

Latino Healthcare Access Meetings
Sponsored by the John Rex Endowment
Facilitation and Summary by Maggie McGlynn, McGlynn Associates, Inc.
 April, 2007

Purpose of the Task Force

The John Rex Endowment conducted a four-meeting series, from January – March, 2007, with organizations who currently serve the Latino community to discuss access to healthcare for Latino children in Wake County. Participants were asked share their experiences and offer recommendations to the Rex Endowment for specific strategies and key opportunities to invest in improved access and quality of healthcare for at-risk children that will complement the community’s current efforts or serve as a catalyst for new directions.

Participants

Kevin Cain	<i>Rex Endowment</i>	Paul Harrison	<i>WCMS</i>
McAllister Myhra	<i>Rex Endowment</i>	Nancy Hagan	<i>St. Bernadette Church</i>
Maggie McGlynn	<i>Facilitator</i>	Pablo Escobar	<i>Urban Ministries</i>
Sarah Heinemeier	<i>Compass</i>	Olivia Fleming	<i>Urban Ministries</i>
Amy Germuth	<i>Compass</i>	Gary Greenberg, MD	<i>Urban Ministries</i>
Zon Le	<i>WCHS / ECHO</i>	Steve Shore	<i>NC Pediatric Society</i>
Mary Urzi	<i>WCHS / ECHO</i>	Jim Poole, MD	<i>Growing Child Pediatrics</i>
Peter Morris, MD	<i>WCHS</i>	Nina Vedino, MD	<i>Growing Child Pediatrics</i>
Florence Siman	<i>El Pueblo</i>	Susan Weaver, MD	<i>Alliance Medical Ministry</i>
Zulyka Santiago	<i>El Pueblo</i>	Tom Flaherty, MD	<i>Rex Pediatrics of Cary</i>
William Massengill	<i>WHSI</i>	Lee Grohse	<i>Triangle Family Services</i>
Debbie Grammer	<i>WHSI</i>	Johanna Irving, DDS	<i>WCHS - Dental Clinic</i>
Hillary Lassiter	<i>WHSI</i>	Sebrina Wiggins	<i>Planned Parenthood</i>
Betsey Tilson, MD	<i>WCMS</i>	Gibbe Harris	<i>WCHS</i>

Process

Three Endowment funded programs (ECHO, El Pueblo and Wake Health Services) opened the series with presentations on their projects to highlight strategies, outcomes and opportunities of each program. Participants shared perspectives on the “big picture” of services in Wake County and the desired qualities and characteristics of a delivery system, and engaged in an open, honest exchange of evaluation results, best practices, stumbling blocks and lessons learned. The group was asked to imagine the best possible strategies for a coordinated, community-focused, well designed effort that will absolutely produce access to healthcare for this group of at-risk children. These questions also guided the discussions:

- What have we learned from our approaches that worked? What is the evaluation rigor of the results? How widespread are these successful strategies? What can build even greater capacity for this across the Wake County community?
- What have we learned that did not work as planned? What are the complexities that need to be acknowledged and figured out more fully or systematically?

Each meeting’s discussion became a bit more complex as the group dug into the issues and ideas were built upon and refined. Participants also offered many detailed ideas between meetings through e-mail surveys, which were summarized and used as a springboard for the next meeting’s topic. A highlight of discussion and set of recommendations, along with working papers that capture more detailed strategies, are presented in this report.

Highlights of Discussions

These concepts were emphasized in the Task Force discussions:

1. The positive results of convening around a common table to build a more comprehensive approach of best practice programs, services and infrastructure. Some members of the group suggested on-going opportunities to meet.
2. A lively debate on the pros and cons of bringing patients into traditional models of medicine and modify the service delivery systems to be more responsive, or bring services directly to patients by design to become integral into their communities. An agreement was reached on the need for both to establish multiple points of access. Recognition was made that these challenging and complex discussions are important to have to improve communication and coordination.
3. A call for first priority recommendation to be linkages and collaborative strategies among community-based programs and traditional health care systems to better serve the Latino community with the resources that exist and can be complemented or leveraged.
4. Additional recommendations that speak to the importance of:
 - improved provider readiness in both community-based and traditional health care settings to deliver holistic health care services
 - the Latino community culture, leadership, workforce and organizations working together in a networked, integrated system side by side with traditional health care organizations, culture, leadership and workforce
 - open dialogue and effective strategies to financially sustain needed clinics, programs and services, and address those uninsured
 - grassroots-public-private collaboration for capacity building strategies, sustainability campaigns, and systems level advocacy.

