

# Systematic review: the barriers and facilitators for minority ethnic groups in accessing urgent and prehospital care



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## Introduction

The minority ethnic population grew significantly between 2001-2011. This increasing diversity has implications for the way that the UK National Health Service (NHS) delivers quality, accessible and flexible care. However, there has been little research into minority ethnic health inequalities in prehospital care.

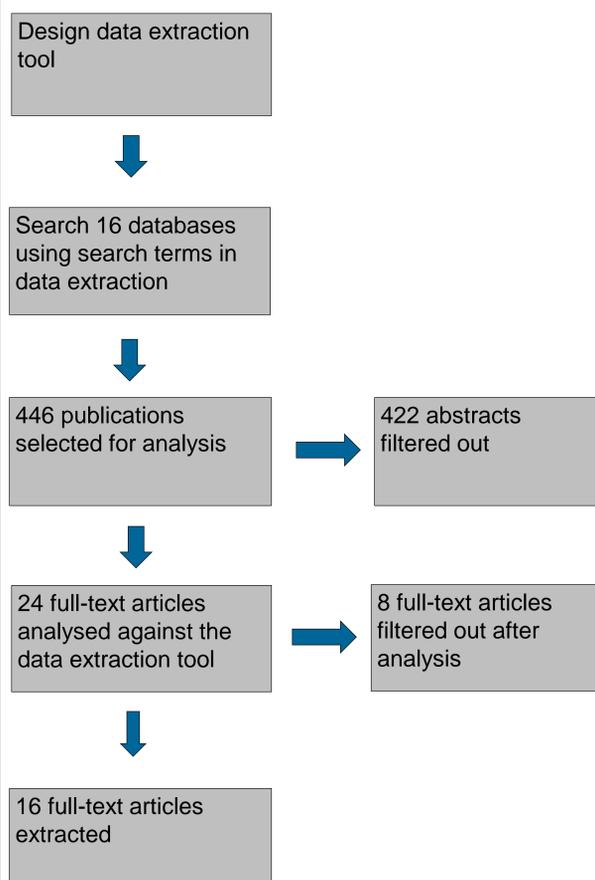
## Aims and objectives

- Exploring and understanding the deficiencies, barriers and facilitators to the delivery of high quality urgent and ambulance service care to patients from minority ethnic groups; and
- Exploring the causes and consequences of those differences in delivery to minority ethnic groups.

## Methodology

Studies were included if they: were located in Europe, North America or Australasia; published in English; between 2003 and 2013; contained information on people from minority ethnic or faith groups generally or specific minority ethnic groups; referred to the ambulance service, urgent or prehospital care; and contained information on barriers or facilitators to accessing prehospital care.

## Data extraction process



## Results

Sixteen studies met criteria for the review: two from Europe and 14 from the United States. The main emergent analytical themes were:

- **Cultural competency** – Lack of cultural competency among staff can lead to stereotypical behaviour. In several studies, healthcare professionals perceived that African-Americans are less intelligent, less compliant with medical advice, more likely to abuse drugs and alcohol, hostile, and uncooperative than White patients.<sup>1</sup>
- **Knowledge of healthcare systems** – Limited awareness of service availability or a lack of knowledge about available services can either led to ‘overuse’ of services or act as a barrier to appropriate service use.<sup>2</sup>
- **Language and communication** - Evidence suggests that limited language proficiency affects access to prehospital care and the quality of the patient experience. A dearth of staff speaking languages other than English can also act as a barrier to accessing prehospital care.<sup>3</sup>
- **Outcomes** - African-American patients with cardiac and chest pain were significantly more likely to be dead upon arrival at EMS at the scene than were Whites.<sup>4</sup> Age-adjusted survival for Out-of-Hospital Cardiac Arrest (OHCA) at least 30 days after hospital discharge was 3.4 per cent among White patients, compared with 1.7 per cent of Hispanic patients and 1.3 per cent of Black patients.<sup>5</sup>

<sup>1</sup> Banks, A., and Dracup, K. (2006) *Factors associated with prolonged prehospital delay of African Americans with Acute Myocardial Infarction*, *American Journal of Critical Care*, 15: 149-157.

<sup>2</sup> Scheppers, E., van Dongen, E., Dekker, J., Geertzen, J., and Dekker, J. (2006) *Potential barriers to the use of health services among ethnic minorities: a review*, *Family Practice*, 23 (3): 325-348.

<sup>3</sup> Richardson, L. (2003) *Racial and ethnic disparities in the clinical practice of emergency medicine*, *Academic Emergency Medicine*, 10 (11): 1184-1188

<sup>4</sup> David, G., and Harrington, S. (2010) *Population density and racial differences in the performance of emergency medical services*, *Journal of Health Economics*, 29 (4): 603-615.

<sup>5</sup> Galea, S., et al. (2007) *Explaining racial disparities in incidence of and survival from out-of-hospital cardiac arrest*, *American Journal of Epidemiology*, 166 (5): 534-543.

## Discussion

**Cultural competency** - Stereotypical and discriminatory provider behaviour can deter some minority ethnic groups from accessing prehospital care.

**Knowledge of the healthcare system** - Those who are less familiar with the healthcare system, find it difficult to identify and decide which service is appropriate for their needs.

**Language and communication** - Language barriers can lead to inadequate understanding of diagnosis and treatment, which can lead to poorer outcomes.

**Outcomes** – some minority ethnic groups may delay seeking treatment due to a fear of discriminatory provider behaviour. This may worsen their health outcomes.

## Limitations

In this study, papers generated from the US experience have been the main point of reference owing to the scarcity of UK-based literature. The US health system is very different from the UK’s NHS, making it difficult to transfer lessons and outcomes.

## Recommendations

**Complete ethnicity data** may help to address the mismatch between increasing population diversification and prehospital care.

**Cultural competency training** can facilitate better communication, which may encourage greater appropriate uptake of prehospital services by minority ethnic groups.

**Provision of interpreting services** requires that properly trained interpreters be available to assist in the care of patients who are not fluent in English.

**Workforce diversity** - Having staff speaking their languages other than English could enhance patients’ experiences.