



connecticut state
innovation model

CT SIM CAB MUSLIM LISTENING SESSION REPORT

BERLIN MOSQUE, BERLIN: APRIL 4, 2018

PRESENTED BY: QUYEN TRUONG
NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD

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EVENT OVERVIEW

On Saturday April 14, 2018 – The State Innovation Model Consumer Advisory Board (SIM CAB), in partnership with the Muslim Coalition of Connecticut, the Islamic Association of Greater Hartford, and the Office of Health Strategy (OHS) held a listening session at Berlin Mosque. The goals of the joint sponsored forum were to meet with the Muslim community to discuss healthcare access, learn about their health concerns, and understand how they connect with local resources. Over 80 Muslims and their children attended the event. Although many of the attendees were English-speaking, there were also recent Urdu-speaking immigrants and Arabic-speaking adults. Muslim American high school students also participated.



The event kicked off with an opening speech by Dr. Reza Mansoor, the President of the Islamic Association of Greater Hartford. He shared information about the Berlin Mosque and the healing traditions of Islam. Mike Karpman from the Muslim Coalition spoke next to share some upcoming events and to introduce the first keynote speaker, Lieutenant Governor Nancy Wyman. The Lieutenant Governor drew from her personal experiences and the importance of connecting with different cultural communities about their use of healthcare in Connecticut. The second keynote speaker was Attorney Demian Fontanella, the Director of the Office

of the Healthcare Advocate (OHA), who shared information about how his office can help address individuals' healthcare concerns. Maschal Mohiuddin talked about her own experiences as a patient and her training as a UConn Medical student in patient-centered care. She introduced Dr. Mark Schaefer, Director of Healthcare Innovation who talked about learning from patient stories before asking the audience to break into discussion groups to share their stories.

Discussion group questions addressed where participants go for their health care, health concerns, challenges including some related to being a member of the Muslim faith, and ideas to improve provider-patient communication. Some issues included access to culturally sensitive healthcare providers, recognition of dietary restrictions as they might affect treatment options, especially during Ramadan, and finding a primary care physician who is consistently available as needed. The CAB will work with the event organizers to develop a report that outlines the Muslim community's feedback and analyzes pre-event survey results. The event concluded with evening prayers and a hearty potluck dinner.

Thank you to the Muslim Coalition of Connecticut, the Islamic Association of Greater Hartford, and the Office of Health Strategy (OHS) for their partnership in organizing this insightful community event.



KEY FINDINGS:

- Language issues can make it difficult to talk to doctors
 - People with visitor's visas struggle with getting healthcare
- Muslims felt that some doctors try to explain as quickly as possible to get them out the door
- Time limit issues also inhibited people's ability to trust doctors. Many doctors had back-to-back patients and did not spend enough time listening to patients. People felt like doctors lacked empathy because they didn't listen
- Women who continued working with non-Muslim doctors did so because they appreciated the practitioner's kindness and ability to be thoughtful and listen
- Muslim men talked about how much they feel welcome depending on the person at the front counter in the office. How the front office treats them matters a lot in how they will trust and connect with the doctor
- Muslims are not supposed to ingest anything with gelatin or alcohol in them, so if they are prescribed medicines with these ingredients, they would like to find alternatives



EVENT DETAILS

WHAT WE LEARNED:

Women

- To seek healthcare, Muslim women went to their Primary Care Provider (PCP), pediatrician, the Emergency Department (ED), or consulted with their mothers
 - Muslim women are generally comfortable asking doctors questions, especially when it comes to their children
 - Muslims prefer same-gendered doctors or nurses
 - It is permissible to have a different gendered doctor if there is medical necessity
- Most felt welcome at the doctor's office, unless their first visit is bad
 - Women are good advocates, especially for their children: "no one cares about you but you"
 - They did find that their manner of dress and head scarves meant doctors made assumptions about their level of education and language ability
- Good experience:
 - CT Children's Medical Center (CCMC) was very welcoming of kids and the Muslim community. They had activities for children. CCMC is a medical home with patient-centered, flexible, comprehensive care and is a model that helps connect patients to care.
 - Yale has program for healthcare to help new immigrants
- Urdu women feel more comfortable with Muslim doctors due to their cultural sensitivity
 - American doctors cannot explain fully in English, and interpreters aren't always helpful
 - Interpreters do not translate feelings and concerns as well as direct communication with a doctor
 - Pakistani/Muslim doctors are more empathetic and listen better due to cultural sensitivity.



