

Community Survey: Assessing the Barriers to Obtaining Health Care

Sustainable Educational Programs and Research documentation for
the community of Rancho al Medio, Dominican Republic

April 9th, 2008

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Report Outline

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I. ABSTRACT

The rural location of Rancho al Medio limits health care, education and employment access for its residents. Previous trips to Rancho found a community eager to improve their standard of living by implementing our sustainable health care education programs. This year, in addition to our health care and literacy programs, we conducted a ten question survey to assess the barriers of obtaining health care. The survey helped us develop ideas for future programs, as well as decide if a more detailed community survey would help us to further understand the barriers. By conducting a survey with a limited number of questions we were able to acquire a large sample size of 72 participants. We also had time to allow participants to elaborate on points they believed were important, and therefore we were better able to understand the reasoning behind their opinions regarding the health care system. Although our qualitative data is the most valuable in understanding the situation of the people, quantitative data was obtained. From our results we were able to conclude that the people of Rancho al Medio are, in general, happy with the health care system, and understand how it works. Their main obstacle is the lack of transportation to the health facilities. The other barriers we predicted (high cost of care, lack of knowledge about the system, and distrust of doctors) were rarely cited. We have also concluded that a longer, more detailed survey is unnecessary.

II. INTRODUCTION

The health care system of the Dominican Republic consists of two branches—public and private. Public hospitals, *hospitales*, are run and funded by the federal government. General care is free, but patients must pay for medical tests and medicines. These can be very expensive, especially for the poor. There is no guarantee of quality or accessibility of care in public health facilities. The private hospitals, *clnicas*, have more technology and resources, and the facilities are known to provide better care. However, they are too expensive for the majority of Dominicans. The private facilities do offer health insurance plans, but these are often too expensive as well. The only affordable private health insurance policy is provided by employers, but if someone with this type of policy loses his job, the insurance is taken away as well. Nationwide, 75% of Dominicans are uninsured, and depend on the public facilities for their health care.

HIA has been working with Rancho al Medio, a small, rural village in the Dominican Republic, for the past four years. The community consists of about 1400 people, and is approximately three miles inland. There is no designated form of transportation going to and from the community; the closest bus stop is in La Playa (the community located on the beach). The rough road leading from Rancho to the beach takes about twenty minutes to drive, and an hour to walk. In general, the women, children and elderly spend their days in the community while the men work in Santo Domingo, the capital city. Because the commute is tough, they usually stay in the city and send money home, or return only on the weekends. According to a survey conducted in 2003 by Manos a Tiempo (a local NGO), 43% of Rancho al Medio residents are

unemployed, and only 5% have fixed employment. Because of the high unemployment rate, the number of residence with private health insurance is lower than average.

The community also suffers from lack of basic sanitation, indicating a strong need for preventative health care and health education programs. Illiteracy is another consistent problem within the community. In designing our programs, we hope to help the residents of Rancho al Medio develop their community into a self-sustaining and healthy place to live.

Our group members include undergraduates with an interest in health care, public health students, business students and engineers. Our programs are designed to address a wide variety of sustainable living initiatives that focus on health and literacy. This year's programs included a survey, discussions about health care, literacy, potential business ideas, and the use water purification systems previously installed in the community.

III. METHODS FOR THE COMMUNITY SURVEY

The purpose of the survey was to assess barriers that prevented community members of Rancho al Medio from receiving adequate health care. We also hoped to identify new ideas for future programs on how residents could receive better health care. Because the survey was only ten questions and we did not focus on the quantification of the results, we were able to allow participants to elaborate. This helped us understand what the most difficult aspects about the health care system are, and if HIA is equipped to address any of the problems.

While in the Dominican Republic, the survey team spent time at three temporary clinics staffed by the University of Michigan medical students. The clinics were set up in three locations: Los Botos (La Playa), Hoyos de Nizas, and Rancho al Medio. We surveyed a total of 85 people while they were waiting to be seen at the clinic. Because of minor language barriers there was some confusion with a few of the participants, and we were only able to use 72 surveys for our results. Since the selection of our subjects was a convenience sample comprised of those who agreed to talk to us, the number of participants at each site varied slightly. We conducted 26 surveys at Los Botos (La Playa), 23 at Hoyos de Nizas, and 24 at the clinic in Rancho al Medio. Our survey was designed to obtain information on the participants' opinions about the health care that they receive on a regular basis and not on the services provided annually by the Michigan Medical students. We made a point, before starting each interview, to explain that the survey regarded the government health programs, and not the services for which they were currently waiting. Despite this explanation, it is possible that we did not eliminate all bias or misunderstanding that this may have caused.

