

## Presentation Title:

Journal submission: Using Real Client Voices to Improve Client Focused Services

## Presenter:

Dianne R. Browne, PhD, CFLE, Project Director  
SNJPC Camden Healthy Start  
808 Market Street, 2<sup>nd</sup> Floor  
Camden, NJ 08102  
[dbrowne@snjpc.org](mailto:dbrowne@snjpc.org)  
856-668-4426

## Presentation Objectives

- Explain the importance of knowing a community and the access barriers that exist within that community for those seeking services.
- Identify four barriers to accessing services described by focus group participants.
- Recommend and discuss practices programs can adopt to address and eliminate access barriers.

## Highlights (including quotes, charts, graphs)

CHS conducted focus groups with residents who were participants at community based social service programs and one faith based community. The quotes represent the women's comments explaining the barriers that exist in the provision of healthcare services.

### Topic 1 Barriers expressed by focus group participants

- **Customer service** – *"Because the way they greet you, the way they treat you is the same way they're going to treat your medical thing you need to take care of."*
- **Location of services** – *"...I hated going there...just looked dirty, the walls were bare...As soon as I turned 16 I was asking my friends, who's your primary care doctor?"*
- **Respect** – *"....being talked at rather than being talked to or with."*
- **Racial/Ethnic discrimination** – *"I don't know if it's from being Hispanic or an immigrant here, sometimes they don't treat you the same."*

## Topic 2 Overcoming Barriers

In response to the feedback from the focus groups, CHS proposes the following suggestions to help overcome the barriers stated above.

- Be attentive to client needs rather than programmatic needs when providing services.
- Aim to develop a relationship with the client as opposed to being an interviewer.
- Apply mindfulness. Be aware of client's story, message and environment without judgement.

## Resources

- Benkert, R., Peters, R. M., Clark, R., & Keves-Foster, K. (2006). Effects of perceived racism, cultural mistrust and trust in providers on satisfaction with care. *Journal of the National Medical Association*, 98(9), 1532.
- Kaminsky, J. (2013, February). Relational Engagement as the Heart of Continuity of Care in Education. Presented at Xi Eta Chapter, Sigma Theta Tau International 18th Annual Ethel Johns Forum - Minding the Gap: Continuity of Care, St. Paul's Hospital, Vancouver, BC. Retrieved from <http://nursing-informatics.com/RE.html>
- Langer, E. J. & Moldoveanu, M. (1999). The construct of mindfulness. *Journal of Social Issues*. Retrieved on March 20, 2016 from ResearchGate website: <https://www.researchgate.net/publication/227627445>
- Lori, J., Yi, C. H., & Martyn, K. K. (2011). Provider characteristics desired by African American women in prenatal care. *Journal of Transcultural Nursing*, 22(1): 71–76. doi:10.1177/1043659610387149.
- Pérez-Escamilla, R., Garcia, J. & Song, D. (2010). Health care access among Hispanic immigrants: ¿Alguien está escuchando? [Is anybody listening?]. *NAPA Bulletin*, 34(1): 47–67. doi:10.1111/j.1556-4797.2010.01051.x.