Health Care Access Issues in Palm Beach County

Prepared for
The Quantum Foundation by:

The Access Project
Center for Community Health Research and Action
Boston, Massachusetts

February 2002

The Access Project is a program of the Center for Community Health Research and Action of the Heller School for Social Policy and Management at Brandeis University. It has served as a resource center for local communities working to improve health and healthcare access since 1998. The project receives its funding from a variety of public and private sources.

The mission of The Access Project is to strengthen community action, promote social change, and improve health, especially for those who are most vulnerable. The Access Project conducts community action research in conjunction with local leaders to improve the quality of relevant information needed to change the health system. It seeks to enhance the knowledge and skills of community leaders to strengthen the voice of underserved communities in the public and private policy discussions that directly affect them.

If you have any questions or would like to learn more about our work, please contact us.

The Access Project
30 Winter Street, Suite 930
Boston, MA 02108
Phone: 617-654-9911
Fax: 617-654-9922
Email: info@accessproject.org
Web site: www.accessproject.org

Catherine M. Dunham, Ed.D. *President*
Mark Rukavina, MBA *Executive Director*

© 2002 by The Access Project
This publication may be reproduced or quoted with appropriate credit.

Health Care Access Issues in Palm Beach County

Prepared for the Quantum Foundation by

The Access Project
Center for Community Health Research and Action
Boston, Massachusetts

February 2002

This report was prepared at the request of the Quantum Foundation. Its purpose is to provide information that will help the Foundation

- Make decisions on future funding priorities in the area of access to health care
- Assess the effectiveness of its health care access programs currently and in the future

The information included in this report was gathered from a review of available secondary materials, including census data, state health data, and local reports and assessments, and from key informant interviews with 28 community leaders in Palm Beach County. In order to involve the community as broadly as possible, informants included representatives from public health agencies, service programs, provider organizations, and community-based organizations. In addition, interviewees included representatives from organizations that work primarily with the Black, Haitian, Hispanic, and Guatemalan-Mayan communities. (See the attachments at the end of this report for lists of materials reviewed and interviewees.)

This report summarizes the results of this information gathering effort, and presents recommendations to the Foundation on a future course of action.

Data Findings

The review of secondary data and materials identified some clear trends in Palm Beach County, including rapid population growth, especially of poor, low-income, and diverse populations, and wide disparities in income levels, education, and health outcomes among groups and geographic areas. It also suggested specific areas of concern, including lack of health insurance, lack of early prenatal care, and HIV/AIDS. These results are presented below.

1. In the last twenty years, Palm Beach County experienced extremely rapid growth, and this growth is expected to continue in the future. Population growth is particularly rapid among groups that are often in particular need of services, such as Hispanics. The growth of these populations can be expected to increase the demand on the health system for services for low-income immigrants and other generally underserved groups.

   In 2000, the population of Palm Beach County was 1,131,184. In the 1980s, Palm Beach was the third fastest growing county in the United States among Metropolitan Statistical Areas of over 500,000 people. (1[*]) Between 1990 and 2000, its population increased by over 30%, which exceeded the 24% rate of growth for the state. (14)

   According to data from the U.S. Census, the population of Palm Beach County in 2000 was 78% White, 15% Black, and 2% Asian. Hispanics of any race constituted 17% of the population. Hispanics are the fastest growing segment of the county population. According to Census figures, their numbers more than doubled between 1990 and 2000. (14) Projections based on a study commissioned by the Palm Beach Post estimate that by 2010, Hispanics will be the largest minority group in the county, constituting 21% of the population. The same study estimates that by 2025, Hispanics will be the largest ethnic group in the county, making up 45% of the population, compared to 44% for Whites. (12)

2. While the population of Palm Beach County overall is slightly older than Florida as a whole, age distribution varies widely by town and group. Towns with large Black and Hispanic populations tend to be younger than the county average, and growth in the child population in these areas is high. This indicates a growing need for services for low-income women of child-bearing age and for their children.

[*] Numbers in parentheses refer to the numbered list of data and documents reviewed at the end of this report.

In Palm Beach County, 23% of the population is over age 65, compared to 18% for Florida as a whole. However, while in Palm Beach proper, over 50% of the population is over 65, in Belle Glade and Riviera Beach, which have significant Black populations, this figure is only 9% and 15% respectively. In Lake Worth, where 30% of the population is Hispanic, 14% of the population is over 65. (14)

Between 1992 and 1997, the population of children ages 6 to 12 in the county increased by 16%, with two-thirds of that growth attributable to Hispanics, Blacks, and other races. In that period, the population of Black teens grew by 22%, and Hispanic teens by 40%. Looking forward, the number of Hispanic and Haitian teens is expected to rise relative to the White population. (2)

Generally speaking, White population growth has been driven by in-migration of older people. Black population growth has largely been due to child bearing. Growth in the Hispanic population has resulted from both in-migration and child bearing.

