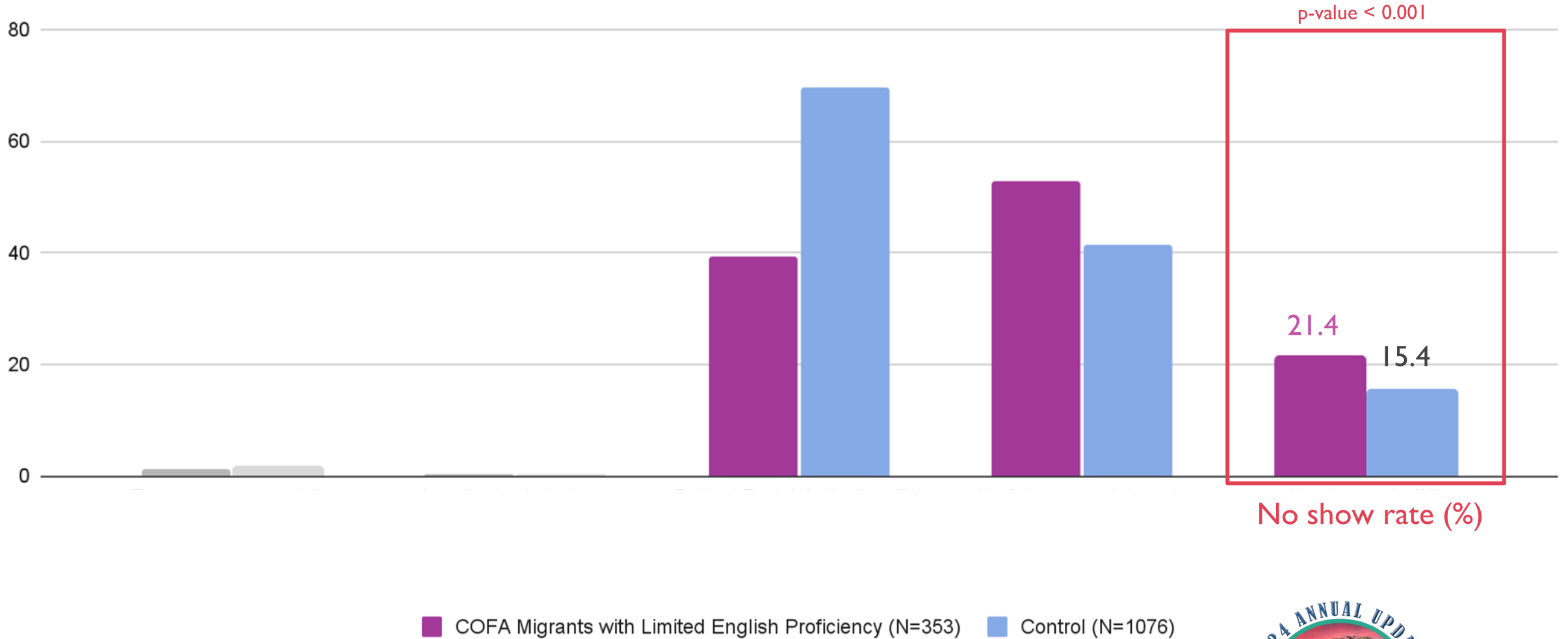
Results: Engagement with Medical Services



