

Use of Hospital Facilities by the **Traveller Community**

Summary Report



Contents

1.	Background: The Research Study	3
2.	The Results	3
3.	Use of Hospital Services	5
4.	Use of Accident and Emergency Service	8
5.	Use of Out-patient Services (OPD)	9
6.	Findings from the Study	11

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Summary Report on use of Hospital Facilities by the Traveller Community

1 Background: The Research Study

This study was designed by a sub-group of the Traveller Health Unit (THU) including Tallaght Travellers' Support Group, Pavee Point and The Tallaght Hospital (The Adelaide and Meath Hospital, Dublin Incorporating The National Children's Hospital (AMINCH)). Funding was secured from the THU and two researchers were engaged, one from the Royal College of Surgeons in Ireland (RCSI), to do the analysis of the hospital data; and one from Community Technical Aid (CTA), to facilitate and analyse the focus studies. Two Traveller women were employed as research assistants on the focus group studies.

The aim of the study was to identify Traveller access to and utilisation of acute hospital services through use of hospital data, and focus groups, and to make specific recommendations to the major hospitals, Traveller Health Unit (THU) and to Traveller organisations.

The study had the following specific objectives:

- To provide an assessment of the uptake, utilisation and disease pattern of Travellers using the acute adult and children's hospital service.
- To explore the opinions and experiences of a representative group of Travellers, in relation to the appropriateness and utilisation of hospital services.
- To provide information and recommendations to Tallaght Hospital regarding Traveller access to and use of hospital services in the Eastern Regional Health Authority.

Five focus group discussions with a range of Traveller groups were organised and facilitated with the support of Tallaght Travellers' Support Group. The focus group discussions explored the opinions and experience of the participants in relation to Travellers' utilisation of hospital services.

A presentation and discussion of the findings was made to Hospital staff and Travellers/Traveller organisations the outcome and comments from these exercises informed the final analysis and recommendations.

2 The Results

Medical Record Audit of Adult and Paediatric Traveller and Settled Patients

This is a report on the findings of the medical record audit of the adult and paediatric Traveller and settled patients sampled. Identification was on the basis of halting sites addresses, and whilst this was not totally comprehensive, it was considered the most robust method in the absence of any other form of identification of Travellers. For the purpose of analysis and to facilitate comparison, retrospective samples were taken from the records of 56 adult Traveller patients and 66 children Traveller patients, which were then matched with 56 settled adult patients records and 66 settled children records.

2.1 Demographic data

Figure one below shows the numbers of both Travellers and settled community adults within each age band.

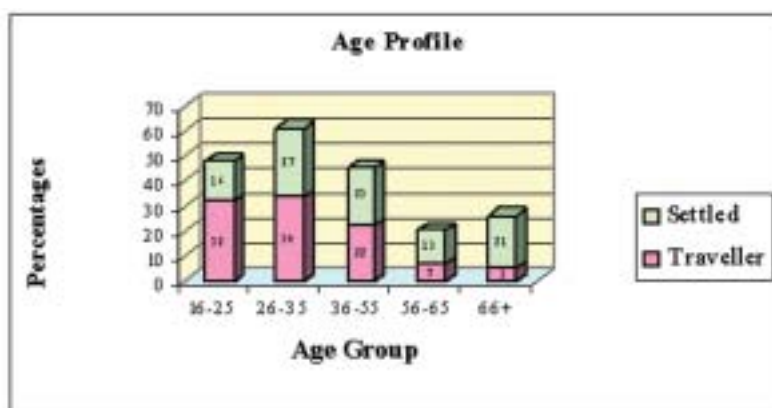


Figure 1: Age profile of study sample in percentages per age band (N = 112).

Figure two below shows the numbers of both Traveller and settled children sampled within each age band.