3. The county is geographically large – the largest county east of the Mississippi River. The size of the county is an important factor in assessing access issues, as it affects people's ability to get to services. The towns in the Western part of the county are especially isolated, although issues of transportation affect people throughout the county.

   In Belle Glade, 30% of the population does not own cars. (9) Data for other towns were not available, but similar situations may exist.

4. For most health indicators, the county overall has better outcomes than the state. For example, Palm Beach County had more positive outcomes than the state with respect to teen birth rates, births to unwed mothers, low birthweight non-White infants, and White neonatal mortality. However, for a few indicators, Palm Beach County performed worse than the state. Of particular note were indicators on new AIDS cases and women receiving late prenatal care. (15)

   The county reported 51 new AIDS cases per 100,000 population in 2000, while the state reported 33 new cases per 100,000. The number of new cases in the county had declined between 1993 and 1999, but increased between 1999 and 2000. Palm Beach County currently ranks fifth among metropolitan areas in new AIDS cases. (2) The rate increased most rapidly in the heterosexual Black community, and especially among Black women. (13)

The county also reported 6.8% of women receiving late or no prenatal care, almost double the 3.5% rate for the state. In 1998-2000, only 78% of women in the county received care in the first trimester of pregnancy, compared to 84% in the state as a whole. (15)

Other indicators in which the county's averages were worse than the state's included deaths from coronary heart disease, homicides, low income population with access to dental care, and non-White neonatal mortality. (15)

In addition, the HRSA Community Health Status Report for Palm Beach County indicated that the county had poorer outcomes than both the United States as a whole and peer counties with respect to low birth weight babies, premature births, older mothers, homicides, motor vehicle injuries, and suicide. (3)

5. Countywide data must be regarded with some caution, as the county is a study in extremes. Wide disparities exist in income and education, and consequently in many health indicators associated with these factors. For this reason, it is important to look at town, neighborhood, and subgroup data where available, and target programs to those areas and groups in greatest need.

   For example, the median income in Palm Beach County is the second highest of 315 metropolitan areas in the United States. At $37,000, it is higher than the state median of $33,000. (11) However, in Belle Glade, about 19% of the population lives near the poverty level, compared to 4% in the county, and over half of the population has incomes below 200% of the poverty level. (9)

   While town level data are not always available, the areas of greatest need are generally known, and probably include areas in West Palm Beach, Lake Worth, Pahokee, Belle Glade, Riviera Beach, Delray Beach, Riviera Beach, and Boynton Beach. A recent report on teen pregnancy in Palm Beach County highlighted zip codes in these areas as having much higher rates of teen births than the county as a whole, along with lower than average income levels, and higher than average unemployment rates, high school drop out rates, and delinquency rates. (17)

   The extremes in income are also reflected in large racial and ethnic disparities in a variety of health indicators.

   For example, while the rate of low birth weight babies in Palm Beach County was slightly lower than the state average in 1999 (7.8% vs. 8.1%),

the rate for Black infants was nearly twice the rate for White infants. The highest rates were in the towns of Pahokee, Riviera Beach, Boynton Beach, and Delray Beach. While the Palm Beach County infant mortality rate was below that of the country and the state, the Black infant mortality rate was again nearly twice that of Whites. (2)

While Blacks comprise about 15% of the population of Palm Beach County, 63% of AIDS patients in the county are Black. (2) In 1995-97, HIV/AIDS was responsible for 52% of deaths among Blacks ages 25-44, but only 17% of deaths among Whites in that age group. (3)

Discrepancies can be documented across a variety of health indicators.

6. Research has consistently documented that lack of health insurance is a major barrier to accessing health care, and that not having insurance results in poorer health outcomes. The disparities in rates of uninsurance among groups in Palm Beach County are especially notable. Overall, the rate of uninsurance in Palm Beach County in 1999 for people under the age of 65 was 15%, slightly lower than the 17% rate in the state. However, among people with low incomes, Hispanics, and people without a high school diploma, rates of uninsurance were staggeringly high. (8)

   In 1999, Palm Beach County had the highest rate of uninsurance in the state for persons with incomes below 100% of the Federal Poverty Level – almost half (47%) of this group lacked insurance. One would expect that many people in this income group would be eligible for public insurance programs. However, in the county only 9% of the population was covered by Medicare, Medicaid, and other government related programs, compared to 10% of the population in the state as a whole. (Among children under age 19, these figures were 19% and 20% respectively.) (8)

   While it is impossible from the data to be sure why enrollment in public programs is relatively low compared to the level of need, it may reflect factors such as the large number of non-citizens who are not eligible for public programs and barriers to enrollment, especially for people with Limited English Proficiency (LEP). In addition, the county had the second highest rate for people with incomes between 100% and 150% of poverty, with a 27% rate of uninsurance. (8)

   Forty percent of Hispanics in the county were uninsured, compared to 29% in Florida as a whole; the county rate was the third highest Hispanic uninsurance rate in the state. Among Hispanics under the age of 19, the uninsurance rate was 34%, also the third highest in the state. This compared to a 6% rate for White non-Hispanic children. (8)

