

## IX. FOCUS GROUP SUMMARIES

Please note that the following focus group summaries are as transcribed by the co-moderator. The responses are as given by the participants. For example, the names of certain facilities may not be complete or correct, however they are reported as stated, remembered or identified by the community members.

**Healthy Start Coalition of Miami-Dade  
Needs Assessment Focus Group Questionnaire 2005  
North Miami Adult Education Center  
North Miami - July 18, 2005**

**Focus Group Questionnaire**

**This focus group was conducted in Haitian Creole.**

**I. Access to Health Care/Insurance**

1. What health services are available in your community? Are they affordable (sliding scale, low/no cost)?

This community has access to care at a number of medical sites, including North Dade, Jackson, Borinquen, North Shore and Parkway Hospital. Participants pointed to the affordability of Medicaid and KidCare as an important issue in seeking care; because these programs have strict income requirements, many participants do not qualify for them. *“Is there any other alternative from Medicare or KidCare because you need to make no more than \$8/hour to qualify, so If you have high bills you cannot afford to pay for health insurance without these programs.”*

2. Where do you usually go in order to receive health care?

Participants are most likely to seek care at Jefferson Reaves, Jackson Memorial Hospital, North Dade Diagnostic Center (for maternity care), Borinquen, North Shore and Parkway. Because of cost, most participants prefer to seek care at Jackson.

3. Have you ever had trouble getting health care?

*“As for the clinic on NW 7<sup>th</sup> avenue and 141<sup>st</sup> street, I don’t know if they should close it or not, but the treatment of Haitians is horrendous, they humiliate the care seekers to the point that you don’t want to go.”* Also, participants said that many clinics had so much paperwork to fill out. Other participants pointed to those in their community without papers as having difficulty in accessing health care: *“I know for a fact that there are a lot of people in the community who are sick, but because they don’t have legal papers, they cannot see a doctor.”* A number of participants choose to treat themselves with home remedies rather than worry about the lack of insurance and costs of seeking health care.

4. What would help your family access better health care?

Participants recommended that there be a health insurance program that was low cost, affordable to all, and serves those without papers.

5. Are there any health services that you or your children need that are not available to you? What services are you lacking?

Dental services are available in this community through Jackson but there is a long wait period to get an appointment.

6. Do you have health insurance?

A number of participants did have private insurance, although complained that it was not full coverage and they were still responsible for some costs. Yet when prompted, they responded that it was better to have something than nothing.

## II. Community Health

7. How would you describe the health of your community?

n/a

8. What do you think are the biggest health issues within your community?

This community has issues with high blood pressure, diabetes, cholesterol, stress and strokes. This community suffers a lot of stress due to problems with immigration.

9. Who do you think suffers the poorest health in your community?

n/a

10. Where are the people with the poorest health most likely to live in your community?

Participants pointed to residents of Little Haiti and Overtown has having the worst health. As one participant explained: *“because those areas are poor, the poorest areas have the most diseases.”* In addition, participants pointed to poverty leading to poor hygiene, lack of adequate medical care and crowded living spaces.

11. What would improve the health of your community?

Again, the most common answer was access to adequate health insurance, particularly for people who may not have papers (i.e. be of legal status).

12. Where do you get your health information? Who do you trust the most to give you health information?

Participants get their health information from school, church and the radio. The radio stations they listen to are AM 1700, AM 1320 and AM 1020 and 97.3 FM.

## III. Maternal Health

13. What are the biggest health issues for women in your community?

n/a

14. Which women in this community are most likely to visit a doctor? Which are they least likely? Why?

n/a

15. Where can we find pregnant women who do not visit the doctor? How can we get them to go to the doctor?

n/a

16. Have you or anyone you known, experienced a teenage pregnancy? Do you think that teenage pregnancy affects the overall health of families in this community? How?

Participants were familiar with the experiences of teenage pregnancy. Some pointed to the fact that the schools were passing out condoms to teens; this was seen

as encouraging sex. Participants believe that teenage pregnancies ‘destroy’ a community.

#### **IV. Child Health**

17. Would you describe the children in your community as ‘healthy’?

n/a

18. What are the biggest health issues for children in your community?

Participants described their problems with their children, including depression, attention deficit disorder, obesity and nutrition: *“he doesn’t want to eat hot meals, he only wants to eat junk; but he is not a sick kid.”* Other parents pointed to the school not taking responsibility for children’s nutrition: *“The school allows them to gain weight because they feed them paste and lots of chicken and juices that are high on fat in the morning and for lunch. There is no control.”* Asthma and ringworm are also seen as issues among children in this community.

19. If your child was sick, when would you take him or her to the doctor? (i.e. what makes your child ‘sick enough’ to see a doctor?)

In some cases, parents wait three days before they take the child to the doctor. If the child has not recovered with parental care after three days, then they will seek medical attention. Some parents do not tolerate vomiting or diarrhea and seek medical care as soon as they illnesses become apparent.

#### **V. Healthy Start Services**

20. Have you ever heard about Healthy Start services? Where? What have you heard about it?

Participants were not familiar with Healthy Start.

21. During your pregnancy were you offered a Healthy Start Screening?

n/a

22. Did anyone tell you about services available to you after your screening?

n/a

23. Have you ever gotten services from Healthy Start? What did you think about the services? What was most helpful? What would you change?

n/a

#### **Conclusions**

24. What other issues need to be addressed that were not mentioned here today that require action to give all children a healthy start in life?

Participants brought up HIV/AIDS, and the fact that many children are getting HIV.

**Access to Care:** This is a big issue for this community, particularly because of immigration issues and documentation. Participants also complained about discrimination and poor

treatment at clinics, and the large amount of paperwork that must be filled out in order to be seen by a doctor.

**Health Insurance:** Many in this community do not have access to health insurance. Although legal documentation is a big issue for access to insurance in this community, another problem is that income requirements; for many, their families make more than is required to receive Medicaid, or because their employers offer insurance (that they cannot afford) they are not eligible for subsidized assistance.

**Community Health:** HIV/AIDS is a big issue in this community. Crowded living spaces and poverty are also seen as problems affecting community health.

**Teen Pregnancy:** Parents are concerned with teen sexuality; although they think that teens should be educated about safe sex, they are uncomfortable with children having access to birth control at a young age.

**Child Health:** Children in this community have issues with obesity and asthma. Parents blame the school as a large part of the problems in nutrition. Parents may often rely on home remedies as a means to combat child illness before taking them to the doctor.

**Healthy Start:** This community has absolutely no familiarity with Healthy Start. It is very important to do outreach in this community around the services that Healthy Start provides.

**Healthy Start Coalition of Miami-Dade  
Needs Assessment Focus Group Questionnaire 2005  
Opa-Locka - July 28, 2005**

**Focus Group Questionnaire**

**I. Access to Health Care/Insurance**

1. What health services are available in your community? Are they affordable (sliding scale, low/no cost)?

The majority of the participants referred the North Dade Health Center (which is part of Jackson Health System). In addition, there is a WIC office and a One-Stop Center that covers childcare and social services but does not provide any health care services. In addition to the North Dade clinic, there is another Jackson clinic—North Dade Diagnostic Center—that focuses on maternity. When the participants were asked where they give birth, although a few go to Jackson, the majority of them go to Memorial Hospital in Broward. As one participant stated: *“My family, they live around here, they’re not going to come to Jackson [to visit].”* Others agreed that Jackson is too far.

Many of the participants commented that the health care services available in their community are affordable. An average visit to the North Dade facility was estimated to be around \$30 by one of the participants. A number of them mentioned that Medicaid covers the care, particularly if you get pregnant. *“The woman at the financial office, she won’t turn you away if you don’t have any money,”* commented one woman. The facilitator asked, *“So you don’t have a problem paying for health care?”* And all of the participants answered yes.

2. Where do you usually go in order to receive health care?

A number of the participants commented that they go to North Dade when they get sick, but if there is an emergency, they often go to another facility better equipped to deal with the situation. A few of the participants traveled to Jackson Hospital, but many of the participants preferred Memorial Hospital, across the county line in Broward. Although, *“if anyone needs rescue, rescue will take them to Parkway. ...because it is closer”* but it is a private hospital.

3. Have you ever had trouble getting health care?

None of the participants claimed any difficulties in accessing health care at the present time, although one woman stated that she had difficulty during her second pregnancy, mainly because she couldn’t find anyone to cover the cost of the care.

4. What would help your family access better health care?

This question evoked comments on the treatment by the staff at North Dade. Many of the participants claimed that the clerical staff can be rude. *“They have a bad attitude,”* commented one participant. Another said, *“whatever happened at their house, they need to leave it there. They are at their jobs and they need to leave that garbage at their house.”* This was not perceived to be an issue with nurses or physicians. Another participant commented on the long wait while waiting to be seen.

5. Are there any health services that you or your children need that are not available to you? What services are you lacking?

