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I. What are the Barriers to Obtaining Good Health Care?

1. Insurance/Cost

- No insurance (immigrant population)/no public aid/too young for a Medicaid card (senior eligibility).
- Lack of resources. I have no money.
- MDs decline HMO patients.
- Need insurance for everyone! Need universal healthcare.
- I do not go to the doctor because I have no insurance.
- Classism: there is lower care for those with public aid.
- Not fully aware of public aid benefits.

2. Communication Between You and Your Doctor

- Language barrier; need a native translator.
- Language and cultural barriers. In some immigrant communities, medical conditions often become serious before an individual will seek care. This is because preventive care is not emphasized and/or because communities are not educated on the early signs of chronic diseases.

3. Difficulties with Access to Care

- Plenty of providers in community.
- Can't identify a provider with a specialty.
- Lack of ability to find a provider.
- Demands of job (difficult to find time to get to doctor).
- There is a lack of coordination/communication among healthcare providers at a local hospital.
 - Example – disconnect between doctor and nurse, causing a reluctance to return for follow-up care; bad experiences cause impediments to care.
- Principals serve as gatekeepers for school-based health projects. Limit access or claim to not be responsible for medical issues/concerns.
- Very few school nurses. If unable to hire more, need to retain clerical assistants to help nurses complete paperwork. The administrative demands on school nurses keep them from attending to students as much as they want to.

4. Lack of Transportation

- My kids have insurance, but I cannot take them due to lack of transportation.
- No transportation to doctor/emergency room.
- (Free transportation services available under public aid.)
- Extreme example – paramedic intervention (highlights that issue goes beyond physicians)

II. Communication Barriers with your Doctor or Health Care Professional

1. Do you have an easy or hard time communicating with your doctor? If it is hard, why?

- There is no time to explain medical care – they just write prescriptions. My doctor does not spend enough time explaining my prescribed care and does not thoroughly go over any questions I might have.

- I need to have questions answered – too many questions, too little explanation.
 - Lack of follow up-communication with healthcare practitioners.
 - Lack of referrals.
 - Need assistance navigating the system.
 - At times, cannot get a “straight answer” – would like guidance and appropriate referral.
2. Do you feel comfortable discussing your concerns with your doctor? Why or why not?
 - There is insensitivity and disbelief of doctors and at clinics. They blame the victims when it comes to sexual assault.
 3. Does your healthcare provider speak the same language you do? Is there a translator available? Does a translator work?
 - Physicians are condescending toward Spanish speakers.
 - Translators lack ability to translate medical terminology.
 - Physicians become frustrated having to work with translators or native speakers.
 4. Are there kinds of local people who are better at communicating to you e.g. community health worker, asthma educator, local trusted family member or neighbor etc.?
 - Friends and colleagues.
 - Community health educators are excellent.
 - Receive majority of information from MD
 5. Does your provider suggest treatment options that you agree with? (Culturally appropriate?)
 - I prefer going to a doctor from the same cultural background.
 - Indian, Gujarati – cultural barriers, no emphasis on preventative care.
 - Trust.
 - Cultural belief disparities; lack of cultural sensitivity.
 6. Do you wish you better understood something your doctor is telling you? What?
 - Yes. I don't always understand what he tells me. I need help to understand diagnosis, treatment options, etc.
 - Lack of health education.
 - Example – The diabetes educator provided poor information. He/she didn't explain the severity of diabetes and importance of proper management for my child. The health educator was English speaking with a Spanish translator. Parent's impression of communicated information caused them to minimize chronic disease diagnosis; school nurse claimed that translator at physician's office pulled back on the emphasis of disease severity due to the language obstacles that were present. Also, the parents did not realize that the school nurse needed to be coordinated into the child's care regimen.
 7. Do you have enough time to ask questions?
 - No. Many doctors act inconvenienced if I ask questions.
 - No time to ask questions. They ask me a few questions, make diagnosis and run out the door.
 - They write prescriptions and then tell me to use the ER if there is a problem.

III. Health Information

1. Where do you go now to receive the health information you need?
 - Friends and colleagues.

- Schools, however there is a disconnect for schools that bus students in from other communities.
2. Do you have all of the basic health information you need?
 - Lack of basic health information.
 - Lack of basic health information in a language I can understand.
 - Awareness.
 - Availability.
 - Very little language appropriate information in my community.
 3. Can you read and understand the health information? Do translated materials help (are they at the right literacy level)?
 - No.
 - Lack of translation and interpretation.
 4. Has someone shown you how to use the medications you have been prescribed?
 - Yes.
 5. In addition to your doctors office where would you like to receive your health information? From who? In what form?
 - “The messenger is as important than the message.”
 - Educational outreach at community clinics during the weekends.

IV. Methods to Reduce Healthcare Disparities

1. What specific action items would you suggest to improve healthcare in Chicago? Do you have any suggestions particular to asthma?
 - Advertise available services in parks and schools.
 - Professional development days at schools; ; unless principal understands that trainings such as asthma management are a priority, a school will not schedule healthcare education.
 - School health fairs.
 - Educate physicians regarding working with patients and up-to-date treatment options.
 - More nurses and clerical assistants.
 - Education for community members on basic health needs.
 - Interpretation – certified.
 - Time spent with patient, communication.
 - Healthcare records being in one place.
 - Insurance for all.
 - Universal healthcare.
2. What role would/should you and your community play in implementing these strategies?
 - Educational opportunities at events or in groups that are well attended, such as congregational services, school Bilingual Advisory Committee meetings, etc.
 - Need to further engage the faith-based community. In Albany Park, the Muslim Community Center would be a very effective communication outreach partner.
3. What additional resources are available in the community to implement these improvements?
4. How can we engage other partners in the effort to reduce asthma?
 - We should get landlords involved in our efforts to eradicate asthma triggers.