Palm Beach County also had the highest rate of uninsurance for people without a high school diploma – 60% of this group was uninsured, compared to 40% in Florida overall. (8) In this context, it is worth noting that while the Palm Beach County graduation rate was 80% in 1994, it has fallen sharply since then. In 1999, it reached a low of 58%, while in 2001 the rate was 65%. (10)

Within the county, the following zip codes had particularly high uninsurance rates: (8)

- Uninsurance rates between 26% and 28%
  33438 (Canal Point)
  33476 (Pahokee)
  33493 (South Bay)
- Uninsurance rates between 23% and 26%
  33430 (Belle Glade)
  33404 (Riviera Beach)
  33460 (Lake Worth)
- Uninsurance rates between 21% and 23%
  33407 (West Palm Beach)
  33460 (Lake Worth)
  33444 (Delray Beach)

These data are from 1999. As the economy has slowed across the country and unemployment rates have risen, uninsurance rates have also begun to rise. It is therefore likely that current uninsurance figures in the county are even higher than the ones cited above.

Findings from Interviews and Secondary Materials

Interviews with key informants and the review of existing assessments and reports identified a number of health access needs in Palm Beach County. Many of these needs were mentioned by multiple informants and in multiple reports, and were generally consistent with the needs suggested by the data presented in the previous section. This section outlines the most prominent areas of need related to health access as identified by these sources.

NOTE: Quotes below are transcriptions from interview notes; while they may not represent informants' exact words, they do represent the substance of their comments. Given the limitations of this study, it was not always possible to independently verify specific factual assertions: the quotes thus represent informants' perceptions. However, the selected quotes illustrate perspectives and issues common to many informants.

1. Lack of health insurance is a major barrier to accessing care. This is particularly true in farm worker and immigrant communities, where lack of legal status leaves people ineligible for Medicaid and other public programs.

   Lack of insurance was mentioned as a particularly serious problem by individuals working with the farm worker, Guatemalan-Mayan, and Haitian communities. Many of the informants who work in these communities report that almost their entire clientele is uninsured. Lack of legal status leaves large portions of these populations ineligible for Medicaid, and eligible for only partial coverage through the Health Care District program. Some other health care programs also apparently require applicants to show proof of legal status, or only provide limited care to people who can't provide such documentation.

   Informants' comments:

   "Almost our entire population [farm workers] lacks legal status…Most of our clients do not have health insurance, and as a result, do not have primary care physicians."

   "The majority of residents in the [Guatemalan-Mayan community] don't have health insurance."

   "Pregnant women without insurance only receive care for the last 60 days of pregnancy. At Bethesda Hospital, pregnant women without health insurance and illegal status are eligible for only three months of health services, usually the last trimester. WIC services are only for kids with legal status. KidCare doesn't take illegal children."

"In some hospitals and clinics, patients need to show social security numbers and prove legal status to be served."

"The family planning clinics don't need documentation but the maternity clinics do."

2. For those who are or may be eligible for programs, the complexities of the enrollment process prevent many people from obtaining coverage. Specific barriers need to be identified and problems addressed. Solutions might include some or all of the following: simplification of the process, improved outreach, elimination of certain requirements, better support for enrollees in completing the enrollment process.

   Informants' perceptions of the Health Care District and Health Department are generally quite negative: they view these organizations as highly bureaucratic and difficult to navigate. The United Way's Community Assessment 2000 also identified "red tape and bureaucracy" as "barriers that prevented some children, especially those in immigrant families, from receiving the health care they needed." (2)

   Some work has been done in the county to reduce the complexity and obstacles to enrollment. Informants spoke positively about the efforts led by the Healthy Mothers/Healthy Babies Coalition to pinpoint and ameliorate some of these obstacles for pregnant women.

   In addition, the Health Care District has improved the application process for the Coordinated Care program, which provides coverage for low-income people not eligible for other programs, through the creation of a simpler application form. Also, in a recent policy change, it no longer requires people clearly ineligible for Medicaid to present a Medicaid denial letter to apply for the Coordinated Care program. However, informants' comments suggest that either people are not aware of these improvements or that significant obstacles still exist. The perception that the enrollment process is bureaucratic and complicated was widespread.

   Informants' comments:

   "The Health Care District eligibility requirements are very complex. People must apply for Medicaid first and then need to show a denial letter."

   "The Health Care District's safety net programs are ineffective. The program has money… but they do not expend it on programs that help the [farm worker] community. HCD has millions but they don't use it properly."

“The Health Care District is a bureaucracy that rejects the farm worker community.”

“The Health Care District doesn’t provide much help for the Mayan community. In the county there are about 80,000 people, and the program only serves about 8,000 people.”

“The Health Care District is very powerful. They provide eligibility, but it is very complex to figure out and qualify for.”