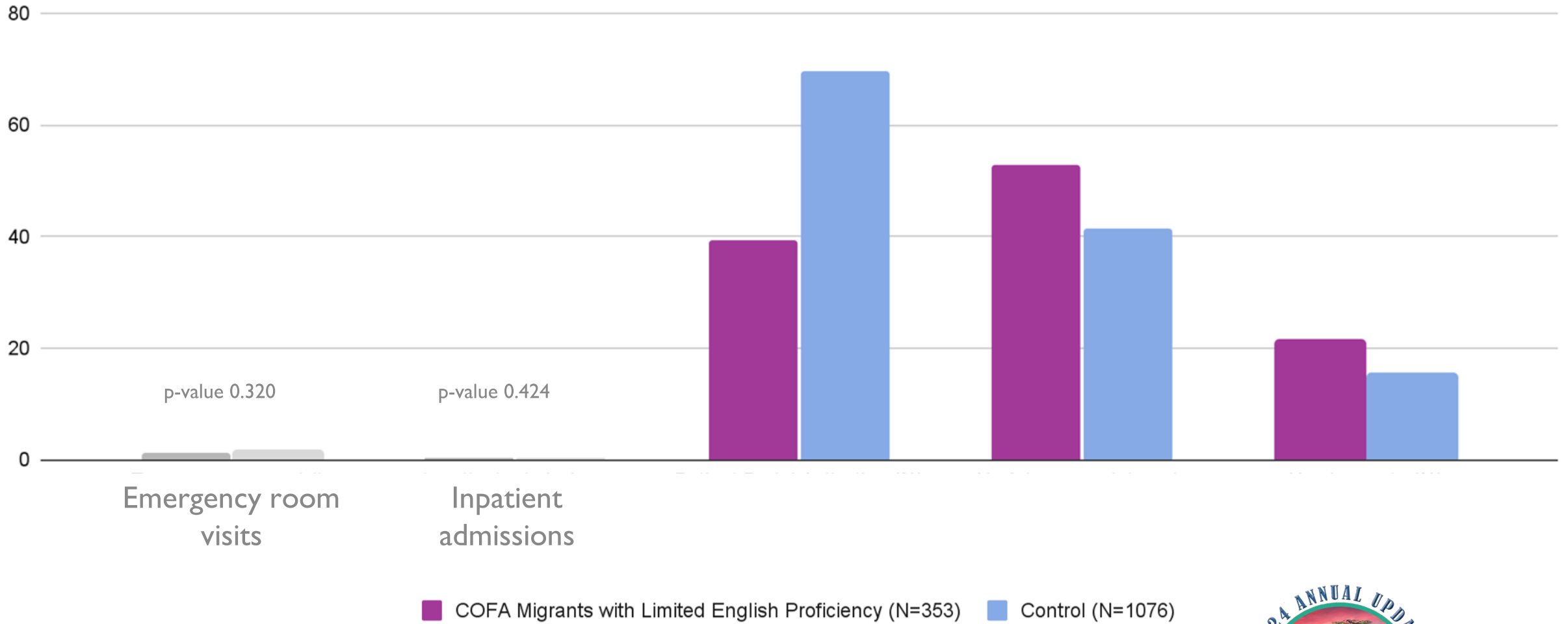
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