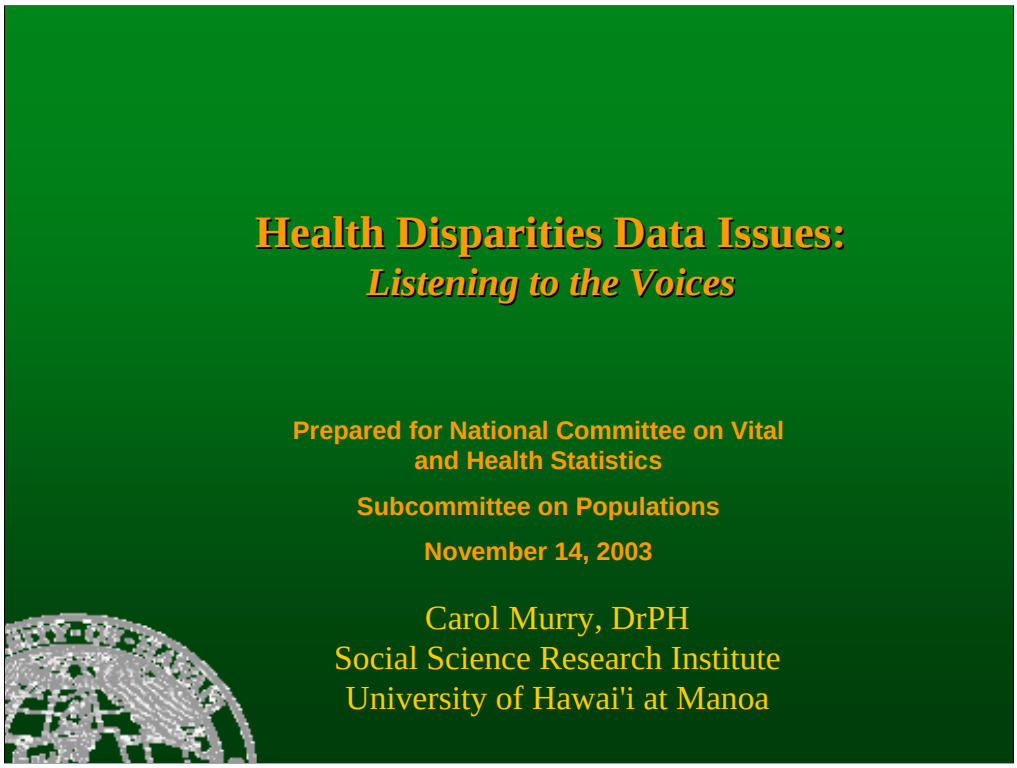

Introduce self

Worked & researched in Bangladesh, Thailand, Swaziland, Bhutan, FSM - Chuk, Pohnpei, Ngatik

Executive Director c-b organizations for leprosy and HIV/AIDS

Currently health policy coordinator for SSRI

Briefly discuss current research methodology and preliminary results as example of some of the iss

HRSA SPG to combine research and policy development for issues of covering the uninsured in H

Research includes both quantitative research to refine estimates of the uninsured and model costs o

And qualitative research involving interviews of uninsured persons and providers

The table is full - state agencies - DLIR, DHS, DOH, labor, chamber, small business council, 2 ins

except - we have somewhat the same situation as you do in that there are not uninsu

Qualitative Research Team

Carol Murry, Health Policy
Heather Young Leslie, Anthropology
D. William Wood, Sociology