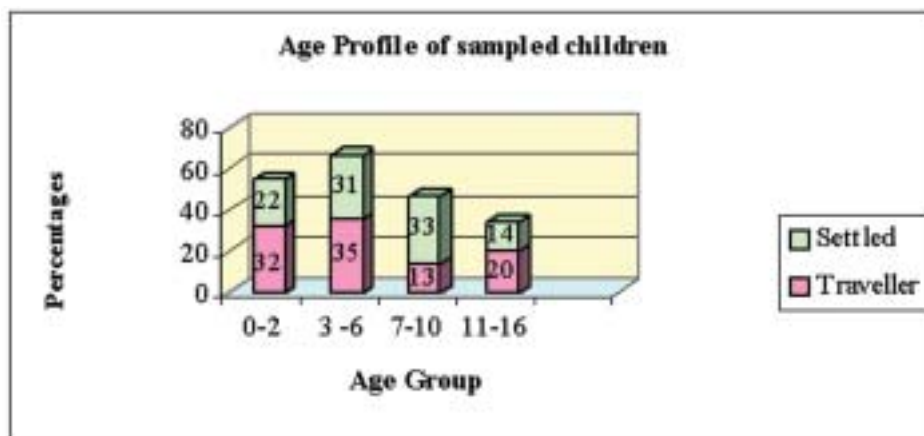


Figure 2: Age profile of study sample in percentages per age band (N=132)

2.2 Accommodation

Accommodation was considered in relation to the Traveller sample only. Accommodation included non-permanent and permanent sites. Non-permanent sites are sites with limited or no facilities. Permanent sites are sites with facilities such as water toilets, skips, showers, electricity. Over three quarter (78%) of the Traveller adults were from non-permanent sites and the rest (22%) were from Permanent sites.

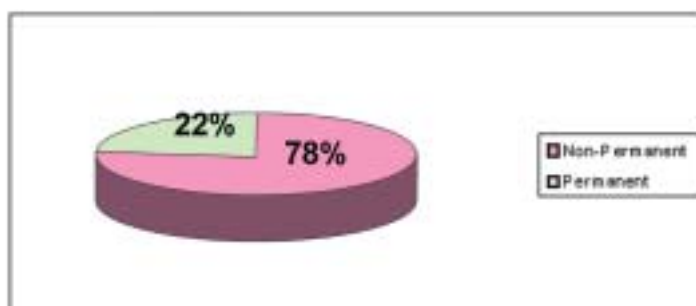


Figure 3: Profile of the accommodation status of the Adult Traveller sample (N=54)

Most Traveller children (63%) in this sample were from non-permanent sites Figure 4 below represents the accommodation status of the children sampled.

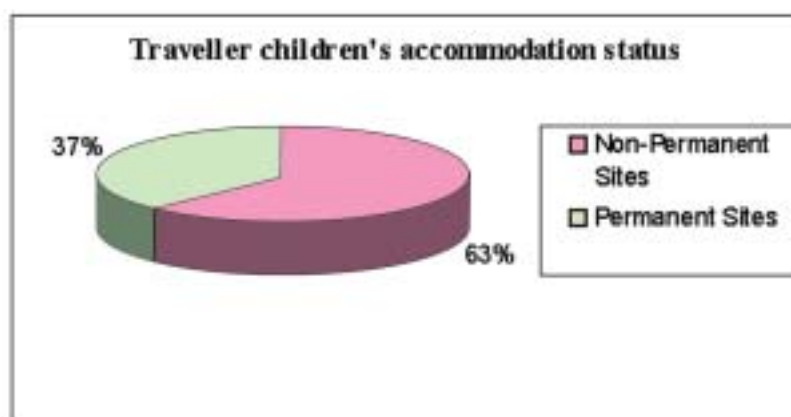


Figure 4: Profile of the accommodation status of the Traveller children sampled (n=66)

3 Use of Hospital Services

3.1 Use of in-patient services

The majority of adult patients from both groups (80% for Travellers and 35% for settled) using In-Patient services during their most recent visit were referred by Accident and Emergency (A&E). When the point of access was categorised into A&E and others, the use of A&E services by the groups was found statistically significant ($p < 0.05$). See Figure 5.

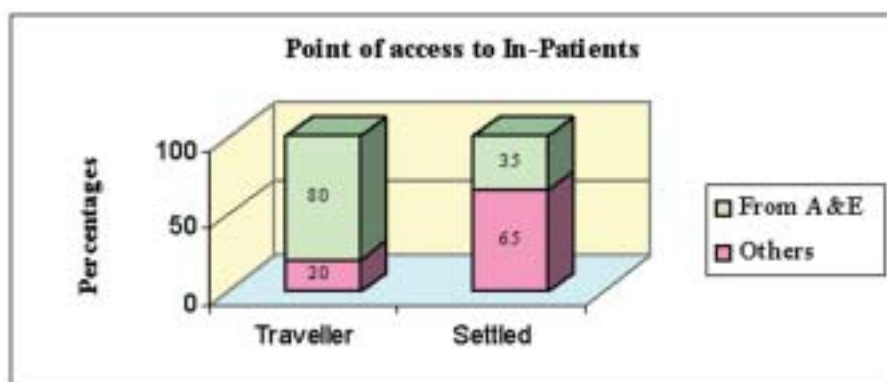


Figure 5: Point of access to In-Patient services adult Travellers and settled sample