The following page lists the four major Task Force Recommendations. Next is a table called Examples of a Desired System to Develop in Community Based Sites, Traditional Sites and Where Linkages Could Exist. This reflects the Task Force discussions over the four-meeting series of specific examples about Wake County, efforts that can be built upon and possible ways to work together. These working papers are intended to help the reader understand the more specific issues to Wake County, the lessons learned and experiences of these participants.

Task Force Recommendations

Recommendation 1

Support community conversations and leadership opportunities in Wake County to forward a shared action plan for access to healthcare for Latino children that reflects an integrated system and holistic approach to care, comprehensive and flexible service delivery, community workforce and leadership, and sustainability through partnerships and collaboration. Consider a specific role to:

- a. foster linkages and collaborations in the community
- b. encourage programs that develop linkages, make improvements in delivery, reach or policy, and builds infrastructures of support
- c. support conversations about sustainability and building capacity and infrastructure
- d. encourage the community to engage in systems-level advocacy
- e. require evaluation measures as integral to the design of strategies

Recommendation 2

Develop formal and focused linkages among community-based and traditional services to leverage resources, share and design successful approaches, and collaborate on systems-level thinking and response to deliver services:

- a. in communities where Latinos live, work and play, preferably within walking distance or points of transportation,
- b. that are consumer-focused, consumer-led and foster local Latino leaders,
- c. that offer choice of time and place to receive services when needed, rather than the convenience of the provider,
- d. that treat or prevent specific diseases and impact of social, environmental and other hazards, as well as promote a holistic approach to healthy living relevant to Latinos,
- e. that build on the current successes and roles of players that effectively serve Latino health needs.
- f. to meet evaluation rigor at the highest level.

Recommendation 3

Enhance existing community-based and traditional services to develop new strategies, expand reach, make specific improvements in delivery, and change policies and practice to offer facilities and staffing:

- a. to be welcoming and easy to navigate by consumers,
- b. to build capacity for a sustainable bilingual and bicultural workforce,
- c. to respond to the growing demand for a variety of health providers,

Recommendation 4

Build the infrastructure or “scaffolding” system that will support a comprehensive delivery system of community-based services to expand and sustain, and traditional services to implement significant institutional changes to offer a systems perspective and response:

- a. to maintain appropriate responsibility by institutions for responding to public health needs,
- b. to include the organizations, institutions and communities that are currently missing from the array of needed services,
- c. to build political will for institutional and community change.

**Examples of a Desired System to Develop
Community Based Sites, Traditional Sites and Where Linkages Could Exist**

Recommendation 2: To support efforts that deliver services

A. in communities where Latinos live, work and play, preferably within walking distance or points of transportation,

Community Based	Traditional Sites	Where Linkages Could Exist
<p>Community-based sites – combination of non-traditional sites i.e. neighborhood-based or faith-based community sites including grocery stores, full-service schools, churches, parks/recreational sites, community centers, at social gatherings that have a draw...i.e. soccer games, sport events, etc. Go to the people when, where, and how - a business model.</p> <ul style="list-style-type: none"> • Holistic in approach/sustainable. • To develop and earn the trust. • To maximize use of existing facilities in communities. • To leverage resources among community partners/stakeholders. • To build community capacity via clients taking ownership of the issues/solutions. • Staff will be more aware/sensitive/and effective in delivering of services. • Improve access and quality of services. 	<p>Identify sites of care in areas will relatively high Latino populations or on bus lines. Help raise awareness of Medicaid transportation.</p>	<p>Make linkages to an existing traditional site of services for an outreach component to help bridge the gap.</p>

