California Pan-Ethnic HEALTH NETWORK

BUILDING CULTURE AND GENDER RESPONSIVE EMERGENCY SERVICES

A PEOPLE POWER FOR PUBLIC HEALTH PROJECT

INTRODUCTION

Every year, millions of Californians face an emergency or urgent medical situation resulting in an Emergency Medical Services (EMS) response. The California Emergency Medical Services Authority estimates that California EMS providers receive over 6 million calls every year.[1] In 2019 alone, California's emergency departments handled 14.9 million visits.[2] Within communities of color, patients are equally or more likely to be admitted to the hospital through the emergency department as the entry point for services as compared to white patients.[3,4] In part, this is due to unequal access to preventative care, higher rates of uninsurance, and structural, cultural, and linguistic barriers in receiving care.[5]

Overreliance on emergency medical services is preventable. However, due to a lack of investment in community health and prevention, communities of color do not receive the culturally and gender responsive care they need. This issue is particularly acute with behavioral health challenges and mental health crisis response. When patients face a mental health crisis, they must confront a fragmented system of services, including systems that have been harmful to communities of color such as 911 and even jails.[6] Ultimately, to build strong, healthy, and empowered communities, we must develop culturally responsive emergency medical services and mental health crisis response.

This report focuses on communities of color and their experiences with emergency medical services and mental health crises. We also include findings from gender-expansive respondents to understand how crisis services can improve the gender-responsiveness of their care. We draw on preliminary findings from a statewide survey conducted from September 2021 to January 2022. The survey is a part of our larger project, People Power for Public Health, which examines how county budgets affect the health of marginalized communities and how local governments allocate funding to improve health outcomes.

KEY FINDINGS

FEAR OF LAW ENFORCEMENT IS A KEY CONCERN ACROSS ALL ETHNIC GROUPS.

OVER 20% OF RESPONDENTS FROM EACH RACIAL/ETHNIC GROUP NOTE LAW ENFORCEMENT AS A BARRIER TO EMERGENCY CARE.

FOR CRISES RELATED TO MENTAL HEALTH AND SUBSTANCE USE DISORDERS, RESPONDENTS WHO SEEK CARE FACE CHALLENGES

FINDING CARE THAT IS CULTURALLY AND GENDER RESPONSIVE, WHILE OTHERS AVOID SEEKING CARE FOR FEAR OF INTERACTION WITH LAW ENFORCEMENT AND PSYCHIATRIC HOLDS.

EMERGENCY MEDICAL SERVICES ARE A KEY PROVIDER AND ENTRY POINT TO CARE FOR COMMUNITIES OF COLOR,

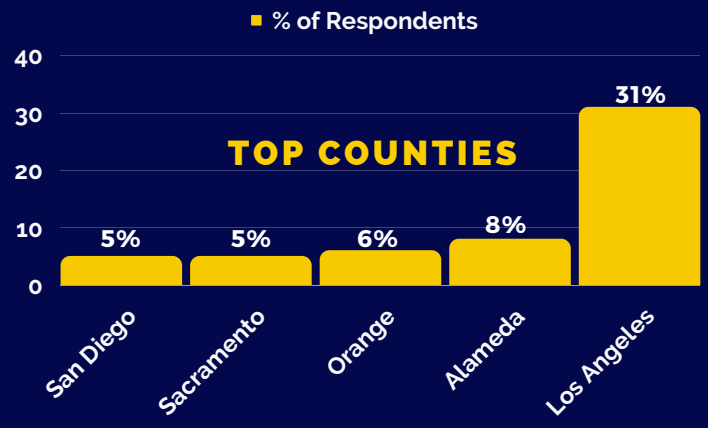
SURVEY RESPONDENTS MARK COST, TRANSPORTATION, INSURANCE COVERAGE, AND A LACK OF CULTURALLY RESPONSIVE SERVICES AS CHALLENGES.