- Time limit issues also inhibited people's ability to trust doctors. Many doctors had back-to-back patients and did not spend enough time listening to patients. People felt like doctors lacked empathy because they didn't listen
 - Most Muslim women are pleased with their doctors but sometimes at the end of the day, appointments are rushed. Some women don't feel they're getting the proper time with the doctor
 - Doctors that take too many patients or overbook cannot give individual attention
 - For one physical therapy visit, the doctor did not let his Muslim patient discuss any other issues. Instead, she was told she must make another appointment to discuss other issues
- Women who continued working with non-Muslim doctors did so because they appreciated the practitioner's kindness and ability to be thoughtful and listen. One pediatric doctor that's liked by the Muslim community takes time to learn about patients as individuals
 - Politeness and listening skills are most important to patients regardless of whether the doctor was Muslim. Muslim patients appreciate a happy greeting at the beginning of the appointment
 - Muslims liked pediatricians who get to know their children's likes and dislikes, and who build rapport with their children
 - Positive: One woman recounted a story about struggling with a mental health issue. When she went to her doctor to disclose her sadness, his response made her feel comfortable and helped her open up and share more. The doctor explained that the sadness is an illness like any other, and can be treated with medicine. He drew an analogy between depression and diabetes and explained that you can do certain things to alleviate the symptoms. In contrast, this woman had gone to a different doctor before, and the other doctor said, "don't worry about it" which made her feel worse

Men

- Muslim men use urgent care or telemedicine as needed. They also go to PCPs, EDs, and walk-in clinics for healthcare. They also might call a friend to ask for medical advice
- Most Muslim men felt welcome with their healthcare providers
 - Muslim men talked about how much they feel welcome depending on the person at the front counter in the office. How the front office treats them matters a lot in how they will trust and connect with the doctor
 - Many men had a high level of comfort with doctors
 - One man had a positive experience where he had a dental issue, and the doctor made a mistake with billing and returned the money
 - Muslim men prefer same gendered doctors except in emergencies – then they will do whatever is needed
 - They want the appointment in a timely manner
- Muslim men do not have a problem with healthcare or with asking questions. They have a bigger problem with dealing with the pharmacy
 - Muslims are not supposed to ingest anything with gelatin or alcohol in them, so if they are prescribed medicines with these ingredients, they would like to find alternatives
 - However, pharmacists lack the time to talk to customers or their doctors to figure out alternatives to accommodate for Muslim dietary restrictions
 - Pharmacists lack the time and have no compensation incentives to offer drugs that help Muslims comply with their faith



CHALLENGES ABOUT HEALTHCARE:

Women

- Language issues can make it difficult to talk to doctors
- People with visitor's visas struggle with getting healthcare
- Women felt that some doctors try to explain as quickly as possible to get them out the door
- One woman thinks that when she goes to the doctor's office with her niece as a translator, she gets a longer time with her doctor
- During her daughter's mental health crisis, a Muslim mother struggled with her doctors' lack of sensitivity. The doctors talked about her daughter right in front of her, as if she weren't there, assuming that she could not understand them
- It is unacceptable for a woman to express her anger verbally at a doctor, so a frustrated mother had to be patient and write her concerns in a thoughtful way to advocate for her daughter. This was very difficult
 - The doctors and nurses were very biased in this mental health situation; they didn't listen and were disrespectful
 - Doctors had assumptions about Muslim women: that they're submissive, do not speak English, and cannot speak for themselves