3.1.1 Status of most recent adult admission to In-patients

When patients are admitted to In-Patients services the seriousness of their problem is rated as either emergency or routine. The majority of the most recent adult admissions to inpatient services for both the Travellers (87%) and the settled (65%) sample were emergency admissions.

3.1.2 Status of most recent children's admission to In-patients

Figure 6 below illustrates the extent to which the most recent admissions were emergency or routine admissions for both the Traveller and settled children.

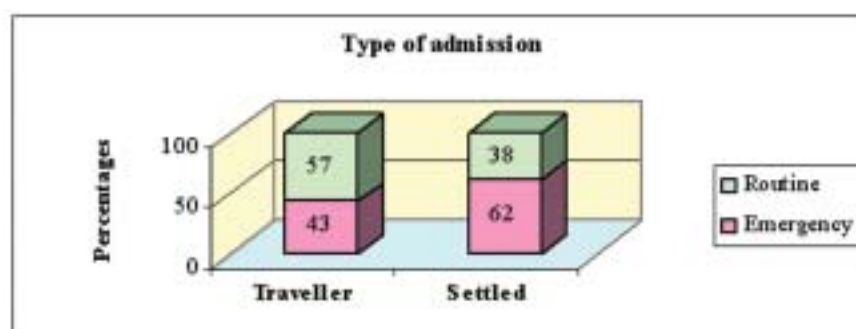


Figure 6: Status of most recent admission for children to the In-Patient Department.

3.1.3 Disease pattern for children sampled

Table 1 below outlines the profile of the most prevalent diagnosis of the Traveller sample in relation to their accommodation status. The proportion of respiratory illness was more than double in non permanent sites (29%) than in permanent sites (14%)

Table 1: Diagnoses for Travellers in relation to accommodation. (N=59)

Disease	Permanent N	Non-Permanent N
Injuries	7 (33)	12 (31)
Dermatological	0	3 (8)
Respiratory	3 (14)	11 (29)
Gastroenterological	3 (14)	6 (16)
ENT	4 (19)	4 (10)
Genitary/Urinary	2 (10)	1 (3)
Asthma	2 (10)	1 (3)
Total	21 (100)	38 (100)

Table 2: Profile of disease pattern of Traveller and Settled children (N=132)

	Traveller Children N	Settled Children N
Injuries	20	33
Respiratory	18	7
Gastroenteric	10	5
Genitary/Urinary	4	5
Asthma	3	2
ENT	8	7
Infectious Diseases	3	7
Total*	66	66

Twice as many Traveller children than settled children presented with gastrointeric problems. The most noticeable comparison between the two groups was in relation to respiratory problems where 18 Traveller children reported problems compared to 7 settled children.

3.2 Follow-up appointments following most recent illness (Adults)

Data were collected on whether all patients were offered follow-up appointments following their most recent In-Patients admission. Settled people were more likely to be offered a follow-up appointment than Travellers ($p < 0.05$). Of the Traveller patients 60% were not given a follow-up Out-Patient appointment following their most recent illness (see Figure 7).

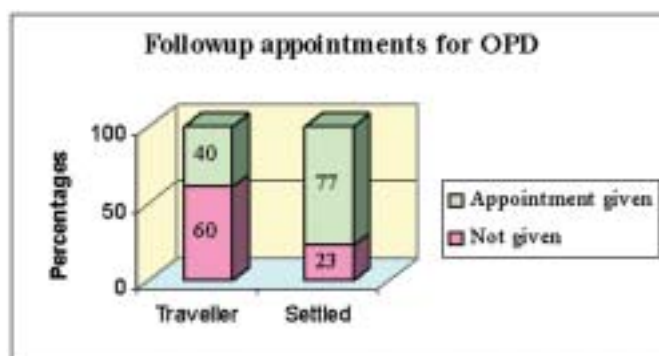


Figure 7: Follow-up appointments for adults to OPD following most recent illness.

