



*Examining Healthcare Needs and Barriers in the Hispanic  
Community of Mecklenburg County*

**A Project of Mecklenburg Healthy Carolinians  
and the UNC Charlotte Urban Institute**

**as part of the  
Healthy Carolinians-UNC Health Initiative: Connecting Resources for  
Community Health Improvement**

**Final Report  
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# **I. Executive Summary**

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## **A. Brief Summary**

As a part of the *Healthy Carolinians-UNC Health Initiative: Connecting Resources for Community Health Improvement* project, enacted by Mecklenburg Healthy Carolinians the UNC Charlotte Institute was contracted to conduct and analyze the findings from a series of four focus groups. The following report was prepared by UNC Charlotte Urban Institute. The purpose of the focus groups was to identify the barriers to healthcare services experienced by the low-income, largely Spanish-speaking, Latino/Hispanic population in the Charlotte-Mecklenburg region. Also of interest in the focus groups was how the Latino communities accessed information about the healthcare process and preventative care. The sessions also sought to discover what topics should be covered in any healthcare information classes and how those meetings could be designed to encourage participation.

## **B. Key Findings**

The participants in the focus groups identified several problems associated with their access to healthcare. They felt that they received poor treatment from healthcare providers based on cultural disparities, the participants' perceived ability to pay, and racism. Many of the participants did not understand the healthcare system in general. These participants mentioned that the system could be intimidating and this made it unlikely that they would seek out assistance. Almost all participants mentioned the language barrier as a barrier to receiving adequate healthcare services. Another nearly universal problem mentioned by the participants was the high cost of healthcare. This caused them to delay or avoid altogether medical attention. The root cause of the problems associated with receiving healthcare seemed to be a lack of communication between members of the Latino Community and healthcare providers.

In seeking out information on healthcare, many of the participants indicated that their place of worship was a key source of information on healthcare issues. Friends and family were another important source. Some cited social service organizations such as Mi Casa, Su Casa or Solomon's House as locations where they received health care information. Participants indicated that they would be interested in receiving information on a wide variety of healthcare issues. Central among these topics were issues relating to women's health and child care. (This could be a function of the disproportionate number of women in the focus groups.) Time constraints seemed to be the largest inhibitor of the participants' attendance at any classes on healthcare topics.

When providing information on how the healthcare system could make Latino residents feel comfortable in receiving services, participants again emphasized the need for open and effective communication between healthcare providers and members of the Latino community. This communication should relate to the overall healthcare system as well as specific diagnoses and treatment plans. The communication should also be two-way; participants felt that they needed to be comfortable in expressing their feelings to healthcare providers.

## **II. Introduction**

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### **A. Background**

#### **Mecklenburg Healthy Carolinians**

Mecklenburg Healthy Carolinians is a collaboration of community groups, agencies and individuals that assists those who work to improve health behaviors in our county. The organization receives guidance from the Governor’s Task Force on Healthy Carolinians and support from the Mecklenburg County Health Department. Mecklenburg Healthy Carolinians has the mission of preventing early and unnecessary death and disability for everyone in the community. Using local data to identify health priorities, the organization encourages community groups to work together in addressing them.

#### **Healthy Carolinians-UNC Health Initiative: Connecting Resources for Community Health Improvement**

In light of this mission, Mecklenburg Healthy Carolinians is intensely concerned with the health needs and concerns of the emergent Latino population in Charlotte. To this end, Mecklenburg Healthy Carolinians enacted a program, *Healthy Carolinians-UNC Health Initiative: Connecting Resources for Community Health Improvement*. As a part of the program, Mecklenburg Healthy Carolinians proposed to use the services of the UNC Charlotte Urban Institute (The Institute) to conduct focus groups examining barriers to accessing healthcare needs and barriers to both delivering and obtaining care of the Latino communities area among low-income Hispanic/Latino residents of Mecklenburg County.

The Institute was well suited to undertake this project, providing a range of fee based services to non-profit organizations, educational institutions, government, businesses, and citizens. More specifically, the Community Research and Services Division conducts needs assessments and citizen opinion surveys focusing on a wide variety of issues including healthcare and is well experienced in focus group research.

For this project, Mecklenburg Healthy Carolinians with the guidance of The Institute, recruited participants and organized four focus groups. The Institute and Mecklenburg Healthy Carolinians jointly developed a question guide, and The Institute agreed to provide facilitation, translation, note taking, analysis, and reporting.

### **B. Method**

Based on the needs and suggestions of the Mecklenburg Healthy Carolinians, the UNC Charlotte Urban Institute agreed to do a series of four focus groups as a means of assessing the healthcare needs and barriers to both delivering and obtaining care of the Latino communities in the Charlotte area. The Institute consulted with the Mecklenburg Healthy Carolinians to determine the format of the focus groups. Because The Institute lacks the staff to have carried out the focus groups in Spanish, they sought contactors to provide bi-lingual facilitation of four focus groups at four different locations with the understanding that each focus group would last approximately one hour. Note taking services for the four focus group sessions was expected,

and an edited copy of the notes for each of the four focus group sessions was to be provided. Both the location and the number of participants were to be recruited by The Institute.

Bravo Bi-Lingual Services was selected to provide the bi-lingual services. For each one-hour session, Bravo provided the services of a moderator and a scribe. The moderator and the scribe were both bilingual, fluent in Spanish and English. The moderator was a highly effective bilingual professional with broad experience leading focus group sessions with Latinos, English-speakers, and mixed groups. The scribe took notes on the highlights of the session and the moderator’s indications. Sessions were conducted in Spanish, with English as indicated during the session. The notes taken by the scribe were translated by Bravo Bi-lingual Services and then proofread and edited by UNC Charlotte Urban Institute staff. A complete copy of the notes can be found in Appendix A.

Four focus groups were conducted each with the population of interest as identified by the Mecklenburg Healthy Carolinians. The recruitment for the focus groups was done by Mecklenburg Healthy Carolinians with the assistance of Bravo Bi-Lingual Services and The Institute. These locations and sizes of these groups are listed in Table 1 below.

**Table 1: Number of Participants at Each Location**

LOCATION	NUMBER OF PARTICIPANTS	PERCENTAGE
Our Lady of Guadalupe	15	19.2%
Mi Casa Su Casa	23	29.5%
Mecklenburg County Health Department	15	19.2%
Solomon House	25	32.1%
<b>Total</b>	<b>78</b>	<b>100.0%</b>

Once the focus groups had been conducted by Bravo Bi-Lingual Services, the information was given to The Institute staff. This report is the product of the staff’s interpretation of the information gleaned from the focus groups.

### C. Demographics of Sample

As noted, 78 individuals participated in the four focus groups. Before each focus group session, participants were asked to fill out a Participant Information Form. Included on the form were questions regarding gender, age, time lived in the United States, time lived in Mecklenburg County, nation of origin, ownership of place of residence, job status, marital status, level of education, household income level, and health insurance.