Men

- Some men felt rushed at the doctor's office. They only get 10 minutes with the doctor. This isn't enough time.
 - Muslim men have a perception that doctors want to only prescribe medicine and get you out of the office as quickly as possible, rather than spend time to address the root of the issues
- Men want to see the PCP, not the nurse practitioner (who is a new person each time)
- Some men felt that insurance companies are the issue because they limit what doctors can do
- Language was sometimes an issue
- One Muslim man felt he was overcharged for healthcare services
- One of the Muslim men's group was very distrustful of PCPs – the pharmacist in the group said he changes his PCP every 3 years because he thinks PCPs get complacent over time



SIM CAB REFLECTIONS:

- Differences exist in responses between Muslim men and women, indicating different healthcare experiences.
- Anecdotes from the event about pharmacists' lack of connection to patients seeking healthcare suggest that the healthcare system does not prioritize connections between pharmacists and patients.
 - For example, some pharmacies put pharmacists behind glass barriers, making them more difficult to access.
 - Pharmacists may also be overworked and may lack the time to check in with patients who pick up prescriptions.
 - This is a problem because many patients with chronic health conditions see their pharmacists more than their Primary Care Providers (PCPs).
 - Now we want to give a 90-day supply of meds by mail, which may be more efficient and reduce healthcare costs, but may unintentionally reduce provider-patient face-to-face contact and reduce trust, resulting in poor med management. More prescriptions and fewer office visits are indicative of diminished access to healthcare.
- The Muslim community liked the CT Children's Medical Center (CCMC), which is a medical home model
- Value-based healthcare and technology can exacerbate disparities – because these techniques may create disincentives for face-to-face interactions that are essential to building trusting relationships.
- In diverse cultures – some people feel like they are not allowed to express anger or advocate for themselves or their family in a healthcare setting.
- The issue in healthcare is people lack a place to go when things do not turn out the way it should with their healthcare provider. Even if there is a place that can help address concerns, like Office of the Healthcare Advocate, people may be concerned about how they will be received due to their race.

RECOMMENDATIONS:

1) INFLUENCE SYSTEMS CHANGE:

- Doctors should first and foremost be a public servant, and avoid working with a profit motive. Instead, they need to create trust.
- Improve medical training to develop patient trust and cultivate cultural competency.
- Make it easy for people to connect with their pharmacists
- Look to models like CCMC, which is a medical home with patient-centered, flexible, comprehensive care and is a model that helps connect patients to care.
- Develop communication and contact with healthcare providers. Focus on relational medicine.
- Offer easy language access in the healthcare provider's office
- Educate the Muslim community about how to be empowered consumers



2) PROMOTE PROVIDER-CONSUMER PARTNERSHIPS:

- Offer Urdu-speaking providers, or at least have someone in the office who speaks Urdu. Calling a language line or outside translators provides some barriers which make it difficult for Urdu-speaking Muslims to connect with providers, especially if time limitations already present a barrier. Trust is difficult with a stranger who is not present in the office as a translator.

- Educate health professionals about Muslim culture. Here are some cultural competency suggestions:
 - Women wanted to offer advice to doctors to be aware that Muslim women have modesty concerns.
 - Women think doctors should know about Muslim diets and Ramadan restrictions – this will help a lot
 - Doctors should advise patients regarding diet: some Muslim ethnic diets have a lot oil and are unhealthy
 - Doctors should know about fasting during Ramadan
 - Muslims cannot drink alcohol or ingest gelatin – doctors should be aware of this to prescribe appropriate medicine
 - Muslim women do not shake hands with men
- To keep Muslim men healthy, talk with them about desserts, or diet in general.
 - The Muslim men’s group says the average Muslim male thinks they just need more insulin if they want more dessert.
 - Muslim men in this group also felt that Muslims think medications will cure everything, so they need a more holistic education that encourages a healthy, balanced lifestyle.