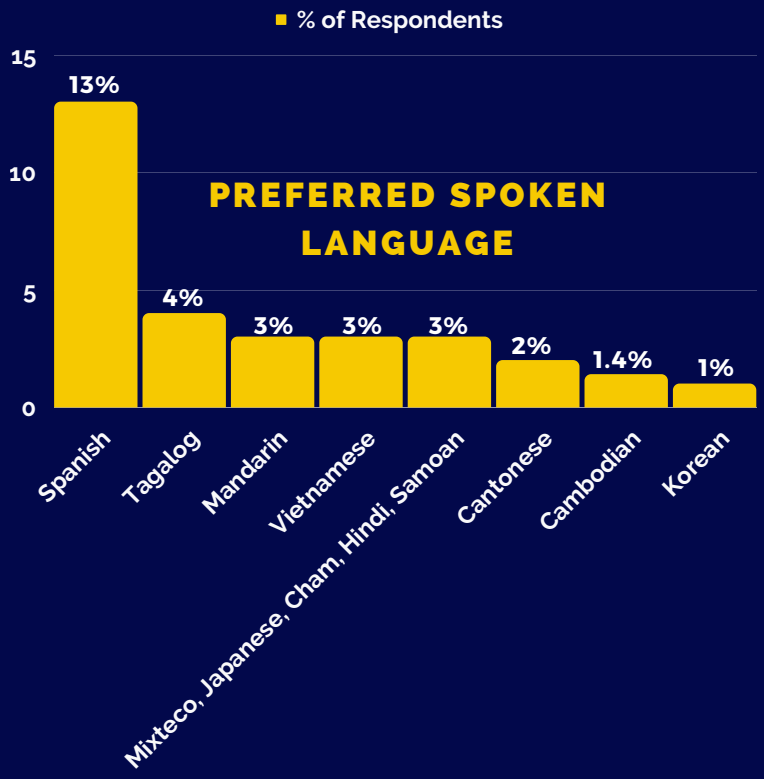
SURVEY METHODOLOGY

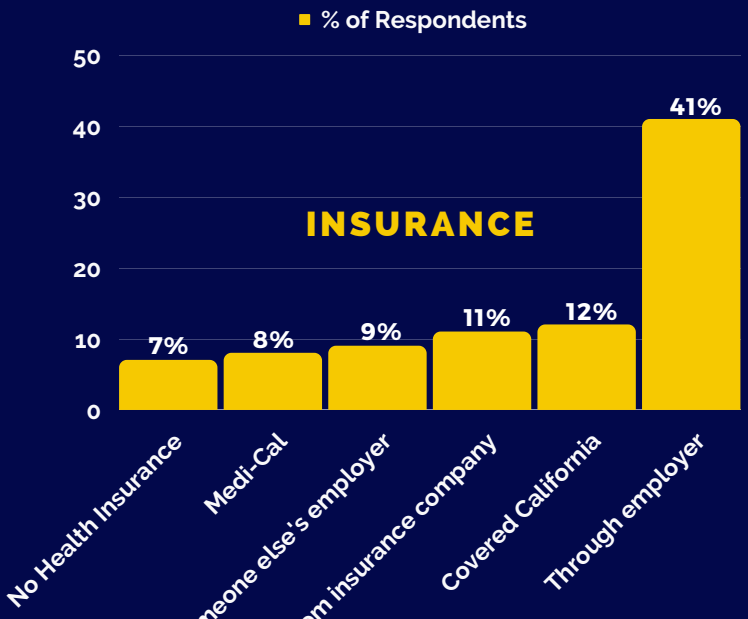
The California Pan-Ethnic Health Network (CPEHN) surveyed consumer emergency response experiences from September 2021 to January 2022, focusing on people of color and those who spoke non-English languages. The survey was implemented online in English, Spanish, Traditional Chinese, Korean, Tagalog, and Vietnamese. Although the survey utilized a convenience sample, it offers key insights around culturally and gender responsive crisis response issues. This brief analyzes our preliminary results as we continue to increase our number of respondents who speak non-English languages for our final report in Spring 2022. Our key findings were found through determining which major themes were shared most frequently by respondents in open-ended and multiple choice responses. We also determined our findings by highlighting noteworthy findings unique and important to communities of color, including issues around mental health and law enforcement.