“State and federal eligibility is perfectly designed to accomplish the agencies’ goals of making it harder for people to get what they need.”

“Projects from the Health Department are not well received.”

3. For those without insurance, more free care programs are needed.

Important free care programs in the county do exist. For example, a not-yet-released evaluation of the School Nurse Program, a joint project of the Health Care District, the School District, and the County Health Department, noted that the program was a “leader in the field of school health” that provided important services to over 6,000 students daily, with visits exceeding one million annually. The FAU School Wellness Centers provided services to over 16,000 children and adults in 2000. (7)

However, informants still pointed to a need for more free care, particularly primary care and care for pregnant women, especially for the many people in the immigrant and minority communities who are without insurance and have very low incomes. As population growth in these groups is higher than overall county growth, one would expect that the demand for such services will only increase. This conclusion is reinforced by the United Way’s Community Assessment 2000, which says that, with respect to health services, demand often exceeds supply, and that it is not uncommon for agencies to have enrollment caps or waiting lists. The assessment also found that 18% of households with children reported major problems paying doctors’ costs. (2)

Informants’ comments:

“There is an excessive number of patients per clinic.”

“Not all migrant workers can participate in their [Caridad Health Clinic] program because it is specific to farm workers. The community is always looking for primary health agencies that provide free care.”

“There’s a lack of funding to provide more and free services [to the Latino community], plus funds to sustain their current programs.”

"The health care system could create a primary health center for this [the Latino] community."

"Pregnant women need to wait until the last minute to access health care [in the Guatemalan-Mayan community]."

"Pregnant women are eligible for free care for [only] 45 days."

"I've heard of cases of people with debts as high as $50,000. Because people cannot pay these amounts, they do not go back for health services."

4. Service provision is uncoordinated and fragmented. While services exist, the system is often difficult to navigate. People need a single point of entry into the health care system, more continuity of care, and better long term follow-up. There is a need to develop an infrastructure to facilitate coordination and continuity.

   Informants mentioned a number of positive efforts to increase coordination of services in the county. For example, a number of interviewees made positive comments about the Maternal and Child Health Alliance's initiatives to pool funding streams for maternal, child, and family health programs and coordinate allocation through preselected agencies. In addition, the evaluation of the FAU Wellness Centers indicated that they serve important coordinating functions by establishing a network of community-based services, creating linkages with key agencies and organizations in the county, and serving as a point of entry into the health care system for clients. (7) The OMEGA project was also mentioned as an effort to coordinate services for elders, and the Children's Services Council as an effective organization. Other initiatives to coordinate services that informants mentioned were the School Readiness Coalition, the Whole Child Project, and the Information and Crisis Referral hotline.

   Informants mentioned some areas where previous efforts at coordination were experiencing obstacles. Health Department staff said they were no longer getting complete lists of women who had delivered at area hospitals and no longer had liaisons at the hospitals. A report produced by the Cornerstone Group on teen pregnancy said that the Teen Pregnancy Prevention Coalition, a coalition of providers, suffered from lack of consensus on methods, representation from all sectors of the community, and active participation by members. (17) One informant saw the Economic Council as an elite, very effective mobilizing group that has brought about improvements in county government and the criminal justice system, but has not taken on health care as an issue.

In spite of some positive efforts and successful initiatives, improved coordination was identified as a key need both by informants and in previous assessments of county health care needs. For example, better integration of funding sources, services, and objectives was mentioned as a major need in the Glades Initiative Final Report (9), the report on Comprehensive Services for Children and Families in Palm Beach County (4), and the United Way's Community Assessment 2000 (2). The Glades Report identified the need to redesign services with a "client-centered perspective," including standardized intake procedures, uniform eligibility screening, and a universal client data system.

Informants' comments:

"A lot of information has been gathered, but there is little coordination."

"The county Health Department tried to improve health access, but some agencies' [negative] attitudes created barriers to developing a system."

"Service agencies in underserved communities don't talk to each other. They are competing for funding and see no obvious benefit from coordinating."

"There are considerable turf issues and hoarding of resources among groups charged with helping elders."

"People need a universal entry point [into the health care system]."

"We are missing a portal of access to care. There needs to be a door that folks can walk through."

"Patients need help navigating the health system."

"The health system has resources, but they are not used in the best way."

5. While many services and programs exist, people are often unaware of them. Along with a need for information about public and nonprofit programs, hospital free care policies need to be clarified. Better outreach is needed to inform people about these programs.

   Many informants mentioned that while services do exist, many people are unaware that they are available. For example, a number said that they were unfamiliar with the Health Care District's programs. A number also said they were unclear about whether hospitals had free care policies and, if they did, what the policies were.

   The need for better information about existing programs is undoubtedly related to informants' perception of the complexity of the health care system and patients' difficulty in navigating through it.

Informants' comments:

"Pamphlets are not enough – we need outreach workers in all the agencies."

"I don't know much about the Health Care District's system."

"I don't know how the Health Care District's Safety Net System works. However, I believe it could improve and help the minority community more."