3) **ENGAGE AND EMPOWER CONSUMERS:**

- Offer health education about why it’s important to take medication as prescribed. Explain why it’s important to return for follow up visits. Explain next steps in treatment and care. Take the time to educate Urdu-speaking Muslim patients because they need to understand the reasons behind the doctor’s recommendations.
- Offer health fairs at mosques to offer free screenings and health education for new immigrants and their families. Also offer advice about language specific physicians. A lot of households have parents who come visit from abroad and don’t have insurance. Need free fairs for this.
- Improve existing resources. Create a place for people to offer feedback about their healthcare or to seek help. Connect with communities to offer links or resources in their communities
- Bring more Community Health Workers (CHWs) that represent diverse communities to the table. CHWs can help policy makers make informed healthcare reform decisions.

HEALTH EQUITY PRIORITY RECOMMENDATION:

Health equity involves the promotion of equal opportunities for all people to be healthy and to seek the highest level of health possible.

- Doctors and patients need to be able to talk to and trust each other.
 - Doctors must leave their bias at the door. They should not make snap judgments, and be culturally sensitive. Doctors should not make assumptions about people’s backgrounds based on how they dress.

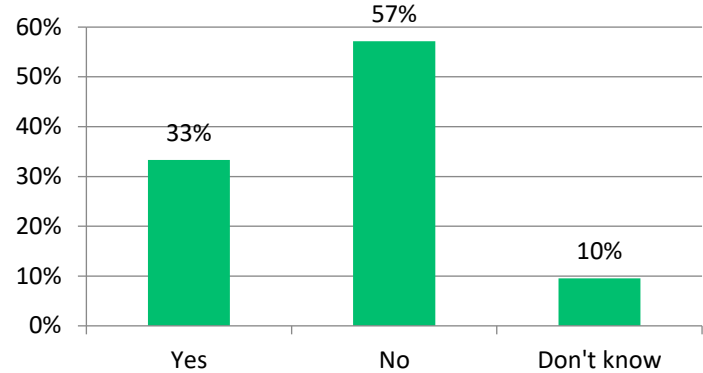


PRE SURVEY FEEDBACK

CONTACTING YOU: What is the best way of reaching you? (Mark one)

Answer Choices	Responses	
Email	74%	17
Phone	26%	6
Knocking on your door	0%	0
School	0%	0
Reaching you through a trusted friend/family member	0%	0
Other (please specify)		1
	Answered	23
	Skipped	1

Do you think your religion affects how you view healthcare?



What is NOT a good way of reaching you? (Mark one)

Answer Choices	Responses	
Email	6%	1
Phone	11%	2
Knocking on your door	78%	14
School	0%	0
Reaching you through a trusted friend/family member	6%	1
Other (please specify)		0
	Answered	18
	Skipped	6

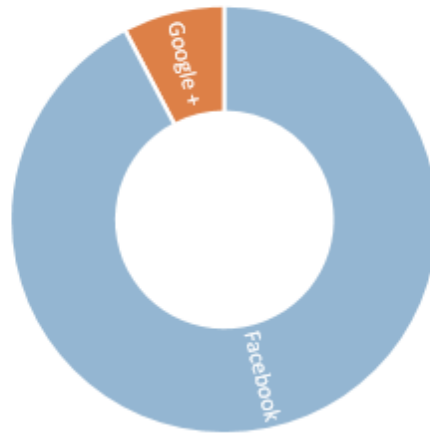
If you attend a forum/focus group/community discussion about healthcare, what do you want to get out of it?

Answer Choices	Responses	
Listen/learn more	80%	16
Share my story	0%	0
Help my community	35%	7
Become an advocate	20%	4
Connect with people	20%	4
Meet others who need help with getting healthcare	5%	1
Other (please specify)		0
	Answered	20
	Skipped	4

**SOCIAL MEDIA: What do you use the most to talk to people on your computer or smartphone?
(Mark one)**

Answer Choices	Responses	
Facebook	92%	12
Twitter	0%	0
Instagram	0%	0
Google +	7%	1
Other (please specify)		3
	Answered	13
	Skipped	11