**Table 2: Demographics of Sample**

Gender	Males	15	23.8%
	Females	48	76.2%
Average Age	32.52 years		
Average Time Lived in US	5.97 years		
Average Time Lived in Mecklenburg County	4.01 years		
Nation of Origin	Mexico	57	73.1%
	El Salvador	5	6.4%
	Honduras	4	5.1%
	Dominican Republic	4	5.1%
	Columbia	3	3.8%
	Costa Rica	2	2.6%
	Nicaragua	1	1.3%
	Puerto Rico	1	1.3%
	Venezuela	1	1.3%
Ownership of Residence	Own	18	23.1%
	Rent	56	71.8%
	Live with Friend/Family	4	5.1%
Job Status	Homemaker	31	39.7%
	Full-time	21	26.9%
	Part-time	15	19.2%
	Unemployed	4	5.1%
	Student	1	1.3%
	Hourly	6	7.7%
Marital Status	Married	39	50.0%
	Single	25	32.1%
	Divorced	2	2.6%
	Separated	3	3.8%
	Widowed	2	2.6%
	Unmarried, Living Together	7	9.0%
Average Educational Attainment	10.6 years		
Income Levels	Less than \$20,000	38	59.4%
	\$20,000-\$39,000	22	34.4%
	\$40,000-\$59,000	4	6.3%
Health Insurance	Yes	5	6.4%
	No	73	93.6%

Individuals in the sample were predominantly female. Over three times more females than males participated in the focus groups. (Data from the session held at the Our Lady of Guadalupe regarding gender is lacking.) The average age of the participants was 32.52 years. The participants had lived in the United States an average of 5.97 years and in Mecklenburg County an average of 4.01 years. Nearly 70 percent of the participants were from Mexico, but several other nations of origin—El Salvador, Honduras, Dominican Republic, Columbia, Costa Rica, Nicaragua, Puerto Rico, and Venezuela—were represented.

Twenty-three percent of the participants owned their place of residence, while an overwhelming majority of the participants rented their place of residence (72 percent). Five percent lived with family members or friends. The fact that a majority of the participants are women contributed to the fact that 40 percent of the participants were homemakers. Twenty-seven percent of the participants were employed full-time, while 19 percent of the participants were employed part-time. Four of the participants indicated that they were unemployed. Six designated themselves as hourly workers without specifying if this was full-time or part-time employment.

Half of the participants were married. Thirty-two percent of the participants were single. Two were divorced. Three were separated. Two were widowed. Seven of the participants, or nine percent, indicated that they were in a relationship in which they lived with that person but remained unmarried. The average number of years of educational attainment was 10.6 years. Of the participants who made known their household income levels, all resided in households earning below \$60,000. Fifty-nine percent of the responding participants lived in households that earned less than \$20,000. Thirty-four percent of responding participants lived in households that earned between \$20,000 and \$39,999. Six percent of responding participants lived in household that earned between \$40,000 and \$59,999. A vast majority of the participants—73 out of 78—did not have health insurance.

From the responses received the typical respondent was female and married. She had resided in the United States about six years and in Mecklenburg County about four years. She had immigrated from Mexico. She rented her place of residence and was a homemaker. She had gone to high school but likely not graduated. Her family earned less than \$20,000 and she lacked health insurance.

### **III. Biggest Healthcare Problems/Needs**

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#### **A. Biggest healthcare problems for the Latino/Hispanic community**

The participants in the focus groups cited numerous problems associated with access to healthcare in the Charlotte region. Some problems were mentioned numerous times by the participants. First, poor treatment by healthcare workers was identified most often by participants. One participant stated bluntly, “They don’t want to attend us.” Some spoke of having to wait extensive periods of time to schedule medical appointments. Several participants claimed that they did not get clarification from healthcare workers about diagnoses or treatment plans. Lack of a clear diagnosis prompted one participant to feel that the doctor was “experimenting” on her. Others claimed that they did not receive proper treatment early in the existence of the ailment. They said that treatment was not provided until it was absolutely necessary. They felt that earlier diagnosis or treatment would have been more beneficial and efficient. They felt that pain had to be pronounced, that is they had to be “very sick” or “be in much pain”, before proper attention was afforded by the healthcare professionals.

Just behind poor treatment by healthcare professionals in the number times the participants cited it as a healthcare problem, was the high cost associated with healthcare treatment. This is an obvious problem for the participants in the focus groups. Virtually none of the participants had health insurance, and most lived in households with incomes less than \$20,000. Participants could not afford health insurance, placing them in a precarious position in relation to high healthcare costs. It seems that some of the participants felt they had to forego seeking healthcare assistance to avoid the high costs. However, left untreated, physical ailments advanced until seeking treatment was unavoidable. This, in turn, increased the cost for treating the condition. Some of the participants also felt that because so many low-income individuals had defaulted on payments for healthcare services, there was “mistrust on the part of care providers” towards the Latino community. Also, these defaults exacerbated the problems and drove up health care costs for everyone. One participant cited the willingness in the community to purchase health insurance if it were affordable. Some of the participants, lacking the citizen status of their children, were unable to receive aid from Medicaid. The high cost of healthcare and many participants’ inability to or difficulty in covering the costs contribute to the aforementioned poor treatment at the hands of healthcare professionals that the participants mentioned. There is a perception that the participants cannot pay for the healthcare services provided, this seems to result in improper treatment of low-income individuals, in the opinion of the participants.

Many of the participants said that they did not understand the healthcare system. Not understanding the system may have contributed to their wariness in utilizing its services. Many of the participants felt they needed information on services available to them. Information is needed for people who do not have insurance, locations to receive care and be evaluated, how to deal with poor treatment (either of a medical nature or courtesy nature), and where to receive moderately priced services. Participants did not understand the payment structure after they had received care. They also identified several areas which they would like to have information on a variety of healthcare issues—sex education, childrearing, drug and alcohol conditions,



prevention, obesity, heart disease, grippe, cancer, AIDS, prenatal care, psychological care, diabetes, dental care, gynecological care, etc.

Underscoring these problems seems to be a lack of communication between healthcare providers and patients. In fact, several participants cite the language barrier as the most important barrier to healthcare for the Latino community. Lacking the ability to communicate effectively with healthcare providers, Latinos in Charlotte do not understand the larger healthcare system and are hesitant to seek its services. It is likely that a lack of communication between healthcare professionals and the Latino population results in an uncomfortable and uncertain experience for Latinos when seeking healthcare. This problem of communication reaches beyond the language barrier. One of the participants cited cultural differences as a barrier for receiving healthcare services. What may be offensive to members of the Latino population may be commonplace procedures for healthcare providers. One participant said that healthcare facilities in the United States are better, but doctors and nurses in their native countries were better at relating to individuals' problems and dealing with them. It is also probable that healthcare professionals in this country do not have an adequate understanding of the Latinos' cultural background and may not relate to them well as individuals. Similarly, some of the health problems that the Latinos may have are foreign to healthcare providers here. One participant said that a hospital doctor did not have any experience with tropical diseases.

## B. Greatest healthcare needs for you and your family

The responses for the question relating to family healthcare needs elicited a wide range of responses; this made it difficult to extract any overarching themes. The responses were highly dependent on specific family situations. Participants listed things like epilepsy, digestive problems, vision care, sex education, childrearing, drug and alcohol condition, prevention, obesity, heart disease, grippe, cancer, AIDS, prenatal care, psychological care, diabetes, dental care and gynecological care as problems facing their families. These problems are relevant to specific family situations.

However, some problems were identified that affect all families. The high cost of prescriptions was cited by a couple of the participants as a problem facing families. This problem is exasperated by the lack of insurance, identified as a general barrier to receiving healthcare *and* problems for families. Participants also identified the language barrier and lack of information as problems for families.

Several participants mentioned that they had knowledge of free healthcare clinics but often had trouble attending them. They said that their daily schedule conflicted with that of the free clinics. They were unable to go to the clinics because of these conflicts or had to wait substantial amounts of time to attend them. One participant said that he/she attended the clinics on the weekends but the specialist he/she needed was not there on the weekend. Other participants did not have knowledge of free clinics but would attend if information was available.

