

Wait, Won't! Want: Barriers to health care as perceived by medically and socially disenfranchised communities

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Electronic Self-Management Resource Training to Reduce Health Disparities (eSMART-HD)

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CASE WESTERN RESERVE UNIVERSITY EST. 1826 think beyond the possible 1st phase in a larger project, aim of which was to develop an intervention

Investigative Team: Drs. Clochesy, Buchner, Burant, Carten, Dolansky, Floersch, Gittner, Hickman, Love, Montegegro, Ng, Noeller

## **Study Aim**

The purpose of this project was to identify themes in communications with healthcare providers that individuals from medically and socially disenfranchised groups perceive as preventing them from getting what they need to manage their health.



Sample	
<ul> <li>Eleven focus groups</li> <li>African-American (n=20)</li> <li>Hispanic/Latino (n=15)</li> <li>Lesbian/Gay/Bisexual/Transgender (n=21)</li> <li>Russian Immigrant (n=4)</li> </ul>	
•28 women and 32 men	
*data are as self-identified, observations suggest that several (~12) participants could have identified in more than one target group	
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## **Data Collection**

- •Held in the community •churches (3)
  - •coffee shops (3)
  - •conce shops (5)
  - •community centers (2)
  - •public libraries (3)

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### **Data Collection**

Focus groups were digitally recorded and transcribed (guided by three questions):

- 1. From your own perspective, what, when you go, like your clinic visit or something, what just seems to get in the way of getting what you want or what you need when you go there?
- 2. Think of a time when you had a visit that went really well, who was there and what was happening?
- 3. If you could improve just one thing in your interactions with healthcare providers, what would that one wish be?

### **Data Analytic Strategy**

Data were analyzed using **Atlas.ti** by assigning in-vivo codes to the words of respondents by three researchers, independently. The coding was merged and reconciled. The in-vivo codes were grouped under more **abstract (axial)** codes by the patterns or themes that emerged from comparing shared characteristics and meanings. The themes were then validated in meetings with community participants.

	Proximal	Intermediate	In Vivo	Definition	N
Results		Codes		Definition	
Negulia			delay in diagnosis	Delay for a resolution or diagnosis	22
	77)		number of patients	Patient queue// provider having many patients	11
	101	N/A	rushed	Perception of feeling or not feeling rushed	41
	WAIT (177)		time appreciation	Someone made them feel like their time was not as important as the provider	36
			waiting	Kept waiting for what they needed or wanted	67
		e	bureaucracy	Red tape (policies, programs, etc.)	27
		193	lab rat	Lab rat// lab specimen// guinea pig//not a person anymore	7
		te	paperwork	Paperwork	15
	Ŧ	cip	return to provider	Refers to their own selection of provider, clinic or hospital	86
	(27	Participate (193)	the final straw	Participant terminated interaction with provider or system	32
	LA	£	the rules	Strict about following the guidelines	26
	WON'T (274)	<u>ے</u>	angry	Angry, irritated, irritable	5
	~	8	frustrating	Expresses agitation/ irritation/ annoyance/ or is disturbed	24
		rate	judging me	Perception of being judged	14
		Tolerate (81)	treated differently	Difference by(race, sexual orientation, ethnicity, gender, etc.)	38
		lics	efficient	Efficiency of the system or a provider// it was easy to get what they needed	15
		System Characteristics (108)	access to provider	Navigation through the gatekeepers to the provider	34
		Sy Jhara (J	choices	Having or not having a choice.	27
		0	quality	Quality of care expectation	32
			being informed	Was kept updated	42
		- <sup>2</sup>	provider cares	Perception that the provider cares about them	55
		ehavic s (283)	follow through	Provider says they are going to do something they do in a timely fashion	35
	(2)	ions B	helps me understand	Someone helped them understand something	60
	WANT (955)	Provider Behavior & Actions (283)	listens	Providers are not acknowledging needs or simply not listening	71
	VA.	4	not refer around	Being sent from provider to provider or practice to practice	20
	~	cess	fairness	Equity// equally or unequally applied rules// being treated the same or different	38
		k Pro	feel comfortable safe	Provider actions perceived as: comforting, creating a safe environment, calming	42
_		ship.	little bit of humanness	Compassion //connected on a human to human level	51
CASE WESTERN RESERVE		Provider Relationship & Process (382)	open communication	Statements about open or the lack of open communication	46
UNIVERSITY EST. 1826		L R	privacy	Worried about a leak of sensitive information	8
think beyond the possible		ovideı	provider approach	Perception of provider's personality experienced thru behavior	67
		Pr	sensitive to patients	Awareness of patients needs	92





# WON'T!

274 quotations <u>Participate</u> – adhere, engage, follow through •bureaucracy (27) •lab rat (7) •paperwork (15) •return to provider (86) •the rules (26) •the final straw (32) <u>Tolerate</u> •angry (5) •frustrating (24) •judging me (14) •treated differently (38)



# WANT

955 quotations

System Characteristics

- •Provider Behavior and Actions (what)
- •Provider Relationship and Process (how)
- •To Be Known (outcome)

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## WANT

•<u>System Characteristics</u> •access to provider (34) •choices (27) •efficient (15) •quality (32)

# WANT

•Provider Behavior and Actions (what)

- •being informed (42)
- •cares (55)
- •follows through (35)
- •helps me understand (60)
- •listens (71)
- •refer around (20)

CASE WESTERN RESERVE  $\frac{R S I T \Upsilon}{\text{think beyond the possible}} = \frac{R S I T \Upsilon}{EST. 1826}$ 

### WANT •Provider Relationship and Process (how) •fairness (38) •feels comfortable safe (42) •little bit of humanness (51) •open communication (46) •privacy (8) •provider approach (67) •sensitive to patients' needs (92) •take me seriously (7) •trust (31) $\underbrace{\frac{CASE WESTERN RESERVE}{U N I V E R S I T Y}}_{\text{think beyond the possible}}$



## Exemplar

"I've seen it happen too many times, so I don't accept anything 'cause I know what I want, I know what I need, and if they try to give me anything other than that, then we have a problem."

(African-American man with AIDS and hypertension)