IV. RESULTS

See attached table

V. CONCLUSIONS

Because HIA works with Rancho al Medio, we will focus on the results from that community and use the others (Hoyos de Nizas and La Playa) as comparisons. In general, the people from all three areas seek medical attention for the same ailments. Those living in la Playa are slightly more affluent (relatively) and have a greater percentage of people with private health insurance. In La Playa 42% of those interviewed have insurance, while in Rancho 33% have it, and in Hoyos only 23% of residents we interviewed have private insurance. Those without private insurance are limited to the public hospitals which generally lack resources. Although eight people surveyed in Rancho have private insurance, six of them continue to go to nearby public hospitals because of their close proximity.

Of the 24 Rancho community members interviewed, seventeen chose their health facility based on distance. These individuals traveled to Botaos, Sabana Grande (in Palenque), or Yaguata (all public). One individual stated that she would travel to El Pina hospital (public) in San Cristóbal if the hospitals or dispensaries nearby did not have the adequate resources to treat her. Only five people stated that they chose their facility based on resources or quality of care they received. These numbers are similar to those interviewed in Hoyos de Nizas, but those living a few miles closer to the beach in La Playa gave different responses. Of the 26 interviewed there, twelve chose their health facility based on distance, while nine were able to travel to hospitals or clinics they preferred. The attached map shows the location of the three communities and the hospitals that were sited.

It seems as though the people of Rancho have the hardest time with transportation. There are buses that run through la Playa from 5AM-6PM, and Hoyos de Nizas, although further in the mountains, is closer to San Cristóbal than Rancho. A rocky, three mile motor bike ride is the only transportation from Rancho to the nearest bus stop at the beach. It takes fifteen to twenty minutes, and on average 50 pesos. Once they reach the beach, the bus fare is 15 pesos to Palenque and 30 pesos to San Cristóbal (one way per person). Traveling costs at least 130 pesos (round trip per person) and two hours. This does not include the time it takes to find someone with a *moto* willing to drive to the beach, nor does it include the time wasted traveling from one facility to another if there are not adequate resources. Most people sited that a visit to a health facility takes at least the entire day, and can quickly become very expensive. Residents of Rancho generally agreed that the bus fares are a good price, but the extra cost of the *moto* is what causes transportation to be a financial burden.

The quantitative evidence suggesting that lack of transportation is the main obstacle in obtaining health care for those in Rancho al Medio is strong. But quantitative evidence aside, this barrier was apparent from conversations with residents of Rancho. When speaking with one woman about high costs of medicines and medical tests, her voice would rise with frustration, and she was very opinionated. However, the problems she sited seemed to be typical complaints rather than obstacles. But when we discussed

the distance and transportation to the health facilities her voice dropped—almost to a whisper—her tone changed to one of exhaustion; she sounded defeated. She didn't complain. She just mumble over and over "*es difícil, es difícil*". Her eyes fell to the ground and lost focus. After mentally returning she informed us matter-of-factly that because it is such a long and rigorous journey many situations that require emergency care result in death. This was not an isolated case. Several residents we talked to reacted in the same way, and told similar stories about emergency situations ending in death.

VI. FUTURE PLANS

Because transportation is the main barrier, this will have to be taken on by the government. HIA could aid in organizing the residents, and help them to petition their federal officials, but it seemed as though many community members were already politically active. Many residents of Rancho are voting to reelect Leonel as president this coming May. We were told by several people that during his last term he made great improvements in roads and transportation. He will hopefully alleviate some of the problems.

Because it is clear what the main barrier is, we do not believe that a more detailed survey in Rancho al Medio would be beneficial. It would be difficult to conduct, and may result in useless information. The sample surveyed was, in general, happy with the government health systems, and they understood their rights within the system and how it functions. We believe that if the same survey is conducted in the future by walking from home to home (rather than staying at the temporary clinics), it will only strengthen the results. Those that were not able to make it to the temporary clinics probably have less access to transportation than those we interviewed.

VIII. APPENDIX

Appendix A: Survey Questions

- 1) Where do you live?
- 2) Where do you go to get medical care?
- 3) Why do you go there?
- 4) How do you get there?
- 5) How much does the transportation cost?
- 6) For what reasons do you seek medical attention?
- 7) How much does a medical consultation cost?
- 8) Do you have health insurance?
- 9) Are you satisfied with the government medical programs?
- 10) Do you trust the doctors that you see?