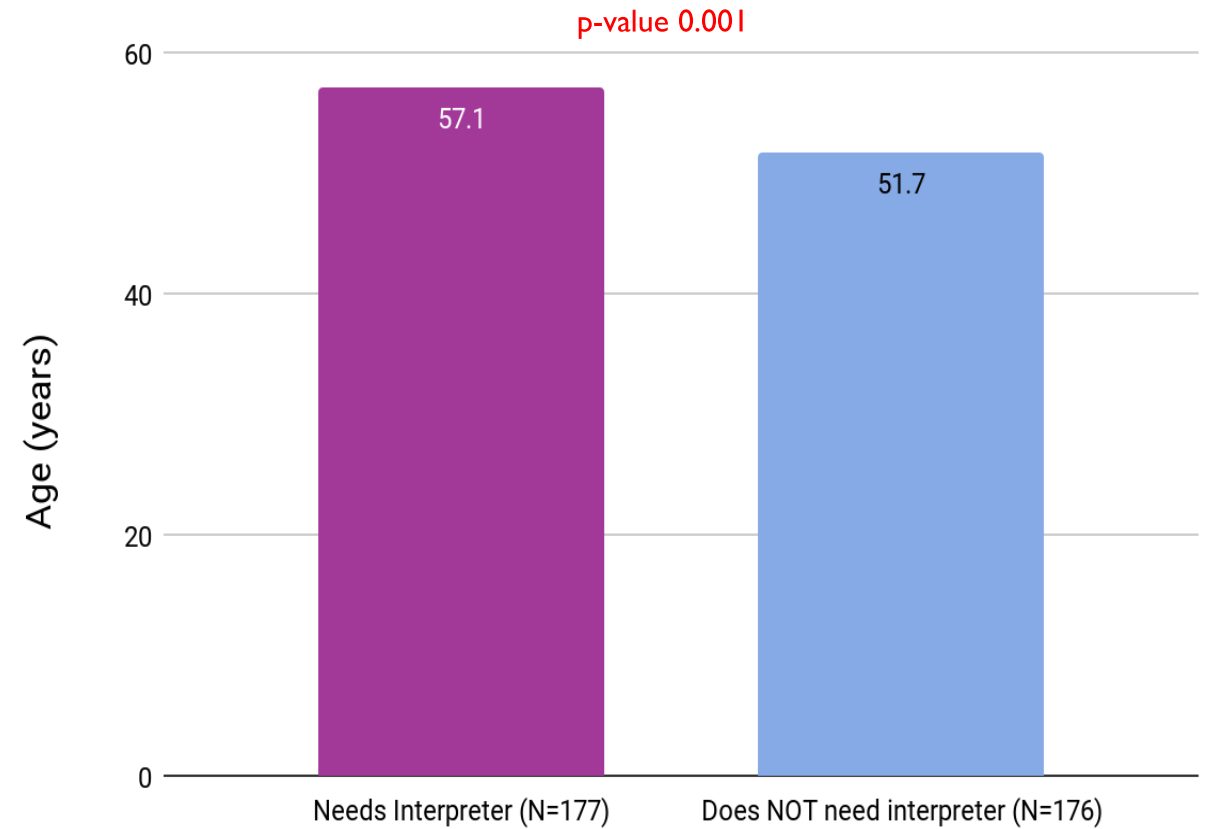
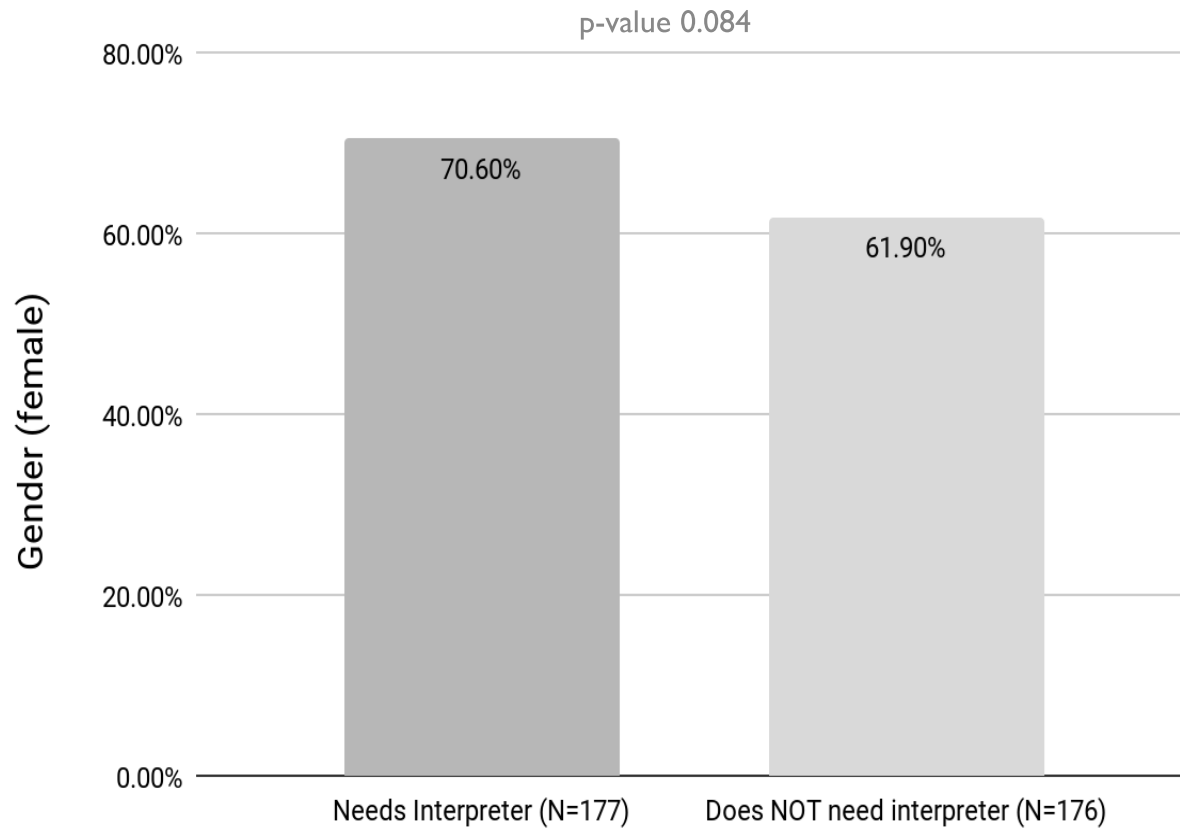
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