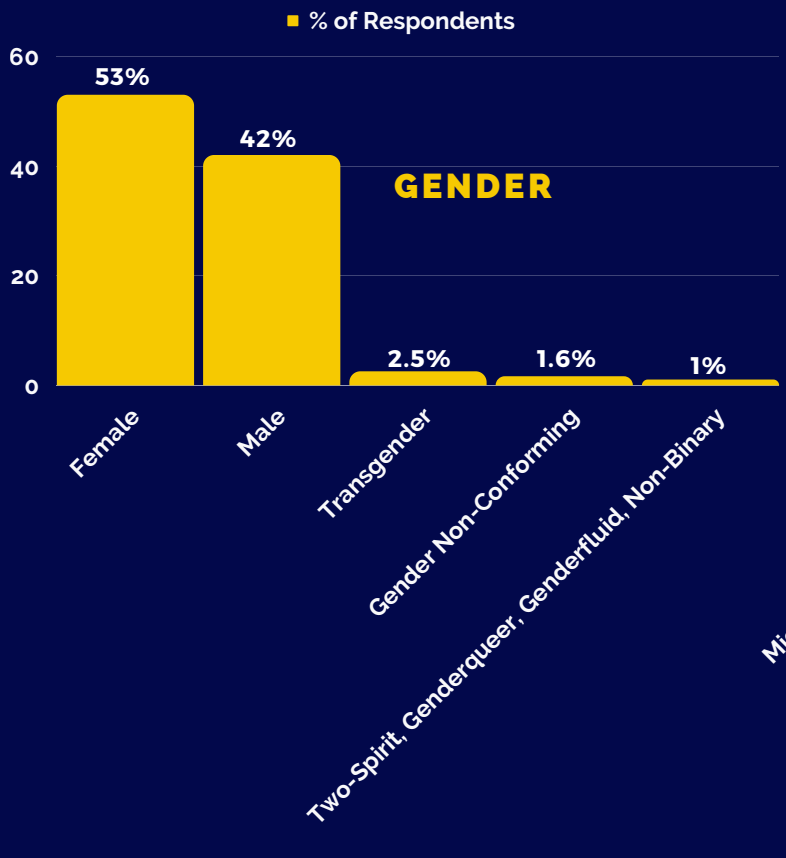
RESPONDENT DEMOGRAPHICS

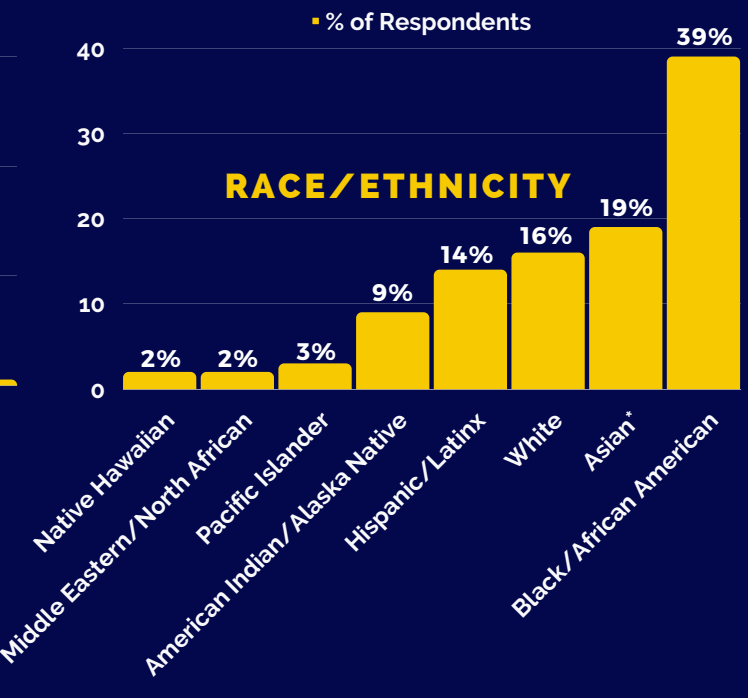
By January 2022, we surveyed 912 respondents, with 87% of respondents completing the English survey and 13% completing surveys in Spanish, Vietnamese, Tagalog, Traditional Chinese, and Korean.