"I don't know of any hospital free care programs. Since Tenet bought St. Mary's, they've been more efficient to work with, but they look at people's financial coverage before admitting them."

"St. Mary's and Bethesda Hospitals are care centers where you can have free health services, but only in emergency cases, and only a few people know about these services."

6. People with Limited English Proficiency (LEP) face special barriers to accessing care. They need outreach provided in their languages, in forms that they can access, as well as interpreter services and multi-lingual staff at institutions where they seek assistance and care.

   Lack of outreach is a particularly important issue for communities with many people with limited proficiency in English. There is a great need for outreach and materials in immigrants' native languages. In addition, because many LEP persons have low literacy skills in their own languages, there is a need for nonprint forms of outreach. Many informants suggested radio as a tool for reaching the non-English speaking community.

   Lack of bilingual staff and interpreter services at health facilities and social service agencies is also a major barrier for people with limited English skills.

   Informants' comments:

   "Clients do not like to read. Radio is a more effective tool for this [farm worker] community."

   "Low literacy is high for both men and women [in the farm worker community]. They don't read brochures or newspapers, which affects access to health care."

"Low literacy levels and a lack of interest in reading pamphlets, newsletters, and newspapers are a big challenge in this [Latino] community."

"Newspapers and radio are a good way to promote education and prevention [for the Latino community]."

"Health services in the area don't offer interpreter services."

"There's a lack of Spanish speaking workers in the health system."

"At Betheda Hospital they don't have interpreter services or they don't work properly."

"Medical interpreters don't exist at any health clinic or hospital."

"Agencies don't have bilingual staff."

"Agencies without bilingual, multicultural staff are barriers to health care access."

"There are not enough substance abuse programs, and they lack bilingual counselors."

7. Care is often not provided in a client-centered and culturally sensitive manner. Staff need training in the provision of client-centered and culturally competent care.

   Informants perceive providers as frequently unknowledgeable about the cultural values and behaviors that affect immigrants' willingness to seek care, the care givers from whom they seek care, and the type of care they receive. For example, one informant mentioned that Haitians don't understand the concept of preventive care and only go to the hospital if they are "practically dying." Many ethnic communities are uncomfortable with openly discussing issues such as mental health, domestic violence, or adolescent sexual activity. Because of both cost and familiarity, many immigrants use traditional remedies and healers. In addition, there are few minority practitioners, so people are unable to consult clinicians with backgrounds similar to their own.

   Informants also saw lack of appropriate, responsive care as an issue for people with disabilities. For example, obstetricians don't have exam tables that can be used by people in wheelchairs, and adolescents with disabilities are not seen as sexual and don't receive sex education.

   More generally, some people perceive staff at health care facilities and social service agencies as racist and insulting, and feel humiliated by the process of applying for and getting care. For example, in focus groups

conducted by The United Way for its Community Assessment 2000, participants reported that public assistance agencies were "notorious for having poor customer service," and some referred to obtaining services as "a humiliating process." (2)

Informants' comments:

"The communicable disease clinic is next to the INS office near the port. This was supposed to be temporary."

"The Health Care District does not have bilingual staff that understands the health beliefs of the Hispanic and minority communities."

"Guatemalan Mayans have an especially high rate of birth defects, but elders don't want to abide by the protocols."

"Some clients bring medicine from their own countries and self-prescribe antibiotics and other medicines. Folk healers are important participants in the health system of the [Latino] community. More than twenty 'Botanicas', traditional folk drug stores, exist in the area."

"In [Guatemalan-Mayan] traditional medicine, comadronas (midwives) usually take care of deliveries. Women in this community usually don't like to see physicians and nurses from other cultures….Older women are frequently consulted about health problems….Patients try to integrate modern and traditional medicine, including the use of herbal remedies."

"Health services don't integrate the cultural aspects of the Mayan culture, as well as their natural medicine system."

"A lack of minority health practitioners is key."

"Mental health is taboo in the [farm worker] population."

"Women [in the Guatemalan-Mayan community] don't know much about mental health or substance abuse services."

"The immigrant Latino community does not talk about mental health. No resource is available in this county. The same situation exists for substance abuse."

"Eliminating racism and classism against Latino communities is important."

"Racism, classism, lack of good manners, and humiliation from health center staff occur very often."

8. There is a lack of coordination and an overarching strategy among advocacy groups in underserved communities. Capacity-building initiatives in these communities are needed to strengthen mobilization and advocacy efforts.

While informants mentioned the existence of a number of provider organizations, they perceived a lack of leadership within underserved communities, as well as a lack of coordination among groups and a common strategy to advocate for improvements. In the Black community, informants perceived the development of many small initiatives, but little coordination among them. Haitian informants pointed to the need to involve the churches in advocacy efforts, as churches are the "gateway" to that community.

Informants' comments:

"There's no source of leadership or community mobilization."