with
J. D. Baker
Jin Young Choi
Jill McGrath Jones

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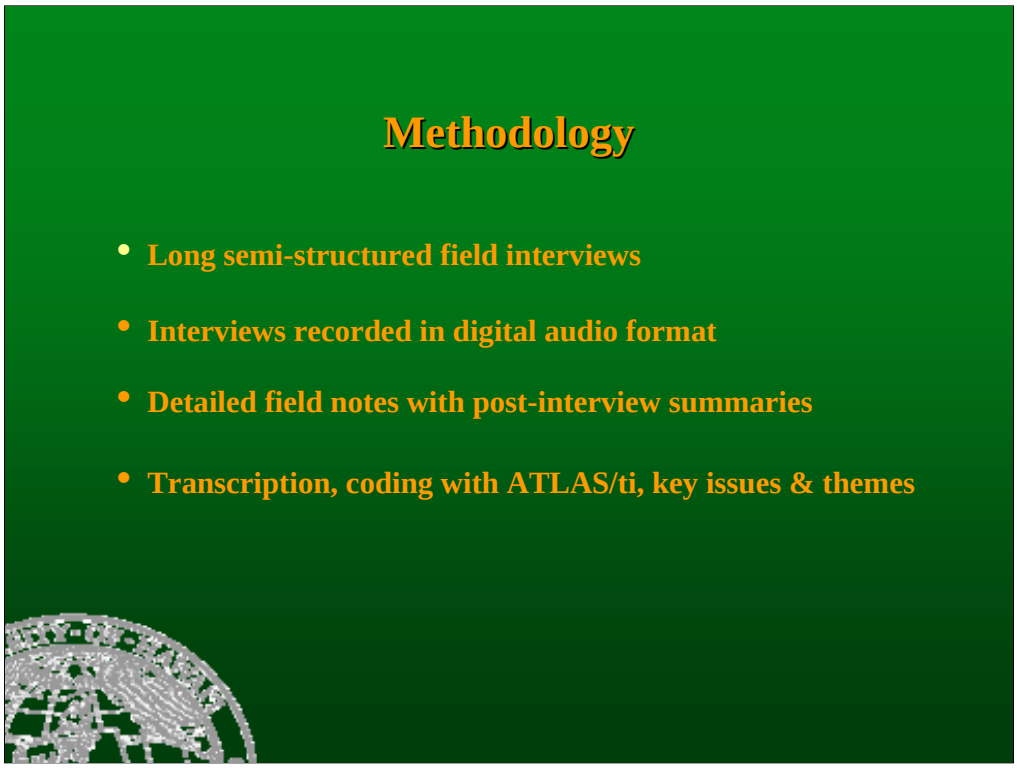
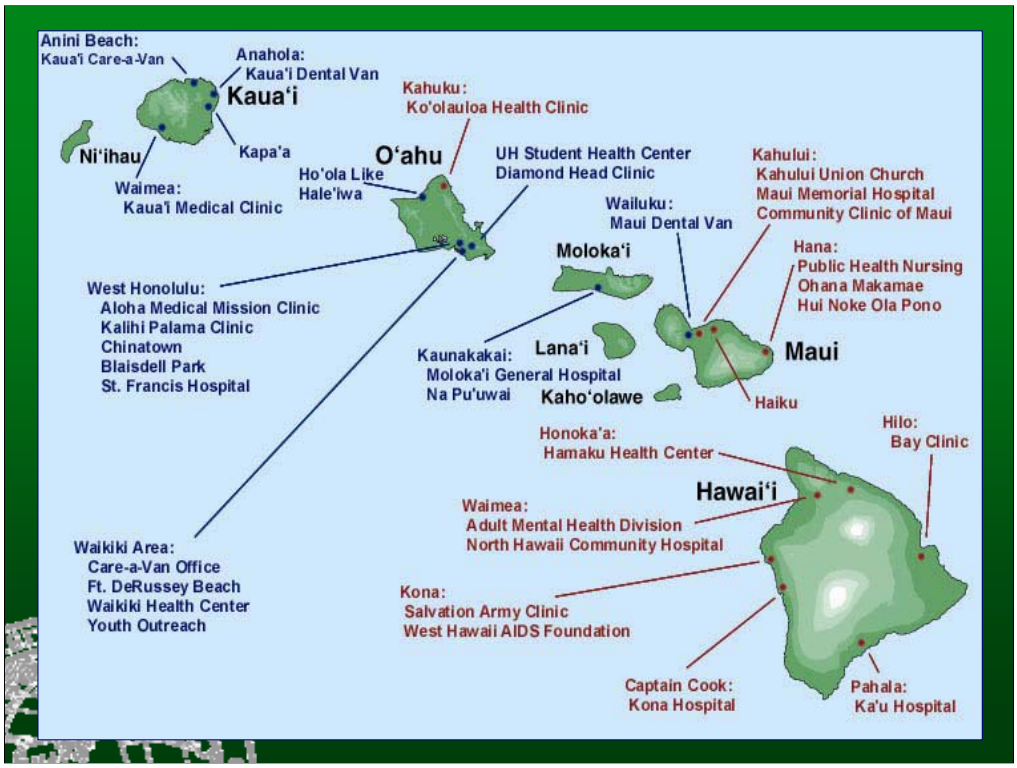
esented - 3 on qualitative side,