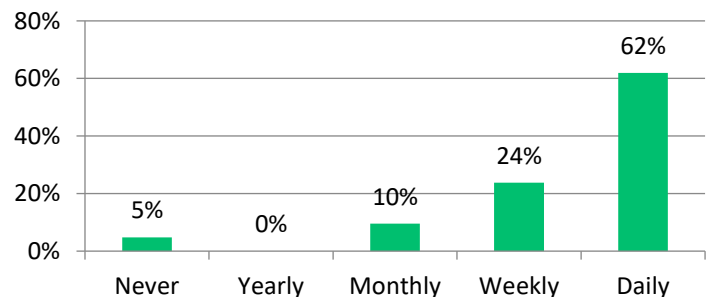
SOCIAL MEDIA: What do you use the most to talk to people on your computer or smartphone?



How often do you use social media?

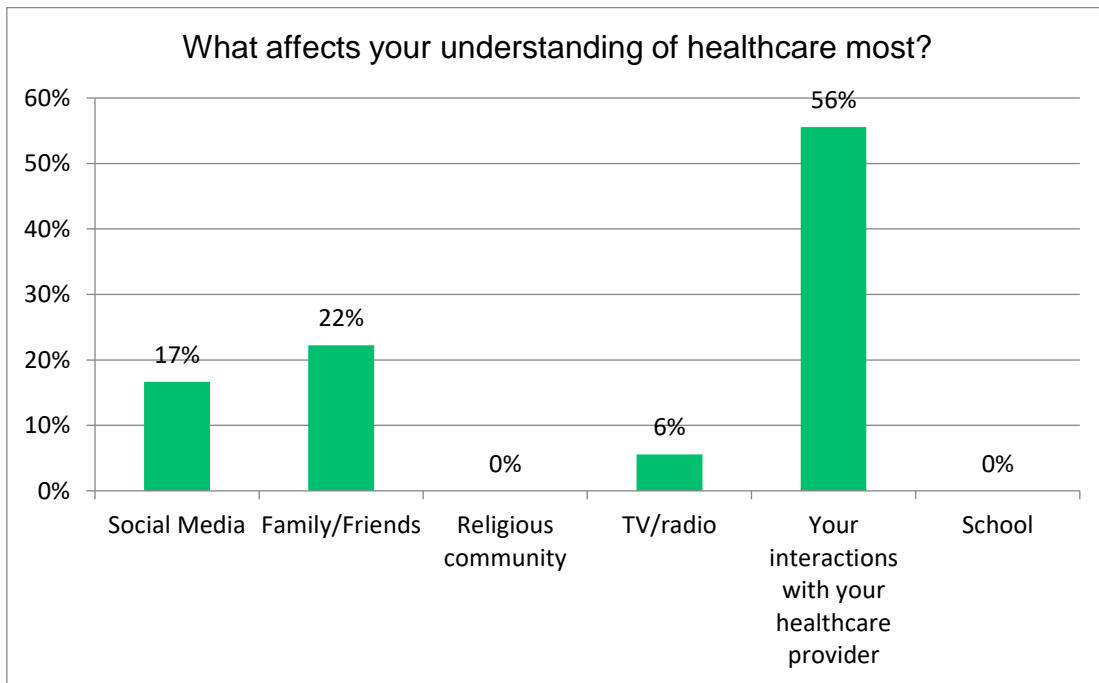
Answer Choices	Responses	
Never	4%	1
Yearly	0%	0
Monthly	9%	2
Weekly	24%	5
Daily	62%	13
Other (please specify)		0
	Answered	21
	Skipped	3

How often do you use social media?

