



Plain Language, Shared Mission:

Academic-Community Partnership and the Production of Patient-Centered Videos

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DePaul Migration Collaborative, DePaul University

Community Partner: CommunityHealth

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About the DePaul Migration Collaborative

The DePaul Migration Collaborative (DMC) is born from DePaul University's commitment to immigrant communities. In 1996, the College of Law founded its nationally recognized Asylum & Immigration Law Clinic. In 2015, the College of Liberal Arts and Social Sciences introduced the first U.S. graduate program in Refugee & Forced Migration Studies. The DMC, a joint venture of the College of Law and the College of Liberal Arts and Sciences, embodies DePaul's continued dedication to interdisciplinary research and advocacy in migration and human rights, seeking systemic change through education and collective action, reinforcing DePaul's legacy as an immigrant-serving institution.

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About the Researcher, Jay Baglia

Jay Baglia, PhD is a full-time professor in the College of Communication at DePaul University. His research and teaching focuses on narrative and the body. His research includes A) examining how health and illness narratives shape the public's perceptions of medicine, and B) linking illness narratives to healing—healing patients, their families, and the professional providers who care for them. In his classes, students draw from public illness narratives to craft and perform their own stories and the stories of those in their communities.

About CommunityHealth

CommunityHealth is the largest provider of free medical care in Chicago. Serving more than 4,000 uninsured patients annually—the vast majority of whom are immigrants, migrants, or refugees—CommunityHealth offers comprehensive medical services through the combined powers of partnerships, philanthropy, and volunteerism. I was contacted by Alice Woo, Funder & Volunteer Coordinator, who reached out specifically for help with the creation of patient-centered videos.

Introduction

The collaboration illustrates a partnership between a researcher, students, and healthcare professionals and academic–community partnerships aimed at addressing health inequities. By creating multilingual, culturally responsive video resources, the partnership sought to improve healthcare access, patient autonomy (Panahi et al., 2023), volunteer engagement, and organizational sustainability.

The partnership was initiated through relationship-based outreach rather than a transactional project request. CommunityHealth's Funder and Donor Relations Manager, Alice Woo, approached DePaul health communication professor Jay Baglia with an idea to create informational videos that could support patient education and trust-building efforts. This initial conversation foregrounded shared values—particularly a commitment to dignity, safety, and accessibility for migrant and undocumented patients—and set the tone for a collaborative rather than hierarchical relationship.

Methodology

For Alice and Jay, the primary objective was to improve health communication across multiple audiences—patients, volunteers, donors, and donors—through accessible, plain-language video content. Videos have long been established as a leading mechanism for improving health communication among patients in terms of comprehension and recall of information, patient-centeredness, and continuity of care (Houts et al., 2006).

Drawing on health literacy principles, Jay coached CommunityHealth staff and volunteers to use audience-centered language that minimized jargon and emphasized clarity and patient self-

management (Stableford & Mettger, 2007). This approach aligned with CommunityHealth’s existing use of patient advisory councils and its emphasis on culturally and linguistically appropriate care.

The student involvement helped shape the collaborative project and the partnership evolved into a rich educational collaboration. One student, Sofia Santos, contributes as videographer and editor. Another student, Miriam Amoako-Kankam, completed research on migrant healthcare access in Chicago, documented the partnership process, and conducted volunteer interviews used for recruitment purposes.

Translating complex biomedical and legal information into plain language—across multiple languages—necessitated iterative scripting and review processes. These challenges were addressed through regular check-ins, shared decision-making, and reliance on CommunityHealth staff and patient advisory councils for feedback.

Summary of Findings

This partnership required sustained attention to *positionality* and *power* as practical, day-to-day concerns rather than abstract ethical principles. Drawing implicitly on relational and community-engaged models of health communication, the collaborators treated expertise as distributed across roles (Israel et al, 2013). Academic knowledge of health literacy and plain-language communication was intentionally balanced with CommunityHealth’s operational authority, cultural competence, and responsibility for patient safety.

Power dynamics were most visible in decisions about representation and dissemination. While patient and volunteer voices were central to the project, CommunityHealth retained decision-making authority regarding what content could be shared publicly, reflecting an ethics-of-care approach grounded in risk reduction for migrant and undocumented patients (Ellis, 2007). Rather than limiting collaboration or constraining academic freedom, this gatekeeping clarified boundaries and reinforced trust among partners.

A central example of this strategy was the development of a multilingual “Know Your Rights” (KYR) video. This video was designed to inform patients of their rights under Chicago’s sanctuary city policies while reinforcing CommunityHealth’s commitment to safety and confidentiality. The KYR video was not shared widely but, rather, was played along with other informational videos and public service announcements in the waiting room of CommunityHealth and its satellite offices. This strategy demonstrates how communication design can function as a protective mechanism within vulnerable communities.

In addition to the KYR video, this partnership is in the process of completing multilingual (Spanish and Polish) diabetes education videos.

Through a secondary grant, clinic orientation videos for new patients, clinic tour videos for volunteers, and donor-focused content that demonstrate the impact of philanthropic support represent the next phase of the partnership..

With few exceptions, CommunityHealth's budget and personnel constraints have prevented the clinic from producing high-quality video communication in the past. The DePaul partnership enables the implementation of an integrated communication strategy that addresses both access to care and organizational sustainability.

References

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