VI. COMMUNITY PERSPECTIVES

A. METHODOLOGY

Since its inception in 2000, the Healthy Start Coalition of Miami-Dade has conducted both formal and informal qualitative inquiry related to the population it serves and the environment in which it exists. In fact, throughout its history, the Coalition has collaborated with more than 100 organizations and 250 individuals who have continuously broadened the range of community participation thereby providing vital data reflective of the needs, structure and characteristics of the target population and communities served by the Coalition. In addition, it has benefited from the perspectives of advocates, providers, and community leaders who have been involved in volunteer activities, and gained experience from working in the communities and neighborhoods as well as other social interactions.

In creating the Needs Assessment and Service Delivery Plan, the Data Committee conducted a zip code level analysis of seven (7) critical indicators that became the standard of measure in identifying geographic priority areas of need. These included,

- Births to teens
- Births to unwed mothers
- Preterm births
- Low birth weight births
- Infant mortality
- Fetal mortality
- Prenatal care

The ten leading zip codes in each indicator, see Section III, Major Critical Indicators…, were then applied to a matrix that clearly highlighted zip codes that are disproportionately affected by these areas of need. Table 66 includes the list if zip codes, their "common" neighborhood names, and the facility at which the focus group was conducted.

Table 66. Focus Group Matrix

	Zip code	Neighborhood	Facility
NORTH	33054	Opa Locka	North Dade Health Center
	33056	Carol City	
	33147	Liberty City	Teen Pregnancy Prevention Center
	33167	Liberty City/Opa Locka	EOFHC Reeves House
	33162	North Miami Beach/North Miami	North Miami Senior High Adult Education
	33168	Miami Shores/Little Haiti	
CENTRAL	33128	East Little Havana	Regis House Main Office
	33125	Allapattah/Melrose	Team Metro Office
	33136	Overtown	Overtown NET Center
SOUTH	33032	Homestead	Communtity Health Center of South Dade - Martin Luther King Clinic
	33034	Florida City	
	33170	Goulds	CHI Doris Ison Clinic

In comparison to previous Needs Assessments, the current effort included additional qualitative data collection sessions (focus groups). In total, 9 focus groups were conducted throughout a 3-month period with the purpose of including a larger number of participants representing a broader geographic region.

B. FOCUS GROUP PLANNING AND PROCEDURES

In an effort to obtain current information reflective of the communities serviced by the Coalition, focus groups were identified as a highly appropriate method of obtaining information about the communities serviced by the Coalition while substantiating the key health indicators identified.

The groups were created through a collaborative effort that involved the Coalition and community organizations based within the targeted areas. Community meetings in targeted areas were attended by Coalition staff that identified the most suitable organizations that were then recruited to host group sessions. Subsequently, the Coalition provided promotional materials such as flyers that were disseminated by hosting organizations while community members who agreed to participate in group sessions, were given educational and outreach materials.

Group sessions were held between July and September 2005, 90% of which were convened in the evenings and lasted between 1.5 to 2 hours. The topics of discussion were of mutual interest to both the Coalition and hosting organizations and were cultural competent to the extent that discussions were language specific. Hispanic focus groups were therefore moderated in Spanish while the Haitian-Creole group was moderated in Haitian-Creole. In total, 9 focus groups were conducted throughout the 3-month period. A moderator and co-moderator directed each while the complete session was recorded on tape.

C. DEMOGRAPHIC INFORMATION

There were 130 participants in nine focus groups. Of these 130 participants, 90 were female, or 69.2%; 14 were male, or 10.8% and 26 were no response (20%). Participants ranged in age from 17 thorough 71. Participants resided in a range of areas (zip codes) throughout the county.

Participants were asked to self-report their race/ethnicity. The majority of respondents were African-American at 43.8% (57); followed by Hispanic respondents at 25.4% (33); Haitians at 22.3% (29) and Whites at 3.1% (4). 3.1% (4) people identified as Other, describing their ethnicity as Haitian-Dominican (1), Bahamian (1), Native African-Indian Descent (1) and Jamaican (1). Three (3) participants or 2.3% did not respond.

The majority of participants have children; 76.1% (99) have children and 21.4% (28) do not have children. Three (3) participants or 2.3% did not respond. Participants have one to eleven children, with the majority having one or two. There were seven or 5.4% of no respondents to this question.

Female participants were asked “during your pregnancy (or pregnancies), how many times, on average, did you see a doctor?” 79 responded to this question, with the majority (58.2%) visiting a doctor 10 or more times.