3.2.1 Follow-up appointments/Discharge letters for children's sample

100% of the settled children discharged from inpatient services received a discharge letter. Of those Traveller patients sampled 61% received a discharge letter and 31% did not receive a discharge letter. Settled children were more likely to receive a discharge letter than Travellers ($p < 0.05$).

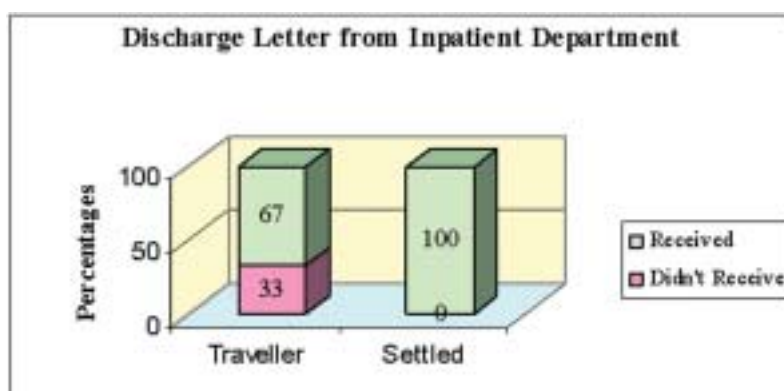


Figure 8: Discharge letter from Inpatients

3.3. Referral to clinical support services following discharge from In-Patient services.

There was a statistically significant difference between the proportion of settled children and Traveller children who were referred to other clinical support services ($p < 0.05$). 21% of Traveller children were referred to clinical support services following discharge from In-Patients services. 62% of settled children were referred to clinical support services following discharge from In-Patients services

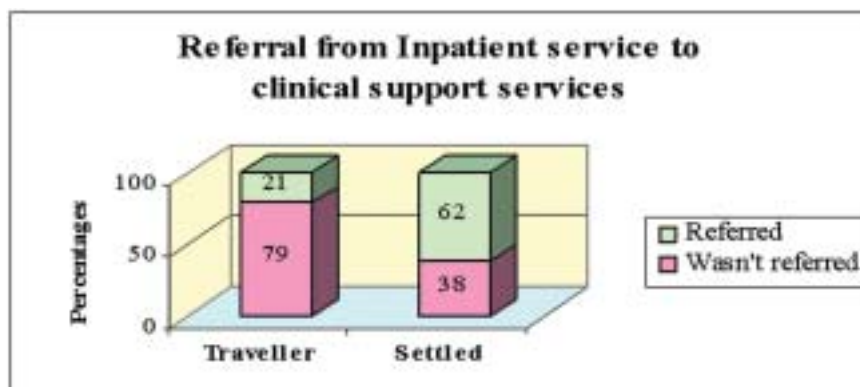


Figure 9: Referral from Inpatient services to clinical support services

4 Use of Accident and Emergency Service

Statistically significant association was also found between the sample groups and their use of A&E service ($p < 0.05$). Three fifth of the settled people (64%) used this service in comparison to the 41% of Travellers. Figure 10 depicts the use of A&E

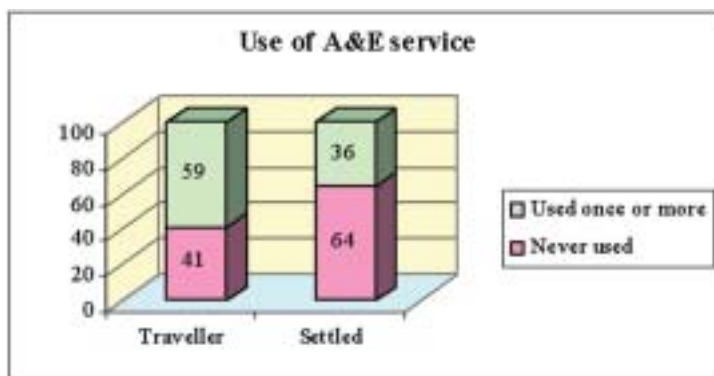


Figure 10: Use of A&E services by adult Traveller and settled sample

5 Use of Out-Patient Services (OPD)

5.1 Point of access to OPD

The most common point of access for Travellers sampled who used OPD was through A&E (70%). For the settled patient sampled the most common point of access was through their GP (53%). Travellers were more likely to go to Out-Patients Department through A&E whereas settled people were more likely to come through their GP ($p<0.05$).