B. that are consumer-focused, consumer-led and foster local Latino leadership,

Community Based	Traditional Sites	Where Linkages Could Exist
<p>Develop network of community leaders/grass-root volunteers.</p> <p>Train community leaders on various topics of importance to them.</p> <p>Promote leaders' capacity via incentive package i.e. stipends, scholarships, educational opportunities, employment opportunities, licensure, mentoring opportunities, credentialing, etc.</p> <p>Lay Health Advisor model.</p>	<p>Provide resource information/directory, connections to leaders.</p> <p>Build on the Promotores model to disseminate health message to Latino families. After graduating from the program, many of the Promotoras have taken leadership roles within health and human service agencies.</p>	<p>Create an advisory boards in communities to open communication and create feedback loops.</p>

C. that offer choice of time and place to receive services when needed, rather than the convenience of the provider,

Community Based	Traditional Sites	Where Linkages Could Exist
Share successes and challenges of the current models in the community.	Medical providers in community centers – accessible to communities. To really increase access we need to go where the community lives, works and plays.	Non-traditional hours and locations to maximize opportunities for learning and behavioral changes.

D. that treat or prevent specific diseases and impact of social, environmental and other hazards, as well as promotes a holistic approach to healthy living relevant to Latinos,

Community Based	Traditional Sites	Where Linkages Could Exist
Cultural competency training around specific medically related issues and issues of patient safety- first priority. Example – limited use of fluorinated tap water for fear of contamination probably leading to high incidence of cavities, explaining how to administer medicines, understanding and asking about possible use of bioactive herbal medicines that might interact with prescribed medicines, etc.	<p>Providing services traditionally tied to Municipal Health Departments (e.g. TB testing, contraception, STD screening and care) in more routine clinical settings. Collaborators (public and philanthropic) already exist for shared implementation.</p> <p>Cultural competency training around specific medically related issues and issues of patient safety. Institutional resources can be used for better outcomes and earlier-stage health interventions.</p>	Create tools for a holistic approach to understand their context and address all issues faced by family, which will impact health outcomes. Listen to and acknowledge client's needs, strengths, and priorities. Help client to refocus on health priority in its context. Develop a mutual partnership action plan and individual /family/community plan that is SMART (specific, measurable, achievable, realistic, and timely).

E. that build on the current successes and roles of players that effectively serve Latino health needs,

Community Based	Traditional Sites	Where Linkages Could Exist
Need way to enhance: capacity for care in community, knowledge of the availability of care, and effectiveness of care through network of agencies serving Latinos. For example, through community outreach programs, extend reach and effectiveness of that care by providing prevention and health education, and screening services in the communities.	Increase number of primary care homes for Spanish speaking clients with suggestions above.	<p>Develop outreach via ECHO type programs and lay health advisors, increase communities knowledge of sources of care.</p> <p>Provide bi-directional cultural competency training within Latino communities and between Anglo and Latino communities with representation from agencies.</p>

F. to meet evaluation rigor at the highest level.

Community Based	Traditional Sites	Where Linkages Could Exist
Involve and engage clients at all levels of evaluation not merely participating in surveys but ways that clients can participate in decision making process.	Respect, value, YET “stretch” for creativity/outside the box thinking and doing relating to professional ethics, rules, regulations, practices, benefits, etc.	<p>At outset of program development, evaluation techniques and measures should be determined and be integrated into program. Evaluation measures should be mapping to key program elements and goals and data should be being collected along the way to help change course mid program if needed and to determine effectiveness at end. Must measure what we are doing to see if we need to change direction mid course and to determine if precious health care dollars are being spent in the right place.</p> <p>Develop a logic model that is acceptable and user-friendly by all clients and service providers.</p>

