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# ANCILLARY CHALLENGES WITHIN THE HEALTH SYSTEM: EXPLORING CONNECTIONS BETWEEN LOW-INCOME POPULATIONS IN MISSOULA, MONTANA AND KHAYELITSHA, SOUTH AFRICA

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ANCILLARY CHALLENGES WITHIN THE HEALTH SYSTEM:  
EXPLORING CONNECTIONS BETWEEN LOW-INCOME POPULATIONS IN  
MISSOULA, MONTANA AND KHAYELITSHA, SOUTH AFRICA

BY

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Undergraduate Thesis  
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Approved by:  
Peter Koehn, Faculty Mentor  
Political Science  
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**Abstract**

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Community Health

Ancillary Challenges Within The Health System

Faculty Mentor: Peter Koehn, Political Science.

This paper outlines the research conducted and the project implementation for the Davidson Honors College Senior Thesis in a joint project with the Global Leadership Initiative Senior Capstone. This project describes the ancillary challenges of healthcare in Missoula, Montana and Khayelitsha, South Africa. Under the Montana branch of this project it is called the UM Volunteers for Global Health Access (UMVGHA). Within Missoula we are associated with Partnership Health Center; a health clinic that caters to the low-income population of Missoula. Through our Khayelitsha branch, we are associated with Treatment Action Campaign and Medicines Sans Frontiers, local health oriented organizations. Throughout the academic year of 2014-2015, research was conducted regarding ease of access to health literacy and transportation within Missoula, this research is the basis of the project UMVGHA. Additionally, conversations and support from Treatment Action Campaign has provided a background of health challenges in the townships of Cape Town. Low-income people often suffer the brunt of health challenges, most specific to access and resources.

There are many local organizations that attempt to affect change in this area, however most organizations are unable to appeal to all low-income people simply due to the scope of challenges. UMVGHA is a project developed by university students in order to alleviate strains on the health system and provide greater access for low-income people. These university students, along with myself, brought specific skills to the drawing table regarding this Global Leadership Initiative program. Each of us were tasked with a specific portion of the project, the area of my focus was health literacy and the application in South Africa which I will outline further in this paper.

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### **Ancillary Care**

One of the largest concerns within the healthcare system is the lack of resources associated with ancillary care. Ancillary care, throughout the extent of this report, is defined as resources and capacity external from the healthcare system yet within a community. Rather than focusing on what doctors and nurses within clinics provide, ancillary care refers to access within a particular community to health services. Resources refer to organizations and policies that aid or assist individuals toward a greater quality of life. For instance homeless shelters, educational programs, and transportation options are examples of ancillary care within a community setting.

#### *Low-Income Challenges*

Ancillary care often targets the low-income populations of a particular community due to lowered capacity of this specific population. Low-income populations often succumb to more health issues due to financial strains, often this population is unemployed or work for minimum wage. Financial pressures also reduce the ability for the low-income population to eat healthy, which is a large determinant of health status. For example, there is often a decision between paying rent and eating healthy that favors shelter over the luxury of healthy food. In this regard, we can extrapolate this example for individuals when caring for their family in the scenario of decisions regarding healthcare options. This lowered socio-economic status affects transportation to clinic facilities, often individuals rely on public transportation which may be expensive or inconvenient.

There are organizations within Missoula that cater specifically to the low-income population due to the concerns stated above. Partnership Health Center is the primary clinic for people of a low socio-economic status. Non-Profit organizations that cater specifically to the lack of transportation include but not limited to Imagine Missoula, RSVP, Blue Mountain Clinic, and Medicab Missoula and Hamilton. Food services for this population include but not limited to The Food Bank, WIC, and the Poverello Center. There are also many other services within our community that support this population, however through research and literature analysis we discovered many gaps within Missoula's ancillary care.

## **Research**

### *Literature Review*

Initially, our project was developed from the foundation of a literature review that emphasized the needs of low-income populations regarding ancillary care. Through this research we came to understand that low-income populations suffer overwhelmingly from ancillary care. These individuals often do not have the time, financial stability, or educational background to access resources within the community, thus their health deteriorates often times from preventable illnesses. Health status should not be correlated with socio-economic status, thus projects that target the low-income people of a community are greatly in need.

