Identifying Barriers to Healthcare Access for the Somali Population at CMMC

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According to the US census in 2010, 8.7% of the Lewiston population was black or African American [1]

More recent estimates say that up to 14% of the population of Lewiston is composed of Somali refugees [2]

At CMMC and the FMR, Somalis represent much less than 14% of the patient population, indicating that the Somali population is not necessarily getting the same level of healthcare as the rest of the population

This project is an initial work to elucidate the divide from the Somali perspective in order to bridge the gap in healthcare access.
“Disparities in access to health services affect individuals and society. Limited access to health care impacts people’s ability to reach their full potential, negatively affecting their quality of life” [3]

Problems with health care access lead to delays in receiving care, which can cause escalation in disease severity, resulting in hospitalizations that would have been prevented otherwise. [3]

A CMMC needs assessment in 2011 determined “Residents of this county have the highest rates of emergency department (ED) visits in the state for overall visits...This includes ED visits for patients with symptoms and conditions that could be prevented with care provided in primary care settings” [4]

“U.S. adults who have a primary care physician have 33 percent lower health care costs and 19 percent lower odds of dying than those who see only a specialist. As a nation, we would save $67 billion each year if every patient had a primary care provider as their usual source of care.” [5]

Helping the Somali population have access to primary care at the CMMC FMR would thus lower the public health cost in Lewiston significantly.
Community Perspective

- [Name withheld] – Member of the New Mainers Public Health Initiative
  - Agreed that this is a significant issue in the Somali community
  - Very glad that someone was taking a closer look to try to provide the Somali population with access to CMMC services
  - Believes more access at the FMR of CMMC for Somalis would mean fewer ER visits

- [Name withheld] – Member of the New Mainers Public Health Initiative
  - Mentioned that most Somalis choose to go to St. Mary’s instead of CMMC, but St. Mary’s has long waits and cannot offer all of the services that CMMC can provide

- Resident doctors at the FMR
  - Through informal conversations, multiple residents mentioned that they noticed a decrease in the Somali representation at CMMC, but they were unsure of what caused it.
Intervention and Methodology

**Intervention:**
- To gather the Somali perspective on what happened that CMMC lost all of its Somali patients and present it to physicians at the FMR at CMMC.

**Methodology**
- Interviews were conducted with members of the New Mainers Public Health Initiative, a local organization that advocates for the health of the refugee population of Lewiston, to get the Somali perspective.
- Qualitative information was compiled into a presentation and provided to physicians at the FMR at CMMC as a way to increase awareness of problems that a significant portion of Lewiston faces with regards to healthcare access at CMMC.
Main barriers identified from conversations with Somali community members at CMMC:

- Replacement of live interpreters with the video interpreters
  - They were also the patient’s transportation
  - Video interpreter not present at the beginning at check in
  - Technology issues
  - Different dialects that are difficult to understand
  - They are part of the community and have a lot of influence
- Lack of cultural competency
  - Often prefer same sex providers and aren’t always asked
  - Staff do not come across as welcoming
  - Appointments cannot be scheduled during prayer times
- Establishing care packet difficult to fill out
  - Language barrier and health literacy barrier
- St. Mary’s provides interpreters, so most people choose to go there
Evaluation of Effectiveness and Limitations

- **Effectiveness**
  - This project provides health care providers at CMMC with the Somali explanation of why so few Somalis go to CMMC.
  - It provides some insight into ways that the hospital and the FMR can try to reengage with the Somali population.
  - To assess the effectiveness, a survey could be made to evaluate if providers received any new insight into the lack of health care access of the Somali population and if they have noticed any change in their use of the video interpreter.

- **Limitations**
  - The issue of liability and interpreter services at the hospital is a much larger issue than can be addressed in a project of this limited duration.
  - The data were gathered from only a few interviews, so it may not represent the views of the full Somali community.
Recommendations for Future Interventions/ Projects

- Solicit the CMMC administration perspective on interpreter services
- Get the physician perspective on different interpreter services
- Compile information from other hospitals who use interpreter services effectively to present to administrators
- Facilitate a discussion between CMMC and representatives of the Somali population such as the New Mainers Public Health Initiative
- Include other communities such as the Deaf community which also has difficulties with the video interpreters
References

1. http://www.census.gov/quickfacts/table/PST045215/2338740,23001#headnote-js-a