## **IV. Healthcare Services Locations**

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### **A. Where do you go when you or your family members need healthcare?**

A significant number of the respondents indicated that they treat many of their ailments themselves. Many shop at a Bodega (a Latino general store) for herbal treatments and medications. The fact that many of the respondents treat their healthcare problems with home remedies may relate to the problems outlined in the previous sections. High cost, lack of understanding of the healthcare system, perceived poor treatment, lack of health insurance, and poor communication between health care providers and the Latino community may render seeking healthcare through conventional means an unattractive prospect.

Other participants said that they sought medical treatment at hospitals and emergency rooms. Several of the participants said that they went exclusively to emergency rooms for medical treatment. This may stem from a lack of understanding of the health care system and contribute to participants' feelings that healthcare in Mecklenburg County is overpriced and too expensive. However, a large number of participants visit private medical practices even though they lack health insurance.

A surprisingly low number of participants visit free healthcare clinics, the health department, and health fairs. This fact can perhaps be attributed to a lack of information about these services to which the participants have access. Also, a general lack of understanding of the healthcare system may limit the participants' knowledge of such services.

### **B. Preventive care**

Responses from the participants about the preventive care that they receive are sparse. This fact may be as indicative of the situation of preventive care among Latino residents as the responses they did provide. The sparseness of responses may indicate that there is a lack of preventive care provision for Latino residents in Charlotte. This, again, may be related to a general lack of information about healthcare among the participants. Others said explicitly that they lacked the funds to pay for doctor visits for purely preventive purposes. One participant said that he/she received regular check-ups, but this was because the individual had health insurance. Other participants said that eating well, exercising, and having proper vaccinations were an important part of preventive measures.

### **C. Sick Care**

Responses from the participants did not distinguish where they went for "sick care." It can be assumed, however, that the participants' responses for where they went for general healthcare are applicable here.

D. If you do not go to a doctor, where do you go when you get sick?

Participants that indicated that they did not go to a doctor when they were sick said that they used self-prescribed remedies. They said that they shopped at a Bodega for herbal remedies and medications. Some participants said that they sent home (Mexico) for medications.

E. Where do you get information about staying healthy or treating illness?

The participants in the focus groups indicated that they received information on treating illness or staying healthy from numerous sources. Several of the participants indicated that they received this type of information from their churches. This came in the form of brochures at the churches and to word of mouth at church meetings. Friends and family were also a source of information about healthcare for the participants. A few people said that they got their information from doctors, health fairs, and clinics. Some of the participants said that media outlets—radio and newspaper—were their source of information for staying healthy and treating illness. Some of the participants indicated social service organizations—Solomon House and Mi Casa Su Casa—provided them information on healthcare.

## V. Barriers to Care

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### A. What, if anything, keeps you from going to a doctor when you need care?

Most of the responses in the section about the participants' feeling about barriers to care are applicable to this section regarding factors that keep participants away from the doctor. Issues such as high costs, lack of insurance, lack of knowledge about the healthcare system, perceived maltreatment by healthcare providers, the language barrier, cultural differences, as well as poor communication between Latino individuals and healthcare providers. Of this list of reasons, the language barrier was identified by nearly all of the participants as a reason for not going to the doctor when they are sick.

Some of the participants felt that outright racism exists, that doctors "care is less because the patient is Hispanic." Some thought that African American care givers are racist towards Hispanics resulting from cultural variation, different attitudes, and history. Some thought that poor patient treatment came because the services that the Latino community takes part in are free. Here again, the idea that the Latino community receives mediocre service from the healthcare industry presents itself. However, in response to this question about why participants do not go to the doctor when they are sick, overt racism was identified as a cause. Though language barriers and cultural conflicts were cited as barriers again, in this discussion, participants went a step further and claimed that blatant racism was a factor in inhibiting them from receiving adequate care.

Another caveat not addressed in response to the initial question was the fear that representatives from the Immigration and Nationalization Service (INS) would be alerted if participants sought care from certain facilities (which ones were not indicated). Related to this was the fear that if a participant were to report mistreatment or poor service, the participant would be refused service at a later date or would receive worse mistreatment in the future.

## **VI. Use of Available Programs**

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A. Have you heard about health-related classes especially for Latinos/Hispanics on subjects like staying healthy through good nutrition or prenatal care at different agencies in the community?

When the participants were asked if they had heard about health-related classes for Latinos/ Hispanics, several indicated that they had and provided feedback on where they came across such information. The most often cited information source was churches. Our Lady of Guadalupe was mentioned several times by the participants. Other participants noted that they had heard of these types of programs at health service agencies such as the Health Department, Mi Casa Su Casa, Solomon House, and Esperanza de la Vida. Friends and family also provided participants about information health-related classes. No participants mentioned that they had heard about any health-related classes through any media outlets. It seems that their awareness of these programs came from their personal social networks or actively seeking the services out themselves.

B. If you have ever attended a class, why did you go to the class and what did you like/not like about it?

Though some of the participants indicated that they had attended classes, they did not share how the experience had been for them. Those attending classes did not clearly explain why they had attended the classes. They did provide a list of the types of classes that they attended. It can be inferred that they attended the classes because they provided needed/desired information on topics such as: health and nutrition, prenatal care, postnatal care, nutrition for children, aerobics, child care, AIDS, and sex. It seems that the participants had a keen interest in pregnancy and early child development. This may be related to the fact that most of the participants were women.

## **VII. Future Programming Recommendations**

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### **A. What kinds of health information would you be interested in attending class for?**

Participants in the focus groups indicated that they wanted health information on a large number of diverse topics. Because many of the participants were women, however, a great number of the topics seemed to focus on women's health issues. For example, gynecological health information was mentioned most as an area of interest for the participants. Prenatal and postnatal care was also an important health area to the respondents. Child care and development were mentioned by several of the participants. Participants wanted information on vaccinations. By no means, however, were these the only areas mentioned. There was a myriad of issues raised by the respondents. Dermatological information was desired. Mental health information, specifically concerning depression, would have been welcomed by some of the participants. Information on disease and disease prevention was also requested by the participants. Nutrition and exercise information would be helpful to the participants. Many of the participants were concerned with receiving information on dental and optical health. In addition, the participants mentioned: drug addiction, prostate health, oncology, gastrological health, diabetes, venereal disease, sex, and AIDS as relevant issues.

A couple of participants mentioned problems relating to the ability of the participants to take advantage of the classes that do exist. Two people mentioned the need for the classes to be free. Two people also noted the need for English classes that would help Latino residents interact with healthcare providers. Many of the participants mentioned these two problems—the high cost of health care and the language barrier between health care providers and those that need the services—as general barriers to health care in the Charlotte regions. Not only are these barriers inhibitive of participants' ability to receive health care benefits, but they also reduce their ability to get information about health care.

### **B. What would make you want to come?**

The participants provided insight into what things would make them want to come or would allow them to classes related to health care. Participants indicated that they would need for the classes to be free. Again, many of the participants were low-income, so a cost attached to these classes may inhibit participants' ability to attend them. Some participants mentioned the need for child care during these classes. Many of the participants are women and are likely responsible for child care in their households.

Scheduling of these classes was discussed by the participants. Morning classes were not an option for the participants. Evening meetings were most conducive to participants' schedules. Saturday classes were acceptable to many of the participants, while a smaller number of participants said that they would attend Sunday classes.