*Due to data limitations, we acknowledge the gaps within our survey and that the racial/ethnic groups discussed in this brief, such as "Asian", do not fully capture the various racial/ethnic and linguistic communities within and beyond these umbrellas and the diverse ranges of our respondents' experiences.

ER AS USUAL SOURCE OF CARE

85% of respondents have a usual place to go to when they are sick or need care in a non-emergency setting,

66% list a doctor's office as a top choice for usual place of care.

ER AS AN ENTRY POINT FOR CARE

Beyond the doctor's office, respondents list the ER and urgent care as common entry points for services.

- Native Hawaiian 35%
- Hispanic/Latinx 34%
- Pacific Islander 33%
- American Indian & Alaska Native 31.8%
- Black and African American 30%

URGENT CARE USE

- Pacific Islander 50%
- Asian 31%

CARE VARIES BY GENDER

3 in 10 female respondents list **urgent care** as an entry point for services.

1 in 3 male and trans respondents list the **ER** as a source of care.

ACCESSING THE ER

IN THE LAST TWO YEARS

People of color and those insured by public programs, Medi-Cal and Medicare, have high rates of accessing emergency services.

ACCESSING CARE BY RACIAL/ETHNIC GROUP

- American Indian/Alaska Native 58%
- White 51%
- Hispanic/Latinx 50%
- Pacific Islander 50%
- Middle Eastern/North African 42%
- Asian 39%
- Black 38%
- Native Hawaiian 35%

ACCESS BY INSURANCE TYPE

- Medi-Cal 65%
- Both Medicare and Medi-Cal 60%
- Insured by Employer 44%
- Uninsured 34%

SATISFACTION WITH EMERGENCY SERVICES

ALTHOUGH OVERALL PATIENT SATISFACTION WITH EMERGENCY SERVICES IS HIGH, THERE IS SIGNIFICANT VARIATION BY RACE, GENDER IDENTITY, AND INSURANCE TYPE.

Over 1 in 10 Hispanic/Latinx and Asian respondents have a "somewhat bad" experience with emergency services.

Only 10% of gender non-conforming respondents have a "very good" experience versus 44% of male respondents.

Only 37% of Medi-Cal recipients have a "very good" experience versus 61% of those insured by private insurance companies.

FEAR of law enforcement is a key concern across all race/ethnic groups, with over 20% of respondents from each racial/ethnic group indicating it is a significant concern.

"When a family member was going through a mental crisis, we had called many agencies to get in-person mental health crisis mobile support, but all they could do was call the police. Police had come but were of no help."

"Having resources that were limited and fearing that reaching out to the wrong people would result in having the police involved or being placed under an involuntary hold."

COST

"The list of urgent cares was not current and we learned that not all urgent cares have the same equipment. In this case, the urgent care room where we waited for an hour did not have an ultrasound machine so we were referred to the ER down the street that was not in-network. The potential cost of the ER for an ultrasound scared us so we left without even signing in."

LANGUAGE

"[The services were] for my grandmother. English is not her first language and we are not her primary caregiver, so some of the questions they had for us were something we found challenging."

CONCERNS ABOUT EMERGENCY SERVICES

Respondents shared many fears and concerns about accessing emergency services:

INSURANCE

"Coverage issues, administrative support, and poor overall medical planning. [The] system was so disjointed."