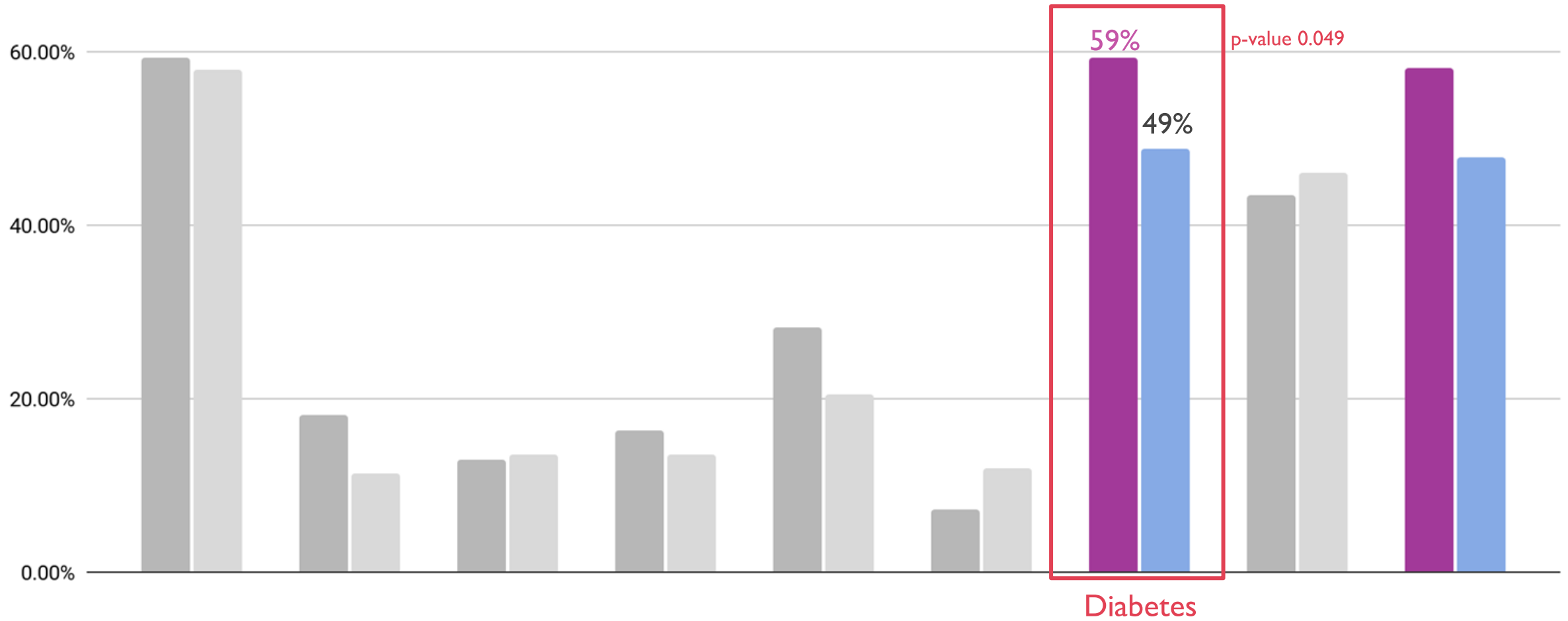
Results: Engagement with Medical Services