Many of the participants immediately chimed in with “*Dental!*” While dental services are available at North Dade, and are considered affordable by this community, many complained that you have to wait so long for an appointment. “*It takes forever to get an appointment, yet if you walked in that office right now, you aren’t going to see anyone in there.*” In addition, many commented that vision is also another health service that is difficult to access in this community. Yet similarly to dental, the main issue is the long wait time: “*I called last year to get an appointment and I am still waiting.*”

6. Do you have health insurance?

PRIVATE= 2

MEDICAID= 17

NO INSURANCE= 1

## II. Community Health

7. How would you describe the health of your community?

“*Terrible!*” shouted one participant. Many commented on the garbage on the streets, the drug abuse, HIV, the mental abuse, and domestic violence. One woman commented, “*especially now that the kids are out of school, some of these areas are real filthy. Like you try to watch them, but you can’t watch them all the time.*”

8. What do you think are the biggest health issues within your community?

The majority of participants commented that the kids have the worst health. But of the men and women in this community, the women are perceived to be unhealthier. Yet many of the women explain this is a result of the fact that you “*don’t see the men*” but you see the women. That is, men are less likely to visit a doctor than women. One participant commented that she thinks that the adults are actually sicker than children: “*My personal opinion is that the adults are more sick than the kids, because there is Medicaid out there, and common sense would tell you that you can go and get that for your kids. And the men are the ones that are more sicker because us women can get Medicaid. Parents don’t get healthcare for there kids, just like they won’t go to the school and deal with the problems with their kids. A lot of them don’t go get health care for their kids, and I know plenty of kids, even though there is Florida Kid Care, Medicaid for kids, I know plenty of kids who don’t have health insurance.*”

9. Who do you think suffers the poorest health in your community?

This question was not asked.

10. Where are the people with the poorest health most likely to live in your community?

This question was not asked.

11. What would improve the health of your community?

Some of the women commented on the issues with mold in their community, and that many are even unaware that mold is even in their home. The connection between mold and respiratory illness like asthma was commented by a few participants. Participants would also think that if garbage was removed from alleyways, this would contribute to better health in their community. Only two of the participants were aware if the paint in their house was lead free.

12. Where do you get your health information? Who do you trust the most to give you health information?

Interestingly, many of the participants look for health information on the internet. Some people go to a health center, like North Dade, if they have a health question. Others prefer to call, particularly as one participant pointed out, “*Some people are embarrassed if they have an STD so they won’t come, so they call.*” Some participants commented that they would call their mother if they had an issue with their children, but that if they get scared they call the doctor. All of the participants agreed that they call their doctor if they have a health concern, they trust their doctor more than anyone else (including their momma!).

### **III. Maternal Health**

13. What are the biggest health issues for women in your community?

The women listed a number of things: high blood pressure, diabetes and bad nerves. STI’s are also perceived to be an issue among women in this community, while some commented that you can’t blame women for this problem, another participant explained that she knows “*somebody who keeps getting STDs, and she keeps going back to the boy, and she keeps getting them. They go get the medicines, but they go back to the boy!*” Participants also point to depression as being a problem, mainly because women and particularly mothers, are expected to be the strong ones in the family, and they keep all their emotions locked inside.

14. Which women in this community are most likely to visit a doctor? Which are they least likely? Why?

The women who are most likely to visit the doctor are elderly women and pregnant women, but the women least likely to visit the doctor are “*promiscuous.*”

15. Where can we find pregnant women who do not visit the doctor? How can we get them to go to the doctor?

How can we get them to go the doctor? The participants had a number of suggestions for the best place to find pregnant women in North Dade including the Publix, the Wal-Mart in Carol City, Baby City and the local high schools. One woman commented: “*go to Winn-Dixie on crab day! When it is \$4.99!*” But the best place to find pregnant women would be at the Super Wal-Mart during the first ten days of the month when the food stamps come out. In order to convince them to seek prenatal care, participants recommended gift certificates.

16. Have you or anyone you know, experienced a teenage pregnancy? Do you think that teenage pregnancy affects the overall health of families in this community? How?



A number of the participants claimed to have experienced teenage pregnancies, but many of them were 19 or 20 at their first birth. Yet all were in agreement that teenage pregnancy had a detrimental affect on the health of the community: particularly as many of the teen moms dropped out of school. In this community they can continue to go to the local school, it provides childcare. But one participant explains that these girls use their babies as an excuse: *“I know a little girl, she had a baby at sixteen. But this girl, she had her baby, she didn’t go back to school because she thought she was going to miss something at home. She didn’t want to go back.”*

#### **IV. Child Health**

17. Would you describe the children in your community as ‘healthy’?

Participants described their children as unhealthy.

18. What are the biggest health issues for children in your community?

The participants pointed to asthma as a big problem in this community (mostly as a result of the mold) as well as mosquitoes and illnesses picked up in day care.

19. If your child was sick, when would you take him or her to the doctor? (i.e. what makes your child ‘sick enough’ to see a doctor?)

Most of the mothers look for a behavioral change in their child, if they are acting up or anything that is unusual in the child. One woman commented that you *“can see it in their eyes”* when they are really sick.

#### **V. Healthy Start Services**

20. Have you ever heard about Healthy Start services? Where? What have you heard about it?

Eleven of the women had heard of Healthy Start. Most of the women at this focus group had been invited by the Healthy Start provider and were familiar with her work.

21. During your pregnancy were you offered a Healthy Start Screening?

Nine of the women had been offered a Healthy Start screen during one of the pregnancies.

22. Did anyone tell you about services available to you after your screening?

A few of the participants were familiar with the services. One woman mentioned that it was very helpful because the counselor came to visit her in her home.

23. Have you ever gotten services from Healthy Start? What did you think about the services? What was most helpful? What would you change?

One participant was particularly happy with her postpartum services, that they came to see her after the birth. Her HS provider was very helpful, she could call her during the middle of the night if she had a question. Other participants found the childbirth and breastfeeding classes helpful. One woman, who is currently pregnant, had not yet heard from her provider, but she was familiar with TOPWA’s services. She thought this may be because she used her mother’s address when she filled out

the paperwork, and a provider called her initially she was told that she was out of her area, and she would be transferred to another HS provider. She has yet to hear from Healthy Start again.

## **Conclusions**

24. What other issues need to be addressed that were not mentioned here today that require action to give all children a healthy start in life?

Participants have no further comments.

### Summary of Key Points:

**Access to Care:** This community is very familiar with the care at North Dade Diagnostic Center, and uses it for general health care. Access to dental and vision care is a problem in this community, and although low cost services are available, there is a long wait time for appointments.

**Community Health:** This community is concerned with the garbage in this community and feels that it contributes negatively to community health.

**Maternal Health:** STIs are a big concern in this community; although women may seek treatment, they often return to the same partner and re-infect themselves. Depression is also a growing problem; women are expected to be strong emotionally and may not realize they need to seek help.

**Prenatal Care:** Participants recommended gift certificates as a means to encourage women to seek prenatal care, and they are most likely to be found a number of community places, including the Super Wal-Mart during the first of the month when food stamps are released.

**Teen Pregnancy:** Although there are schools in this community that provide childcare, many teen moms discontinue their education because they are afraid they may 'miss out' on something at home.

**Child Health:** Asthma is of big concern to parents in this community, and participants linked the problems with mold in the homes to children's asthma problems.

**Healthy Start:** This group was familiar with Healthy Start services (this group was organized by a HS provider) and found their services to be beneficial. Participants were particularly pleased with the post-partum services and the availability of their provider to aid them whenever needed.

**Healthy Start Coalition of Miami-Dade  
Needs Assessment Focus Group 2005  
Overtown - July 29, 2005**

**I. Access to Health Care/Insurance**

1. What health services are available in your community? Are they affordable (sliding scale, low/no cost)?

This community has access to the Overtown Youth Center, which provides school physicals and vision services for children. In addition, there is the Jefferson Reeves clinic, which is part of the Jackson Health System, as well as Jackson Memorial Hospital. Participants do not consider the health services in their community as affordable. Jefferson Reeves had a sliding scale fee and payment plan in the past, but now *“if you don’t have Medicaid, the doctors are going to charge what ever fee they set.”*

2. Where do you usually go in order to receive health care?

Community members go to a number of places in order to access health services: Jackson Memorial Hospital, Cedars, University of Miami and Mercy Hospital. Most of the participants have doctors within these institutions that they see for health care, they are not relying solely on emergency care.

3. Have you ever had trouble getting health care?

Many of the participants claimed that have not had a problem getting health care, but others pointed to the long waiting times involved in accessing care. *“Problem is you get there and you be sitting there for fifteen, sixteen hours. You gotta get in there and say AHHH! and be falling down.”*

4. What would help your family access better health care?

A number of the participants claimed that “better service,” on all levels, would improve their access to health care. One of the participants works in health care, and explained that because doctors do not make much money off Medicaid patients, they are less likely to see them quickly. In addition, there is a prejudice against African-American patients, an assumption that they do not know anything about their health. There is an assumption that if you are coming from Overtown, that you have Medicaid or no health insurance. As one participant explained: *“And they pick you up from this neighborhood, they are going to assume that they you just got Medicaid and no insurance at all, you are going to go directly to Jackson. And because Jackson is so overwhelmed in the ER already from everything to a small cut to I have a small fever, you with your emergency are going to be sitting there for hours before you are seen. Unless there is a gunshot wound or you are critical.”*

5. Are there any health services that you or your children need that are not available to you? What services are you lacking?

