

# Barriers to Care within a Global Health Program: A Case Study for Rush University Medical Center

Rush University Medical Center, Center for Underserved at Rush ENT (CURE) Initiative  
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## PROJECT FOCUS

In this study, we identified the barriers to healthcare that existed at the local, regional, and international levels based upon the fieldwork conducted by Rush University's global health program.

## BACKGROUND

In 2022, Rush University Medical Center created the Center for Underserved at Rush ENT (CURE), an initiative aimed at providing greater access to otolaryngology care locally to globally. The initiative has supported a number of innovative global health projects based in Chicagoland, rural Illinois, and Peralta, Dominican Republic.

## METHODS

- Identified obstacles that prevented or limited a patient's healthcare while providing care in three Rush University sites: 1. for the homeless population in Chicago, 2. rural Illinois residents, and 3. the community served in the Western region of the Dominican Republic
- Thematic analysis and qualitative methods used to identify perceived barriers to care
- Potential solutions were offered by participants and experts working directly in the field

## CONTEXT AND RATIONALE

Global health programs aim to improve health outcomes in vulnerable communities by providing equitable healthcare to underserved groups locally to internationally. The development and implementation of a global health program is often met with challenges that can impede efforts of providing effective, appropriate, and sustainable care.

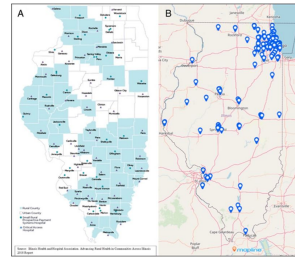
While creating a program, it is important to identify barriers that prevent care and the challenges of providing services on-ground so that effective solutions can be tailored to serve the community.

## HIGHLIGHTS OF THE INTERVENTIONS

*"We believe that extension of care to the homeless community will help reduce visits to the emergency room and also provide services that a homeless individual may not otherwise seek"*



*"Our objective has been to develop an urban-rural health program through which we can provide the complete spectrum of care to a person living in rural Illinois, just the same as an individual living in the city of Chicago who has access to five major medical centers"*



*"Our goal has been to provide high quality volunteer medical services in the Dominican Republic for the last 10 years. We have done more than 1,000 surgeries while providing care to both children and adults"*



### Chicagoland

Limited access to reliable, affordable, and accessible transportation options to the free clinic

- Organize free Uber transport to and from clinic based in Chicago
- Offer telehealth appointments when appropriate
- Bus passes and travel fare compensation from homeless shelter

### Rural Illinois

Minimal access to specialized services, particularly otolaryngologic care

- Travel directly to these rural communities to provide medical services and complex surgeries
- Provide further care through referral arrangements at tertiary medical centers when indicated

### Peralta, Dominican Republic

Sparse access to resources and equipment for hearing screenings and hearing aid fittings

- Raise funds for necessary equipment such as hearing aids, audiology equipment, and battery replacements
- Train local staff on hearing screenings
- Partner with agencies—including the VA—to collect refurbished hearing aids

## FINDINGS:

Engagement of the homeless community in Chicago revealed that transportation was the primary barrier that prevented care; to remove this barrier, the team arranged for the homeless community to receive free/compensated transport from the homeless shelter to the clinic.

When working with populations in rural Illinois, the team identified a gap in access to specialized services. The team began traveling to these rural communities to provide medical services and complex surgeries. Further care was provided through referral arrangements at tertiary medical centers when indicated.

In the DR, the team noted that care was limited due to sparse access to resources and equipment required for hearing aid fittings/screenings. The team is working to raise funds to buy the necessary equipment, train local staff, and partner with agencies—including the VA—to collect refurbished hearing aids.

## DISCUSSION:

A sustainable global health program requires constant adaptability, continuous refinement to accommodate for the changing needs of the communities, and a team fully committed to identifying and tackling the barriers that limit care.

## FUTURE GOALS

- Continue continuous refinement and process engineering efforts of the existing programs related to the Chicago homeless population, rural Illinois community, and hearing health partnership in the DR.
- Explore options in raising funds and creating partnerships to support hearing health and better access to hearing aids in the DR
- Qualitative measures and surveys from care recipients to understand unmet needs
- Continue efforts in telemedical access to ENT services

## REFERENCES

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