Results: Interpreter Status Population



Results: Prevalence of Chronic Diseases



■ Needs Interpreter (N=177) ■ Does NOT need interpreter (N=176)

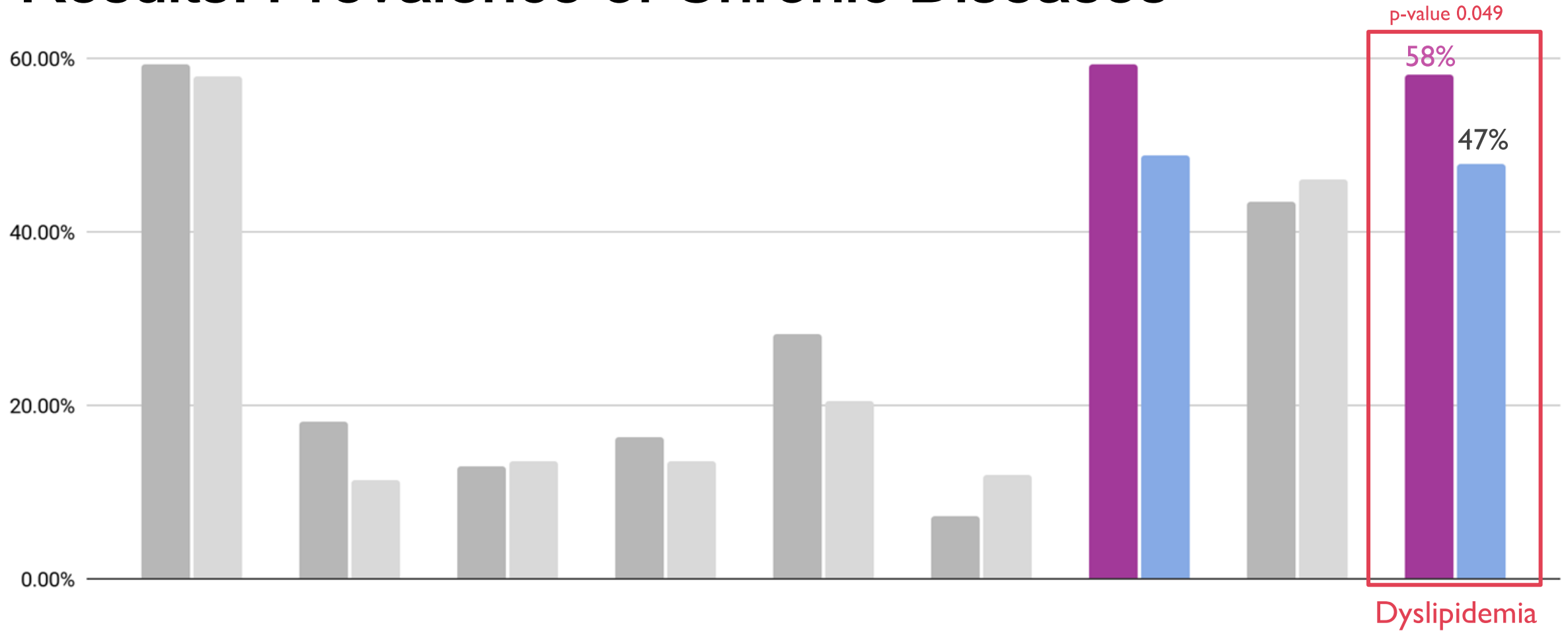


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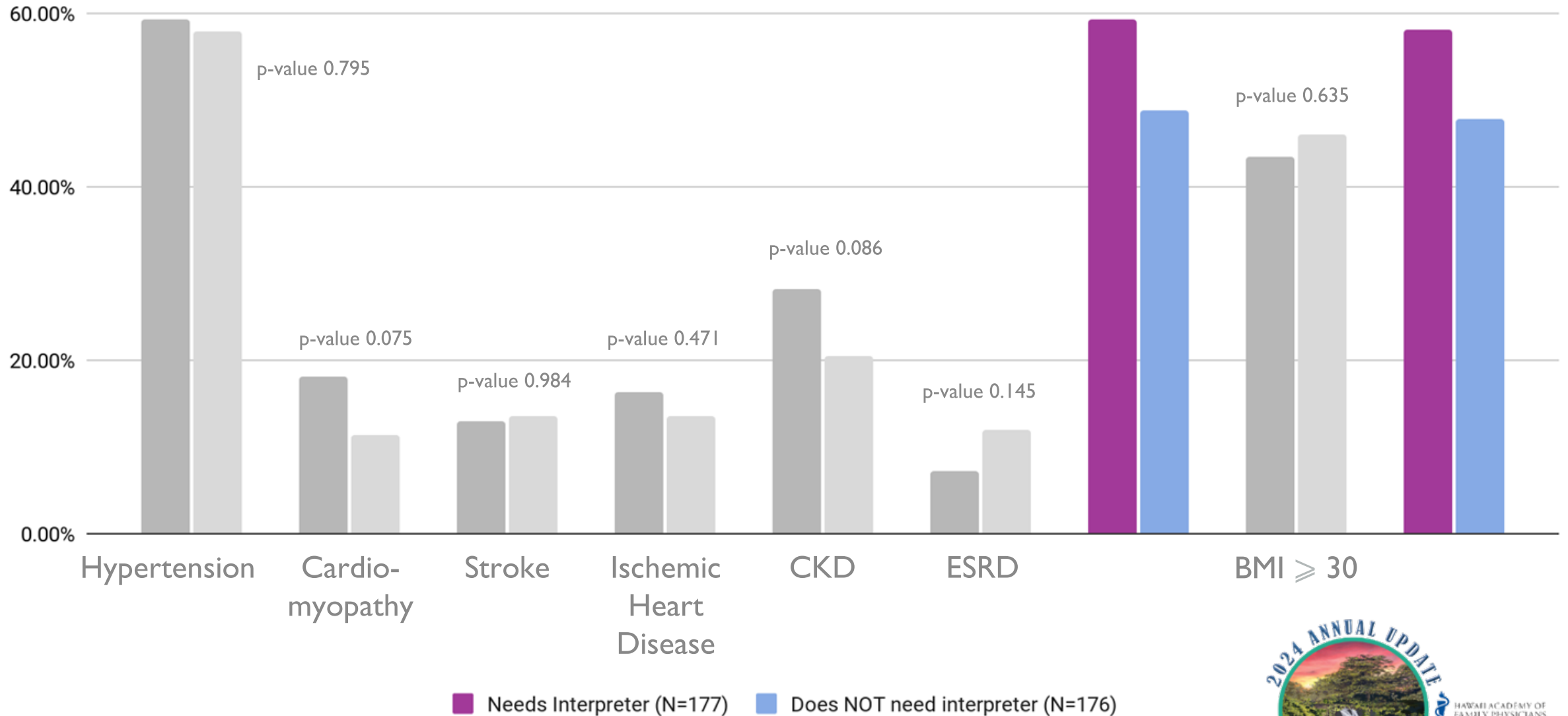
Results: Prevalence of Chronic Diseases