Participants pointed to both the lack of dental and vision care in this community. Although dental is offered at both Jackson and Jefferson Reeves, it is not considered

affordable and there is a long wait list in order to get an appointment. Medicaid covers children's dental but not adults. As for vision, there is no vision at Jefferson Reeves, and although there are vision services for children for at the Overtown Youth Center, there are no affordable vision options for adults in this community. Some of the community members use Jackson for any sort of specialty services, such as WIC, audio, speech and dental, and these services are covered by their Medicaid.

6. Do you have health insurance?  
PRIVATE= 3  
MEDICAID= 6  
NO INSURANCE= 0

## II. Community Health

7. How would you describe the health of your community?

Participants considered Overtown to be an 'unhealthy' community—particularly in regards to the drug abuse and homelessness. Of considerable concern was the fact that drug use is done out in the open. Although other participants claim that Overtown is 'cleaner' than it was fifteen years ago or so.

8. What do you think are the biggest health issues within your community?

AIDS and STIs were designated as common problems throughout this community. In addition, chronic diseases such as diabetes, high blood pressure and high cholesterol are also problems. Participants pointed to the poverty in this community as impacting health: many community members' first exposure to screenings for chronic disease is through free health fairs. *"And a lot of people turned out, ...it was free, they didn't have to pay, and that's when a lot of people realized that they did have high blood pressure or they did diabetes. Cause of lack of insurance or really time, because the sad thing is that even if they give you Medicaid, if you have a job to hold down to, it's not like you can run to see the doctor when ever you feel like it."*

9. Who do you think suffers the poorest health in your community?

Participants commented that adults suffer worse health than the children, and of the adults, men are suffering more than women. Participants believe that men keep quiet about their health and need more impetus to go the doctor than women do.

10. Where are the people with the poorest health most likely to live in your community?

Initially, participants pointed to the homeless and drug addicts who live under the overpass, as those with the poorest health in this community. Yet then one participant astutely commented: *"[t]hose people who live under the bridge, they ain't the only sick people. ...because I don't live under a bridge and I have diabetes, high blood pressure and I ain't got no air conditioning either!"*

11. What would improve the health of your community?

Free health fairs were designated as one of the best ways to improve the health of the community. If it is free, community members will be there.

12. Where do you get your health information? Who do you trust the most to give you health information?

Many of the participants call their doctor if they have a question about health or they use the internet. Word of mouth and health fliers were also cited as common ways to get access to health information. Participants trust their doctor for health information, although one commented: *“I trust in my father, God, before anyone else.”* In addition, the radio, particularly WMBM, 103.5 The Beat and Hot 105, are also trusted sources of information for this community.

### **III. Maternal Health**

13. What are the biggest health issues for women in your community?

HIV was cited as an issue in this community, particularly as the rate is increasing among African-American women yet *“even though they are saying it all over the radio, right, but the reality of it is that not more women are getting tested. Not more women are trying to find out information.”* In addition, Hepatitis is also becoming a problem in this community. At this point in the conversation, participants began to point to the successful health education campaigns in Little Havana. When asked why social services were more successful in Little Havana than in Overtown, participants commented that the leaders in that community are more ‘powerful’ than the leaders in this community, and underlying this power is racism, because Overtown is an African-American community and they are not ‘heard’ in the same way as Hispanics.

14. Which women in this community are most likely to visit a doctor? Which are they least likely? Why?

Pregnant women are the women most likely to visit the doctor and working mothers are the women least likely to get to see the doctor. Working mothers in this community don’t have the time to get to the doctor.

15. Where can we find pregnant women who do not visit the doctor? How can we get them to go to the doctor?

Participants jokingly noted that the best place to find pregnant women who do not visit the doctor is in the local clubs: *“Rascal club. The 16<sup>th</sup> St Bar. If they had a place to go they wouldn’t be pregnant.”* In order to get these women into prenatal care, participants recommended free things for their baby, Wal-Mart gift certificates, and free food.

16. Have you or anyone you known, experienced a teenage pregnancy? Do you think that teenage pregnancy affects the overall health of families in this community? How?

Participants think that teenage pregnancy adversely affects this community, because it is another mouth to feed and through the continued absence of the teenage father in their children’s lives.

### **IV. Child Health**

17. Would you describe the children in your community as ‘healthy’?

Many of the participants believe that the children are relatively healthy physically because of the many low-cost services oriented towards children in this community.

18. What are the biggest health issues for children in your community?

Although participants believe that their children are physically healthy, they think that children in this community are not mentally and emotionally healthy. Young boys have a particularly difficult time in this community, if they are standing around talking, or gathered together to play basketball, the police will harass them. As one participant commented: *“If you live in a community, like that lady was saying, that you cannot play with friends without a cop driving by just because a cop sees a bunch of black kids playing together. Or you live in a community which you see people out homeless every single day, or shooting someone in your family, or doing it right there in front of you, how could those kids could be emotionally or mentally healthy? It’s impossible.”*

19. If your child was sick, when would you take him or her to the doctor? (i.e. what makes your child ‘sick enough’ to see a doctor?)

The majority of the participants pointed to a fever as the main reason they would take their child to the doctor. But if the child was very ill, and they could not get a hold of the doctor, they would take the child to the emergency room.

## **V. Healthy Start Services**

20. Have you ever heard about Healthy Start services? Where? What have you heard about it?

10 participants were familiar with Healthy Start services. They had heard about Healthy Start through a number of places: Jefferson Reeves, local WIC office, their doctor, Overtown Youth Center and through word of mouth.

21. During your pregnancy were you offered a Healthy Start Screening?

Two of the women have been pregnant in the last two years, (one is currently pregnant) but only one was offered the Healthy Start Screen.

22. Did anyone tell you about services available to you after your screening?

One woman received a monthly newsletter. Some women did not remember hearing about any of the services.

23. Have you ever gotten services from Healthy Start? What did you think about the services? What was most helpful? What would you change?

Participants had mixed experiences with Healthy Start services. One woman explained that the case manager *“didn’t really do anything. She just called and set up appointments.”* Another woman was very happy with her experience; her case manager brought her all kinds of things for herself and her baby. Another participant pointed to the importance of the parenting classes, *“because babies don’t come with a set of instructions.”* Participants also pointed to the free stuff as beneficial to them and their families. As well as the personal attention by the case managers: *“She came*

*out to my granddaughter. If there was somewhere she had to go- to the doctor, she would come out and help her.”*

## **Conclusions**

24. What other issues need to be addressed that were not mentioned here today that require action to give all children a healthy start in life?

Participants had no more comments.

**Access to Care:** This community has the Jefferson Reeves Clinic located within their community as well as being very close to Jackson Memorial Hospital. There is a lack of dental and vision services, particularly for adults. Although many have Medicaid coverage, it is still difficult to get preventative health care due to working and not having the time to get to the clinic. Participants feel discriminated against at Jackson because they feel that many of the providers speak Spanish and do not fully understand them enough to administer appropriate care.

**Community Health:** This community is concerned about the high rates of drug use, especially as it is done in the open. Participants recommended the use of health fairs to educate the community about chronic diseases and as a means to do health screenings.

**Maternal Health:** HIV and Hepatitis are seen as growing problems among women in this community. Although women are instructed to get tested and take care better care of themselves, many are not heeding this advice.

**Child Health:** It is difficult for children in this community to have access to a ‘carefree’ childhood; between the open drug use and homelessness, children are exposed to extreme poverty on a daily basis. Young men in this community are targeted by police when they are seen ‘hanging out,’ the assumption being that they are up to no good.

**Healthy Start:** Participants were familiar with the program, but had mixed opinions. In some cases, their caseworker was very helpful, but in other cases, the caseworker did very little. The parenting classes were very helpful for many women, as is the personal attention from the caseworker.


**Healthy Start Coalition of Miami-Dade  
Needs Assessment Focus Group Questionnaire 2005  
Florida City - August 4, 2005**


**Focus Group Questionnaire**


**I. Access to Health Care/Insurance**


1. What health services are available in your community? Are they affordable (sliding scale, low/no cost)?

Participants reported having numerous sources for health services available to them in Florida City, including

 CHI's six clinics;

 Open Door Health Center, which provides health care to those who are uninsured or underinsured;

 Baptist Health Service's Homestead Hospital;

 Good News Clinic which is also part of Baptist Health Services but provides free health care; and

 the Jackson mobile clinics for pediatric and prenatal services.

The majority of participants in this group had private insurance, and they found their health care to be relatively affordable. One woman, who has more difficulty accessing health care because lack of insurance, commented that CHI was affordable for those without coverage. She was most familiar with their dental services, and was pleased with their work.

2. Where do you usually go in order to receive health care?

Because many of the participants had private insurance, they used private physicians for the majority of the health care. Others used the clinics at CHI.

3. Have you ever had trouble getting health care?

Although many of the participants have private insurance, a few of them complained about the high costs of the visits associated with the insurance; they are paying for the insurance but then there also high prices associated with each doctors appointment. One woman explained that although anyone can receive health care, but it will be at a price; although she has private insurance, if she has a medical emergency and her doctor cannot see her, she would have to visit the emergency room.