Interdisciplinary team

In brief interviewed >200 uninsured and 50 providers

Ave. 45” recorded digital, notes, audio translated to digital, transcribed 1/2, summarized, coded an



Kauai, Oahu, Molokai, Maui, Hawaii with telephone interviews of providers on Lanai

Varied sites, including CHC, hospital, dental and care-a-vans, pharmacy, MH, HIV, student, NH, Y

Grouped results to match policy work groups

Qualitative research undertaken to answer who, why, what do they do for care, how do they pay ar

Why - almost always cost
Where care - ER, CHC/safety net, pay cash, or get no care - “just suffer”
How pay - pay cash, incur debt, or don’t pay
Impact - will discuss

Policy Issues

- Uncovered workers
- Children and families
- Low income adults
- Compacts of Free Association
- Safety Net

"I worked half my life…I'm not asking for a hand out, I'm asking for help. For me as a worker, it breaks my pride."

…I told him I would be trying to get health insurance for him and he said, you mean when I have aches and pains, I w

"Why haven't you gone back to see the doctor?" *"Because I don't have insurance now. I can't affor*

Aging, pride, self treatment

Perceive unequal treatment - not ethnicity but for lack of coverage

(we interviewed one CHW who was using stereotypes)

Can't get through system- NH homeland as asset

Believe that NH should get care from trust funds

Didn't get the care they needed despite SN - suffer, debt

Life change - would get screening treatment

CFA experience more difficulties - understanding sx, language, culture, false expectations, fear of

In Pohnpei, I screened Kapingamarangi people for 5 years - epidemiologists dream 1100 people o
factors different - genetically polynesian in micronesian culture, experienced discrimination, had d

Mixed - most of our NH sample was "part-NH" - over-represented because blood quantum is entit

Adaptation of surveys must include method as well as language and cultural relevance - CADI not

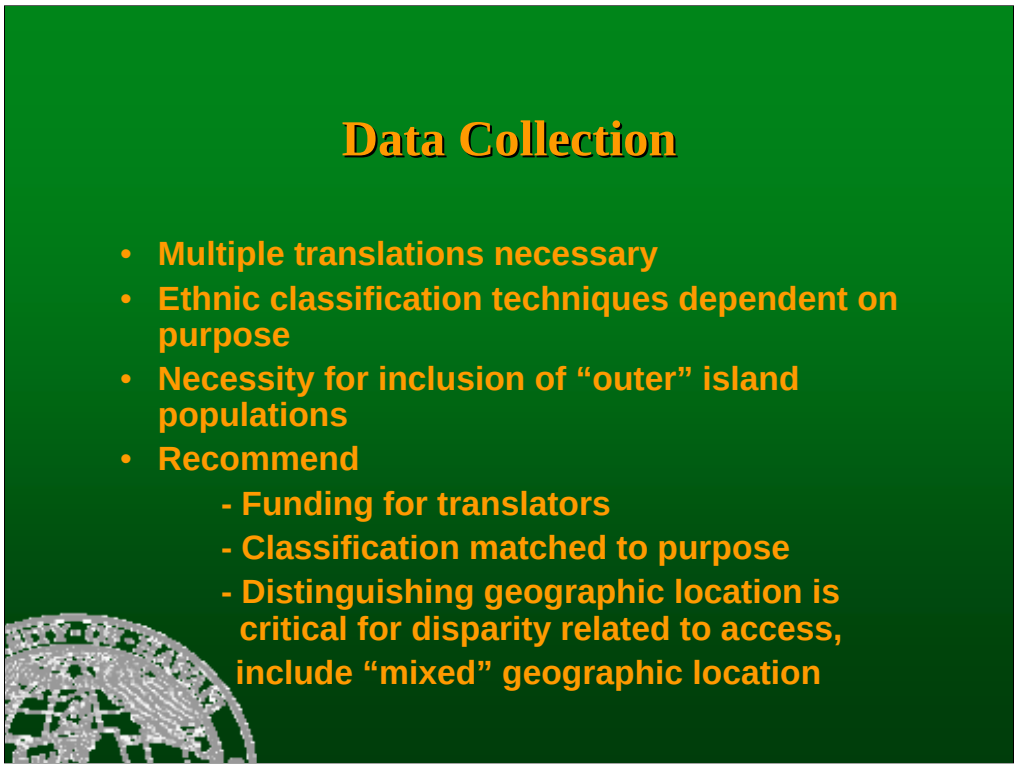
Include open-ended questions to understand issues

