Summary: Community Conversations on Crisis Standards of Care

May 2023

Overview

The ORAAC project team hosted two sessions of community conversations. These sessions focused on engaging communities most impacted by health inequities and understanding their values, challenges they foresee, and ideas when it comes to crisis care. The concerns and experiences shared in the sessions apply to both routine health care, which can worsen health inequities prior to a disaster, and to crisis care.

Summary

1. **Community systems trying to fill the gaps in access to healthcare for communities that experience health inequities are always in a state of navigating crises and limited resources.** This is due to things like:
    a. The amount of resources and responsibilities required to provide holistic care (food, rental assistance, health access) to people in need
    b. Limited availability of language and cultural experts to support people in the hospital
    c. Community advocates are trusted leaders from the community, who also experience barriers to accessing healthcare, other inequities, and trauma themselves
    d. Family members having to step in and provide interpretation or support because it is not available elsewhere

2. **Non-English language accessibility is a significant challenge that healthcare must address to treat impacted communities.** Just because an interpreter is certified, does not mean they are the correct interpreter. It is about taking the time to listen to the specific type of interpretation that is needed. More specifically:
    a. Identifying an interpreter that
        i. Speaks the correct language
        ii. Speaks the correct dialect
        iii. Has the skills to accurately interpret the medical information being discussed
    b. Identifying if an individual needs interpretation support for verbal *and* written communication
    c. Some cultures have protocol on ensuring the gender of the interpreter matches the gender of the individual in need

3. **Building trust between impacted communities and healthcare is important. Valuing and respecting the expertise of community leaders is important to better serve impacted communities.**
    a. Community leaders will share their personal experiences of loss of loved ones from COVID-19 or getting vaccinated against COVID-19 so that community members are more willing to access healthcare
    b. Community leaders will meet community members where they are at to ensure they receive the care that they need. For example:
        i. Making sure someone has Medicaid access and follows through with scheduling an appointment OR
        ii. Going directly to their homes to drop off medicine

   c. Community leaders also carry the responsibility of addressing misinformation (e.g. false information that states getting the COVID-19 vaccine will prevent you from getting pregnant)

4. **There are a number of issues related to trust and listening to patients that healthcare must address.** For example:
   a. Community leaders cited experiences of needing a Chuukese interpreter, but not being listened to by hospital staff. Hospital staff will instead provide a Marshallese interpreter, assuming that the two are the same language
   b. There are also instances where hospital staff assume someone does not speak English and will provide an interpreter without confirming the need for one
   c. Some community members feel deprioritized in the waiting room, without any transparency or communication as to how patients are being prioritized
   d. Some community members feel frustrated about the long wait times, but short conversations with healthcare providers once they are seen. The conversations can feel rushed, or communication barriers prevent key health issues from being addressed

5. **End of life planning is not the norm in some impacted communities, and having conversations to end treatment can be difficult.**
   a. Families of a patient will get upset when the doctor suggests something like taking someone off of a ventilator. Sometimes the explanation provided by the doctor will conflict with the family's faith, and their religious beliefs around whether someone is at the end of their life.
   b. Advance directives are not common in some communities

Community members were grateful to engage in these discussions, learn more about crisis care triage, and have the opportunity to share their experiences and input. They are hopeful that needed change will come to better serve their communities.