4. What would help your family access better health care?

Participants commented that transportation to clinics, affordable health insurance and adequate medications coverage are most needed in this community.

5. Are there any health services that you or your children need that are not available to you? What services are you lacking?

While participants could not point to any services that were lacking for them in particular, they did comment that their insurance did not cover a wide variety of services, or was restrictive in the number of specialists they could visit.



6. Do you have health insurance?  
PRIVATE= five  
MEDICAID/MEDICARE= three  
NO INSURANCE= one

## II. Community Health

7. How would you describe the health of your community?  
Participants described the health of their community as “bad,” “fair” and “terrible.” *“I think it can use some help, it’s not because the help isn’t there, it’s because people are so afraid to go to the doctor. And they wait so long, until they are really sick.”* One participant complained about the lack of preventative care in this community, mostly because most people do not seek care out of fear, many of them are not of legal immigration status.
8. What do you think are the biggest health issues within your community?  
Many of these participants had grown up in this community and pointed to high rates of cancers and Lupus among their peers. They linked the increasing rates of these diseases with Turkey Point, the local nuclear power plant, and with their childhood work in the fields. *“You have to think that most people my age, we used to work in the fields when we were teenagers, we did it for money, to help the family. ...and you were always told to wear long sleeves and long pants and tie your hair. But it was hot! And by the middle of the day you are taking off everything because you are sweating. No telling what all got on you.”* Another woman commented: *“And during that time it was really bad, you could smell the pesticides. It was really strong.”* In addition to these diseases, chronic diseases such as hypertension, arthritis, stress and asthma are also problems in this community.
9. Who do you think suffers the poorest health in your community?  
This group agreed that men suffer the poorest health in this community, because they are least likely to go the doctor.
10. Where are the people with the poorest health most likely to live in your community?  
Participants pointed to Goulds, Perrine and Cutler Ridge as areas of poorest health, as well as the migrant farm worker camps.
11. What would improve the health of your community?  
Participants think it is important for the medical establishment to study the increasing rates of cancer among people in this area. One woman, who has experience working with local migrant farm workers, complained that many of the clinics are not open after hours. *“If there a mother whose child is unconscious, she has no phone to call 911, no transportation, there’s again that access issue.”*
12. Where do you get your health information? Who do you trust the most to give you health information?

A number of the participants used the internet, and one woman trusted it the most because it is the most up to date source of health information. Other participants receive health updates from their insurance company, collect the brochures from doctors' offices, or call their doctor. As far as trust, one participant explained that she switched doctors because no one in the waiting room of the physician's office looked like her. *"I like to see people who look like me, otherwise I feel uncomfortable. I don't go to him anymore, because I just didn't feel comfortable. So I went back to a doctor that looked like me."*

### **III. Maternal Health**

13. What are the biggest health issues for women in your community?

Women in this community have issues with lack of knowledge about preventative health care, and therefore few women get the mammograms that they need, or engage in breast self-exams. Some women are educated about getting preventative health for their children, but do not take as good care of themselves. In addition, obesity is also an issue among women in this community.

14. Which women in this community are most likely to visit a doctor? Which are they least likely? Why?

The women most likely to visit the doctor in this community are women who are educated and who have the transportation to get to clinics. The women least likely to go the doctor are uninsured women, illiterate women, and immigrant women who may avoid the doctor out of fear.

15. Where can we find pregnant women who do not visit the doctor? How can we get them to go to the doctor?

Participants pointed to a number of places in the community to locate pregnant women who are less likely to utilize prenatal care: in the high schools, at Sedanos, Wal-Mart, the flea market and at local nail salons.

16. Have you or anyone you known, experienced a teenage pregnancy? Do you think that teenage pregnancy affects the overall health of families in this community? How?

The majority of participants had experience with teenage pregnancy, either first-hand or through someone close to them. They all agreed that it affects the community negatively. It can cause emotional and spiritual issues for the teen and her family, particularly self-esteem issues. It also causes stress on the parents of the teen, for they are now responsible for another mouth to feed.

### **IV. Child Health**

17. Would you describe the children in your community as 'healthy'?

Participants find the health of children in this community to be poor. They think this is mainly a result of poor nutrition and eating habits: *"because the snack machines in the schools have all kinds of chips and sodas."* Another woman exclaimed, *"They don't eat beans and rice; some of them don't know what that is!"*

18. What are the biggest health issues for children in your community?

In addition, to poor nutrition, children in this community suffer from asthma, diabetes, mental health problems, developmental delays and attention deficit disorder. Some of the participants expressed concern about the increasing rates of hypertension, even among children.

19. If your child was sick, when would you take him or her to the doctor? (i.e. what makes your child 'sick enough' to see a doctor?)

The most common ailments cited by participants that initiated a visit to the doctor included high fever, rash, stomach pain, complaints by the child, anything unexplainable.

## V. Healthy Start Services

20. Have you ever heard about Healthy Start services? Where? What have you heard about it?

A few of the participants were familiar with Healthy Start, mostly their grandchild's pregnancy. All of those who were familiar had heard good things about it, and had had good experiences.

21. During your pregnancy were you offered a Healthy Start Screening?

Only one woman had been pregnant within the past two years. While she remembers being offered the form, she assumed she was not eligible. *"It was basically given to me, and they said that if I need any kind of assistance just fill it out, if not just sign it that you deny it."*

22. Did anyone tell you about services available to you after your screening?

This same participant commented that nothing was explained about the form; instead *"it was presented to me as some kind of assistance program."* Therefore she assumed she would not be eligible because she does not consider herself low-income enough to warrant assistance.

23. Have you ever gotten services from Healthy Start? What did you think about the services? What was most helpful? What would you change?

Those with grandchildren who received Healthy Start services commented that they found WIC to be most useful.

## Conclusions

24. What other issues need to be addressed that were not mentioned here today that require action to give all children a healthy start in life?

Participants had no other comments.

## Summary of Key Points:

**Access to Care:** Lack of transportation and clinical hours were designated as the biggest barriers to access to health care in this community.

**Lack of Information:** Migrant farm workers are an aspect of this community that are unaware of the services that are available to them, and they need to be educated about accessing these services without fear.

**Health Insurance:** Many in this group had health insurance but complained about the high cost of medications, and other costs even with the insurance.

**Community Health:** Environmental pollution is a big issue in this community; many of the participants worked in the fields during their youth and were exposed to pesticides. Residents complained about the nuclear power plant in their community and its unknown affect on their health.

**Maternal Health:** Women make take good care of their children, but do not always take good care of themselves.

**Child Health:** One of the biggest issues in this community with child health is nutrition and obesity. Participants complained about the foods that children eat at school, and that even in the home, children are only interested in junk food.

**Healthy Start:** It is important to educate the community and providers that Healthy Start is a program that can help all women, regardless of income. In this community, Healthy Start has an association with being low-income, and some women may not be getting the care they need because providers are not informing them of its availability.

**Healthy Start Coalition of Miami-Dade  
Needs Assessment Focus Group Questionnaire 2005  
Liberty City - August 9, 2005**

**Focus Group Questionnaire**

**I. Access to Health Care/Insurance**

1. What health services are available in your community? Are they affordable (sliding scale, low/no cost)?

There are a number of health services available to residents in Liberty City, including Economic Opportunity Family Health Center Jessie Trice, Jackson Memorial Hospital, and a health center located next to the flea market on the north side. Participants found the health care at these locations to be affordable. Jessie Trice has a sliding scale and was thought to be realistic to what they could afford.

2. Where do you usually go in order to receive health care?

The majority of participants either go to Jessie Trice or Jackson Memorial Hospital. Participants were adamant in explaining the JMH is the best hospital in the county: *“At Jackson they talk about the long wait but the care you are going to get is better than the care you get somewhere else. It’s worth it.”* Participants also talked about the service improvements made at Jessie Trice in response to criticism from the community. *“I think some of the changes that happened with the improvement are based on the community leaders and the needs that have been addressed and presented to the commissioners that are working in the area, presented to the president of family health center and at the health department, different issues like that.”*

3. Have you ever had trouble getting health care?

One participant mentioned that she had difficulty accessing care because she was unemployed and therefore could not afford it. But she took responsibility: *“but it wasn’t nobody’s fault, it was mine. It was a time and I wasn’t working and I didn’t go and try and go get Medicaid.”* Other participants pointed to the problems getting dental, particularly because Medicaid does not cover dental for adults.

4. What would help your family access better health care?

Participants think it is important to inform the community that Jessie Trice provides transportation to and from the clinic free of charge. Some members of this community do not use the clinic because it is difficult for them to get there. One participant was under the impression that generic drugs were less effective than brand-name drugs; they wanted all people to have equal access to brand-name prescriptions.

5. Are there any health services that you or your children need that are not available to you? What services are you lacking?

Participants explained that this community needs low-cost dental and affordable health insurance. Although Jessie Trice offers dental on a sliding scale, participants were concerned that the cost was still prohibitive for some community residents.

6. Do you have health insurance?

PRIVATE= none

MEDICAID= four

NO INSURANCE= seven

## II. Community Health

7. How would you describe the health of your community?

Participants describe their community as unhealthy. As one participant explained, “their business is their business,” meaning each person is for themselves.

