

Community Forums 2008

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Executive Summary

In 2008, the Utah Department of Health, Center for Multicultural Health (CMH) funded six ethnic community organizations to conduct forums within their own communities to discuss health issues:

<i>Community</i>	<i>Organization</i>
African-American Community	Project Success, African-American Taskforce
African Refugee Community	United Africans of Utah
Asian Community	University of Utah, Asian Center
Hispanic Community	Alliance Community Services
Native American Community	Indian Walk-In Center
Pacific Islander Community	National Tongan American Society

Healthcare Problems

The need for health insurance and for improved cultural competence of health professionals and staff resonated within all forums. Language barriers were mentioned by African refugees, Asians, Hispanics and Pacific Islanders. Difficulties understanding the healthcare system were discussed by African-Americans, African refugees, Native Americans and Pacific Islanders. Stigma preventing use of public health programs was discussed within the African-American and Asian communities.

Awareness of Services

Several forums found that their communities were generally aware of Medicaid, but lacked information about how to apply and what is covered. However, there was low awareness of CHIP, PCN and UPP.

Healthcare Reform Suggestions

Hispanics, Native Americans and Pacific Islanders would expand health insurance coverage. Suggestions included universal coverage, adding dental coverage to public health insurance programs, and changing Indian Health Service (IHS) funding from discretionary funding to mandatory funding. African refugees and Hispanics discussed improving cultural competence through partnerships with ethnic organizations and trainings. Pacific Islanders suggested mandatory hire of bilingual staff or interpreters in high-density minority areas, and African refugees would like both medical interpreters and case workers to be of the same gender and dialect as the patient. Native Americans pointed out that some of the Culturally and Linguistically Appropriate Services standards related to interpretation are federally mandated but not largely complied with and suggested enforcing these mandates through

Medicaid managed care contracts. Asians, Hispanics and Pacific Islanders discussed increased awareness and prevention efforts. In particular, Asians and Pacific Islanders wished to see a clearinghouse for such information.

Data Collection Barriers

Fear of participation was mentioned by Asians, Native Americans and Pacific Islanders. African-Americans discussed community mobility and cell phone usage. Asians mentioned inconsistency in reporting of race by multiracial persons and low literacy rates of refugees. Native Americans mentioned conflicts between tribes and researchers and difficulties disaggregating by tribe. Pacific Islanders were concerned about the excessive length of questionnaires and the failure of the community to understand the importance of participation in data collection.

Data Collection Suggestions

Asians, Native Americans and Pacific Islanders emphasized that data collection should have a purpose that is meaningful and understood by the population. African-Americans and Native Americans suggested using face-to-face methodologies. Asians, however, placed greater importance on anonymity. Both African-Americans and Pacific Islanders wanted to see more race-specific information in public health reports. Asians proposed collection of family health history information and studying the skills of well-acclimated individuals. Pacific Islanders wanted to see surveys piloted for cultural appropriateness, interpreted in their languages, and presented in smaller segments.

African-American Community

- ☀ Healthcare Problems
 - ✚ Lack of awareness about services and resources
 - ✚ Lack of insurance or money for co-pays
 - ✚ Racism and lack of cultural responsiveness of professionals and staff
 - ✚ Rushed and impersonal service
 - ✚ Communication barriers (not language barriers)
 - ✚ Inadequate information about complex health system to contribute to healthcare reform
- ☀ Awareness of Services
 - ✚ No knowledge of PCN and UPP
 - ✚ Awareness about Medicaid in general, but not about how to access or use it. Shame also prevents access to Medicaid.
 - ✚ Confusion about CHIP
- ☀ Data Collection Barriers
 - ✚ Community mobility
 - ✚ Cell phone usage
- ☀ Data Collection Suggestions
 - ✚ Door-to-door surveys
 - ✚ Small focus groups
 - ✚ Incentives for participants in data collection at community gatherings like Juneteenth
 - ✚ Include some specifics on the Black community in reports and interpretation beyond numbers

African Refugee Community

- ☀ Healthcare Problems
 - ✚ Lack of interpreters, especially of same dialect and gender
 - ✚ Lack of understanding of the healthcare system
 - ✚ Lack of insurance or money for co-pays
 - ✚ Cultural barriers
- ☀ Awareness of Services
 - ✚ Not well-informed about the health system.
- ☀ Healthcare Reform Suggestions
 - ✚ Medical interpreters and case workers of the same dialect and gender as patient
 - ✚ Partnerships between African community organizations and healthcare organizations to reduce cultural barriers.

Asian Community

- ☀ Healthcare Problems
 - ✚ Chronic Disease: diabetes, heart disease, stroke, hypertension, cancer
 - ✚ Risk Factors: obesity, smoking, alcohol
 - ✚ Protective Factors: nutrition, exercise, social support
 - ✚ Mental Illness: depression, substance abuse
 - ✚ Cultural traditions against buying health insurance
 - ✚ Misconceptions that all Asian immigrants are educated
 - ✚ Lack of “fun” group exercise options
 - ✚ Stigma on mental health problems
 - ✚ Need for cultural sensitivity
 - ✚ Cultural taboos against questioning authority, asking for help, getting welfare
 - ✚ Language barriers
 - ✚ Transportation of refugees
 - ✚ Parents and educators are not in sync
- ☀ Awareness of Services
 - ✚ Medicaid: 53.1%
 - ✚ CHIP: 30.1%
 - ✚ PCN: 13.8%
 - ✚ UPP: 5.1%
 - ✚ Office of Ethnic Affairs: 27%
 - ✚ Center for Multicultural Health: 11.7%
 - ✚ Multicultural Health Network: 9.3%
- ☀ Healthcare Reform Suggestions
 - ✚ Possible Asian coalition
 - ✚ Complete health fairs at malls
 - ✚ Website to house data
- ☀ Data Collection Barriers
 - ✚ Fear of participation from undocumented individuals