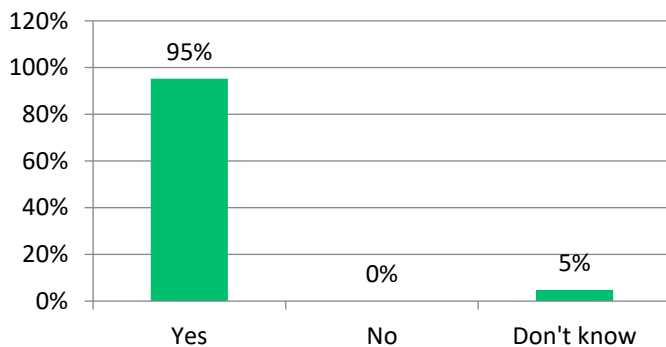


What affects your understanding of healthcare most?

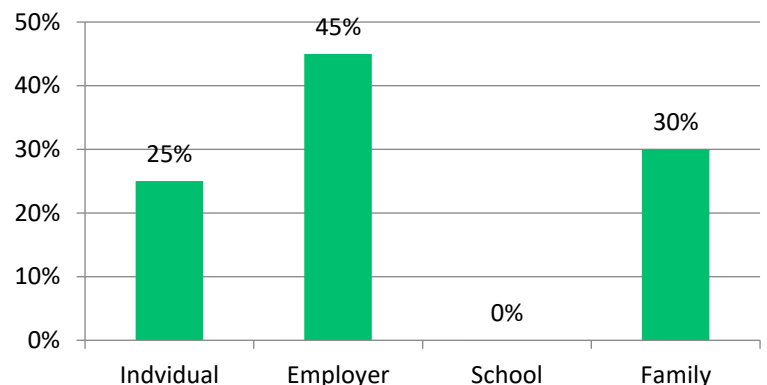
Answer Choices	Responses	
Social Media	17%	3
Family/Friends	22%	4
Religious community	0%	0
TV/radio	6%	1
Your interactions with your healthcare provider	56%	10
School	0%	0
Other (please specify)		2
Answered		18
Skipped		6



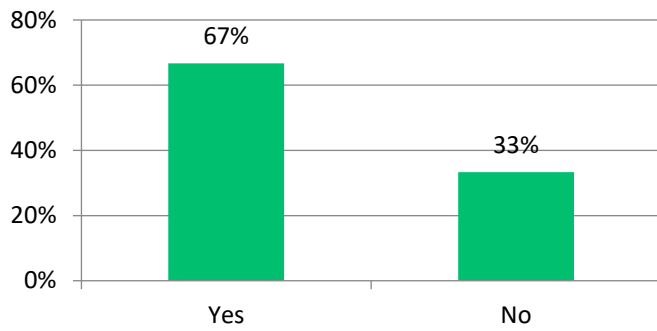
Do you currently have health insurance?



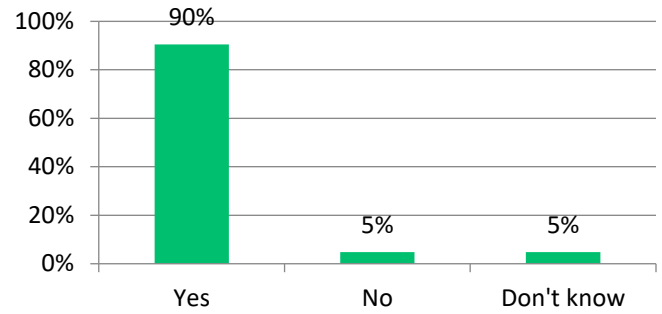
If yes, what type of insurance do you have?



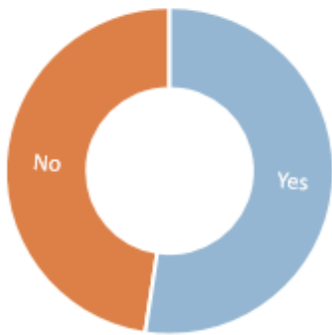
Do you have a relationship with your primary care provider?