8. What do you think are the biggest health issues within your community?

Alcoholism and the availability of alcohol at the 24 corner stores are seen as a pervasive problem in this community. “*What they need to get away from these little kids, adults can drink all they want to, but these little kids don’t need it. They gotta tell these kids when they are out buying and the kids say ‘gimme some,’ they say no!*” Also of issue in this community are STIs and AIDS, one participant pointed to the epidemic of Chlamydia among teens in this community. Residents think that the responsibility for STI and HIV testing falls on both women and men, and that both are equally neglectful in getting tested.

9. Who do you think suffers the poorest health in your community?

Adults suffer poorer health than children, because they are least likely to get to the doctor. Although women take care of their children, they are more likely to neglect their own health. Men are the least likely to visit a doctor, and therefore considered in the poorest health: “*if they ain’t bleeding or it ain’t serious then the man ain’t going. They are going on a stretcher.*”

10. Where are the people with the poorest health most likely to live in your community?

Participants could not point to one particular area that suffers the worst health, they think that the entire area is unhealthy.

11. What would improve the health of your community?

Participants pointed to the use of mobile clinics as an important means in improving the health of the community. They used to see the Jackson mobile clinics for Pediatrics and prenatal care, but these clinics no longer visit the area. These clinics could be important in diagnosing chronic diseases that many people may be unaware they have—such as hypertension and diabetes.

12. Where do you get your health information? Who do you trust the most to give you health information?

Many of the participants call Jessie Trice if they have questions about their health. One woman uses a number she found in the yellow pages: 1-800-DOCTORS. Another participant uses a book on home remedies that she ordered off the TV. Participants trust their doctor most for health information.

### **III. Maternal Health**

13. What are the biggest health issues for women in your community?

Of big issue for women in this community are no insurance and no finances to pay for health care. Diabetes, hypertension and asthma are also problems for women in Liberty City. Also of growing concern is depression: *“People fail to recognize with the whole bunch of young moms a lot of depression is not being detected. There is whole lot of depression. You can’t pay your bills and you got a lot bills mounding up and you have no way of paying them, I would get depressed.”*

14. Which women in this community are most likely to visit a doctor? Which are they least likely? Why?

The women most likely to visit a doctor in Liberty City are elderly women, particularly those with Medicare. Participants did not specify which women were least likely to visit the doctor.

15. Where can we find pregnant women who do not visit the doctor? How can we get them to go to the doctor?

One participant pointed to Little Haiti as a place where you can find many women who do not go to the doctor during pregnancy. They were not familiar with any particular place within Liberty City to find pregnant women. The most likely way to attract pregnant women to the doctor is by offering free medical care and transportation to the clinic.

16. Have you or anyone you known, experienced a teenage pregnancy? Do you think that teenage pregnancy affects the overall health of families in this community? How?

This community is very familiar with the issues associated with teenage pregnancy, participants think that teen pregnancy is in fact becoming more prevalent now than before. Teen pregnancy is problematic for the community because it is *“babies having babies,”* many of the girls do not finish school and have issues with STIs.

### **IV. Child Health**

17. Would you describe the children in your community as ‘healthy’?

Participants feel that for the most part children in this community are healthy, that there are no major health problems.

18. What are the biggest health issues for children in your community?

Participants pointed to the growing rates of asthma in this community: *“There are a lot of kids born with asthma now, why is that? It’s like an epidemic.”*

19. If your child was sick, when would you take him or her to the doctor? (i.e. what makes your child 'sick enough' to see a doctor?)

Fever is the most common reason that participants would take their children to the doctor. Some women rely on local herbal home remedies, there is a plant that grows in the area that is used for 'cleansing.' *"You wash it three times before you boil it. It cleans you out."*

## V. Healthy Start Services

20. Have you ever heard about Healthy Start services? Where? What have you heard about it?

Participants seemed to be most familiar with Healthy Start within the context of WIC. *"It is part of WIC, its part of the same thing."* One participant was quite adamant that they had seen advertisements on TV, it was then realized that they were thinking of the baby formula called 'good start.' The women were most familiar with the nutritional messages: *"They said that you have to watch what you eat, how many eggs you have to eat, what you are supposed to drink, juices and stuff."*

21. During your pregnancy were you offered a Healthy Start Screening?

None of the participants were familiar with the Healthy Start screen.

22. Did anyone tell you about services available to you after your screening?

Again, participants had a difficult time differentiating between WIC services and Healthy Start. *"When the baby is born, they still give you milk."*

23. Have you ever gotten services from Healthy Start? What did you think about the services? What was most helpful? What would you change?

One woman had been informed of the services, but decided not to take advantage of them: *"they gave me a card, they called me on the phone. I just didn't take advantage of it. It was too far for me because it was down south."*

## Conclusions

24. What other issues need to be addressed that were not mentioned here today that require action to give all children a healthy start in life?

Participants had no other comments.

### Summary of Key Points:

**Access to Care:** While general care was available to this community through a number of health care centers, participants pointed to the lack of affordable dental services in this community.

**Lack of Information:** This community is not well informed about the services available at EOFHC Jessie Trice, particularly that transportation is provided to those who need it. In addition, this community needs to be educated about the value of generic drugs and that they are not of lower quality than brand name drugs.

**Health Insurance:** Medicaid is particularly an issue for young adults, who are no longer eligible for benefits and have no children.



**Community Health:** This problem has a severe problem with alcohol and alcoholism. Participants pointed to the fact that children often access alcohol at a young age by hanging around the corner stores. Mobile clinics were a very useful way to administer health care to this community; participants encouraged the return of these services.

**Maternal Health:** Chronic diseases are an issue for women in this community, particularly hypertension and diabetes. Of growing concern is depression, because many women have difficult financial situations and no source of emotional support, depression is going undetected among a lot of women in this community.

**Prenatal Care:** In order to encourage women to utilize prenatal care it is important to provide them with transportation and free care.

**Teen Pregnancy:**

**Child Health:** Asthma is a growing problem among children in this community. Yet in general, children are considered to be healthier than the adults in this community.

**Healthy Start:** The participants in this focus group had a difficult time differentiating between WIC and Healthy Start services. None of them were familiar with the Healthy Start screen, and seemed to think that Healthy Start only provided nutritional services.












**Healthy Start Coalition of Miami-Dade  
Needs Assessment Focus Group Questionnaire 2005  
East Little Havana - August 9, 2005**

**Focus Group Questionnaire (This focus group was conducted in Spanish.)**

**I. Access to Health Care/Insurance**

1. What health services are available in your community? Are they affordable (sliding scale, low/no cost)?

Participants cited the following services:

-  San Juan Bosco;
-  Helen B Bentley;
-  Jefferson Reaves;
-  Family Health Center (EOFHC);
-  Peñalver Clinic – WIC, dental;
-  Allapattah Center (emergency bill paying assistance – pays bills directly. They do this for you once; you need to provide copy of eviction or final notice.);
-  Abriendo Puertas;
-  Jackson Memorial Hospital (for emergencies and medical care);
-  Cedars Hospital; Pan-American Hospital; Baptist;
-  Private Doctors Office;
-  Hialeah Continucare (private HMO).

Some participants reported that services at JMH are free; other reported that they received very large bills from JMH after receiving care. Peñalver Clinic was also reported as being too expensive. Family Health Center was reported as having a payment plan, as well as a sliding fee scale. At Helen B Bentley you must pay for the visit and then for any additional tests; and they charge on a sliding fee scale based on income.

2. Where do you usually go in order to receive health care?

They seek services at the above due to affordability and access to care. Mostly they seek services at these places due to immediate need.

3. Have you ever had trouble getting health care?

There is an extremely long wait time for appointments. If they need immediate care and they do not have Medicaid they go to the ER at JMH. Wait times for dental appointments are even longer, with most appointment given 3-6 months later. Participants reported that wait times are just as long for dental care, medical care and mental health services. They have been instructed that if they can't wait for the appointment then they should proceed to the JMH ER. Specialist appointments are usually given within one month.

Quality of care is very bad. Participants report that clinic staff treat them badly, discriminate against them because they do not speak English or because they are Hispanic/Latino, and are rude to them as if providing them with service is a favor. Participants report that they have a better chance of getting services or getting better

services if they are referred by someone or can mention someone's name when they call to get services. For example if Regis House staff gives them a contact name in a specific office, clinic or DCF, they get better services when they call this office.

4. What would help your family access better health care?

More information; a centralized system of health care information. There is no central place for health information or social services. People living in one neighborhood don't know what is available to them within their own neighborhood. More health insurance, better health insurance, affordable health insurance. Health information is not given priority on the news or media. Reporting salacious news is more important than providing useful information. One participant gave the example of 'why celebrities are dating' or 'how many people killed today' are given more priority in the media than where can people go for health care or social services. Information is not distributed equally. Community residents get information piecemeal, by luck or depending where they are at the time.

5. Are there any health services that you or your children need that are not available to you? What services are you lacking?