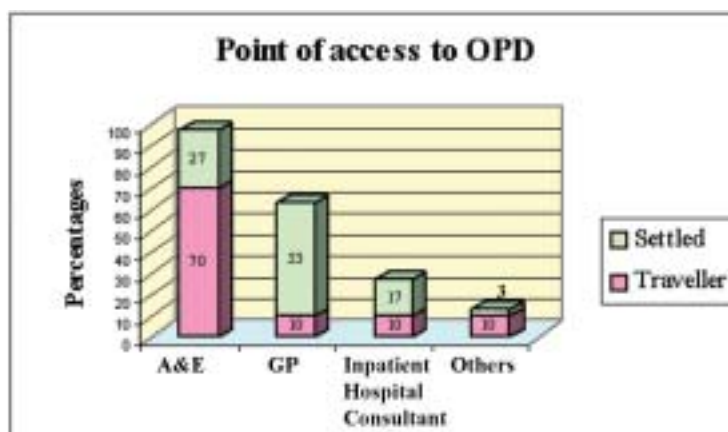


Figure 11: Point of access to OPD

The Children's sample shows a variation with the adult sample, this is outlined in the graph below:

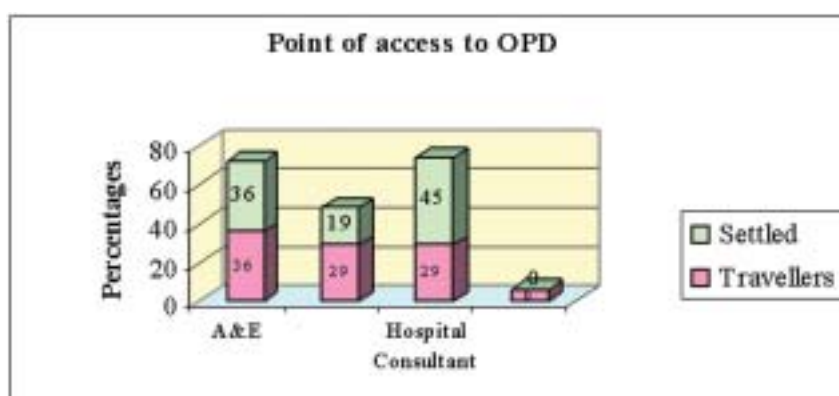


Figure 12: Point of access to Out-Patients services.

5.2 Most Recent Usage of OPD (Adults)

For Out-Patients half (50%) of the settled sample used this service most recently in comparison to 11% of Travellers

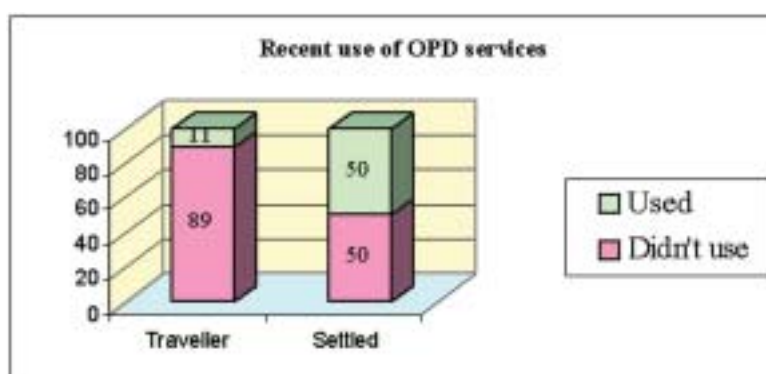


Figure 13: Recent use of Out-Patient services by adult Travellers and settled sample

5.2.1 Most Recent Usage (Children)

For In-Patients, only 13% of Traveller children used this service most recently in comparison with 19% of settled children. When considering the most recent usage of Out-Patient and A&E services there was a statistically significant ($p < 0.05$) difference between the Traveller and settled children sampled. For outpatients 50% of the settled sample used this service most recently in comparison to 15% of Travellers.

5.2.2 Frequency of Use of OPD

The majority of adult Travellers (98%) never used the OPD service, compared to 80% of settled patients, see graph below. This difference was statistically significant ($p < 0.05$).