Participants were asked if any of their children had problems at birth, 97 of the participants answered this question, with the majority (70.1%) answering that their children had NO problems at birth.

Participants were asked about their access to health care in the past year; particularly, if there was anytime in the past twelve months that they needed health care but could not get it. One-hundred twelve (112) participants responded to this question, with the majority (77) 68.8% answering NO. Thirty-five (35 or 31.2%) participants answered yes, and chose the following as reason why: (Participants could check all answers that applied).

- No health insurance = 19
- Seeing a doctor costs too much = 8
- Did not know where to go = 3
- No transportation = 5
- Could not get an appointment = 2
- No one spoke my language at the facility = 1
- No child care = 2

Participants were then asked the same question about their children, that is, if there was anytime in the past twelve months that they needed health care but could not get it. Ninety-one (91) of the participants responded to this question, with the majority 82.4% (75) responding NO. Sixteen or 17.6% respondents said that YES, and choose all of the following reasons that applied:

- No health insurance = 10
- Seeing a doctor costs too much = 4
- Did not know where to go = 1
- No transportation = 2
- Could not get an appointment = 1
- No one spoke my language at the facility = 0
- No child care = 0

Only 8 participants responded YES to BOTH of the previous questions. In other words, 6% said that there was a time in the past twelve months that either they or their child needed health care but could not get it.

Of those who responded YES that either they, or their child had unmet health needs (n=42), had an average age of 32.

Of those who responded YES that either they, or their child had unmet health needs (n=42), 69% (29) had children and 31% (13) did not and the mean number of children was 2.6.

Of those who responded YES that either they, or their child had unmet health needs (n=42), were predominantly Haitian (38%) or African American (33%).

Of those who responded YES, that either they or their child had unmet health needs (n=42), most (24%) coming from zip codes 33142 and 33161 (19%):

Fifty-three percent (53.0%) or 69 of participants have some form of health insurance coverage, with the majority of respondents covered by Medicaid. Almost 44% (57) of respondents do not have any health insurance. (4 participants did not respond to this question).

- Private = 21 (30.4%)
- Medicaid = 29 (42.0%)
- JMH CareCard = 9 (13%)
- Medicare = 4 (5.8%)
- Other = 0
- Did not designate= 6 (8.7%)

Seventy-two percent (72.7% or 72) of participants' children have some form of health insurance coverage, and similarly to their parents, most children (63.9%) are covered by Medicaid. Twenty-five (25.2%) of participants' children have no health insurance (2 participants did not respond).

- Private = 17 (23.6%)
- Medicaid = 46 (63.9%)
- Jackson Memorial Health (JMH) CareCard = 0
- Healthy Kids = 3 (4.2%)
- Other = 1 (1.4%)
- Missing = 5 (6.9%)

Fifteen percent (15%) or 19 of the participants responded that NEITHER they nor their child had health insurance. Respondents who did not have insurance, or who had children without insurance (n=63) had an average age of 35.

Of the respondents who did not have insurance, or who had children without insurance (n=63), 71% (45) had children and 25% (16) had NO children. (4 did not report.) The average number of children was 2.6.

Respondents who did not have insurance, or who had children without insurance (n= 63) were predominantly Haitian (22) or Hispanic (22).

- African American = 14
- Haitian = 22
- Hispanic = 22
- White = 1
- Other = 3
- Did not report = 1

Respondents who did not have insurance, or who had children without insurance (n= 63) came from 33142 (21%) and 33161 (14%):

D. SUMMARY OF QUALITATIVE DATA FINDINGS

1. Access to Health Care/Insurance

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

Participants in each community were able to designate a number of areas in which they could receive health care. Jackson Health System includes a number of satellite clinics used by various communities, including North Dade Health Center; North Miami Health Center; Jefferson Reaves; Juanita Mann; Peñalver Clinic; and Jackson North Specialty and Diagnostic Center. Federally qualified health centers (FQHCs) like Economic Opportunity Family Health Center also has a number of clinics used by various communities; of particular popularity is Jessie Trice Family Health Center in Liberty City. In the South, Community Health of South Dade (CHI's) clinics: Martin Luther King Center (MLK Center), Doris Ison Clinic, Naranja and the Everglades are used by community members who live in that area. Other important community clinics include Borinquen, Helen B. Bentley and Stanley Myers (currently called the Miami Beach Community Health Center). All areas are familiar with Jackson Memorial Hospital, and many of the participants rely on it for emergency and regular care. Other hospitals utilized are Parkway, Baptist South, and Memorial Hospital in Broward and Miami Children's Hospital. Community members also took advantage of a number of One-Stop services in their particular neighborhoods for WIC services and other health screenings.