Dental Care

6. Do you have health insurance?

PRIVATE= 1

MEDICAID= 3

NO INSURANCE= 6

## II. Community Health

7. How would you describe the health of your community?

Mediocre health status. Some reported bad community health.

8. What do you think are the biggest health issues within your community?

The major health problems reported include STDs, hypertension, obesity, depression, anxiety, mental health problems.

9. Who do you think suffers the poorest health in your community?

Women suffer poorer health than men. Women have depression. Adults have poorer health than the children. Most children have Medicaid and if they have a health problem they can get health care. Adults go without health care because they do not have insurance.

10. Where are the people with the poorest health most likely to live in your community?

They live in an area called "Vietnam"; from 12<sup>th</sup> avenue to 1<sup>st</sup> avenue; Riverside to Jose Marti. There are more drugs in that area; there is more poverty in that area and there residents are more needy. There are more drug addicts and more people with mental health problems in that area.

11. What would improve the health of your community?

Better nutrition; socialized medicine – the same (equal) services and quality for all.

12. Where do you get your health information? Who do you trust the most to give you health information?

WIC office.

### **III. Maternal Health**

13. What are the biggest health issues for women in your community?

Pregnancy by young girls, adolescents. It seems that teenage pregnancy is in current fad or popular fad.

14. Which women in this community are most likely to visit a doctor? Which are they least likely? Why?

Young women are less likely to seek medical care; they are too busy doing social things like dating and going to the mall. Older women are more likely to go the doctor because as you age you become more cognizant of your health and take better care of yourself.

15. Where can we find pregnant women who do not visit the doctor? How can we get them to go to the doctor?

Pregnant women go to the doctor. Some don't go in the first trimester because they don't find out they are pregnant until the 2<sup>nd</sup> trimester. Some women don't have any problems and are familiar with being pregnant and don't feel the need to go to the doctor until the 2<sup>nd</sup> trimester. Some women can't pay for the visits and wait until later to seek prenatal care.

There is no specific place to find the pregnant women in East Little Havana. They do not congregate in any specific place in their community.

16. Have you or anyone you known, experienced a teenage pregnancy? Do you think that teenage pregnancy affects the overall health of families in this community? How?

Almost all respondents know someone who is, has been a teenage mom or have themselves been a teenage mom. Teenage pregnancy affects the community and their families in a negative manner. The teens are too young to take care of themselves and their youth. The cost of teen pregnancy is too high, pregnant teens give everyone a bad example. They are not a good role, model. Most Hispanic families are not going to abandon their pregnant teen daughters.

### **IV. Child Health**

17. Would you describe the children in your community as 'healthy'?

Children are healthy.

18. What are the biggest health issues for children in your community?

Asthma, pollution, hyperactivity.

19. If your child was sick, when would you take him or her to the doctor? (i.e. what makes your child 'sick enough' to see a doctor?)  
Fever, diarrhea, vomiting.

#### **V. Healthy Start Services**

20. Have you ever heard about Healthy Start services? Where? What have you heard about it?  
None.
21. During your pregnancy were you offered a Healthy Start Screening?  
None.
22. Did anyone tell you about services available to you after your screening?  
None.
23. Have you ever gotten services from Healthy Start? What did you think about the services? What was most helpful? What would you change?  
None.

#### **Conclusions**

24. What other issues need to be addressed that were not mentioned here today that require action to give all children a healthy start in life?  
Lack of information sharing; lack of compassion.

#### Summary of Key Points:

**Access to Care:** This community has a number of service choices available to them within their community, but because of cost, these services are typically only accessed when necessary, that is in an emergency. Dental services are particularly difficult to access.

**Long Wait Time for Appointments:** There is a long wait time for appointments, particularly for dental and mental health care. Participants have been informed that if they do not want to wait, they should use the emergency room.

**Quality of Health Care:** The participants in this community complained about the quality of health care that they receive. There are very long wait times when they go to the clinic, and participants were concerned with the treatment they received at the local clinics. They feel that they are discriminated against because they do not speak English or because they are Hispanic/Latino.

**Health Insurance:** Many of the participants in this community do not have access to health insurance because they are not citizens. They wish to have access to more affordable and better quality health insurance.

**Access to Information:** This community noted that there is no central location to get access to information about services available to them. They feel that the media is more concerned with gossip than actually contributing the improvement of the community. Participants requested more information about where to go, whom to call – it was apparent that most participants did not have access or knowledge of basic information lines like FL Family Health Line, Switchboard of Miami, etc...

**Healthy Start:** This community has no familiarity with Healthy Start. They are in great need of information about the services provided for pregnant women and their families.

**Healthy Start Coalition of Miami-Dade  
Needs Assessment Focus Group Questionnaire 2005  
Goulds - August 11, 2005**

**Focus Group Questionnaire**

**I. Access to Health Care/Insurance**

1. What health services are available in your community? Are they affordable (sliding scale, low/no cost)?

Many of the participants pointed to the services at CHI, particularly since this focus group was located at the CHI clinic of Doris Ison. Other local health services include a number of WIC locations, a residential center for drug abuse, and participants noted that there was a One-Stop center that was located nearby, but they were unsure if it was still in existence. There are also a number of hospitals in this community, including Jackson South, Baptist, Miami Children's Hospital and Health South. Participants found the clinical services to be relatively affordable, particularly if you have Medicaid. Services at CHI with Medicaid costs around \$5 for a visit, and \$10 for labs. If you are uninsured, CHI has a sliding scale based on income. As far as the hospital care, participants found it to be a lot less affordable. *"If you don't have insurance, Jackson South will send you a bill. I had a problem when I went there for an emergency, and at the time I was only working part time. So later on they billed me, and they don't bill on a sliding scale, they billed me the full price."*

2. Where do you usually go in order to receive health care?

Most of the participants receive health care services at the CHI Doris Ison clinic, although a few also use the CHI clinic Naranja. One of the participants is a student at FIU so she uses the clinic there for basic health care. Other participants use private doctors.

3. Have you ever had trouble getting health care?

The majority of the participants did not seem to have any problem getting the health care that they needed. One young man explained that he got stabbed, and had to wait a day and a half in the emergency room before he was seen. Another participant referred to an issue with Medicaid that delayed her foster child from getting the care that he needed, but once this issue was cleared up, he was able to get health care.

4. What would help your family access better health care?

Participants all agreed that finances are key to accessing better health care—including more affordable health care, better employment opportunities, and employers who will help pay for health insurance. One woman complained that her daughter worked 35 hours a week, but was denied health insurance through her employer because she did not work 'full-time.' Another woman explained that she had difficulty accessing insurance through her job because of the limited time for enrollment, as well as the difficulty in accessing the on-line enrollment system.

5. Are there any health services that you or your children need that are not available to you? What services are you lacking?

One of the participants mentioned that even with insurance, dental services can be expensive. Another participant complained that with her Medicare, she had difficulty getting the kind of prescriptions she needs, even when the doctor requested brand name medications, Medicare would only pay for generic, even though they didn't work for her.

6. Do you have health insurance?  
PRIVATE= ten  
MEDICAID/MEDICARE= four  
NO INSURANCE= four

## II. Community Health

7. How would you describe the health of your community?

The majority of the participants described the health of their community as 'bad,' particularly due the drugs and crime. The drugs of choice in this community are crack and marijuana; participants were not familiar with the widespread use of IV drugs in this area.

8. What do you think are the biggest health issues within your community?

In addition to drugs, this community has issues with teen pregnancy, diabetes, depression, hypertension, HIV and childhood asthma. One participant noted that he feels that the misdiagnosing of asthma and allergies among children is a big problem in this community: "*Because that [asthma] is the easiest thing to say it is, and ADD, but maybe their nutrition is bad, so they don't have the attention span they need in school. Or they are not going to sleep on time and children are on drugs they don't need.*"

9. Who do you think suffers the poorest health in your community?

Participants stated that they think that the elderly and the children suffer the poorest health, and among the elderly, men in particular: "*I think the elderly men, because men don't go to the hospital.*"

10. Where are the people with the poorest health most likely to live in your community?

There is not one area that can be designated as having the poorest health.

11. What would improve the health of your community?

A number of participants think that the health care system needs to be restructured. There were a couple of anecdotes about the issues in getting coverage for multiple children in one family. For instance, on father explained: "*I have three children. I make the same amount of money for all three children. Yet only two of them qualify for Medicaid and one doesn't.*" Another participant complained his niece's child was dropped from WIC because he was 'obese,' yet the obesity was the result of the juices recommended by the WIC program. Participants also think that the community needs to be educated about the kinds of services available to them in their



area. They recommended that this information be available through the weekly fliers at grocery stores, on metro and bus shelters, on the sides of buses, at churches and through announcements on the radio. The radio stations listened to most were WMBM; WMCU; WEDR; 103.5; HOT 105; 99 Jam.