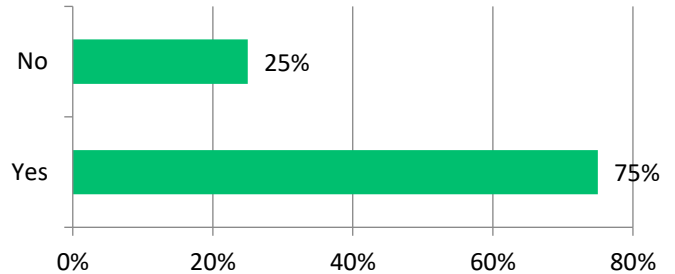
Do you have a primary care provider?



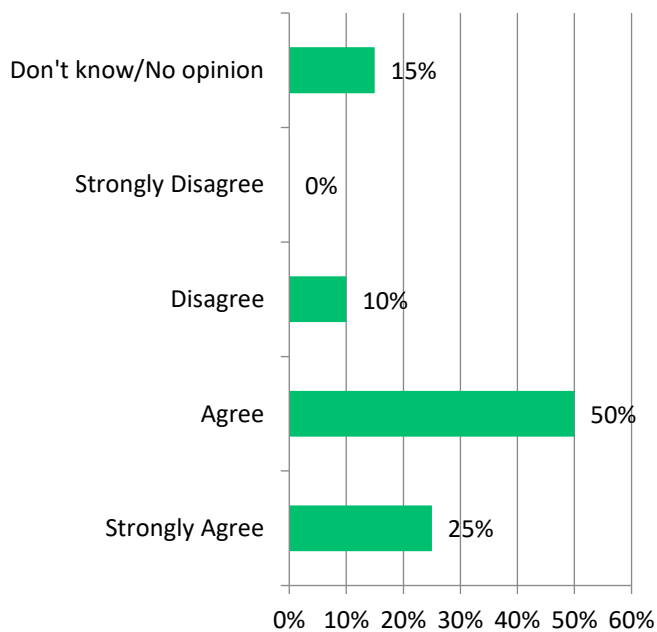
Is English your first language?



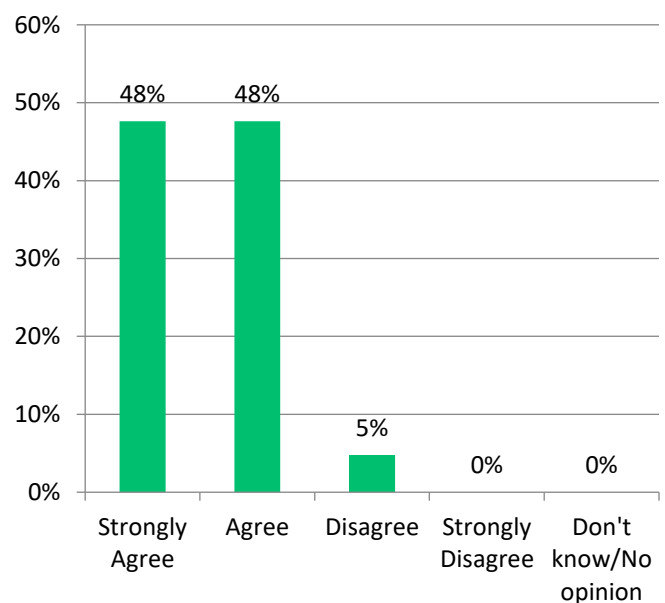
Did you know you can get a free interpreter for medical appointments?



You know a lot about healthcare.



You are comfortable when visiting the doctor's office.



Gender:

Answer Choices	Responses	
Female	71%	15
Male	29%	6
Other (please specify)		0
	Answered	21
	Skipped	3

Age:

Answer Choices	Responses	
18-26	24%	5
27-34	14%	3
35-44	24%	5
45-54	19%	4
55-64	10%	2
65-74	10%	2
75 or older	0%	0
	Answered	21
	Skipped	3

RACE	Responses	
American Indian or Alaskan Native	0%	0
Asian / Pacific Islander	43%	9
Black or African American	10%	2
Hispanic / Latino	0%	0
White / Caucasian	29%	6
Multiple ethnicity / Other	19%	4
	Answered	21
	Skipped	3

Which of the following describes you?



Which of the following best describe your level of education?

