

MEDICAL EDUCATION

RESIDENTS LEAD THE CHARGE ADVOCATING FOR IMMIGRANT PATIENTS

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“I can’t apply for food stamps anymore.” “I’ll lose my housing.” “I’m afraid to keep coming to clinic.” Following the leaked report of a proposed revision of the definition of what constitutes a ‘public charge’, our patients were anxious and wary. According to the U.S. Citizenship and Immigration Services (USCIS), a public charge currently refers to a person who is considered “primarily dependent on the government for subsistence, as demonstrated by either receipt of public-cash assistance for income maintenance or institutionalization for long-term care at government expense.”¹ Under the proposed expanded definition, immigrants considered likely to use Medicaid, supplemental nutrition assistance, or housing support could potentially be denied lawful permanent residence.² As primary care residents at an academic, urban, safety-net hospital, we directly witnessed the impact of the proposed rule change. Patients missed more appointments, their fears surrounding deportation having escalated, and families suddenly needed to weigh their immigration status against their health, housing, and food security. “Staying on Medicaid just wouldn’t be in my best interest,” one patient explained. She had recently fled her home country with her young son, escaping intimate partner violence and domestic conflict, and sought security in the United States.

For the residents of our hospital, which serves thousands of immigrant patients, stories such as these served as a call to action. We see firsthand how essential programs, such as Medicaid and Supplemental Nutrition Assistance Program (SNAP), directly impact the health of our patients and communities through increasing access to basic health care and preventative care, including essential nutrition and immunization services. As physicians and as neighbors, we want to help our patients to

care for themselves and their families as they attempt to build a life in this country.

For the last six years, the primary care track of our internal medicine residency program has provided protected time for a resident led advocacy project. Residents identify timely causes that directly affect their patients, and then serve as educators and leaders to teach the relevant subject matter, identify community partners, and bring the group together to create a particular deliverable. While some elements of the curriculum are repeated annually, such as written advocacy and effective communication skills, the curriculum is fluid and adapted to match the annual cause—in this case, the development of written comments to be published on the Federal Register opposing the revision of the public charge definition. Past projects have included increasing access to interpreter services, advocating for state legislation to increase funding for homeless services, and hosting an educational debate on the value of supervised injection facilities.

This year, our residents took a multi-pronged approach to develop this curriculum, teach each other, and spread the word to our larger hospital community. Residents led multiple didactic sessions to explore immigrant access to health care and the current public charge issue. This included familiarizing ourselves with current immigration policy, as well as researching the clinical implications of losing access to non-cash federal assistance programs. We formed a partnership with a local advocacy organization, the Massachusetts Immigrant and Refugee Advocacy (MIRA) Coalition, and collaborated with our hospital-based Office of Government Affairs. With these partners, we joined the nationwide effort to submit public comments to the Federal Register,

continued on page 2



MEDICAL EDUCATION *(continued from page 1)*

voicing our concerns about the rule change. Furthermore, during the open comment period, our residents ran several workshops on writing public comments for the hospital-community at large, co-hosted an Internal Medicine Grand Rounds on the impact of the proposed rule change, and partnered with Boston University School of Public Health to consider the public health implications of the changes to public charge. Each of these efforts ensured that the advocacy around this key issue was embraced by groups beyond the scope of the residency program.

Our curriculum is one example of how residency programs may teach advocacy skills to their residents. It also exemplifies the following key elements that can be applied in a variety of other settings:

- First, it was resident driven. As residents, we were not only involved in planning the curriculum, but we also served as teachers and provided important connections to community partners. We led the sessions, tailoring each of them to the level of training and interests of our co-residents, and served as primary contacts to MIRA and the hospital's Office of Government Affairs.
- Second, it was directly relevant to our local community and patient population. Our hospital serves a diverse and often vulnerable population. One-third of our patients do not speak English as their primary language and over half of our patients receive care funded through Medicaid, Children's Health Insurance Program (CHIP), or free care. The change to the public charge rule would affect many of our patients and neighbors, and this created an urgent need to act.
- Last, as in prior years, this year's curriculum was focused on building a toolkit of skills that our residents can use and apply as lifelong advocates throughout their careers. In writing our comments, we practiced how to combine patient stories with clinical evidence to effectively argue our position. This skill is an invaluable tool in effecting change and can be called upon for a variety

of future advocacy efforts including op-eds, letters to policymakers, or verbal testimony.

As the social determinants of health assume greater importance in the scope of medical practice, physicians increasingly find themselves in the role of advocates. In this context, it becomes crucial to empower and teach residents key advocacy skills and approaches and to share these efforts with the wider academic community. With this in mind, we hope that other programs may draw from our experience in developing their own advocacy curricula.

References

1. USCIS. Public charge. <https://www.uscis.gov/greencard/public-charge>. Accessed March 1, 2019.
2. Federal Register. Inadmissibility on public charge grounds. <https://www.federalregister.gov/documents/2018/10/10/2018-21106/inadmissibility-on-public-charge-grounds>. Published October 10, 2018. Accessed March 1, 2019. **SGIM**