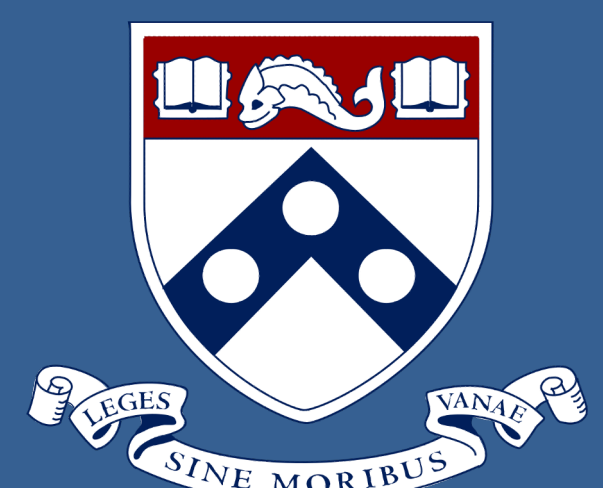


# A Community Health Needs Assessment of African Immigrants in West and Southwest Philadelphia

Authors: Cristle Ike, Gabriela Montes de Oca, Thomas Statchen Kent Bream, MD



## Purpose

- Assess health resources and assets utilized by African immigrants within West and Southwest Philadelphia to explore the barriers and needs of the community based off their experiences and beliefs
- Understand their perspectives and generate potential solutions in partnership with community members and organizations
- Develop recommendations for the creation of novel resources or the coordination of existing resources to address challenges and support this population

## Background

- In Philadelphia, the number of Black immigrants has increased by 121% since the year 2000, majority from African countries
- Making up over 20% of the population, Southwest Philadelphia, particularly between 60<sup>th</sup> and 70<sup>th</sup> Street from Chester Ave to Elmwood Ave has the largest percentage of African-born residents according to the U.S. Census
- Previous research has shown that in many cities across the country, the African immigrant population suffer from disproportionate rates of chronic diseases (ex: Hepatitis B, hypertension, and diabetes) and high rates of stress
- High morbidity rates that have been observed by HUP providers:
  - Increased utilization of emergency services for care of chronic diseases
  - Increased utilization of emergency services late in progression of disease
- This area is an ethnic enclave and identifiable community that provides a way to produce services in collaboration with the community that is able to reach vast amount of our demographic

## Methods

- Conducted semi-structured interviews with over 40 community leaders and members
  - Questions pertained to healthcare experiences, opinions on the community, healthcare accessibility and more.
  - Used snowball sampling to reach out to additional community members
- Conducted additional outreach by connecting with community organizations such as churches and mosques, as well as healthcare organizations such as African Cultural Alliance of North America (ACANA) and African Family Health Organization (AFAHO) in order to reach more of the population



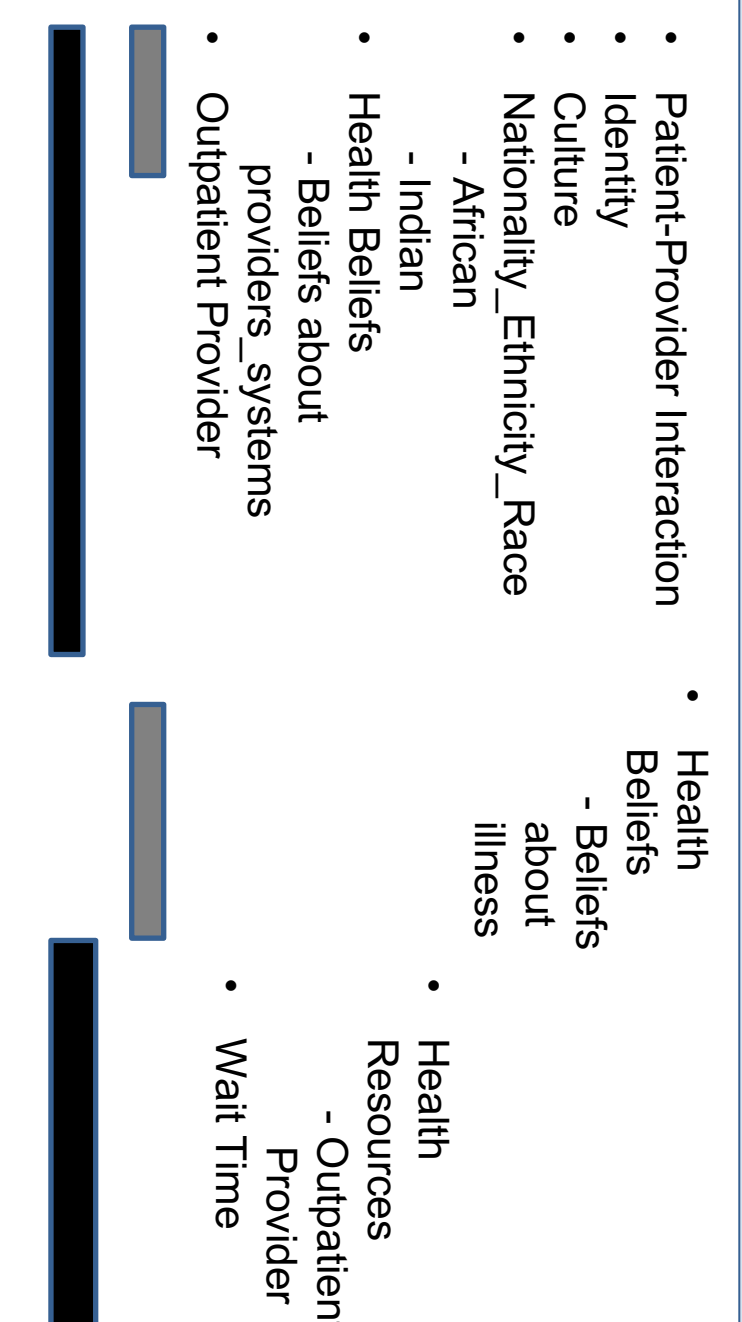
- NVivo was used to code the interviews for patterns and common themes. Codes such as Resource Availability, Access to Care, Health Beliefs, Health Insurance, and more were used (Figure 1)

