

## **AFRICAN AMERICAN RESIDENTS FOCUS GROUP**

### **INTRODUCTION**

On Monday, October 16, 2006 Arrow Consultants conducted a focus group with African American residents of East Hampton. The two-hour facilitated discussion was co-sponsored by East Hampton Township's Department of Human Services and included nine (9) African American East Hampton residents. Two (2) male and seven (7) female participants ranging in age from their mid-thirties to mid-sixties provided the group facilitators with information ranging from access to healthcare and health insurance information to specific feedback related to services provided at the East Hampton Healthcare Center. All but two of the participants were members of families who had been residents of East Hampton for at least three generations.

### **PROBLEM IDENTIFICATION**

Upon their arrival at the focus group site, group participants were given a registration form on which they were requested to list the top three health priorities facing the African American residents in East Hampton. Their responses were then ranked and tallied to generate themes for discussion.

The top three priority issues raised in the 2006 focus group were:

- 1. Access health insurance information**
- 2. Access to health insurance for adult family members and grandchildren living in their household**
- 3. Access to urgent care and extended walk-in care**

The focus group facilitator guided the participants through the discussion of each issue by asking them to identify:

1. How the issue had changed (improved, declined, or remained the same) over the years,
2. Factors contributing to that change (or lack thereof),
3. Suggestions for improving the issue in the future

### **PRIORITY ISSUE #1: ACCESS TO HEALTH INSURANCE INFORMATION**

Focus group participants spent a great deal of time asking questions and sharing information related to the fluid nature of health insurance coverage. While all of the focus group members currently had health insurance coverage for themselves and their spouses (and some family members) due to either current employment or as retirees, they each expressed concern/confusion about the extent of their coverage because their plans all seemed to change every

eighteen months to two years. They expressed frustration that with each insurance company or plan change their employer (or previous employer) their coverage seemed to diminish and their “out-of-pocket” expenses increased. One female group member commented, “When I retired five years ago, I had full coverage, and my doctor accepted my plan. Now I have to pay \$350 annually and my doctor at the EHHC (who I love) no longer accepts my insurance.”

There was an extensive discussion among group members related to the various “plans” they are currently covered by, and it became clear that those who had successfully navigated the “maze” of paperwork, health plan choices, and deductibles were providing necessary information to those who had all but given up on the possibility of reimbursement for out-of-pocket expenses. All of the group members expressed the belief that insurance companies not only diminish benefits over time, but the complexity of the plans and lack of clear information make it difficult, if not impossible to understand how to fully access coverage, especially related to prescription medication coverage.

## **PRIORITY ISSUE #2 - ACCESS TO HEALTH INSURANCE FOR ADULT FAMILY MEMBERS AND GRANDCHILDREN IN THEIR HOUSEHOLDS**

The discussion among focus group members related to the confusion of changing health insurance plans and how those changes negatively impact “out-of-pocket” healthcare expenses (especially for retirees on fixed incomes), seemed to naturally lead to the next issue; that of coverage for adult family members and children under 18 currently living in their households.

Five group participants reported having adult children living in their households who were either full-time students or employed in jobs where they had access to limited or prohibitively expensive health insurance coverage. They reported that this is a fairly common phenomenon among their peers whose adult children cannot afford the high cost of living in East Hampton Township. For example, one participant, who is retired from the East Hampton UFSD, noted that although she is proud that her child is in training for a health-related position, she fears that he will not ever be able to afford his own health insurance and the high housing costs on the East End. This young adult has been diagnosed with diabetes and needs regular prescription medication that is virtually unaffordable. Without this medication he cannot effectively manage his disease, and recently was rushed to the ER with a diabetes-related emergency.

A related, and equally concerning situation highlighted by participants is the fact that several had young children (most often grandchildren) living in their households, and were paying additional “out-of-pocket” fees to keep them on their own (ever-diminishing) health insurance plans. One participant shared information about the NYS “Child Health Plus” plan as several of the other participants busily jotted down notes and contact information.

### **PRIORITY ISSUE #3 – ACCESS TO URGENT CARE AND EXTENDED WALK-IN CARE AT THE EAST HAMPTON HEALTHCARE CENTER (EHC)**

Focus group members who are current users of the East Hampton Healthcare Center (6 of the 9 participants) overwhelmingly expressed they were extremely pleased with their experience both with the ancillary services provided at the Center (i.e. pharmacy) as well as the care provided by their particular doctor. Despite the fact that wait times in his office can extend to two hours (whether you have an appointment or are a walk-in patient), group participants described Dr. Dempsey as, “wonderful”, “great” and “worth waiting for.” Commented one woman, “I switched to the EHC for Dr. Dempsey, and for the ability to have ‘walk-in’ appointments and am very happy.” All participants (with the exception of one woman who stated she would not ever change providers from the Wainscott Walk-in) expressed that they would be likely to seek care at the EHC if the walk-in hours were extended.

While waiting times can be long (but tolerable), one complaint among those who currently seek care at the EHC is that doctors at the Center no longer accept insurance assignment for reimbursement and increasingly require “out-of-pocket” payment for visits.

It is clear that the discussion about access to healthcare on the East End would be incomplete without addressing the ever-increasing population density (especially in the summer) and its impact on residents’ ability to access urgent/emergency care when needed. One group participant is a member of the local ambulance corps and expressed the commonly held belief among first responders that while traffic to Southampton Hospital is passable, the greater “challenge” is in getting ambulances back to their stations to respond to the next call. He pointed out, however, that all of the Ambulance Corps on the East End “cover” for one another and there has very rarely (if ever) been a time when an ambulance was unavailable when needed.

Stated one focus group participant who has lived in the community her entire life currently works for a community-based organization, the access to urgent (i.e. 24-hour) care was the reason she got involved in “collecting money and supporting the EHC six years ago.” However, she was quick to note, “what happened to that dream? I kind of gave up on them.”

### **Closing Comments**

In closing, the focus group facilitator briefly reviewed the mission and goals of the East Hampton Healthcare Foundation, and then asked the participants if they had any final recommendations for the East Hampton Healthcare Foundation. It was clear from the discussion that the group members represented residents not only from the African American community, but those who were from multi-generational working families who are increasingly “squeezed” by the high cost of

living caused by the gentrification (and even “glamorization”) of the East End. While the East Hampton town of a generation (or two) ago was a community where residents could allow their children to ride their bicycles into “town”, where everyone knew where and how to get a doctor if they needed one (and knew that one way or another they could pay for the medical care they received), “the average” resident of East Hampton is faced with paying for high-cost prescription medication or for healthcare services out of pocket because the benefits they once counted on no longer cover “basic care.”