Many of the health clinics listed above provide health care at either low cost or on a sliding scale. For the most part, participants thought that the sliding scales were comparable to what they could afford. Except for Jackson Memorial Hospital, hospital care was considered prohibitively expensive.

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

Participants typically go to the clinics and hospitals listed above. Many complained about their lack of control during emergencies; when they ask to be taken to a particular hospital and the ambulance refuses. Sometimes this preference is based on affordability and at other times, it is based on perceived standard of care. In some cases, participants felt that they are discriminated against because of the neighborhoods in which they live: "[when] *they pick you up from this neighborhood, they are going to assume that they you just got Medicaid or 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.*"

Have you ever had trouble getting health care?

Many of the participants had delayed seeking preventative or basic health care due to the lack of insurance or inability to pay for health care. In the communities that contained high numbers of undocumented immigrants, people delayed care because they do not "have papers": "*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.*"

In the case of an emergency, most participants will get care. Yet oftentimes this care comes at a price: "*If you don't have insurance, they 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.*"

In most communities, participants shared their experiences regarding the disrespect they felt at their local clinics. In Liberty City and Overtown, participants complained that doctors at Jackson Memorial Hospital did not understand them because the participants speak English and are not Hispanic. In East Little Havana, participants stated that they were discriminated against because they were Hispanic and did not speak English. In North Miami, participants noted that they were treated poorly in their local clinics because they are Haitian. Participants in North Dade participants complained that clinic staff is rude, that they are ignored repeatedly because clinic staff is on personal calls. In South Dade, groups held in Florida City/Homestead and Goulds had more positive results to report. Most participants reported that generally they receive and have access to all the services they need. Participants reported that most of their health needs were met by the local community health clinic, Community Health of South Dade (CHI).

Participants in almost all groups suggested that clinic staff should be better trained in customer service and that they learn or be instructed to take care of personal matter on personal time. Severe lack of or extremely poor customer service was a consistent issue countywide and across all race/ethnicity groups.

Another similarity among all the communities is the long wait time to receive care. This was particularly the case for specialty services such as vision or dental. Community members noted that they were forced to wait for months for appointments to access these services.

<u>What would help your family access better health care</u>?
Each community highlighted the lack of affordable health insurance as a problem for accessing quality health care. Many talked about the lack of Medicaid for women and men without children, young adults over the age of eighteen and individuals who lost coverage because they became employed but were not given health insurance by employers. A number of women emphasized the strategy of repeat pregnancies to access health care. "*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.*"

Many communities cited the lack of knowledge about available services. In some cases, participants asked about transportation and others informed them that the local clinic provides free transportation.

Some communities also discussed the need for more convenient hours as a means to access better care. "*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.*"

<u>Are there any health services that you or your children need that are not available to you? What services are you lacking?</u>
All communities highlighted the lack of affordable dental and vision services in their community. In the communities where they could access dental and vision, participants cited long wait times for appointments. As one woman commented about dental care in her community: "*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 [being seen].*" Another participant echoed this comment: "*I called last year to get an appointment and I am still waiting.*"

<u>Do you have health insurance?</u>
Each community expressed opinions about the difficulties in getting affordable insurance. Many participants complained about the fact that programs such as Medicaid and KidCare have strict income requirements. One participant asked: "*Is there any other alternative from Medicaid 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. Community Health

<u>How would you describe the health of your community?</u>
In general, communities described the health of their community as 'poor,' 'not good,' 'awful,' 'mediocre' and 'terrible.'

<u>What do you think are the biggest health issues within your community?</u>
Health issues of high concern remained relatively similar among the communities. Many expressed concern about obesity, diabetes and hypertension. Additionally, of growing concern are sexually transmitted infections and diseases, and HIV/AIDS. A number of communities also cited depression and anxiety as problems in their area.

<u>Who do you think suffers the poorest health in your community?</u>
The majority of groups agreed that men suffer from the poorest health in their community. This is because men are least likely to visit a doctor in most cases; they need to have a serious health problem in order to seek care. Also, men are perceived to work harder physically and eat more unhealthy food: "*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."