## Preliminary Results and Common Themes

- One initial common theme found was the sentiment that having a provider who identifies with a part of a patient's culture allows for cultural understanding that can be applied towards one's care ('Patient-Provider Interaction: Culture, Identity')
- Another common theme present across interviews showed a health belief that placed traditional medicine over biomedical health practices ('Health Practices: Traditional, Biomedical')
- Additionally, a common viewpoint looked negatively towards limited health resources within community-based organizations and hospitals/health resources ('Resource availability', 'Wait Time', 'Health Resources: Advocacy Organization, Outpatient Provider, etc.')

## Figure 1: Coding Example

- "I believe [my African doctor is better than my Indian doctor], yes. The difference is not much more but what is more is African, [know] more of your condition. People will give you an idea, but other people don't, they're not like that... They don't feel pain like the way the other guy feel pain."
- "Well, you know, say you go through our pain, most of the time when the weather change you have pain? Yeah, it's tough. And now when you make an appointment to see your doctor, they're going to see a specialist. Maybe they give you a two month, three months to see that specialist."



## Conclusions

- Next steps include continuing focus groups in order to finalize themes of health needs in order to apply them into resources for the African Immigrant population in West and Southwest Philadelphia
- Once assessment of health needs and experiences have been finalized, the manuscript and proposal will be developed
- Depending on results, implementation of new programming to develop resources or coordination of care within existing resources in collaboration with community organizations and Penn Medicine will be established

## Contact

Cristle Ike, Gabriela Montes de Oca  
Class of 2023, School of Arts and Sciences, University of Pennsylvania  
[cike@sas.upenn.edu](mailto:cike@sas.upenn.edu), [gmdo@sas.upenn.edu](mailto:gmdo@sas.upenn.edu)  
Mentor: Kent Bream, MD, Department of Family Medicine & Community Health

## References

1. Blanchard, J., Nayar, S. & Lurie, N. Patient-Provider and Patient-Staff Racial Concordance and Perceptions of Mistreatment in the Health Care Setting. *J GEN INTERN MED* 22, 1184-1189 (2007). <https://doi.org/10.1007/s11606-007-0210-8>
2. U.S. Census Bureau (2019). American Community Survey. Retrieved from <https://www.policymap.com/>.
3. Pew Research Center, January 2022, "One-in-Ten Black People Living in the U.S. Are Immigrants"
4. U.S. Census Bureau, American Community Survey, five-year estimates, 2012-2016
5. RMS Blog Staff (2014). 7 Components of a CHNA | Community Health Needs Assessment
6. Freeland, Catherine, et al. "Barriers to hepatitis B screening and prevention for african immigrant populations in the united states: A qualitative study." *Viruses* 12.3 (2020): 305.
7. Vaughn, Lisa M., and Miranda Holloway. "West African immigrant families from Mauritania and Senegal in Cincinnati: A cultural primer on children's health." *Journal of community health* 35.1 (2010): 8.
8. Covington-Ward, Yolanda, Kafuli Agbemenu, and Annamora Matambanadzo. "'We feel like it was better back home': Stress, Coping, and Health in a US Dwelling African Immigrant Community." *Journal of health care for the poor and underserved* 29.1 (2018): 253-265.
9. Oluokotun, Oluwatoyin, Lucy Mkandawire-Vahmu, and Peninnah Kako. "Navigating complex realities: Barriers to health care access for undocumented African immigrant women in the United States." *Health care for women international* 42.2 (2021): 145-164.

## Funding

The Louis H Castor, M.D., C'48 Undergraduate Research Grant, the Hassenfeld Foundation Social Impact Research Grant, Penn LDI's Summer Undergraduate Minority Research Program, and the CEAR Core Pilot Grant