"Advocacy groups are not especially well coordinated and are varied in skill level. They are good at stating how bad their need is but not about being strategic about what x amount of money could do for x number of people."

"[Farm worker] residents meet monthly, but the group doesn't have the power to improve the health access of its members."

"Advocacy is muted in most of the county."

"No organization exists to promote and improve the health care services for the underserved [farm worker] community."

"I'd like to see the creation of a Mayan group for advocacy for health care access."

"Many elders are 'relocators' disconnected from their original community, religious and labor organizations, and they see themselves as 'undeserving'."

9. Poor public transportation is a major barrier to getting care for low-income people.

Although the Chamber of Commerce describes transportation as "one of the county's prime assets (1)," lack of good public transportation was mentioned with great regularity both by key informants and previous county needs assessments as a major obstacle to accessing care for low-income people. Participants at a meeting of the Whole Child Project identified transportation as the "huge missing link," the "2000 pound gorilla" that frustrates access to health care. (18) The Cornerstone Report on teen pregnancy prevention cited transportation as a critical access issue for adolescents. (14) The United Way's Community Assessment 2000 identified transportation to access health and human services programs

as a cross-cutting issue that affected all age groups. (2) Transportation is also a problem for people with disabilities.

Public transportation was viewed as inadequate in terms of both frequency and areas served. The large geographic size of the county makes lack of good public transportation particularly burdensome, especially for residents in the isolated towns in the Western part of the county.

For people with limited English skills, the system is especially hard to use because signs are not in their languages and drivers are unable to provide instructions that they can understand.

Informants' comments:

"Health services are far away from people's residences and the public transportation is very bad in terms of not enough buses, times, and area of coverage."

"Transportation is a big problem. Only three organizations provide services and to be eligible, you have to be a Guatemalan farm worker."

"Public transportation is terrible."

"Health services are not accessible because of their distance from the [Guatemalan-Mayan] community and public and private transportation services are inadequate. The public transportation only runs every hour."

"The Health Department is located on the outskirts of [Belle Glade] with no transportation."

10. Prenatal and postnatal care is seen as an issue that can mobilize people.

When informants were asked what health issue might mobilize their communities, the most frequent response was prenatal and postnatal care. Other issues mentioned were AIDS and adolescent health.

Informants' comments:

"Prenatal and postnatal care are issues that could mobilize this [the farm worker] community. Mothers are concerned about staying healthy during their pregnancy and postpartum periods."

"Prenatal and postnatal care could mobilize the [Guatemalan[Mayan] community."

"Prenatal care and AIDS could mobilize the [farm worker] community."

11. Many feel that while the community has been "studied to death" and serious needs identified, the process has not produced many concrete results. It is important, therefore, to not raise expectations that cannot be met, and to focus on strategies for implementation and the achievement of measurable results.

    The Glades Initiative Final Report in October 2001 included a review of 31 prior needs assessments. (9) It reported that fewer than half of the assessments resulted in recommendations and measurable actions, that implementation plans were absent from most studies, that the implementation status of most past efforts wasn't publicly known, and that a "handoff" problem existed between project facilitators and local organizations. For this reason, the authors said "the public is frustrated that they have been studied to death but don't see results," and that funders were impatient with further requests for assistance in the Glades.

    As one key informant interviewed by The Access Project stated, "Funders should invest more in capacity-building in those people and agencies charged with following through and implementing plans that have already been developed."

Recommendations

The barriers to accessing health care in Palm Beach County are great. A high degree of consensus exists about the general nature of these barriers among agencies, service providers, and representatives from the minority and ethnic communities in the county, if not about specific solutions. As outlined in the previous sections, barriers include high rates of uninsurance, especially in immigrant communities; lack of service coordination; complexity of enrollment processes; lack of language assistance services for people with limited English proficiency; poor transportation services; lack of knowledge about existing services; lack of adequate free care programs for people who are not eligible for public insurance programs; and lack of strong leadership among community advocacy groups.

Given these findings, *eliminating or reducing barriers to getting health care for low-income people, with a special emphasis on immigrant communities and people with limited English skills, can provide a clear focus for the Quantum Foundation's health access programs going forward.* Overcoming these barriers will be a challenge, but it also offers the Foundation an opportunity to provide real leadership in bringing the community together to address this challenge.

However, any efforts to improve access to health care in Palm Beach County must also address the community's perceptions that previous assessments and initiatives have resulted in few tangible, positive benefits. In developing a strategy around health care access, the Foundation must show that it has listened to community input and that it intends to act on it in ways that will produce real results. With community involvement, it must both set clear, overarching goals, but also develop interim objectives that can be met within a reasonable period of time. Its strategy should include clear measures of success, and it should monitor and publicize its progress against these measures.

