

Submission Id: 5150

Title

Enhancing Primary Care Accessibility for Survivors of Human Trafficking: A Community Health Partnership Assessment

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

Victoria Udezi, MD, FAAFP, MPH, Alejandro Martinez, Nora Gimpel, MD, Bhaskar Thakur, PhD, Masters of Population Studies, Abigail Grant, PhD, Samantha Mendoza Stanteen

Abstract

Context: Human trafficking (HT) can have lasting impacts on a person's health. These health consequences can be addressed by the continuity of care, multidisciplinary scope, and preventative health services offered in primary care. The establishment of primary care referral systems (PCRS) between community-based organizations can increase healthcare access for HT survivors. There is little information regarding the utilization and health impact of such programs. Evaluation of an established PCRS may depict the importance of such programs in providing primary care access and improving the health outcomes of HT survivors.

Objectives: To assess the utilization of a PCRS by HT survivors. A second objective was to identify the health needs and social determinants of health (SDH) for HT survivors.

Study Design and Analysis: Descriptive study of retrospective, and prospective cohort utilizing chart reviews of patients at a community clinic participating in a PCRS for HT survivors.

Setting: Primary care community clinic in Dallas, Texas.

Population Studied: HT survivors receiving primary care at a community clinic.

Instrument(s): Electronic Health Record review and validated survey for SDH.

Outcome Measures: Reported outcomes include utilization, SDH, reason for the visit, diagnosis, and baseline health characteristics such as body mass index (BMI), vitals, lipid studies, and hemoglobin A1c.

Results: The SDH and baseline health characteristics of 29 patients were analyzed. The average age of patients utilizing the PCRS was 40 and most patients (96%) were female. Most visits were to establish care (45%), address chronic disease management (14%), and evaluate acute concerns such as headaches, back pain, and skin lesions. Over half of the patients experienced some level of food insecurity, half delayed medical attention due to transportation issues, and 64% had concerns about stable housing. Among the patients who were screened, the average hemoglobin A1c was 6.8%, BMI was 28.8, and low-density lipoprotein (LDL) cholesterol was 110.

Conclusions: Overall, the implementation of the PCRS resulted in primary care engagement and identification of social determinants of health. Similar programs can improve access to health care for HT survivors in other communities.