We understand that services and resources are incredibly crippled within the townships outside of Cape Town simply due to the fact that they receive little or no government support. Education also links towards an individual's health with a positive correlation between academic achievement and health status. Paired with educational attainment is the idea of health literacy.

Health Literacy refers to an individual's ability to understand methodologies, research, terminology, diagnosis, prescription of medicine as well as medicine directions, and health options regarding their diagnosis. Higher education relates to higher health literacy rates, this is important because an individual's ability to properly act within a doctor's suggestions lies solely on the basis of whether or not they understand their health status. In an article published by the Journal of health Communication, there is a positive relationship between health literacy and satisfactory health outcomes that is connected by the patient's ability to understand and apply health knowledge (Rubein et. al. 2011, p.1).

### *Global Application*

In addition to this information, we can extrapolate these findings globally. In a study by the School of Public Health and Family Medicine in Cape Town, South Africa the need for programs specifically designed to combat health literacy is required in order to individuals to make healthier decisions (Strecker et. al. 2014, p. 399). There are many inequities among lower socio-economic classes, such as those residing in the townships, that can be neutralized through greater resources and programing to ancillary care. Within this population, there is a great need for health literacy and subsequent support for individuals who desire greater choice within their health diagnosis.

Not only do health literacy programs affect the ability of an individual to properly take their medicines and adhere to the guidelines set by their doctor, there is also a result within the community that increases capacity. According to Strecker, "human rights approaches, coupled with community engagement, succeed in achieving health equity, only when strengthening the

capacity of the most vulnerable in society to their conditions of vulnerability.” Essentially, the School of Public Health and Family Medicine in Cape Town, South Africa acknowledges the importance of targeting the populations of most need and increasing their capacity to be healthy.

### *Target Population Research*

In order to understand the needs of the low-income population within Missoula as well as surrounding communities, we conducted qualitative data at Partnership Health Center. Our first round of research involved gaining feedback from doctors and administrative personnel at Partnership Health Center. We spoke with roughly fifty doctors and staff at Partnership Health Center regarding their perspectives on healthcare access. We administered a questionnaire which gave us a foundation to develop our project. Questions included: what health concerns do you see most among your patients, what barriers are there regarding healthcare access, what can college students feasibly do in this capacity, and would you support a project implemented to affect change in this area.

The responses we received were overwhelmed with comments regarding health literacy and the gap between patients and doctors regarding information and terminologies used. There were also comments that lead us to understand that many patients have to cancel their appointments due to transportation issues. Within this barrier, financial issues constrained many individuals from access to the healthcare they required. While there are some transportation options within Missoula, described below under “Transportation”, the services are not comprehensive and leave out large amounts of the low-income population. From this feedback,



we determined that health literacy and transportation were two issues we could realistically develop a program for.

In the second round of research, I interviewed around thirty people who utilize services at Partnership Health Center in reference to health literacy. Within this questionnaire, questions were asked that pertained to the individual's basis of health literacy as well as their interest in an online website regarding health information. We explained that a website was our choice of media, simply due to the ease of access from computer or phone. The individual responses we received were in support of our project. Many responses noted they would without a doubt use our online website to access health information, particularly if it was relevant to their health needs. Of the individuals I surveyed, all agreed that website access provides the most ease and this convenience would encourage them to utilize the website more. When showed the website, many individuals confirmed the ease of navigation and that they would independently seek out this website in order to gain more information.

### **Montana Application**

As fulfillment for the senior Capstone project of the Global Leadership Initiative of the University of Montana, Missoula the UM Volunteers for Global Health Access (UMVGHA) was born. This project aims to increase the access to care via ancillary services for the low-income population of Missoula, Montana. Our project was developed in conjunction with Partnership Health Center as well as University services and aims to increase health literacy among this population as well as provide a framework for a volunteer transportation program. We saw a need to provide additional support to this population within our community and spent a year

developing our program, conducting research, completing a literature review, and implementing our project.