In my own family I have 2 kids - ethnically Thai and Vietnamese who grew up in Africa, Californi

For my kids - their background was important - exposure to issues of violence (war) and poverty

Hawaii is considered paradise - if suggested, people usually laugh
Both Hawaii and PI are considered "too far"

In our interviews we could discern violence/abuse being passed down as if it were DNA

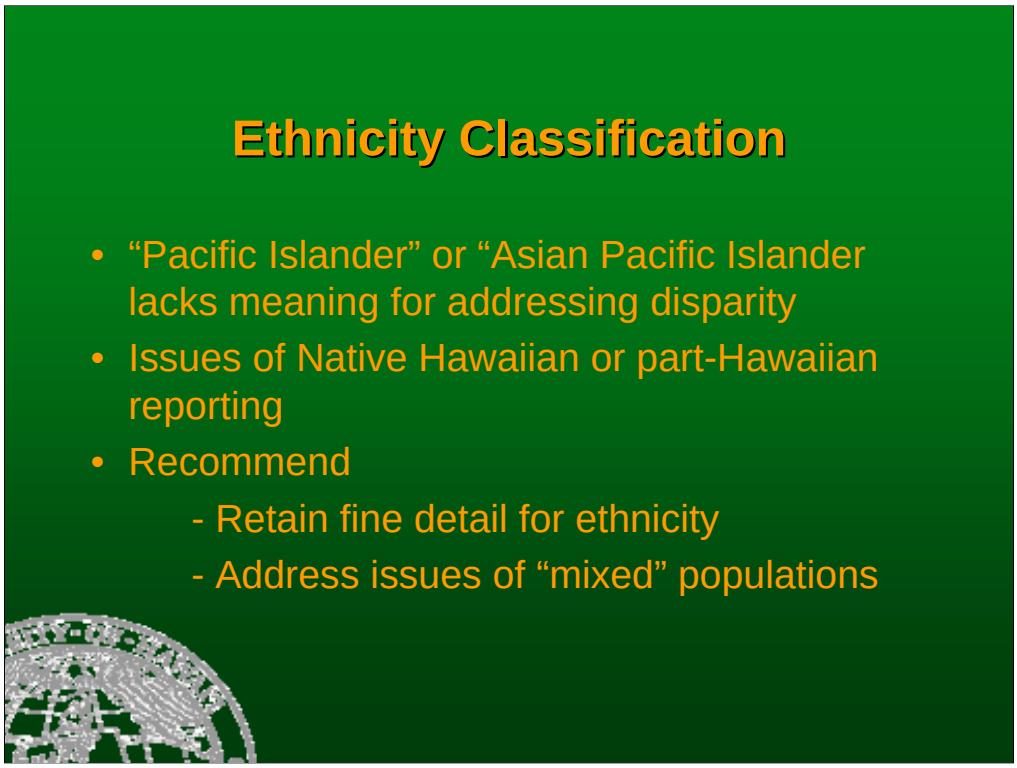


We interviewed in about 15 languages

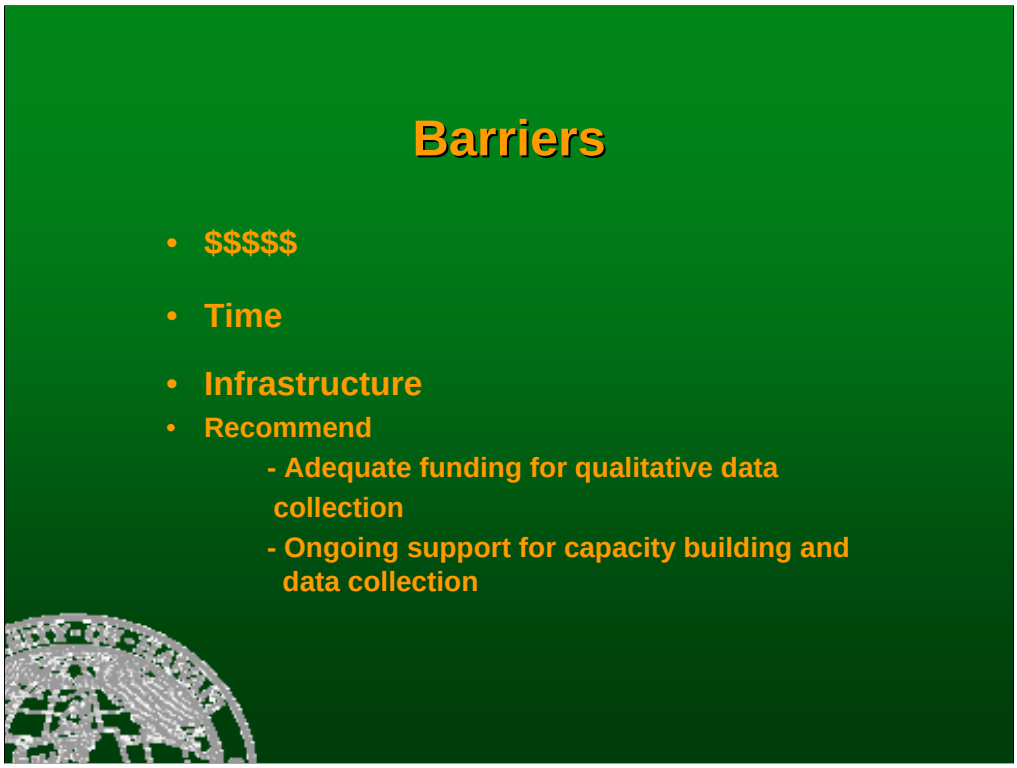
In Ponpei - I interviewed in 5 languages

Selected RA’s who could understand/be understood in pidgen, brought in one community-based R

In Hawaii, NI are over-represented in uninsured and even those who are covered lack access to ser



Mixed populations are probably the fastest growing group - can probably tell us about factors unde



Qualitative data collection is costly - takes time

Data gains meaning and cost goes down when repeated

Must include ANHOPI persons in framing research questions, designing instruments, data collecti

Isolation is factor - in Hawaii travel to another county is by plane or to neighboring state

In PI may be by field trip ship 1/month

Build inclusion - phone, PEACESAT, recognize time difference

Privacy and Confidentiality

- "Small town" effect
- Qualitative data - used pseudonyms
  but -
  identification of island, pseudonym, or other details jeopardize confidentiality

Moki

CPR - headed group of WKK funded CP who worked on CP research issues

required benefit to C, involvement of C in all steps, communication and availability

need to train researchers - culturally sensitive, but more important - indigenous

Build infrastructure e.g. Momi

Avoid competition for same funds - biggest/most powerful minority wins

Start with Committee - inclusion, PEACE-SAT

Model of ASG-SSRI - limited data, infrastructure

Accountability Mechanisms

- Require community participation in design
- Require community-based evaluation
- Require results be presented to community in intelligible form

Partnerships for Safety & Quality

- Introduce community to partner-user relationship
- Involve community in development of requirements

What Difference Will it Make?

- Many health disparities have improved little over time
- Problems related to data issues remain very similar over time
- Ideally, the Committee could work itself out of a role

You need to keep in mind the costs of ongoing disparity - social and financial
People are suffering (3rd world country), impact ability to work, pts. Died, unecessary cost incurre
Children entire lives impacted - broken wrist leads to permanent damage

Who pays? Clearly we all do

Points to take away