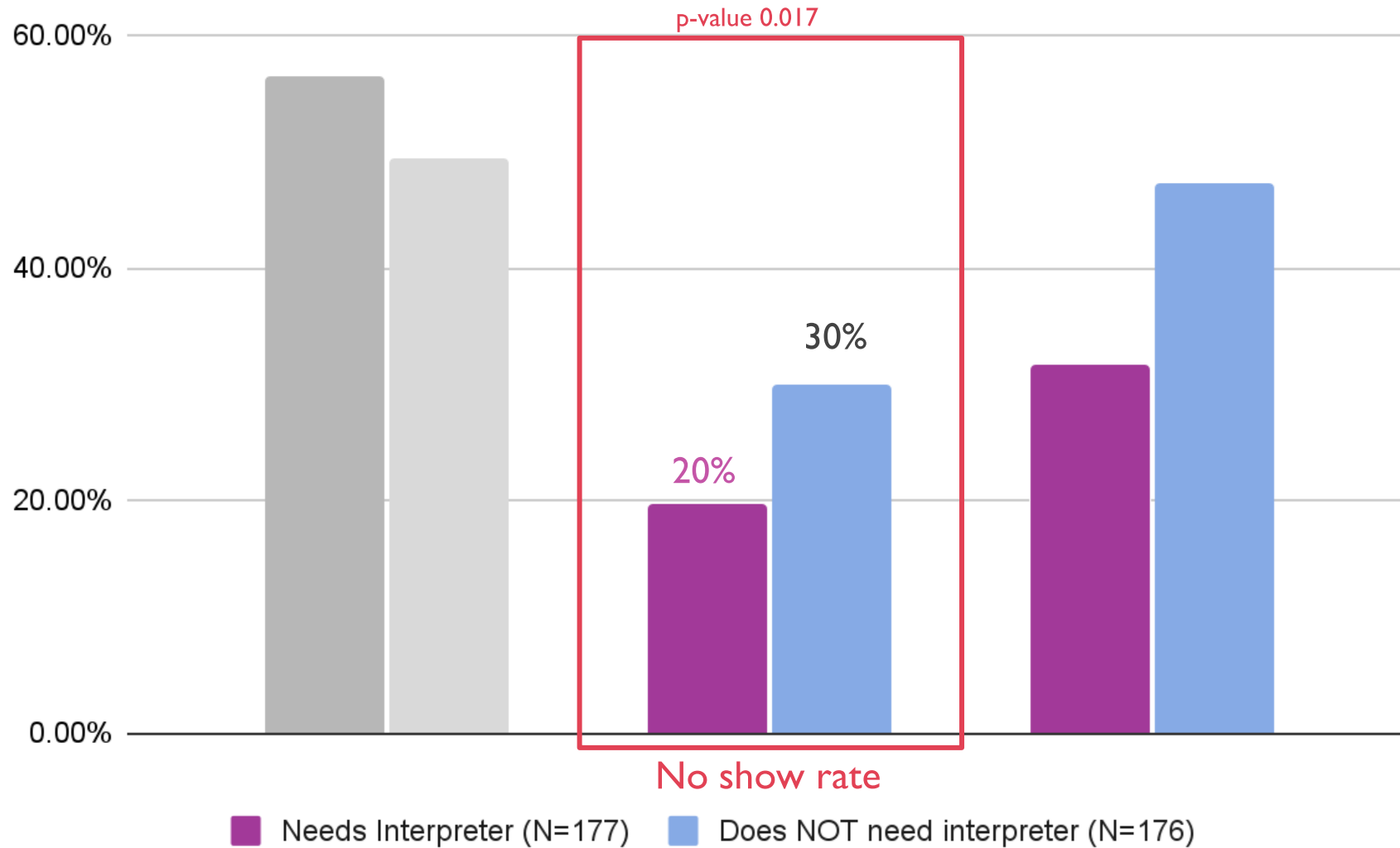
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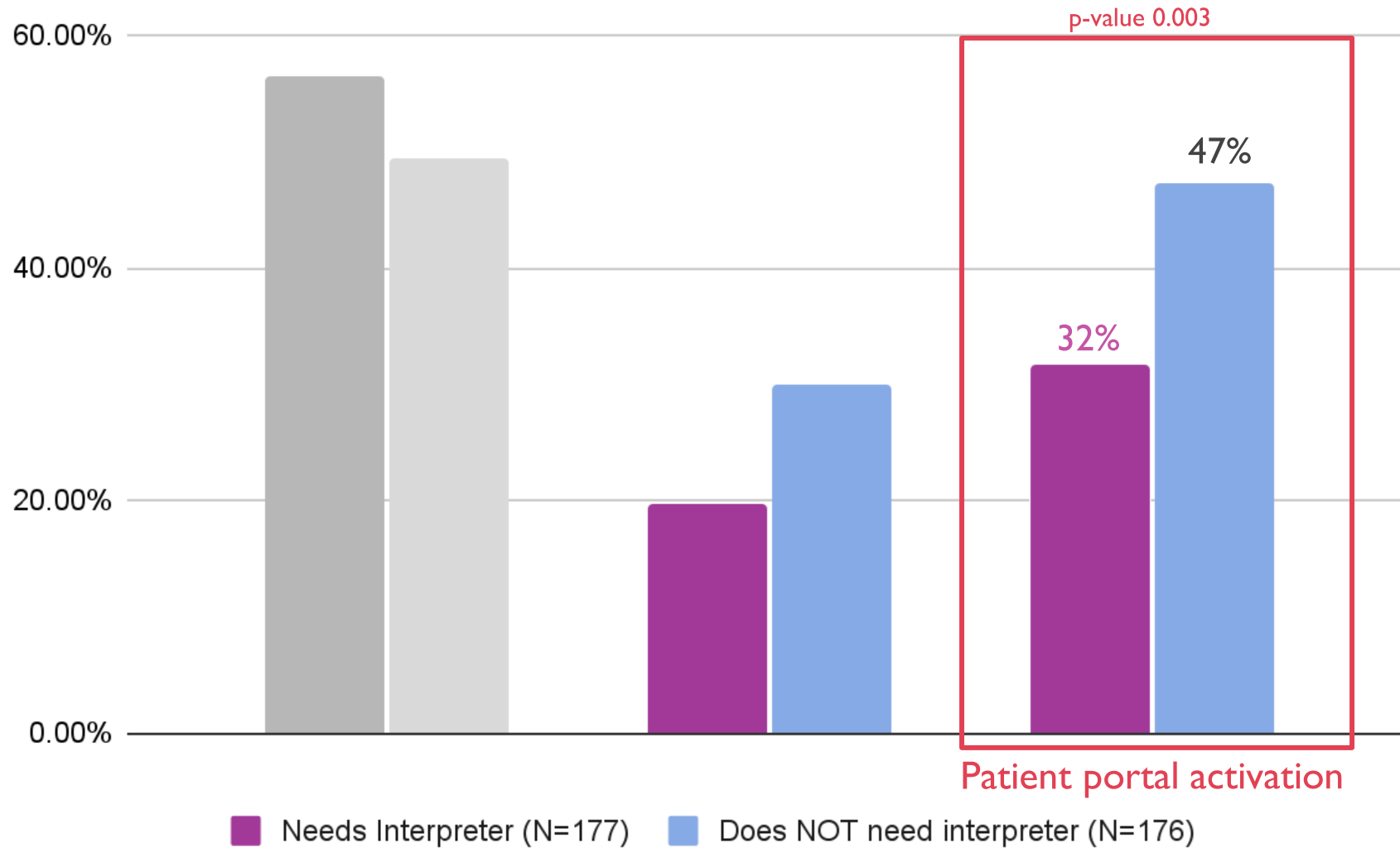