The Access Project thus recommends that the Quantum Foundation:

1. Disseminate the findings of its health access information gathering effort, as contained in this report and in the upcoming analysis of the PRC survey, to community representatives, including the key informants interviewed by The Access Project, as well as other key stakeholders in the county.
2. Involve community representatives in an ongoing way to agree on clear health care access goals, as well as shorter term objectives to move toward these goals. Community involvement must include government officials and providers, but also representatives from the immigrant and low-income communities that initiatives are designed to serve.
3. Fund programs and support initiatives that are clearly designed to advance these objectives.
4. Monitor progress in achieving the agreed on goals and objectives, and ensure that the community is informed about results.

While the specifics for each of these steps will be the result of a process, the following sections provide some suggestions for the types of goals and initiatives that such a health care access campaign might include.

Examples of Goals for a Health Care Access Campaign

The goals for an effort to eliminate or reduce barriers to getting health care for low-income people, with a special focus on immigrant communities and people with limited English skills, need to be developed with community involvement and input. However, it should be possible to develop some clear, defined targets for the initiative. As an example, possible goals could be:

- ❖ Reduce the uninsurance rate among Hispanics in Palm Beach County from 40%% to 29%, the Hispanic uninsurance rate in Florida as a whole. This would decrease the number of uninsured Hispanics in Palm Beach County by approximately 8200 people. (While specific data are not available on numbers of uninsured Haitians and Guatemalan-Mayans, these groups should be targeted as well.)

- ❖ Increase the number of people who can be served by free primary care programs in specifically targeted high need areas by 20%, with a special focus on prenatal and postnatal services for low income, uninsured women and children. (This figure is arbitrary, but a reasonable goal could be determined through some additional analysis of existing resources and unmet need in targeted communities.)

Setting such goals would provide a way for the Foundation to establish priorities and guide funding decisions. In addition, the goals would serve as a measure by which the Foundation, over time, could assess the success of its health access programs and initiatives.

Examples of Programs and Initiatives

A campaign to meet these types of goals would need to include a combination of approaches, some systemwide and some targeted to specific high need areas. While a variety of programs and efforts are possible, components of such a campaign could include some or all of the following:

System Development

- ❖ Convenings of high-level health agency officials and health care administrators to gain commitment at top bureaucratic levels to coordinate efforts among agencies to improve health care access.
- ❖ Creation of an ongoing body of key stakeholders, including community representatives, to oversee and monitor coordination efforts.
- ❖ Identification of areas of major need for free services, and development of targeted programs to increase the availability of free primary and perinatal care in these areas.

Outreach

- ❖ A public education effort to make people in the county aware of the seriousness of the problems of uninsurance and disparities in access to services and health outcomes.
- ❖ Culturally appropriate outreach designed to enroll eligible but non-enrolled individuals in public programs.
- ❖ Culturally appropriate outreach about existing free care programs and services.

Language Assistance and Cultural Competence

- ❖ Gaining commitment from large providers, including hospitals, to develop interpreter services in the major languages spoken by low-income populations (Spanish, Guatemalan-Mayan, and Haitian Creole), in accordance with guidelines outlined by the Office of Civil Rights of the federal Health and Human Services Agency for compliance with existing civil rights law (Title VI).
- ❖ Training programs for clinicians and staff in health care and social service agencies in the provision of culturally competent care.

- ❖ Medical interpreter programs to increase the pool of trained medical interpreters in the county.

Transportation

- ❖ Facilitation of partnerships to develop strategies both for improving public transportation systems and for creating targeted, practicable programs in specific high need areas.

Leadership Development

- ❖ Convenings of community leaders to identify coalition efforts that have been successful in the past, pinpoint factors supporting their success, and design approaches for meeting health access goals that build on these efforts and groups.
- ❖ Leadership development programs that enhance the ability of community leaders to advocate for and participate in the design of needed services.

The suggestions above are intended as a basis for further discussion. Depending on the direction the Foundation decides to pursue, additional research could provide information about best practices and programs that have worked across the country. For example, a great deal of information exists about implementing enrollment outreach efforts, developing standards for medical interpreters, and training providers in the provision of culturally competent services.

Next Steps

Possible next steps for moving the Foundation's health access initiatives forward could include the following:

- ❖ Review the information and conclusions in this document. Determine if the Foundation requires additional information to make decisions about the focus of its health care access initiatives.
- ❖ Decide on a definition of focus for the Foundation's health access initiatives going forward.
- ❖ Sponsor a meeting with the key informants who participated in this data-gathering process, along with other key stakeholders if desirable, to present the findings from this report.
- ❖ Establish a process that involves key stakeholders and community representatives in deciding on specific goals for the Foundation's health access initiatives, and developing a plan, with interim objectives, for achieving these goals.

Attachments

Key informant interviewees

The Access Project interviewed 28 key informants between November and February about their perceptions of health care access issues in Palm Beach County. Seven of the interviews were conducted in Spanish. The informants The Access Project interviewed are listed below.