In East Little Havana, participants stated that women have the worst health because they suffer from depression.

Where are the people with the poorest health most likely to live in your community?
Participants pointed to the areas of highest poverty as those with the poorest health. In some cases, it was the projects, or in other communities, areas where drug addicts and homeless tended to congregate. Yet one participant astutely commented that it is not just the homeless who have health problems: "*[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!*"

Participants from Liberty City designated their entire area as one of poor health.

What would improve the health of your community?
In general, communities agreed that affordable health care would greatly improve the health of their communities. In addition, greater access to health information, including services available in their community would be helpful. Participants also suggested that improving the quality of services they receive; less discrimination, at clinics and hospitals would be an important method.

Where do you get your health information? Who do you trust the most to give you health information?
Communities receive health information from a variety of sources. In communities that enjoy a high rate of internet access, participants use the web as an important source of health information. A large number also relied on their doctor for health information. If they have questions, they either call or visit the clinic to ask questions. In some cases, participants had access to advice lines through their health insurance while others consulted family members for health advice.

In addition to clinics and family, participants also get health information from churches, the radio, health brochures, and schools. However, the majority rely on doctors as the most trusted source of health information. Many also trusted their mothers or other family members as sources of health information.

3. Maternal Health

What are the biggest health issues for women in your community?
Sexually transmitted infections and diseases were often mentioned as big health issues for women in most communities. Participants are concerned about women who get repeat infections: "*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!*" In addition, diabetes, obesity, heart disease and hypertension were also mentioned. In some communities, women also have problems with alcohol and drugs. In the south part of the county, participants were particularly concerned about the

increasing rate of lupus and cancers, thought to be linked to exposure to environmental pollutants. Finally, of greatest concern to all communities was the increasing problems with depression among women. In many cases, women are seen as carrying the largest emotional burdens in their families, as well as having to remain strong, so they are most susceptible to depression.

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

In most communities, the women least likely to visit the doctor are teenagers, drug addicts, alcoholics and homeless women. Others least likely to seek care are women who lack insurance and those whose cultures teach them to depend on home remedies as the first line of defense against illness. Some women use prayer before seeking care: "*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.*"

Some pregnant women are also less likely to visit a doctor, because previous pregnancies were healthy: "*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.*"

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

The answers to this question tended to vary and be determined by location. In most areas, participants identified Wal-Mart or local grocery stores such as Publix, Sedanos or Winn-Dixie as good places to find pregnant women. In a number of communities, participants recommended high schools as another source of pregnant women who do not visit the doctor. Some communities also recommended flea markets, nail salons, and local clubs.

The most common solution cited to ensure that women receive prenatal care was making it affordable or free. In some communities, participants recommended that women be transported from their homes, provided lunch and child care while they visit the clinic. Many others recommended gift certificates to local grocery stores or Wal-Mart, or free items for the baby such as clothes, cribs, and strollers.

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?

This question elicited a spirited conversation in each community. All communities agreed that teenage pregnancy negatively affects the community; in most cases participants noting that it's 'babies having babies.' "*The people who are paying the consequences are the babies because we are babies and we are not ready to take care of them.*" Some of the most common effects are endured by the families of teen mothers as they need to worry about another mouth to feed, and another child to raise

and nurture. In many cases, teen mothers are less likely to complete their schooling: "*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.*" One community was concerned about providing adequate support for teen mothers without encouraging repeat pregnancies: "*at the same time they don't want to make it seem like its 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.*"

In all communities, this question inevitably led to a discussion about teen pregnancy prevention. While the majority of communities supported sex education, there was some debate about the best age to begin teaching. Most of the communities agreed that sex education in schools needs to be supplemented by communication within the home, yet all participants agreed that this was easier said than done. Some recommendations were made for community churches to incorporate this teaching or parents and children should take classes together.

4. Child Health

<u>Would you describe the children in your community as 'healthy'?</u>

Although each of the communities were very vocal on the health issues that plague their children (see question below), the majority agreed that the health of their children is relatively good. This is because children are more likely to have access to health care through KidCare or Medicaid, and in many cases, parents are most likely to ensure that their children get adequate care even if they do not seek preventative care for themselves.