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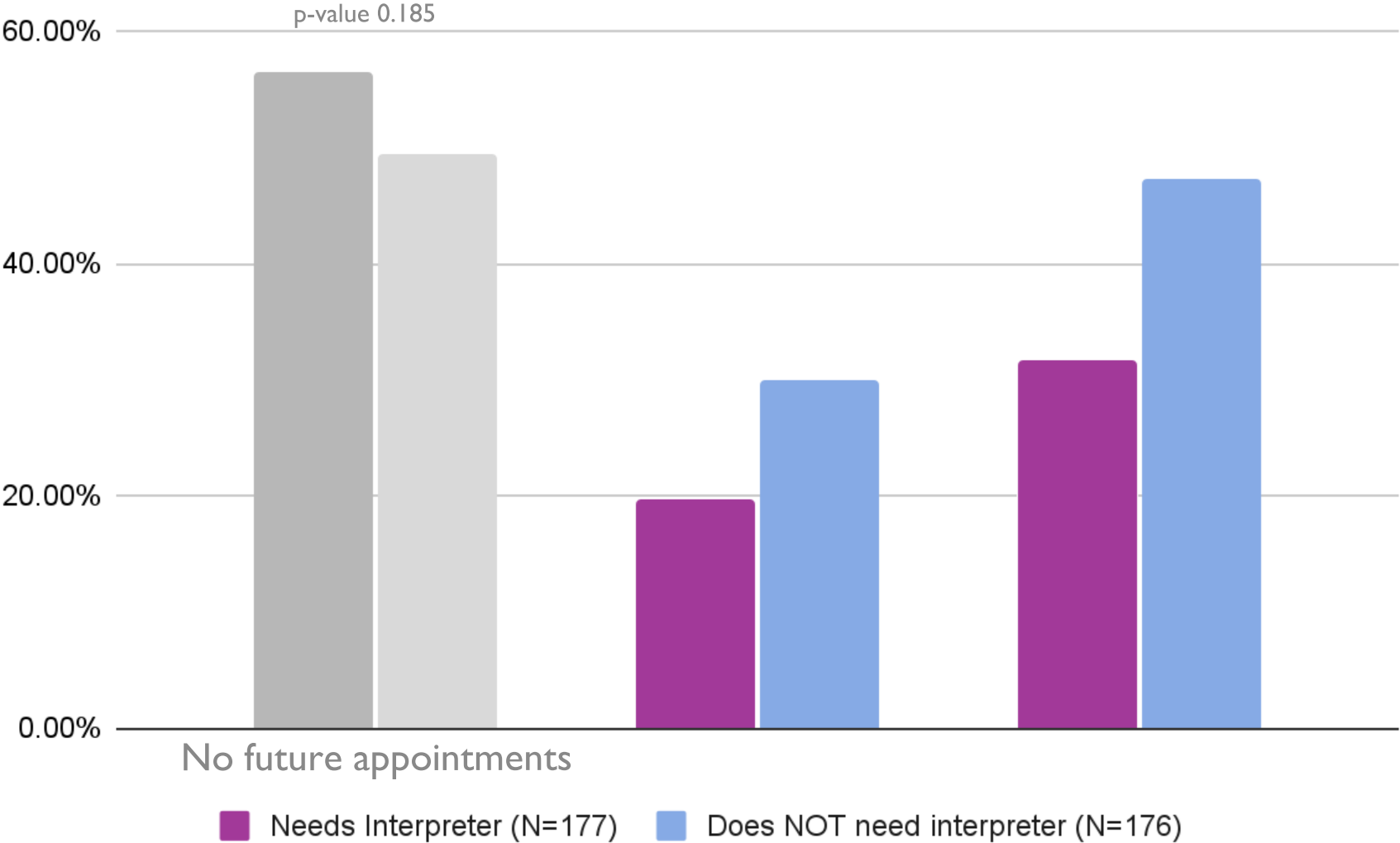
Results: Engagement with Medical Services