1. WAYNE ALEXANDER, President & CEO, Urban League of Palm Beach County
2. ROBERT ARRIEUX, Executive Director, Haitian Center for Family Services
3. JUDITH BEST, Executive Director, Interfaith in Action
4. MARYANNE BOHATYRITZ, Director of Project Hope
5. EILEEN BOYLE, Senior Vice President, United Way of Palm Beach County
6. CARIDAD ASENCIO, Founder, Caridad Clinic
7. JERONIMO CAMPOSECO, Family Support Specialist at Redlands Christian Migrant Association
8. CATHY COHN, President & CEO, Healthy Mothers/Healthy Babies Coalition of Palm Beach County
9. CYNTHIA DENT-KENNEDY, Director of Nursing, Palm Beach County Health Department
10. CAROL ANN “ANDI” DEVINE, School Health Division, Palm Beach County Health Department
11. TANA EBBOLE, Director, Children’s Services Council
12. DENISE FAZIO, Community Educator, Latino Outreach, Program La Promesa, Planned Parenthood of the Palm Beach and Treasure Coast Area, Inc.
13. SHELLY GOTTSAGEN, Executive Director, Coalition for Independent Living Options
14. SHELLEY GREIF, Nursing Director, Children’s Medical Services
15. C. ROBERT HORSBURGH, Professor of Epidemiology, Boston University School of Public Health, Investigator on Glades Health Initiative Survey
16. JENNIFER HOULIHAN, Assistant to Director of Research and Planning, Health Care District
17. CAROLYN HUCKSHORN, Director of Public Affairs, Planned Parenthood of Palm Beach
18. BERNADETTE LANGE, Coordinator of Florida Atlantic University’s Community Wellness Center in Belle Glade
19. LINDA M LASSO, Consultant
20. JEAN MALECKI, Director, Palm Beach County Health Department
21. HERB MARLOWE, Strategic planner/consultant

22. MICHAELA MARTIN, Child Care Provider, Mayan Ministry and Family Literacy Program
23. ANDRES MARTINEZ, Teacher, Mayan Ministry and Family Literacy Program
24. LUCIANO MARTINEZ, Executive Director, The Children's Fund c/o Hispanic Human Resources Council
25. LUCIO M. PEREZ-REYNOZO, Executive Director, The Guatemalan-Mayan Center, Inc.
26. CONNIE SISKOWSKI, Founder/Board Member, Interfaith in Action
27. PENNY WESTBERRY, Executive Director, Maternal and Child Health Alliance
28. ANTONIA WILLIAMS-GARY, Executive Director, Nonprofit Resource Institute

Data and documents reviewed

The Access Project also reviewed data and documents related to health care access in Palm Beach County. The documents The Access Project reviewed are listed below.

1. *About the Palm Beaches*, Palm Beach County Chamber of Commerce
2. *Community Assessment 2000*, United Way of Palm Beach County
3. *Community Health Status Report for Palm Beach County*, Health Resources and Services Administration – basic health indicators, with comparisons to national averages and peer counties
4. *Comprehensive Services for Children and Families in Palm Beach County: A Strategic Plan for School Readiness*, School Readiness Coalition, November 2001
5. *County Comparisons*, Florida Dept. of Health, Office of Planning, Evaluation and Data Analysis
6. *Evaluation of the Maternal, Child and Family Support Network of Palm Beach County: Annual Report Summary,* CSR, Inc., December 2001
7. *The Florida Atlantic University School-Based Community Wellness Centers: A Program Review and Recommendations*, December 2001, Center for Health and Health Care in Schools
8. *Florida Health Insurance Study*, State of Florida, Agency for Health Care Administration, January 2000 – state and district results and small group analysis (includes uninsurance rates by zip code, census tract, and Congressional districts)
9. *Glades Initiative Final Report*, BDMP/Westport Health Consultants – needs assessment and implementation plan for the Glades

10. *Graduation Rates by District: 1993-94 through 2000-01*, Florida Department of Education, Education Information and Accountability Services
11. *Palm Beach County Health Department Annual Report*, July 1998-June 1999
12. *Palm Beach County Post*, "Census 2000: More People, More Diversity, County's 1,131,184 Nearly Twice 80's Total," J. Engelhardt and C. Stapleton, March 28, 2001
13. *Palm Beach County Post,* "County's New Aids Cases Rank 5th in U.S. Metro Areas," S. Bhatt, February 22, 2001
14. *Profile of General Demographic Characteristics 2000*, U.S. and *General Population and Housing Characteristics: 1990*, Census Bureau – general demographic data by state, county, and town from 2000 and 1990 censuses
15. *Public Health Indicator Reports*, Health and Human Services, Florida Department of Health – county level data on a range of health indicators
16. *Recommendations from pilot project to assess access to public assistance programs for pregnant women,* October 2000, Healthy Mothers/Healthy Babies Coalition of Palm Beach County, Inc.
17. *Report for the Palm Beach County Health Department and Governor's Council for Community Health Partnerships*, The Cornerstone Consulting Group – report on teen pregnancy prevention
18. *Summary of Palm Beach Visioning Meeting*, Whole Child Project, February 2001