### C. What would make you want not want to come?

Participants talked about factors that would make them not want to come to health care classes. Family and children concerns would limit the participants' ability to attend the classes. Other participants said that the scheduling of the meetings for the classes would present problems for the participants. Participants also said that the language barrier, if the classes were in English, would reduce participants' ability to attend the classes. Also, a fee associated with the classes would cause many of the participants to not attend the classes. Transportation to the classes may also present problems for many of the participants.

## **VIII. How to Improve Services**

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A. If you were giving advice to agencies who offer health-related programs/classes/services for Latino/Hispanic community, what would you tell them was important to get people to use and feel comfortable using their services?

In responding to this question, participants emphasized the need to forge positive and respectful relationships between health care providers and Latino individuals. Participants said that providers “need patience” in dealing with the Latino community and understand the specifics of each situation. Simply put, providers need to “listen to us” to understand the uniqueness of each person’s circumstance. Providers also needed to understand cultural nuances to make the process of receiving health care for Latinos in Charlotte as effective and comfortable as possible. Participants indicated that they wanted “interest in the patient” and friendliness to be exemplified by the providers. Effective communication between provider and patient was important to the participants. Participants cited the need for providers to be more explicit when explaining a treatment plan or the payment process.

The participants noted the need for information, in Spanish, about the general health care process. They also said that “help” for the Latino community should be available. This may be in form of an information outlet or individual consultations about health care. The participants reiterated the need for information on disease and nutrition, indicating a desire among the participants to improve personal health. Overall, it seems that participants wanted better communication between them and health care providers. They also emphasized the need to overcome the language barrier.



# IX. APPENDIX A

Focus groups  
September and October 2005

Conducted on behalf of  
Urban Institute of UNCC and Mecklenburg County Health Department

Project: Mecklenburg Healthy Carolinians

Christian Friend, Director of Community Health Services, Urban Institute  
Susan Long-Marin, Epidemiology Director, Mecklenburg County Health Department  
Sharon Feldman and bilingual moderators, Bravo Bi-lingual Services

*Editor's note:*

*All the sessions were conducted in Spanish. The sessions evoked a lot of thoughtful commentary and discussion within the group. The proceedings are written here, with detailed transcriptions of comments by participants.*

*This report is intended to give an overview and also to bring information from the sessions to the record. Issues and situations which the Health Care providers might focus on are highlighted with bold letters or with asterisks [\*]. Preliminary submission of this report was made earlier in November. A change in the grid information previously submitted is noted in red. The text which appears in blue is the last edit. The grids are wider than 11" stock paper; adjust either the font size or the paper size for a clear printed version.*

*The participants appeared warm, sincere, and genuinely interested in providing answers to the questions. Participants appeared at ease and open in the four sites chosen. The moderators of the focus group sessions established a warm rapport in which to solicit responses.*

*Thank you for the opportunity to be of service on this project. Contact with questions or comments.*

*- S. Feldman, bravo Bi-lingual Services, Charlotte NC*

PROJECT NOTES

Recruiting for participants carried out through different modes and organizations

Participant characteristics

Spanish as first language  
Latino origin, living in Mecklenburg County  
Low income  
Adult

Locations of the four groups

Focus Group 1.	Our Lady of Guadalupe, Charlotte
Focus Group 2.	Mi Casa Su Casa, Charlotte
Focus Group 3.	Mecklenburg County Department of Health, Charlotte
Focus Group 4.	Solomon House, Huntersville

## Healthy Carolinians Focus Group Discussion Guide

### Questions

- I. What do you think are the biggest healthcare problems for the Latino/Hispanic community?
- II. What would you say are the greatest healthcare needs for you and your family?
- III. Where do you go when you or your family members need healthcare?
- IV. Preventive care (That is, going to the doctor when you are not sick or injured for prenatal care, immunizations, physicals, check-ups, etc.)?
- V. Sick care?
- VI. What, if anything, keeps you from going to a doctor when you need care?  
(prompts if needed: transportation, money, language barriers, no time off work, etc)
- VII. If you do not go to a doctor, where do you go when you get sick?
- VIII. Where do you get information about staying healthy or treating illness?
- IX. Have you heard about health-related classes especially for Latinos/Hispanics on subjects like staying healthy through good nutrition or prenatal care at different agencies in the community (ex Health Department, Solomon House, Our Lady of Guadalupe, Mi Casa Su Casa)?
- X. If you have ever attended a class, why did you go to the class and what did you like/not like about it?
- XI. What kinds of health information would you be interested in attending class for?
- XII. What would make you want to come?
- XIII. What would make you not want to come?
- XIV. If you were giving advice to agencies who offer health-related programs/classes/services for Latino/Hispanic community, what would you tell them was important to get people to use and feel comfortable using their services?
- XV. Of all the many subjects we have discussed today, what are the 2 things that could most help you better meet your healthcare needs?
- XVI. Is there anything else you would like to say before we leave?

### Key to abbreviations and wording

UL = unmarried, living together [union libre]

Ama = homemaker

constr = construction

[#] = child has health insurance, although parent[s] do not; most if not all of these children born in US

[%] = parent has health care partial insurance through CMC including Rx discounts

Focus Group at Our Lady of Guadalupe  
 Tuckaseegee Road  
 September 26<sup>th</sup> 7 PM  
 also attending - Jon Levin of Mecklenburg County Health Department

Our Lady of Guadalupe	1	2	3	4	5	6	7	8	9	10	11	12	13	14
a. Lived in US	4 yrs.	6 yrs.	3 yrs.	5 yrs.	4 yrs.	10 yrs.	8 yrs.	6 yrs.	3 yrs.	10 yrs.	6 yrs.	6 yrs.	6 yrs.	5 yrs.
b. Lived in Mecklenburg Cty	4 yrs.	6 yrs.	2 yrs.	5 yrs.	4 yrs.	10 yrs.	8 yrs.	5 yrs.	6 mos.	10 yrs.	6 yrs.	4 yrs.	6 yrs.	5 yrs.
c. Age	29 yrs.	40 yrs.	23 yrs.	26 yrs.	27 yrs.	28 yrs.	34 yrs.	38 yrs.	28 yrs.	30 yrs.	38 yrs.	38 yrs.	24 yrs.	25 yrs.
d. Own or rent	Rent	Rent	Rent	Rent	Rent	Own	Rent	Own	Own	Rent	Own	Rent	Rent	Own
e. Job title, duties	Ama	FT	PT	PT	PT	Ama	Ama	FT	Ama	Ama	FT	PT	FT	FT
f. Marital status	Married	Married	Single	Single	Married	Married	Married	Married	Married	Single	Separated	Divorced	Engaged	Engaged
g. School yr. Completed	11	9	10	9	HS	9	6	HS + 1U	HS	HS + 2	HS + 1	HS + 2	HS + 2	10
h. National origin	Mexico	Mexico	Mexico	Mexico	Mexico	Mexico	Mexico	Mexico	El Salv.	El Salv.	El Salv.	Mexico	Mexico	Mexico
i. household income 2004	\$700	\$20-	\$20-	\$600	\$800	\$20,000	\$300	\$1,000	\$400	\$200	\$25-	\$25-	\$20-	\$20-

	/week	40,000	40,000	/week	/week		/week	/week	/week	/week	30,000	30,000	30,000	30,
Have health insurance?	No	No	No	No	No	No	No	Yes	No	No	No	No	No	No
Where do you buy your medicine?	Mexico store	Mexico store	Mexico store	Mexico store	Mexico store	Mexico store	Mexico store	-	-	Salv. store	Salv. store	Mexico store	-	-
Ever buy Rx at pharmacy?	Yes	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
How do you hear about med care providers?	News-paper	friends	news-paper	friends, paper	talking	talking	church, paper	church, paper	news-paper	community	community	family in Mexico	talking	talk
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Spanish primarily at home[H] or English-Spanish equally [=]	=	H	H	H	=	H	H	H	H	H	H	=	H	H
Preferred gender of physician	F	~	~	~	F	F	F	~	F	F	~	~	~	~

Perception of														
Quality of care														
rec'd.	~	good	good	poor	~	good	poor	good	good	good	poor	poor	~	~
Perception of														
service with														
respect	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	no [1]	no [2]	no[

Notes

[1] Doctor yes, nurse and receptionist no.