Recommendation 3: To support efforts that design facilities and staffing

A. to be welcoming and easy to navigate by consumers,

Community Based	Traditional Sites	Where Linkages Could Exist
Combine needed healthcare with educational and community prevention services at recognized facilities for patient / customer access.	Welcoming environments that communicate caring about YOUR individual, family, and neighborhood with signage, greetings, directions, instructions, feedback....that use common language for all.	<p>Publish or communicate findings/shared action steps/shared responsibilities.</p> <p>Easy phone line that is bilingual, make easier appointments. Consistent way of inputting names into computer system so patient can be found again or by different agencies.</p> <p>Have formal and informal” secret shoppers network” to highlight positive services that are effective and share recommendations – a continuous quality improvement plan. Have a purposeful “walk-through” on bi-annual basis with community input on specific shared markers of effective service delivery system.</p>

B. to build capacity for a sustainable bilingual and bicultural workforce,

Community Based	Traditional Sites	Where Linkages Could Exist
<p>Work with already existing health care professionals who need to get their NC license to practice here.</p> <p>Recruit foreign-born Latinos who are health care professionals to work in our state.</p> <p>Recruit Latino youth to go into health care fields (shadowing, mentoring, etc.)</p>	<p>Recruit, retain volunteers and workers through formal and informal systems. Re-examine present human resource system(s) of minimum qualifications, credentialing, licensing, and explore possibilities for modifications and establishments of equivalencies/competencies.</p> <p>Short term placement of interpreters into system. Long term training bilingual health care workers or identify and placing trained health care workers.</p>	<p>Create shared workforce development strategies for recruitment, retention and common assessments for Latino entry and incumbent workers in health care. Consider the current community resource workers and volunteer pool that is developing.</p> <p>Create inter-agency collaborations for shared and expedited growth into new cultural areas. Involvement of non-Latino professionals is essential for better reception and professional acceptance.</p> <p>Partner with healthcare educational agencies, ex: Wake Tech, to help increase bilingual health care workers trained.</p> <p>Develop system to link existing bilingual professionals looking for work with agencies/practices wanting to hire. Re-examine current HR practices. Encourage more trainees/mentees. Establish/update equivalencies. Recruit/mentor next generation of workers to be bilingual, multi-lingual and more culturally competent- global market model.</p>

C. to respond to the growing demand for a variety of health providers, with strategies for those on Medicaid and those Uninsured

Community Based	Traditional Sites	Where Linkages Could Exist
	<p>Uninsured care is already stretched and available only to a limited degree. Institutional support for the few sites where health resources are offered needs to focus at increasing staff diversity, flexible hours, integrated (interdisciplinary) collaborations (e.g. clinicians, outreach workers, nutrition and prevention counselors). Rapid effectiveness results from efforts incorporating established sites.</p>	<p>Engage non-traditional safety net providers in caring for Spanish speaking clients e.g. private practices. For Medicaid, increase knowledge of available care. Increase reimbursement if a practice has a relatively high percentage of Spanish speaking Medicaid clients to promote financial viability.</p> <p>For uninsured, mirror Project Access but with primary care. Identify primary care providers willing to provide a certain, limited, amount of care to uninsured with caps on enrollment. Also, for uninsured dispell myth that uninsured can not pay at all and develop sliding scale fee for uninsured.</p> <p>Establish and recognize levels of practice and recognize importance of each and all levels from para-professional to professional. Align levels of practice to type of services needed, cost of service, and impact of services. Offer a menu of levels of services that are user friendly to clients, i.e. preventive, education, acute, short-tem, chronic, specialist, etc.</p>

Recommendation 4: To support efforts that adopts a systems perspective and response

A. to maintain appropriate responsibility by institutions for responding to public health needs,

Community Based	Traditional Sites	Where Linkages Could Exist
		Demystify/simplify public health approaches to be more effective in designing and implementing new strategies.

B. to include the organizations, institutions and communities that are currently missing from the array of needed services,

Community Based	Traditional Sites	Where Linkages Could Exist
<p>Include local businesses, landlords, schools, non-profit grass-root clubs, teens, housing folks, public safety, etc.</p> <p>Neighborhood/community will determine who and how to engage the groups.</p>	<p>Include private practices, but in a way that is financially viable to them. Either by spreading folks out among many practices therefore limiting the financial liability of each individual practice, or by increasing reimbursement to a few practices if they are carrying a disproportionate share of work.</p>	<p>Consider stakeholders for collaborative efforts.</p>