12. Where do you get your health information? Who do you trust the most to give you health information?

Six of the participants access the internet in order to get information about health issues. Others call their doctors or access the ‘nurse-line’ available through their insurance. In addition, participants also ask mom, dad or their grandma for information on their health. Although participants trust their doctor, some stated that they will first ask their mom about their health issues in order to be better informed before they visit the doctor. Participants believe that in some cases, doctors are restricted by the insurance companies: *“So a lot of times, recommendations that they could give to you, they don’t even tell you about because the doctor is working under HMOs and the HMOs don’t pay for them to tell you all the other stuff you can get.”*

### **III. Maternal Health**

13. What are the biggest health issues for women in your community?

Participants cited a number of health issues among women in this community, including hypertension, tension, depression, stress, diabetes, drug abuse, breast cancer and access to insurance. In addition, issues of obesity are of importance in this community, particularly in regards the poor eating habits and the over-consumption of fast food.

14. Which women in this community are most likely to visit a doctor? Which are they least likely? Why?

The women most likely to visit a doctor in this community are pregnant women and elderly women. Participants explained that elderly women are most likely to go because *“it is a social engagement.”* As for the women who are least likely to go the doctor, participants explain that middle-aged women, particularly working women and single mothers, have difficulties getting to the doctor because of time constraints: *“Some of the doctors, they stop working at five, they don’t work on a Saturday. And you have to get the time off from work, when you get sick, and it is difficult.”* In addition, some women turn to prayer and therefore delay a visit to the doctor in the case of illness: *“It depends on the home life, because some people, they say, let’s pray about it first and then I will go to the doctor.”* Finally, participants also noted that West Indian women will rely on home remedies before visiting a doctor, and that due to lack of “proper” insurance, African-American women have difficulty accessing health care.

15. Where can we find pregnant women who do not visit the doctor? How can we get them to go to the doctor?

Participants explain that the pregnant women who do not go to the doctor are most likely to be found in drug-infested areas, in poor areas of Perrine (close to Homestead Ave) and Goulds, and where there are homeless people. A number of

participants also expressed concern about the large amount of migrant farm workers in this area, and their lack of health care, especially among pregnant women: *“Someone needs to talk to the migrants, because they don’t have the papers so they are afraid to go.”* In regards to what will encourage pregnant women to seek prenatal care, participants recommended a number of things including money, free health care, food, mobile clinics and informing them of the risks to the mother and baby if they do not get appropriate care. As for the migrant farm workers, one participant commented that: *“we [need to] tell them that in this country children are very important and we want to help them care for them, and once they know that, I am sure they will get the care that they need.”*

16. Have you or anyone you known, experienced a teenage pregnancy? Do you think that teenage pregnancy affects the overall health of families in this community? How?

Participants all agreed that teenage pregnancy affects the community in a negative way. The effect it has depends on the family—in some cases, it causes stress to the teen’s parents because they are responsible for another mouth to feed. In some situations, it may cause the family to kick out the pregnant teen. One participant shared her experience with her own daughter’s teen pregnancy, but explained that because of her cultural background, she was conditioned to accept responsibility to help her daughter care for the new child. Another participant commented that while it is important for the family to support the teen mom, it is a delicate situation, because *“at the same time they don’t want to make it seem like it okay because then the child may go out and get pregnant again because my parents didn’t see anything wrong with it. They try to be there but at the same time discourage them. A lot of people who get pregnant in high school, they get pregnant back to back.”* This focus group introduced their own question here: *“How do you prevent the teens from getting pregnant?”* which developed into a spirited discussion about sex education and teen pregnancy prevention. Participants all agreed that parents should take an active role in educating their children about sex, and discourage the belief that exists among many parents that by talking about sex with their children, this will only encourage them. Although many parents are uncomfortable with this topic themselves, it is important that the taboo of discussing teenage sexuality be broken.

#### **IV. Child Health**

17. Would you describe the children in your community as ‘healthy’?

The consensus among participants was that children in this community are unhealthy.

18. What are the biggest health issues for children in your community?

Similarly to issues mentioned early for women in this community, nutrition and eating habits were cited as a health issues for children in this community. Participants cited the high number of single working mothers in this community as a source of poor nutrition—they get home late, and children are left to play indoors all afternoon because of the heat. This leads to a high rate of inactivity and coupled with poor eating habits has led to obesity problems among children in this community. Yet as one mother explained, it is not just the fault of the parents, [there are] *“too many*

*reasons to eat junk food—you have Burger King, Mickey D's. If you cook them a nice meal, they say 'I want,' 'I want,' 'I want!'"* In addition to nutritional issues, children in this community also have issues with asthma, depression and hyperactivity.

19. If your child was sick, when would you take him or her to the doctor? (i.e. what makes your child 'sick enough' to see a doctor?)

Participants take their children to the doctor if they are vomiting, if they have a fever, for bleeding, cuts and bruises, diarrhea and shortness of breath.

## **V. Healthy Start Services**

20. Have you ever heard about Healthy Start services? Where? What have you heard about it?

Many of the participants were familiar with Healthy Start, either through their own pregnancy experiences, through community health worker trainings or through word of mouth.

21. During your pregnancy were you offered a Healthy Start Screening?

Two of the participants were currently pregnant, and both were offered a screening. One woman received more information through Medicaid. The other was concerned that because she was declined for Medicaid, that she would not receive Healthy Start services. The discussion and the services described were of interest to her. She was referred to the Healthy Start provider at the community forum for a self-referral.

22. Did anyone tell you about services available to you after your screening?

Again, based on the experiences of the two pregnant women in the group, the woman linked in through Medicaid was taking advantage of the prenatal classes. The woman who was declined Medicaid and received no follow-up from Healthy Start was concerned that her score disqualified her from services. She received no information about Healthy Start services, this discussion was the first she had heard of the services available to pregnant women.

23. Have you ever gotten services from Healthy Start? What did you think about the services? What was most helpful? What would you change?

One participant houses pregnant teens in her home, and she has very positive experiences with Healthy Start. The doctor who works with her girls recommended Healthy Start, and the local case manager came to her home and spoke with the girls, and gave them baby clothes. The pregnant teen participating in the group commented that Healthy Start has been helpful in *"just knowing that we are not alone in all this. And the parenting classes."*

## **Conclusions**

24. What other issues need to be addressed that were not mentioned here today that require action to give all children a healthy start in life?

Participants had no other comments.

Summary of Key Points:

**Access to Care:** This community has a high rate of single mothers and working-class families who have difficulties accessing health care due to clinical hours and costs. In some cases, it is difficult to get the time off from work to go to the doctor. Clinics need to have evening or weekend hours.

**Information:** Participants recommended that the community be educated about health issues through popular community venues such as mass transit, radio announcements and supermarket fliers.

**Health Insurance:** The biggest issue around health insurance in this community is that even when working, many people do not have access to insurance or affordable insurance options. Short annual enrollment periods make it difficult for many to get insurance. Working a few hours less than ‘full-time’ keeps many people from receiving employer-supported benefits.

**Community Health:** This community has a large problem with drugs, particularly crack and marijuana. Participants pointed to the high rates of crime associated with this drug use. In some cases, this crime is targeted towards undocumented migrant farm workers, because they are less likely to report crimes. This general fear of authority also keeps them from seeking medical care when it is needed.

**Maternal Health:** Many women wait to go the doctor because they rely on home remedies or prayer. Again, for many working and single mothers, getting to the doctor is often difficult because of their schedules.

**Prenatal Care:**

**Teen Pregnancy:** While teen pregnancy is an issue that greatly affects this community, participants were very interested in creating awareness in this community about the importance of discussing sex and sexuality with children. There is a myth that by talking about sex with teens, you are encouraging them to have sex, but instead, it is important to openly discuss sex with teens at home.

**Child Health:** Nutrition is an issue in this community, particularly as children are inactive and only want to eat fast food. Participants are alarmed at the growing rates of hypertension among children. This community is concerned with the over-medication of children for ADD and is also concerned with the growing rates of asthma.

**Healthy Start:** There is a general idea that Healthy Start is connected to Medicaid, and there needs to be education of the community and providers that although women may not qualify for Medicaid, this does not mean that Healthy Start services would not be beneficial and available to the mother and baby.

**Healthy Start Coalition of Miami-Dade  
Needs Assessment Focus Group Questionnaire 2005  
Liberty City - August 18, 2005**

**Focus Group Questionnaire**

**I. Access to Health Care/Insurance**

1. What health services are available in your community? Are they affordable (sliding scale, low/no cost)?

There are a number of health facilities in this community, including Economic Opportunity Family Health Center (Jessie Trice Clinic), Scotts Clinic, Jackson Memorial Hospital, Jefferson Reeves, Liberty Square Clinic and Juanita Mann. As far as hospitals, participants use Jackson Memorial Hospital and Cedars. Participants find these services to be affordable if you have Medicaid, but many of these women explained that it is difficult to access Medicaid if you do not have any children. *“Yeah I had trouble getting care, but you know, you have to either be pregnant or have kids to get care. I had to get pregnant, now I am getting a little more care.”* For some women, Jackson’s CareCard is also a means to access affordable health care, although many complained about the process of verifying their income that allows them access to the card. *“Even though I was homeless, I wasn’t staying in a shelter, but I had to spend a night there, just one night, get a letter from the rescue mission and give it to them and then I got the card.”*

2. Where do you usually go in order to receive health care?

Currently, most of the women in the center are using EOFHC Jessie Trice Clinic because the Reaves House is associated with that facility. Other than that, the women take advantage of the multiple clinics in the area, including Jackson, Scotts, Women’s Center at North Shore, and Jefferson Reeves.