Results: Engagement with Medical Services



Results: Engagement with Medical Services



Discussion: Diabetes

- Sparse literature quantifying the severity of health disparities in COFA migrants
- COFA population has almost **2x higher prevalence of diabetes** (54.1%) than the control (27.7%)
 - State prevalence of 10.3%
- COFA migrants have **6x prevalence of uncontrolled diabetes**
- Lower rate of prediabetes (COFA 12.4% vs control 20.5%)
 - Degree of symptom severity before presentation



Discussion: CKD and ESRD

- COFA 1.8x greater prevalence of CKD (24.3%) than that of the control (13.6%)
- 10.2% of COFA migrants have ESRD, 3.9x greater than the 2.6% in our control group
 - Disproportionate late presentation in disease course



Discussion: Engagement with Medical Services

COFA patients

- Lower rates of patient portal activation
 - Even lower in the group who needs interpreters
- Higher % NO followup appointments scheduled
- Higher no show rate
 - **Relatively low** in group with stated need for interpreters



WAYFINDER PATIENT NAVIGATION PROGRAM



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Wayfinders: Community Health Program

- Patient navigation with use of interpreter services
- One-year community health elective for first-year medical students
- Foster relationships with patients
- Connect patients to other services/departments



Wayfinders: Qualitative Review and Impact

- Significant Engagements in the first year of the program:
 - 15 patients at QEC
 - 18 patients at Kidney Clinic of Hawaii
- Interpreter Agency Wait Times
 - Agency A- 24 minutes
 - Agency B- 8 minutes
 - Conclusion: Clinic Policy Change



Wayfinder: Patient Stories

- **Wheelchairbound** patient w/ poor diabetes management
- Stated desire for **more exercise**
 - Started with small chores around the house
- Insulin refills
- Diabetes educator
- A1C **10.7** - 9/20/22 → A1C **8.3** - 7/17/23



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Wayfinders: Patient Stories

- Marshallese young woman with **ESRDs/p DDRT** in 2019
- Moving out of state
- No transition plan for medical care or insurance
- Interpreter use— educated patient on process for establishing Medicaid in a different state
- Enabled **safe transition** for high-risk patient



Reflection

Strengths

- COFA-specific patient navigation
- Value of interpreter services
- Improved healthcare outcomes with high risk patients
- Valuable experience for medical students

Limitations

- Extraction of data from EMR
 - Ex. formulation for no show rate is not understood
- Potentially biased patient population
 - Lower SES
- Possible for missing diagnoses
- Short-term program



THANK YOU!



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