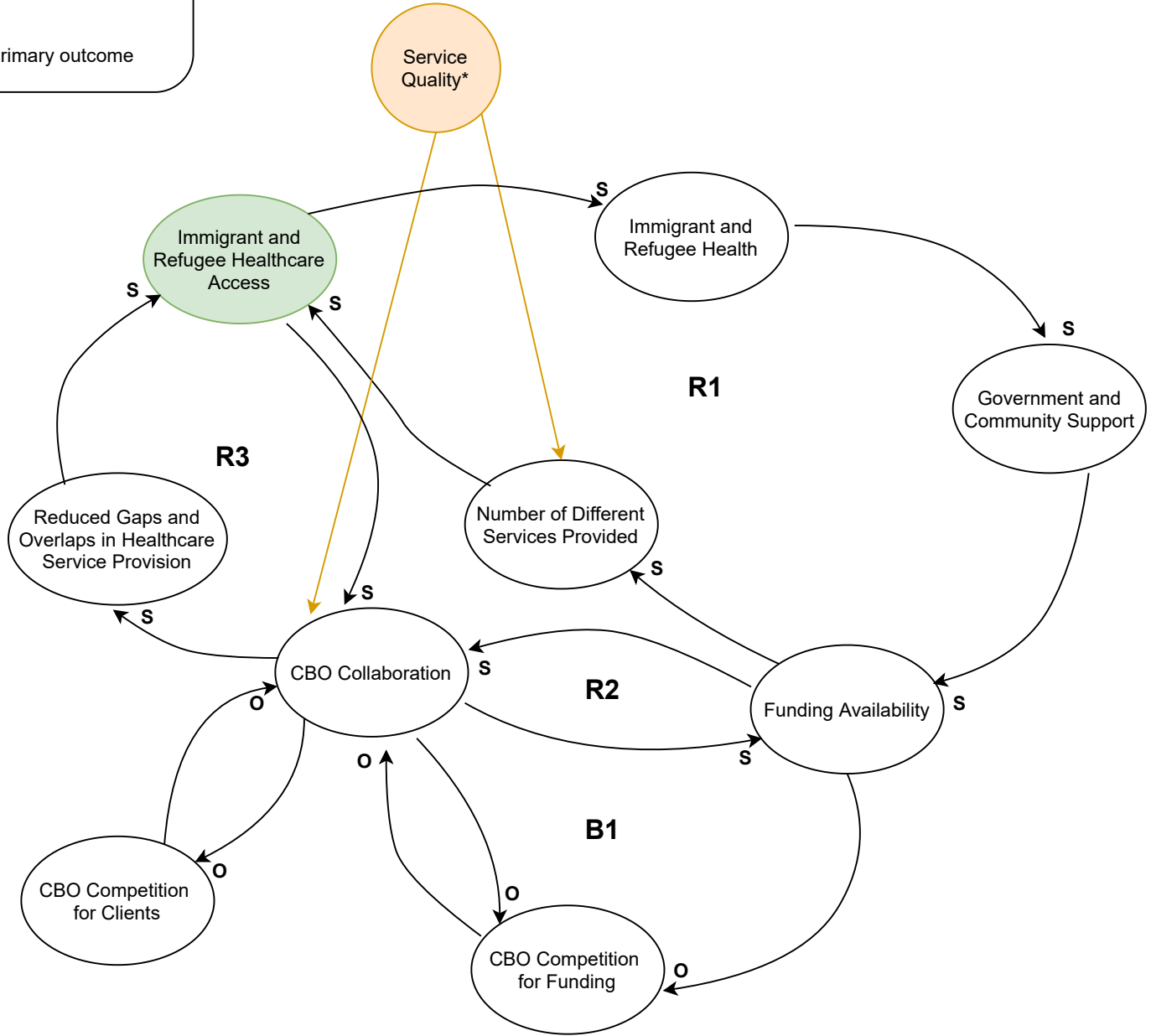


# Community-Based Organizations and Immigrant/Refugee Healthcare Access

**KEY:**  
 S - Same direction  
 O - Opposite direction  
 R# = reinforcing feedback loop  
 B# = balancing feedback loop  
 ○ = Primary outcome



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\*Service quality is considered a permeating factor in the model since it has an influence on internal system factors. High quality services will have an overall positive impact on the interactions described by the model, and low quality services will conversely have a negative impact on these interactions.