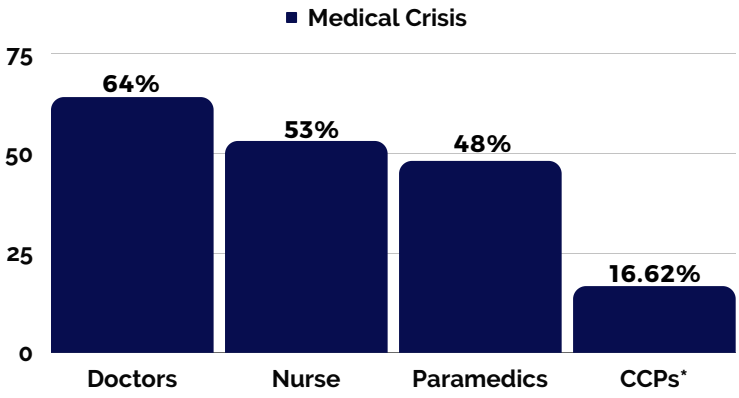
TRANSPORTATION

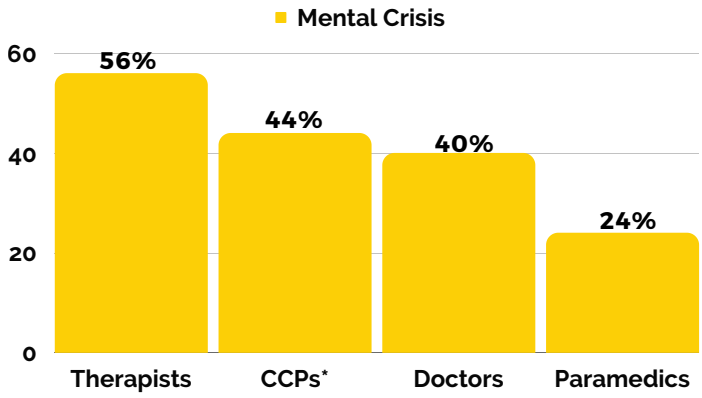
"My loved one was transferred from the emergency room to a psychiatric hospital overnight. It was very inconvenient because he was transferred to a hospital over an hour away and it was done in the middle of the night; he could not get any sleep. I was also unable to reach him for a certain amount of time. I was unable to visit him often due to the distance and could not bring him his clothes and amenities often. Additionally, hospital costs were very high, especially because he was an international student with very expensive school insurance that did not cover much of the costs."

PREFERRED PROVIDERS

Respondents indicated their most preferred providers for medical and mental health crises, with answers varying across race, gender, and insurance type. Respondents largely approve of paramedics when they respond to physical health emergencies, but few feel the same way in a mental health emergency.

MOST PREFERRED PROVIDERS





IN A MEDICAL CRISIS:

- Gender non-conforming (28%) and transgender (25%) respondents mark peer support workers as a preferred provider.
- Respondents on Medicare (42%) rank community health workers as a preferred provider.

IN A MENTAL HEALTH CRISIS:

- Peer support is highly ranked by Pacific Islander (42%), Hispanic/Latinx (26%), and Asian (38%) respondents.
- Transgender (50%) and gender non-conforming respondents (40%) also highly rank case managers and peer support workers for care.

*We define community connected providers (CCPs) as providers sharing the lived experiences and/or living in the same community as their patients. For the purposes of this survey, we define CCPs as peer support workers and chaplain/spiritual advisors, although we do recognize that many of the providers listed may come from the same background as their patients.

PROMISING PROGRAMS

There are new alternatives to address disparities in EMS and mental health crisis response.

- Community Paramedicine Pilots: Community paramedicine partners are specially trained paramedics with other health care providers to meet local health care needs. Community paramedics provide care beyond response to 911 calls and transporting patients to acute care emergency departments. A key part of community paramedicine is providing patients with alternate care destinations, allowing first responders to transport patients with mental health and substance abuse needs to alternate care locations like a mental health crisis center or sobering center instead of an emergency department.[7]
- 988 Mental Health Crisis Support Hotline: Community organizations have also advocated for the 988 hotline, a number separate from 911 for mental health crisis support, and the CRISIS Act, which would allow cities, counties, and community organizations to pilot new alternative mental health crisis models.[8 9]

In California's 2022 state budget, Governor Newsom has further committed to investing $1.4 billion over five years to expand Medi-Cal benefits to fund mobile crisis response.[10] Additionally, counties such as Alameda, Santa Clara, and Yolo have been developing new innovative mental health crisis response programs to better serve their communities' mental health needs.[11] With these new innovations, we hope these findings can help shape future research, programs, and policies to develop culturally and gender responsive crisis services.

ENDNOTES

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