3. Have you ever had trouble getting health care?

Most of the women stated that they have not had any problems getting care. One woman complained that she has had difficulty getting into the Hepatitis program at Jackson, she has been waiting for months. Other women complained about the costs of prescriptions, particularly if they didn’t have any Medicaid. *“What about the medications that I take, do you know how much insulin costs? You understand me, and my psych medications.”*

4. What would help your family access better health care?

Most of the participants pointed to access to health insurance as a means of getting better care. Also, more affordable medications, as one woman explained: *“I had to keep checking into a crisis, to get meds”*

5. Are there any health services that you or your children need that are not available to you? What services are you lacking?

What services are you lacking? Many of the women pointed to the lack of affordable dental services in their community as an issue. One woman explained,

*“When I was in Jail, you pay five dollars to get a tooth pulled.”* She has difficulty finding services this affordable now. Vision is also a service that is lacking in this community. Although some women use the Division of Vocational Rehabilitation to seek vision testing, other women claim that using the local clinic led to long waiting times for an appointment. One woman, pregnant with her eighth child, explained the need for birth control with fewer restrictions: *“we need a lot more of those, like stands, like in gas stations.”*

6. Do you have health insurance?

PRIVATE= 1

MEDICAID= 4

NO INSURANCE= 9

## II. Community Health

7. How would you describe the health of your community?

The women agreed that the health of their community was bad, poor, terrible and as one woman stated, “nasty.”

8. What do you think are the biggest health issues within your community?

Women pointed to the high rates of HIV/AIDS and STIs as serious problems within this community. In addition, drug abuse, alcoholism and prostitution are also health issues. Teenage pregnancy and single mothers, with *“not an enough fathers being available and taking care of their kids.”* This opinion was echoed by a number of the participants. One woman explained that strokes are a big issue in this community because of the drug abuse—*“Strokes are the number one killer in my community because it goes from the drugs and then they have a stroke.”* Other chronic diseases are also problematic—including diabetes, mental disorders, heart disease, hypertension and anxiety.

9. Who do you think suffers the poorest health in your community?

Many of the women thought that men suffer the poorest health. As one woman explained: *“Because most of the time in this community, we eat a lot of fried foods and the men the most in this community, they work harder, mostly in the sun, so they have it really bad. They eat more fried foods than anything.”* Other women commented that there are many women who suffer from poor health, particularly because of lack of hygiene and education in this community. Children were considered the healthiest, namely because they have to get immunizations in order to attend school. One woman complained: *“There are more immunizations for kids than adults; if you notice the vaccines that they give for polio and technical shots for a baby is more available in any health care clinic than it is for adults, you have to wait over weeks and months for a vaccine for adults.”*

10. Where are the people with the poorest health most likely to live in your community?

These women pointed to the homeless people and the men that hang around the corner stores drinking at all hours of the day and night as places to find unhealthy people in this community.

11. What would improve the health of your community?

The elimination of the drug abuse and drug pushers was one recommendation by participants. In addition, they recommended that people in this community needed to be educated about the importance of hygiene, the risks for HIV/AIDS and STIs, and taking better care of oneself.

12. Where do you get your health information? Who do you trust the most to give you health information?

Women in this community get information from their mothers, their doctors, from fliers, advertisements on TV and through word of mouth: “*What’s the T?*,” meaning, what’s the “talk”? Very few of these women have access to the internet, and not currently at Reaves House. These women are most likely to trust their doctor or their mother for health information.

### III. Maternal Health

13. What are the biggest health issues for women in your community?

Women pointed to STIs, alcoholism, lung cancer, and HIV/AIDS as the biggest health issues in this community.

14. Which women in this community are most likely to visit a doctor? Which are they least likely? Why?

Senior citizens and elderly women are most likely to visit the doctor, participants explained, because “*they are concerned about their health*” and “*they have to go.*” Women least likely to go the doctor are young girls and teens because their parents do not educate them about the importance of going to the doctor or they think they “*don’t have the time.*”

15. Where can we find pregnant women who do not visit the doctor? How can we get them to go to the doctor?

In this community, pregnant women who are least likely to visit the doctor live in the projects. As one participant commented: “*I am going to speak for the majority because I am from this neighborhood and I have been pregnant eight times, and I can say, if nothing ain’t really wrong with my baby, I ain’t gonna have prenatal care. This is my first prenatal care, I’ve been taking the vitamins. Well shoot we usually go the whole nine months. We get the pregnancy test at Juanita Mann and then you go have your baby free at Jackson.*” Participants pointed to the “pok n’ beans” projects between 12<sup>th</sup> and 15<sup>th</sup> Ave and 62<sup>nd</sup> and 68<sup>th</sup> St, also Lincoln Fields and PSU, the projects across from Lincoln Fields, as places to find pregnant women who do not visit the doctor. In addition, they said to look at the flea markets and corner stores. With regards to encouraging pregnant women to visit the doctor, they suggested free prenatal care, free transportation, free meals and childcare during the visit and vouchers to Public or Jorge and Jerry, local grocery stores. They recommended against the use of bus tokens—“*the bus token will be sold before you get down the block.*”

16. Have you or anyone you known, experienced a teenage pregnancy? Do you think that teenage pregnancy affects the overall health of families in this community? How?

All of the participants were familiar with teenage pregnancy, either because they had been a teen mom themselves, or someone close to them had. The majority of them agreed that teen pregnancy has a negative effect on the community because a lot of the girls do not complete school and are dependent on welfare. One participant stated *“Then you bring all these babies, there’s not enough jobs, there is not education, and you fill up the community with nothing to do.”* In many cases, grandparents are responsible for taking care of the new child, and this is an added burden for them. Young teen moms are not ready for the responsibility of raising a child: *“The people who are paying the consequences are the babies because we are babies and we are not ready to take care of them.”*

#### **IV. Child Health**

17. Would you describe the children in your community as ‘healthy’?

Participants described the health of the children in this community as poor, bad and fair.

18. What are the biggest health issues for children in your community?

Many of the children suffer from asthma, leukemia, pneumonia and HIV/AIDS. The women explained that many children in this community suffer from attention deficit disorder.

19. If your child was sick, when would you take him or her to the doctor? (i.e. what makes your child ‘sick enough’ to see a doctor?)

These women stated no hesitation when taking their child to the doctor. Common signs that led them to seek medical help for their child: coughing, vomiting, diarrhea, fever, runny nose, crying incessantly or not eating well.

#### **V. Healthy Start Services**

20. Have you ever heard about Healthy Start services? Where? What have you heard about it?

Many of the women were familiar with Healthy Start, most of them through previous pregnancies. One of the women was networked through MomCare.

21. During your pregnancy were you offered a Healthy Start Screening?

Some of the women had been offered screenings in previous pregnancies. Two of the participants were currently pregnant, one had received the screening and the other had not.

22. Did anyone tell you about services available to you after your screening?

One woman took advantage of the parenting and childbirth classes. Another participant attended a baby shower through her healthy start provider.

23. Have you ever gotten services from Healthy Start? What did you think about the services? What was most helpful? What would you change?



Everyone who was familiar with Healthy Start was pleased with their experience. One woman found the childbirth and parenting classes as helpful. Participants had no suggested changes.

## **Conclusions**

24. What other issues need to be addressed that were not mentioned here today that require action to give all children a healthy start in life?

Participants had no further comments.

### Summary of Key Points:

**Access to Care:** Dental and vision services are difficult to access in this community. While there are a number of clinics and services available to members of this community, specialty services like mental health and hepatitis support are difficult to access.

**Health Insurance:** This community had a valid point when noting that it is difficult for low-income families to access Medicaid if you are not pregnant or a child. In some cases, women became pregnant in order to remain on Medicaid. Also, for this special needs community, many of the participants had difficulty in getting access to psychotropic drugs and other necessary medications, like insulin.

**Community Health:** This is a community that suffers from extreme poverty, drug addiction and poor health. Participants noted that the first step in bettering health was to rid the community of drug pushers. Many participants attribute the high rates of strokes in this community to drug addiction.

**Maternal Health:** Women in this community generally have poor health. There are high rates of HIV and STIs, as well as high rates of births to teens. Chronic diseases such as diabetes, hypertension and depression are also issues among women in this community.

**Men's Health:** Participants attributed the poorest health in this community to men, they are the least likely to visit the doctor, work in manual labor jobs and eat a lot of fatty foods.

**Prenatal Care:** There are many women in this community who are well aware of the importance of prenatal care, but choose not to get it. It was made very clear that in order to encourage these women to seek care, it needs to be free, close to their home, as well as provide some sort of incentives such as food or items for the baby.

**Teen Pregnancy:** Teen pregnancy is a problematic cycle for women and their families in this community. There are too many children being born into families with little or no father involvement, and into a community with poor opportunities for education or careers.

**Child Health:** While some women think that children are healthier than adults because of their access to vaccinations, yet children in this community also have high rates of asthma, ADD and HIV/Aids.

**Healthy Start:** This community has been well exposed to Healthy Start and was well informed about the benefits of these programs for themselves and their children.