### *Transportation*

The first component to our project, which I will describe only in short detail, is in regards to transportation access in the Missoula community as well as in Khayelitsha, South Africa. Through our initial research, we identified organizations within Missoula that provide rides to individuals in need. Such organizations include Imagine Missoula, RSVP, Medicab Missoula and Hamilton, and the Mountain Lion “Comparable Paratransit Service”. These services, however, are limited to their use and many individuals are unable to benefit from them.

There is need for additional services that are more flexible to fit within the patient’s needs. One of the barriers to accessing healthcare that are associated with transportation are financial constraints. Many people cannot get to the clinic because they are too far away to afford gas to the clinic, or even to buy a bus ticket. Another issues regarding finances is the pressures from jobs to not take work off, when public transportation is so limited and work is so structured individuals often choose maintaining a good standing with work than taking off to visit the clinic. With this program a more flexible schedule is accomplished through the utilization of student volunteers as drivers for these patients. By utilizing these students, patients are able to visit the clinic without making a hard choice between health and work.

Our transportation program works with the support of local institutions and the generosity of students. Students from the University will volunteer as drivers while a volunteer coordinator at Partnership Health Center will connect patients with these individuals. This flexibility will

allow patients easier access to clinic facilities, thus resulting in a decrease of canceled appointments.

### *Health Literacy*

The second aspect to our project is in regards to health literacy. We have developed a website in which health information specific to the community is represented. We have information for Missoula as well as Khayelitsha that individuals can access. This allows people to utilize the anonymity and convenience that a website provides in order to increase their knowledge regarding being healthier. Information represented would be dynamic and change as the population requires it to as well as will reflect accurate information that doctors and patients can trust.

One of the ways we can gauge our impact is through a website analysis to evaluation how many clicks are going to each tab. To understand which topics are of most concern to community members this website analysis is key. Through the support at Partnership Health Center, doctors will be able to “prescribe” the website to individuals who are lacking in health literacy skills.

### **South Africa Application**

One key area to this project is the global connection with Khayelitsha, a township outside of Cape Town, South Africa. While Missoula and Khayelitsha have obvious differences, there are ways that we can link our program with established organizations in their community. This global focus allows us to act locally within Missoula, yet connect our ideas globally. The final

portion of our project deals with identifying parallels within these communities and communicating them with local organizations in order to help facilitate their adoption of these healthcare access programs.

### *Organizations*

Two organizations that are well connected within Khayelitsha are the Treatment Action Campaign (TAC) as well as Medecins Sans Frontieres (MSF). Treatment Action Campaign is a well-known HIV & AIDS organization in sub-Saharan Africa. Their mission is to, “ensure that every person living with HIV has access to quality comprehensive prevention and treatment services to live a healthy life” (About the Treatment, n.d.). They have specific sectors within their organization focused on Community Health Advocacy and Policy, Communications and Research, as well as Prevention and Treatment Literacy. These different sectors all attack the health issues prevalent within the community, specifically AIDS and Tuberculosis (TB).

Secondly, Medecins Sans Frontieres (MSF) operates closely with TAC since 2000. MSF have specifically targeted AIDS and TB regarding how to alleviate pressures on the healthcare system in the township of Khayelitsha. They have an emphasis on “community-based treatment models to relieve the burden on the strained healthcare system and on people living with HIV” (MSF Projects, 2014). These two organizations are household names in this community, and through a partnership with these organizations our program will be much more successful.

### *Health Issues*

There are many health issues specific to the township of Khayelitsha that this project could target, specifically HIV and TB and the health competencies that go along with. In this community there are many barriers to access and many organizations attempt to provide comprehensive and easily accessible health information. One niche that our program would fill within this community is that of anonymity. With a community that is stricken by gender based violence, stigma, and gang violence anonymity could be a key towards progressing individual's health literacy.

