An Educational Intervention to Improve Pediatric Healthcare Provider Competency in Counseling on Public Charge

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Background

- The public charge rule allows the Department of Homeland Security to restrict United States VISAs and Green Cards to immigrants based on their enrollment in certain government programs, including nutrition, housing and healthcare resources.
- The rule's ambiguous scope has created a 'chilling effect' resulting in the avoidance of public resources.
- Physicians are identified as a trusted source of information, yet few patients receive counseling on immigration issues at their physician's office.
- The goal of our study is to improve healthcare provider comfort and competency in counseling on the public charge rule to better utilize the healthcare setting to provide counseling on immigration topics and more holistically serve our patients.

Methods/Design

- A pilot survey was employed for question clarity with 5 participants prior to using the pre- and post- survey assessment tool for our educational intervention.
- The education intervention was a clinic lecture for pediatric resident physicians and an American Academy of Pediatrics (AAP) webinar open to all AAP members.
- Participants took a pre-survey prior to attending the educational lecture on the public charge rule.
- Participants took a post-survey after the lecture to assess the ability of the lecture to achieve the lecture objectives and ascertain whether short training can be effective in self-reported plans for behavior change.
- Pediatric healthcare provider knowledge on public charge, access to resources and comfort counseling were assessed.
- Proportions were calculated from those who answered each question. Participants who skipped a question were excluded in data analysis for that question. Fisher's exact and Chi square tests were utilized based upon sample size to statistically analyze results.

Results

Demographics:

- 41 respondents pre-survey: 29 residency lecture ,12 AAP webinar 17 Respondents post-survey: 13 residency lecture, 4 AAP Webinar
- Residents: 29, Fellow: 1, Practicing MD: 11. Other categories included one retired MD, one NP student and one "benefits advocate."

Barriers to Counseling:

- Not having a thorough understanding of the regulations (78%)
- Not knowing how to start the conversation (51%)
- Lack of time (39%)
- Other identified barriers included: fear of jeopardizing provider/patient relationships, feeling the rule changes too frequently, difficulty accessing legal resources for families, and feeling unsure if the rule applied to patients.

Table 1: Results on Perceived Knowledge, Actual Knowledge and Counseling

Question	Results Pre-Survey	Results Post-Survey	Statistical Test	P-value
Perceived knowledge: "I have a good understanding of the public charge rule"	Responded "strongly agree or agree": 28%	Responded "strongly agree or agree": 88%	Fischer Exact Test (FET)	P < 0.05
Perceived knowledge: Who the Rule Applies to	Responded "fairly, very or expert" knowledge: 29%	Responded "fairly, very or expert" knowledge: 80%	FET	P < 0.05
Perceived knowledge: Benefits Included	Responded "fairly, very or expert" knowledge: 18%	Responded "fairly, very or expert" knowledge: 87%	FET	P < 0.05
Perceived knowledge: Legal Implications	Responded "fairly, very or expert" knowledge: 26%	Responded "fairly, very or expert" knowledge: 78%	FET	P < 0.05
Perceived knowledge: Children's Benefits	Responded "fairly, very or expert" knowledge: 23%	Responded "fairly, very or expert" knowledge: 93%	FET	P < 0.05
Actual Knowledge: Legal Implications	Percentage answered correctly: 24%	Percentage answered correctly: 93%	FET	P < 0.05
Actual Knowledge: Who Rule Applies to	Percentage answered correctly: 26%	Percentage answered correctly: 73%	FET	P < 0.05
Actual Knowledge: Benefits Included	Percentage answered correctly: 32%	Percentage answered correctly: 36%	Chi-Square Test	P= 0.29
Actual Knowledge: Children's Benefits	Percentage answered Correctly: 42%	Percentage answered correctly: 100%	FET	P < 0.05
Counseling Practices	Percentage who felt "very or moderately" comfortable counseling: 13%	Percentage who felt "very or moderately" comfortable counseling: 88%	FET	P < 0.05

Results (continued)

Source of Knowledge Prior to Educational Intervention:

- Only 10% of participants had previously received education on the public charge rule.
- The most common sources of public charge rule information were internet searches (52%), continued medical education conferences (31%), news/television media (29%), and informal consultation with other providers (29%).
- Most participants identified lectures and self-learning modules as their preferred educational venues for receiving information.

Change in Knowledge After the Lecture

- 77% of participants felt the lecture was either "very" or "moderately" helpful in improving knowledge on public charge and 57% of participants felt the lecture was "very" or "moderately" helpful in improving knowledge on public charge resources.

Perceived and Actual Knowledge

- *Perceived Knowledge:* Higher in the post-survey group. This suggests a one-time lecture may be useful increasing perceived knowledge on the public charger rule in the short term.
- *Actual knowledge:* Higher in the post-survey group except for benefits included. This suggests a one-time lecture may be useful in increasing actual knowledge on the public charge rule in the short term. However, the benefits included may require further training or additional modalities or references.
- Of those who self-reported themselves as "expert, very or fairly" knowledgeable on who the public charge rule applies to, benefits included in public charge, legal impact of public charge or impact of children's benefits, 63%, 63%, 40% and 67% answered the corresponding question correctly on the pre-survey. On the post-survey, these numbers were 83%, 42%, 100% and 100%, respectively.

Results (continued)

- On the pre-survey, perceived knowledge of the public charge rule was not always representative of actual knowledge, which may show an overestimation of one's abilities and could lead to incorrect patient counseling. On the post-survey, it appears that perceived and actual knowledge correlated more closely except for benefits included.

Counseling Practices

- Reported comfort with counseling on the public charge rule was higher in the post survey group. Most participants also self-reported plans to change their counseling and referral practices surrounding public charge. This suggests a one-time lecture may be useful increasing immediate plans for behavior change.

Limitations

- Limitations in this study include selection bias from differential loss to follow up as many participants who filled out our pre-survey did not complete the post-survey. Our post-survey results may, as a result, be skewed or misrepresentative of the population.
- Our population included providers who chose to receive additional training on the public charge rule; thus, this may have resulted in a non-response bias as they may have been more engaged in our lecture and more open to making changes to their practice.
- While our post-survey indicated plans to change counseling practice, we do not know if physicians will follow through and make this change.
- Most of our participants were from academic medical centers, therefore, it is unclear if our results are generalizable to other types of care settings.
- Our study does not examine how increased physician knowledge on public charge will directly impact patients.

Conclusion and Future Directions

- Receiving a one-time educational lecture on public charge improved participants' perceived knowledge, actual knowledge, and comfort counseling on the public charge rule. In the short term, it was effective in inspiring self-reported plans for practice change.
- Lack of knowledge on the public charge rule and best counseling practices are the primary barriers physicians' face to counseling on public charge.
- Few physicians receive education on public charge and most identify lectures and/or self-guided modules as their preferred educational venues.
- Next steps will include assessing the sustainability of our intervention and the impact on direct patient care. We plan to do this with a 3-month post-survey to assess physician knowledge retention and practice change.
- We hope to generalize our results to other immigration related projects in the future.

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