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## **Issue Statement:**

Individuals who immigrate and seek refuge in the United States face a myriad of challenges that can negatively impact the health of individuals and communities alike. While foreign-born residents make up approximately 7% of the US population, nearly a quarter of King County's residents reported being born outside of the United States.<sup>1,2</sup> However, despite this large proportion of immigrant and refugee residents, there are many challenges that face immigrants in these communities. In the literature, lack of physical access to healthcare (transportation, language barriers, etc.), lack of insurance, and concerns about healthcare costs are cited as some of the primary barriers to healthcare access. Fortunately, there are many community-based organizations (CBOs) that seek to fill these gaps. CBOs are key players in helping immigrants and refugees access healthcare services in King County, whether that is provision of direct healthcare services, referrals to other organizations, or health education.

## **Systems Diagram Description:**

The systems diagram examines the role that CBOs play in providing access to healthcare services for immigrant and refugee populations in King County. While the non-healthcare services that CBOs provide are important in examining the overall role of immigrant- and refugee-focused CBOs, the scope of this systems model was limited to the ways in which CBOs are involved in providing healthcare access to these populations.

The primary outcome of interest is "Immigrant and Refugee Healthcare Access" which is noted as a green oval in the diagram. The remaining ovals are all phenomena that impact how CBOs are involved in healthcare provision to immigrant and refugee populations. The direction of the arrows between each oval reflects the causal direction of the relationship between the two phenomena. Finally, the "S" and "O" indications indicate that the expected change between the two. For example, as "Funding Availability" increases, "CBO Competition for Funding" will decrease (move in the opposite direction); therefore, the arrow connecting those two events is labeled with an "O."

Finally, "Service Quality" is set aside as an orange circle in the diagram to indicate that quality is a permeating factor in the diagram. High quality services and collaboration will lead to improved outcomes whereas low quality services and collaboration could have antagonistic effects on immigrant and refugee healthcare access and health overall.

## **Leverage Points:**

There are several leverage points where small changes in the system can affect large changes, and leverage points are often found within reinforcing loops. In the reinforcing loops, two or more factors work in tandem to produce exponentially greater effects.

The primary leverage point is “CBO Collaboration” which is located in reinforcing loops two and three. For this reason, collaboration is key to ultimately increasing healthcare access for immigrants and refugees in King County. This is accomplished in several ways. First, as collaboration increases, the gaps and overlaps in healthcare service provision will decrease which means access to healthcare will improve. Simultaneously, as CBOs work together on various healthcare projects, more funding will become available. This increase in funding availability will enable more unique services to be provided which further increases immigrant and refugee healthcare access. Finally, as CBO collaboration increases, competition for clients and funding will decrease which provide added benefits of decreased stress and focus on scarcity among CBO staff.

The second leverage point in this system is “Funding Availability.” As was previously noted, the availability of funding impacts how many services are provided and the direct facilitation of CBO collaboration. In addition to these aspects, when more funding is available, the inter-CBO competition for funding sources decreases. This is vital to ensure healthcare access overall because high levels of competition between CBOs reduces the possibility of collaboration which is an established key to improving healthcare access.

The third and final leverage point is “Government and Community Support” in the first reinforcing loop. While this singular phenomenon may seem like a small component of the model, it has a large impact on the remaining reinforcing loops in the system. With increasing support for immigrant and refugee populations, additional funding will become available through grant-making organizations themselves and grants at various levels of government. Additionally, through increased communication and publication of the current work CBOs are doing (including their collaborative efforts), this small change is easy to make and will have large impacts on immigrant and refugee healthcare access down the line.

Finally, as a permeating factor of the model, “Service Quality” is an important key to model interpretation. The leverage points described above are largely dependent on high quality services being provided and mutually beneficial CBO collaborations.

## **References:**

1. Quick Facts: King County, Washington. United States Census Bureau. Accessed July 8, 2021. <https://www.census.gov/quickfacts/fact/table/kingcountywashington/POP645219#POP645219>
2. Health Coverage of Immigrants. Kaiser Family Foundation. Published March 18, 2020. Accessed July 8, 2021. <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/>