[2] Doctor yes, assistant, no.

[3] Doctor yes, assistant no. Not many interpreters available; treat patient badly.

SP# 8 - Who does QC work: they don't pay dark skinned persons more even when they are more skilled. EEOc

When free care is offered, do they believe? Yes

Why don't they do it?

Spanish not spoken

Need interpreter

Time

Location

Care for children

Child's extracurricular activities

2. Mi Casa Su Casa

September 28, 2005

Mi Casa Su Casa	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
Gender	F	M	F	F	F	F	F	F	F	F	F	M	F	F	F	F	F	F	F	F	F	F	F	M	F	M
a. Lived in US	3 mo.	5yr.	5yr.	5yr.	8yr.	13yr.	6yr.	5yr.	3yr.	4yr.	3yr.	7yr.	1yr.	5yr.	6yr.	6yr.	1yr.	1yr.	1mo.	1yr.	4mo.	5yr.	1yr.	7mo.	1yr.	10yr.
b. Lived in	3 mo.	2yr.	2yr.	5yr.	7yr.	1mo.	6yr.	5yr.	3yr.	4yr.	3yr.	7yr.	1yr.	5yr.	5yr.	6yr.	1yr.	1yr.	1mo.	1yr.	4mo.	4yr.	1yr.	7mo.	1yr.	8mo.
Meck Cty																										
c. Age	23	48	46	38	30	49	25	23	40	31	27	40	28	22	38	33	22	25	49	28	50	34	25	37	27	40
d. Own or rent	Rent	Rent	Rent	Rent	Rent	Rent	Rent	Rent	Rent	Rent	Rent	Rent	Rent	Rent	Own	Rent	Rent	Rent	Rent	Rent	Rent	Own	Rent	Rent	Rent	Rent
e. Job	PT Hourly	Family trucking	Amma	Amma	PT Hourly	Amma	Amma	Amma	PT Hourly	Amma	Amma	FT Contractor finisher	Amma	Amma	PT Hourly cleaner	Amma	Amma	Amma	Amma	Amma	Amma	PT Hourly clothing sales	Amma	PT Hourly cleaning offices	un-empl.	PT Hourly transport-



																						fle am kt.				lat or	
f. Marital status	M a r r i e d	M a r r i e d	M a r r i e d	M a r r i e d	Se p a r a t e d	Wi d o w e d	M a r r i e d	M a r r i e d	Se p a r a t e d	M a r r i e d	M a r r i e d	M a r r i e d	M a r r i e d	M a r r i e d	M a r r i e d	M a r r i e d	M a r r i e d	M a r r i e d	M a r r i e d	M a r r i e d	Wi d o w e d	Par t n e r	M a r r i e d	Di v o r c e d	M a r r i e d	Si n g l e	
g. School yr.	9	H S + 2	9	HS +5	-	2	9	6	4	H S + 1	6	9	13	9	H S + 3	10	15	11	2	9	6	9	11	6	H S + 5	H S + 4	
Completed																											
h. National origin	M e x i c o	Co s t a R i c a	Co s t a R i c a	El S a l v a d o r	Me x i c o	Me x i c o	M e x i c o	M e x i c o	Me x i c o	M e x i c o	M e x i c o	M e x i c o	M e x i c o	M e x i c o	M e x i c o	M e x i c o	M e x i c o	M e x i c o	M e x i c o	M e x i c o	Me x i c o	Ho n d u r a s	M e x i c o	Me x i c o	M e x i c o	C o s t a R i c a	
i. household income 2004	\$ 2 0 0 0 / w k	to \$2 0 0 M	-	\$2 0- 40 M	reti red	un kn ow n	to \$2 0 M	to \$2 0 M	to \$2 0M	\$2 0- 40 M	-	\$2 0- 40 M	\$4 0- 60 M	to \$2 0 M	to \$2 0 M	to \$2 0 M	to \$2 0 M	\$2 0- 40 M	-	to \$2 0 M	to \$2 0M	\$4 0- 60 M	to \$2 0 M	to \$2 0 M	to \$2 0 M	\$2 0- 40 M	
zip code	2 8 8	28 20	28 20	28 06	28 21	28 21	28 21	28 20	28 20	28 20	28 21	28 21	28 22	28 22	28 21	28 20	28 21	28 21	28 21	28 21	28 21	28 21	28 20	28 21	28 20	28 20	28 20

	2 0 5	5	5		2	2	2	5	5	5	2	2	7	7	5	5	5	5	2	2	2	5	5	5	5	5
Have health insurance?	No	No	No [had past yr]	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Where do you buy your medicine?																										
Ever buy Rx at pharmacy?																										
How do you hear about med care + providers?																										
Spanish primarily																										



3. Mecklenburg County Health Department  
 Thursday, September 29th  
 Beaties Ford Road

also attending - Mayra Rodriguez, Jorge \_\_\_\_\_ of Mecklenburg County Health Department

Mecklenburg County Health Department	1	2	3	4	5	6	7	8	9	10	11	12	13
Gender	F	M	M	F	F	M	F	F	F	M	F	F	F
a. Lived in US	7 mo.	7 mo.	20 yr.	3 yr.	9 yr.	9 yr.	5 yr.	6 yr.	12 yr.	25 yr.	1 yr.	5 yr.	3 mo.
b. Lived in Mecklenburg Cty	7 mo.	7 mo.	2 mo.	2 yr.	3 yr.	3 yr.	3 yr.	6 yr.	7 yr.	10 yr.	1 yr.	3 yr.	3 mo.
c. Age	33	33	35	28	28	27	29	54	32	32	25	37	43
d. Own or rent	sister's	friend's sister's	friend's	Rent	Rent	Rent	Rent	family	Own	Own	Rent	Rent	Rent
e. Job	Hourly	Fulltime	None	Part time	Hourly	Hourly	Hourly	unemployed	Hourly	Hourly	Part time	Part time	Part time
f. Marital status	Single	Single	Married	Married	open relationship	Married	Married	Single	Married	Married	open relationship	Married	Married
g. School yr. Completed	HS + 5	HS + 2	HS	HS	11 yrs.	6 yrs.	6 yrs.	HS + 4	HS + 4	HS	HS + 3	HS + 2	HS + 2
Profession	publicity	marketing		accounting				spec. ed.	marketing, accounting	adm. business	fashion design		accou

h. National origin	Dom. Rep.	Dom. Rep.	Honduras	Honduras	Nicaragua	Mexico	Mexico	Colombia	Mexico	El Salvador	Honduras	Dom. Rep.	Dom.
i. household income 2004	to 20,000	20-40,000	40,000 +	to 20,000	to 20,000	to 20,000	to 20,000	to 20,000	to 20,000	to 20,000	to 20,000	to 20,000	to 20,000
zip code	28269	28269	28215	28212	28205	28278	28278	28212	28213	28213	28212	28205	28205
Have health insurance?	no	no	yes	no	no	no	no	no	no	yes	no	no	no
Where do you buy your medicine?													
Ever buy Rx at pharmacy?													
How do you hear about med care + providers?													
Spanish primarily at home[H] or English-Spanish equally [=]													
Preferred gender													

of physician													
Perception of													
Quality of care													
rec'd.													
Perception of													
service with													
respect													

I.