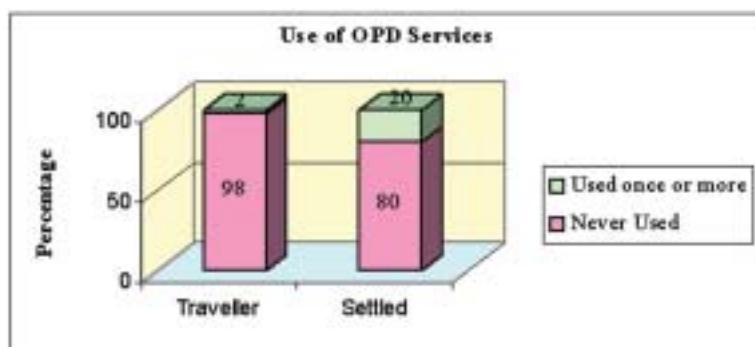


Figure 15: Use of Outpatient services by adult Traveller and settled sample

5.3 Referral to Clinical Support Services

Settled people were more likely to be referred from OPD to other clinical services than Travellers ($p < 0.05$). Only 20% of Traveller patients were referred to other clinical services, whereas 71% of settled patients were referred further.



Figure 16: Referral of Adult sample from OPD to other clinical services

Other services that adult patients were referred to include: physiotherapy, nutrition and dietetics, occupational therapy and social work services.

5.3.1 Referral to Clinical Support Services

Settled children were more likely to be referred to other clinical services than Traveller children ($p < 0.05$). While 71% of settled patients were referred to other clinical services, only 18% of Travellers were referred further.

6 Findings from the Study

From the analysis of the data and the focus groups it is clear that Travellers experience in relation to use of hospital services is different than that of settled people. The differences occur at all levels from access to follow up appointment. This showed there was also a lack of GP referrals to elective services for Traveller adults, including both OPD and In-patient services, Traveller children also generally access beds via A&E. From the disease pattern emerging for the children particularly in relation to respiratory conditions it is possible to see a link between disease and accommodation status. All of these points were supported by the feedback from the focus groups where Travellers asked for health providers to support them in their quest for better accommodation for their children. The hospital staff and management were very cooperative, draft results were presented and discussed and they were very open with suggestions of how they could improve their service for Travellers. The following are some of the agreed recommendations to emerge from these discussions and the results:

6.1 Recommendations

- Develop and deliver training to Health service providers on culturally appropriate provision for Travellers
- Increase awareness of the need for health providers to play a role in advocacy for Traveller accommodation
- Need for ethnic identifier to facilitate the analysis and disaggregation of data by Travellers
- Develop system to make it easier for Travellers to understand and follow instructions for medication
- Need to develop links with a wide range of health service providers that influence access to hospital services e.g. GP's
- Improve awareness of access routes and hospital procedures for Travellers
- To commission further research to explore the link between accommodation and the health status of Travellers.

6.2 Outcomes to date

By using the information gathered and the engagement and commitment of the partners it has allowed this initiative to be developed further to build on the process, results and the recommendations. This has facilitated a commitment to:

- Use of data results to facilitate dialogue between the Travellers and the hospital personnel to develop initiatives to make Travellers more aware of the existing services and of how to utilise them, as well as exploring how the services can become more accessible for Travellers.
- Indicate methodology for identification of Travellers in the hospital system. This will allow for monitoring of disease pattern and utilisation of services which can be fed back to Travellers and community-based health professionals, to develop appropriate responses e.g. targeting of services, health education programmes, decentralisation of services, training of health personnel etc.

6.3 Current actions

As an outcome of the process, Tallaght Hospital have given a strong commitment to working closely with the local Traveller support organisations and to developing the environment of the hospital to be more inclusive and responsive to the needs of ethnic minorities. This is being done through:

- Tallaght Hospital continues to represent the 'Dublin Area Teaching Hospitals' on the Traveller Health Unit.
- Tallaght Hospital is the key site being utilised for the piloting of a national ethnic identifier question for the Hospital Inpatient Enquiry System (HIPE)
- Tallaght Hospital is represented on the Primary Health Care for Travellers Project in the local area, and are interested in exploring the possibility of employing Traveller Community Health Workers (CHW's) to act as liaison workers between the Hospital and the Traveller community in Tallaght in the future.
- Tallaght Hospital has engaged the 'Equality Authority' to conduct an 'Equality Audit' in the hospital, this is currently underway.



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