

## Community Forums Report

### Background

In 1998 the OMH hold a series of community forums to assess barriers to health and health care experienced by the racial and ethnic minority communities in RI. In response to the issues raised at the forums, recommendations were developed. In March 2005 HEALTH's new Director, Dr. David Gifford announced the elimination of health disparities as one of the Department's top priorities. So, during the summer of 2005 (June to August), HEALTH's Office of Minority Health (OMH), in partnership with the Minority Health Promotion Centers (MHPC), decided to go back to the community and once again, host a series of community meetings. The goal was to provide the opportunity for an open dialogue between the racial and ethnic minority community in Rhode Island and the Department, around health and healthcare services.

The MHPC were responsible for organizing the meetings and outreach to their constituency. Staff from the OMH and either HEALTH's Director, Dr. David R. Gifford, or the Deputy Director, William Waters, PHD were present at the meetings. Other senior staff from HEALTH and other health and human services state agencies were also invited to attend the forums.

A brief introduction to "why are we here today" was made at each forum and standard questions were developed to guide the discussions during the community forums:

- What do you need for health care that you can't get?
- What kinds of health services are in your neighborhood?
- What makes it hard/easy for you to get health care?
- What would make health better for you and your family?
- What does the Department of Health do that helps you?
- What can it do better?
- How easy is for you to "communicate" with the Health Department?
- Do you know what services/programs are available through the Health Department?

Nine (9) meetings were organized. The total number of participants was 224.

### Highlights

Overall the community did not know what services were provided through the Health Department, how to contact the Health Department or where the Department is located. The ones that did know about the Department felt that it wasn't easy to contact people because "people are always busy and in meetings" or they did not know which number to call and with whom to speak. Most participants did know about the Minority Health "Department" (like a separate entity) through the work of the Minority Health Promotion Centers. In general participants expressed that they felt "mistreated" in their interaction with the healthcare system and services received, either because of language, race and ethnicity, insurance status or socio-economic status. When asked if they knew they could complain to the Department of Health most participants responded that they did not know.

The following "themes" were raised across community forums and racial and ethnic groups:

- Language/communication barrier

Lack of interpreters at physician visits, hospitals, health centers, community organizations, ambulance services and Health Department. When services are available they are mostly in Spanish. There is a perception of being “mistreated” when non-English speaking.

- Insurance concerns  
Lack of insurance, or “stigma” associated with having “state sponsored” insurance was a big concern because participants found that “most” private physicians’ offices do not accept patients on medical assistance. Associated with that, the lack of knowledge about charity care, the fear of “big bills” received after care is provided and the lack of clarity regarding what exactly is covered under “free” care, when provided at the hospitals were all deterrents to participants seeking care. Also related with this was the limited access to affordable medications. Please note that these forums were conducted prior to the introduction of prescription coverage under Medicare Part D,
- State processes (mostly for DHS)  
Concerns were raised regarding the timely processing of state benefits and the interruption of state benefits related with reapplication. Concerns with Medicare part D were also brought up.
- Time spent when accessing services at the ER (time waiting in the ER) or CHC (waiting list for appointment) was also presented as a problem.
- Transportation, immigration status and lack of a Social Security number were other issues that were presented as impacting health and the healthcare services received.

Most people knew of “some” services existing in their neighborhood (either hospital or community health center) and most participate in the programs offered by the Minority Health Promotion Centers.

In general participants expressed the “desire/need” for more health education programs in their language, more access to health services and medications, and more information about their rights as patients.

There were also specificities in each community forum:

#### **Genesis Center (31 participants)**

Most participants were recent immigrants to the USA with limited English proficiency that had not had interaction with the health care system. Language needs other than Spanish were Arabic and French. Other concerns included lack of coverage for glasses and oral health, brevity of time doctors spend with patients, diet in the USA differing from what they know, and lack of “financial arrangements” for easy payment of medical bills.

#### **CHisPA (20 participants)**

Concerns were related to lack of interpreter services, lack of insurance, transportation and immigration status. Participants wanted more services at the community level (CBO's and CHC) including health education and promotion in the Providence Housing Authority senior centers. Participants valued a patient's rights educational campaign offered by the host agency in

partnership with a Spanish-language radio station and suggested that community resources be publicized with contact information for the service provider.

#### **Chinese Nurse Association of America (50 participants)**

Language barriers (interpreter services and written materials) and the social isolation of the elderly population were the most prominent issues. Participants would like to see more outreach from health educators to the Chinese community and more partnerships with the Chinese Nurse Association. They also would like to access more information on services offered by the Department of Health and community resources.

#### **John Hope Settlement House (4 participants)**

Lack of availability of specialty care, an arduous DHS certification process for medical assistance, lack of knowledge of the Health Department complaint process, stigma associated with state insurance, a lack of compassion from health care providers (including office staff) when treating those with state insurance, and mistrust of foreign born health professionals were some of the issues raised. Participants also complained about the absence of health insurance for working poor families who do not receive the benefit from their employer.

#### **International Institute of RI (41 participants)**

Most participants were Liberian and Somali Bantu refugees being resettled in RI. Concerns were related to access to health care services while being resettled in RI, lack of mental health services, lack of oral health services and overall coordination of care. Language and cultural barriers are significant in this community. Fear of the doctor and a disconnect with the system of care in the USA heavily impact this community. Participants reported that DHS processes are not conducive to the resettlement of refugees and creates barriers to accessing services in a timely manner. Housing, education, and employment were equally important. A clear need for a coordinated system of care that responds to the unique needs of this community was presented. A small group of Spanish speaking members raised concerns related to language barriers and inability to pay for medications.

#### **South Providence Neighborhood Ministries (16 participants)**

This community forum was composed of a very diverse group of mostly women (Hispanic, African-American and White). Most concerns were around the health care system for uninsured people: lack of follow-up, frequent change in physicians, time between appointments, no access to medication, lack of clarity of charity care system ("free care" but still being billed for services). Statements of being treated differently based on "who you are, how do you speak and what insurance you have" were made. Participants felt that medical practices are different in the USA than in their country of origin and they do not trust USA practices. They feel that the quality of care provided at the hospitals and CHC was not good, and that the patient satisfaction surveys they receive mean nothing because nothing is done with them. They wished the Health Department would be more involved investigating what happens with the care that is provided.

#### **Progreso Latino (12 participants)**

Participants in this community forum complained about the cost of health insurance, co-pays, and prescription medicines. Even those on RIte Care reported being billed by health providers even though they had presented proof of state insurance at the appointment. People who attended also identified the wait times to get an appointment at community health centers as a barrier to services.

Participants cited waiting periods of two or more months for an appointment. Emergency rooms were also named as presenting unreasonably long wait times. Multiple participants voiced complaints about the quality of services they received from health care providers and were surprised to learn that they could file a complaint to the Department of Health. In general, participants did not know which services are or are not offered by the Department of Health.

**Family Van (20 participants)**

Participants had some idea of services provided by the Health Department but found it difficult to contact the Department. Overall, participants also knew what services were available in their neighborhood. Concerns regarding language and lack of insurance were also brought up. Participants said that not having insurance creates a barrier, even to accessing services at the community health centers and that's why so many use the Van. Participants would like to have more services like the Family Van available in the community. Finally, they said that too many questions are asked to which they don't feel comfortable responding (such as SS#).

**Socio-Economic Development Center for Southeast Asians (30 participants)**

Issues raised by participants were very similar to those raised by the Chinese community with regard to social isolation of the elderly population, language and cultural barriers, and lack of transportation. Participants would like more resources brought to the CBO, in addition to help with transportation and additional clinical services in the community.