Grippe  
Heart attack  
Overweight  
Diabetes  
Cancer of breast  
AIDS  
Lack of info  
SP #1 - fear  
Access  
in Spanish for VD  
Pregnancy

II.

SP #2 - Access to medical care, lack of info!, \$  
Employer does not give insurance to part-timer [not just Hispanics]  
Bilingual doctor, family, Spanish-speaking doctors  
Prefer Spanish-speaking doctor 7 no difference N American of Latino 6  
Family clinic - not enough time - wait a week, 2 weeks  
Faster access, shorter wait for appt with private doctor

Weekend clinic not open; hospital Sat and Sun open but specialist not available; wait, disconnect with hours, higher cost, Rx\Don't go for cost 80%

Would go to free clinic, need info

### III.

Health fair, inexperienced [young?] private doctor

Doesn't get sick

Health dept referral, TO HOSPITAL, free clinic is only general

### IV.

Preventative care - 50% go for it

Barriers - access to insurance, language, info on access, transportation, some don't accept children, dentist cancelled appt. for a crying child

Where do you go? anti-grip at pharmacy

Self medicate 70%

\*\*Brought medicines from their country - ALL

### V.

Get info from Mi Casa Su Casa, Jorge, Mayra, radio

### VI.

Classes - not heard

in Spanish, would like to know what are centers, where, how to access

preventive general, mental health, parents on teenagers, drugs, sex, children's diseases

Class hours preferred - 6 to 10 PM, mornings for mothers, 2 hours at a time

SP#15 - Participated in a class for parent of newborns at North Park

SP# 2 - class themes:

Barriers: child care, transportation, hours of work

advice to agency - courses in Spanish, faster service in clinics

one person spent 4 hours at clinic [waiting]

doctor for treating sexual disease must be of same gender as patient, other doctors can be either gender; female OK with male Ob-gyn

respect: fearful seeing doctors, here something will happen; not enough patience

prefer Hispanic doctor over having interpreter

interpreter sometimes does not do it well

interpreter from different country does not know words, clichés, customs

**\*\*Doctors don't understand idiosyncrasies, do not know some diseases which are common in Latin America**

Gender of doctor does not make a difference to members of this group

Thinks a newbie [inexperienced, rather than experienced, individual] is drawing blood  
Thinks care is less because the patient is Hispanic - 50%  
don't see costs before care  
don't have enough prescriptions for 3 to 6 months of medication after paying for visit  
African American racism to Hispanics  
African American nurses are dealing with Hispanics [cultural disconnect, different attitudes and history]  
Speak fast so you do not understand  
treating the patient badly because it is a free service  
racism  
would you report problem? Would report if we knew where to go  
Fear of reporting because patient might need service in future; hospital has the only specialists  
Fear to go anywhere? some - too far; #13 does not believe fear of migra [immigration authorities] is greatest at medical centers  
Specialists: gynecological, kidney, ENT, dentist, orthodontist, chiropractor, emotional and mental health, pediatric, psych., marriage counseling,  
split appts., depression counseling, isolation felt, style of life  
Info - store, radio, flyers to apartment houses  
SP#15 - more info, no one speaks Spanish, friend needs to call, specialist's time is too limited now  
SP# 2 - where can get free service, insurance  
SP# 1 - where to get Rx  
SP# 3 - bring children, where to get pediatric care, vaccinations  
SP# 1 - tell men to take care of themselves  
SP# 9 - need more info in Spanish on AIDS for mom, dad, children; school-based; reluctance, machismo



4. Solomon House  
Monday October 10, 2005  
Huntersville

also attending - Jon Levin of Mecklenburg County Health Department

UL = unmarried, living together [union libre]

Ama = homemaker

constr = construction

[#] = child has health insurance, although parent[s] do not; most if not all of these children born in US

[%] = parent has health care partial insurance through CMC including Rx discounts

Solomon House	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Gender	F	M=	=F	F	F	F	M=	=F	M=	=F	M=	=F	M=	=F	F
a. Lived in US	2yr.	8 yr.	7yr.	6yr.	8yr.	7yr.	15yr.	15yr.	2yr.	2yr.	4yr.	4yr.	6yr.	6yr.	25yr.
b. Lived in Mecklenburg Cty	1yr.	6yr.	6yr.	6yr.	8yr.	7yr.	5yr.	5yr.	2yr.	2yr.	4yr.	4yr.	6yr.	6yr.	1yr.
c. Age	33	45	33	48	36	38	34	34	33	22	23	33	37	32	45
d. Own or rent	Own	Own	Own	Rent	Own	Own	Rent	Rent	Own	Own	Rent	Rent	Rent	Rent	Rent
e. Job	Ama	FT constr	FT constr	FT constr	Ama	Ama	FT call ctr	FT Target	FT hourly yardwork	Ama	PT restaurant	x	FT constr	Ama	Ama
f. Marital status	M	UL	UL	M	UL	M	M	M	M	M	UL	UL	M	M	M

g. School yr.	HS	4	HS+5	6	9	9	9	HS	HS+2	3	6	6	HS	9	2
Completed															
ZIP	28117	28078	28078	28031	28078	28216	28078	28078	28715	28715	28078	28078	28078	28078	28078
h. National origin	Venezuela	Mexico	Puerto Rico	Mexico	Mexico	Mexico	Mexico	Mexico	Mexico	Mexico	Mexico	Mexico	Mexico	Mexico	Me
i. household income 2004	\$40K+	\$20K-40K	\$20K-40K	to \$20K	to \$20K	to \$20K	\$20K-40K	\$20K-40K	to \$20K	to \$20K	\$20K-40K	\$20K-40K	\$20K-40K	\$20K-40K	\$20K-40K
Have health insurance?	Yes	No [#]	No [#]	No	No	No	No	No	No [#]	No [#]	No	No	No	No [%]	No
Where do you buy your medicine?															
Ever buy Rx at pharmacy?															
How do you hear about med care providers?															
Spanish primarily at home[H]															

or															
English-Spanish															
equally [=]															
Preferred gender															
of physician															
Perception of															
Quality of care															
rec'd.															
Perception of															
service with															
respect															

SPs comments:

Have been treated badly by administrative person, would report it

BUT reporting would be limited because person to whom they would report it does not speak Spanish

How do they go about reporting it?

Would they jeopardize their care in the future by reporting it?