Overarching the issues presented above, South Africa is the leading country in the world for HIV prevalence and incidence rates. Within South Africa, the HIV prevalence rates for 2013 was estimated at over 10%, verses that of the global average of .8% (Kaiser Family. 2014). Some of the reasons that contribute to this high prevalence rates is linked to the social construction of gender identity and sexual practices. Within traditional sub-Saharan African communities, the relationship between males and females is structured through polygyny and patrilocality. These traditions contribute to the high rates of gender based violence due to power dynamics. Poverty and lack of opportunity in these communities provides the basis for this structured social system.

To connect these social structures to the sexual practices that contribute to the high rates of HIV are the power dynamics and the stigma linked with health issues. Many sexual practices that give men power in a relationship, such as dry sex, mistrust of condom use, and age disparate, are directly correlated with the highest rates of HIV among women and children. Essentially, these social constructions of power dynamics and sexual practices relates to the high incidences of disease young women and children because of their lack of capacity within these social structures. This is an issue in the community because there are little services that attempt to change these social structures.

In addition to HIV, TB remains as the leading cause of death in these township communities. In a 2012 report published by the South African National AIDS Council an estimated 119,000 people died in South Africa from Tuberculosis infections. While the World Health Organization estimated 530,000 new infections, with a doubled rate of multi-drug resistant TB. These rates, particularly the multi-drug resistant infections, are in great part due to the adherence of the TB medicine. While the medicine offered for TB is at minimal nauseating and at most can cause deafness. There is a lack of education surrounding how TB spreads, what the symptoms are, and where to receive care for TB infections.

With both HIV and TB, adherence rates for medications are poor at best, this is the second niche in which the UM Volunteers for Global Health Access could fill. The importance for health literacy in this community could be the difference between a few thousand deaths from these preventable diseases to only a few hundred. In these communities, educational attainment is very low, as stated above education and health satisfaction is positively linked. If local organizations are able to provide more access for health literacy, it would bring the capacity of their constituents to a more manageable level.

Health literacy in this capacity could be the easiest, and more affordable, solution organizations can adopt to increase health access. With our research, we determined that our website would still be effective within Khayelitsha because a majority of the people have cell phones that can access the internet. While most individuals cannot afford a computer, they can afford a nice phone in which they can access the internet on. Health literacy of HIV processes and TB signs are important to incorporate in this strategy.

An additional effect health literacy has within a community is the practice of preventative health habits. For instance, with increased health literacy safe sexual practices like condom use

and single partners are more often adopted. Additionally, the awareness of health illnesses such as TB through health literacy results in prevention methods such as the opening of windows. TAC has made effective strides in this capacity through their media campaign increasing the health literacy around TB illness (Treatment Action, 2014). The importance of these methods has already been shown within Khayelitsha, with increased programing for health literacy the incidence rates for new illnesses will decrease.

### **Conclusion**

Through research regarding the effect of health literacy has on health satisfaction, there have been found many positive correlations. An increase in education, particularly within health literacy, has an effect on medication adherence rates as well as an individual's capacity towards health access. Utilizing programing that targets health literacy within the communities of Khayelitsha and Missoula will benefit and add to the practice of preventative health methods. Communities that identify with low-income often have more difficulty accessing health programs, adopting preventative health practices that decrease the risk of disease are beneficial to these communities because they will not have to pay large health fees later in life.

Within the last year, preventative healthcare has been a keyword to heath care because the recognition of its effect on health later in life has been proven. This project's goal was to increase the health access for vulnerable populations, through the use of a website paired with a transportation program access is greatly improved. This project applies many parallels between South Africa and Montana that emphasizes community driven concepts to makeup the health

literacy component. The flexibility of this program to meet the community's needs is its most powerful component.

In analyzing the responses from the initial feedback of doctors and patients and comparing them with the comments from potential users of this program was quite encouraging. From developing an idea of our program to affect change in ancillary care, to identifying health literacy and transportation as the key elements of our project, to gaining responses from potential users of our project I feel we were able to deliver an effective program.



### Resources

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