



Uncovering intersecting forms of discrimination during a social risk screening and care program in Rhode Island

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SIREN National Research Meeting
September 15, 2022, Zoom Meeting

Background & Setting:



Providence, Rhode Island

43.3% Hispanic

33.1% White/not Hispanic

16.8% Black

6% Asian

4.7% More than one ethnicity

Large immigrant community

28.73% of residents born outside US

48% of households Spanish-speaking

Background & Setting:

Social Determinants of Health			
1. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
2. In the last 12 months, has your utility company shut off services (electric, gas, oil or water) for not paying your bills?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
3. Are you worried about losing your housing (apartment, room or house) or are you homeless?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
4. Do your living conditions affect your health?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
5. Do you go without healthcare because of no transportation?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
6. In the last 12 months, have you needed to see a doctor or buy medications but could not because of cost?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
7. Are you afraid someone might hurt you or your family? If yes to this question, then select one of the following: <input type="checkbox"/> Y Warm handoff to IBH <input type="checkbox"/> Y Verbally informed provider	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
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PCHC Patient Demographics (N=60,000)

39% White

15% Black

3% Asian

14% more than one ethnicity

28% not reported

49% speak language other than English as their primary language

65% are under the 200% poverty level & 65% on Medicaid

39,730 patients screened for social needs; with **10%** having unmet social needs and **36%** of patients accepting assistance

Research Objective and Aims:

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To explore, understand, and describe *why* it is that people who report social risks during clinic screenings but decline social care assistance—from the perspectives of:

- 1) Patients;
- 2) Staff; and
- 3) Social Care Providers

(Remote) Methods (2020-2021)

Telephonic Phone Interviews with 26 Patients
Zoom Focus Groups with 6 Patients and 8 Clinic Staff
Zoom Focus Group with Leaders of Social Service Agencies

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Participant Characteristics (N=42)

32 Patients: 24 Female; 8 Spanish Speaking; 22 Declined Assistance

8 Staff Members: 7 Female; 7 Latina and 1 Black/African

2 Social Care Service Agency Leaders: White females

AJPM

American Journal of
Preventive Medicine

SUPPLEMENT TO THE AMERICAN JOURNAL OF PREVENTIVE MEDICINE

Understanding Patients' Interest in Assistance with Social Risks Identified in Health Care Settings

GUEST EDITORS

Caroline M. Fichtenberg and Laura M. Gottlieb

THEMES: Why *do* patients' decline social assistance?

Wording of questions & Time Constraints;
Patient knowledge of limited resources;
Lack of understanding;
Shame/Pride;
Fear/Mistrust; and
Stigma & Discrimination

To explore, in greater depth, how racism— or discrimination enacted towards people because of culture, language, or legal/immigration status— shaped experiences with and perceptions of the screening and social care program and identify potential ways that it inadvertently reproduced inequalities and various forms of racism.

Racial Equity Lens

Participant Characteristics

(N=42)—Secondary Analysis: How does racism and racialized disadvantage impact social care?

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Racial
Equity Lens

As we discuss these data, please take notes of the possible ways that social risk screening and social care programs might change to ensure racial equity.

Individual Racial Stigma and Discrimination

*“The way that they treat people [who request social care] ...it really, really, hurts people's feelings. I mean, when you [an] immigrant you feel down when someone discriminate[s] your race and your language, you know... You know, what happens is when people go to ask for even an application they- **the person who's at the front desk-- they also talk to you with body language.** This is what I feel when I went to places like that, with another person for translation or help. **They [staff] are acting up with body language [that says], ‘What are you doing here?’”***

– 58 year old, Spanish speaking female

Institutional Discrimination: Language & Translations

"They're [the social risk screening questions] really hard for our patients to understand, especially ...people that have a language barrier...it's not just asking questions, it's explaining what the question mean[s]." – Staff Member Focus Group Participant

"I think it [the social risk screening tool] should be translated in the language [dialects] ...[so that] we have the exact verbiage to us because you know I'm Puerto Rican, so my Spanish is ...like not fancy Spanish. So, I think we all have a different understanding of the language so in order for us to not run into issues it'd be nice to have an already...have an option to read it in [different dialects of] Spanish." –Staff Member Focus Group Participant

"I was pretty much told the verbiage is not going to change because it's tied into paperwork that brings in money. So those questions are money-related, not people related." – Staff Member Focus Group Participant

- **The social risk screening tool—used in a clinic setting with time constraints—discriminates against patients whose first language is anything other than English because it disregards problems with translations and differences in dialects that make it difficult to ensure that patients understand.**

Structural Racism: Qualifying for Social Care

[Patients who are] "undocumented and uninsured...don't qualify to apply for public housing or Section 8."