<u>What are the biggest health issues for children in your community?</u>

Most communities identified asthma as one of the biggest health issues in their community. In addition, obesity and nutrition were also seen as problems, particularly as parents could not control the type of food eaten by their children who were inactive at home. One parent complained that there are "*too many reasons to eat junk food—you have Burger King, Mickey D's. Even if you cook them a nice meal, they say 'I want,' 'I want,' 'I want!'*" As a result of these nutritional problems, many children in these communities suffer from diabetes and in some cases, heart problems. Parents also discussed the increasing rates of mental issues such as attention deficit disorder and depression among children. Some parents see a link between nutrition and ADD: "*Because that is the easiest thing to say it is, 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.*" Parents also thought that some of the mental issues experienced by children are related to growing up in low-income neighborhoods: "*If you live in a community, like the 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.*"

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?)

There are many symptoms that would prompt parents to take their child to the doctor. Most common are fever, vomiting, diarrhea, bleeding, and shortness of breath or coughing, runny nose or stomach pains. In some communities, parents also rely on home remedies to treat fevers—this is most common in North Miami (among the Haitian community), Goulds and Liberty City.

5. Healthy Start Services

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

In some areas, participants were very familiar with Healthy Start, particularly in North Dade, Overtown, Liberty City and Goulds. Other areas had some knowledge but there were a few areas that were completely unaware of the program: North Miami and East Little Havana.

During your pregnancy, were you offered a Healthy Start Screening?

In some communities, participants were familiar with the Healthy Start Screen. Yet in many cases, participants had difficulty differentiating it from all the other paperwork they filled out during their initial prenatal exam.

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

In the communities where women were familiar with Healthy Start, the majority of them were also informed about Healthy Start services.

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

In those communities familiar with Healthy Start, participants commented that the free classes—both the childbirth and parenting classes—are very useful. In addition, the attention by the Healthy Start provider, the free stuff for the baby and mom were also seen as useful aspects of the program. The only recommendations for change came from women who felt that they had not been adequately informed about the services, although in some cases, it was difficult to tell if this was due to provider issues or client issues.

6. Conclusions

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?

Most communities had no further comments at the end of the session; however, participants in North Miami asked that more attention be given to the increasing rate of HIV among children.

1. Summary of Key Points

Overall, the qualitative data gathering effort yielded some very important information. Unfortunately, much of the information collected has been documented before, both locally and nationally.

South Miami-Dade

1. Address difficulties in accessing specialty care services that are compounded by the considerable distance to referral hospitals and clinics.
2. Focus on environmental safety concerns when addressing health improvements in the area.
3. Educate pregnant women on why there is a need for regular and comprehensive prenatal visits throughout a pregnancy. Poor quality prenatal care is a risk factor related to infant mortality. This effort should include information on the positive correlation between the use of prenatal services and birth outcomes. The Homestead area had some of the highest rates women receiving late prenatal care or none at all. Community discussion participants in this region have also reported obstetric specialty care as a specific need.
4. Participate in developing a mental health intervention program for children and a dental referral program for uninsured clients.
5. Address the issue of teenage pregnancy through the development of a movement for the personal empowerment of young boys and girls.

Central Miami-Dade

1. Improve access to Medicaid related informative materials.
2. Encourage residents to familiarize themselves with enrollment, renewal, and claims processing standards under publicly funded programs.
3. Integrate nutritional information with prenatal care services, especially information regarding important food and vitamins for proper prenatal development.

North Miami-Dade

1. Educate the community on KidCare, including Medicaid and MediKids, and eligibility requirements.
2. Teen mothers are more likely than women over 19 years to experience inadequate weight gain during pregnancy, maternal anemia and pregnancy associate hypertension. Their babies are more likely to have low birth weights, and be born prematurely. The Coalition could initiate educational programs to raise the awareness of the negative health outcomes of teen pregnancy.
3. Encourage medical staff to consider the economic and cultural background of clients.
4. Advertise the availability of parenting and childbirth classes throughout the community including available transportation to these events.

Some of the suggestions and recommendations from the community were:

- Raise the awareness of the values and benefits of Healthy Start services. Perhaps the first step in this effort should be to communicate these ideas to existing Healthy Start clients
- Collaborate with other entities to offer affordable health services and insurance coverage.

- Identify methods to streamline application processes and make sliding fee scales more flexible to a slightly higher income population.
- Provide residents with information regarding when they will be expected to pay out of pocket and what they are covered for under publicly financed programs such as Medicaid.
- Support reinstatement of health education programs at the elementary school levels.
- Encourage the application of a strength-based, relationship-oriented approach that is more family-centered within Healthy Start, primary medical providers, and across other service systems in the county.