- ✚ Multiracial individuals do not consistently use the same race description as in previous studies or as their family members
- ✚ Refugees are not literate in their own languages
- ☀ Data Collection Suggestions
 - ✚ Anonymity
 - ✚ Decide how to use data before it is collected
 - ✚ Collect family health history as well as race
 - ✚ Study skills of people who navigate the system well and share with others

Hispanic Community

- ☀ Healthcare Problems
 - ✚ Access and affordability of healthcare (dominated most responses)
 - ✚ Lack of preventive medicine and education
 - ✚ Health issues such as diabetes, HIV/AIDS, dental care and mental health
 - ✚ Lack of professionalism and attitudes of health care staff
 - ✚ Need for affordable/free community clinics
 - ✚ Language barriers
 - ✚ Lack of acculturation
- ☀ Healthcare Reform Suggestions
 - ✚ The vast majority would ensure affordable health care and health insurance or implement universal health coverage.
 - ✚ Many stated that they would initiate health care outreach campaigns in the form of education, screenings and clinics.
 - ✚ Several mentioned implementing cultural competence training and discipline protocol for unprofessional hospital/clinic staff, especially reception staff.

Native American Community

- ☀ Healthcare Problems
 - ✚ Urban native Americans receive very little Indian Health Service funding
 - ✚ Urban Indian health centers must lobby annually for funding
 - ✚ Low educational attainment and high poverty levels
 - ✚ Accustomed to free health services on reservations, not urban pay systems
 - ✚ Racism
 - ✚ Cultural misunderstanding and miscommunication
 - ✚ Family, work and transportation barriers to getting care
 - ✚ Low satisfaction with care
 - ✚ Culturally and Linguistically Appropriate Services (CLAS) standards were created without Native American input, literature or consideration of IHS.
- ☀ Awareness of Services
 - ✚ High utilization of community health centers
 - ✚ Low enrollment in Medicaid and other public health insurance programs due to not knowing how, misunderstanding eligibility guidelines, transportation difficulties, language barriers and fear of the government.

- ☀ Healthcare Reform Suggestions
 - ✚ Change Indian health service budgets from discretionary funding to mandatory funding
 - ✚ Adjust funding levels annually to population size
 - ✚ increase funding to levels comparable to other programs like Medicaid
 - ✚ Adapt CLAS for IHS use.
 - ✚ Enforce those CLAS standards that are federally mandated (4/14) through Medicaid managed care contracts
- ☀ Data Collection Barriers
 - ✚ No national uniform reporting system
 - ✚ Data rarely disaggregated by urban and tribal, or by individual tribe
 - ✚ Conflicts between tribes and researchers
 - ✚ Lack of telephones
 - ✚ Distrust of government and researchers
- ☀ Data Collection Suggestions
 - ✚ Word of mouth is the most effective recruitment strategy
 - ✚ Face-to-face meetings preferred over mail, telephone and email
 - ✚ Ensure data collection is relevant to needs of population and culturally appropriate
 - ✚ Increase research funding

Pacific Islander Community

- ☀ Healthcare Problems
 - ✚ Language and other communication barriers
 - ✚ Immigration issues and fear of service
 - ✚ Lack of insurance or money for co-pays
 - ✚ Few Pacific Island health workers
 - ✚ Lack local community health centers
 - ✚ Bureaucratic procedures to access assistance
 - ✚ Lack of knowledge and understanding of health system and resources
 - ✚ Eating habits
 - ✚ Service and result time
 - ✚ Not computer literate
 - ✚ Transportation and child/elderly care
 - ✚ Lack dental coverage
 - ✚ Food prices
- ☀ Healthcare Reform Suggestions
 - ✚ Address language and cultural barrier: mandatory hire of interpreters or foreign-speaking providers in areas with large Pacific Island populations; health clinics and community classes for Pacific Islanders' prevalent health problems and languages; scholarships for Pacific Islanders' medical training; community involvement in health programming.
 - ✚ Address obesity: offer "gym card" similar to food stamp card; workplace and health insurance exercise programs; nutritional education; prevention education and incentives.
 - ✚ Dental coverage

- ✦ Raise awareness of policies and programs: focus on high prevalence issues; simplify information; create a clearinghouse for all government programs; offer training to use the computer for health information.
- ✦ Aid for illegal aliens
- ✦ Involve church leaders.
- ✦ Address insurance needs and expenses.
- ☀ Data Collection Barriers
 - ✦ Language
 - ✦ Difficulty in understanding data and reasons for data collection
 - ✦ Fear and shyness; lack trust of data collectors
 - ✦ Questionnaires are too long; lead to thoughtless markings
- ☀ Data Collection Suggestions
 - ✦ Use interpreters
 - ✦ Pilot questionnaires with focus groups to verify cultural appropriateness
 - ✦ Educate Pacific Islander community on the importance of data collection
 - ✦ Ask questions in sections at different times to ensure quality answers
 - ✦ Fund a baseline study of Pacific Islander population health care needs