Want to learn about hygiene in restaurants, stomach[illness], preparation of food and handwashing, about fast food in genera;

Want to learn about Fast Food and changing diet [making change to diet]

Pap and mammogram; it is not in their culture to go annually

Set clinics for women

Would go for annual checkups [5 SPs]

Interest in mobile follow-up clinics, how to know

Concern about additional bills and expenses

Want to learn how to ask for information

Expressed real concern about limits of their available \$, language, access

### **Comments about the four sessions**

*Focus groups were in informal settings.*

*Responses to questions were all verbal.*

*Some participants were not literate, and it was paramount to avoid inducing feeling of inferiority or shame.*

*All biographical data was self-reported.*

*Immigration status of participants was not requested and not reported.*

*Education levels - self reported; levels in Mexican system do not line up with US grades*

*Questions were phrased to elicit response closest to outline given.*

*To increase likelihood of open and honest responses, participants were not asked to give names or addresses.*

*Moderator of each group had Spanish as a first language, was bicultural, and was completely fluent in English.*

*All participants had Spanish as first language.*

*All participants self-reported their nations of origin as outside of the US.*

*Session participant, where participant designation number is not available, is shown as 'SP'*

*Pairs or couples are indicated on the charts [M= and =F]; comments are in context of being couples*

*Very few participants demonstrated enough command of spoken English to hold their own in a conversation, in a social or a medical context.*

*Education levels are numbered differently in Latino countries of origin.*

*Moderator attempted to elicit best, closest response to US system.*

*Men and woman participated fully in these sessions.*

**\*\*The big majority of the participants had no health insurance.**

**\*\*Most of the participants seemed to be in the 'undocumented' category. Along with the language and cultural barrier, this would put them furthest from being able to achieve health insurance, or to be able to effectively seek it.**

**\*\*Teen pregnancy among Latinos is 17% for the bilingual teens and 14% for non-English speakers.**

Attendance at the four sessions was outstanding. In the design of the project, the groups were to be conducted with 15 participants. Three of the four sessions had exceptionally large turnout, due to effective recruiting. The settings were perceived as safe and the communication was easy within the group and with the moderator of the session.

Participants were interested in participating and gave thoughtful consideration to questions. They were aware that their responses were of interest. There were many anecdotes also offered that were outside the parameters of the sessions. Pertinent parts of the information gleaned from the anecdotes is included here.

The scope of the inquiry was broad.

### **Additional comments from participants in session 1**

1. Our Lady of Guadalupe Church  
September 26th

#### **Health care**

##### **What do you think are the biggest healthcare problems for the Latino/Hispanic community?**

Hospital bills, cost is high

[6 SPs say outright they don't understand system]

Insurance, cash

They don't want to attend us

No insurance

We don't understand

Language

##### **What would you say are the greatest healthcare needs for you and your family?**

Dentist

Vision care ['eyes']

Family problems

Prescriptions

Diabetes cost without insurance, many diabetics

##### **Where do you go when you or your family members need healthcare?**

Doctor

Doctor - is the doctor Hispanic or not Hispanic, SP doesn't speak English

SP doesn't go to emergency room, very costly and it has taken up to 5 hours

Insured SP goes to wherever she needs to  
Many use home remedies

**Preventive care (... going to the doctor when you are not sick or injured for prenatal care, immunizations, physicals, check-ups, etc.)?**

Little preventative care

Eating well

Exercise - 60%

For the insured: checkups, eat well

Mammogram, AIDS - not having insurance [they indicate they do not seek preventative care]

**Where do you get information about staying healthy or treating illness?**

Info from clinics

Health fairs

Inside and outside church

**Have you heard about health-related classes especially for Latinos/Hispanics on subjects like staying healthy through good nutrition or prenatal care at different agencies in the community (ex Health Department, Solomon House, Our Lady of Guadalupe, Mi Casa Su Casa)?**

**If you have ever attended a class, why did you go to the class and what did you like/not like about it?**

SP# 7 Food, heart classes

SP#13 AIDS, sex, at church

SP# 3 CPCC classes

SP# 1 Mi Casa classes, fairs

SP#14 Church classes

**Which free classes would you like to attend?**

Food - [moderator comment: healthy choices, balanced choices]

Diabetes

General health

Prevention

Sex

Vaccinations for children

Pregnant women

**Transportation**

Half have own transportation, or ask friends to bring them

**If you were giving advice to agencies who offer health-related programs/classes/services for Latino/Hispanic community, what would you tell them was important to get people to use and feel comfortable using their services?**

Need information in Spanish

Providers NEED to have PATIENCE

    people have to wait for spouse

    providers don't understand Hispanic community

'Listen to us'

Info on interesting subjects

    AIDS

    Food

    Diseases

Subsidized Rx not completely free

**What are barriers to not learning English?**

    1 in class at CPCC

SP# 5 Takes care of daughter

    If employer allows classes during working hours?

    "I don't like English"

    English is not indispensable

SP# 5            There are others who speak English

SP# 4 Self taught, no room in class

SP#12 School not meet schedule, traffic; without papers cannot study

SP#11 has Saturday available

SP#13 Free classes are in computer lab only

SP# 8            [following on previous comment] no teacher to train with

SP#13            Need more bilingual teachers

**Who understands the medical offerings?**

SP#14 More opportunity when you have higher income, papers, documents

SP#11 What can a person without insurance do? Clinic, prevention

SP# 5            Doesn't want free care but modest fee, just attend me [take care of me, treat me]

    [discussion in group about Private insurance vs. government hospital]

SP#12 Industry does not offer better jobs, settle, poor training

**Additional comments from participants in session 2**

2. Mi Casa Su Casa  
September 28<sup>th</sup>  
6030 Albemarle Road

Executive of Mi Casa Su Casa - Tim Gray

SP #11 - Child has skin condition, 3 months to get appointment, doctor says child is 2, it will go away

SP #17 - child has skin condition, Rx cream result was burn; did not continue use

SP #10 - child has eye condition, to be referred to specialist; still waiting for referral 4 months later; NorthPark

Healthcare needs

SP #3 - Dental, gynecological, vision; poor attention

SP #26 - Professionals with better cultural understanding

SP #2 - Where to go? Who will understand? Immigration might be there.

SP #3 - Does not go; concern about immigration

SP #3 - Wants information [for, about?] commercial sex workers

*[SP expressing interest in a warm connection, e.g. trusted setting and trusted provider of info]*

Where do you get information?

Brochures at church

Newspaper

Health fairs

Radio

Doctors

Baptist church ahs clinic - *Camino del Rey*

Friends

Sunday church, brochures

from Mother

Some ask Mother

at a facility in town for prenatal, in English and Spanish / CMC



Classes - *[they indicate they do not attend]*

What classes in Spanish would you attend?

Mental health

Depression

Child care, child health care

on sicknesses in general

drug addiction

VD

preventative health care

How could information be gotten to you?

Radio

Mi Casa Su Casa outreach *[\*a known quantity, a trusted source]*

What is the biggest problem?

SP #25 - Doctor only gives one or 2 minutes; not enough time *[to establish relationship, talk]*

SP #13 - High cost

SP # 13 and #14 - Don't tell patient what the problem is

SP #26 - Hospital doctor has no experience with tropical diseases

[All] - Young doctor, nurse, cultural difference; gender *[? prefers to talk to woman nurse? Not clear]*

[All] - Doctor does not give enough time

SP #13 - Long wait to be seen; 3 months to get first appointment at NorthPark for prenatal hernia

SP #14 - Feels that you have to be very sick to be given medical care in a timely manner

SP #14 - Gall bladder pain - health care admin did not consider it serious; has to be in much pain

SP #13 - Served in emergency room; bill is high

SP #10 - Called to make appointment, on hold 45 min. for operator;

transferred to another number, and had to be on hold 45 minutes again;

in English and Spanish at NorthPark

SP #22 - Two years ago in a car accident; car insurance paid, but it did not cover emergency room cost

*[\* Ed. note - may indicate need for advocate on behalf of Spanish-speakers with insurance companies]*

Diagnosed as 'nothing wrong' and had a hemorrhage afterwards

SP #3 - Without a diagnosis, she feels doctor is experimenting on her;

she has a serious ailment and feels she is in the dark about it

Where do you go for medical treatment?