"Just like specific to our [clinic] community. Like, you know, we're dealing with predominantly the underserved community and predominately black and brown bodies. And also, a lot of like undocumented or the legal status is like unofficial. So, they are ... sometimes when you ask these probing questions, it could turn them off from actually having a need [and wanting help with it]."

"A huge problem I ran into, or I've run into all the time as these questions are being asked to someone that is undocumented and uninsured, right? So now you're asking about Housing Um... yeah you're asking about housing to a person that has been struggling with housing since they've been in this country. And now you need to tell them that they don't qualify to apply for public housing or Section 8. And now I'm calling you and I have to ...you screen them, so that I could tell them the bad news... again. That you don't qualify for housing, but... I bet you knew that already!"

Structural Racism: Qualifying for Social Care

[Patients] *"don't qualify for Section 8 if [they] have a criminal record."*

"Another thing that we have a big problem, and I don't even know if this is going to ever be resolved nation-wide. Is with the people that are released from jail. There's a lot of people that are incarcerated and the reason why they have been incarcerated is not necessarily something that... it was a misunderstanding, something, and then that follows them for life! ...So I used to see a lot of patients ...a lot of them had criminal history, so you will hear all kinds of stuff. All kinds of stuff. So, I had one that was not qualifying for housing because he beat up this man that was trying to abuse his daughter. And because he was trying to defend his daughter he now doesn't qualify for housing. So, he was living off his car. ... But, I'm really concerned about people that [were] in prison".

–Staff Member, Focus Group 2

- Requirements to qualify for the social care programs exclude patients that are undocumented, uninsured, and have a history of incarceration.
 - Black and Hispanic populations are overrepresented in RI jails and prisons, according to the RI department of correction and US 2020 census data.

Structural Racism: Housing & Gentrification

*"But we all know that there's still such a **shortage of housing**, you know and with the College kids coming back...what little that was out there is dried up because landlords made sure they **raised the rent** so high that the locals can't get the apartments but the college kids can...I still would rather see the permanent residents get some decent housing and not be priced out of the housing."*

- Rhode Island, much like other parts of the country, is facing a **housing crisis**.
- College students from a local private university, often seek off-campus housing in the Providence area.
- People worried that their neighborhoods are facing **gentrification**, which research suggests especially **disadvantages** and **negatively impacts communities of color** (Hwang and Ding 2020).

Availability of Resources

*"What's in the food box...folks in the Hispanic community, they don't like a lot of **canned goods**...it's a child box with macaroni and cheese, peanut butter and jelly."*

*"...I am asking if you have had problem eating in the last **12 months**...**the reality is yes!** I have been eating-- my refrigerator is full-- but not with what I need if I have diabetes!"*

- **Resource availability is incompatible with the social and health-related needs of patients.**
 - The populations receiving the food donations do not typically eat or enjoy this kind of food.
 - Moreover, the food given out is not beneficial for people with health risks. According to the American Diabetes Association, **diabetes is more prevalent in Black and Hispanic populations.**

American Ideologies, Beliefs, & Assumptions

*"They didn't have anything and that's why we'll come back tomorrow like she said. Okay, I'm starving today but I'll see where else I can go. **And then, if you go to too many places they're like oh, weren't you at such and such or, you know. So it's like are you trying to beat the system by going to all the different places? No, I'm trying to get enough food so my family can eat...you don't want your face to be seen too often because then they go back to this, oh here she comes again type thing. Like, people want to go shopping at a food bank- nobody wants to go shopping at a food bank. They go because they need the food, because if you have money to really go shopping you wouldn't be there.**" –Black Focus Group Participant*

- Patients felt as though they were being judged and shamed by the staff for seeking out help. Staff imply that patients are trying to overuse their resources.
- American culture values individualism to the point of shaming and blaming others for utilizing the government assistance that they need.

These data demonstrate that social care is impacted by ...

racism that intersects with other forms of discrimination, including language, socioeconomic, immigration, and legal statuses.

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Our data suggest that various forms of racism were built into the social risk screening and care programs in both direct and indirect ways and thus inadvertently reproduced the social determinants of health, such as poverty, discrimination, interactions with biomedical and social service agency professionals, and equal access to safe housing, transportation, food security, and quality healthcare in the US.



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Special thanks to our study participants, PCHC, and SIREN, with funding from the Robert Wood Johnson Foundation for supporting this work!



Elizabeth Pfeiffer and Sara Mendez



"Violence and the Social Determinants of Health." Artwork by Andrea Van Dexter, Medical Anthropology Student, RIC

Suggestions for Reducing Racial Discrimination in Social Care

- Policies at the federal level to change wording of questions
- Cultural & structural changes
- Democratic participation- going out into the community and asking what resources people actually want/need
- Training staff to be more mindful of bias and body language

Other Suggestions?

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