Private doctor - 5  
Emergency room - 5  
\*Self-prescribe - 7  
\*Bodega [*Latino general store for herbal and meds*] - 13

What specific healthcare needs would you want to address?

Gynecological - 14  
Dermatological - 11  
Vision - 9  
Dental - 14  
Prostate/oncological - 5  
Colon  
Gastrological  
Free clinic to see a generalist

What specific barriers do you see?

\*Cost  
\*Language  
SP #2 - \$4,000 emergency room bill for headache  
Transport  
Hours to be seen; children are in school during the day; adults are available after 7 PM

Would you rather be attended by a Hispanic doctor or with the help of an interpreter?

\*All prefer care in Spanish

All would like to have respect shown them in the healthcare setting

All say hospital care is better here than in their countries of origin, but that the doctor is better [gives better care, attention, respect] in their country of origin

*[\*this may be influenced by overlaps in trust, life-long relationships, nostalgia, lack of familiarity, language, culture, medical knowledge of US healthcare staff about diseases and disorders in tropical country of origin]*

What preoccupies Latino/Hispanics in Mecklenburg?

Delinquency  
Drug addiction, alcohol, psychological help

Jobs  
Future in this country  
Method to get driver's license  
Contact, outreach  
Where to live

**Additional comments from participants in session 3**

3. Mecklenburg County Health Department  
2845 Beatties Ford Road

Mayra Rodriguez, Outreach Infection Control Assistant  
September 29th

**Additional comments from participants in session 4**

**Solomon House**  
**200 S. Main Street, Hunterville NC**  
**October 10<sup>th</sup>**

**Iliana Baños, Latino Outreach Specialist**

**Re Payment for high bills:**

[SP] was not offered terms to pay  
[SP] feels there is mistrust on the part of care providers due to high number of defaults and cost  
[SP] intends to pay although it is difficult to find the money  
[SP] wants discounts available to others

Children born in US covered by Medicaid

Social security

If there were low cost insurance, they would buy it

*[Note: individuals do not seem to have overview of the insurance system, how to get in, what the costs would be, why they are not able to get in]*

**What are largest health problems in Latino community**

- SP#15 Sex; young men without education, insurance, prevention and solutions
- SP# 2 Parent education about bringing up children, how to orient yourself,  
 distance yourself from discipline or overinvolvement, manner,  
 language barrier at doctor's office, child care  
 Sex education for children, prevention, how to explain to children  
 Information to prevent sexual transmission
- SP# 6 Cholesterol, prevention, diabetes; scarcity of information available
- SP# 5 Latinos need to attend classes; wants free classes
- SP# 2 People work and going to class depends on hours, education, how they adapt to US  
 When to go  
 Where to go to get information when person does not speak English  
 How information is publicized  
 Drug addiction and other addictions  
 Overweight adults and children  
 Cause of high blood pressure  
 Fungus  
 Hygiene  
 Dental is very expensive  
 Vision is very expensive  
 Information on services  
 Information for people who do not have insurance  
 Information on where a patient can be seen / evaluated  
 Information on how to deal with poor treatment  
 [Note: could refer to medical or courtesy]  
 Information on more moderately priced service  
 Payment terms

**Issues broached**

- County restriction for care
- Programs through the church
- Income limits

**Family - greatest need**

Insurance

- SP# 5 Has epileptic child
- SP# 2 3 children - access to insurance

Stomach problems  
Hospital would cost \$1000  
Clinic hours not the ones SP can be there  
Limited communication within the family

**Where do you go for medical service**

Emergency room only  
North Park  
Dr, Grace in Huntersville [SP has private insurance]; wants more options  
Insurance 'choice' limited to doctors on the insurance program

[SP with diabetes]:

Doctor moved and has not found another; has prescription [coverage?], uses emergency facility

Re prescriptions:

[SP] self medicates  
5 SPs send for medications from home, and most buy from the Mexican store  
*[the number sending for meds from home seems low in light of culture]*  
Several need a [primary care] doctor

**Preventative care**

SP#1 and SP#3 and SP#10 have diabetes

Vaccinations:

12 have

Follow school schedules for childrens' vaccinations

Several SPs say they can't pay doctor and Rx and all procedures

Doctor bills are too high and ER bills are too high

**Why don't you go to the doctor when you are sick?**

Cost

Time

1 young mother and 1 young man do not have transportation

All say language is a problem

All [minus 1] don't understand English language

**Is it difficult to ask permission to go to the doctor?**

Only #5 answers 'yes'

**Where do you get information about staying healthy**

Solomon House  
Church  
Friends  
Newspaper La Noticia  
Whatever  
Radio  
Health fairs

**Have you heard of health classes?**

Yes [some have]:

North Park program for Latinos  
Churches  
Church youth programs  
Church advertisement in Charlotte  
2 courses

Where?

Support group for handicapped Esperanza de la Vida  
Friends, family  
Solomon House [all SPs heard of these]  
Our Lady of Guadalupe [6 SPs]  
Mi Casa [6 SPs]

**Who knows the Department of Health?**

3 SPs

**Who attends classes?**

[half of the group]

SP#17 attended church classes on health and nutrition

Others attended classes on:

Prenatal  
Postnatal  
Nutrition  
Nutrition for children  
Aerobics  
Parent school

Child care

**What kind of classes would you like?**

SP# 8 Nutrition

SP# 2 Child behavior, on adolescent behavior, how to avoid  
having child with drug abuse [classes for both parent and child]

On Sickness

English

Where children could participate: karate, physical activities in place of TV

Class to help parent and child in English to support with homework and classes

**What classes would you be inclined to attend?**

Free classes with child care

Re: Class schedule

Not in the morning

At about 6PM - good for 80% of the group

Half would like Saturday classes

1/3 would like Sunday classes

Re: Class duration

3-hour classes - 15% want this

2-hour classes - 50% want this

1-hour class - 25% want this

**What would you tell agencies?**

Offer more help for Latinos

Orientation on diabetes

Diseases in general

Doctors don't explain what procedures will be done, what is the process

Terms for payment

Comfort

Communication

Patience

**What would make you feel comfortable?**

It matters how I am treated

Limited by lack of friendly attention  
Wants general check up  
Interest in patient

**What about instructions for medicines and care?**

Some pharmacies have instructions in Spanish  
Some doses are in English [*Note: is this about metric measurement?*]  
SP does not understand instructions  
Many leave it up to fate  
\* 'In God's hands' - religious beliefs are strong and a primary factor in decision-making

Re: Interpreters

Different ones  
Omissions in interpretation

[*Note: the SPs had many stories to tell about interpretation and interpreters.  
Omissions could be due to sloppiness, lack of professionalism, rushing, lack of knowledge*]

Rush  
Intermittently faithful to the English

Poor reputation  
Not professional  
Not enough interpreters available

**Most important issues**

One SP treated badly at the Medicaid office  
Doctor refused to discuss a matter the SP wished to talk about  
[*Note: a function of time? disrespect? communication?*]

Respect  
Empowered when can pay [reduced] fees instead of free  
Insurance  
Language  
Education  
Prevention  
VD education  
What happens in school to students  
Feeling comfortable that patient can get good treatment  
Personal communication